

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

Cessation of SHSCT’s Cycle for Health Scheme

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)**

Background information on ‘Southern Cycle for Health’ Scheme

The Southern Cycle for Health scheme was established in 2007 as a joint cycling initiative between the Southern Health & Social Care Trust (SHSCT), Armagh City, Banbridge & Craigavon Borough Council, (ABC), Mid Ulster District Council (Dungannon) and Newry, Mourne and Down District Council. The scheme is funded by the Public Health Agency (PHA) and involves the local provision of approximately 80 free bikes for use by local community groups and Council/Trust led-services.

The overall aim of the scheme was to support sedentary people to become more active, as well as

- increasing awareness of the health benefits of cycling and increase confidence of those who had not cycle for a long time;
- increasing the number of people cycling on a regular basis across the Southern through the provision of access to bikes
- providing training to qualified cycle leaders to National Standards across Southern area to provide regular cycling opportunities in local communities

In recent years the scheme has been operating on an average annual budget of £15,000 which includes costs for training of cycle leaders, a maintenance contract, insurance policy, promotional resources, safety and cycling equipment. Despite ongoing efforts by all partners to promote the scheme, there has been a collective perception that the cycling resources have not been fully utilised nor reached its potential usage across all localities.

In response to user feedback the scheme was revamped/refreshed in 2017 with a new training provider being sourced to deliver more customised training for cycle leaders, a less restrictive insurance policy to enable greater freedom of usage/routes etc, 'less onerous' administration processes for group leaders to book/ arrange group cycles and provision of a greater range of bikes suitable for all cycling abilities.

Unfortunately the impact of these changes were minimal and the cycle for health scheme has continued to be dogged by a series of challenges including decreasing usage across the localities, lack of commitment by trained cycle leaders to meet agreed targets and increasing bike maintenance costs due to lack of fault reporting etc. Against this backdrop, the decision has been taken to cease the current Southern Cycle for Health scheme and transfer all cycling resources to Councils with a view to them incorporating these assets into their existing cycling resources. It was felt that Councils are now better placed through Community Planning structures and processes to achieve the original aims of the cycling for health scheme. Councils are deeply embedded into local communities and can hopefully reach out to sedentary people who do not tend to engage in exercise, Councils are now planning new ways to utilise the bikes by making them available to their residents in a more effective and efficient way. For example Councils deliver a 'Sofa to Saddle' initiative targeted at sedentary people who will experience a range of health and wellbeing benefits through a locally supported cycling programme, without having to go to the expense of purchasing a new bike themselves. Some Councils are also planning to deliver a bespoke cycling programme targeted specifically at women, given the low numbers of women currently engaged in this activity. This only one option currently being explored.

What is achieved from this decision?

The Southern Area Obesity Prevention Co-ordination Group consists of representatives from PHA, HSCB, ICP, SHSCT and local Councils across Southern locality of Northern Ireland. These organisations meet on a regular basis and work together to ensure a collaborative approach in tackling Obesity issues for the Southern area. In December 2019, following a further review of the Southern Cycle for Health Scheme, the group agreed to cease the provision of the SHSCT-led scheme on the basis of continual decline in usage rates and growing costs to maintain the bikes to safety standards. The 3 local Councils felt strongly that the current delivery model was not working effectively nor meeting needs of their residents. They felt that a different collaborative model was required to strengthen and enhance cycling opportunities and this could be delivered by integrating the resources into each of their own suite of physical activity opportunities. Councils could see great potential to link the use of bicycles into programmes such as Everybody Active 2020, Macmillan Move More, PARS, and other health-related programmes. These programmes also target groups who are sedentary and would not normally avail of such opportunities.

How will this be achieved?

This decision will be implemented over a 6 month period between March and October 2020. During this time SHSCT will wind-up all operational aspects of the cycle for health scheme including notifying registered cycle leaders/users of the plans, ending the insurance policy and maintenance contract. Meanwhile Council partners will begin planning the design of their new community-based cycling initiatives and arrangements for the transfer of assets will be agreed.

Key constraints ?

All partners agreed the current format of the provision of cycling resources was not cost effective (maintenance fees increasing) and clearly wasn't meeting the needs of users (given

decreasing usage rates). Therefore the decision to change the delivery model was based both on financial constraints and endeavouring to ensure the maximisation of the cycling resources across the localities.

As illustrated in the table below, internal monitoring data over recent years has shown a decrease in usage of the bikes.

Pod Location	2016	2017	2018	2019	Groups currently using pods
Loughgall Country Park, Armagh	36	52	46	18	U3A, EBA 2020, PAR's, SHSCT
Cascades Leisure Centre, Portadown	140	135	89	119	U3A, SHSCT, Cycl, ABC Council, Richmount
Win Business Park, Newry	153	110	97	103	U3A, EBA 2020, PAR's, Clanrye Group, The Arc
Dungannon Leisure Centre	0	1	3	6	Cycl, SHSCT
Scarva Tea rooms, Banbridge	98	78	61	47	U3A, Fit & Well scheme, SHSCT, Inland water ways
Total	427	376	296	293	

However, whilst the usage levels have decreased over recent years, the costs of maintaining the bikes has actually increased year on year.

In January 2020, ABC Council Cycle leader recently consulted with service users from their local community groups who currently use their cycling resources. This included users for Action Mental Health, Dunlewey Addiction Services and SHSCT Day Care Service Users. Feedback from clients has included the following issues:

- ongoing operational difficulties re maintenance issues when using the bikes,
- the need for some smaller sized bikes,
- requests for more bikes to be available to accommodate larger groups to cycle together
- request to have the option of transporting bikes to other parks to offer greater variety of locations

The key challenge is the perceived lack of bike maintenance for everyone on an ongoing basis. The maintenance issue is caused by cycle leaders not reporting faults after their period of use, creating a continuous cycle of recurring faults in bikes which builds up over months and leads to the inevitable occurrence of persistently broken/faulty bikes being taken out by others. Users lose faith in the scheme as bikes are regularly unusable and maintenance costs

increase year on year.

ABC Council also consulted with Cycle Leaders re potential changes to the scheme such as incurring a cost for using the bikes This was looked upon favourably by users particularly if the money raised was to go back into the upkeep of the bikes.

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

Key stakeholders affected by this decision are as follows:

- SHSCT – current managers of the Cycle for Health scheme
- Cycle Co-ordinators in Council – who managed the scheme on the ground – arranging bookings, reporting faults, checking cycle Pods etc
- Local Government Councils - Mid Ulster District Council, Newry, Mourne and Down District Council, Armagh City, Banbridge, Craigavon and Borough Council.
- Cycle Leaders – those who were trained to facilitate group-led cycles groups
- Service Users – members of the various groups/clubs who have used the service in the past eg U3A, Trust-led services, Council-led services
- PHA – funder of the scheme
- The general public in terms of having the potential opportunity to engage in this service

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

- ‘Making Life Better - A Whole System Strategic Framework for Public Health 2013-2023’, Department of Health
- ‘A Fitter Future for All: A Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022’, DHSSPS
- UK Chief Medical Officers Physical Activity Guidelines, September, 2019
- ‘Exercise, Explore, Enjoy – A Strategic Plan for Greenways’, 2016
- ‘NI Changing Gear – A Bicycle Strategy for NI’, 2015
- ‘Active Living: No Limits Action Plan 2016-21’

Relevant Community Planning documents are:

- Living Well Together, Newry, Mourne and Down District Council
- Connected: A Community Plan for Armagh City, Banbridge and Craigavon Borough Council
- Our Community Plan: 10 Year Plan for Mid Ulster

(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.

- Internal monitoring data
- Consultation with service users from their local community groups who currently use their cycling resources. This included users for Action Mental Health, Dunlewey Addiction Services and SHSCT Day Care Service Users.
- 2011 Census data
- NISRA Population estimates (2019). Available at [https://www.ninis2.nisra.gov.uk/public/AreaProfileReportViewer.aspx?tabchangeReportName=Northern Ireland?](https://www.ninis2.nisra.gov.uk/public/AreaProfileReportViewer.aspx?tabchangeReportName=Northern%20Ireland?)
- International Migration in Northern Ireland: an update (2016). Research and Information Service Research Paper. Available at <http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2016/general/3916.pdf>
- Northern Ireland HSC Interpreting Service Report: 1 April 2018 - 31 March 2019
- Cycling in Northern Ireland. Key findings from the Travel Survey for NI 2015-17. Available at <https://www.infrastructure-ni.gov.uk/system/files/publications/infrastructure/tsni-cycling-factsheet-2015-2017.pdf>
- Cycling UK. (November 2019) Cycling Statistics. Available at <https://www.cyclinguk.org/statistics>

2.2 Quantitative Data

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

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	Using the most recent NISRA population estimates, the estimated population of the Southern Health and Social Care Trust (HSCT) at 30 June 2019 was 387,162 , of which 193,295 (49.9%) were male and 193,867 (50.1%) were female, in line with figures for NI as a whole.
Age	<p>Compared to the NI average, mid-year population estimates suggest the SHSCT has a younger average age.</p> <p>Within the SHSCT area there were:</p> <ul style="list-style-type: none"> • 89,421 children aged 0-15 years (23.1% of total population); • 118,743 people aged 16-39 years (30.7% of total population); • 121,416 people aged 40-64 years (31.4% of total population); and • 57,582 people 65 years and older (14.9% of total population). <p>Within Northern Ireland, 20.9% were aged under 16 years; 32.8% were 16-39 years; 31.7% were 40-64 years; 12.8%; and, and 16.4% were aged 65 and over.</p>
Religion	<p>On Census Day 27th March 2011, in the Southern Health and Social Care Trust, 57% belong to or were brought up in the Catholic religion and 39% belong to or were brought up in a 'Protestant and Other Christian (including Christian related)' religion.</p> <p>This is different than the overall breakdown for NI, where 45% of the population identifies as Catholic and 48% belonged to or were brought up in Protestant or other Christian religions.</p>
Political Opinion	The most recent Census showed that in the SHSCT, 38.77% of the population indicated that they had a British national identity, 35.18% had an Irish national identity and 28.30% had a Northern Irish national identity. (Percentages do not sum 100 as people could choose more than one identity)

	<p>This pattern is different when compared to the political opinion of the rest of NI: 48.41% indicated that they had a British national identity, 28.35% had an Irish national identity and 29.44% had a Northern Irish national identity.</p>
Marital Status	<p>Data from the most recent census shows that:</p> <ul style="list-style-type: none"> • 47.6% of those aged 16 or over were married • 36.1% were single • 9.4% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% were either widowed or a surviving partner <p>(Census 2011)</p>
Dependent Status	<p>On Census Day 27th March 2011, in the Southern Health and Social Care Trust, 8.57% were lone parent households with dependent children. This is slightly less than the overall NI figure of 9.13%.</p> <p>Also, 11.34% of people in the SHSCT stated that they provided unpaid care to family, friends, neighbours or others. This is similar to the NI average of 11.82% of people who identified as carers.</p>
Disability	<ul style="list-style-type: none"> • In SHSCT, census data shows 19.64% of people had a long-term health problem or disability that limited their day-to-day activities. This is less than the NI figure of 21% who reported a limiting long term illness or disability. • Census data for the whole of NI shows that of the resident population: <ul style="list-style-type: none"> - Deafness or partial hearing loss – 5.14% (93, 078) - Blindness or partial sight loss – 1.7% (30, 785) - Communication Difficulty – 1.65% (29, 879) - Mobility or Dexterity Difficulty – 11.44% (207, 163) - A learning, intellectual, social or behavioural difficulty - 2.22% (40, 201) - An emotional, psychological or mental health condition - 5.83% (105, 573) - Long – term pain or discomfort – 10.10% (182, 897) - Shortness of breath or difficulty breathing – 8.72% (157, 907) - Frequent confusion or memory loss – 1.97% (35, 674) - A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612)

	<ul style="list-style-type: none"> - Other condition – 5.22% (94, 527)
Ethnicity	<ul style="list-style-type: none"> • Between 2000 and 2014, an estimated 175,000 long-term international migrants came to Northern Ireland, while 143,000 left, leaving a net total of 32,000. Local government districts in the west and south-west of Northern Ireland saw the largest net inflow of new residents, in particular: Mid Ulster (9,800), Armagh, Banbridge and Craigavon (9,300) and Newry, Mourne and Down (6,000). (Source: International Migration in Northern Ireland: an update (2016). Research and Information Service Research Paper) • Information collated by the NI HSC Interpreting Service shows that(in line with previous years), more requests for interpreting services came from the Southern HSCT than any other Trust area. In 2018-19, 44% of all requests came from the Southern HSCT (57,289); 30% came from the Belfast Trust (39,072); 14% from Northern HSC Trust (17888); 7% were from South Eastern HSC Trust (8761); and 5% came from the Western HSC Trust (6914). • In the Southern HSCT, the top 10 languages requested in 2018-19 included: <ol style="list-style-type: none"> 1. Polish 13909 2. Lithuanian 12361 3. Portuguese 6239 4. Tetum 6077 5. Bulgarian 6041 6. Romanian 3265 7. Arabic 2600 8. Russian 1437 9. Slovak 1281; and, 10. Latvian 1183
Sexual Orientation	<p>There are no official statistics for the numbers of people who identify as LGB. However, advocacy organisations suggest that the figure is around 1 in 10 people who will as identify as something other than heterosexual over the course of their lifetime.</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.

Category	Needs and Experiences
Gender	<p>It is acknowledged from both from research and local anecdotal evidence that that women are less likely to participate in cycling activities and be members of cycling clubs (Travel Survey for NI 2015-17). Males tend to cycle more than females (e.g. Cyclovia evaluation showed that most of those who took part were male, with men more likely to cycle more often). There are many well documented reasons for this trend ranging from lack of female confidence to cycle on roads, less opportunities, lack of time due to caring responsibilities and lack of access to bicycles.</p> <p>Women have therefore been identified as a particular target group in the past and will continue to be in the future.</p>
Age	<p>Research has shown that Cycle use drops significantly after age 15. (Travel Survey for NI 2015-17)</p> <p>Older people are less likely to cycle due to decreasing levels of strength and balance, though the scheme has provided a number of tricycles specially for those with balance concerns.</p>
Religion	<p>People from different religious/ political areas may feel uncomfortable about participating in cycling programmes held in areas perceived to be belonging to those of the opposite community</p>
Political Opinion	<p>People from different religious/ political areas may feel uncomfortable about participating in cycling programmes held in areas perceived to be belonging to those of the opposite community.</p>
Marital Status	<p>We know that certain people who do not have the support of a spouse or partner are less likely to participate in healthcare programmes, and less likely to attend services</p>
Dependent Status	<p>Those who have caring responsibilities may be limited as to the times they able to participate in cycling programmes, and require an element of flexibility in the opening times of schemes.</p> <p>Also, these people may prefer to participate in local schemes so</p>

	<p>they don't have to travel long distances.</p> <p>Also, it is recognised that households with one or more persons with a disability requiring care, or single parent families are more likely to have a lower average income, compared to the rest of the population. As a result carers are more likely to be disproportionately affected by any cost imposed on the scheme .</p>
Disability	<p>People with a disability are less likely to cycle than those without any kind of disability: 6.6% of people with no disability cycled three times a week, compared to 2.6% with a limiting disability (https://www.cyclinguk.org/statistics)</p> <p>People who have certain disabilities will have different needs in order to participate in the cycling scheme. For example, those with certain physical or learning disabilities may not be able to use bikes designed for non-disabled people.</p> <p>Also people who have certain mental health problems may find it difficult to take part in group activities.</p> <p>Those with disabilities are often more dependent on public transport than those without, so it is important that any cycling scheme is accessible, and has good public transport links.</p>
Ethnicity	<p>Individuals from different ethnic groups may find it more difficult to access services for a variety of reasons. These include language barriers, as well as a lack of confidence or knowledge about certain services.</p>
Sexual Orientation	<p>It is widely recognised that LGB individuals report incidences of homophobia and hostility when trying to access goods and services. This has a detrimental effect when trying to access services, including healthcare.</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.

It is recognised that there will be a large degree of crossover between the different section 75 categories (e.g. disabled young women etc.)

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>As a public body, all Councils are required to adhere to all section 75 legislation and provide regular training for all its staff and volunteers</p> <p>Gender – still available to both males and females but a number of customised programmes will be devised specifically for females</p> <ul style="list-style-type: none"> • Councils have already identified the need to develop a bespoke cycling programme exclusively for women to enhance their personal confidence and provide sessions off-the-roads in Country parks and tow paths which are usually quieter and perceived safer for novice cyclists <p>Age – offering greater opportunities for older people</p> <ul style="list-style-type: none"> • Placing older people in groups of similar strength and cycling ability; provision of special bicycles designed for those with balance/stability issues. <p>Religion/Political opinion - venues of cycling Pods has not been raised as an issue to date</p> <ul style="list-style-type: none"> • All current and proposed new locations are Council-owned and therefore are considered neutral by all political views 	<p>PHA will continue to monitor and evaluate the use of the cycling resources in accordance with section 75 guidance</p>

Marital Status – ensuring programmes and opportunities are offered to all and the health benefits of cycling are widely publicised

- Extensive marketing of all cycling programmes, and active engagement with different community groups, such as Men’s Sheds

Dependent Status – scheme has been offered to carers for all age groups and across Southern area.

The Council lead scheme can be offered with much greater flexibility in terms of time and locations. Councils will be able to offer evening and weekend options and can provide a mobile service whereby bikes can be transported to many different locations which means people will not have to travel long distances to access the resources. Any costs likely to be introduced with the new schemes will be kept to minimum and concessionary rates available based on established Council concessionary schemes.

Disability

The Council lead schemes will link directly with Councils existing Disability hubs and centrally located within public transport networks. Tandem bikes are available within Councils will make all reasonable adjustments to meet users’ needs
Mental health clients already use the scheme and will continue via SHSCT–led cycles and PARS programmes

Whilst the current stock of bikes are not suitable for people with physical disabilities, each Council has its own programme which accommodates the needs of people with physical disabilities through their disability hub services (a NI wide programme funded by Disability Sport NI).

<p>Ethnicity</p> <p>The cycling resources will be available to all ethnic groups and individuals and will be widely advertised</p> <p>Sexual orientation</p> <p>The cycling resources will be available to everyone and openly advertised. All council staff are trained in equality and diversity issues</p>	
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2.6 Good Relations

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

Group	Impact	Suggestions
Religion	Nothing new	PHA will raise with Councils, the importance of supporting good relations in terms of religion
Political Opinion	Nothing new	PHA will raise with Councils, the importance of supporting good relations in terms of political opinion
Ethnicity	Nothing new	PHA will raise with Councils, the importance of supporting good relations in terms of ethnicity

(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.

I do not feel a full equality impact assessment is required as it is envisaged that any new cycling initiative will have limited impact and should ultimately ensure greater flexibility for service users eg. they will not be restricted to only using certain routes and should also have greater scope to utilise the bikes at weekends and evenings etc. – they will not be limited to 9-5pm access as was the case previously. Training requirements should be less onerous and bookings made easier linking through Council’s usual bookings systems etc

(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>
<p>Cycle Co-ordinators are based in local Councils and work collaboratively with other colleagues who have specific responsibilities for engaging with disabled users eg in Newry, Mourne and Down District Council. The Cycle Co-ordinator is also responsible for organising training programmes and workshops for disability groups and support the delivery of the Disability Sport N.I. programme, actively seeking the views of disabled people in the development of this including the 'Wheelie active disability cycling programme'. She also works with Council's Disability Hub Leader who supports the delivery of disability programmes across the district.</p>	<p>The transfer of assets to Councils will enable greater cohesion across the various cycling schemes and f the new arrangements will enable greater integration of access to services for all section 75 groups</p>

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>
<p>Potential to support greater cohesion of cycling opportunities for people with and without disability</p>	<p>Councils will continue to explore potential for greater collaboration on cycling initiatives for people with and without disabilities.</p>

(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
Councils will track activity/usage of the cycling resources based on an agreed monitoring pro forma using data extracted from their 'legend' system.	Councils will track activity/usage of the cycling resources based on an agreed monitoring pro forma using data extracted from their 'legend' system and staff will work closely to ensure linkages with local disability hubs within council	Record of complaints about the services will be kept by Councils and examined shared with PHA via usual performance monitoring arrangements

Approved Lead Officer:



Position:

Health and Social wellbeing
Improvement Senior Officer

Date:

July 2020

Policy/Decision Screened by:



Business Unit and contact details

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)

