Patient and Client Council

Your voice in health and social care

Equality and Human Rights Screening Template

The Patient and Client Council is required to address the 4 questions below in relation to all its policies.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Engagement Platform discussing the formulation of an NI Bereavement Charter

1.2 Description of policy or decision

PCC is currently acting as part of the Bereavement Charter Subgroup of the Bereavement Network for Northern Ireland.

To this end, the PCC are taking forward the formation of an Engagement Platform consisting of organisations and the wider public, to discuss the possible scope, format, and content of a Bereavement Charter for NI.
This Engagement Platform will lay the foundations for further discussions around living, dying and grieving across the Bereavement Network going forward. The opportunity to participate in the Engagement Platform will be shared through the PCC website; PCC social media channels; PCC newsletter; PCC membership scheme; staff networks; and through other appropriate formats.

The structure of an Engagement Platform has been used by the PCC in other areas including:

1. Mental Health
2. Learning Disability
3. Care Homes
4. Neurology

The Engagement Platform will consist of 15-20 core members, who are committed to contributing to the work of the Platform over a number of sessions. The Engagement Platform will feature Terms of Reference, agreed within the group, and a set objective/task to work towards.
Concurrently, the PCC intend to organise one-off focus groups with interested parties around particular aspects of the formation of a Bereavement Charter, and run a survey to be completed by those who may not wish to/are unable to attend virtual engagement sessions.

Key constraints:

- Levels of comfort with the use of virtual platforms for engagement.

- Survey fatigue, as people continue to emerge from lockdown.
- Competing priorities within healthcare presently.
- Some groups such as men may be reluctant to talk openly about grief and bereavement.
- Engaging with groups identified where there is a barrier to accessing services such as BME, LGB&T, prison and travelling community.

1.3 Main stakeholders affected (internal and external)

Internal

- Staff
- Council members
- Engagement platform members
- PCC Members

External

- Bereavement specific organisations – Cruse, Lighthouse, Sibling Grief Club etc.
- GMC
- GP Forums
- Department of Health – individual stakeholders within department of specific importance - CMO, CNO, CSW – also need to map out individual key figures within DOH in relation to specific projects
- Sponsor branch on specific projects
- Prison healthcare – responsibility of DOH
- Trusts
- PHA. RQIA etc
- Commissioners – Older people, Children and Young people etc
- Health Committee
- Health representatives in political parties
- Voluntary and Community sector. Policy Forums, C03
- CDHN – Community development Health network
- Project specific stakeholders – such as GPs or Care Home representative organisations
- Housing Executive
- Universities
- NI Ambulance Service
- Equivalent 4 Nations bodies
- UK wide forums / alliances relating to individual projects
- Office of Mental Health Champion
- Allied Health Professionals' representative bodies

- Education Authority
- Blood Transfusion Service
- Community Pharmacy NI
- NIPSO – Public Service Ombudsman
- Councils
- Libraries
- Department of education – school representative bodies
- Social Security Agency

1.4 Other policies or decisions with a bearing on this policy or decision

- The Northern Ireland Programme for Government
- Health and Wellbeing 2026: Delivering Together (Transformation Programme)
- Rebuilding Health and Social Care Services
- Health and Social Care (Reform) Act (Northern Ireland) 2009
- Department of Health Outcomes Framework
- Regional HSC Strategies
- Research findings/recommendations
- Mental Health service Framework
- Transforming Your Care – A Review of Health and Social Care in NI
- Advance Care Planning Policy for NI (in development)

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

Bereavement Network Literature Review & research considered;

1. Scottish Bereavement Charter: Support Around Death (2020)

2. S.M. Aoun, O. Keegan, A. Roberts & L.J. Breen: The impact of bereavement support on wellbeing: a comparative study between Australia and Ireland (2020).

3. Irish Hospice Foundation (2021)

4. Marie Curie: Grief & Bereavement through COVID (2021)

5. Compassionate Communities Charter (2021) Macmillan: Your life and your choices (2021)

Previous research conducted by PCC;

1. People's Priorities 2021
2. Shielding Survey 2020
3. Marie Curie: Grief & Bereavement during COVID-19 2021
4. HSCB Evaluation of RIS 2020
5. Health Literacy 2020

Views were obtained from a range of meetings and focus groups with relevant stakeholders

Feedback from facilitated consultation process with Council members

NISRA Census data

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both. Also give consideration to multiple identities.

Category	*What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?*
Gender	Of the 2011 population, 51 per cent were female and 49 per cent were male.
Age	Northern Ireland's average (median) age increased from 34 years to 37 years between the 2001 and 2011 Censuses. Over the same period, the share of the population represented by children aged under 16 years fell from 24 per cent to 21 per cent, while the proportion of people aged 65 years and over rose from 13 per cent to 15 per cent. Older People: between 2008 and 2009 the very elderly population has increased by 2.4% (from 28,000 to 28,700). In the ten-year period between 1999 and 2009 the very elderly population increased from 23,200 to 28,700, a rise of 23.4%; Between 2008 and 2009 the pensioner population increased by 2.0% (from 295,800 to 301,900). In the ten-year period between 1999 and 2009 the pensioner population increased from 258,000 to 301,900, a rise of 17.0%; People over 60 in N Ireland now make up 19% of the population. (NISRA 2009) (Age NI 2011) The number of people aged over 85 years has increased by almost 25% in the past seven years and pensioner poverty is increasing and poverty and inequality go together
Community Background	Catholic 40.28% Church of Ireland 15.3% Presbyterian 20.69% Methodist 3.15% Religion not stated 13.8% In 2011, over half (52 per cent) of usual residents who were or had been brought up as Catholics

<table>
<tr><td></td><td>were aged under 35, compared with two-fifths (40 per cent) of those who belonged to or had been brought up in Protestant denominations. Those who were or had been brought up as Catholics were typically more likely than those who belonged to or had been brought up in Protestant denominations to assess their general health as either ‘bad’ or ‘very bad’. The relative differences were more noticeable in the older age groups. For example, among those aged 45-64, 11 per cent of Catholics, compared with 8.4 per cent of Protestants, were in either ‘bad’ or ‘very bad’ general health. In addition, among those aged 65 and over, 18 per cent of Catholics compared with 13 per cent of Protestants were in either ‘bad’ or ‘very bad’ general health.</td></tr>
<tr><td>Political Opinion</td><td>BBC 2019 election

<table><tr><th>Party</th><th>% Share</th></tr><tr><td>DUP Democratic Unionist Party</td><td>30.6%</td></tr><tr><td>SF Sinn Féin</td><td>22.8%</td></tr><tr><td>APNI Alliance Party</td><td>16.8%</td></tr><tr><td>SDLP Social Democratic & Labour Party</td><td>14.9%</td></tr><tr><td>UUP Ulster Unionist Party</td><td>11.7%</td></tr><tr><td>AONT Aontú</td><td>1.2%</td></tr></table></td></tr>
<tr><td>Marital Status</td><td>Almost half (48 per cent) of people aged 16 years and over in Northern Ireland on Census Day 2011 were married, and over a third (36 per cent) were single. Just over 1,200 (0.1 per cent) were in registered same-sex civil partnerships. A further 9.5 per cent were either separated or divorced, while the remaining 6.8 per cent were widowed.</td></tr>
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Dependent Status	In March 2011, 64,000 households in Northern Ireland were headed by a lone parent with dependent children. While the total number of households in Northern Ireland increased by 12 per cent over the decade, from 626,700 in 2001 to 703,300 in 2011, the number of lone parent households with dependent children increased by over a quarter (27 per cent) during the same period, from 50,600 in 2001. Belfast West contains the highest proportion of lone parent households (19 per cent of all households), followed by Foyle (15 per cent) and Belfast North (14 per cent). The lowest proportion of lone parent households, are in Belfast South (6.3 per cent), North Down (6.6 per cent) and Fermanagh and South Tyrone (6.7 per cent). Based on the most recent information from Carers Northern Ireland, the following facts relate to carers. 1. 1 in every 8 adults is a carer 2. There are approximately 207,000 carers in Northern Ireland 3. Any one of us has a 6.6% chance of becoming a carer in any year 4. Carers save the Northern Ireland economy over £4.4 billion a year - more than the annual NHS spending in Northern Ireland. 5. The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day 6. One quarter of all carers provide over 50 hours of care per week 7. People providing high levels of care are twice as likely to be permanently sick or disabled, than the average person 8. Approximately 30,000 people in Northern Ireland care for more than one person 9. 64% of carers are women; 36% are men 10. By 2037 the number of carers could have increased to 400,000 This information at be accessed at info@carersni.org – June 2011.
Disability	More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain. Persons with limiting long term illness 20.36% in Northern Ireland. Figures from the last Census show the proportion of the population with the following disabilities:

	• Deafness or partial hearing loss – **5.14% (93, 078)** • Blindness or partial sight loss – **1.7% (30, 785)** • Communication Difficulty – **1.65% (29, 879)** • Mobility or Dexterity Difficulty – **11.44% (207, 163)** • A learning, intellectual, social or behavioural difficulty - **2.22% (40, 201)** • An emotional, psychological or mental health condition - **5.83% (105, 573)** • Long – term pain or discomfort – **10.10% (182, 897)** • Shortness of breath or difficulty breathing – **8.72% (157, 907)** • Frequent confusion or memory loss – **1.97% (35, 674)** • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)** • Other condition – **5.22% (94, 527)** • No Condition – **68.57% (1, 241, 709)** (Census 2011) It is recognised that as people age, they are more likely to experience ill-health and disability. Data from the Health Survey NI shows that Limiting longstanding illness increases from 18% among young adults aged 25 -34 years to 52% among those who are 75 plus years.
Ethnicity	In March 2011, 1.8 per cent (32,400) of the resident population of Northern Ireland belonged to minority ethnic groups, more than double the proportion in 2001 (0.8 per cent). Chinese (6,300), Indian (6,200) and Mixed (6,000) were the most prevalent minority groups, followed by Other Asian (5,000) and Black African (2,300). However, in recognition that migration patterns have shifted considerably since the publication of the last census, figures from the most recent HSC Translation Service are included also. Statistics

	from the HSC Interpreting Service showed a large rise in requests for interpreters from 1,850 in 2004-2005 to 132434 requests in 2019-2020. The most popularly requested languages in 2019-2020 are included below: 1. Polish 30231 2. Arabic 20392 3. Lithuanian 15503 4. Romanian 13059 5. Portuguese 8312 6. Bulgarian 7881 7. Tetum 6623 8. Slovak 5696 9. Mandarin 4794 10. Cantonese 3170
Sexual Orientation	It is estimated the one in ten people in N Ireland are from Lesbian Gay Bisexual Transgender groups.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both. Also give consideration to multiple identities (such as single parents for example).

Category	***Needs and Experiences***
Gender	Other Borders' (2006) recommends that documents need to be written in an accessible way and that support for transport and childcare costs should be considered. 'Barriers for Women from Disadvantaged Areas' (2009) make a similar recommendation. Evidence suggests that women are more likely to care for someone in another household, overall 22% of men are carers compared to 30% of women. (ARK, NI, June 2011) 'Priorities for Men' (2009) recommends that there is careful monitoring of "who we are talking to". PCC membership consists of 3026 identifying as male members, compared to 8032 identifying as female, evidencing the possibility those involved through PCC membership scheme are more often female.
Age	'Other Borders' (2006) notes that there needs to be greater encouragement to ensure the participation of older women. Older People's Advocate (2010) recommend that when communicating with older people there is recognition of the diversity of need within that group in relation to literacy levels, access to IT skills and equipment , geographical isolation and accommodation including those in nursing and residential homes. The PCC membership scheme consists of 3182 people over the age of 65. Young people and children have different needs. To encourage their participation, see 'Let's Talk Lets Listen' ECNI Guidance on engaging with children and young people. Jane Llopis & Anderson; WHO (2005). Evidence demonstrates that mental health promotion and prevention can lead to health, social and economic gain, increases in social inclusion and economic productivity, reductions in the risks for mental and behavioural disorders and decreased social welfare and health costs.
Religion	Macmillan refers to spirituality and religion as beliefs and ideas that people have to help them give meaning to life and understand death.

	A report by mentalheath.org.uk identified the positive contribution spirituality can make to mental health. Service users and survivors have also identified the ways in which spiritual activity can contribute to mental health and wellbeing, mental illness and recovery. In this way, religion and spirituality have the potential to be protective factors and help develop resiliency in bereavement.
Political Opinion	'Population and Social Inclusion Study', St Columb's Park House in partnership with INCORE and QUB (2005, updated in 2008), and Healthy Cities research (2007) on participation of people from Protestant/ Loyalist/ Unionist (PLU) working class communities suggested that there was less awareness of the relevance of engaging in health consultations
Marital Status	There is no evidence that marital status has any impact on engagement. There is evidence however to suggest that women who have lost their life partner are more likely to experience mental health struggles which has subsequent impacts on their ability to engage. The National Centre for Social Research 2019 identified cohabitation as representing the fastest-growing form of sexual relationship in England and Wales, these findings highlight the increasing policy relevance of this issue. Misconceptions about this myth can have severe consequences for people's lives, as cohabitants risk significant financial hardship. Almost half of cohabiting couples in Britain wrongly believe themselves to be legally protected in case of relationship breakdown or bereavement. .
Dependent Status	There are 213,980 carers in Northern Ireland, 11.8% of all residents, and it is estimated that there are around 30,000 young carers. New figures released for Carers Week (8th – 14th June 2020) show an estimated 4.5 million people in the UK have become unpaid carers as a result of the Covid-19 pandemic. Hazell et al (2019) encountered four main carer-specific barriers to the recruitment and retention of participants These were: (1) poor relationship with mental health clinicians, (2) conflicting with the care recipient's (CR) needs, (3) lack of spare time, and (4) lack of services for mental health carers.
Disability	Cruse.org.uk identifies that grief affects us emotionally, physically and can affect our mental health and highlights the importance of recognising when you need extra support through signposting to grief and bereavement services/ counselling. We recognise that those with a disability may have more difficulty in becoming

	involved and have considered this in the consultation process and in the inclusion of a PCC Client Support Officer in Engagement Platforms. In the year to 2013/14, 31.4 per cent of adults said they had a physical or mental health condition or illnesses lasting or expected to last for 12 months or more and 68.5 per cent said they had no such health condition. Of those who have a health condition, 34.4 per cent said this limits their ability to carry out day to day activities a lot. Reaching out through Voluntary Community and Social Enterprise groups who work with those with learning difficulties may also help bring marginalised voices to the core.
Ethnicity	Black and Ethnic Minority people and Travellers in Northern Ireland are at risk of racism and oppression. We also acknowledge that there is the possibility that there may be language and cultural barriers which potentially could cause a barrier to involvement in the consultation process. The engagement process aims to address these issues. We know too that cultural barriers may inhibit criticism of public bodies / locally funded healthcare. Seeking out safe spaces for shared discussion and anonymising data should help with these issues.
Sexual Orientation	The Rainbow Project estimates that up to one person in ten in Northern Ireland is from the Lesbian Gay Bisexual Transgender community and that there is violence and discrimination directed towards this community. We recognise that there may be a barrier to involvement for this group. Cruse.org.uk refers to the experience of 'Disenfranchised Grief' amongst the LGBTQ community in addition to other challenges; a survey of lesbian, gay and bisexual adults found that "24% expected to face barriers relating to their sexual identity when planning a funeral."

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

People with multiple identities may face further exclusion or oppression due to race and disability or disability, religion and Lesbian Gay Bisexual Transgender issues. The consultation process will take account of such issues and support work which reaches out to those most excluded in society. Young working class Protestant and Nationalist men may have particular issues around exclusion

which need to be addressed. The prison population has been identified as excluded in society.

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
A series of meetings are planned across the region. These focus groups, hosted by our involvement team, will focus on bringing the voice of marginalised groups to the table; VCSE groups working with these communities will be invited to help us promote their voice. Relevant providers / service users / carers will be encouraged to engage in the consultation process. Young men, travellers, LGB&T and black & ethnic minorities communities have specifically been identified as groups who may be marginalised from taking part in public consultation. To meet their needs we intend to contact; Stronger Together Network, NICEM - Migrant Service, Youth Action, Rainbow, Cara-friend project, Bryson House, Extern, Barnardos, British Deaf Association. Cruse Bereavement will be used as a conduit between the engagement opportunity and those in the prison service; children and young people; and older people who have been	The consultation will provide all stakeholders with an opportunity to shape future service delivery. Broader learning will be sought out; reflection *in action* will allow us to learn as we go through this process how to make future processes more open. A culture of openness and transparency is in place. The consultation process will be an opportunity to actively tackle discrimination and support people and communities to do so. . We will track responses from different ethnic backgrounds in a bid to establish a baseline for improving future reach into these communities. Inclusion of a PCC Client Support Officer in Engagement Platforms will provide signposting, advocacy and access to grief and bereavement resources.

bereaved. . 'Other Borders' (2006) recommends that documents need to be written in an accessible way – Plain English.	Alternative formats will be offered where appropriate - as not all material will necessarily need to be produced in these versions, every effort to do so will be made as needed e.g. large print, Braille, audio CD, translation, etc.

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	***Impact***	***Suggestions***
Religion	N/A	
Political Opinion		
Ethnicity		

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	x
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	x

The aim of the engagement process is help shape the Bereavement experience and service standards to meet the needs of the all the population of Northern Ireland.

This engagement process aims to remove barriers to involvement and will monitor the uptake of involvement across identified groups.

PCC are keen to welcome participation of all users, carers and communities in service planning, commissioning and provision.

It is not felt that a full EQIA would highlight any further equality issues.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
Our Involvement Team will create an easy read version of the survey for wider dissemination. Focus groups will allow people who do not wish to write their response, or participate in the larger Engagement Platform, to share their views. The BDA will be asked to help us translate the opportunity into sign language for wider sharing on multiple social media sites. Those with enduring mental health problems as a result of bereavement/suicide attempts will bring the voice of this disabled group to engagement through relevant organisations.	While we considered using positive discrimination to attract responses from disabled people, it would not be appropriate as the voice of other marginalised communities needs to have equal weight in what we do and how we do it moving forward. Staff with learning disability within the PCC, encourage participation from those in their own networks and other service users. Coproduce future statements with people who have disabilities

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	***What else could you do to promote positive attitudes towards disabled people?***
Inclusive language Inclusive icons	Coproduce future statements with people who have disabilities

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No
N/A			

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

N/A

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
Ethnicity Religion	Disability status	

Approved Lead Officer: Meadhbha Monaghan

Position: Head of Operations

Date: 19th October 2021

Policy/Decision Screened by: _____

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to:
Equality.Unit@hscni.net

Any request for the document in another format or language will be considered. Please contact:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023 2304