

Equality and Human Rights Screening Template

The Northern Ireland Social Care Council is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

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

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

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

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

For advice & support on screening contact:

Equality Unit
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ
028 90535564 / 90535577
email: equality.unit@hscni.net

Summarised SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

**Title: Research Innovation and Improvement -Strategy -
*Generating curiosity and inspiring change***

1.2 Description of policy or decision

The Strategy's vision and strategic priorities were co designed with a range of partners and built on the principles of equality, equity, diversity and inclusion.

What this strategy is about

To build research capacity across the wider social-care workforce which includes social workers and social care workers

Aims & Objectives

To embed evidence-informed practice in social work and social care.

To foster a collaborative research culture that puts people and relationships at the centre.

Financial limits – reliance on existing public-sector budgets.

Constraints

Capacity of the Council's small team and ongoing commitment from others without additional resources. But in mitigating constraints our approach in Social Care Council is working together and in partnership with others.

1.3 Those affected (internal and external)

The reach of the strategy is both internal and external of the social care council.

- **Internal** – staff involved in registration, regulation, standards-setting, and training. All will benefit from up-to-date research and evidence.
- **External** – people with lived experience, carers, academics, voluntary organisations, and other public-sector bodies that partner with the Council.

The strategy is deliberately inclusive: social work and social care practitioners, academics, people with lived experience, carers and policymakers, collaborations across statutory, community, voluntary and independent sectors.

It is intended for all and speaks to all in its content

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

- **what are they?**
- **who owns them?**

Account was taken of the wider strategic drivers currently in place across Northern Ireland.

Policy / Initiative	Owner	Relevance to the Strategy
Programme for Government (2024-2027)	Dept. of Finance	Sets overall public-service priorities.
Public Health Agency R & D Strategy (2025-2030)	Public Health Agency	Provides research funding pathways and supports.
Adult & Children’s Social Care Reforms	Dept. of Health	Drives demand for evidence-based practice.
Social Care Council Strategic Plan (2023-2027)	Social Care Council	Highlights research, data and intelligence as a strategic priority.
UK Concordat on Research Integrity (2025)	UK Office for Research Integrity	Sets standards for honesty, rigor and transparency.
Partner organisations governance	HSC Trusts and others	Sets governance and standards

(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.

This strategy builds on work that has been ongoing in Northern Ireland in social work and social care research for over a decade. As such it has benefitted from a range of engagements, networks and consultations and other research and statistics focusing on a vast array of relevant issues.

The views and perspectives and information shared by the membership of Research and Evidence Partnership, The Research Community and the Doctoral /PhD Group were all invaluable in informing this strategy. Check out details of these groups on [Our research - NISCC](#)

- **Consultations & Workshops** – two facilitated sessions (27 May 2025, Belfast; 18 Sept 2025, James House, Belfast). Outcomes available on: [Building our research capacity - NISCC](#)

(Paper copies can be made available on request).

Research Community outputs – **regular meetings, annual research conference reports (most recent 2024)** [Research and Evidence Conference Report - NISCC](#) .

The draft strategy was also shared with partners on 22nd January 2025 and 6th February 2026 to help refine the content.

- Published **statistics** on inequality in adult/children services.
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- **Stakeholder input** – lived-experience representatives, service users, carers, academic partners, and voluntary organisations.
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- **Documentation** – minutes, round-table notes and reports are archived on the Council website (see “Building our research capacity – NISCC”). [Building our research community - NISCC](#).

2.2 Quantitative Data provided in the full screening

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.

For relevancy the statistical profile, where available has been provided for the Social Care Council workforce and, where available, data on the wider social care workforce.

For the wider population we have looked at Census data and The Northern Ireland Statistics and Research Agency (NISRA) data but as these are the same data sets as reflected in a variety of screenings merely replicating in this screening in relation to the Research Strategy would not add additional value but can be provided on request.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>Broader social work and social care workforce: Majority of the broader social care workforce are female.</p> <p>Part 1 (Qualified Social Workers) – Female (82%) Male (18%) Part 2 (Social Care Workers) - Female (85%) Male (15%) Students - Female (83%) Male (17%)</p> <p>Social Care Council Workforce – Majority - female Female = 67%; Male = 33%</p>
Age	<p>Broader social work and social care workforce: Across the three core groupings of Registrations, the age profile is</p> <p>Part 1 (Qualified Social Workers) – Up to and including 30 years – (14%) 31 – 40 years – (26%) 41 – 50 years – (30%) 51 years and over – (29%)</p> <p>Part 2 (Social Care workers) –</p>

	<p>Up to and including 30 years (25%) 31 – 40 years (21%) 41 – 50 years (26.5%) 51 years and over (27.5%)</p> <p>Part 1 and 2 combined – Up to and including 30 years (21%) 31 – 40 years (23%) 41 – 50 years (28%) 51 years and over (28%)</p> <p>Social Care Council Workforce – Aged 24 and under (3.8%) 25 – 34 years (32.1%) 35 – 44 years (13.2%) 45 – 54 years (26.4%) 55 years and over (24.5%)</p>
Religion	<p>Broader social work and social care workforce: Workforce data is not collected</p> <p>Social Care Council workforce: Catholic = 45% Protestant = 42% Not assigned = 13%</p>
Political Opinion	<p>Broader social work and social care workforce – Workforce data is not collected</p> <p>Social Care Council workforce: Broadly Nationalist = 3.8% Broadly Unionist = 7.6% Other = 1.9% Not assigned = 81.1% Do not wish to answer = 5.7%</p>
Marital Status	<p>Disability</p> <p>Broader social work and social care workforce:</p>

	<p>There is some data but not enough to inform equality screening.</p> <p>Social Care Council workforce – Anecdotal evidence suggests that at least half of the employees are married/co-habiting</p> <p>Broader social work and social care workforce: There is some data but not enough to inform equality screening.</p> <p>Social Care Council workforce – Anecdotal evidence suggests that at least half of the employees are married/co-habiting</p>
Dependent Status	<p>Carers NI (State of Caring 2022 report)</p> <p>Broader social work and social care workforce Workforce data is not collected</p> <p>Social Care Council workforce – Anecdotal evidence suggests that at least half of the employees have dependents). Yes = 9.4% No = 9.4% Not assigned = 81.1%</p>
Disability	<p>Broader social work and social care workforce – Less than 5% of the workforce has a disability</p> <p>Social Care Council workforce – Less than 5% of the workforce have declared a disability No = 67.9%; Yes = 3.8%; Not assigned = 28.3%</p>
Ethnicity	<p>Broader social work and social care workforce – Approx. 5% of the workforce belong to an ethnic minority</p> <p>Social Care Council workforce – Less than 5% of the workforce: White = 75.5% Not assigned = 24.5%</p>

Sexual Orientation	<p>Broader social work and social care workforce – Workforce data on LGBTQI+ is not collected</p> <p>Social Care Council workforce – Less than 5% of the workforce: Opposite sex = 18.87% Not assigned = 81.1%</p>
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Inclusive research is not optional it is a standard. It allows for traditionally silenced voices to be raised and shapes the research priorities. This is not optional. Inclusion cannot remain an aspiration.

2.3 Qualitative data – needs, experiences & priorities

Equality dimension	Key issues identified
Disability	Limited participation in workshops; accessibility of digital resources limiting engagement in surveys.
Black & Minority Ethnic (BME)	Under-representation in leadership and research leadership in research and research authorship.
Gender	Need for more gender related research priorities for social work and social care
Age	Consideration should be given to people in older groups when considering the delivery of engagement and digital transformation to ensure balance and accessibility to services and research activity.
Dependants	Need opportunities to inform the research agenda. Times and locations and engagement approaches suitable when to manage their caring responsibilities.
Sexual orientation & gender identity	Limited information on level of LGBTQI+ participants in past research panels. Language not always inclusive

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 LGBTQI+ people

Consideration will be given to all groups when delivering the outcomes of the strategy as we recognise the complexity of multi identify and the enormous part this plays in everyday life and similarly in research activity.

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Equality diversity and inclusion has underpinned the development of our Strategy for Social Care Research, Innovation and Improvement.</p> <p>Our strategy was co designed and co-produced between people with lived experience, health and social care staff and academia.</p> <p>Within the strategy we have identified specific and associated actions targeted at people with lived experience and carers.</p> <p>We continue to explore better ways to involve and engage people with lived</p>	<p>People with lived experience and carers will remain engaged in all our forums, our networks, any engagement events and work streams.</p> <p>We are committed to inviting and encouraging missing voices throughout all our processes.</p> <p>Inclusion also means going to where people are, having online options and flexible approaches.</p> <p>We will continue to work collaboratively other colleagues with a track record of doing this well.</p> <p>Section 75 equality lens to be kept as</p>

<p>experience and carers in the whole research process and exploring ways to build capacity. This is underpinned in our existing groups- Research and Evidence Partnership group and our building Research Community.</p>	<p>a focus in any discussions or decisions on strategic research priorities.</p> <p>In seeking funding to ensure sustainability we will also keep issue of diversity, equity equality and human rights to the forefront seeking out other alliances to engage.</p> <p>We will use inclusive and accurate language in research and associated activities as helps create safer, more respectful spaces for all.</p>
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Within the limited research resources, we have for implementation we are also realistic. We cannot erase the history of exclusion and inequities. But in our approaches and planned work on setting social work and social care research priorities we can begin to build futures where research reflects greater fairness to reflect the diversity of our communities in Northern Ireland. We will ensure we are being inclusive of the nine Section 75 equality dimensions and of wider diversity dimensions.

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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	None identified at this stage	
Political Opinion	None identified at this stage	

Ethnicity	None identified at this stage	
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(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

No	<input checked="" type="checkbox"/>
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Please give reasons for your decisions.

- **Impact rating:** *Minor* (the strategy mainly refines existing processes).
- **Decision: No full EQIA required** – the screening has already captured the key equality issues and mitigation actions.

Rationale: Risks are low; mitigation measures (co-design, Section 75 lens,) are in place.

(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 encouraged as part of any engagement. In any training opportunities we promote inclusion so that people including people with disabilities are actively contributing to the research agenda from a position of knowledge of research.	As per a number of the strategic priorities and outworking of the research strategy this activity will be ongoing and has the potential to realise this Disability Equality Duty.

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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>
As above.	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**

Human rights and social justice are at the heart of health and social care research. Ethical, integrity and good practice issues which are crucial in any research discussions and studies and need to also be considered in the context of equality and human rights issues.

(5) CONSIDERATION OF HUMAN RIGHTS

Article	Affects the policy?	Reason
2 – Right to life	No	No direct impact on physical safety.
3 – Freedom from torture, inhuman or degrading treatment	No	No coercive or harmful practices involved.
5 – Liberty & security of person	No	No restrictions on personal liberty.
8 – Right to respect for private & family life, home and correspondence	No	No restriction to family life

Article	Affects the policy?	Reason
9– Right to freedom of thought, and conscience	No	No restrictions freedom of thought
Article 10 – Right to freedom of expression	No	No restriction to freedom of expression

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

None identified

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
<p>We will continue to improve and source our Section 75 equality data in relation to the social work and social care workforce, and staff in the Social Care Council to ensure we have informed data when making policy decisions that may impact on those individuals.</p> <p>We have opportunities as we commence a process about research priority setting to be cognisance of emerging equality data and information from qualitative research studies elsewhere. This will help inform discussions about any new research to be undertaken or evidence to be utilised. Issues of how data is interpreted from the perspective of marginalised groups remains an important issue to be addressed, including in research priority setting discussions.</p>		

Full screening to be signed by Chief Executive NISCC
Approved Lead Officer: _____

Date: 13 03 2026 2026

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

Northern Ireland Social Care Council
4th, James House
2 Cromac Avenue
Belfast BT7 2JA