



Southern Health
and Social Care Trust

Quality Care - for you, with you

EQUALITY SCHEME

Section 75, Schedule 9 of the Northern Ireland Act 1998

Screening and Equality Impact Assessment (EQIA)

***How we assess the impact of our
policies***

Updated January 2019

Introduction

This booklet explains the process the Trust uses to assess any potential adverse impact that its policies or decisions may have on the nine equality categories – this is known as **screening**.

The nine equality categories are:

- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- men and women generally
- persons with a disability and persons without
- persons with dependants and persons without.

What is screening?

The purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and/or good relations and helps to draw these considerations into the policy/decision making process.

Screening is completed at the earliest opportunity in the policy development/review process – screening must be taken into account by policy makers before and at the time that a particular decision or policy is being considered, and not afterwards. Policies which we propose to adopt will be subject to screening prior to implementation. For more detailed strategies or policies that are to be put in place through a series of stages, we will screen at various stages during implementation.

The lead role in the screening of a policy is taken by the policy decision maker who has the authority to make changes to that policy. However, screening will also involve other relevant team members, for example, those who implement the policy and staff members from other relevant work areas. Where possible include key stakeholders in the screening process in the interest of co-production and co-design. Please refer to the Trust's PPI Toolkit for further information.

How do we screen our policies?

We screen by asking the following questions which have been developed by the Equality Commission in their Section 75 guidance:

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

- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal 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 different religious belief, political opinion or racial group?

How do we answer these questions?

We answer them by gathering and assessing all relevant information and data, both qualitative and quantitative. In taking this evidence into account we consider the different needs, experiences and priorities for each of the Section 75 equality categories: to ensure that staff and service users are treated fairly; to ensure all those who need to e.g. access a service or participate can do so. Sometimes this means we need to do things differently as 'one size' does not fit all. Any screening decision will be informed by this evidence which can include statistics as well as the views of stakeholders.

What are the potential outcomes?

Taking into account our consideration of the answers to the four screening questions set out above, there will be one of four outcomes reached:

1. The policy has been **'screened in' for equality impact assessment (EQIA). (RED)**
2. The policy has been **'screened out' with mitigation or an alternative policy proposed to be adopted. (AMBER)**
3. The policy has been **'screened out' without mitigation or an alternative policy proposed to be adopted. (GREEN)**
4. The policy will be **subjected to ongoing screening.**

Please refer to the table overleaf for further information.

How do we let people know about our screening outcomes?

The Trust produces a quarterly screening report detailing the outcomes of all screening undertaken. These reports are available on our website and contain links to the individual screening templates. Details of the number of screenings undertaken by the Trust in any given year are also included in our Section 75 Annual Progress Report to the Equality Commission for NI.

Screening in practice

There are some real worked examples of screening exercises that have taken place within the Trust from page 5, each showing one of the potential outcomes and how they were reached.

Screening Outcome	Reasons for Decision	Screening Decision
MAJOR IMPACT	<p>The policy/decision is significant in terms of:</p> <ul style="list-style-type: none"> ▪ strategic importance; ▪ expenditure, for example a new build; ▪ information shows that it has a direct and possibly unfair effect on equality categories (for example access to employment opportunities); ▪ insufficient data is available to make an assessment for a number of the equality categories; ▪ the issue or issues are complex and need to be explored in more detail; ▪ it affects the public considerably and is likely to be controversial (for example, a removal of a service); ▪ it may be challenged by way of judicial review. 	Screened in for consideration for an equality impact assessment (EQIA)
MINOR IMPACT	<ul style="list-style-type: none"> ▪ The policy/decision is not unlawfully discriminatory or any elements of the proposal which are potentially unlawful can be readily and easily rectified through mitigation. ▪ Amending the policy will better promote equality of opportunity and/or good relations. ▪ Any potential equality impacts on categories are intended in order to address under representation or disadvantage. 	Screened out <u>with</u> mitigation or alternative policy proposed
NO IMPACT	<ul style="list-style-type: none"> ▪ The policy or decision may be an internal protocol and purely technical in nature and have no relevance to equality of opportunity or good relations. ▪ The policy or decision has been developed in accordance with the duties i.e. specific actions have been introduced as the policy was developed to address any identified inequality or actions to better promote equality of opportunity. 	Screened out <u>without</u> mitigation or alternative policy proposed.
ONGOING SCREENING	<ul style="list-style-type: none"> ▪ For more detailed strategies or policies that are to be put in place through a series of stages, screening should be considered at various times during implementation. 	The policy will be subjected to ongoing screening

Actual Examples

NO IMPACT - The policy has been 'screened out' without mitigation or an alternative policy proposed.

Title of the Policy and Description - Internal Operational Transport Policies and Procedures.

These protocols/procedures are to aid the smooth running of the Transport Department and cover areas such as employee induction, receiving new vehicles, processing transport requests, insurance declaration of drivers, vehicle maintenance procedures etc.

- **Who are the main stakeholders affected** - patients/clients, relatives, carers, Trust management, staff.
- **Other policies/decisions with a bearing on this policy/decision** - NI Regional Transport Strategy EQIA; Developing Better Services; Fleet and Transport Controls Assurance.
- **Data Collection** – normally data is collected for the nine Section 75 categories for those affected. On this occasion, there was no relevant data to collect as the policies were about the Transport Fleet.
- **Screening decision** – This set of policies were screened out because they are purely internal operational protocols, the purpose of which are to ensure the safe and efficient operation of the Transport Fleet. Therefore they have no equality or human rights implications, nor was there any need for mitigation of any kind.

MINOR IMPACT - The policy has been ‘screened out’ with mitigation or an alternative policy proposed to be adopted.

Title of the Policy and Description – Centralisation of the Directorate of Human Resources (which was originally spread across 5 geographical locations).

Operationally this created difficulties particularly in relation to arranging staff cover, communication and the effective implementation of work processes and systems. Further, the estate and separate offices, spread across a number of locations did not provide for effective working. An opportunity then arose to acquire first class accommodation on a central site.

Whilst, in the main, staff directly affected appreciated the benefits of centralisation, key constraints included possible resistance from some staff for whom centralisation may have presented difficulties.

- **Who were the main stakeholders affected** – staff, trade unions, senior management team, the Trust as users of Human Resources’ services and Estates Department.
- **Other policies/decisions with a bearing on this policy/decision** - Review of Public Administration, in particular advent of Shared Services; Transforming Your Care; Transformation Agenda; Human Rights considerations; Trust Human Resources Management of Change Framework; Trust Equal Opportunity Policy; Trust Work Life Balance Policy; Policy on the Employment of People with Disabilities.
- **Data Collection** – quantitative data was collected by the nine Section 75 categories for all staff who would be affected by the move to the new location. Each member of staff was given a consultation questionnaire asking for information regarding their contracted hours, participation in work life balance initiatives, whether they were car drivers/had access to a car, any disability requirements, any particular concerns regarding location, sequence of movement and possible solutions.

In addition the Heads of Service for each department individually met with each staff member to discuss their personal situation and potential concerns.

- **Screening decision** – The decision was to implement the proposal to centralise the Directorate, i.e. to ‘screen out’ the proposal as having ‘minor’ impact whilst putting mitigating measures put in place. For

example, the one-to-one interviews that were held highlighted a number of issues for staff regarding caring commitments and further travel to work distances/times. In line with relevant legislation and Trust policies, the Trust gave a commitment to ensure it considered seriously all requests for flexible working patterns and all requests for reasonable adjustments were also met. In addition, excess travel expenses were paid in line with Trust policy.

- **Conclusion** - The centralisation was achieved through a partnership approach with Trade Unions and abided by the principles of best practice as defined in the Human Resources Management of Change Framework. All processes were applied with equity, consistency and transparency and there was an individual focus on each member of staff in order to take preferences and circumstances into account. The new arrangements for staff were regularly monitored in order to deal with any issues that arose subsequent to the move.

MAJOR IMPACT - The policy has been 'screened in' for consideration for an Equality Impact Assessment (EQIA)

Title of the Policy and Description - Proposal for the Development of Accommodation Options for Older People and Closure of Two Statutory Residential Care Homes.

- **Who are the main stakeholders affected** - current residents and their relatives, current staff, potential future users from resident population across the Trust area.

- **Other policies/decisions with a bearing on this policy/decision** - key strategies such as Caring for People Beyond Tomorrow (DoH); Transforming Your Care; Health & Wellbeing 2026.

- **Screening decision** – Following the screening exercise it was decided to conduct a full Equality Impact Assessment for the reasons listed below:
 - The proposal was of strategic importance.
 - Information available showed that it had a direct and possibly adverse effect on one or more of the equality categories (i.e. older people, carers).
 - The issue was complex due to the proposed closure of two homes and the relocation of clients to alternative accommodation. This also had the potential to impact on staff.
 - It had the potential to affect the public considerably and was likely to be viewed as controversial.
 - It could possibly be challenged by way of judicial review.

- **Equality Impact Assessment (EQIA)** – was conducted with a 12 week consultation period, during which time a substantial number of written responses and petitions were received opposing the initial proposal. Comments included:
 - Residents did not want to move from their home.

- Users of respite and day care wanted to continue to have this care provided at the homes concerned.
 - Concerns that there would be a lesser quality of care provided in independent sector homes.
 - The high quality of care provided in the homes, and the assurance this gave to relatives and carers.
 - Lack of suitable or accessible alternatives, and travel difficulties for visiting.
 - Respondents, many of them staff in the affected homes, commented specifically on the impact on staff. Comments included the threat of job loss, the impact on staff of having to relocate to another Trust facility or service (travel, etc.) and their concerns for current residents.
- **Conclusion** – The Trust listened to and considered the very strong representations and comments from respondents and specifically the views that this would significantly impact on accessibility to residential care for local communities. It therefore proposed an alternative service model which retained all the current statutory residential homes and developed these facilities as local Centres for Care of Older People.

How you can become involved?

The Trust believes that we can only deliver improved services to our users by involving people when we plan and develop services. You can be involved as much or as little as you want. Please refer to the Trust's PPI Toolkit for information on how to do this.

You can get involved by the following methods:-

- Formal and informal consultation.
- User involvement panels.
- Attending a User Forum.
- Focus groups.
- Individual meetings.
- Surveys/questionnaires.
- Responding to information on our websites e.g. quarterly screening reports.
- Writing, emailing or telephoning the Trust.
- Normal contact with services i.e. during patient meetings/reviews.

The above list is not intended to be exhaustive.

Contact Details

For further information please contact:-



Mrs Lynda Gordon
Head of Equality Assurance Unit
First Floor, Hill Building, St. Luke's Hospital Site,
Loughgall Road, Armagh, BT61 7NQ



028 375 64151 / 64152 / 64247



lynda.gordon@southerntrust.hscni.net



www.southerntrust.hscni.net

This document can be made available on request in alternative formats, e.g. plain English, easy read, Braille, audio formats, large print and in other languages to meet the needs of those who are not fluent in English.