

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:

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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

Hearings Delivery Recommendations

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 Social Care Council aims to protect the public, by promoting and supporting confidence, competence and credibility in the social care workforce.

The Social Care Council has in place four Committees to fulfil its regulatory requirements: Registration Committee, Preliminary Proceedings Committee, Fitness to Practise Committee and Restoration Committee. Prior to the pandemic in 2020, all Committees sat in person in the Social Care Council offices. In order to ensure continued delivery during the pandemic, we adopted the default position of all proceedings being held online via Zoom, with measures in place to enable registrants to attend and participate. The Social Care Council has continued to maintain the delivery of fitness to practise proceedings mostly using online services. By exception, a small number of cases have been held face-to-face in order to meet specific needs of the people involved, or the

circumstances of a case.

In 2023, the Social Care Council identified the need to establish a small working group to review and evaluate Committee and hearing delivery to assess its continued appropriateness in the post-pandemic environment, and to identify a fair, balanced and flexible approach to meet the needs of all stakeholders involved in proceedings.

The recommendations have been based on the outcomes of surveys with a range of stakeholders, a literature review on the approach of the Courts and other healthcare regulators and on legal advice obtained. The Social Care Council proposes to introduce a default hearings delivery position as follows:

Online hearings for interim order review applications, fitness to practise hearings which occur as a result of criminal convictions or DBS barrings, **uncontested** interim order applications, preliminary proceedings which are considering allegations to make a decision on whether to transfer a case to the Fitness to Practise Committee and pre-hearing reviews.

In-person hearings for fitness to practise hearings other than criminal conviction or DBS barring cases, **contested** interim order applications, substantive order reviews where the registrant wishes to give evidence / make submissions, registration hearings where an applicant wishes to give evidence or make submissions, and restoration hearings.

Notwithstanding the default positions set out above, a registrant will have the right to request a change of format and, if a dispute ensues, a final decision will be taken at a preliminary hearing (which may take place online at the discretion of the Chair). Additionally, to provide further flexibility and to ensure value for public money, a default position in-person hearing with no registrant engagement may be converted to an online hearing on a case by case basis. Furthermore, a multiple day in-person fitness to practise hearing may convert to an online hearing, subject to the Parties' agreement, once any contested issues have been concluded.

A case management form for fitness to practise hearings will enable the process to be documented on a case by case basis. This approach will provide a clear, unambiguous process for registrants and all other stakeholders.

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

- Social Care Council staff (permanent, fixed term, part-time, agency)
- DLS staff
- Chairs, Committee Members and Legal Advisers
- Registrants
- Witnesses
- The public
- The Board
- Department of Health
- HSC and Social Care Council stakeholders and partners.

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

- **what are they?**
- **who owns them?**
- Legal advice received
- Professional Standards Authority responses to GPhC, SWE, Social Care Council and GOC consultations on remote hearings
- HM Courts and Tribunal Service – Evaluation of remote hearings during the COVID 19 pandemic - December 2021

(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.

The Social Care Council carried out a detailed consultation with a range of stakeholders including registrants, representatives, witnesses, Chairs and Committee Members, DLS and staff to hear at first hand their views and experiences of our hearings delivery. Surveys were issued to all of these stakeholders. In addition, the Participation Partnership were engaged. Desktop research was carried out, with the recommendations taking into account the consultations of other UK healthcare regulators, the views of the Professional Standards Authority and HM Courts and Tribunals Service.

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>The gender profile of our registrants is currently 88% female and 12% male (as of 07 June 2024). This can be broken down further by age:</p> <p>0 – 20 (1045 registrants): 93% female, 7% male</p> <p>20 – 29 (10280 registrants) 88% female, 12% male</p> <p>30 – 39 (11547 registrants): 80% female, 20% male</p> <p>40 – 49 (9874 registrants): 82% female, 18% male</p> <p>50 – 59 (8881 registrants): 84% female, 16% male</p> <p>60 – 69 (5030 registrants):</p>

	<p>85% female, 15% male</p> <p>70+ (581 registrants): 88% female, 12% male</p> <p>Whilst the registrant population currently sits at 88% female and 12% male, this was not reflected in the gender profile of registrants whose cases were heard by Committee in 2023/24, with 66% of the cases relating to female registrants and 34% relating to male.</p>
Age	<p>Population</p> <p>The age profile of our registrants is set out above.</p> <p>Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage</p> <p>0-14 365,200 19.2%</p> <p>(15-64 1,211,500 63.7%)</p> <p>15-39 594,400 31.2%</p> <p>40-64 617,100 32.4%</p> <p>(65+ 326,500 17.2%)</p> <p>65-84 287,100 15.1%</p> <p>85+ 39,400 2.1%</p> <p>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 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%</p> <p>16-44 – 5%</p> <p>45 – 64 – 16%</p> <p>65 and over – 33%</p>

Female

0 – 15 – 2%

16 – 44 – 5%

45 – 64 – 17%

65 and over – 38%

Overall there are greater proportions of older people with a disability.

Broader social work and social care workforce:

Across the three core groupings of registrations, the age profile is:

47307 registrants (as of 07 June 2024)

Qualified Social Workers – 6621 = 14% of Register

20 – 29 = 9%

30 – 39 = 26%

40 – 49 = 29%

50 – 59 = 23%

60 – 69 = 12%

70+ = 1%

Social Work Students – 769 = 2% of Register

0 – 20 = 3%

20 – 29 = 47%

30 – 39 = 30%

40 – 49 = 16%

50 – 59 = 4%

Social Care Workers – 39917 = 84% of Register

0 – 29 = 3%

20 – 29 = 24%

30 – 39 = 24%

40 – 49 = 20%

50 – 59 = 17%

60 – 69 = 11%

70+ = 1%

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%)
Religion	<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>Current religion 805,200 42.3%</p> <p>Religion of upbringing 64,600 3.4%</p> <p>Protestant and other Christian (including Christian related) 827,500 43.5%</p> <p>Current religion 711,000 37.4%</p> <p>Religion of upbringing 116,600 6.1%</p> <p>Other religions 28,500 1.5%</p> <p>Current religion 25,500 1.3%</p> <p>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>Broader social work and social care workforce: Workforce data is not collected</p>

	Social Care Council workforce: Catholic = 45% Protestant = 42% Not assigned = 13%
Political Opinion	Population National identity (nationality based) (Number – Percentage) <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% National identity (person based) (Number – Percentage) <ul style="list-style-type: none"> • British only 606,300 31.9% • Irish only 554,400 29.1% • 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>Broader social work and social care workforce – Workforce data is not collected</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 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 than double since 2011) • 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>Broader social work and social care workforce: There is some data but not enough to inform equality screening.</p> <p>Social Care Council workforce – Anecdotal evidence suggests that at least half of the employees are married/co-habiting</p>

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Dependent Status	<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

	<p>the age of 18 alongside their caring role.</p> <ul style="list-style-type: none"> • 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>Broader social work and social care workforce Workforce data is not collected</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> <p>Limited a lot – 11.45% Limited a little – 12.88% Not limited – 75.67%</p> <p>('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.)</p> <p>The breakdown of the various long-term conditions as outlined in</p>

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.

Research using data from 2011 ([Getting and staying in work - LLTI 2001 - Research Report \(nisra.gov.uk\)](#)) suggests that

- The disability employment gap in 2011 was 52.3 percentage points (pps) – the difference in employment rate between those with (31.4%) and without a long-term health problem or disability (83.7%) of the household population aged 30 to 59 years.
- A statistical modelling exercise found that general health explains around a quarter (25.7%) of the disability employment gap (13.4 out of 52.3pps). Other large contributors are educational qualifications (6.4pps) and providing unpaid care (5.6pps). The unexplained part (15.4pps) accounts for 29.5% of the disability employment gap.

	<ul style="list-style-type: none"> • This analysis was repeated for several disabilities or health conditions. The employment gap ranges from 14.5pps for deafness or partial hearing loss, to 61.8pps for those with frequent periods of confusion or memory loss. • The combination of general health, other health conditions and highest educational qualifications explained more than half of the employment gap for each condition except for those with an emotional, psychological or mental health condition (42.4%), which also has the largest proportion of the employment gap (31.7%) that could not be explained. <p>The employment gap differences by health condition were calculated as:</p> <p>Employment gap in 2011 by health condition</p> <p>Disability or health condition - Raw employment gap (pps)</p> <p>Confusion or memory loss – 61.8</p> <p>Communication difficulty – 55.9</p> <p>Learning/ behavioural difficulty – 54.5</p> <p>Mobility or dexterity difficulty – 53.4</p> <p>Mental health – 51.3</p> <p>Long-term pain or discomfort – 42.0</p> <p>Blindness or partial sight loss – 31.9</p> <p>Chronic illness – 27.7</p> <p>Difficulty breathing – 25.1</p> <p>Deafness / partial hearing loss – 14.5</p> <p>Other health condition – 24.7</p> <p>Broader social work and social care workforce – Less than 5% of the workforce has a disability</p> <p>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>Population</p> <p>In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.</p>

Ethnic Group**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%

Country of birth**Country of birth Number Percentage**

Northern Ireland 1,646,300 86.5%
Great Britain 92,300 4.8%
England 72,900 3.8%
Scotland 16,500 0.9%
Wales 2,800 0.2%
Republic of Ireland 40,400 2.1%
Outside United Kingdom and Ireland 124,300 6.5%
Europe (other EU countries) 67,500 3.5%
Europe (other non-EU countries) 3,700 0.2%
Other Countries in the World 53,100 2.8%
All usual residents 1,903,200 100.0%

Main language of usual residents aged 3 and over**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%

Figures from the 2011 Census provide the prevalence of disability among the following ethnic groups

Percentage of those whose disability limits their day to day activities a lot

All – 12%
Irish Traveller – 20%
White other – 12%
Chinese – 3%
Indian – 3%
Pakistani – 6%
Bangladeshi – 4%
Other Asian – 2%

Considering the 2011 Census figures for the ethnic composition of the General Population alongside those of People whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population.

White – 98.21% (1, 778, 449) – 99.40%
Chinese – 0.35% (6, 338) – 0.10%
Irish Traveller – 0.07% (1, 268) – 0.12%
Indian – 0.34% (6, 157) – 0.08%
Pakistani – 0.06% (1, 087) – 0.03%
Bangladeshi – 0.03% (543) – 0.01%
Other Asian – 0.28% (5, 070) – 0.03%
Black Caribbean – 0.02% (362) – 0.01%
Black African – 0.13% (2354) – 0.03%
Black Other – 0.05% (905) – 0.02%
Mixed – 0.33% (5976) – 0.10%
Other – 0.13% (2354) – 0.08%

Broader social work and social care workforce –
Approx. 5% of the workforce belong to an ethnic minority

Social Care Council workforce –

	<p>Less than 5% of the workforce: White = 75.5% Not assigned = 24.5%</p>
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>Broader social work and social care workforce – Workforce data is not collected</p> <p>Social Care Council workforce – Less than 5% of the workforce: Opposite sex = 18.87% Not assigned = 81.1%</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.

Category	<i>Needs and Experiences – please see table above for detail</i>
Gender	Whilst the majority of the social work and social care workforce is female, there are no identified needs or experiences in the context of hearings delivery on the basis of gender.
Age	Consideration should be given to older groups when considering the delivery of hearings to encourage engagement and to facilitate registrants who may not be as comfortable using technology, ensuring that there is an appropriate balance and accessibility to services.
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	Those with caring responsibilities need to have access to hearings that allow them to manage their caring responsibilities.
Disability	Consideration must be given at all times to how people with a disability can access our hearings service so that they are not disadvantaged in any way and are provided with an equal opportunity to engage in proceedings. Consideration must be given to the range of disabilities on each occasion, including those with sensory or learning disabilities who require communication support or materials provided in an alternative format.
Ethnicity	Consideration must be given to ensure that those from various cultural backgrounds are supported to engage in proceedings.
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.

Consideration must be given to all groups.

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>
We have designed our hearings service to be accessible to everyone. For in-person hearings, this includes (but is not limited to) mobility assistance or wheelchair access, a prayer room and breaks if required, a nursing room and breaks if required. For remote and in-person hearings, this includes (but is not limited to) technological support, sign language, translation services.	<p>Notwithstanding the default positions adopted, we will engage with each and every registrant to provide a flexible approach to ensure that they are facilitated to attend their hearing. All requests from registrants will be considered and facilitated where possible, balancing a registrant's rights against public protection and the public interest. Where there is no agreement, decisions will be taken following legal advice.</p> <p>We will continually review our processes and arrangements by seeking feedback from registrants who have been subject to Social Care Council proceedings.</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:

Major impact	
Minor impact	✓
No further impact	

Please tick:

Yes	
No	✓

Please give reasons for your decisions.

The issues identified through screening have been addressed. It is not felt that an EQIA will illustrate 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?

<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>
Hearings delivery affects only Social Care Council registrants.	

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>
All registrants with a disability will be facilitated to engage in their proceedings in whatever way is comfortable for them.	

(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 &	No

religion	
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 continue to improve and source our Section 75 equality data in relation to the social work and social care workforce, and staff in the Social Care Council to ensure we have informed data when making policy decisions that may impact on those individuals.		

Approved Lead Officer: Caroline Cumberland

Position: Head of Hearings Services

Date: 07 June 2024

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:

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2 Cromac Avenue
Belfast BT7 2JA

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