

Equality and Human Rights Screening Template

The BSO is required to address the 4 questions below in relation to all its policies.

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

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

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

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

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:

<http://www.hscbusiness.hscni.net/services/1798.htm>

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

A decision was made to establish the BSO as the Infected Blood Scheme administrator for Northern Ireland.

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)**

As administrator the BSO will implement and manage ex gratia payments and discretionary financial support for people infected with the hepatitis C virus and/or HIV from treatment with NHS blood, blood products or tissue in Northern Ireland.

This is a new decision. The need for a single scheme was announced in a written Ministerial statement in December 2016.

http://www.niassembly.gov.uk/globalassets/documents/official-reports/written-ministerial-statements/2016-2017/doh_wms_221216.pdf

Under blood scheme reform announced by David Cameron in July 2016, it was proposed that the existing 5 UK schemes would be replaced by one new legal entity, to introduce a consistent system of support for all those infected or otherwise affected with the hepatitis C virus and/or HIV from treatment with NHS blood, blood products or tissue. England, Scotland and Wales subsequently decided to direct their NHS shared services organisations to establish schemes for beneficiaries in their respective jurisdictions. The Department of Health in Northern Ireland has directed the BSO to establish an infected blood scheme for beneficiaries in Northern Ireland.

The aim is to administer a system of financial support that will be equitable, transparent and consistent for beneficiaries in Northern Ireland.

How will this be achieved?

Support – all potential beneficiaries will be supported by ensuring they have full access to the details of the Infected Blood Payment Scheme NI through the BSO Infected Blood team; are provided with details of how they can claim; and how the financial support within the scheme is structured. Summary details of the Scheme, general eligibility and making a claim are included on the BSO website along with contact details of the team for accessing further information and support. Given the vulnerability of the beneficiaries and sensitivities involved they will be treated with the utmost respect and confidentiality.

Appeals process – the BSO will establish an appeals process ensuring the appeals panel is balanced (i.e. religion, gender) and has the appropriate professional /medical expertise and reasonable adjustment will be made to enable attendance by beneficiaries and their families.

Training and awareness – staff working directly with beneficiaries will be provided with appropriate training as required to ensure staff feel equipped to deal with the sensitivities of the circumstances of the beneficiaries.

Maintenance of records – beneficiaries records will be maintained in a way that complies with the General Data Protection Regulation (GDPR) 2016 and the suite of BSO Information Governance policies

Key constraints

Constraints on the health budget and the need to ensure the tax and welfare legislative requirements can be taken forward in a timely manner to allow payments to be made to beneficiaries from November 2017.

Not all beneficiaries have been identified to date and new claimants are emerging as diagnosis is made and this will impact the budget and may create further financial pressure on the Health system.

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

Those most immediately impacted are:

Primary beneficiaries

- (i) Beneficiaries of the service (current and potential) individuals who received treatment in Northern Ireland that led to the development of HIV and/or HCV as a result of receiving blood or blood products from the NHS (before Sept 1991 or Feb 1992 respectively).
- (ii) individuals who were infected by a spouse or partner, parent or other relative who received treatment as above.

Secondary beneficiaries

Spouses, civil partners, widows, widowers and dependents of those infected as above

Other affected stakeholders

- Carers of people infected with infected blood products
- BSO Staff directly administering the scheme
- Wider BSO finance team
- BSO Corporately
- Medical staff across HSC NI
- DoH
- Existing staff of the five UK scheme bodies

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

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

- General Data Protection Regulation (GDPR) 2016
- Information Governance Policy
- Records Management Policy
- Information Security Policy
- Information Risk Policy
- Freedom of Information Policy

(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

Evidence was drawn from the following sources:

- The UK consultation document, “Infected blood: reform of financial and other support”, the accompanying equality analysis and impact assessment documents that can be found at: <https://www.gov.uk/government/consultations/infected-blood-reform-offinancial-and-other-support>. Annual reports of the three charitable bodies that operate current support schemes for infected people and family members (Macfarlane Trust www.macfarlane.org.uk, Eileen Trust and Caxton Foundation www.caxtonfoundation.org.uk), and those by two companies which provide financial assistance to infected people (The Skipton Fund www.skiptonfund.org, and MFET Ltd). The Eileen Trust does not have a website but can be contacted at: Alliance House, 12 Caxton Street, London, SW1H 0QS. MFET Ltd does not have a website, but information can be found at: www.macfarlane.org.uk.
- “Review of the support available to Individuals infected with hepatitis C and/or HIV by NHS-supplied blood transfusions or blood products and their dependants”, published by the Department of Health (England) in January 2011. This can be accessed at: <https://www.gov.uk/government/publications/review-of-the-support-available-to-individuals-infected-with-hepatitis-c-and-or-hiv-by-nhs-supplied-blood-transfusions-or-blood-products-and-their-dependants>
- “Inquiry into the current support for those affected by the contaminated blood scandal in the UK”, published by the All Party Parliamentary Group on Haemophilia and Contaminated Blood, January 2015, which can be accessed at: <http://haemophilia.org.uk/get-involved/campaigning/access-to-care/appg/>
- “The Final Report of the Penrose Inquiry”, published on 25 March 2015 at: <http://www.penroseinquiry.org.uk/finalreport/>
- 2011 Census data. Available at <https://www.nisra.gov.uk/statistics/census/2011-census>
- Northern Ireland Life and Times, 2016. Available at <http://www.ark.ac.uk/nilt>
- Health Survey NI (2016/17). Available at <https://www.health-ni.gov.uk/news/health-survey-ni-201617>.
- 2016 Annual Population Survey (APS). Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#main-points>
- BSO Staff data

Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

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. Also give consideration to multiple identities.

The potential population is unknown. However an Inquiry published in 2015 by The All-Party Parliamentary Group (APPG) on Haemophilia and Contaminated Blood found that between 1970 and 1991 the Department of Health estimate over 32,718 people in the UK may have been infected with Hepatitis C treatment following treatment with NHS blood products, although just under 6000 people have been identified. Many of these people had haemophilia, a rare bleeding disorder for which the main treatment involved injections of blood factor concentrate to prevent internal bleeding. Many others did not have haemophilia, but had received NHS blood transfusions for other reasons.

However, there are no statistics for the numbers of partners, spouses and other family members who were subsequently infected by individuals who received infected blood products.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>The size of the resident population in Northern Ireland at 30 June 2016 is estimated to be 1.862 million people. Just over half (50.9%) of the population were female, with 946,900 females compared to 915,200 males.</p> <p>The biggest single patient group infected with HIV and/or hepatitis C through treatment with NHS-supplied blood or blood products are people with inherited bleeding disorders such as haemophilia, 90% of who are male. As such, the majority of primary beneficiaries of the schemes are male, and the majority of bereaved spouses/partners are likely to be female.</p> <p>There is no way of knowing how many potential beneficiaries exist who may have been infected but are not yet symptomatic or diagnosed or not yet aware of the scheme.</p>

Current NI scheme data (based on data from 85 scheme users):

Overall scheme members: 66% Male; 34% Female

Hepatitis C only: 63% Male; 25% Female

Hepatitis C & HIV: 2% Male; 1% Female

Mono HIV: 0% Male; 1% Female

Non infected: 1% Male; 7% Female

BSO Staff data:

Male 42.7%; Female 57.3%

Age

The overwhelming majority of individuals were infected before 1991, with the exception of a small number of people who were secondarily infected.

Current NI scheme data (based on data from 85 scheme users):

Almost 70% of current infected scheme beneficiaries are over 50 years old. Age range for NI scheme users is shown below:

Years	Number	%
0-30	0	0
31-40	7	8.3
41-50	19	22.3
51-60	30	35.3
61-70	18	21.2
71-80	10	11.7
80+	1	1.2
Total	85	100

People are more likely to develop further disabilities as they get older; this is of note in light of the age profile of those in the NI Scheme.

BSO Staff data:

Years	%
16-24	3.6
25-29	10.4
30-34	13.0

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35-39	14.1														
40-44	13.1														
45-49	15.6														
50-54	13.6														
55-59	10.6														
60-64	5.0														
65+	1.0														
Religion	<p>No information is collected on religious breakdown of applicants/ beneficiaries of the Scheme.</p> <p>The religious breakdown for the NI population as a whole based on the most recent census (2011) are:</p> <ul style="list-style-type: none"> • 45.14% (817, 424) of the population were either Catholic or brought up as Catholic. • 48.36% (875, 733) stated that they were Protestant or brought up as Protestant. • 0.92% (16, 660) of the population belonged to or had been brought up in other religions and Philosophies. • 5.59% (101, 227) neither belonged to, nor had been brought up in a religion. <p>A large proportion of BSO Staff data relating to religion/ community background is missing.</p>														
Political Opinion	<p>No information is collected on political opinion of applicants/ beneficiaries of the Scheme.</p> <p>Breakdown of political opinion for the whole of the NI population showed: Unionist 29%; Nationalist 24%; Neither 46%; Other/ don't know 2%. (Northern Ireland Life and Times, 2016)</p> <p>Again, a large proportion of BSO Staff data relating to political opinion background is missing.</p>														
Marital Status	<p>In Northern Ireland as a whole:</p> <ul style="list-style-type: none"> • 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships 														

	<ul style="list-style-type: none"> • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner (Census 2011) <p>A large proportion of BSO Staff data relating to marital status background is missing.</p>
Dependent Status	<p>The most recent Health Survey (2016/7) showed that 13% of the NI population have caring responsibilities</p> <p>Figures from the last census show that 238,094 households (33.9% of all NI households) have responsibility for dependent children. (Census 2011)</p> <p>Again, a large proportion of BSO Staff data relating to dependent status is missing.</p>
Disability	<p>Some people may be disabled as a result of their hepatitis C infection, HIV infection or treatment they received for their infection. Additionally, some members may be disabled as a result of their conditions.</p> <p>Current NI scheme data (based on data from 85 scheme users):</p> <p>Overall scheme members: 66% Male; 34% Female Hepatitis C only: 63% Male; 25% Female Hepatitis C & HIV: 2% Male; 1% Female Mono HIV: 0% Male; 1% Female Non infected: 1% Male; 7% Female</p> <p>Disability data is missing for a large proportion of BSO Staff.</p>
Ethnicity	<p>No information is collected on the ethnicity of applicants/beneficiaries of the Scheme.</p> <p>The bodies that previously operated payment schemes do not hold information on the racial background of their registrants. We are not aware of any particular race issues associated with the scheme beneficiaries, and responses to the consultation completed by the Department of Health in England provided no new evidence of this.</p>

	<p>NI Population level data show that 98.21% (1, 778, 449) of the usual resident population are White, while 1.8% (32,596) belong to minority ethnic groups, including:</p> <p>Chinese – 0.35% (6, 338) Irish Traveller – 0.07% (1, 268) Indian – 0.34% (6, 157) Pakistani – 0.06% (1, 087) Bangladeshi – 0.03% (543) Other Asian – 0.28% (5, 070) Black Caribbean – 0.02% (362) Black African – 0.13% (2354) Black Other – 0.05% (905) Mixed – 0.33% (5976) Other – 0.13% (2354) (Census, 2011)</p> <p>This data is likely to be reflective of the population in NI when the infected bloods were administered and therefore the potential population of beneficiaries.</p> <p>Ethnicity is missing/ unassigned for a large proportion of BSO Staff.</p>
Sexual Orientation	<p>No information is collected on the sexual orientation of applicants/ beneficiaries of the Scheme.</p> <p>Official statistics published in 2016 from the Annual Population Survey showed that 93.4% of the UK population identified as heterosexual or straight, 2.0% of the population identified themselves as lesbian, gay or bisexual (LGB). A further 0.5% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.1% refused, or did not know how to identify themselves.</p> <p>Sexual orientation is missing/ unassigned for a large proportion of BSO Staff.</p>

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. Also give consideration to multiple identities (such as single parents for example).

It is recognised that BSO staff administering the scheme may find interaction with scheme applicants/ beneficiaries to be upsetting or stress full at times. This is discussed further in Section 2.5, where a range of mitigating actions are set out.

Category	Needs and Experiences
Gender	<p>The biggest single patient group infected with HIV and/or hepatitis C through treatment with NHS-supplied blood or blood products are people with inherited bleeding disorders such as haemophilia, nearly 90% of who are male. As such, the majority of primary beneficiaries of the schemes are male, and the majority of bereaved spouses/partners are likely to be female. There is no evidence to suggest there are greater needs, experiences and priorities in this category.</p> <p>Transgender: Traceability of those eligible for the scheme where they have changed gender, and therefore their name. Documentation / supporting information may be under two different names, which may make it more difficult to provide the necessary identification or proof needed to access the Scheme.</p>
Age	<p>The overwhelming majority of individuals were infected before 1991, with the exception of a small number of people who were secondarily infected. Almost 70% of current infected scheme beneficiaries are over 50 years old and may be disabled as a result of other conditions unrelated to Hep C such as haemophilia, or the effects of aging. It is also recognised that as people age, they are more likely to find accessing the scheme difficult (e.g. completing forms/ attending meetings etc.) Moreover, as people age, they are more likely to experience illness or disability, which again could impact on ease of scheme access.</p>
Religion	<p>There is no evidence to suggest there are greater needs, experiences and priorities in this category. However, it is recognised that perceived religion or community background may have an impact on how applicants/ beneficiaries or appellants view the scheme and those administering it.</p>
Political Opinion	<p>There is no evidence to suggest there are greater needs, experiences and priorities in this category.</p>
Marital Status	<p>Primary beneficiaries with no partners may have less access to support in completing forms, collating supporting information, and attending and representing themselves in appeals panels.</p>
Dependent Status	<p>Primary beneficiaries with no dependants may have less access to support in completing forms, collating supporting information, and attending and representing themselves in appeals panels.</p>
Disability	<p>Some people may be disabled as a result of their HIV and/or hepatitis C infection or treatment they received for their infection. Additionally, some members may be disabled as a result of their conditions. Some people with disabilities, including sight or hearing loss, or learning disability will have particular needs in terms of accessibility of information, communication and venues relating to meetings in the appeal process. People with Cognitive impairments (e.g. dementia) may have particular communication needs.</p> <p>It is likely that users of the Scheme will have significant mental health issues, due to their health, treatment and financial worries for those who are unable to work. This group may therefore find the application and appeal process particularly difficult, including for example meeting deadlines, collating supporting information and attending pre-arranged meetings.</p> <p>Also, timings of Appeals will be important – the longer this process takes the harder it will be for applicants who will get more sick as time progresses.</p>
Ethnicity	<p>The bodies that operate the current payment schemes do not hold information on the racial background of their registrants. Although responses to a consultation conducted in England and Wales did not highlight any equality issues in relation to ethnicity, it is recognised that certain ethnic groups may need translation services if trying to access the scheme.</p>
Sexual Orientation	<p>There is no evidence to suggest there are greater needs, experiences and priorities in this category.</p>

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.

Disabled men

Disabled women

2.5 Making Changes

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

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>BSO staff: Those working directly with beneficiaries will be provided with appropriate training as required to ensure staff feel equipped to deal with the sensitivities of the circumstances of the beneficiaries. Staff working directly with scheme applicants/ beneficiaries will be given the opportunity to 'debrief' with their supervisor/ senior member of staff should they feel they need. In addition, all staff can avail of Inspire (formally known as Carecall), which is an independent source of support for staff, available 24 hours a day.</p>	<p>It is hoped that a survey will be conducted in 2019/20 that will be limited to beneficiaries and stakeholders to monitor the impact of the new payment scheme.</p>

<p>Age/ Disability: Some people with disabilities such as sight or hearing loss, learning disability, cognitive impairment or mental health issues will have particular needs in terms of accessibility of information, communication and venues relating to meetings in the appeal process. In order to mitigate against some of these issues forms/ information etc. will be made available in large print and Next Generation Text (NGT). Sign language interpreters will also be made available.</p> <p>Also staff will be trained in dealing with people who have different disabilities.</p> <p>It is also recognised that applicants may get sicker as time progresses, therefore time taken to process claims and appeals will be kept as short as possible.</p> <p>The appeals process will also use teleconference/ videoconferencing facilities to enable face to face contact with the panel for those who find it difficult to travel. For those who do wish to attend the appeal in person, the appropriate professional /medical expertise and reasonable adjustment will be made to enable attendance by beneficiaries and their families.</p> <p>Marital status: It is recognised that individuals without partners/ spouses may find access to the scheme more difficult than those who have the support of a partner/ spouse. In order to mitigate against this, the BSO has a</p>	
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<p>helpline where individuals can get advice and help in completing forms etc. Also, social workers working in BHSCT work with the majority of haemophilia beneficiaries and would provide support in relation to accessing scheme benefits.</p> <p>Dependent status: Similar to the issues associated with marital status above, those without dependents may not have the same support in completing forms/ organising appointments etc. needed as those with adult children. As above, the BSO helpline and BHSCT social work support should help and support to address some of these issues.</p> <p>Ethnicity: Translation services will be provided upon request.</p> <p>Religion/ Political opinion/ Gender: As part of the Appeals Process built into the Scheme, the BSO will ensure (where possible) the appeals panel is balanced (i.e. religion, gender) This will include considerations in relation to the location (i.e. ensuring a perceived neutral location) for the appeal.</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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	None identified	N/A

Political Opinion	None identified	N/A
Ethnicity	None identified	N/A

(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	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

The Infected Blood Payment Scheme for Northern Ireland gives support to all eligible beneficiaries who have been infected by HIV (Human Immunodeficiency Virus) and/or Hepatitis C after treatment with blood, tissue or blood products from the NHS. Family members can also receive support.

We do not consider there to be a negative impact from this new payment scheme on beneficiaries who fall under the section 75 categories as actions have been identified (where applicable) to better promote equality of opportunity.

(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>
N/a	N/a

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>
N/a	N/a

(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.

(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 unlikely there would be opportunity to collect monitoring data given the limited information required to be completed by the applicants and the fact that most of the application process is completed through medical professionals. It may not be appropriate to do this given the already sensitive issues being dealt with.</p> <p>However, it is hoped a survey will be conducted in 2019/20 that will be limited to beneficiaries and stakeholders to monitor the impact of the new payment scheme.</p>		

Approved Lead Officer: Simon McGrattan
Position: Assistant Director of Finance
Date: 16/08/18
Policy/Decision Screened by: Colin Murray

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**

Any request for the document in another format or language will be considered.
Please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; Email: Anne.Basten@hscni.net;
Phone: 028 9536 3814