

Equality and Human Rights Screening Template

The Northern Ireland Social Care Council is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

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?

For advice & support on screening contact:

Equality Unit
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ
028 90535564 / 90535577
email: equality.unit@hscni.net

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

Travel and Subsistence Policy

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The Northern Ireland Social Care Council (Social Care Council) was established in October 2001 under the Health and Personal Social Services (NI) Act 2001. It was designated as a public body under Section 75 in December 2002. The Council is responsible for:

- the registration and regulation of the social care workforce
- setting and regulating standards for social work education and training
- developing occupational standards
- promoting training within the broader social care workforce

The Northern Ireland Social Care Council (Social Care Council) has developed a Travel and Subsistence Policy to help ensure the most efficient, effective and economical use of its travel and subsistence budget to provide all staff with a standard access point for processing and arranging travel and accommodation. It is designed to achieve the most cost-effective and economical use of taxpayers' money.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

- All Social Care Council staff (permanent, fixed term, part-time, agency)

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

- **what are they?**
- **who owns them?**

The following Social Care Council policies have a bearing on the Travel and Subsistence Policy –

- Terms and Conditions
- Agenda for Change
- HRPTS Procedures

(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.

This policy is based on HSC guidance

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.

Category	<i>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?</i>
Gender	<p>Population NI population most recent mid-year population estimates for Population of Northern Ireland was 1,903,100. Male = 49.2%; Female = 50.8% (NISRA, 2021).</p> <p>GIRES 2014 estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated:</p> <ul style="list-style-type: none"> • gender nonconforming to some degree (1%) • likely to seek medical treatment for their condition at some stage (0.2%) • receiving such treatment already (0.03%) • having already undergone transition (0.02%) • having a GRC (0.005%) • likely to begin treatment during the year (0.004%). <p>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIRES figures to NI population n=1,810,900 (Census 2011):</p> <ul style="list-style-type: none"> • 18109 people who do not identify with gender assigned to them at birth • 3622 likely to seek treatment • 362 have undergone transition • 91 have a Gender Recognition Certificate <p>Disability</p>

	<p>The Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report on disability – whilst it is recognised that the report is dated – indicated that:</p> <p>There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males;</p> <ul style="list-style-type: none"> • Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females; • 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age. <p>Figures from the Census 2011 show that there is a higher prevalence of females whose activities are ‘limited a lot’ – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy.</p> <p>Social Care Council Workforce – Majority are female Female = 67%; Male = 33%</p>
Age	<p>Population Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage</p> <p>0-14 365,200 19.2% (15-64 1,211,500 63.7%) 15-39 594,400 31.2% 40-64 617,100 32.4% (65+ 326,500 17.2%) 65-84 287,100 15.1% 85+ 39,400 2.1% All ages 1,903,200 100%</p> <p>Disability</p> <p>Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+);</p> <p>As the population ages, so does the likelihood of having a disability</p>

	<p>that limits the day to day activities ‘a lot’. Figures from 2011 Census of people who are limited a lot by their disability are as follows within the following categories;</p> <p>Male</p> <p>0-15 – 3% 16-44 – 5% 45 – 64 – 16% 65 and over – 33%</p> <p>Female</p> <p>0 – 15 – 2% 16 – 44 – 5% 45 – 64 – 17% 65 and over – 38%</p> <p>Overall there are greater proportions of older people with a disability.</p> <p>Social Care Council Workforce – Aged 24 and under (3.8%) 25 – 34 years (32.1%) 35 – 44 years (13.2%) 45 – 54 years (26.4%) 55 years and over (24.5%)</p>
<p>Religion</p>	<p>Population</p> <p>Census 2021</p> <p>Current Religion</p> <ul style="list-style-type: none"> • ‘no religion’ (17.4%) • ‘religion not stated’ (1.6%) • Catholic (42.3%) • Presbyterian Church in Ireland (16.6%) • Church of Ireland (11.5%) • Methodist (2.4%) • Other Christian denominations (6.9%) • Other non-Christian Religions (1.3%). <p>Religion/religion of upbringing (Number - Percentage)</p>

	<p>Catholic 869,800 45.7%</p> <p style="padding-left: 40px;">Current religion 805,200 42.3%</p> <p style="padding-left: 40px;">Religion of upbringing 64,600 3.4%</p> <p>Protestant and other Christian (including Christian related) 827,500 43.5%</p> <p style="padding-left: 40px;">Current religion 711,000 37.4%</p> <p style="padding-left: 40px;">Religion of upbringing 116,600 6.1%</p> <p>Other religions 28,500 1.5%</p> <p style="padding-left: 40px;">Current religion 25,500 1.3%</p> <p style="padding-left: 40px;">Religion of upbringing 3,000 0.2%</p> <p>None 177,400 9.3%</p> <p>All usual residents 1,903,200 100.0%</p> <p>Disability</p> <p>Not available broken down by disability</p> <p>Social Care Council workforce:</p> <p>Catholic = 45%</p> <p>Protestant = 42%</p> <p>Not assigned = 13%</p>
Political Opinion	<p>Population</p> <p>National identity (nationality based) (Number – Percentage)</p> <ul style="list-style-type: none"> • British 814,600 42.8% • Irish 634,000 33.3% • Northern Irish 598,800 31.5% • English 16,800 0.9% • Scottish 10,200 0.5% • Welsh 2,000 0.1% • Other national identities 113,400 6.0% <p>National identity (person based) (Number – Percentage)</p> <ul style="list-style-type: none"> • British only 606,300 31.9% • Irish only 554,400 29.1%

	<ul style="list-style-type: none"> • Northern Irish only 376,400 19.8% • British & Northern Irish only 151,300 8.0% • Irish & Northern Irish only 33,600 1.8% • British, Irish & Northern Irish only 28,100 1.5% • British & Irish only 11,800 0.6% • English only/Scottish only/Welsh only 16,200 0.9% • Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6% • Other national identities 113,400 6.0% • Polish only 23,900 1.3% • Lithuanian only 11,900 0.6% • Romanian only 7,100 0.4% • Portuguese only 6,900 0.4% • Bulgarian only 4,300 0.2% • Indian only 4,100 0.2% • Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7% • Other national identities 42,600 2.2% • All usual residents 1,903,200 100.0% <p>Disability</p> <p>Not available broken down by disability.</p> <p>Social Care Council workforce: Broadly Nationalist = 3.8% Broadly Unionist = 7.6% Other = 1.9% Not assigned = 81.1% Do not wish to answer = 5.7%</p>
Marital Status	<p>Population Equality</p> <p>Census 2021</p> <ul style="list-style-type: none"> • 45.59% (690, 509) of those aged 16 or over were married • 38.07% (576, 708) were single • 0.18% (2,742) were registered in civil partnerships (more

	<p>than double since 2011)</p> <ul style="list-style-type: none"> • 6.02% (91,128) were either divorced or formerly in a civil partnership which is now legally dissolved • 6.36% (96,384) were either widowed or a surviving partner from a civil partnership • 3.78% (57,272) were separated (but still legally married or still legally in a civil partnership) <p>Disability</p> <p>Not available broken down by disability.</p> <p>Social Care Council workforce – Anecdotal evidence suggests that at least half of the employees are married/co-habiting</p>
<p>Dependent Status</p>	<p>Population</p> <p>Census 2021</p> <p>Table 17: Provision of unpaid care (‘Provision of unpaid care’ covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.)</p> <p>Northern Ireland All usual residents aged 5 and over 1,789,348 Percentage of usual residents aged 5 and over who provide:</p> <p>No unpaid care 87.58% 1-19 hours unpaid care per week 5.63% 20-34 hours unpaid care per week 1.38% 35-49 hours unpaid care per week 1.57% 50+ hours unpaid care per week 3.84%</p> <p>Carers NI (State of Caring 2022 report)</p> <p>There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.)</p>

	<p>Of those participating in the survey...</p> <ul style="list-style-type: none"> • 82% identified as female and 17% identified as male. • 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+. • 24% have a disability. • 98% described their ethnicity as white. • 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role. • 56% are in some form of employment and 18% are retired from work. • 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year. • 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week. • 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people. <p>Disability</p> <p>It may be concluded that a considerable share of people with a disability are carers themselves.</p> <p>Social Care Council workforce – Anecdotal evidence suggests that at least half of the employees have dependents). Yes = 9.4% No = 9.4% Not assigned = 81.1%</p>
Disability	<p>Population</p> <p>Census 2021</p> <p>Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are:</p>

Limited a lot – 11.45%
 Limited a little – 12.88%
 Not limited – 75.67%
 ('Day-to-day activities limited' covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.)

The breakdown of the various long-term conditions as outlined in the 2021 Census is:

Type of long-term condition	Percentage of population with condition %
Deafness or partial hearing loss	5.75
Blindness or partial sight loss	1.78
Mobility of Dexterity Difficulty that requires wheelchair use	1.48
Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 people per 2,000.

Social Care Council workforce –

Less than 5% of the workforce have declared a disability

No = 67.9%;

Yes = 3.8%;

Not assigned = 28.3%

<p>Ethnicity</p>	<p>Population In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.</p> <p>Ethnic Group</p> <p>Ethnic Group Number Percentage White 1,837,600 96.6% Minority Ethnic Group 65,600 3.4% Black 11,000 0.6% Indian 9,900 0.5% Chinese 9,500 0.5% Filipino 4,500 0.2% Irish Traveller 2,600 0.1% Arab 1,800 0.1% Pakistani 1,600 0.1% Roma 1,500 0.1% Mixed Ethnicities 14,400 0.8% Other Asian 5,200 0.3% Other Ethnicities 3,600 0.2% All usual residents 1,903,200 100.0%</p> <p>Main language of usual residents aged 3 and over</p> <p>Main language Number Percentage English 1,751,500 95.4% Main language not English 85,100 4.6% Polish 20,100 1.1% Lithuanian 9,000 0.5% Irish 6,000 0.3% Romanian 5,600 0.3% Portuguese 5,000 0.3% Arabic 3,600 0.2% Bulgarian 3,600 0.2% Other languages 32,200 1.8% All usual residents aged 3 and over 1,836,600 100.0%</p> <p>Social Care Council workforce – Less than 5% of the workforce: White = 75.5% Not assigned = 24.5%</p>
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Sexual Orientation	<p>Population Census 2021</p> <ul style="list-style-type: none"> • Straight or heterosexual: 90.04% (1,363,859) • Gay or lesbian: 1.17% (17,713) • Bisexual: 0.75% (11,306) • Other sexual orientation: 0.17 (2,597) • Prefer not to say: 4.58% (69,307) • Not stated: 3.3% (49,961) <p>Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4)</p> <p>This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.</p> <p>Social Care Council workforce – Less than 5% of the workforce: Opposite sex = 18.87% Not assigned = 81.1%</p>
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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

Category	<i>Needs and Experiences – please see table above for detail</i>
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Gender	There are no identified different needs or experiences on the basis of gender.
Age	There are no identified different needs or experiences on the basis of age.
Religion	There are no identified different needs or experiences on the basis of religion.
Political Opinion	There are no identified different needs or experiences on the basis of political opinion.
Marital Status	There are no identified different needs or experiences on the basis of marital status.
Dependent Status	There are no identified different needs or experiences on the basis of dependent status.
Disability	Consideration will be given to how people with a disability can be supported in their travel arrangements.
Ethnicity	There are no identified different needs or experiences on the basis of ethnicity.
Sexual Orientation	There are no identified different needs or experiences on the basis of sexual orientation.

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.

None identified

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?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p><u>Disability Status</u></p> <p>We will ensure that people with a disability are able to be supported in their travel arrangements to enable them to fully undertake their role within the organisation.</p>	<p>We will ensure our services and are accessible by all.</p>

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	None identified at this stage	
Political Opinion	None identified at this stage	
Ethnicity	None identified at this stage	

(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)

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

Please tick:

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input checked="" type="checkbox"/>

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

The issues identified through screening have been addressed.

(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
There are no opportunities identified	

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?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
None identified	

(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
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st 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

** 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.

None identified

(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
We will monitor relevant data on an ongoing basis.		

Approved Lead Officer: Sandra Stranaghan
Position: Head of Business Services
Date: November 2023
Policy/Decision Screened by: Senior Leadership Team

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:

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