

SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Volunteering in Health and Social Care Draft Plan

1.2 Description of policy or decision

- what is it trying to achieve? (aims and objectives)
- how will this be achieved? (key elements)
- what are the key constraints? (for example financial, legislative or other)

Aims and Objectives:

The Volunteering Plan will ensure that those wishing to make an active contribution to improving the quality of life of others by volunteering within Health and Social Care (HSC) are fully enabled to do so. This will include cross cutting support for a number of other volunteering opportunities linked to HSC that are being enabled/supported through PHA programmes including Older People.

The Plan also includes a set of standards and indicators that establish a framework for health and social care organisations to secure progress on volunteering. The Plan highlights opportunities to enable the HSC workforce to volunteer and ensuring that assessments of commissioned services which involve volunteers take account of good practice.

The broader role of the community, voluntary, private and public sector beyond HSC in Volunteering is addressed in the DSD NI Volunteering Strategy and Action Plan and consequently the proposed HSCB/PHA Plan, while acknowledging the crucial contribution made, does not aim to replicate this Inter-departmental and cross sectoral plan. Consequently the proposed focus of the HSCB/PHA Plan is, in the first phase, to address;

- improved pathways and processes supporting HSC enabled Volunteering
- improved quality of commissioning assessment and recognition of good practice in volunteer involving organisations
- increase of profile of HSC employer supported volunteering opportunities.

Delivery

The Plan, once finalised, will be implemented by a working group involving representatives from HSCB, PHA and Trusts with relevant input from both DHSSPSNI and DSD.

Constraints

The absence of a DHSSPSNI Volunteering Plan and related resources-The broader role of the community, voluntary, private and public sector beyond HSC in Volunteering is addressed in the DSD NI Volunteering Strategy and Action Plan and consequently the proposed HSCB/PHA Plan, while acknowledging the crucial contribution made, does not aim to replicate this Inter-departmental and cross sectoral plan. Consequently the proposed focus of the HSCB/PHA Plan is, in the first phase focussed on HSC based volunteering.

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

- Staff within Health and Social Care
- Actual and potential service users
- Voluntary and community groups including Volunteer Now
- Trade Unions
- Volunteers themselves –June 2011 It's All About Care-A review off the impact of volunteering across the Health and Social Care Trusts in NI

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

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

PHA/HSCB Community Development Plan 2012. This plan outlines the contribution of the voluntary and community sector in particular in identifying local needs and working with affected communities to address improvements.

The NI Volunteering Strategy and Action Plan represents the key regional framework recognising and encouraging people to make an active contribution to civic society and in addressing health, social, economic, sporting and environmental needs through volunteering. The lead Department is DSD.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

A regional survey was undertaken in 2011 across all 6 Health and Social Care Trusts (including the Ambulance Trust). This survey was shared across directorates within each Trust and highlighted that there were 1511 registered volunteers in NI at that time.

June 2011 'It's All About Care'-A review of the impact of volunteering across the Health and Social Care Trusts in NI was a survey process that engaged with over 250 volunteers and 30 staff to determine views and perspectives based on current volunteering practice.

2011 Census.

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	Unequal balance between male/ female volunteers – even taking account that nationally, ratio of male/ female volunteers usually shows greater numbers of female vols. In the June 2011 Survey undertaken by Volunteer Now of a sample of 250 registered volunteers 82% were female. In terms of the Northern Ireland population, 49% were male and 51% were female in the 2011 Census.
Age	The specific breakdown of age background of registered volunteers is not currently available across the 6 Trusts though it is reported that numbers of young volunteers aged 18-25 are disproportionately low.
Religion	Religious background information of registered volunteers not currently recorded. In the 2011 Census, 40.76% of the population were recorded as Catholic,

	41.65% as Protestant (including Presbyterian Church in Ireland, Church of Ireland, Methodist Church in Ireland and other Christian) and the remainder were other religions, no religion or religion not stated.
Political Opinion	Not recorded for registered volunteers. Of those eligible to vote in the NI Assembly election of 2011, 43.21% voted for a Unionist candidate as a first preference, 41.18% voted for a Nationalist/Republican candidate as a first preference and approximately 15% voted for other candidates as a first preference.
Marital Status	Not recorded for registered volunteers. 2011 Census figures report 48% of the resident population aged 16 and over are married, whilst 36% are single, 0.1% are registered in same-sex civil partnerships, 9.4% are divorced, separated or formerly in same-sex partnership and 6.8% are either widowed or a surviving partner.
Dependent Status	The 2011 Survey undertaken by the HSCB on current volunteering highlighted that 45% of registered volunteers were carers. 2011 Census figures report 12% of the resident population provide unpaid care to family members, friends, neighbours, and 34% of households contain dependent children.
Disability	34% of registered volunteers describe themselves as having a disability in the HSCB 2011 survey. This is higher than the general incidence of disability in Northern Ireland (1 in 5 people have a disability). Volunteering placements take account of individual health circumstances – this is required as part of good practice in volunteer management which takes into account a duty of care to volunteers
Ethnicity	8% of the 1521 registered volunteers are described as having a BME background. This compares with 1.8% of the resident population recorded as belonging to a minority ethnic group in the 2011 Census.
Sexual Orientation	1% of the 1521 volunteers registered in 2011 described themselves as being LGBT. It is estimated that 1 in 10 people are LGBT.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	Needs and Experiences
Gender	Unequal balance between male/ female volunteers – The ratio of male/ female volunteers usually shows greater numbers of female volunteers in UK surveys. The sample return of the survey undertaken by Volunteer Now of over 250 volunteers indicated a 82%-18% female-male balance. The Trusts will review and assess the actual gender balance and address positively the recruitment of males.

Age	Recorded but not formulated. This will be addressed as part of the Volunteering Plan.
Religion	Not recorded
Political Opinion	Not recorded
Marital Status	Not recorded
Dependent Status	Not recorded
Disability	.
Ethnicity	
Sexual Orientation	

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

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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>
	Please give reasons for your

<p>Unequal balance between male/ female vols – even taking account that nationally, ratio of male/ female vols usually shows greater numbers of female vols.</p> <p>Low/ reduced levels of recruitment /involvement of people from BME groups including Travellers.</p> <p>Vols are drawn from some age groups and not others resulting in a disproportionate balance of ages.</p> <p>Low numbers of young people (18-25 yrs) volunteering.</p>	<p>decisions.</p> <p>Each Trust manage their recruitment and management of volunteers in the context of their Equality Plans and duties as employers. Each Trust has indicated a commitment to ensure that any significant imbalance in the profile of volunteers will be addressed positively as an on-going process. Currently the imbalance between the numbers of females and males in registered volunteers is reflected across the UK and Ireland though each Trust will address pro-active promotion and recruitment of males. This pro-activity will also be a feature in work with BME and Irish Travellers, those with a disability, younger people and people who are LGBT. The Trust volunteer coordinators have significant contacts with relevant organisations and support groups across this range of target populations.</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	N/R	N/R
Political Opinion	N/R	N/R
Ethnicity	Increase in diversity of ethnic background of NI population	Increased promotion of recruitment to volunteers with BME and BME support organisations.

(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.

As described previously each Trust manage their recruitment and management of volunteers in the context of their Equality Plans and duties as employers. Each Trust has indicated a commitment to ensure that any significant imbalance in the profile of volunteers will be addressed positively as an on-going process. Currently the imbalance between the numbers of females and males in registered volunteers is reflected across the UK and Ireland though each Trust will address pro-active promotion and recruitment of males. This pro-activity will also be a feature in work with BME and Irish Travellers, those with a disability, younger people and people who are LGBT. The Trust volunteer coordinators have significant contacts with relevant organisations and support groups across this range of target populations. Consequently this Plan does not require a full equality impact assessment due to the extent of work being undertaken.

(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>
Access to volunteering in HSC is open for all.	As indicated below the management of volunteering placements is based on individual assessment and takes account of health circumstances including disabilities. The high numbers of people with disabilities who are currently registered as volunteers represents an opportunity to promote positive examples in bulletins, promotional literature etc.

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>
The 2011 Survey undertaken by the HSCB on current volunteering highlighted that 34% of 1511 registered volunteers had a disability and 45% were carers. Clearly a significant proportion of the current volunteers having a disability represents, on one level, a positive statement on the active role that people with a disability are and can play in supporting others. The Volunteering Policy being proposed will be linked to Trust Equality processes and will continue to support those with a disability to become appropriately involved as a volunteer.	To specifically reference the role of volunteers with a disability in the promotion of published material highlighting good practice in volunteering.

(5) CONSIDERATION OF HUMAN RIGHTS

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

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

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

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

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise 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 Volunteering Policy and Plan will be linked to a number of Trust Equality and Human Rights processes e.g. Southern Trust BME Human Rights and Equality Action Plan.

(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>It is planned that various monitoring procedures be put in place</p> <ul style="list-style-type: none"> • Regular note of the numbers of volunteers recruited & when. • Equality monitoring such as age/ sex/ethnicity/ employment status/ disability/ faith/location etc. • Induction or orientation/ training provided or undertaken. • Volunteering opportunities – type of activity; training; no of volunteers placed & when. <p>This information would need to be collected on an ongoing basis for each new volunteer and measured periodically – perhaps 2 x year and adjustments made to recruitment & marketing strategies to target underrepresented groups.</p> <p>Outcomes of involving volunteers</p> <ul style="list-style-type: none"> • Skills & volunteering activity undertaken. • Hours spent in volunteering activity. • New volunteering activity / placement of volunteers. • Introduction of new skills and/or additional experience to team with positive results on the services provided. <p>Volunteers should have a</p>	<p>See Previous column</p>	<p>See previous column</p>

<p>follow-up annually and this is an opportunity for them to comment or be consulted on their volunteering and/ or the volunteer programme in general.</p> <ul style="list-style-type: none"> • Comment on the placement and how it works <ul style="list-style-type: none"> o Make suggestions for adjustments o Suggest new/ additional opportunities & activities o New or additional training suggestions • Give information on demographic make up of volunteering teams <ul style="list-style-type: none"> o Publicity & recruitment designed to target groups that are underrepresented. <p>Staff need to have an opportunity to put forward ideas, make comments etc. This could be done informally, during support / supervision sessions or team leaders have regular information exchanges with staff where aspects of the work- including volunteer programmes- can be discussed.</p> <ul style="list-style-type: none"> • Indicate gaps in service provision that could lead to new or different volunteering opportunities / activities. [Staff are also in a position to propose new/ different activities] • Make comment or suggestions as to how the programme is managed/ what training/additional items they suggest to be provided. <p>The feedback received from staff & volunteers can become part of a section's action plan and also feed into departmental development plans & strategies.</p>		
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Approved Lead Officer: Mary Black

Position: AD Health and Social Wellbeing
Improvement

Date: 8th January 2014

Policy/Decision Screened by: Maurice Meehan

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

**Please forward completed template to:
Equality.Unit@hscni.net**

Template produced June 2011

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Business Services Organisation's Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 90535531 (for Text Relay prefix with 18001); fax: 028 9023 2304

Version Control

Version	When	Changes	Who
Version 1.0	June 2010		Equality Unit
Version 2.0	Sept 2013	References to written assurance withdrawn	Equality Unit