

Equality and Human Rights Screening Template

The Regulation and Quality Improvement Authority (RQIA) 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?

SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

RQIA Draft Corporate Strategy 2017-21

1.2 Description of policy or decision

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's Health and Social Care (HSC) services. RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

The Regulation and Quality Improvement Authority (RQIA) has developed a draft Corporate Strategy for the period 2017-2021. This draft Strategy sets out the strategic direction for the Regulation and Quality Improvement Authority (RQIA) for the next four years, taking account of initial engagement with stakeholders, the vision set out by the Minister of Health in *Health and Wellbeing 2026: Delivering Together*, Department of Health (DoH) priorities and the Draft *Programme for Government Framework 2016–21* within the context of financial constraints and HSC reform and restructuring.

The draft Corporate Strategy is a high level document, setting out the purpose, direction and priorities for RQIA over the next four years. The draft Strategy will be supported by annual business plans, enabling RQIA to incorporate new priorities and challenges that may arise over this period.

RQIA will deliver its key strategic objective of continuous improvement based on the following four strategic themes:

- 1. Encourage quality improvement in Health and Social Care services** - RQIA will use its powers under the 2003 Order to encourage quality improvement in health and social care services, support service providers and assure quality.

- 2. Use Intelligence effectively** - RQIA will seek to ensure independent scrutiny of health and social care services, targeted on the basis of assessed risk and prioritised need.
- 3. Engage and involve service users** - RQIA is committed to a human rights based approach to our work to ensure that people remain at the heart of our activities and are involved in supporting us to improve the effectiveness of what we do.
- 4. Deliver operational excellence** - RQIA is committed to developing our staff and using our resources effectively and efficiently to sustain an organisational culture of learning and continuous improvement.

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

Internal: RQIA staff

External:

Department of Health
HSC Trusts and organisations
The independent health sector
Voluntary sector
General public, service users and their carers

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

1. RQIA Three Year Review Programme.
2. Department of Health, Social Services and Public Safety (2011) Quality 2020: A 10 Year Strategy to Protect and Improve Quality in health and Social Care in Northern Ireland.
3. Health and Wellbeing 2026 – Delivering Together.

4. Northern Ireland Executive. Programme for Government
Framework 2016 – 21. Belfast NIE, 2016

(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.

1. 2011 Census published by the Northern Ireland Statistics and Research Agency.
2. Internal directorate/team meetings, Executive Management Team (EMT) and RQIA Board
3. Human Resources statistics for RQIA workforce.

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	NI Population Statistics * Male 49% Female 51% Population of Northern Ireland in 2011 was 1,810,900 (2011 Census) Reed et al. 2009: 8/100000 (115) transgender people in NI. "Research (McBride, Ruari-Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland.

	<p>Belfast) suggests:</p> <ul style="list-style-type: none"> • 140-160 individuals are affiliated with transgender groups • 120 individuals have presented with Gender Identity Disphoria • there are more trans women than trans men living in Northern Ireland.” • <p>RQIA Staff</p> <p>Male 25.61%</p> <p>Female 74.39%</p>
Age	<p>NI Population Statistics *</p> <p>Children 0-4 yrs 124,400 - 6.87% of the total population 5 to 9 years – 111,300 - 6.15% 10 to 14 years - 119,000 – 6.57% Young people 15 to 19 years- 126,200 – 6.97% Total under 19 years 480,900 – 26.56%</p> <p>Older People People over 60 in N Ireland now make up 19% of the population (Census 2011). The number of people aged over 85 years makes up 1.73% of the population (Census 2011). Pensioner poverty is increasing; there is a link between poverty and inequality.</p> <p>Overall NI Age Profile</p> <p>0 – 15 – 20.95% (379, 378) 16 – 19 – 5.61% (101, 589) 20 – 24 – 6.96% (126, 036) 25 – 29 – 6.85% (124, 044) 30 – 44 – 20.65% (373, 943) 45 – 59 – 19.21% 347, 867) 60 – 64 – 5.21% (94, 346) 65 – 74 – 8.04% (145, 593) 75 – 84 – 4.79% (86, 740) 85 – 89 – 1.17% (21, 187) 90 and over - 0.56% (10, 141)</p>

	RQIA Staff <25 - 1.22% 25-29 - 3.66% 30-34 - 10.37% 35-39 - 6.10% 40-44 - 14.63% 45-49 - 19.51% 50-54 - 18.29% 55-59 - 16.46% 60-64 - 7.32% 65-69 - 2.44%
Religion	NI Population Statistics * Catholic - 45.14% Protestants - 48.36% Other - 0.91% Unknown - 5.59% RQIA Staff Not known – - 3.85% Perceived - 4.27% Protestant - 40.85% Catholic – - 42.68% Other - 12.20%
Political Opinion	NI Population Statistics* 62.8% of the population voted in the 2007 NI Assembly election. Of these 47% voted Unionist, 41% voted Nationalist and 12% Other (BBC).
Marital Status	NI Population Statistics* 47.56% (680, 840) of those aged 16 or over were married 36.14% (517, 359) were single 0.09% (1288) were registered in same-sex civil partnerships 9.43% (134, 994) were either divorced, separated or formerly in a same-sex partnership 6.78% (97, 058) were either widowed or a surviving partner

Dependent Status	<p>NI Population Statistics*</p> <ol style="list-style-type: none"> 1. 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. 2. 3.11% (56, 318) provided 50 hours care or more. 3. 33.86% (238, 129) of households contained dependent children. 4. 40.29% (283, 350) contained a least one person with a long – term health problem or a disability. <p>Based on the most recent information from Carers Northern Ireland, the following facts relate to carers.</p> <ol style="list-style-type: none"> 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 <p>This information can be accessed at info@carersni.org – June 2011.</p>
Disability	<p>NI Population Statistics*</p> <p>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.</p>

	<p>68.57% (1, 241709) of residents did not have long – term health condition.</p> <p>Deafness or partial hearing loss – 5.14% (93, 078)</p> <p>Blindness or partial sight loss – 1.7% (30, 785)</p> <p>Communication Difficulty – 1.65% (29, 879)</p> <p>Mobility of Dexterity Difficulty – 11.44% (207, 163)</p> <p>A learning, intellectual, social or behavioural difficulty. 2.22% (40, 201)</p> <p>An emotional, psychological - 5.83% (105, 573) or mental health condition</p> <p>Long – term pain or discomfort – 10.10% (182, 897)</p> <p>Shortness of breath or difficulty breathing – 8.72% (157, 907)</p> <p>Frequent confusion or memory loss – 1.97% (35, 674)</p> <p>A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612)</p> <p>Other condition – 5.22% (94, 527)</p> <p>No Condition – 68.57% (1, 241, 709)</p> <p>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.</p> <p>Among those of working age, 30% of those with a work-limiting disability are working. A further 15% lack, but want, paid work but 55% do not want paid work. (The Poverty Site / Labour Force Survey 2011).</p>
Ethnicity	NI Population Statistics*

1.8% 32,596 of the usual resident population belonged to minority ethnic groups,

White – 98.21% (1, 778, 449)

Chinese – 0.35% (6, 338)

Irish Traveller – 0.07% (1, 268)

Indian – 0.34% (6, 157)

Pakistani – 0.06% (1, 087)

Bangladeshi – 0.03% (543)

Other Asian – 0.28% (5, 070)

Black Caribbean – 0.02% (362)

Black African – 0.13% (2354)

Black Other – 0.05% (905)

Mixed – 0.33% (5976)

Other – 0.13% (2354)

Language (Spoken by those aged 3 and over);

English – 96.86% (1, 681, 210)

Polish – 1.02%(17, 704)

Lithuanian – 0.36% (6, 249)

Irish (Gaelic) – 0.24% (4, 166)

Portuguese – 0.13% (2, 256)

Slovak – 0.13% (2, 256)

Chinese – 0.13% (2, 256)

Tagalog/Filipino – 0.11% (1, 909)

Latvian – 0.07% (1, 215)

	<p>Russian – 0.07% (1, 215)</p> <p>Hungarian – 0.06% (1, 041)</p> <p>Other – 0.75% (13, 018)</p> <p>There may be added difficulty for those with language barriers</p>
Sexual Orientation	<p>McClenahan, Simon (2012): 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>“The general view in Northern Ireland among LGB&T organisations, service providers and policy makers is that an estimated 6% to 10% of the population identifies as lesbian, gay, bisexual and transgender.”</p> <p>Note- sources do not provide figures solely on those persons who identify as lesbian, gay and bisexual and so the above percentage is a slight overestimate.</p>

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.

The RQIA draft Corporate Strategy 2017-21 is a high level document which sets the strategic direction of the organisation. This draft strategy will be supported by an annual business plan, work programmes, policies and business cases as appropriate over the next four years.

RQIA recognises that the needs, experiences and priorities of groups within each Section 75 category may vary substantially in relation to the work emanating from this Corporate Strategy. A top level screening of the draft Strategy will not do justice to giving consideration to the needs of all the Section 75 groups, and therefore the RQIA is committed to undertaking where appropriate

the screening of associated pieces of work as they are taken forward, including for example business plans.

Category	Needs and Experiences
Gender	
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	Some people with a disability may require the draft Strategy to be written in plain English.
Ethnicity	
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>
The draft strategy has been written in a manner to make it accessible to a wide group of stakeholders and the general public.	<p>RQIA is committed to undertaking where appropriate the screening of associated pieces of work as they are taken forward, including for example annual business plans, work programmes, policies and business cases over the next four years.</p> <p>RQIA is committed to screening its communications and engagement strategy during the development process.</p> <p>RQIA will strengthen data gathering and analysis so that its objectives and priorities will be intelligence led. RQIA will consider the feasibility of collecting Section 75 monitoring data.</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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	None	None

Political Opinion	None	None
Ethnicity	None	None

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

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

Please tick:

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

RQIA recognises the need to consider the impact on Section 75 groups of this draft strategy and subsequent policies and programmes of work. The needs, experiences and priorities of these groups will vary and annual business plans, work programmes, policies and business cases will be screened as appropriate over the next four years. Therefore a full Equality Impact Assessment is not required at this stage.

(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>

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>

(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.

(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
Monitoring data will be identified through screening of work streams emanating from the draft Strategy	Monitoring data will be identified through screening of work streams emanating from the draft Strategy	Monitoring data will be identified through screening of work streams emanating from the draft Strategy

Approved Lead Officer: Maurice Atkinson

Position: Corporate Service Director

Date: 20 December 2016

Policy/Decision Screened by: Bill Norris Office Manager

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact

Malachy Finnegan
Communications Manager
The Regulation and Quality Improvement Authority
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Tel: 028 9051 7485 (direct line)
Mobile: 07920 187 881

Fax: 028 9051 7501

Email: malachy.finnegan@rqia.org.uk