



# NORTHERN IRELAND AMBULANCE SERVICE

**CONSULTATION ON THE PRINCIPLE OF  
INTRODUCING BODY WORN VIDEO (BWV)  
FOR THE PURPOSES OF VIOLENCE PREVENTION  
& REDUCTION AGAINST STAFF**



Northern Ireland Ambulance Service  
Health and Social Care Trust



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# Message from Our Chief Executive



Last year, we launched our Strategy to Transform 2020-2026, which identified a number of key priorities and how we intend to transform our service to deliver

these and improve the care we provide for our patients.

One of our key priorities is in relation to our workforce and, in particular, addressing the safety of our staff as we go about our normal day-to-day activities.

Staff safety is paramount and the Trust takes violence and aggression towards any member of staff, whilst they are carrying out their role, very seriously.

Over the past year, our Violence Prevention and Reduction Group has been developing a supporting strategy to provide the Trust with a range of specific projects and reviews which have identified a number of key actions that will help drive change. One of these projects is to consider the implementation of Body Worn Video (BWV).

**This initial consultation process is designed to examine the principle of BWV being introduced to NIAS.** While initial draft assessments of equality, human rights, rural needs and privacy

impacts have been conducted, and skeleton frameworks for deployment and usage – including high-level approaches to governance are outlined, it is the Trust's intention to complete and consider this first consultation exercise **about the principle of BWV, after which – subject to positive consultation engagement – a second consultation exercise would then be undertaken in 2022 that fully considers the detail of factors like deployment, usage, governance, policy and procedure.** The Trust recognises the scale of culture shift involved in the proposal that NIAS employees would wear portable recording devices. That is why the second consultation will be informed by this current exercise.

**The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) is seeking your views on the principle of introducing Body Worn Video (BWV) for violence prevention and reduction purposes.**

# 1. Introduction

The Northern Ireland Ambulance Service HSC Trust (NIAS) was established by the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995 as amended by the Health and Social Services Trusts (Establishment) (Amendment) Order (Northern Ireland) 2008 and Section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

NIAS provides high quality urgent and emergency care and treatment, as well as scheduled non-emergency patient transport services for Northern Ireland; circa 1.9m people, 24 hours a day, 365 days a year.




The principal ambulance services we provide are:

- Emergency response to patients with sudden illness and injury;
- Non-emergency patient care and transportation;
- Specialised health transport services; and,
- Co-ordination of planning for major events and response to mass casualty incidents and disasters.

## NIAS Vision, Values, Key Themes

The Trust's mission is to consistently show compassion, professionalism and respect to the patients we care for. Our values, and the behaviours they instil, form the foundations for the culture and ethos of the whole organisation. The Trust has adopted the Health and Social Care Values and expected behaviours, and will work to embed these across all our functions and activities.

The Health and Social Care Values are:

 <p><b>Working together</b></p>	 <p><b>Excellence</b></p>	 <p><b>Openness &amp; Honesty</b></p>	 <p><b>Compassion</b></p>
<p>We work together for the best outcome for people we care for and support. We work across HSC and with other external organisations and agencies, recognising that leadership is the responsibility of all.</p>	<p>We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.</p>	<p>We are open and honest with each other and act with integrity and candour.</p>	<p>We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.</p>

The Trust's long-term strategic plan, 'Caring Today, Planning for Tomorrow – Our Strategy to Transform: 2020-26' sets out how we will continue to modernise and transform our service for the benefit of patients and staff. We are committed to transforming our service and the way we deliver care, in line with the Department of Health's 'Delivering Together' Strategy. We have ambitious aspirations which are necessary to enable us to provide high-quality care in a progressive and sustainable way. Support from the Department of Health, our commissioners, other partner providers and our staff will enable us to realise these aims, through our Strategy to Transform, to bring real benefits to our patient, the Health and Social Care system, our workforce and the population we serve.

The four organisational goals set out in the Strategy to Transform are that:

1. Our patients will feel professionally cared for; always with compassion and respect.
2. Our staff will feel positive and proud to work for NIAS.
3. Our stakeholders and partners will have confidence in us as a reliable provider at the centre of urgent and emergency care.
4. Our communities will continue to value and trust us.

There are several key transformation work streams supporting the implementation of the NIAS Strategy, and the Corporate Plan is grouped in line with these work streams. We will

measure the outcomes of each of our key objectives to enable us to:

- Continuously enhance the way we are delivering care. This includes developing new roles, continuing to expand our care pathways, achieving seamless integration with the wider system, and improving our offer of non-emergency transport provision.
- Seek to increase the size of our workforce considerably, both frontline and the essential corporate services that support them.
- We will also continue to develop



the steps we are taking to engage with staff, improve their health and wellbeing, and enhance their career and personal development.

- Improve our organisational health, by embarking on a programme that will seek to positively change the culture we work in, engaging and empowering our staff by embedding collective and compassionate leadership at all levels.
- Develop a new quality and safety strategy which will clearly define how

we support staff to provide the best and most appropriate care possible. Working with colleagues in the rest of the health system, this will include measurement of the outcomes of the care we provide and patient experiences of our services, so we can continuously learn and improve.

- Focus on our digital enablers, upgrading out-of-date systems, increasing interoperability with the health and social care systems and embracing new technologies through a comprehensive programme of digital innovation.
- Reconfigure our infrastructure to facilitate our new clinical model,



developing our estate and our fleet in line with our growing workforce and emerging technological advances.

- Improve our communications & engagement with our staff, patients,

partner providers and our communities, ensuring their continuing involvement in shaping how we achieve our vision.

In 2020/21, NIAS received 187,740 calls of which 174,510 resulted in an ambulance arriving at scene. Of these, 43,914 patients were medically and clinically assessed and then remained on scene. The remaining 130,596 patients were transported to Emergency Departments and healthcare sites across Northern Ireland. Of these calls, responses were allocated as follows:

- 9190 were categorised as Cat 1 – Immediately Life Threatening.
  - 81616 were categorised as Cat 2 – Potentially Serious Incident.
  - 39727 were categorised as Cat 3 – Urgent Problem.
  - 2586 were categorised as Cat 4 – Less Urgent Problem.
  - Over 41,391 were categorised as Cat 5 or Healthcare Professional calls.
- NIAS made 131,838 non-emergency journeys, taking people to and from hospital appointments and / or for routine treatment. NIAS currently has circa 1,460 staff working with around 250 volunteer first responders and almost 100 volunteer car service drivers. The Trust has 116 frontline double crewed emergency ambulances coordinated by two Emergency Ambulance Control Rooms and one Non-Emergency Ambulance Control room, across five operating divisions and out of 59 ambulance stations and deployment points. NIAS has an annual operating budget of in excess of £100m.

## 2. Purpose of this consultation

On average in Northern Ireland there are around 12 acts of aggression against ambulance staff per week (2020/21).

NIAS has a duty of care to both its service users and its staff. In recent years we have witnessed levels of aggression, violence and harm caused to our staff while on duty. This has been manifested in both physical assaults (e.g. of an extremely violent or sexual nature) and/or non-physical assaults (including verbal assault and personal abuse). This abuse is unacceptable.

As part of the Trust's response to these attacks, we are considering the introduction of Body Worn Video (BWV) for staff, subject to rigorous staff training, strict protocol of usage and storage of information, and as part of a broader ongoing campaign – including media and awareness-raising. Unfortunately, despite efforts to curb violence and aggression against NIAS staff, incidents have continued to increase.

This ongoing issue has serious, long-term impacts on the Trust's ability and capacity to deliver its services. It has substantial and long-term impacts on the physical and psychological wellbeing of staff. It can cause major

impediments to the urgent provision of immediate care by NIAS staff in emergency scenarios.

After significant consideration and engagement with staff, unions, and partner agencies, NIAS believes – in principle - that the introduction of BWV is a proportionate and reasonable proposal to help reduce harm to staff, and to assist in due process investigation and if necessary prosecution of offenders. This initial consultation is really about the principle of introducing BWV. If this consultation is favourable, NIAS is committed to a second consultation in 2022 – taking into account the feedback of stakeholders – which will examine the detailed approach to deployment, usage, governance, policy and procedure.

BWV is a wearable audio and video recording system used to record events in which the wearer is involved.



They are typically worn on the torso of the member of staff and on the uniform (clipped on); a harness can also be used. The equipment is usually implemented to meet a specific need (violence prevention and reduction in this case). There are multiple manufacturers and suppliers of equipment and associated evidence management software.

The purpose of this consultation is to engage in a conversation with key stakeholders that will fully consider all of the relevant perspectives and potential impacts of our proposal – in principle - to introduce BWV for NIAS staff. This will inform further work on assessing the processes and impacts of such a decision.

## Impact Assessment

The document also considers impacts in relation to NIAS's statutory duties with draft assessments of equality, human rights, rural needs and privacy impact. NIAS welcomes views on these draft assessments.

Section 75 of the NI Act 1998 requires NIAS as a public authority, in carrying out its work, to have due regard to the need to promote equality of opportunity:

- Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- Between men and women generally;
- Between persons with a disability and persons without;
- Between persons with dependants and persons without.

In addition Section 75 (2) requires NIAS to have regard to the desirability

of promoting good relations between persons of different religious belief, political opinion or racial group.

An Equality Impact Assessment (EQIA) is an in-depth study of a policy or decision to assess the extent of the impact of the policy on equality of opportunity for the nine equality categories identified by Section 75, listed above. Usually, an EQIA is determined after conducting an equality screening exercise as per guidance contained in 'Section 75, A Guide for Public Authorities', Equality Commission for Northern Ireland, April 2010.

The equality screening:

- Considers available data and research.
- Assesses the impacts of the proposals on Section 75 groups.
- Considers measures which might mitigate any adverse impacts and alternative policies which might better achieve the promotion of equality of opportunity.

In this instance the equality screening process has concluded that a full EQIA is not required. However NIAS will continue to keep under review the equality impacts and wider implications of the BWV proposal during this initial consultation on the principle of BWV, and – if necessary and appropriate – NIAS will further consider whether a full EQIA should be undertaken, after considering the feedback of consultees and stakeholders in line with commitment to a second consultation process in 2022 if required.

# 3. Background to proposed changes

## NIAS Policy Context

The implementation of Body Worn Video (BWV) is being considered across a number of other National Ambulance Services, including the North East Ambulance Service, the Welsh Ambulance Service NHS Trust and the London Ambulance Service. Multiple Police forces and public sector organisations such as the Environment Agency have implemented BWV. There is however unfortunately limited data available within the ambulance environment as the use of the technology in ambulance services is relatively new.

Within Northern Ireland, public sector organisations such as the Police Service of Northern Ireland (PSNI), Translink and the South Eastern Health and Social Care Trust (SEHSCT) have all implemented BWV with a view to reducing violence against staff. All staff have the right to feel safe from the threat of violence and aggression. The Health & Safety Executive (HSE) defines work-related violence as:

*'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work'.*

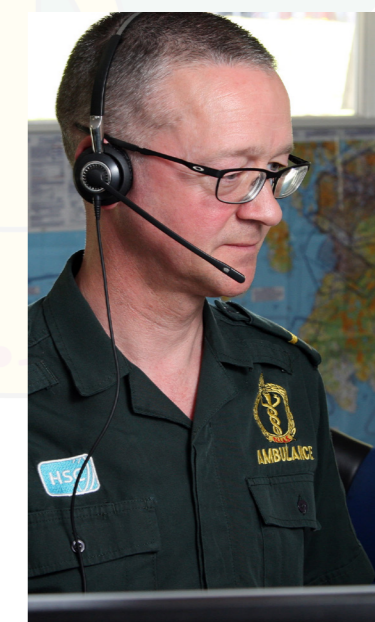
NIAS is required to ensure the safety of its staff under the Health and Safety at Work (Northern Ireland) Order 1978 and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000. NIAS is required to assess risks to staff and ensure that adequate control

measures are in place.

In addition Section 54 of the Justice Act (NI) 2016 makes it a criminal offence to assault an ambulance worker in the execution of their duty or a person assisting the ambulance worker in the course of their duty.

NIAS Strategy – Caring Today, Planning For Tomorrow – Our Strategy to Transform 2020-2026, NIAS acknowledges and is committed to measures to reduce incidents of violence and aggression as outlined in a number of sections of the Trust Strategy to Transform:

*• The Trust will provide a broad range of support functions to assist staff when they are in need, particularly following an injury, traumatic or adverse event. Our staff are our most important asset and the health and wellbeing of every single employee is a top priority.*



*• NIAS places a strong emphasis on staff wellbeing and safety. Staff safety is paramount and the Trust takes violence and aggression towards any member of staff whilst they are carrying out their role very seriously.*

- We will continue to work with staff to understand the risks, review adverse incidents and revise the measures we take to do all that is reasonably practicable to protect our staff from these kinds of behaviours and actions.

- Strengthening corporate resources to support the management of risk & safety.

NIAS Corporate Plan 2020/21 – Key Objective 2.0 – Our Workforce: In our corporate plan, we undertook to develop a comprehensive strategy for the management of aggression towards NIAS staff. Key milestones include:

- Conduct risk assessment and needs analysis for physical security measures.
- Assess structure and resource requirements.
- Conduct a staff and public awareness campaign.
- Review Corporate Management of Aggression Policy & Procedures.

NIAS Violence Prevention & Reduction Strategy 2021-2024: As per our corporate plan, NIAS has recently developed a new Violence Prevention and Reduction Strategy to set out its plan to address the significant and ever increasing risk to staff from violence and aggression by members of the public. The Strategy will support staff to work in a safer and more secure environment, which safeguards against abuse, aggression and violence.

NIAS Violence Prevention & Reduction Strategy Aims:

- Identify and respond to incidents better, so that staff feel that reporting is worthwhile.

- Ensure victims are central to the process, and ensure adequate support for those engaging with the criminal justice system.
- Gain Trust Board level support and oversight for violence prevention and reduction.
- Raise the public’s awareness of the issues, along with the action that will be taken.
- Review policies, procedures and resources with the Strategy in mind.
- Ensure each and every member of staff has fit for purpose training.
- Ensure effective communication within the Trust, including the identification of single points of contact (SPoCs) to simplify communication routes.
- Ensure effective communication with partners such as PSNI and Public Prosecution Services, including the identification of single points of contact (SPoCs) to simplify communication routes.

NIAS also has in place a Management of Aggression Policy and Procedure. These aim to embed a pro-active approach to the management of aggression. The Trust believes that all acts of aggression towards its employees and contractors are unacceptable regardless of the reasons or form they may take.

The Trust has committed to taking all reasonable steps to provide an environment that is safe and secure in order to protect the safety and security of its staff and to minimise the risk of aggression directed towards them.

### Context for NIAS staff

This section outlines the context in which the principle of Body Worn Video is being considered, i.e. the escalating

levels of violence and aggression against our staff. Our data comes from the Trust’s internal incident reporting and management system. Staff are asked to record any incidents of violence and aggression in their own words either via an online system or on paper. On average in Northern Ireland there are around 12 acts of aggression against ambulance staff per week (2020/21).

Table 1 below sets out violence & aggression incidents over the past five years including the total number of assaults year on year since 2016/17. This table also provides information on the number of physical assaults and sets out that assaults with weapons have increased.

Our Emergency Medical Technicians (EMTs) and our Paramedics are most at risk of assault. Risk to our Ambulance Care Attendants who mainly carry out the likes of hospital transfers, discharges etc. has increased this year.

Table 1: No. of incidents of violence and aggression over the past 5 years (2016/17 – 2019/20)

Year	Total Aggression Incidents	Physical Assaults	Assaults With Weapons	Physical Assaults	
				Ambulance Care Attendants	Accident & Emergency
2016/17	451	192	4 (2%)	8	171
2017/18	487	191	9 (5%)	13	161
2018/19	445	169	27 (16%)	2	160
2019/20	444	152	24 (16%)	7	145
2020/21	629	208	46 (22%)	13	195

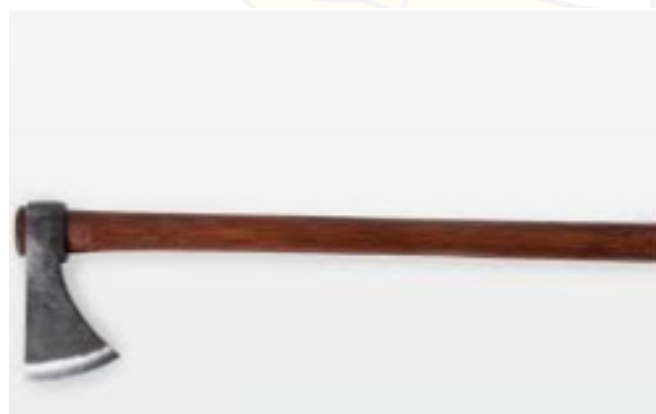
## An anonymised incident involving a Paramedic who was viciously assaulted (included with permission from the member of staff involved):

*"I was given a call to a patient who was having a seizure, on approaching the house we were met by two persons who directed my colleague and I into the living room to a patient who was lying on a sofa.*

*We approached and asked a number of questions to assess consciousness. The patient refused to speak to us so I then began to carry out a number of assessments.*

*When I turned back to face the patient they jumped up and punched me in the middle of my chest. Some other persons present then began to shout at the patient to get out of the house. I then felt a violent shove in my back and then have no recollection of*

Ambulance Service staff are regularly exposed to violence and aggression whilst saving lives and providing medical treatment / helping others. Here are examples of some of the items that have been used to attack staff:



*anything else. The next thing I remember was regaining consciousness and there was someone on top of me and I felt there was hands around my neck. I realised then that it was the patient on top of me.*

*The patient looked at me and then lunged forward punching me around my face and head, the patient then bent down and bit into my face. I then heard someone screaming and realised it was me and I thought I was going to die. The patient leaned over and I thought they were going to get off me they then bit into my arm and that's when I was able to push them off me.*

*I do not remember anything else until I was in the back of an ambulance."*

Within the Trust's Incident Reporting System, incidents can be broken down into a number of categories with the following being those which are most frequently used:

1. Physical contact (actual assault).
2. Physical threat (no contact).
3. Psychological abuse.
4. Sexual.
5. Verbal abuse.
6. Verbal abuse with racial content.
7. Biological agents / COVID-19 assaults.
8. Miscellaneous.

The majority of our incidents of violence and aggression occur against staff based in the Belfast Trust Area. Table 3 below provides a breakdown of incidents per Trust area.

Table 2: Record of incidents reported by staff based in Health Trust area

	Belfast	Northern	South Eastern	Southern	Western
2018- 19	163	36	111	64	65
2019- 20	146	55	113	62	52
2020- 21	175	97	140	68	71
Total	484	188	364	194	188

## THE IMPACT OF VIOLENCE & AGGRESSION ON OUR STAFF:

Incidents of violence and aggression are a significant contributor to sickness absence in NIAS.

Absence as a direct result of violence and aggression contributes to the Northern Ireland Ambulance Service having one of the highest sickness absence rates across the Trusts in Northern Ireland.

Staff wellbeing is being significantly affected, causing harm, suffering, pain and anxiety. Sickness absence costs NIAS over four million pounds per year, with assaults as contributory factors in some of the main reasons for absence e.g. mental health issues, general debility and incidents at work.

Our Peer Support team regularly records violence and aggression as one of the top

three reasons for contact.

Morale is also significantly impacted when staff see their friends and colleagues being assaulted and abused which, in turn, can damage the ability of the service to recruit new people into the organisation.

Whilst this is harder to measure, there is certainly impact on families. Relatives and friends are all living with the full knowledge that their loved one is at risk of becoming the victim of violence and aggression.

(Watch / Listen – Staff Experiences: Employees have kindly shared their experience of violence and aggression on social media. These videos can be viewed on Facebook and Twitter by searching for #StopTheAbuseNow and @NIAS999.)

# 4. Making the Change – implications for staff and the public?

All staff have the right to feel safe from the threat of violence and aggression. NIAS is required to ensure the safety of its staff under the Health and Safety at Work (Northern Ireland) Order 1978 and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000.

NIAS is required to assess risks to staff and ensure that adequate control measures are in place. NIAS has assessed current risk to staff and wishes to consider the principle of implementing Body Worn Video under health and safety legislation, following risk assessment, as a potential violence reduction control measure.

NIAS would intend that this technology is utilised against defined operational requirements and would ensure that the use is proportionate, legitimate, necessary and justifiable. **Following the completion and consideration of this initial consultation exercise on the principle of BWV, NIAS is committed – as appropriate and necessary – to undertaking a second consultation in 2022 that would fully consider and assess the detailed deployment, usage, governance, policy and procedure, and other related factors, of BWV in operational terms.**

At all stages it is intended that BWV will comply with the Human Rights Act, Data Protection Act and all relevant equality

and anti-discrimination legislation. The related policy and procedure will comply – in particular - with the requirements of Article 6 (right to a fair trial) and Article 8 (right to respect for private and family life, home and correspondence). Any information obtained via BWV would only be captured and processed to achieve a legitimate aim as detailed.

There will be a requirement for the development of a rigorous and effective training programme. This would include a wide range of factors, such as the following non-exhaustive list:

- Key principles
- Equipment overview
- Issue / returns / loss
- Recording an incident / starting and ending a recording
- Consent to use Body Worn Video (BWV) and objections to recording
- Limitations / specific incidents
- Post incident procedure
- Viewing and producing evidential copies of footage
- Data retrieval and management
- Responsibilities
- BWV & Data Protection, data security, subject access requests etc.
- Any other applicable legislation
- Health and safety

NIAS particularly welcomes the views of stakeholders on informing and shaping the deployment, usage and governance practicalities – if the principle of

introducing BWV is favourably received. Further information on potential information flows can be found in the initial draft Data Protection Privacy Impact Assessment (DPIA), available on the Trust website. Views on the content of this element of the consultation are welcome.





# 5. How will we monitor performance, privacy and equality impacts?

The Trust remains committed to delivering safe, effective and compassionate services, and considers that the proposed measure is necessary, proportionate, and justified. NIAS is also committed to monitoring the long-term impact of the introduction and implementation of BWV. If implemented following due consideration and consultation, we would use a range of standards, measures and indicators to offer assurance that BWV is operating effectively, safely, and in the best interests of patients and staff. In undertaking monitoring, NIAS will give full consideration to the Equality Commission for Northern Ireland's Section 75 Monitoring Guidance and devise measures to ensure that ongoing impacts are regularly assessed against the specific categories.

Initial Equality Screening (see Appendix A) identified no major adverse impacts on equality and human rights. In principle, BWV would only be activated in specifically defined operational circumstances by appropriately trained uniformed staff responding to emergency calls where there is a threat of violence or aggression, with policy and procedures in place to ensure that its use is proportionate, legitimate, necessary and justifiable. Detailed operational training and guidance on the circumstances when it would be appropriate to engage BWV, and the risks of unconscious bias, would be provided. NIAS is committed to developing this training and guidance in line with ongoing policy advice from the Information

Commissioner's Office and Northern Ireland Human Rights Commission, as well as relevant case law and other best practice.

The use of BWV would be intended to act as a deterrent against acts of violence or aggression towards staff by providing a source of evidence when such acts have occurred, and also creating a culture where violence against staff is unacceptable. Where there is a risk of violence and aggression, there is a genuine purpose which would justify the use of BWV. Information would only be captured and processed to achieve a legitimate aim, and the user would be required to exercise discretion, recording only when it is relevant to the incident and necessary to gather evidence. The detail of these operational aspects would be subject to full consultation.

NIAS believes in principle that the introduction of BWV proportionately would achieve a legitimate aim. Its use would be kept under continuous review. Human Rights law recognises that restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and are neither arbitrary nor discriminatory in application, respectful of human dignity, subject to review, and proportionate to achieve the objective. It also imposes duties on statutory authorities to exhaust all other means of practical pursuit of objectives before

considering options that may engage rights albeit through balancing with other competing rights.

A Rural Needs Impact Assessment has been carried out in accordance with the Rural Needs Act (NI) 2016. The Assessment concluded that there was nothing in the analysis of data to indicate that staff or patients in rural areas would be disproportionately impacted by the proposal to introduce BWV.

NIAS recognises that the proposed use of BWV has the positive potential to:

- Protect staff, patients/service users, and third parties.
- Provide a deterrent effect and reduce unlawful activity.
- Help provide a safer environment for staff.
- Be shared appropriately with, for example, Police Service of Northern Ireland (PSNI) to support the apprehension and prosecution of offenders and provide evidence to take criminal or civil action in the Courts.

However we recognise that this solution also has the potential to create privacy issues for members of the public as well as our own staff. Individuals may be captured by BWV devices on uniforms and it is important we fully understand the data protection implications of this.

The Trust has completed an initial draft Data Protection Impact Assessment (DPIA) – which forms part of this consultation - as we fully understand that every project or set of new processes that involves the use of personal or sensitive information has

the potential to impact an individual's privacy. We further understand that the necessity for the use of BWV would have to meet a high threshold in order to comply with data protection legislation. We must show that the use of BWV is lawful and fair; that it is transparent; that BWV only records the minimum amount of personal data necessary for a stated purpose; that any recordings are stored and retained only for the minimum amount of time required; and that we respond appropriately to data subject requests. Once again, the Trust is committed to a second consultation on the detail of such matters, and related factors, if this initial exercise on the principle of BWV is positively concluded.

The full draft Data Protection Privacy Impact Assessment (DPIA) is available on the Trust's website

## Would I have a right to see a video?

UK General Data Protection Regulation/ Data Protection Act 2018 – Release Data for Subject Access Requests

A subject access request (SAR) is simply a request made by or on behalf of an individual (the data subject) for their personal data. While a data subject is entitled to their personal data they are not entitled to another person's personal data. Each request for BWV will be assessed and each request will vary on a case by case basis. Subject access requests can be sent to: informatics.department@nias.hscni.net

## Freedom of Information

The Freedom of Information Act 2000 grants a general right of access to all types of recorded information held by public authorities, which may include digital images such as those recorded by body worn video depending on the nature of the request. Freedom of Information requests can be sent

## 6. Consultation Process

This consultation will last for 10 weeks and will close on 14th February. This document has been developed to provide a platform for consultation with interested parties and we would welcome meeting with key stakeholders in this regard. In addition, the document will be placed on our website Northern Ireland Ambulance Service Health & Social Care Trust (<http://www.nias.hscni.net> under Latest News).

We would welcome views in relation to the proposals outlined by email or post. A questionnaire is provided at Section 7 to aid response to the consultation.

In addition we would welcome engagement with stakeholders who may wish to meet with us to hear more or express a view. Please also contact us using the details below if you would like to meet with us.

We are committed to ensuring our consultation is fully accessible, and will be providing an EasyRead version of this document. Alternative formats of the document will be made available on request.

All consultation responses should be directed to:

**Body Worn Video Public Consultation  
Equality & Public Involvement Office  
Northern Ireland Ambulance Service Health & Social Care Trust  
Site 30 Knockbracken Healthcare Park  
Saintfield Road  
BELFAST  
BT8 8SG**

**Email: [consultation@nias.hscni.net](mailto:consultation@nias.hscni.net)  
Telephone: (028) 9040 0999  
Textphone: (028) 9040 0871**

**The closing date for comments is Monday 14th February 2022.**

## 7. Consultation Questionnaire

**Thank you for taking the time to contribute to this priority area for the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS). Your views are important to us. This questionnaire should take no longer than 10 minutes to complete.**

1.	Were you aware of the current levels of violence and aggression towards Ambulance Service Staff? Please tick:
Yes	
No	

2.	What is your reaction to the current levels of violence and aggression against Ambulance Service staff? Please tick:
Extremely concerned / shocked	
Concerned / shocked	
Neutral	
Not concerned / shocked	
Extremely unconcerned/ not shocked	

<b>3.</b>	<b>Do you agree with the proposal – in principle – of NIAS to introduce BWV as one way of addressing the current levels of violence and aggression towards Ambulance Service staff?</b>

<b>4.</b>	<b>Under what circumstances would you feel that it could be appropriate for Ambulance Service staff to record interactions using body worn video? See Appendix 1 for examples. Please tick all that apply:</b>	
<i>Type of incident:</i>	Yes	No
<b>Physical threat (actual assault).</b>		
<b>Physical threat (no contact).</b>		
<b>Psychological abuse</b>		
<b>Sexual</b>		
<b>Verbal abuse</b>		
<b>Verbal abuse with racial content</b>		
<b>Biological agents/ COVID-19 assaults</b>		
<b>Other aggressive incidents (for example destroying equipment)</b>		

<b>5.</b>	<b>In principle, how frequently do you think it would be appropriate for the ambulance service to record incidents of violence and aggression using body worn video? Please tick one only:</b>
<b>Always</b>	
<b>Often</b>	
<b>Sometimes</b>	
<b>Rarely</b>	
<b>Never</b>	
<b>Don't know</b>	

<b>6.</b>	<b>Could you describe the reasons you think it would NOT be appropriate for Ambulance Service staff to introduce BWV and record aggressive interactions using body worn video?:</b>

<b>7.</b>	<b>In terms of safety, how would you feel knowing that the Ambulance Service could record aggressive interactions using body worn video (including audio)? Please tick one only:</b>
<b>Much safer</b>	
<b>Slightly safer</b>	
<b>Neither more or less safe</b>	
<b>Slightly less safe</b>	
<b>Much less safe</b>	
<b>Don't know</b>	

<b>8.</b>	<b>Do you think the implementation of body worn video would be positive or negative for Ambulance Service staff? Please tick:</b>
<b>Positive</b>	
<b>Negative</b>	

<b>9.</b>	<b>Do you have further comments to make on Q8?</b>

<b>10.</b>	<b>Do you think that there is anything else that the Ambulance Service should consider in order to reduce the risk of violence and aggression towards its staff?</b>

11.	Please provide any further general comments
<b>I am providing feedback as:</b>	
Service user/ member of public	
Member of Staff	
HSC Organisation	Name of Organisation
Public Authority	Name of Organisation
Trade Union representative	Name of Organisation
Community/ Voluntary Sector	Name of Organisation
Other Organisation	Name of Organisation
Name	
Contact details/ email address	

# Equality, Good Relations and Human Rights Screening Template

**\*\*\* Completed Screening Templates are public documents and will be posted on the Trust's website\*\*\***

See Guidance Notes for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

## (1) Information about the Policy/Proposal

(1.1) Name of the policy/ proposal

Principle of introduction of Body Worn Video (BVW) for Violence Prevention and Reduction Purposes.

(1.2) Is this a new, existing or revised policy/proposal?

This is a new proposal which is being considered in principle.

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

The introduction of overt, body worn video cameras (capable of capturing both moving images and sound) by uniformed staff responding to emergency calls would aim to reduce or prevent incidents of violence and aggression against NIAS staff. Recording would be self-activated in specifically defined operational circumstances by appropriately trained uniformed staff responding to emergency calls where there is a threat of violence or aggression, with policy and procedures in place to ensure that its use is proportionate, legitimate, necessary and justifiable.

*Thank you for taking the time to complete this questionnaire.*

It is an unfortunate fact that, while responding to emergency calls and providing care, NIAS staff are exposed to violence and aggression. On average, there were around 12 acts of violence and aggression against NIAS staff per week during 2020/21. The Trust has both a moral obligation and legal duty to minimise the risk to staff of violence and aggression. NIAS has a strategic aim to improve the health and wellbeing of staff and reduce risk wherever possible. The introduction of BWV is one of a number of measures being considered to reduce violence and aggression, with an associated reduction in sickness absence and costs.

Absence as a direct result of violence and aggression contributes to NIAS having one of the highest sickness absence rates across health and social care. Violence and aggression have an adverse impact on staff wellbeing, causing harm, suffering, pain and anxiety. Sickness absence costs NIAS over £4M per year. Violence and aggression is recorded among the main reasons for contact by the Trust's Peer Support Team.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

Based on existing data, none – with specific regard to their designation/category.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

NIAS.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

The use of BWV would contribute to:

- maintaining staff physical and mental health and wellbeing;
- reducing staff and patient fear;

The use of BWV will be monitored and reviewed to ensure it is applied in a proportionate and justifiable manner

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, trade unions, professional bodies, independent sector, voluntary and community groups etc.).

Actual/potential service users, patients, carers, staff, Trade Unions, general public, community and voluntary sector, professional bodies, staff from other HSC Trusts, agencies and organisations, and members of the public who may be in the vicinity of incidents.

(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

Other policies and procedures designed to reduce risk and increase safety of staff and patients also apply in conjunction with this proposal. These include:

- NIAS Strategy – Caring Today, Planning for Tomorrow 2020-2026;
- NIAS Corporate Plan;
- Violence Prevention and Reduction Strategy; and
- Management of Aggression Policy and Procedure.

Implementation of the proposal will involve the Trust's Managing Aggression Working Group, Health and Safety Committee, Information Governance Steering Group, Safety, Quality, Experience & Performance Committee, and Trust Board.

## (2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

### Details of evidence/information

Of the 9 Section 75 categories, only information on gender and age is available from the data recorded. There is no quantitative data to indicate whether or not there would be an impact from this policy on people of different religious belief, political opinion, sexual orientation, marital status, care of dependants, disability or racial group.

Group	Please provide details												
Gender	<p><b>NIAS Staff:</b> 64.2% male 35.8% female October 2021</p> <p>The gender of staff reporting violence and aggression was recorded in 94% of incidents. The tables below show that overall, where gender was recorded, the split is proportionate to NIAS Operations Directorate staff composition (76% male, 24% female at September 2018).</p> <p>Staff Reporting Incidents by Gender</p> <table border="1"> <thead> <tr> <th>Not Specified</th> <th>Female</th> <th>Male</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>77</td> <td>348</td> <td>918</td> <td>1343</td> </tr> <tr> <td>6%</td> <td>26%</td> <td>68%</td> <td></td> </tr> </tbody> </table>	Not Specified	Female	Male	Total	77	348	918	1343	6%	26%	68%	
Not Specified	Female	Male	Total										
77	348	918	1343										
6%	26%	68%											

### Staff Reporting Incidents by Gender and Nature of Incident

Categorisation of Incident	Not Specified		Female		Male		Total
	Count	Percentage	Count	Percentage	Count	Percentage	
Physical contact (actual assault)	22	4%	120	24%	352	71%	494
Physical threat (no contact)	14	5%	56	21%	203	74%	273
Psychological abuse (bullying and harassment)	4	15%	10	38%	12	46%	26
Sexual (including harassment and indecent exposure)	4	10%	17	40%	21	50%	42
Verbal Abuse	33	7%	144	28%	329	65%	506
Verbal abuse with racial content		0%	1	50%	1	50%	2
<b>Total</b>	<b>77</b>	<b>6%</b>	<b>348</b>	<b>26%</b>	<b>918</b>	<b>68%</b>	<b>1343</b>

Female staff are disproportionately impacted by psychological abuse, sexual assault and verbal abuse with racial content. It should be noted that the number of incidents recorded in these categories is very low and additional data would need to be considered to establish if this is a consistent trend.

### Service Users

As at 30 June 2020, Northern Ireland's population was estimated to be 1.9 million people. Over half of this population were female, 961,400 (50.7%) compared to 934,200 male (49.3%).

**Source:** 2020 Mid-Year Population Estimates for Northern Ireland, NISRA (25 June 2021).

In 2020, five adults in Northern Ireland re-registered their birth with a new gender in the Gender Recognition Register.

**Source:** Ninety-Ninth Annual Report of the Registrar General 2020.

### Gender of Alleged Perpetrators

Between April 2018 and October 2020, the gender of alleged perpetrators was recorded in 38% of incidents. The tables below show that, where gender was recorded, 57% of alleged perpetrators were male.

#### Alleged Perpetrators by Gender

Not specified	Female	Male	Total
87	157	320	564
15%	28%	57%	

#### Nature of Incident by Gender

Categorisation of incident	Not Specified		Female		Male		Total
	#	%	#	%	#	%	
Physical contact (actual assault)	30	14%	59	28%	124	58%	213
Physical threat (no contact)	22	18%	16	13%	82	68%	120
Psychological abuse (bullying and harassment)	4	27%	3	20%	8	53%	15
Sexual (including harassment and indecent exposure)	3	14%	10	48%	8	38%	21
Verbal Abuse	28	14%	69	36%	97	50%	194
Verbal abuse with racial content		0%		0%	1	100%	1
<b>Total</b>	87	15%	157	28%	320	57%	564

### Age

#### NIAS Staff:

21-25: 3.5%	51-55: 15.8%
26-30: 9.1%	56-60: 11.5%
31-35: 11.3%	61-65: 3.2%
36-40: 11.1%	66-70: 0.8%
41-45: 14.4%	71-76: 0.2%
46-50: 19.1%	

#### October 2021

#### Staff Reporting Incidents by Age

Categorisation of Incident	#N/A	16-29	30-44	45-59	60-74	Total
Physical contact (actual assault)	51	27	161	235	20	494
Physical threat (no contact)	30	12	75	140	16	273
Psychological abuse (bullying and harassment)	5	3	8	8	2	26
Sexual (including harassment and indecent exposure)	5	5	17	15		42
Verbal Abuse	57	29	168	234	18	506
Verbal abuse with racial content			1	1		2
<b>Total</b>	<b>148</b>	<b>76</b>	<b>430</b>	<b>633</b>	<b>56</b>	<b>1343</b>

The age of staff impacted by violence and aggression is approximately proportionate with Operations Directorate staff composition.

#### Service Users

Northern Ireland population estimates for mid-2020 indicate that the proportion of the population aged 65 years or more has increased from 13.0% in mid-1995 to 16.9% in mid-2020.

The population aged 85 years and over has increased by 1.9% between mid-2019 and mid-2020, representing 2.1% of the Northern Ireland population.



**Age Composition of Northern Ireland Population 2020:**

0-15 years: 20.9%  
 16-64 years: 62.2%  
 65 years and over: 16.9%

Source: 2020 Mid-Year Population Estimates for Northern Ireland, NISRA (25 June 2021).

**Age of Alleged Perpetrators**

The tables below show that, where age was recorded, the majority of alleged perpetrators were under 60.

**Alleged Perpetrators by Age Group**

Categorisation of incident	#N/A	16-29	30-44	45-59	60-74	75+	Total
Physical contact (actual assault)	154	20	19	16	3	1	213
Physical threat (no contact)	85	13	12	5	4	1	120
Psychological abuse (bullying and harassment)	10	3	2				15
Sexual (including harassment and indecent exposure)	13	2		4	1	1	21
Verbal Abuse	145	15	11	18	3	2	194
Verbal abuse with racial content	1						1
<b>Total</b>	<b>408</b>	<b>53</b>	<b>44</b>	<b>43</b>	<b>11</b>	<b>5</b>	<b>564</b>

Categorisation of incident	#N/A	16-29	30-44	45-59	60-74	75+	Total
Physical contact (actual assault)	72%	9%	9%	8%	1%	0%	100%
Physical threat (no contact)	71%	11%	10%	4%	3%	1%	100%
Psychological abuse (bullying and harassment)	67%	20%	13%	0%	0%	0%	100%
Sexual (including harassment and indecent exposure)	62%	10%	0%	19%	5%	5%	100%
Verbal Abuse	75%	8%	6%	9%	2%	1%	100%
Verbal abuse with racial content	100%	0%	0%	0%	0%	0%	100%
<b>Total</b>	<b>72%</b>	<b>9%</b>	<b>8%</b>	<b>8%</b>	<b>2%</b>	<b>1%</b>	<b>100%</b>

The above tables show information for those aged 16 and over. However, the narratives of a number of incidents indicate that children as young as 12 were involved in incidents of violence and aggression, but the details of these children have not been recorded. The narratives also suggest that more older people than are specifically recorded, particularly older people with cognitive impairment, were also seen as a perceived or actual threat to staff.

**Religion**

The minimal data on both gender and age does not allow for any statistically significant conclusions to be made on whether there would be a disproportionate or adverse impact from the introduction of BWV on people in these protected characteristic groups.

**NIAS Staff:**

Roman Catholic: 39.7%  
 Protestant : 44.4%  
 Non-Determined: 7.0%  
 Not Declared: 8.9%  
 October 2021

**Service Users Source: 2011 Census**

Roman Catholic: 45.1%  
 Protestant1: 35.8%  
 Other Christian: 5.7%  
 Other Religion: 0.8%  
 None/No Stated: 16.9%

1. Presbyterian Church in Ireland, Church of Ireland and Methodist Church in Ireland.

**Political Opinion**

**NIAS Staff:**

Broadly Unionist: 12.7%  
 Nationalist: 11.1%  
 Other: 16.8%  
 Do not wish to answer: 30.5%  
 Not declared: 28.9%

**October 2021**

Marital Status	<p><b>Service Users Source:</b> ARK NI – 2019 Westminster election share of vote</p> <p>Broadly Unionist<sup>2</sup>: 42.3%  Broadly Nationalist<sup>3</sup>: 37.7%  Alliance: 16.8%  Others: 3.6%</p> <p>2. DUP and UUP  3. Sinn Fein and SDLP</p> <p><b>NIAS Staff:</b></p> <p>Divorced: 1.0%  Married / CP: 46.1%  Separated: 1.1%  Single: 37.1%  Widow/er: 0.1%  Other / Unknown: 14.6%</p> <p><b>October 2021</b></p> <p><b>Service Users Source:</b> 2011 Census</p> <p>Single: 31.5%  Married: 47.0%  Re-married: 1.1%  Separated: 3.4%  Divorced: 4.5%  Widowed: 6.3%</p>
	<p><b>NIAS Staff:</b></p> <p>Staff:</p> <p>With caring responsibilities: 29.7%  Without caring responsibilities: 70.3%</p> <p><b>October 2021</b></p>
Dependent Status	

Disability	<p><b>Service Users</b></p> <p>As at November 2020, 75,610 people in Northern Ireland were claiming Carers Allowance. 12% of people in Northern Ireland provide unpaid care to someone with a health problem, disability or problems due to old age.</p> <p><b>Source:</b> NI: In Profile, Key Statistics on Northern Ireland (3 March 2021), NISRA.</p> <p>Households with dependent children: 33.8%</p> <p><b>Source:</b> 2011 Census</p>
	<p><b>NIAS Staff:</b></p> <p>Person with a disability: 3.6%  Person without a disability: 81.4%  Did not declare: 15.0%</p> <p><b>October 2021</b></p> <p><b>Service Users</b></p> <p>21% of the population has a disability.  Households with one or more persons with a limiting long-term illness: 55.3%</p> <p>Source: 2011 Census</p> <p>Levels of disability increase with age. During the period 2017-2019, disability-free life expectancy in Northern Ireland, was 57.9 years for males and 58.4 years for females. There has been no significant change in disability-free life expectancy from the period 2013-2015.</p> <p>Source: Life Expectancy in Northern Ireland 2017-2019, Department of Health (February 2021).</p>

	<p>Whilst incidence of disability in itself is not recorded, the Trust recognises both a link between service users in older age brackets and increased likelihood of disability and also the fact that those with long term health conditions and disabilities are likely to use our services more frequently.</p>
Ethnicity	<p><b>NIAS Staff:</b>  White: 84.6%  Ethnic Minority / Other: 1.0%  Unknown: 14.4%</p> <p><b>October 2021</b>  <b>Service Users</b> Source: 2011 Census  White: 98.2%  Irish Traveller: 0.07%  Mixed: 0.33%  Indian: 0.34%  Pakistani: 0.06%  Bangladeshi: 0.03%  Other Asian: 0.28%  Black Caribbean: 0.02%  Black African: 0.13%  Other Black: 0.05%  Chinese: 0.35%  Other: 0.13%</p>
Sexual Orientation	<p><b>NIAS Staff:</b>  Both: 0.3%  Opposite sex: 69.9%  Same sex: 3.7%  Do not wish to answer: 3.4%  Unknown: 22.7%</p> <p><b>October 2021</b>  <b>Service Users</b>  No statistics available for sexual orientation however, according to estimates, between 2% and 10% of the population could be LGB. Source: "Shout", Research into the needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender, published by YouthNet, December 2003.</p>

### (3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

<b>Category</b>	<b>Needs, experiences and priorities</b>	
	<b>Service users</b>	<b>Staff</b>
Gender	<p>The perpetrators of acts of aggression against staff tend to be male.</p>	<p>64.2% of Trust staff are male. As with society generally, a disproportionate number of female staff have caring responsibilities and work part-time hours.</p> <p>All staff are potentially at risk from violence and aggression. Psychological support, the Trust's Peer Support Team, and Occupational Health are available.</p>
Age	<p>The population is aging. Almost 40% of the population is aged 45 or older. Older people tend to be more reliant on the emergency and non-emergency services provided by NIAS. People in some age groups are likely to have a more adverse differential impact – older people for example may be more frequent users of health and social care services. As people age the likelihood of having a long-standing illness increases. A limiting long-standing illness is defined as any long-term illness, health problem or disability for which there is currently no cure that limits an individual's daily activities. Examples include: diabetes, cardiovascular diseases (e.g. hypertension, angina) and chronic respiratory diseases (e.g. asthma, chronic obstructive pulmonary disease (COPD)).</p>	

	<p>The proportion of people with multi-morbidities among those aged 65-74 is 46%. This proportion increases to 69% among those aged 85+ (Kingston, Robinson, et al., 2018). Multi-morbidity increases the likelihood of hospital admission, length of stay and likelihood of readmission, raises healthcare costs, reduces quality of life, and increases dependency, polypharmacy and mortality (Kingston, Robinson, et al., 2018).</p> <p>The perpetrators of acts of aggression against staff tend to be in younger age groups.</p>	
Religion	<p>The Trust is committed to ensuring that service users have equality of access to services and feel welcome, comfortable and safe. The Trust has a duty to promote good relations between people of different religious belief, political opinion, and racial group.</p>	<p>The narratives of many incidents contain sectarian language directed towards staff, other agencies assisting, and bystanders. As with Race, there is insufficient evidence of the beliefs or opinions of either the victims or perpetrators.</p> <p>Staff who wear some forms of dress or facial hair as part of their religious observance may be more vulnerable to verbal or physical abuse. The Trust recognises the significance of dress and facial hair worn for religious reasons, and is mindful of its duty to protect the health and safety of staff.</p>

Political Opinion		There is nothing to indicate that the proposal would have a differential impact on members of staff on the basis of political opinion.
Marital Status	There is nothing to indicate that the proposal would impact differentially or negatively on the basis of a service user's marital status.	Over half of Trust staff are married or in a Civil Partnership. Violence and aggression against staff can have an adverse impact on relationships.
Dependent Status		Violence and aggression against staff can have an adverse impact on family members.
Disability	<p>Approximately 20% of the population has a disability. People with disabilities will often be more frequent users of the services provided by NIAS, and may also be more disproportionately impacted by the disruption to services caused by acts of violence and aggression.</p> <p>Staff reporting incidents often add context to their narratives that may provide insight into motivations/reasons for the violence they are subjected to. This includes cognitive impairment through dementia, pain or injury; psychiatric disorders; learning disabilities; and challenging behaviours. While disability is not directly recorded, further investigation and analysis of reported incidents may allow themes and patterns to be identified, and more appropriate and effective interventions to reduce violence and improve patient safety could be implemented. If, for example, it transpired that patients with dementia often get agitated and violent when being transported in emergency ambulances, then there may be ways to make the environment "dementia friendly", which would also benefit other neurodiverse patients. It is unlikely that the use of BWV would act as a deterrent in such cases.</p>	3.6% of staff have confirmed that they have a disability. The Trust acknowledges that disability may be underreported.

Ethnicity	The potential exists for staff to exhibit unconscious bias in making a decision to activate BWV. Detailed operational training and guidance on the circumstances when it would be appropriate to engage BWV, and the risks of unconscious bias.	<p>1% of the Trust's staff have said they are from a BAME background.</p> <p>BAME staff may be at greater risk from racially aggravated acts of violence and aggression. The use of BWV may have a deterrent effect, or could be used as evidence in a prosecution.</p> <p>A very small number of incidents were categorised as having racial content. This seems to be more a recording issue than a reporting issue due to the three tier nature of categorising incidents, where racial content recording is a sub-category of verbal abuse. In the narratives for several incidents racial slurs were used accompanying physical violence, but there is no category for physical violence with racial motivation. The language reported in the narratives does not provide substantial evidence of the race, ethnicity or nationality of either the staff member(s) or alleged perpetrator(s).</p>
Sexual Orientation	There is nothing to indicate that the proposal would impact differentially or negatively on the basis of a service user's sexual orientation.	Acts of violence or aggression may be provoked by a member of staff's perceived sexual orientation.

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The Trust is committed to engaging effectively with staff, service users, families, carers, stakeholders and the wider community on the proposal to reduce and prevent violence and aggression towards staff through the use of BWV to act as a deterrent. We have consulted with staff representatives, other emergency services and PSNI. We have also engaged with the ICO and the NIHRC. Subject to the consideration and completion of this initial consultation exercise, it is the Trust's intention to conduct a second consultation on the full details and modalities of deployment, usage, governance, policy and procedure of BWV in 2022. Such a second consultation would be informed by the engagements with consultees across society during this exercise.

#### (4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

##### (4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

Section 75 category	Details of policy/ proposal impact	Level of impact? Minor/ major/ none	
		Service Users	Staff
Gender	None	None	None
Age	NIAS service users tend to be in older age groups, so the proposal has the potential to impact on people on those age groups. This may be a positive impact in terms of deterring acts of violence and aggression which result in staff absence and reduction of service provision.	None	Minor

Religion	None	The proposal may help deter acts of violence or aggression based on religion or perceived religion.	Minor
Political Opinion	None	None	None
Marital Status	None	None	None
Dependent Status	None	None	None
Disability	BWV may not act as an effective deterrent in the case of service users with cognitive impairment.	None	Minor
Ethnicity	None	The proposal may help deter acts of violence or aggression based on ethnicity.	Minor
Sexual Orientation	None	None	None

**(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?**

<b>Section 75 category</b>	<b>Please provide details</b>
Gender	None
Age	None
Religion	None
Political Opinion	None
Marital Status	None
Dependent Status	None
Disability	The use of BWV should take account of the needs of service users with cognitive impairment.
Ethnicity	None
Sexual Orientation	None

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

<b>Good relations category</b>	<b>Details of policy/proposal impact</b>	<b>Level of impact Minor/major/none</b>
Religious belief	None	None
Political opinion	None	None
Racial group	None	None

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

<b>Good relations category</b>	<b>Please provide details</b>
Religious belief	Reduction of violence and aggression, especially those incidents that are motivated by racism or sectarianism, will benefit relations between people of different race, religion or political opinion.
Political opinion	
Racial group	

**(5) Consideration of Disability Duties**

**(5.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?**

The Trust will ensure that its use of BWV meets the needs of people with disabilities.

## (6) Consideration of Human Rights

### (6.1) Does the policy/proposal affect anyone's Human Rights? Complete for each of the articles

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
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

**Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.**

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. In addition to the Human Rights Act 1998, the Trust remains committed to its obligations under the UN Convention on the Rights of People with Disabilities, UN Convention of the Rights of Children, and the Convention on Elimination of All Forms of Discrimination Against Women and the International Covenant on Economic, Social and Cultural Rights. The Human Rights Act also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights.

The Trust will make every effort to ensure that respect for human rights is part of its day to day work, and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations, relevant legislation, and previous judicial reviews at the core of any decisions or considerations.

The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCPRD) which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights;
- International Covenant on Economic, Social and Cultural Rights;
- International Convention on the Elimination of All Forms of Racial Discrimination;
- Convention on the Elimination of All Forms of Discrimination against Women; and
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment.

In terms of the Human Rights Act, under Article 2, public authorities not only have to refrain from intentional and unlawful deprivation of life, but must also take appropriate steps to safeguard the lives of those within their jurisdiction.

The use of BWV would help the Trust fulfil its duty to staff under Articles 2 and 3, by acting as a deterrent against acts of violence or aggression towards staff, by providing a source of evidence when such acts have occurred, and by creating a culture where such attacks are rendered unacceptable.

Article 6 would be adhered to in the use of BWV. Article 8 is a qualified right to personal and family life. Qualifications include preserving physical and psychological integrity. While individuals have an expectation of privacy in their own home, the right to privacy is balanced against whether granting that privacy

would cause physical or psychological harm to others. Under normal circumstances, BWV would not be used in private dwellings. However, where there is a risk of violence and aggression, there is a genuine purpose which would justify the use of BWV. Information would only be captured and processed to achieve a legitimate aim, and the user would exercise discretion, recording only when it is relevant to the incident and necessary to gather evidence.

The use of BWV is considered a proportionate means to achieve a legitimate aim. Its use will be kept under continuous review. Human rights law recognises that restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and are neither arbitrary nor discriminatory in application, respectful of human dignity, subject to review, and proportionate to achieve the objective.

NIAS recognises that the equality and human rights implications of BWV – both in principle and in practice – are substantial. Subject to a favourable consultation on the principle of introducing BWV, NIAS will once again engage with key stakeholders and further consider these issues in devising the detailed approach for deployment, usage, governance, policy and procedure in relation to BWV.

## **(7) Screening Decision**

**(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?**

Major impact	
Minor impact	x
No impact	

**(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening?**

Yes	x
No	

**(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?**

Yes	
No	x

(7.4) Please give reasons for your decision and detail any mitigation considered. The Trust is adopting a cautious and proportionate approach to the policy development of BWV. That is why this initial consultation focuses on the principle of introducing BWV, and why commitment has been given to a second consultation in 2022.

The Trust remains committed to delivering safe, effective and compassionate services, and is assured that the measures undertaken are necessary, proportionate, and justified. No major adverse impacts on equality and human rights have been identified during screening. BWV would only be activated in specifically defined operational circumstances by appropriately trained uniformed staff responding to emergency calls where there is a threat of violence or aggression, with policy and procedures in place to ensure that its use is proportionate, legitimate, necessary and justifiable. The potential exists for staff to exhibit unconscious bias in making a decision to activate BWV. Detailed operational training and guidance on the circumstances when it would be appropriate to engage BWV, and the risks of unconscious bias, would be provided. This will be included in future consultation. NIAS is committed to developing this training and guidance in line with ongoing policy advice from the ICO and NIHR, as well as relevant case law and other best practice.

The use of BWV would act as a deterrent against acts of violence or aggression towards staff, and by providing a source of evidence when such acts have occurred. Where there is a risk of violence and aggression, there is a genuine purpose which would justify the use of BWV. Information would only be captured and processed to achieve a legitimate aim, and the user would exercise discretion, recording only when it is relevant to the incident and necessary to gather evidence. The use of BWV is, in principle, considered a proportionate means to achieve a legitimate aim. Its use would be kept under continuous review. Human rights law recognises that interference with some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and are neither arbitrary nor discriminatory in application, respectful of human dignity, subject to review, and proportionate to achieve the objective – particularly when balanced against other rights, such as Article 2.



## (8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The Trust remains committed to delivering safe, effective and compassionate services, and recognises the importance and need to effectively monitor any anticipated or actual equality/human rights impacts of policies and to give due regard to the need to promote equality of opportunity and regard to the desirability of good relations. Robust monitoring arrangements are key in overseeing and reviewing the impact of BWV. Continued monitoring and improved data collection of persons involved in incidents where BWV is deployed would be essential for understanding the actual impact and identifying if certain groups of people are more impacted by violence and aggression than other groups. The use and impact of BWV would be kept under review and, where necessary and feasible, further mitigation will be introduced to lessen any unanticipated adverse impact. NIAS would consider all incidents related to BWV usage against equality and human rights consideration on a quarterly basis to monitor the potential for any impacts and/or emerging patterns. Further detail about these practices will be subject to consultation pending the outcome of this current exercise.

Approved Lead Officer: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Policy/ proposal screened by: \_\_\_\_\_

