

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) 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> **is this correct??**

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Social Work and Social Care Research and Continuous Improvement Strategy 2020 -2025.

It supports our approach on *Building a Research Community*.

1.2 Description of policy or decision

This document sets out a new strategy for Social Work and Social Care Research and Continuous Improvement Strategy in Northern Ireland for 2020 – 2025. It supports the promotion of a culture of evidence informed practice, quality, service and user outcomes and the delivery of research, evaluation and audit across services. As noted above it also support the wider agenda on Building a Research Community. This work is developmental and inclusive approach where emphasis is on co design and co working.

Using the outcomes of the review¹ of the 2015-2020 strategy, (HSCB 2015) available Previous Strategy available on <http://www.hscboard.hscni.net/our-work/social-care-and-children/swresearch> new strategy is intended to build on the strengths and successes of the previous strategy. It places greater emphasis on establishing research partnerships, strengthening links between researchers, academia, policy makers, managers, practitioners and service users and carers. The objective is to secure wider ownership, hence the Building Research Community Initiative. It also supports the ethos of Improving and Safeguarding Social Wellbeing Social Work Strategy 2012-2020 which set out the vision for improving the social wellbeing of individuals and families in Northern Ireland (2012)².

¹ Review of the Social Work Research and Continuous Improvement Strategy (2019) available on request

² Improving and Safeguarding Social Wellbeing Social Work Strategy 2012-2020, (DOH 2012).

Our Vision

Is that people in Northern Ireland who use our services will have confidence that social work and social care policy, practice and service outcomes are underpinned by a strong research evidence base committed to continual improvement?

Our Aim 1

To inspire and empower the development of individual and collective research leadership regardless of where individuals are in their careers. Research leaders are those who advance their field, develop creative and innovative methods of enquiry, support and mentor their colleagues and are engaged with the research activity.

Objectives

- Nurture, develop and celebrate all those engaged with research; practitioners, researchers, academics and service users and carers.
- Cultivate research leadership at different levels.
- Build capacity amongst research leaders and potential research leaders through learning and other developmental opportunities.

Our Aim 2

To increase engagement and involvement between practitioners, researchers, academics and service users and carers increasing mutual knowledge and engagement in co-design and co-production approaches to research social issues.

Objectives

- Build and support partnerships on a local, national and international basis.
- Support the sharing of information, skills and opportunities in securing access to and responding to funding sources and bids.
- Encourage greater transparency to enable research activity to thrive beyond traditional boundaries.

Our Aim 3

To seek out and further develop research evidence to generate knowledge that impacts positive change and improved social wellbeing outcomes for service users and carers and wider communities.

Objectives

- Generate agreement across partners on what research impact entails.
- Collaborate for the delivery of research evidence for policy, commissioning and practice impact.
- Support collaborations locally, nationally and internationally.
- Support a culture of openness and transparency in research activity.

Our Aim 4

Strengthen the credibility, professionalism and resilience of the workforce to support effective research evidence informed services for service users and carers.

Objectives

- Support and facilitate an organisational culture encouraging research mindedness.
- Encourage social work staff to engage in education and learning that supports evidence informed practice and critical appraisal.
- Support practitioner based research evidence activity in the workplace involving service users and carers as part of regular mainstream activity.

To support the implementation of these aims and objectives, five focus areas have been identified with a number of associated actions. These are outlined later in this strategy. The implementation plan which accompanies this strategy will outline how these actions will be taken forward, by whom and within what timescale.

Principles and Values

The strategy is based on the principles of equality, inclusion, equal participation, openness and transparency. Work emerging from the strategy will be produced on the basis of empowerment, research for all, service user and carer involvement, excellence, effectiveness and the efficient development and use of best available robust evidence.

Equality issues are therefore an integral part of social work activity and ultimately integral to any proposed research, evaluation or audit activity.

The strategy is based on the principles of equality, rights, inclusion, and equality of participation, openness and transparency. Work emerging from the strategy will be produced on the basis of empowerment, research for all, service user and carer involvement, excellence, effectiveness and the efficient development and use of best available robust evidence.

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

The nature of research and evidence within social work and social care is such that we are committed to ensuring that people have confidence in our decisions and service developments are evidence based. Consequently stake holders are diverse.

The key partners identified include:

The key partners³ identified through this research community include:

Service Users and Carers

- *Those who have developed research evidence competence and capability*
- *Other service users and carers*

Health and Social Care

- *Department of Health*
- *Health and Social Care Board*
- *Health and Social Care Trusts*
- *Research and Development Division – Public Health Agency*
- *Northern Ireland Guardian ad Litem Agency*
- *Social Care Council*
- *Regulation and Quality Improvement Agency*
- *Patient and Client Council*

Academia

- *Queen's University*
- *Ulster University*
- *Other colleges*
- *Education Welfare*

Justice Agencies

- *Department of Justice*
- *Probation Board Northern Ireland*

Community and Voluntary Sector

- *Voypic Voice of Young People in Care*
- *Barnardos NI*

Other research providers

Other statutory organisations

Detailed feedback from the engagement events is available on the HSCB website⁴ under Building a Research Community.

³ Partners identified in this list are those who participated in initial discussions but may not reflect the final stakeholder group.

⁴ <http://www.hscboard.hscni.net/our-work/social-care-and-children/swresearch> under Building a Research Community

Partnerships developing as a result of this work

A review of the original strategy (2015-2020) undertaken in (2019) gave impetus for the establishment of a network of interested stakeholders. The ambition is to build a research community that will foster mutually beneficial relationships and partnerships. Through collaborative working we hope to build an evidence base relevant to social work and social care in Northern Ireland. Over time this will help us identify the types of research and evidence that will inform practice, explore gaps in our evidence and support the identification of research and evidence priorities. This is in line with the intentions identified within the original strategy but which required formalisation. This research community is instrumental in agreeing the content of the new strategy and ensuring better opportunities for greater ownership of the agenda. This supports the vision and intentions of the original strategy (2015-2020) but with a new and enthused energy and commitment as we move forward.

Those who attended initial networking events were drawn from a range of backgrounds and included service users and carers (with knowledge and competence in research and evidence, statutory, community and voluntary sectors inclusive of current research champions. The Department of Health, The Health and Social Care Board, The Research and Development Division (PHA) the Northern Ireland Social Care Council (NISCC) colleagues from Ulster University, Queen's university, Northern Ireland Guardian ad Litem Agency (NIGALA) Department of Justice, Probation Board NI, researchers, managers and practitioners. There will also be issue of interest to wider Equality groups and other members of the public and Politicians

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

- Improving and Safeguarding Social Wellbeing Social Work Strategy 2012-2020, (DOH 2012).
- Learning and Development and Workforce Strategy (2019) (DoH 2019).

(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.

Events hosted on

- **11th November 2019 Dunsilly Hotel**
- **23rd January 2020 Mosley Mill**

See website on <http://www.hscboard.hscni.net/our-work/social-care-and-children/swresearch>

This details the programme, participants and outcomes from this engagement from these two networking meetings are available on the website as above – under *Building a Research Community*. Detailed feedback of these two workshops is also provided.

This feedback reiterated the commitment from stakeholders for the development of a research strategy where using robust evidence to support better outcomes for service users and carers is the key vision.

Paper copies can be made available on request.

Desk research that looked at social work research commentary and reports primarily from outside of Northern Ireland including equality, ethics and human rights issues. This work highlighted the need for social workers need to be aware of power dynamics and be proactive in addressing these through anti-discriminatory and anti-oppressive approaches. Working with diversity and becoming a culturally competent practitioner are core tools in the social worker's toolkit and thus remain integral to the Social Work Research and Continuous Improvement Strategy and to this screening exercise.

The Social Work Research and Continuous Improvement Strategy impacts on policy, commissioning and practice levels, and service users and carers. There is synergy with learning and development and workforce issues in HSC. Ultimately the purpose of research and evidence in practice is about securing best outcomes for the diverse range of individuals and groups who use social work and social care services.

See below.

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.

Commentary

Staff

Most recent figures in 2019 suggest that:

Social Work & Social Care Workforce in Northern Ireland is over **45,152**. Social Work is a fully regulated profession, and 'Social Worker' is a protected title.

There are currently **6410** Social Workers plus **739** undergraduate trainees in NI.

Approximately **86%** of Social Workers work for statutory services **66%** in Health & Social Care.

Our focus at this stage is on the **Statutory Social Work workforce** (HSC Justice and Education but also a wide engagement with other organisations in other sectors.

Limited monitoring data on the workforce makes connections to the section 75 equality groupings difficult. The Social Work Research and Continuous Improvement Strategy however relates to all staff and differential uptake by staff because of their specific equality characteristic is not anticipated. Age may be one issue that requires attention. Length of time qualified might be loosely considered as a proxy for age (though only a proxy). The well-developed post qualifying framework in Northern Ireland is an important element that supports the ongoing learning and improvement across the profession, inclusive of research and evidence. Likewise the Professional in Practice promoted and supported support by the Social Care Council is important.

An important aspect of the Assessed Year in Practice (first year post qualifying for social workers) offers opportunities for the continuation of academic debate and discussion and how this is carried through into social work practice. Social work theory should not be left at the door as students leave university for the last time. There is a need for social work theory and

research to be better disseminated into practice and for frontline practitioners to be more involved in that research and evidence. The Assessed Year in Practice for newly qualified staff should help breed a research-hungry social work profession, which will foster the principles of evidence-based practice, with practitioners helping to raise the profile of the profession as a whole and the needs of service users and carers.

The strategy also recognises the role of leaders at all level in the organisations that show an interest and appetite for research and evidence.

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>
General comment	<p>The Social Work Research and Continuous Improvement Strategy relates to a number of the groupings in terms of service user and carers and their outcomes as covered by section 75 equality categories. Though reporting is not always complete or inclusive of all the equality categories.</p> <p>Data presented in this Table relates to data provided by the HSCB as @ 31st March 2019 This is collated on the basis of Programmes of Care. Mental Health, Learning Disability, Physical and Sensory Disability, Older People and relates to client information.</p>
Gender	<p>Census data is relevant as proxy but greater emphasis on qualitative issues in next Table is important.</p> <p>Population Profile The population of Northern Ireland on Census Day 2011 was 1,810,900 Males 887,300 (49%) Females 923,500 (51%)</p> <p>Transgender The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none"> • gender variant to some degree 1% • have sought some medical care 0.025%

- having already undergone transition 0.015%
(Source: GIRES. **The Number of Gender Variant People in the UK - Update 2011. Available at** <http://www.gires.org.uk/prevalence.php>)

The numbers who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.):

- 18,816 people who do not identify with gender assigned to them at birth
- 470 likely to have sought medical care
- 282 likely to have undergone transition.

Age

In terms of social work future research needs need to take cognisance of changes in population structures whereby in Northern Ireland, as elsewhere projections, indicate that the most significant change in age structure will occur in the older age bands. This was confirmed by the Census results 2011 which indicated that there were **233,997** people 65-84 years living in Northern Ireland, people were aged 65-84 years.**31,765** were people aged 85 years and over (85+),

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

21%

65%

13%

1.7%

Census Data 2011

Population projections show continual increases in the number of people over 85 year

NISRA have projected that the number of adults aged 65 and over is to increase by 12.1%, between 2013 and 2018, and by 63.3% between 2013 and 2033. Between 2013 and 2018, the very elderly population (those aged 85 and over) is projected to increase by 22.2% and more than double between 2013 and 2033 from 1.8% to 4%.

Data presented here relate to the types of populations served by social work and social care services. The following data relates specifically to the number of people to accessing social work services across age bands as reported in March 2014 under Delegated Statutory Functions a reporting requirement on Trusts to provide information to the HSCB. Not all the equality categories are covered.

Number of people in receipt of social work and social care services as at 31st March 2019

Older People

Older People		Total all ages over 65	
419	25804	35813	35168
< 65	> 65	< 65	> 65

Less 65 Years

Over 65 Years

257

32055

Children and Young people

Number of children and young in receipt of social work and social care services as at 31st March 2019

Children In Need

At 31st March 2019, 24,289 children were In Need across N Ireland. This figure represents children known to Social Services on 31st March 2019.

Child Protection:

- 2,211 children were on the Child Protection Register.
- 1,992 were added to the Register while 1,882 were removed from the Register during the year 1.4.18 – 31.3.19.

Children In Care:

- 3,281 Children In Care, 79% - Foster Care, 11% - Placed with Family, 6% in Residential Care.
- 884 children were admitted to care during the year. 677 children were discharged from care during the year.

Adoption:

- There were 86 Domestic Applications for Assessment during the year 1 April 18 to 31 March 19.
- There were 5 Inter-country Applications for Assessment during the year.
- 82 children were subject of an Adoption Order (Art 12) during the year.

Religion	<p>Census data is relevant as proxy but greater emphasis on qualitative issues presented in next Table</p> <p>Of the 24,289 children were In Need across N Ireland.</p> <p>32% were from a Roman Catholic background with 11% from an Other Christian Background.</p> <table border="1" data-bbox="507 656 1161 1146"> <thead> <tr> <th>Religion</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Roman Catholic</td> <td>7806</td> <td>32.1%</td> </tr> <tr> <td>Presbyterian</td> <td>2044</td> <td>8.4%</td> </tr> <tr> <td>Church of Ireland</td> <td>1549</td> <td>6.4%</td> </tr> <tr> <td>Church of England</td> <td>79</td> <td>0.3%</td> </tr> <tr> <td>Methodist</td> <td>158</td> <td>0.7%</td> </tr> <tr> <td>Other Christian</td> <td>2693</td> <td>11.1%</td> </tr> <tr> <td>Muslim</td> <td>164</td> <td>0.7%</td> </tr> <tr> <td>Other</td> <td>1741</td> <td>7.2%</td> </tr> <tr> <td>Not Known</td> <td>6012</td> <td>24.8%</td> </tr> <tr> <td>Not Completed</td> <td>1352</td> <td>5.6%</td> </tr> <tr> <td>None</td> <td>682</td> <td>2.8%</td> </tr> <tr> <td>Refused</td> <td>9</td> <td>0.04%</td> </tr> <tr> <td>TOTAL</td> <td>24289</td> <td>100.0%</td> </tr> </tbody> </table> <p>The religion with the highest number of Children In Need was Roman Catholic at 32%, followed by 'Other Christian' at 11%.</p> <p>The religion was Unknown for 30% of Children In Need (i.e. Not Known or No completed).</p>	Religion	Total	%	Roman Catholic	7806	32.1%	Presbyterian	2044	8.4%	Church of Ireland	1549	6.4%	Church of England	79	0.3%	Methodist	158	0.7%	Other Christian	2693	11.1%	Muslim	164	0.7%	Other	1741	7.2%	Not Known	6012	24.8%	Not Completed	1352	5.6%	None	682	2.8%	Refused	9	0.04%	TOTAL	24289	100.0%
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Political Opinion	<p>Census data is relevant as proxy but greater emphasis on qualitative issues presented in next Table.</p> <p>According to the 2011 Census</p> <ul style="list-style-type: none"> • 45.14% of the population were either Catholic or brought up as Catholic. • 48.36% stated that they were Protestant or brought up as Protestant. • 0.92% of the population belonged to or had been brought up in other religions and Philosophies. • 5.59% neither belonged to, nor had been brought up in a 																																										

	religion. (Census 2011)
Marital Status	Census data is relevant as proxy.
Dependent Status	<p>Carers NI suggest that 1 in 8 people in NI are providing unpaid care. Similarly, Census data show that 11.81% 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.</p> <p>Census data also shows that 3.11% provided 50 hours care or more. Almost 2 in 5 households (40.29%) contained a least one person with a long – term health problem or a disability.</p> <p>In the last Census, 33.86% of households contained dependent children.</p> <p>Census data is relevant as proxy but greater emphasis on qualitative issues in next Table</p>
Disability	<p>Children with a Disability AS AT 31/3/2019</p> <p>Of the 24,289 children were In Need across N Ireland (31/3/2019). 4,390 Children In Need and known to Social Services had a disability.</p> <p>Adults</p> <p>1. CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978</p> <ul style="list-style-type: none"> • 3,295 adults who are blind • 3,291 adults who are partially sighted • 682 adults - deaf with speech, 621 adults - deaf without speech, 12,570 adults - hard of hearing <p>2. DISABLED PERSONS (NI) ACT 1989</p> <ul style="list-style-type: none"> • 10,721 referrals (excl. Acute) to Physical/Learning/Sensory Disability • 28,106 disabled people known at 31/3/18

Referrals to Social work services at 31/3/2019

Mental Health Adults		Mental Health Older People		Learning Disability		Physical Disability	
28981	1408	137	3979	536	29	5770	3948
< 65	> 65	< 65	> 65	< 65	> 65	< 65	> 65

Contd/-

Total	
35813	35168
< 65	> 65

Ethnicity

Census data and data from regional interpreting services and ethnic monitoring are relevant as proxy but greater emphasis on qualitative issues presented in next Table.

Of the **24,289** children were In Need across N Ireland (31/3/2019). Most (75%) were from a 'White' ethnic background.

Children In Need By Ethnicity at 31.3.19

Ethnicity	Total	%
White	18142	74.7%
Chinese	57	0.2%
Irish Traveller	189	0.8%
Roma Traveller	52	0.2%
Indian	30	0.1%
Pakistani	26	0.1%
Black African	82	0.3%
Black Other	117	0.5%
Mixed Ethnic Group	254	1.0%
Any Other Ethnic	451	1.9%
Not Stated	4889	20.1%
TOTAL	24289	100.0%

Most Children In Need were from a 'White' Ethnic background (75%). This was followed by 'Any Other' Ethnic Group (2%) and Mixed Ethnic (1%).

20% of Children In Need had 'Not Stated' given for the ethnicity category.

As at 31/3/2019

Sexual Orientation	Survey data and data presented as per general population estimates for example estimates suggest 1:7 of population relevant as proxy but greater emphasis on qualitative issues in next Table
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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.

Social work research is increasingly taking place in an ever increasing diverse society. With the expansion of legislation there is growing awareness of the wider cultural, social, and historical experiences that shape the lives of so many people who use social work and social care services, including gender, religious and spirituals beliefs, race and ethnicity, age, disability including physical and sensory , mental health and learning disabilities, carers and sexual orientation.

Just as social work practitioners are expected to engage in the culturally competent practice in the context of their day to day engagement with clients, it is also important that when research is conducted that researchers recognise that cultural norms also impact on the research process from decisions on research priorities through to its conduct and implementation of outcomes. This whole process includes, terminology used, sampling, methods used for data collection, interpretation of findings and dissemination. The failure by researchers to adequately address cultural contexts impacts at various levels and ultimately impacts on the validity, reliability and generalizability of the findings.

The quality of information obtained via research depends on the quality of the question asked in the first instance. Assumptions are often made that respondents share a common understanding of the meaning of a question and a willingness or unwillingness to answer. Questions however may have different meanings in different groups which need to be acknowledged in any research.

When research is engaging with, for example black and minority ethnic groups, it is necessary to be aware that some concepts may not be culturally appropriate and may not in fact translate into a different language from English.

Research needs to consider its strength in empowerment and not contribute to a reinforcement of stereotypes and notions of deficits in different groups.

The Social Work Research Strategy Research Strategy was developed as a co-production co designed process whereby service users and carers were an integral part of the two engagement events in 2019 and 2020 noted above. With launch of the previous strategy in 2015, where specific priorities were targeted at service users and carers, equality has always been an integral part of our approach. In direct response to the previous strategy the HSCB and Ulster University have progressed unique and innovative Post qualifying training inclusive of service users and carers.

Responding to the involvement agenda and noted unsupported needs in the co-production of health and social care research, a university course was developed with and for service users and carers to promote the use of evidence and service user experience in health and social care practice. It was designed to build the capacity of carers and service users with tailored qualifications to support the co-production of research and services. Service users can achieve diploma, certificate and masters qualifications including a *Postgraduate Certificate in Development and Co-Production of Social Care Research*. Funding from the HSCB under research agenda but to support equality of opportunity is available to cover course fees. This initiative has been recognised as unique, creative and innovative by King's College London - THIS Institute Research Fellow
<https://www.thisinstitute.cam.ac.uk/about/people/dr-oli-williams/www.actwithlove.co.uk>

Further details on this approach and the outcomes of participants since 2016 can be provided by Anne McGlade, Social Care Research Lead
anne.mcglade@hscni.net

There remains no systematic body of research evidence that focuses on whether social work and social care have a direct effect on the distribution of health outcomes at the individual or population level. However, the health of most users of social care services is already damaged and for

many this is a central factor in their involvement with social care services. Social work and care interventions targeted at social care clients, and at the general population, can reduce health disadvantage across the life course. <http://www.scie.org.uk/publications/briefings/files/briefing33.pdf> SCIE Report 33 (2010)

Decisions have not been reached as yet on specific research priorities. This will be undertaken as part of the roll out of the Social Work Research and Continuous Improvement Strategy as reiterated in the five focus areas. Each are detailed in the strategy itself. The equality issues as noted below will therefore be important factors for consideration in future discussions about research priorities and any decisions about any new areas of research or evaluation activity to engage in within social care and social work. Whilst not specified as an area within the strategy Covid 19 research priorities are important as we move forward.

Ethical and good practice issues which are crucial in research studies also need also to be considered in the context of equality and human rights issues. This will be relevant in future research activity.

Category	Needs and Experiences
Gender	Historically women have been underrepresented in research studies. This can impact on the validity of the study particularly if not included in aspects of design of measurement instruments.
Age	<p>Among younger people, research carried out by the Office of the Children’s Commissioner for England (2012) found that 16- to 17 year-olds found it difficult to access social care and mental health services, and experienced difficulties with transition between provision for children and adults.</p> <p>In their survey of people using personal budgets, Hatton and Waters (2011) found no differences in outcomes between participants on the basis of their gender, ethnicity, or religion. However, older adults tended to report less positive outcomes. There were too few participants who recorded their sexual orientation to enable the authors to examine this aspect. As</p>

personalisation is a key issue in contemporary social work discussions it is necessary to see the importance of equality issues as part of any future decisions on personalisation activity which will be subject to further research, reviews and evaluations over time.

These population changes reported by NISRA in the ageing population requires a response from how social work services are best delivered hence the need for any discussion on research priorities to consider gaps in the evidence base for the adult population where it is considered that research evidence is less readily available.

The dearth of research in light of this the demographic change is apparent and any addition to the evidence base would be welcomed as a way to inform how to best meet the needs of older people in a timely and dignified manner Consultation comment It is fundamental that any research produced is based on robust evidence and takes into account the lived experience of service users (Consultation comment)

In a recent evidence study carried out in England on the subject of loneliness Evidence Scope: Loneliness and Social Work (Dept Health and Social Care (2020) conducted by Research in Practice for Adults (RiPfA)

The aim was improve knowledge sharing among social workers through the Chief Social Worker for Adults and their sector networks. The aim will be to further develop social workers' ability to recognise those who may be experiencing loneliness and their knowledge of services or support to refer people on to.

The activity identified six key themes to support the identification of loneliness and the development and delivery of interventions that prevent or reduce loneliness. Themes are interlinking and should not be perceived or addressed in isolation; rather, they should be thought of as parts of a jigsaw each contributing to a person-centred response to someone's individual circumstances. The six themes. Identifying loneliness, Interventions, Social activities, Technology Partnership working and relationships and

	<p>person centeredness.</p> <p>This study revealed that loneliness can be perceived differently by different people but that it affects all age groups, young, middle aged and older people.</p>
Religion	<p>Although research participants are getting more familiar with being asked questions about ethnicity there are some circumstances where ethno-religious information is more important in revealing inequalities than questions about ethnicity alone. In an increasingly religiously diverse society, social workers are in a strong position to document the links between religious belief (including having no religion) and equality. This is also key in research related activity.</p>
Political Opinion	<p>In recognition of diversity social work has always had anti sectarianism at the heart of its professional and practice agenda.</p>
Marital Status	<p>There is no data to suggest that there are specific needs or experiences arising within this category.</p>
Dependent Status	<p>A key means whereby carers find support is via a carer's assessment as per the duty of the Direct Payments NI Act 2002. Carers NI suggest that a key problem is that carers are not informed of their entitlements and suggest that this reflects a flaw in the system. If any decisions taken to progress the evidence bases on Direct Payments such equality issues will also be important issues to consider. Caring responsibilities of adults and children and young people have an implication on the inclusion of carers in research activity and needs flexibility in terms of times of meetings, locations and caring needs that need to be covered.</p>
Disability	<p>The mission of the social work profession and the development of social policy are rooted in a set of core values and are the foundation of social work's unique purpose and perspective.</p> <p>Social care should be a means for enabling disabled people to participate in society on an equal basis to other citizens. Disabled people have long recognised that equality will only be achieved if</p>

	<p>the focus is on the barriers that disabled people face in society, rather than on disabled people's impairments. This concept of a social model of disability and the related framework of 'independent living', developed by disabled people, are now accepted as key principles by government and in the personalisation agenda in social care. Legislation covers and protects a wide range of people using social care services, including people who have not always viewed themselves as disabled people, such as people using mental health services and older people who have physical or sensory impairments, dementia or mental health issues.</p> <p>Disabled people experience barriers to equality in relation to social care services: These include:</p> <ul style="list-style-type: none"> • Physical barriers • Communication barriers • Social inclusion barriers • Attitudinal barriers <p>Written in 2009 these issues are still relevant (In Focus Putting people first: c 2009 Commission for Social Care Inspection (CSCI) Commission for Social Care Inspection). Equality and Diversity Matters 3: Achieving disability equality in social care services). Any research activity needs to take account of these known barriers that can impinge on the quality of research and evaluation activity undertaken or who is involved in such activity.</p>
Ethnicity	<p>Historically people from black and minority ethnic groups have been underrepresented in research studies. This can impact on the validity of the study particularly if not included in aspects of design of measurement instruments.</p> <p>Social workers need to be especially aware of particular needs of black and minority ethnic service users and carers. Likewise those engaging in research and evaluation activity need to be aware of the needs of this group of people.</p> <p>These needs may include:</p> <ul style="list-style-type: none"> • Language and communication, which may require access to high quality interpreting and translating support in their preferred language

- Exploration of how religious needs impact on day-to-day existence and functioning
- The core values they hold
- Impact of culture or traditional beliefs
- Previous experience of state intervention
- The impact and experience of racism
- Family structures, roles and responsibilities
- Help-seeking behaviour
- Lifestyle
- Cultural parenting practices.

The impact of these factors on social wellbeing mean that a universal, one-size-fits-all approach is not only not a valid way to work, but could also be considered to be oppressive and discriminatory.

Children who are mixed race are twice as likely to be a recipient of social services as their white counterparts (DfES, 2006).

Bignall and Butt (2000) in a survey carried out on behalf of the Joseph Rowntree Foundation spoke to young black people with disabilities. Many of their participants thought they had been treated 'differently', although it was not always clear if they had been made to feel 'different' because of their ethnicity or their disability. This study is based on interviews with 44 young people of Asian, African and Caribbean origin. The work took place in four local authorities: one inner city authority in London, two county councils and a city council. The young people were aged between 16 and 30. The majority had a range of learning difficulties but others were deaf or hard of hearing, or had visual impairments, and some had multiple disabilities. Whilst a small study it helps in highlighting the evidence mix of the factors that need to be considered when research and evidence activity is being commissioned, planned, designed, undertaken and reported upon.

Sexual Orientation	Researchers tend to use two main ways to measure discrimination. The first considers whether people from certain
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groups are more or less likely to use a particular service. Stonewall (2011) surveyed a group of heterosexual, gay, lesbian, and bisexual people aged 55 and over living in Britain and found that past experiences of discrimination meant lesbian, gay and bisexual respondents were less willing to use social and health services than their heterosexual counterparts. This is also a factor that researchers as well as anyone commissioning research needs to be aware of and also in the context of research ethics.

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-

The information presented in respect of some of the categories in 2.3 provide evidence of inter dependent relationships and often how at different times and in different circumstances these can cause multiple forms of disadvantage when accessing social work and social care services. Future work in relation to the Social Work Research Strategy needs to keep issues of multiple equality issues to the fore.

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>
Equality and Human Rights were considered key in the development of the Social Work Research and	Service users and carers will remain around all our forums engagement and

<p>Continuous Improvement Strategy 2015-2020 in the development of the new strategy this was integral and undertaken on an equality platform as an inclusive co designed approach.</p> <p>Collaborative engagement with others with a track record in service user involvement – personal and public involvement to develop a plan to work towards more sustainable activity in the longer term.</p> <p>A specific objective and associated action is included in the Strategy that looks at better ways to involve and engage service users and carers in the whole research process and exploring way to build capacity .This is underpinned in Building Research Community.</p>	<p>work stream</p> <p>Work collaboratively with service users and carers and other colleagues with a track record in service user and carer involvement and Personal and Public Involvement to continue to deliver effectively on this work and agenda Work with other colleagues locally and national to progress service users and carer involvement in research related activity.</p> <p>Section 75 equality lens to be kept as a focus in any discussions or decisions on strategic research priorities.</p> <p>Further work required in respect of funding and sustainability of service user and carer involvement- alliances to progress</p>
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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	Nothing additional	
Political Opinion	Nothing additional	
Ethnicity	Nothing additional	

(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	X
No further impact	

Please tick:

Yes	
No	X

Please give reasons for your decisions.

The development of this Social Work Research and Continuous Improvement Strategy is about building an even stronger foundation with greater energy and enthusiasm and commitment necessary foundations within the health and social care sector to build a research and evidence base relevant to Northern Ireland.

At this stage the identification of specific research priorities has not been undertaken hence it is considered that a full equality impact assessment beyond this screening activity is not necessary at this stage. Equality will remain and integral part of the process evidenced by progress in the rollout of the 2015 strategy.

Issues of service user and carer involvement and wider accessibility and equality issue are kept to the fore These issues will be given due regard in the decision making process associated with any future research and evaluation priorities. It is fully recognised that equality, human rights and personal and public engagement will be integral to the Implementation Framework process.

Actions developed as part of the implementation process will highlight these aspects and associated reporting processes will keep the issues profiled.

There are specific opportunities for service users and carers to engage in research, participate in research conferences (local annual event) from being members of planning committees, abstract assessment panels to deliver of research study outcomes. This is work that continues to be built upon.

As part of the work to date some initial work has commenced to discuss the capacity amongst service users and carers to secure better engagement in the processes now and in the future. This work will need to be further progressed to take account of specific section 75 duties. It will be kept under review.

(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>
Engagement with people with disabilities was part of the engagement with Personal and Public Involvement activity.	As per a number of the strategic priorities this activity will be on going and has the potential to realise this Disability Equality Duty.

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>
Engagement with people with disabilities was encouraged was part of the engagement with Personal and Public Involvement.	As above and as part of the implementation of the strategy activity will be on going and has the potential to realise this Disability Equality Duty.

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

Issues in relation to human rights are integral to all aspects of social care provision. In the context of doing research issues in respect of Article 8 will be important. But in the context of the developmental aspects of the social work research strategy there are no human rights issues emerging.

ARTICLE	Yes/No
Article 2 – Right to life	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1 st protocol Article 2 – Right of access to education	

If you have answered no to all of the above please move onto to 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?

No interference in respect of the developmental aspects of the Social Work Research Strategy.

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

** 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.

The quality of life and wellbeing of individuals, groups and communities are the intrinsic value of a diverse society. Concepts of power, and how groups use

power to achieve their mutual aims, underpin the ideas of oppression and anti-oppressive practice seeks to redistribute power by challenging structures and championing rights.

A core standard of social work is to ‘alleviate poverty; liberate vulnerable and oppressed people with the ultimate aim to promote social inclusion’ (International Federation of Social Workers, 2012).

The mission of the social work profession and the development of social policy are rooted in a set of core values and are the foundation of social work’s unique purpose and perspective.

Human rights offer a normative base for social work and for the formation of inclusive social policies. In a debate about how can social work and social policies contribute in the endeavor to respect, protect and fulfill human rights? It is important to see that The Social Work Research and Continuous Improvement Strategy has a part to play in champion human rights and how research activity can also promote a human rights based approach.

(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
Initially in discussions about priority areas keep cognisance of emerging equality data and information from qualitative research studies elsewhere to help inform discussions about Any new research to be undertaken or evidence to be utilised.		On-going Implementation and reporting mechanisms

Implementation and reporting mechanisms will include equality and human rights issues as well as personal and public involvement		
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Approved Lead Officer: **Marie Roulston**

Position: Director of Social Care and Children Health and Social Care Board

Policy/Decision Screened by: **Anne McGlade**
 Social Care Research Lead

Signed: Health and Social Care Board

Date: June 29th 2020

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

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;

Telephone **028 95 363961**

The Strategy launched for public consultation July 2020.

There are several ways in which you can respond including:

- Online Response Form which can be found at :
- <http://www.hscboard.hscni.net/consult/index.html>
- Email: swresearchconsultation@hscni.net
- Telephone : 07825334569
- Written: Social Work Research and Continuous Improvement Strategy
Social Care and Children's Directorate
Health and Social Care Board
12-22 Linenhall Street
Belfast, BT2 8BS

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