Public Health Agency

Equality and Human Rights Screening Template

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

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

For advice & support on screening contact:

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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
Public Health Agency Involvement Strategy for Protect Life 2 Commissioned Services.

1.2 Description of policy or decision

- **What is it trying to achieve? (aims and objectives)**

  The aim of this strategy is to deliver effective processes to maximize the opportunity for stakeholders to engage and be more involved in planning future services in mental and emotional wellbeing, self-harm and suicide prevention, intervention and post-vention for which PHA have responsibility. This strategy outlines the PHA’s approach to identifying, delivering and evaluating engagement with service users and carers, stakeholders and the general public.

- **how will this be achieved? (key elements)**

  The strategy outlines the aims and objectives of the involvement processes, methodologies and communication tools which will be used to engage with stakeholders.

- **What are the key constraints? (for example financial, legislative or other)**

  Covid-19 restrictions which have been put in place.

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 • Individuals and communities who have been bereaved or impacted by suicide. • Providers of community based services and their staff, service users / carers, advocacy groups and referral agents. • Providers of statutory mental health and suicide prevention, intervention and post-vention services and their staff, service users / carers, advocacy groups and referral agents. • The six HSC Trusts • The general population of Northern Ireland • Current commissioners of mental health / suicide prevention, intervention and post-vention services; DoH, HSCB, PHA. • Patient Client Council • All government departments, including DoH • Prison service, PSNI, Probation service for NI. • Education sector

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

what are they?	• who owns them?
Department of Health. Health and Wellbeing 2026: Delivering Together.	**DoH**
Infant Mental Health Framework for Northern Ireland	**PHA**
Making Life Better – A whole system strategic framework for Public Health 2013-2023	**DoH**
Mental Health Action Plan, Department of Health, May 2020. https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf./	**DoH**

	accessed 21/02/2020	
	PHA - Corporate Strategy 2017-21	**PHA**
	Protect Life 2: A Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019-2024	**DoH**
	The New Strategic Direction for Alcohol and Drugs Phase 2	**DoH**

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

2.1 Data gathering

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

Qualitative Data **Policy / Research Documentation**
Guidance for commissioners of primary care mental health services for deaf people, (2017), Joint Commissioning Panel for Mental health **https://www.jcpmh.info/wp-content/uploads/jcpmh-deaf-guide.pdf.** Accessed 20/12/2020
http://www.ark.ac.uk/nilt/2016/Background/ANYHCOND.html
https://www.thedetail.tv/articles/deprivation-and-religion-in-northern-Ireland accessed 20th December 2020
LGBT in Britain: Health Report, November 2018. https://www.stonewall.org.uk/lgbt-britain-health. Accessed 20/12/2020
Men, Suicide and Society: Why disadvantaged men in mid-life die by suicide (2012), Samaritans https://media.samaritans.org/documents/Samaritans_MenSuicideSociety_Resea

rchReport2012.pdf
McBride, R., Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.
NISRA, 2018 Suicide statistics by age
Northern Ireland Life and Times Survey 2016 (ark.ac.uk) http://www.ark.ac.uk/nilt/2016/Background/ANYHCOND.html Accessed 27 November 2020.:
Northern Ireland Pooled Household Survey (NIPHS) Tables | Northern Ireland Statistics and Research Agency (nisra.gov.uk)
Northern Ireland Registry of Self-harm, Annual report, 2017 / 2018, Public Health Agency. https://www.publichealth.hscni.net/publications/northern-ireland-registry-self-harm-annual-report-2017-2018. Accessed 27 November 2020
O'Hara, M., (2013) *Through Our Minds: Exploring the Emotional Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender People in Northern Ireland,* The Rainbow Project Download.ashx (rainbow-project.org). Accessed 20/12/2020
O'Neill, S., Corry, C., Murphy, S. Sharon. Brendan. B., & Bunting, P. *'Characteristics of deaths by suicide in Northern Ireland from 2005 to 2011 and use of health services prior to death'* , Journal of Affective Disorders, Volume 168,15 October 2014.
National confidential inquiry into suicide and homicide (NCISH) annual report 2015 Reports | Published: 22 Jul 2015 https://www.hqip.org.uk/wp-content/uploads/2018/02/national-confidential-inquiry-into-suicide-and-homicide-ncish-annual-report-2015.pdf accessed 27 November 2020

2.2 Quantitative Data

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

Category	***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?***

Gender	• Suicide Statistics (NISRA, 2018) indicates 307 deaths, 228 of which are male and 79 female.
	• NI self- harm registry annual report (2017 -2018) indicates that 53% of 9,127self harm presentations are female and 47% male with 35% of 4,784 suicide ideation presentations female and 65% males
	• Stonewall Report (November 2018) found that:
	  ○ almost half of trans people in Britain(46 %) have thought about taking their own life in the last year,
	  ○ 41% per cent of non-binary people said they harmed themselves in the last year
	• Research (McBride, Ruari Santiago, 2011) suggests for the Northern Ireland population as a whole:
	  ○ 140-160 individuals are affiliated with transgender groups
	  ○ 120 individuals have presented with Gender Identity Dysphoria
	  ○ There are more trans women than trans men living in Northern Ireland.

Age	• Men in their late teens to mid 50s are the most at risk of suicide in society with risks increasing further for men who are single, unemployed, and living in socio economic disadvantage. • NISRA, 2018 Suicide statistics by age: Under 15 0 15-19 15 20-24 26 25-29 43 30-34 45 35-39 30 40-44 37 45-49 31 50-54 24 55-59 22 60-64 11 65-69 13 70-74 6

	75-79 1 80-84 2 85+ 1 • Self-harm presentations by those under 18 years of age contributed to 12% (n=1,096) of all self-harm presentations during 2017/18. (NI Registry of self-harm, 2017/2018)
Religion	• There is a health inequality aspect to the burden of suicide with the suicide rate in the 20% most deprived areas almost twice the average in Northern Ireland and three times the rate experienced in the 20% least deprived areas. Research by *The Detail* has shown that 80% of the most deprived wards in Northern Ireland are predominantly Catholic. • Population and Social Inclusion Study', St. Columb's Park House in partnership with INCORE and QUB (2005, updated in 2008), and Healthy Cities research (2007) on participation of people from Protestant/ Loyalist/ Unionist (PLU) working class communities suggested that there was less awareness of the relevance of engaging in health consultations.
Political Opinion	• Suicide and self-harm rates in Northern Ireland by political opinion are not collected.
Marital Status	• 47% of those who died by suicide were single at the time of death and 22.9% were married.17.5% had experienced a marriage breakdown (O'Neill et al.2014).
Dependent Status	• Data on the caring responsibility of those affected by suicide and self-harm is not routinely collected.
Disability	• 40% per cent of the deaf or hard of hearing population were affected by mental health issues, compared with 25% of the hearing population (Joint Commissioning Panel for Mental Health 2017). • The National Confidential Inquiry, 2015 reports that physical illness is known to be a risk factor for suicide. The report found that around a quarter of patients who die by suicide have a major physical illness (3,410 deaths over 2005-2013) and the figure rises to 44% in patients aged 65 and over. In most cases, the illness has been present for over 12 months.
Ethnicity	• **Northern Ireland Pooled Household Survey (2017)** for 11 Local Government Districts, presented as 'Ethnicity White'

	and ‘All Other Ethnicities’ due to small cell sizes. o Ethnicity White 98.2% o All other Ethnicities 1.6%
Sexual Orientation	• Data from NI found that 64.7% of LGBT respondents had experienced personal, emotional, behavioural or mental health problems (O’Hara, 2013). • Stonewall Report (2018) found that in Britain: o Half of LGBT people (52 %) said they’ve experienced depression in the last year. o One in eight LGBT people aged 18-24 (13 %) said they’ve attempted to take their own life in the last year. o Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men.

2.2 Qualitative Data

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

Category	***Needs and Experiences***
Gender	• Evidence suggests that women are more likely to care for someone in another household (ARK, NI, June 2011) and some women will be single parents. • Men are more likely to die by suicide than women. ‘Men and Suicide’ (2012) identified the social issues impacting on men not engaging in help seeking behaviour (Samaritans in partnership with Network rail, 2012). • People who identify as transgender or non-binary experience social isolation, marginalisation and discrimination very often in everyday life. • Participation will be promoted through current networks that provide support to trans people. •

Age	• Age can impact on a person's ability to input to a consultation process. The equality commission for NI recommends that health and social care meets the specific needs of older people and younger people to ensure age appropriate services. • Young people and children have different needs. To encourage their participation, see 'Let's Talk Lets Listen' ECNI Guidance on engaging with children and young people.
Religion	• It is recognised that health inequalities impact upon areas of deprivation that may be associated with specific religious identity.
Political Opinion	• It is recognised that health inequalities impact upon areas of deprivation that may be associated with specific political opinion.
Marital Status	• Living alone and social isolation have been identified as a risk factor for adult men. • Single parents may have particular needs in relation to timing of involvement to take into account childcare arrangements.
Dependent Status	• Those with dependents or those that care for dependents with self-harm or suicidal ideation may have particular needs with regard to participation.
Disability	• We recognise that those with a disability may have more difficulty in becoming involved and have considered this. • People with disabilities may have particular needs regarding both communication and information.
Ethnicity	• People from BAME or Travellers may have particular needs in relation to cultural and / or communication needs. Those whose first language is not English may experience language barriers and may have particular needs regarding

	accessible communication and information including the provision of translated information and / or interpreting services. • In some communities mental health is rarely spoke about and is viewed negatively. This can discourage people within the community from talking about their mental health and may be a barrier to participation and involvement.
Sexual Orientation	• The equality commission for NI recommends that health and social care meets the specific needs of older people including the specific needs of older LGB and trans people.

2.3 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.

- People with multiple identities may face further exclusion or oppression due to race and disability or disability, religion and Lesbian Gay Bisexual Transgender issues.
- The consultation process will take account of such issues and support work which reaches out to those most excluded in society.

2.4 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?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
• PHA will provide information in alternative formats as requested. • Interpreting and signers will be made available on request. • Supporting documents will be made available in braille and large text if requested. • 1:1 direct involvements will be made available to services users and carers if requested. **Gender** • Consideration will be given to times and methodology used	• Monitor requests for alternative formats and / or language to inform the production of future involvement processes.

• PHA will encourage participation through an online methodology and promotion via networks that support men e.g. Men’s Sheds. • Participation will be encouraged through an online methodology and promotion through organisations that support individuals who identify as transgender or non-binary e.g. SAIL, Rainbow NI. • Participation will be promoted through current networks that provide support to LGB and trans people. **Age** • Participation will be promoted through current networks that provide support to persons of different ages e.g. Youth Reference Group, Age Friendly Officers. • We will follow ‘Let’s Talk Lets Listen’ ECNI Guidance on engaging with children and young people **Religion** • Participation will be promoted through the Flourish Churches suicide initiative. **Political Opinion** • Political parties will have the opportunity to input to involvement processes.	

Marital Status • The needs of single parents will be considered in relation to timing of involvement to take into account childcare arrangements. **Disability** • Participation will be promoted through current networks that provide support to persons living with a disability • Where appropriate a video will be produced with subtitles to outline involvement. • Interpreters and/or signers will be available if required and supporting documents will be provided in braille or large text on request. • Accessibility will be taken into account in all forms of communication and information e.g. sign language, interpreting and all requests for alternative formats will be considered. **Ethnicity** • Translation/Interpreting services will be provided on request. • Participation will be promoted through current networks that provide support to members of BAME and Traveller Communities. **Sexual Orientation** • Participation will be promoted	

through current networks that provide support to LGB people.	

2.5 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	*Impact*	*Suggestions*
Religion	No impact identified at this time	
Political Opinion	No impact identified at this time	
Ethnicity	No impact identified at this time	

(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)

Please tick:

Major impact	
Minor impact	√
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	√

Please give reasons for your decisions. All equality issues have been mitigated against as far as possible. It is not thought that subjecting this policy to EQIA will present further opportunities to 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?

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
• The availability of virtual methods will reduce geography as a barrier to access. • The option of 1-1 engagement for carers and service users will reduce barriers to access. • The availability of interpreting and signing services and information in alternative formats will reduce barriers to access • The consultation will actively promote the inclusion of disabled people in service planning.	•

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?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*
•	•

(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
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st 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
Section 75 information and data will be gathered to assist PHA to ensure that there are no gaps in this consultation process. Stakeholders will received an online anonymous equality monitoring form which they will be asked to complete.	Data on inclusion and participation of disabled people in public life	N/A

Approved Lead Officer:	Fiona Teague
Position:	Head of Health & Social Wellbeing Improvement (West)
Date:	07/01/2021
Policy/Decision Screened by:	Shauna Houston Health and Social Wellbeing Improvement Manager

Business Unit and contact details	Heath Improvement E: Shauna.houston@hscni.net T: 028 9536 1121 M: 07792 948 658

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

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

Template updated January 2015

Any request for this document in another format or language will be considered. Please contact us (see contact details provided above).