Business Services Organisation

Providing Support to Health and Social Care

Equality and Human Rights Screening Template

The BSO 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?

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:
http://www.hscbusiness.hscni.net/services/1798.htm

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

Accessibility and Quality of Continence Services – Patient and Client Council Research Project

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)**

Aims and Objectives

The Patient and Client Council will carry out a 2 year project to seek and report on the views of current users of adult continence services. Report findings will be shared with service delivery organisations.

Continence is widely recognised as a 'hidden' issue which is very common but often found to be under-reported. While the prevalence in Northern Ireland is not widely known, in the UK it is estimated that around 14 million people suffer from a bladder problem and 6.5 million from a bowel problem. The aim of this work is to explore and, if possible, improve experiences and outcomes for users of continence services in Northern Ireland. The outcome being sought is that:

'Continence services in Northern Ireland are as accessible and effective as they can be and which are designed, managed and delivered to meet the needs of service users and their carers'.

This is to be achieved through the development and implementation of practical, evidence-based recommendations for:

1. *Growing/reconfiguring/sustaining continence services in Northern Ireland;*
2. *Increasing (or sustaining) the quality of service users' experiences and*

outcomes of continence services in Northern Ireland.

Specific activities will include:

(a) Review and summarise existing evidence on continence services, including demand, prevalence and what makes continence services effective.
(b) Review existing work scoping current provision of community-based continence services in Northern Ireland.
(c) Invite people suffering from continence issues and their carers to discuss their use, experience and opinions of continence services and explore areas for improved access or effectiveness (1:1 interviews).
(d) Invite people involved in delivering and managing continence services to discuss barriers and enablers to service delivery, best practice and areas for improvement (online survey).
(e) Bring together outputs from (a) to (d) to draw evidence-based conclusions and make practical recommendations for increasing, sustaining and/or improving continence services in Northern Ireland.

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

Patient and Client Council staff
Continence Service users
People with continence issues not currently accessing Continence Services
People caring for those with continence issues
Continence Service staff:

- *Continence Nurse Specialists*
- *Continence Nurses*
- *Senior Nursing Assistants*
- *Physiotherapists*

Continence Services Management
Nurse Consultant for Older People, Public Health Agency
Nurse Consultant in Public Health, Public Health Agency
Regional Lead Nurse Continence Group

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

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

The scoping paper from the Regional Lead Nurse Continence Group will have a bearing on the project. This will provide insights into the staffing, caseload and activities of the services, and how these differ across Trusts and should complement the feedback from service staff and service users gathered through this PCC study. The project is being co-delivered by Dr Christine McMaster (PHA) and Caroline Graham (PHA), with input from continence service staff and managers from across all five Trusts.

(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.

- *Consultation with continence service staff and service users via project steering group*
- *Patient and Client Council Work Proposal for the project*
- *Draft literature/evidence review on prevalence and impact of continence issues and on unmet continence need (carried out by PCC Graduate Research Intern during Q2 2019)*
- *Service user interview schedules, staff survey questionnaires, consent forms, etc.*
- https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentityuk
- **Census 2011**
- **https://www.gires.org.uk/**

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	PCC Staff Data Dec 2019

Male	21.74%
Female	78.26%

The gender profile of our sample was as below:

Male		**Female**	
Number	**%**	**Number**	**%**
17	**37.8%**	**28**	**62.2%**

The Gender Identity Research and Education Society (GIRES)

estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014):

- **gender variant to some degree 1%**
- **have sought some medical care 0.025%**
- having already undergone transition 0.015%

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 young people 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).

Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:

- 18,816 people who do not identify with gender assigned to

them at birth

- 470 likely to have sought medical care
- 282 likely to have undergone transition.

Age

PCC Staff Data Dec 2019

16-24	0.00%
25-29	17.39%
30-34	13.04%
35-39	13.04%
40-44	21.74%
45-49	13.04%
50-54	13.05%
55-59	8.70%
60-64	0.00%
>=65	0.00%

The age profile of our sample was as below:

Age Bracket	Number	%
18-24	0	0.0%
25-34	0	0.0%
35-44	1	2.2%
45-54	4	8.9%
55-64	11	24.4%
65-74	12	26.7%
75-84	11	24.4%
85-94	5	11.1%
95+	1	2.2%
Total	**45**	**100.0%**

Religion

PCC Staff Data Dec 2019

Perceived Protestant	8.70%
Protestant	30.43%
Perceived Roman Catholic	17.39%
Roman Catholic	30.43%
Neither	8.70%
Perceived Neither	0.00%
Not assigned	4.35%

The religious make-up of the population of Northern Ireland, according to the 2011 census is as follows:

Protestant	40.8%
Catholic	41.6%
No religion	10.1%
Other	0.8%
Not stated	6.8%

Political Opinion

PCC Staff Data Dec 2019

Broadly Nationalist	0.00%
Other	8.70%
Broadly Unionist	69.57%
Not assigned	17.39%

First preference votes per party in Northern Ireland Assembly Elections 2017 (Source: Electoral Office NI, 2017)

Political party	Votes
Democratic Unionist Party	225,413
Sinn Fein	224,245
Social Democratic and Labour Party	95,958
Ulster Unionist Party	103,314
Alliance	72,717
Other	**81,668**

Marital Status	PCC Staff Data Dec 2019

Divorced	4.35%
Mar/CP	34.78%
Other	4.35%
Separt	0.00%
Single	34.78%
Unknwn	21.74%
Widw/R	0.00%
Not assigned	0.00%

The marital status of the population of NI (those over 16) according to the 2011 Census are as follows:

Married	47.6% (680,840)
single	36.1% (517,359)
Registered in same sex civil partnership	0.1% (1,288)
Divorced, separated or previously in a same-sex partnership	9.4% (134, 994)
Widowed or a surviving partner	6.8% (97,058)

Dependent Status	PCC Staff Data Dec 2019

Yes	17.39%
Not assigned	65.22%
No	17.39%

- 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age.
- 40.29% (283, 350) contained at least one person with a long – term health problem or a disability.
- 3.11% (56, 318) provided 50 hours care or more. (Census 2011)

- 33.86% (238, 129) of households contained dependent children. There were 115,959 Lone Parent Families

<table>
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<td>recorded, with 123,745 dependent children in Lone Parent Households. There was also a gender disparity in Lone Parent Families: of the 115, 959 lone parents, 16, 691 are headed by males and 99,268 are headed by females.
(Census 2011)</td>
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<tr>
<td>Disability</td>
<td>PCC Staff Data Dec 2019
<table>
<tr><td>No</td><td>60.87%</td></tr>
<tr><td>Not assigned</td><td>30.43%</td></tr>
<tr><td>Yes</td><td>8.70%</td></tr>
</table>
20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.
68.57% (1, 241709) of residents did not have long – term health condition.

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)</td>
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Ethnicity

PCC Staff Data Dec 2019

Not assigned	56.52%
White	43.48%
Other	0.00%
Black African	0.00%
Indian	0.00%
Chinese	0.00%

The 2011 Census suggests that 1.8 per cent (32,400) of the usual resident population of Northern Ireland belonged to minority ethnic groups.
The main minority ethnic groups were:

Chinese	6,300
Indian	6,200
Mixed	6,000
Other Asian	5,000

Each accounting for around 0.3% of the population. Irish Travellers comprised 0.1% of the population.

Statistics from the HSC Interpreting Service showed a large rise in requests for interpreters from 1,850 in 2004-2005 to 130025 requests in 2018-2019. The most popularly requested languages in 2018-19 are described below:

1. Polish 30948
2. Arabic 16690
3. Lithuanian 16512
4. Romanian 12789
5. Portuguese 8361
6. Bulgarian 7557
7. Tetum 6604
8. Slovak 6152
9. Chinese - Mandarin 5120
10. Chinese - Cantonese 3388

Sexual Orientation

PCC Staff Data Dec 2019

	Do not wish to answer	8.70%

Do not wish to answer	8.70%
Not assigned	65.22%
Opposite sex	21.74%
Same sex	4.35%
Both sexes	0.00%

The Office for National Statistics has made the following estimate of sexual orientation break-down in Northern Ireland as of 2017:

	Thousands	%
Heterosexual or straight	1,420	97.1
Gay or lesbian	14	1.0
Bisexual	4	0.3
Other	5	0.3
Don't know or refuse	19	1.3

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	*PCC Research team have been advised that female continence service users will be reluctant to be interviewed by male interviewers due to the sensitive nature of the subject matter.*
Age	*Incontinence and continence issues are much more common in older age groups. Service user interviews will therefore presumably involve a high proportion of older people. To allow their full participation, interviewers need to be cognisant of the impairments that can come with growing older and adapt their approach accordingly. This will include designing easily*

	understood interview questions, allowing carers to respond on their behalf, ensuring that questions are properly heard and understood, etc. *It is accepted that many people living at home or in nursing homes get continence care on a domiciliary basis. Because our service user sample is drawn entirely from hospital-based continence clinics, we are likely to under-represent older people who are more likely to be living in nursing homes or unable to attend hospital.*
Religion	*We don't expect that people of different religions will have different needs or different capacity to participate in this study. We did intend to target our fieldwork to include hospitals serving different communities across the five HSC Trusts. However, this was not possible with the resources available to the PCC did not allow this.*
Political Opinion	*We don't expect that people of different political opinions will have different needs or different capacity to participate in this study. We did intend to target our fieldwork to include hospitals serving different communities across the five HSC Trusts. However, this was not possible with the resources available to the PCC did not allow this.*
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of marital status.
Dependent Status	*Those with caring responsibilities may find it more difficult to find time to take part in the interviews.*
Disability	*People with certain disabilities are predisposed to experience continence issues. Interviewers/staff survey will therefore need to be cognisant of the impairments that can come with some disabilities (e.g. dementia, learning disability, sensory disability, mental health or physical disabilities) and adapt their approach accordingly. This should include designing easily understood interview questions, booking accessible venues, allowing carers to respond on behalf of service users, ensuring that questions are properly heard and understood and providing questions in accessible formats (e.g. braille).* *People with certain disabilities may also be less likely to attend hospital appointments due to mobility issues, etc. It should therefore be noted that our sample may under-represent those with disabilities that cause them mobility issues.*
Ethnicity	*We don't expect that people from different ethnic groups will have*

	different needs or different capacity to participate in this study. However, the PCC should ensure that interviews/staff survey can be conducted in an accessible format when requested, e.g. interpreting service is available.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ 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.

Based on the greater susceptibility to continence issues among older people and those with disabilities, there is likely to be a high prevalence of disabled older people in our target population, and, in particular, people living with dementia. However, as mentioned, our sample will not include people living in nursing and residential homes or those unable to leave home to attend hospital appointments. This may leave this 'multiple identity' group under-represented in our study because older and disabled members of the target population are less likely to be receiving care for their continence issues through hospital outpatient clinics.

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?***
Gender – Clarified the gender profile for each patient group in advance and organised interviewers by gender to increase likelihood of people participating and of being as open as possible.	*Religion / Political Opinion – Research team resources didn't allow for representative sampling by religion or community background but would intend to do better on this in future work (Year 2) by better resourcing the study.*

<u>Age / Disability</u> – Interview topic guides were co-developed within the project steering group (which included service users and service staff). Pilot interviews were also carried out over the phone with a small number of service users before the topic guide was finalised. All of this helped ensure that interview questions were meaningful and easily understood to those who would be answering them. *During interviews, carers were free to respond on behalf of service users or to clarify points for them as necessary. Interviewers were also encouraged to pay attention to participants' comprehension and to regularly check that questions were properly heard and understood.* 'Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy' *Ethnicity* 'Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy'	*<u>Age / Disability</u> – We acknowledge that, by limiting data collection to patients in hospital clinics, we have likely under-represented older people and those with disabilities. This knowledge will inform our sampling criteria and methods for the follow-on work in Year 2 of the project.* *<u>Disability / Ethnicity</u> – The challenge of allowing people to take part in the fieldwork using research tools in accessible formats (e.g. different languages, 'easy read' format) was not addressed. This did not cause any issues in this phase of the study but we will explore how this can be supported in the follow-on work in Year 2 of the project.*

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	*Minor*	*Capacity didn't allow for representative sampling by religion but would intend to do better on this in future work (Year 2) by better resourcing the study.*
Political Opinion	*Minor*	*Capacity didn't allow for representative sampling by community background but would intend to do better on this in future work (Year 2) by better resourcing the study.*
Ethnicity	*No further impact*	

(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	✓
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	✓

All implications have been considered and only minor issues have been identified. These have either been mitigated in the current phase of the study or else a plan has been made to address them in Year 2. It is not thought that subjecting this policy to EQIA will present further opportunities to promote equality of opportunity.

(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?***
N/A	*N/A*

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?***
N/A	*N/A*

(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

** 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.

(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
The PCC will produce a report based on this project, which will include a clear articulation of identified good practice in continence service delivery, areas for improvement and clear proposals on how to sustain or improve the quality and accessibility of continence services in Northern Ireland. *We will formally communicate these findings to key stakeholders within HSC organisations (see Section 1.3) and seek acceptance of the findings and commitments that any recommendations will be implemented. Where possible, the PCC will support stakeholder organisations to do so.* *After a suitable time period, the PCC will carry out a 'follow-up' exercise to check on progress, and specifically to explore what changes have been,*	*The PCC will produce a report based on this project, which will include a clear articulation of identified good practice in continence service delivery, areas for improvement and clear proposals on how to sustain or improve the quality and accessibility of continence services in Northern Ireland.* *We will formally communicate these findings to key stakeholders within HSC organisations (see Section 1.3) and seek acceptance of the findings and commitments that any recommendations will be implemented. Where possible, the PCC will support stakeholder organisations to do so.* *After a suitable time period, the PCC will carry out a 'follow-up' exercise to check on progress, and specifically to explore what changes have been,*	*The PCC will produce a report based on this project, which will include a clear articulation of identified good practice in continence service delivery, areas for improvement and clear proposals on how to sustain or improve the quality and accessibility of continence services in Northern Ireland.* *We will formally communicate these findings to key stakeholders within HSC organisations (see Section 1.3) and seek acceptance of the findings and commitments that any recommendations will be implemented. Where possible, the PCC will support stakeholder organisations to do so.* *After a suitable time period, the PCC will carry out a 'follow-up' exercise to check on progress, and*

whether these have been driven by our findings and whether continence service access or quality have improved as a result.	*whether these have been driven by our findings and whether continence service access or quality have improved as a result.*	*specifically to explore what changes have been, whether these have been driven by our findings and whether continence service access or quality have improved as a result.*

Approved Lead Officer: Colm Burns

Position: Research Manager

Date: 02/01/19

Policy/Decision Screened by: Colm Burns

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 the Equality Unit:

2 Franklin Street, Belfast, BT2 8DQ.