

**Equality, Good Relations and Human Rights
SCREENING**

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

1) 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 or none)

2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

3) 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 or none)

4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

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.

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>

**Equality, Good Relations and Human Rights
SCREENING TEMPLATE**

(1) INFORMATION ABOUT THE POLICY OR DECISION

Title of policy or decision

Updated formula for Family & Childcare Programme of Care to be incorporated into the Regional Capitation Formula

1.2 Description of policy or decision

What is it trying to achieve? (aims and objectives)

The Capitation Formula Review Group (CFRG) is responsible for the maintenance and update of the Regional Capitation Formula, used to determine Local Commissioning Group (LCG) fair share of available resources based on its population size, age/gender mix and the additional need profile of the population.

The current formula is based on a programme of care (PoC) approach. There are 9 PoCs, each with an associated formula, most comprising of 3 elements:
Relevant population – the client group on which the PoC is based.

Age/ Gender weighting – compensation for the differing need for health and social care based on the age/gender structure of a population.

Additional needs weighting – differential needs for services, likely to be due to socio-economic factors e.g. deprivation. The relevant factors are chosen for each PoC.

The PoC formulae are consolidated at LCG level. Two cost adjustments are then made to compensate LCGs for differing costs of provision of service to their populations – rurality (additional cost of delivering services in rural areas) and economies of scale (differing infrastructures).

The resulting formula establishes each LCGs fair share of available resources based on their relative, not absolute, need.

Periodic updates of individual programme of care formulas are carried out. This equality screening relates to the Family & Childcare formula which has been updated to reflect changing patterns of service delivery, more up to date activity and cost data as well as changes to statistical modelling.

The Family & Childcare Programme of Care captures activity and resources relating to the provision of Social Services support for families and/or children. This includes the following:

- Adoption
- Child Protection
- Children in Need
- Children Looked After
- Day Care
- Family Centres
- Fostering
- Gateway

The formula was last updated as part of the 4th Report from the CFRG in 2004.

How will this be achieved? (key elements)

Summary Methodology

Following a scoping exercise carried out by the Family Childcare Advisory Group (all 5 HSC Trusts, HSCB and DoH represented), community and personal social services Family & Childcare activity data for defined services was collected at patient level. A unit cost was attached to each activity occurrence.

This costed data was mapped across the 890 Northern Ireland Super Output Areas (SOA). Each SOA has approximately 2,000 people.

A number of statistical modelling approaches were trialled and a two stage additive modelling approach was chosen and the models developed.

Statistical modelling was carried out on the costed activity data, producing

needs variables which explain a level of the observed variation at SOA. The two stage modelling approach is set out below:

Stage 1 – develop a standardised dependent variable (based upon the ratio of the observed and expected level of need, where the expected level is determined for the SOA population based on a national level age cost curve)

Stage 2 – Computation of additional needs variable for each SOA (developed using the dependent variable from stage 1 as the regress and in statistical modelling)

What are the main constraints?

The main constraints to achieving the objective of are:

The availability of accurate and timely activity data has been the main limiting factor in this exercise. As the securing of activity data has been difficult, this exercise has taken longer than expected. These extensive data collection exercises are the main factor which limits and slows the development of the allocation formulae.

1.3 Main stakeholders affected (internal and external)

Local Commissioning Groups

HSC Trusts

Current and future service users who will benefit from new resources being better targeted to areas of higher needs.

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.

A Family & Childcare Advisory Group was established with representation from Service Leads, Finance & Information staff from each of the 5 Trusts and the HSCB. A scoping study was undertaken to identify services for which activity data could be collected at patient level in a consistent and timely manner.

A detailed data collection exercise was undertaken across the Health & Social Care Trusts covering 2015/16 activity. A cost was applied to the activity data and then mapped to Super Output areas across NI reflecting the level of spend on Family & Childcare attributable to that area.

Statistical analysis was undertaken on the costed data resulting in a number of model options including the examination of a model option based on needs variables identified by Service Leads.

Collaborative peer review of model development took place with University of Manchester before a preferred option was identified and agreed with the Service Leads and HSCB Director of Finance.

Population estimates and potential needs variable data were collected from the 2011 census in order to develop the models.

Equality Commission NI, 2006

<http://www.carersuk.org/northernireland/news-ni/facts-and-figures>

Health Survey NI 2012-13-

http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm -

Electoral Office NI, 2011

Northern Ireland Statistics and Research Agency (NISRA) 2007

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.

This new model will be used to allocate resources to the entire Northern Ireland population. Thus the affected group is best approximated by results from the current census (Census 2011).

Category	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>The population of Northern Ireland on Census Day 2011 was 1,810,900 of which there were 887,300 (49%) Males and 923,500 (51%) Females.</p> <p>The new age cost curve for this model shows that there is slightly less service use in younger the female population compared to the males. While the adult female population see slightly higher levels of usage. This in line with the expectations of the professionals on the technical working group who input to the model development.</p> <p>The significant change to the age cost curve is that this now reflects the input of the older population who have an active role within this PoC.</p> <p>This change is in line with observed research and the expectations of the Family and child care professionals involved in the development of this model.</p> <p>The Deloitte method for the investigation of unmet need or lower uptake in each of the SOA geographies was carried out; this did not identify areas for concern.</p> <p>In terms of the combined age needs index from the old and new models this new model tends to allocate slightly more need to the female population an increase from 0.892 to 0.946. While the male combined index falls from 1.113 to 1.056. This change reflects the fact that the majority of the adult contributions are from females and the new age gender cost curve reflect this contribution.</p>

Age**Current users - Potential users**

The population of Northern Ireland on Census Day 2011 was made up as shown in Table 1 below.

Table 1 Age Breakdown of 2011 Census population

Children (under 16)	379,300	21%
Working age (16-64)	1,043,600	65%
65-84	233,997	13%
85+	31,765	1.7%

As can be seen in the report the new age cost curve reflects a stronger contribution from the adults in the system; consequently the new model sees an increase in the combined index from the adults and elderly age groups at the expense of the child group. This is to be expected due to the changes made.

Religion**Current users - Potential users**

The population of Northern Ireland on Census Day 2011 was made up as shown overleaf

Table 2 Census of population by religion

Proportion	Religious Background
41.6%	Catholic background
40.8%	Protestant and other Christian background
17.6%	other religions, no religion or religion not stated

When the impact of the changes to the model are considered at SOA level it can be seen that the weighted average of the Catholic population is slightly higher than the previous model (now 1.22 up from 1.13). This is driven by the new needs index of the areas where these populations live.

Political Opinion	<p>Current users - Population data</p> <p>First preference votes per party in NI Assembly Elections 2011:</p> <table border="1" data-bbox="384 376 1449 831"> <tr> <td>DUP</td> <td>198,436</td> </tr> <tr> <td>Sinn Fein</td> <td>178,222</td> </tr> <tr> <td>UUP</td> <td>87,531</td> </tr> <tr> <td>SDLP</td> <td>94,286</td> </tr> <tr> <td>Alliance</td> <td>50,875</td> </tr> <tr> <td>Other</td> <td>52,384</td> </tr> </table> <p>(Electoral Office NI, 2011)</p>	DUP	198,436	Sinn Fein	178,222	UUP	87,531	SDLP	94,286	Alliance	50,875	Other	52,384
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Alliance	50,875												
Other	52,384												
Marital Status	<p>Current users - Population data</p> <table border="1" data-bbox="384 1003 1449 1503"> <tr> <td>Married</td> <td>47.56%</td> </tr> <tr> <td>Single never married</td> <td>36.14%</td> </tr> <tr> <td>Separated</td> <td>3.98%</td> </tr> <tr> <td>Divorced</td> <td>5.45%</td> </tr> <tr> <td>Same Sex Civil Partnership</td> <td>0.09%</td> </tr> <tr> <td>Widowed or Surviving partner from SSCP</td> <td>6.78 %</td> </tr> </table> <p>(2011 Census)</p> <p>The updated model redistributes some resources from area which are “more married individuals” to areas that are more single/divorced/widowed/separated. This may be indicative of the extra resources required to support single parents or families in difficulty.</p>	Married	47.56%	Single never married	36.14%	Separated	3.98%	Divorced	5.45%	Same Sex Civil Partnership	0.09%	Widowed or Surviving partner from SSCP	6.78 %
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Dependent Status	<p>Current users - Population data</p> <p>Dependent children</p>												

The last census shows that 238,094 households (33.9% of all NI households) had dependent children.

Single parents

In Northern Ireland there are approximately 92,000 lone parents with 150,000 children. 25% of all children are from one parent families, separated or divorced.

Carers

Based on information from Carers Northern Ireland, the following facts relate to carers:

1 in every 8 adults is a carer

There are approximately 214,000 carers in Northern Ireland

Any one person has a 6.6% chance of becoming a carer in any year

One quarter of all carers (26%) provide over 50 hours of care per week

People providing high levels of care are twice as likely to be permanently sick or disabled than the average person

Approximately 30,000 people in Northern Ireland care for more than one person

64% of carers are women; 36% are men

(<http://www.carersuk.org/northernireland/news-ni/facts-and-figures>)

Disability

Current users - Population data

A breakdown of the long term health problems reported in the 2011 census is included below.

	All usual residents	Proportion of Population
All usual residents	1,810,863	100%
Deafness or partial hearing loss	93,091	5%
Blindness or partial sight loss	30,862	2%
Communication difficulty	29,871	2%
A mobility or dexterity difficulty	207,173	11%
A learning, intellectual, social or behavioural difficulty	40,177	2%
An emotional, psychological or Mental Health condition	105,528	6%
Long-term pain or discomfort	182,820	10%
Shortness of breath or difficulty breathing	157,890	9%

	<p>Frequent periods of confusion or memory loss A chronic illness Other condition No condition</p>	<p>35,616 118,554 94,617 1,241,785</p>	<p>2% 7% 5% 69%</p>
<p>Ethnicity</p>	<p>Current users - Population data</p> <p>This formula is applied to the entire population, the ethnic construction of which is shown below. No variables specific to ethnic groups were identified in the preferred option.</p> <p>Traveller population in N Ireland is estimated at 3905 (All-Ireland Traveller's Health Survey 2010) Census data shows that: Non-White ethnic groups (Asian, Black, Mixed, Other) estimated at 31113.</p> <p>The number of births to mothers outside the UK and Ireland have increased over the past decade with 2347 births in 2008 compared with 661 in 2001 (9% of all registered births)</p> <p style="text-align: right;">(2011 Census data)</p>		
<p>Sexual Orientation</p>	<p>Between 2006 and 2017, there were 1202 recorded Civil Partnerships. However, this is not indicative of the LGB population. There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</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.

This model determines the needs for Family & Childcare services, at SOA across Northern Ireland via statistical modelling. Thus the aim is specifically to update the measure of Family & Childcare service need to current levels.

Category	Needs and Experiences																																																												
Gender	The data collected captured the gender profile of those utilising Family & Childcare services and differentiates this in the age cost curve as shown below.																																																												
Age	<p>The new age cost curve shown below highlights the trend of observed service use by those aged beyond 44 compared to the old model. Thus this new model is skewing resources to all age groups who utilise Family & Childcare services. Additionally there is also an additional new peak in the 15-19 year old males and females which was not observed in previous modelling exercises. This too was also expected.</p> <div data-bbox="422 1176 1220 1657" data-label="Figure"> <table border="1"> <caption>Estimated data for Figure 1: Age Cost Curve with Sure Start</caption> <thead> <tr> <th>Age Band</th> <th>Female (F) Average Spend per head</th> <th>Male (M) Average Spend per head</th> </tr> </thead> <tbody> <tr><td>00-04</td><td>350</td><td>300</td></tr> <tr><td>05-09</td><td>250</td><td>220</td></tr> <tr><td>10-14</td><td>400</td><td>350</td></tr> <tr><td>15-19</td><td>450</td><td>400</td></tr> <tr><td>20-24</td><td>50</td><td>40</td></tr> <tr><td>25-29</td><td>40</td><td>35</td></tr> <tr><td>30-34</td><td>35</td><td>30</td></tr> <tr><td>35-39</td><td>30</td><td>25</td></tr> <tr><td>40-44</td><td>25</td><td>20</td></tr> <tr><td>45-49</td><td>20</td><td>15</td></tr> <tr><td>50-54</td><td>15</td><td>10</td></tr> <tr><td>55-59</td><td>10</td><td>5</td></tr> <tr><td>60-64</td><td>5</td><td>2</td></tr> <tr><td>65-69</td><td>2</td><td>1</td></tr> <tr><td>70-74</td><td>1</td><td>0.5</td></tr> <tr><td>75-79</td><td>0.5</td><td>0.2</td></tr> <tr><td>80-84</td><td>0.2</td><td>0.1</td></tr> <tr><td>85-89</td><td>0.1</td><td>0.05</td></tr> <tr><td>90+</td><td>0.05</td><td>0.02</td></tr> </tbody> </table> </div> <p>Figure 1 New age cost curve</p>	Age Band	Female (F) Average Spend per head	Male (M) Average Spend per head	00-04	350	300	05-09	250	220	10-14	400	350	15-19	450	400	20-24	50	40	25-29	40	35	30-34	35	30	35-39	30	25	40-44	25	20	45-49	20	15	50-54	15	10	55-59	10	5	60-64	5	2	65-69	2	1	70-74	1	0.5	75-79	0.5	0.2	80-84	0.2	0.1	85-89	0.1	0.05	90+	0.05	0.02
Age Band	Female (F) Average Spend per head	Male (M) Average Spend per head																																																											
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Religion	There is no data to suggest that people of different religions would have different needs and experiences with regards to Family and Childcare services.																																																												

Marital Status	There is no data to suggest that people of different marital status would have different needs and experiences with regards to Family and Childcare services.
Dependent Status	The need for this service is driven primarily by the children that this service is designed to support. So dependent children are the main driver for this programme of care.
Disability	This updated formula targets more resources to areas where there are individuals living with limiting long term illnesses.
Ethnicity	There is no data to suggest that people of different ethnicities would have different needs and experiences with regards to Family and Childcare services. However the new model targets more resources to non-white areas. This may be indicative of migrants need more input as they are new to the areas.
Sexual Orientation	There are no accurate robust statistics on sexual orientation at SOA level or by age and gender which would enable analysis of this aspect.
Political Opinion	There are no accurate robust statistics on political opinion at SOA level or by age and gender which would enable analysis of this aspect.

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.

This formula will positively redistribute available funds to SOAs with residents with higher needs for Family & Childcare services.

2.5 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>
(NA)	(NA)

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	n/a	n/a
Political		
Opinion	n/a	n/a
Ethnicity	n/a	n/a

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

Please tick:

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

Please give reasons for your decisions.

There could be a redistribution of Family & Childcare fair shares from areas previously seen as having a high level of need, to areas currently identified as having a high level of need. These revisions are however in line with the Family & Childcare services utilisation data collected and are thus evidence based. However, as the formula is applied at Local Commissioning Group level, this impact will be reduced. The impact is further reduced when the Family & Childcare formula is incorporated into the full CFRG formula.

Thus, it is felt that any impact as a result of the updated identified needs will be relatively small at SOA level and also justified due to the evidence based approach taken in developing this new model.

(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>
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?**

<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>
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
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 any legal issues?*
			Yes/No
n/a			

** 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
No impact	No impact	No impact

Approved Lead Officer:

Paul Cummings

Position:

Deputy Chief Executive

Policy/Decision Screened by:

Signed:

Stella Hammond *DMC*

Date:

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**

Template produced November 2011

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 the Equality Unit:

2 Franklin Street; Belfast;
BT2 8DQ;

email: Equality.Unit@hscni.net;
phone: 028 90535531 (for Text Relay prefix with 18001);
fax: 028 9023 2304