Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

Equality Screening, Disability Duties and Human Rights Assessment Template

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Guidance notes are available to assist with completing this template. For further help please contact the Equality and Human Rights Unit ext 20539.

Part 1. Policy scoping

1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?
Minimum care Standards for Nursing Homes

1.1.2 Is this an existing, revised or a new policy / decision?
This is a revised policy. Original standards were published in 2008 and this version updates the previous to account for developments in best practice.

1.1.3 What is it trying to achieve? (intended aims/outcomes)

Minimum Standards aim to achieve a consistent approach to registration and inspection of regulated services and to improve the quality of care offered to service users by raising the minimum standard incrementally through reviews. The standards are for nursing homes to meet and implement. It is establishments rather than services that are regulated, therefore the standards do not relate to general issues of nursing home care planning and other components of the system outwith the control of the homes themselves.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.
The majority of the population residing in nursing homes is in the older age group. Additionally, residents may have physical, sensory or learning disabilities and cognitive impairment. A majority of residents are estimated to have some form of dementia.

1.1.5 Who initiated or wrote the policy?

Standards were reviewed and revised by a working group comprised of policy & professional experts within the Department; the HSC Board; PHA; RQIA and

PCC. The working group was chaired and led by DHSSPS Standards & Guidelines Quality Unit.

1.1.6 Who owns and who implements the policy?

The policy is owned by the Department. Standards are to be implemented by nursing homes. RQIA register and inspect against the standards and trusts should take them into account in commissioning care.

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? If yes, are they

Financial	X	Please explain: Whilst the standards do not request any additional capital or revenue spend (ie by increasing staff levels or qualification requirements), the focus on person-centred care and individual engagement and involvement may have implications for staff levels in an environment where care is often task-driven.
Legislative		
Other		

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

Staff	X
Service users	X
Other public sector organisations	X
Voluntary/community/trade unions	
Other, please specify	

1.4 Other policies with a bearing on this policy / decision. If any:

Policy	Owner(s) of the policy

1.5 Available evidence

What evidence/information (both qualitative and quantitative*) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

Section 75 category	Details of evidence/information
Religious belief	Quantitative data is not available for the breakdown of residents by religious belief. The Age NI report on their engagement exercise with residents (published during consultation period at http://www.dhsspsni.gov.uk/showconsultations?txtid=71624) highlights the importance of maintaining links to religious and spiritual groups in place before admission to the home.
Political opinion	Quantitative data is not available on the breakdown of residents by political opinion. Engagement with service providers (a reference panel was established) suggested this can be an issue for some residents in terms of being able to exercise the democratic right to vote. (http://www.dhsspsni.gov.uk/showconsultations?txtid=71624)
Racial group	The 2011 Census shows the racial breakdown of residents in nursing homes as: 6931 – White 5 – Irish Traveller 9 – Chinese 2 – Indian 1 – African 1 – Mixed 5 – Other A literature review of evidence regarding the care of BAME residents in care homes was carried out by PANICOA in 2011.

	http://www.panicoa.org.uk/sites/assets/dignity_and_respect_in_residential_care.pdf The recommendations centre around person-centred care and recognising and acknowledging the experiences that older people may have undergone in terms of racism.
Age	The 2011 NI census reports that out of 6954 residents living in nursing homes, the breakdown according to age group was: 0-15 years – 3 16-19 years – 0 20-24 years – 8 25-34 years – 36 35-44 years – 101 45-54 years – 267 55-64 years – 335 65-74 years – 750 75 – 84 years – 2133 85-89 years – 1677 90+ years - 1644
Marital status	Data on marital status of residents living in nursing home care is not known. A 2011 research paper reported that living alone results in a higher risk of placement in a care home for older people (age 65+) http://www.qub.ac.uk/research-centres/NILSResearchSupportUnit/FileStore/Filetoupload,238890,en.pdf

Sexual orientation	Data on sexual orientation of residents in care homes is not known. A 2011 report provides qualitative information on the issue: http://www.rainbow-project.org/assets/publications/making%20this%20home%20my%20home.pdf
Gender (Men and women generally)	The majority of residents are female. The NI Census 2011 records that of the 6954 residents living in nursing home care, 4797 were female and 2157 were male.
Disability (with or without)	The 2011 NI census reports that 21% of adults in Northern Ireland have a disability. The Census also reports that of the 6954 residents living in nursing home care, 2097 had "bad or very bad" health. RQIA records (31 March 2014) the following numbers of homes against categories of care (homes may be registered for more than one category): Dementia – 103 Mental disorder excluding learning disability or dementia – 18 Mental disorder excluding learning disability or dementia (over 65 years) – 18 Learning disability – 60 Learning disability (over 65 years) - 41 Physical disability other than sensory impairment - 171 Physical disability other than sensory impairment (over 65 years) – 128
Dependants (with or without)	Data on residents living in nursing homes with dependants is not known. Whilst the majority of the nursing home resident population is over age 65 and less likely to have dependent children, the numbers under this age group may have dependent children.

***** Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

Section 75 category	Details of needs/experiences/priorities
Religious belief	Residents expressed a wish to continue their previous association with church or spiritual groups regardless of their actual belief. This is covered in the revised standards.
Political opinion	Providers believed that residents should be supported to maintain their rights to vote and participate in political processes generally – regardless of their actual political viewpoint. This has been covered in revised standards.
Racial group	Personalisation is at the centre of high-quality care for BAME residents. Communication and language skills are important, as is the need to engage with residents about their previous experiences and life stories. This is covered in revised standards.
Age	Most residents are over age 65 years. Person-centred care is vital to understand their life stories and experiences and to support their preferences and choices. This is embedded throughout the revised standards.
Marital status	Providers advised that some married or cohabiting couples preferred to share accommodation and this has been written into revised standards.
Sexual	Person-centred care is vital to understand the life stories and experiences and to support the preferences and

orientation	choices of LGBT residents. This is embedded throughout the revised standards which also reference recent best practice issued by the PHA
Gender (Men and women generally)	Dignity & respect has been highlighted as important in terms of personal care. Standards now advise that providers should take into account residents' choices eg for the gender of the person providing the care.
Disability (with or without)	Providers must comply with best practice and legislation in terms of rights for disabled residents. Information must be provided in an accessible format that can be understood by the resident.
Dependants (with or without)	The human right to a private and family life is embedded into the revised standards.

Part 2. Screening questions

2.1 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/none)		
Section 75 category	Details of policy impact	Level of impact? minor/major/none
Religious belief	Whilst standards apply regardless of religious belief, connections to previous religious and spiritual aspects of life should be maintained.	Minor
Political opinion	Whilst standards apply regardless of political, the right to vote and participate in political life is covered in the standards.	Minor
Racial group	Standards state that legislation and best practice should be followed for residents from a BAME background. Communication that can be understood by the resident is also required.	Minor
Age	Standards have been written from the perspective that most residents are over age 65. However, the principles of person-centred care will ensure that the specific needs, preferences and choices of younger residents are supported and facilitated by homes.	Major
Marital status	Standards now explicitly state that where married couples choose to	Minor

	share accommodation, this should be facilitated by the home.	
Sexual orientation	Standards state that legislation and best practice should be followed for residents from a LGBT background. Person-centred care reinforces the best practice principles. Standards explicitly reference the recent guidance issued by the PHA on this topic.	Major
Gender (Men and women generally)	Standards reinforce the need for dignity and respect for all residents particularly in respect of their personal care. Standards state for example that residents should be offered a choice in terms of the gender of staff providing intimate care – where possible.	Minor
Disability (with or without)	Standards reinforce the requirements for homes to comply with legislation and best practice in relation to disability.	Minor
Dependants (with or without)	The human right to a private and family life is embedded into the revised standards.	Minor

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?		
Section 75 category	If **Yes**, provide details	If **No**, provide reasons

Religious belief		Standards make reference throughout to engagement and person-centred care. Religious background is one aspect of the life story that has to be understood and supported as part of the care delivered.
Political opinion		Standards make reference throughout to engagement and person-centred care. Political opinion is one aspect of the life story that has to be understood and supported as part of the care delivered.
Racial group	Standards reference research into the needs of BAME residents in homes and state that these must accommodated.	
Age	The resident population is in the majority over the age of 65 years old. The standards are written with this in mind. Similarly, where issues have been raised with regards to equity of access to HSC services, these have been referred to the appropriate agency to address.	
Marital status		Standards make reference throughout to engagement and person-centred care. Marital status and family history is one aspect of the life story that has to be understood and supported as

		part of the care delivered.
Sexual orientation	Standards reference guidance into the needs of LGBT residents in homes and state that these needs must supported & facilitated.	
Gender (Men and women generally)		Standards make reference throughout to engagement and person-centred care. Gender is one aspect of the life story that has to be understood and supported as part of the care delivered.
Disability (with or without)		Standards make reference throughout to engagement and person-centred care. Disability is one aspect of the life story that has to be understood and supported as part of the care delivered.
Dependants (with or without)		Standards make reference throughout to engagement and person-centred care. Family is one aspect of the life story that has to be understood and supported as part of the care delivered.

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief		None
Political opinion		None
Racial group	Reference to good practice in BAME issues may have some impact on good relations in this category in promoting understanding.	Minor

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If **Yes**, provide details	If **No**, provide reasons
Religious belief		No.
Political opinion		No.
Racial		No.

group		

2.5 Additional considerations

Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

Older people with disabilities; LGBT older people & BAME older people will experience a positive impact. Additionally, given that older women outnumber men in the settings, the impact on them will be positive.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

Additions were made during the development regarding best practice in regards to BAME and disabled residents.

Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

No impact	X	
Minor impact		Consider mitigation (3.4 – 3.5)
Major impact		

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

Yes - screened in	
No - screened out	X

3.3 Please explain your reason for making your decision at 3.2.

This is a revision of an extant set of standards. Whilst there are important changes, the standards are for establishments rather than the services and design of services. It is unlikely that the impact of the revised standards will result in any negative outcomes for S75 groups.

Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

Yes	☐
No	☐

3.5 If you responded "**Yes**", please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

Standards are used by RQIA In the registration & inspection of regulated services. RQIA reports are published and failures to comply highlighted ot the Dept.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

N/A

Please note: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

No

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

No

Part 6. Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
Article 2 – Right to life	X		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	X		
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person	X		
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			X
Article 8 – Right to respect for private & family life, home and correspondence.	X		
Article 9 – Right to freedom of thought, conscience & religion	X		
Article 10 – Right to freedom of expression	X		
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	X		

1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	X		
1st protocol Article 2 – Right of access to education			X

6.2 If you have identified a likely negative impact who is affected and how?

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 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/decision.

The standards have been informed by the NIHRC report "In Defence of Dignity" which reviewed the human rights of people in nursing homes. Additionally, the omission has provided comment during the development of the standards. Standards have been reviewed in line with the principles of human rights legislation and the UN principles for older people.

Part 7 - Approval and authorisation

	Name	Grade	Date
Screened completed by	Jennifer Lamont	DP	02 July 2014
Approved by[1]	Fergal Bradley	G5	08 April 2015
Forwarded to E&HR Unit[2]	Roisin Perkins	AO	10 April 2015

Notes:

[1] The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

[2] When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.