



Screening undertaken in collaboration with organisations identified at the end of this screening template

Equality, Good Relations and Human Rights Screening

This organisation is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

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 or 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 or none)

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

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) Information about the Policy or Decision

1.1 Title of policy or decision

Equality and Disability Action Plans 2018-2023

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)**

In line with our commitments under Section 75 of the Northern Ireland Act 1998 and our Equality Scheme, the Equality Action Plan 2018-23 identifies a number of key actions to promote equality.

This Equality and Disability Action Plan for the period 2018-23 represents our organisation's responsibilities under the Disability Discrimination Act (1995) as amended by the Disability Order 2006. This law requires us to carry out our functions giving due regard to two specific duties. These duties are: to promote positive attitudes towards disabled people and promote the participation by disabled people in public life. The purpose of this action plan is to outline some key actions that we are going to deliver upon to make a difference to people with disabilities including staff and people who use our services, and where relevant, their carers.

In developing the action plan we paid particular attention to:

- Physical disabilities;
- Sensory disabilities;
- Autism Spectrum Disorder; Dyslexia; Cognitive Impairment; Learning disability
- Mental health conditions; and,
- Long-term conditions.

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 by these action plans are people who use our services as well as staff and those considering to apply for jobs with us.

Those impacted also include members of the public.

Internal:

- SBNI Independent Chair
- SBNI Professional Officers (X2)
- SBNI Office Manager/Board Secretary
- SBNI Central Support Staff (X3)
- SBNI Member Agencies
- those agencies who sit on Safeguarding Panels
- those whose services are commissioned by the SBNI
- SBNI partner agencies.

External:

- Children and young people, their families and carers
- Wider Public
- Department of Health (as the SBNI sponsor department)
- Public Health Agency (as the SBNI corporate host).

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

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

Legal requirements under the Human Rights Act 1998 and the European Convention on the Rights of People with Disabilities have a bearing.

(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.

Tapestry – our Disability Staff Network – were closely involved in the development of actions relating to staff. We engaged with the network quarterly throughout the process.

In the development of the disability action plan we also considered information from a range of previous consultations and activity where issues in relation to disability issues were raised. Especially, we continued to draw on what we learned from our direct engagement with a range of community and voluntary groups representing disability in November 2012, when we developed our previous plans.

We drew on information we gathered when we co-facilitated a HSC-wide consultation event, led by our colleagues in the HSC Trusts, on equality and disability action plans in early 2017.

Other sources of equality data include:

- Census 2011 data.
- Research Reports for example a report commissioned by SBNI on Children with Disability and child protection
- Reports from various disability organisations for example RNIB, Action on Hearing Loss, Disability Action, Mencap, Carers Northern Ireland. Older Person's Organisations and Children and Young People's Organisations.
- Previous screening and equality impact assessment analysis where equality issues were highlighted.
- Previous work in relation to our Plans.
- Reports and guidance by the Equality Commission on Equality and Disability Action Plans.

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.

In the table below, we firstly consider data relevant for our Equality Action Plan, followed by data relevant to the Disability Action Plan.

Category	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>General Population Data NI Population Statistics</p> <p>Population of Northern Ireland in 2016 was 1,851,600 Male = 49% Female = 51% Children (Aged 0-17): 433,161 (23%)</p> <p>Of the children in need at 31 March 2017, 55% were male and 45% were female. This gap is slightly larger than the gender split in the general child population above.</p> <p>Reed et al. 2009: 8/100000 (115) transgender people in NI. “Research (McBride, Ruari-Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland, Belfast).suggests:</p> <ul style="list-style-type: none"> • 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	<p>General Population Data NI Population Statistics</p> <p>Children 0-4 years 124,400 - 6.87% of the total population 5 to 9 years – 111,300 - 6.15% 10 to 14 years - 119,000 – 6.57% Young people 15 to 19 years- 126,200 – 6.97% Total under 19 years 480,900 – 26.56%</p>

	<p>Older People People over 60 in N Ireland now make up 19% of the population (Census 2011). The number of people aged over 85 years makes up 1.73% of the population (Census 2011). Pensioner poverty is increasing; there is a link between poverty and inequality.</p> <p>Overall NI Age Profile 0 – 15 – 20.95% (379, 378) 16 – 19 – 5.61% (101, 589) 20 – 24 – 6.96% (126, 036) 25 – 29 – 6.85% (124, 044) 30 – 44 – 20.65% (373, 943) 45 – 59 – 19.21% 347, 867) 60 – 64 – 5.21% (94, 346) 65 – 74 – 8.04% (145, 593) 75 – 84 – 4.79% (86, 740) 85 – 89 – 1.17% (21, 187) 90 and over - 0.56% (10, 141)</p>
Religion	<p>NI Population Statistics</p> <p>Catholic - 45.14% Protestants - 48.36% Other - 0.91% Unknown - 5.59%</p> <p>Religious affiliation was not recorded, not known or refused to be disclosed for over a fifth of all children (22%). 33% reported their religion as Roman catholic, 37% were other Christian and non-Christian denominations and faiths and 4% had no religious beliefs. [Children Social Care Stats 2016/2017]</p>
Political Opinion	<p>Electoral Office Northern Ireland</p> <p>There are 1,210,009 people in NI registered to vote on the electoral register. 55.71% of those eligible to vote did so in the NI Assembly election in 2011. Of these 43.21% voted Unionist as their first preference vote, 41.18% voted Nationalist / Republican as first preference and approx. 15% Other.</p>
Marital Status	<p>NI Population Statistics</p> <p>Almost half (48%) of people aged 16 years and over on Census</p>

	<p>Day 2011 were married, and over a third (38%) were single. Just over 1,200 people (0.1%) were in registered same-sex civil partnerships in March 2011. A further 9.4% of usual residents were either separated, divorced or formerly in a same-sex civil partnership, while the remaining 6.8% were either widowed or a surviving partner. In 2008, 121 people aged 16-19 years old were married in Northern Ireland (Northern Ireland Statistics Agency)</p>
<p>Dependant Status</p>	<p>NI Population Statistics</p> <p>Out of a total of 703,275 households the following break-down was found on Census Day 2011:</p> <p>Married or in a registered same-sex civil partnership:</p> <p>With no children = 10.28%</p> <p>With dependent children = 19.72%</p> <p>Children non-dependent = 8.31%</p> <p>Co-habiting couple:</p> <p>With no children = 2.92%</p> <p>With dependent children = 2.3%</p> <p>All children non-dependent = 0.26%</p> <p>Lone Parent:</p> <p>With dependent children = 9.13%</p> <p>All children non-dependent = 5.12%</p> <p>Other household types:</p> <p>With dependent children = 2.7%</p> <p>In summary, in 2011, one-third (34%) of households contained dependent children, down from 36% in 2001.</p> <p>A dependent child is a person in a household aged 0-15 (whether or not in a family) or a person aged 16-18 who is a full-time student and in a family with parent(s).</p> <p>There are 13.8 million dependent children living in families in the UK in 2015 (National Statistics, 2015)</p> <p>Based on the most recent information from Carers Northern Ireland, the following facts relate to carers.</p> <ol style="list-style-type: none"> 1. 1 in every 8 adults is a carer 2. There are approximately 207,000 carers in Northern Ireland 3. Any one of us has a 6.6% chance of becoming a carer in any year 4. Carers save the Northern Ireland economy over £4.4 billion a

	<p>year - more than the annual NHS spending in Northern Ireland.</p> <p>5. The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day</p> <p>6. One quarter of all carers provide over 50 hours of care per week</p> <p>7. People providing high levels of care are twice as likely to be permanently sick or disabled than the average person</p> <p>8. Approximately 30,000 people in Northern Ireland care for more than one person</p> <p>9. 64% of carers are women; 36% are men</p> <p>10. By 2037 the number of carers could have increased to 400,000</p> <p>This information can be accessed at info@carersni.org – June 2011.</p> <p>The recent Carers Rights Day Report, Missing Out: The identification challenge³³ highlighted that 58% of carers here took over a year to identify themselves as carers, 29% took over 5 years and 13% took over 10 years. This means that carers here are losing out on the practical, emotional and financial supports available to them, including services provided by health and social care trusts.</p> <p>A recent Carers NI State of Caring survey highlighted that:</p> <ul style="list-style-type: none"> • 51% carers have let a health problem go untreated • 50% carers say their mental health has gotten worse • 31% only get help when it's an emergency.
Disability	<p>NI Population Statistics</p> <p>20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.</p> <p>68.57% (1, 241,709) of residents did not have a long – term health condition.</p> <p>Deafness or partial hearing loss – 5.14% (93, 078)</p> <p>Blindness or partial sight loss – 1.7% (30, 785)</p> <p>Communication Difficulty – 1.65% (29, 879)</p> <p>Mobility of Dexterity Difficulty – 11.44% (207, 163)</p>

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)

Other condition – 5.22% (94, 527)

No Condition – 68.57% (1, 241, 709)

Just over one in five of the usually resident population (300,000 - 21%) had a long-term health problem or disability which limited their day-to-day activities. In response to a similar question in 2001, 20% had a long term illness, health problem or disability which limited their daily activities or the work they can do.

Children with Disabilities in general are at greater risk of all forms of abuse and are particularly vulnerable to CSE. It is reported that a high proportion of young people referred to Barnardo's NI Safe Choices Project have some level of learning disability.

Of the 22,737 children in need in Northern Ireland, 20% were recorded as having a disability and almost half of these had a learning disability.

Child protection

For those that were allocated for further action, the majority related to a carer who needed support to give appropriate care for the child (76%), 21% related to child protection investigations and 2% related to a child with disability (Nation Statistics).

Having a disability was more prevalent amongst the male children in need, with 21% of males being recorded as having a disability compared with 11% of the female children in need. Furthermore, each of the disability categories had more males than females. This was most evident amongst those recorded as

	<p>having Autism, where 79% were males. This parallels recent research indicating that autism is more prevalent amongst males than females of school age in Northern Ireland</p> <p>Children in need Of the 23,834 children in need in Northern Ireland, 17% were recorded as having a disability. Almost half of these had a learning disability (Children Social Care Stats 2014/2015) In 2015, 4031 children in need have a disability in Northern Ireland. 48% of these have a learning disability, 30% has Autism, 12% have physical disabilities, 7% have sensory disabilities and 2% have other disabilities (CSCS).</p> <p>Barnardo’s 2016 ‘It’s not on the Radar’ document found that Children and young people with a disability are three times more likely to be abused than children without a disability. Within this group, children with behaviour or conduct disorders are particularly vulnerable. Learning difficulties or delayed development may be a consequence of trauma or sexual abuse. Due to a young child being abused and/ or neglected from a young age could relate to problems in their development leading to them being Learning disabled.</p>
Ethnicity	<p>NI Population Statistics According to the OFMDFM Racial Equality Strategy 2015 – 2025, figures from the 2011 Census showed the diverse nature of the minority ethnic population in Northern Ireland with over 32,000 giving their ethnicity as something other than ‘white’, equating to approximately 1.7% of the Northern Irish population.</p> <p>1.8% 32,596 of the usual resident population belonged to minority ethnic groups,</p> <p>White – 98.21% (1, 778, 449) 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)</p>

	<p>Mixed – 0.33% (5976) Other – 0.13% (2354) Language (Spoken by those aged 3 and over); English – 96.86% (1, 681, 210) Polish – 1.02%(17, 704) Lithuanian – 0.36% (6, 249) Irish (Gaelic) – 0.24% (4, 166) Portuguese – 0.13% (2, 256) Slovak – 0.13% (2, 256) Chinese – 0.13% (2, 256) Tagalog/Filipino – 0.11% (1, 909) Latvian – 0.07% (1, 215) Russian – 0.07% (1, 215) Hungarian – 0.06% (1, 041) Other – 0.75% (13, 018)</p> <p>Child in need As with religion, ethnic background was not recorded for almost one fifth of the children in need (17%), with 78% of children in need recorded as White and a further 5% from Ethnic minorities (including Irish travellers, Roma Travellers, Asian, Black and those of mixed ethnicity). [Children Social Care Stats 2016/2017]</p>
Sexual Orientation	<p>It is estimated that one in ten people in NI are from Lesbian Gay Bisexual Transgender groups.</p> <p>McClenahan, Simon (2012): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.</p> <p>“The general view in Northern Ireland among LGB&T organisations, service providers and policy makers is that an estimated 6% to 10% of the population identifies as lesbian, gay, bisexual and transgender.”</p> <p>Note- sources do not provide figures solely on those persons who identify as lesbian, gay and bisexual and so the above percentage is a slight overestimate.</p>

2.3 Qualitative Data in relation to actions in action plan

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

(1) Equality Action Plan

<p>Action Measure</p>	<p>An identification of different needs, experiences and priorities of any of the equality categories in relation to this action and what equality issues emerge from this.</p> <p>Specify the Section 75 equality categories where there are different needs</p> <p>Note if staff or service users</p>
<p>Develop policies and procedures geared at safeguarding and protecting children and young people.</p> <p>Develop a policy and procedure in relation to communicating with children – involve children in its development.</p> <p>Alternative formats as required for example key publications are translated into languages and use Plain English, Easy Read and pictures and diagrams where possible.</p>	<p>Multiple Needs</p> <p>All children and young people need to be protected and safeguarded. It is recognised that some groups are more vulnerable to experiencing abuse such as children with disability, specific groups of children in terms of age. There also specific needs for some ethnic minority groups and LGBT&Q communities.</p>
<p>Development of a Communication and Engagement Strategy will</p>	<p>Multiple Identities</p> <p>Children and young people by virtue of age are less likely to be heard and</p>

<p>provide a mechanism for on-going review of SBNI engagement with children and young people to identify whose voices are less likely to have been heard (including very young children, those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay bisexual or transgender)</p>	<p>views taken into consideration. This is amplified for children and young people with disabilities, from the Black and Minority Ethnic backgrounds and Lesbian, Gay, Bisexual communities and Transgender community.</p>
<p>Arrange engagement opportunities with Section 75 groups of children and young people on child protection and safeguarding issues as identified within the SBNI Strategic Plan – particularly focusing Adverse Childhood Experiences. Target groups of children whose voices are easily ignored (including very young children, those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people</p>	<p>Multiple Identities See above.</p>

<p>who are lesbian, gay, bisexual or transgender) to explore their views.</p>	
<p>Continue to ensure that the voice of the child is heard in relation to Case Management Reviews (including very young children, those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay, bisexual or transgender)</p>	<p>Multiple Identities</p> <p>By their very nature CMRs are undertaken in relation to children and young people who are the most vulnerable. The children and young person's 'voice' should be clearly heard in the process. It is important that each child and young person's views are reflected in CMR reports.</p>
<p>SBNI will seek information from member agencies on how the objective of promoting communication with children and young people has been met with particular reference to Section 75 groups of children and young people whose voices are easily ignored (including very young children, those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay, bisexual or transgender).</p>	<p>Multiple Identities</p> <p>Children and young people by virtue of age are less likely to be heard and views taken into consideration. This is amplified for children and young people with disabilities, from the BME backgrounds and LGBT&Q communities.</p> <p>In seeking assurance from member agencies of the SBNI, that representation from the aforementioned groups has been identified and the appropriate mediums for communication provided, to ensure that the engagement and participation of children and young people has taken into account their specific needs the SBNI will require confirmation and demonstration from said members that this has been undertaken.</p>

<p>Carers</p> <p>Promote information for staff who are carers on available policies and measures that might meet their needs; including sign-posting to relevant support organisations.</p>	<p>Multiple needs</p> <p>Young carers are often unrecognised in the workplace.</p> <p>Staff who care for elderly dependants often do not see themselves as a carer.</p> <p>Black and minority ethnic carers often have less family support to draw on. As not all caring takes place in Northern Ireland, some migrant workers may have particular support needs.</p>
<p>Domestic Violence</p> <p>Undertake awareness raising relating to new support mechanisms (developed by BSO) to support staff with experience of domestic violence.</p>	<p>Multiple needs</p> <p>While most victims of domestic violence are female it is key to recognise that men may also be affected.</p> <p>In a similar way, staff of any age may become a victim.</p> <p>Likewise, the particular vulnerability of people who identify as lesbian, gay or bisexual to domestic violence has been recognised, especially where the individual is not 'out' at work. Similar circumstances may apply for victims of domestic violence who identify as non-binary or transgender and have not disclosed their gender identity. In addition, people with a hidden disability may have particular needs.</p> <p>Cultural specific needs in dealing with domestic violence may also be important when staff from ethnic minority backgrounds are affected.</p>
<p>Identify new methods of communication strategies aimed particularly at groups whose voices are easily ignored (including children – in</p>	<p>Multiple Identities</p> <p>Children and young people by virtue of age are less likely to be heard and views taken into consideration. This is amplified for children and young people</p>

<p>particular those with sensory and learning disabilities, those from black and minority ethnic backgrounds and young people who are lesbian, gay, bisexual or transgender-, parents and carers).</p>	<p>with disabilities, from the BME backgrounds and LGBT&Q communities.</p> <p>In development of all relevant deliverables of the SBNI, representation from the aforementioned groups will be identified and the appropriate mediums for communication provided, to ensure that the engagement and participation of children and young people takes into account their specific needs.</p> <p>Any procurement of third parties to undertake engagement with children and young people will include the requirement to deliver on our section 75 obligations.</p> <p>When new communication strategies as required, these will be subject to their own Equality, Good Relations and Human Rights screening.</p>
<p>Gender Identity</p> <p>Deliver awareness and training initiatives to relevant staff as part of the roll-out of the Gender Identity and Expression Employment Policy.</p>	<p>Multiple needs</p> <p>Gender identities and the expression of gender are highly individual. In the same way, while the process of transitioning will differ between female to male on the one hand and male to female on the other and age may likewise be an important factor, the needs and experience of transitioning will be different from one person to the next.</p>

2) Disability Action Plan

<p>Action Measure</p>	<p>An identification of different needs, experiences and priorities of any of the equality categories in relation to this action and what equality issues emerge from this.</p> <p>Specify the Section 75 equality categories where there are different needs. Note if staff or service users</p>
<p>Awareness Days</p> <p>Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day)</p>	<p>Multiple needs</p> <p>Prevalence of some disabilities differs between and within some of the equality groupings, such as by age, gender and disability. In a similar way, the experience of barriers may differ, including that of black and minority ethnic people who have a disability, carers, those identifying as gay, lesbian and bisexual, and those identifying as transgender or non-binary.</p>
<p>SBNI Committees/Sub-Groups to ensure that as appropriate, children and young people who have a disability are involved in the co-design of the work relating to the Adverse Childhood Experiences Strategic Priority.</p>	<p>Multiple needs</p> <p>Consideration needs to be given as to how those with multiple needs including older and younger disabled people can be involved in a meaningful way. This relates to the above action.</p>

<p>Tapestry</p> <p>Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.</p>	<p>In the United Kingdom over the last decade there has been a growth of Disabled Employee Networks across all sectors.</p> <p>According to Kate Nash Associates (2009) www.katenashassociates.com Disabled Employee Networks - a practical guide - “this is partly because organisations are becoming more disability and diversity confident but also because disabled people are becoming more comfortable about expressing their needs at work and feel more able to come together in networks of support.</p> <p>Disabled people are also increasingly aware of their economic influence as employees, as customers, as shareholders, as voters and as citizens.</p> <p>To become employers of choice for talented disabled people, organisations need to demonstrate a good track record in accommodating the needs of disabled employees in more sophisticated ways.</p> <p>Multiple needs</p> <p>The staff network needs to be accessible to people with a range of disabilities, including sensory disabilities and learning disabilities who may have particular needs as to the way the network operates.</p> <p>Staff with hidden disabilities, in particular younger staff, may be more reluctant to become involved if they have concerns about negative attitudes and negative implications for their chances of career progression.</p>
<p>Training</p> <p>In collaboration with disabled people design, deliver and evaluate</p>	<p>People with disabilities face many barriers every day—from physical obstacles in buildings to systemic barriers in employment and civic programs. Yet, often, the most difficult barriers to overcome are attitudes other people carry regarding people with disabilities. Whether born from ignorance, fear, misunderstanding or hate, these</p>

<p>training for staff and Board Members on disability equality and disability legislation.</p>	<p>attitudes keep people from appreciating and experiencing the full potential a person with a disability can achieve.</p> <p>The most pervasive negative attitude is focusing on a person's disability rather than on an individual's abilities.</p> <p>Training will need to take account therefore of the social model of disability developed by disabled people themselves.</p> <p>Northern Ireland Rare Diseases Partnership (NIRDP) 2013 in responses to previous Equality Action Plans consultations suggested that the revision of Disability Awareness Training should include recognition of specific difficulties encountered by those who have a disability caused by rare disease and their families; including raising awareness of the isolation and stigma associated with rare disease, which impacts strongly on mental health.</p> <p>The disability equality training will need to take account therefore of the social model of disability developed by disabled people themselves.</p> <p>Northern Ireland Rare Diseases Partnership (NIRDP) 2013 in responses to Equality Action Plans consultation exercise (2012-2013) suggested that the revision of Disability Awareness Training should include recognition of specific difficulties encountered by those who have a disability caused by rare disease and their families; including raising awareness of the isolation and stigma associated with rare disease, which impacts strongly on mental health.</p>
<p>Promote, encourage and identify opportunities for more engagement for people with a disability in</p>	<p>Participation in work is a key tenet not only of equality but of a human rights based approach. Those with disabilities have faced barriers in decision making processes. This affects all disabled people but there are issues in relation to sensory impairment and learning disability that create additional barriers.</p>

key work areas.	
<p>Monitoring</p> <p>Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and providing guidance to staff on the importance of monitoring.</p>	<p>Evidence from our local employment records indicates that the numbers of people declaring that they have a disability is low. This is in keeping with more general evidence which suggests under reporting of disability in employment. A range of issues can cause this, including for example, negative attitudes from others, fear of the perceived repercussions, fear of the perceived stigma, less than positive responses from unsympathetic managers or employers or previous negative experiences, lack of understanding of the benefits of doing so and not seeing oneself as having a disability.</p> <p>Drawing on experience from England, the Office for Disability Issues, Experiences and Expectations of Disabled People, July 2008 reported that:</p> <p>“Most barriers to work identified related to the need for support or understanding from a manager or colleagues (for example flexible working hours, flexibility to take time off sick, the need to manage stress or take breaks). Only one in 20 of those asked said that they required support to do the job.”</p> <p>This is evidence that this exists across the range of disabilities but qualitative evidence indicates that this is particularly pertinent in the context of those with mental health issues but also other hidden disabilities.</p> <p>There also needs to be attention given to barriers and fears by staff in declaring disabilities when other factors such as age or ethnicity are also added to the equation.</p> <p>The encouragement on declaration also needs to acknowledge the importance of choice and to ensure disabled employees can be as open about their disability as they want to be either to declare or not.</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.

These have been identified in 2.3 above
 Department of Works and Pensions - carried out research on diversity and disability <http://research.dwp.gov.uk/asd/asd5/summ2003-2004/188summ.pdf>
 People varied as to whether, and how, they felt they had experienced disadvantage resulting from their disability, gender, age, ethnicity or sexuality. The causes of such discrimination were widely assumed to be ignorance, fear and a lack of awareness on the part of those responsible. Reactions were mixed around the concept of 'multiple' disadvantage. It had the most resonance for African, Caribbean and gay and lesbian disabled people. The extent to which people had felt able to overcome disadvantage was attributed to their access to personal, emotional, practical or financial resources.

2.5 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>Work Placements</p> <ul style="list-style-type: none"> • We work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups. • Ensuring that reasonable adjustments are at the heart of placements. <p>Tapestry Disability Staff Network</p> <ul style="list-style-type: none"> • We ensure that the way the 	<p>Carers</p> <ul style="list-style-type: none"> • Use of diverse case studies in materials. • Targeted materials (young carers, BME carers, carers of elderly dependants). <p>Gender Identity</p> <ul style="list-style-type: none"> • Training and awareness initiatives to emphasise diversity in their content, including through choice of range of case studies and testimonials (gender,

<p>forum operates allows people with a range of disabilities and from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats and choosing accessible venues).</p> <ul style="list-style-type: none"> • Accessible formats and inclusiveness integrated into Terms of Reference. • Strict confidentiality provisions apply. • Will liaise with appropriate organisations in regard to reviewing how best to involve children and young people in the co-design of guidance. 	<p>age).</p> <p>Domestic Violence</p> <ul style="list-style-type: none"> • Support mechanisms and awareness raising materials needed to meet the needs of a range of people including different gender and gender identities, ages, ethnic groups, disabilities and sexual orientations. • Information materials need to be reflective of the above groups both in the content and images used. <p>Awareness Days</p> <ul style="list-style-type: none"> • Work to feature specific disabilities - will take into consideration the need to include a range of age groups, ethnic groups and genders when testimonials and case studies are selected. • Information distributed to staff will take on board the needs of both staff with a particular disability and staff who are carers. • This is important for the selection of disabilities to be featured and the information distributed, including support services in the community signposted to. <p>Work Placements</p> <ul style="list-style-type: none"> • We will work with a range of disability organisations to ensure opportunities are offered to
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people from a wide spectrum of disabilities, as well as different gender and age groups..

- To monitor diversity of participants and consider outreach measures to address under-representation.
- Provisions for Information materials in accessible formats; provision of interpreters at events.

Guidance

This is why there is a need for specific guidance for staff being developed to assist staff in meeting the needs of children and young people with a disability. Each policy and procedure as identified is screened to ensure that the needs of those included under section 75 are addressed.

In development of all relevant deliverables of the SBNI, representation from the aforementioned groups will be identified and the appropriate mediums for communication provided, to ensure that the engagement and participation of children and young people takes into account their specific needs.

Any procurement of third parties to undertake engagement with children and young people will include the requirement to deliver on our section 75 obligations.

2.6 Good Relations

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

Group	Impact	Suggestions
Religion	N/A	
Political Opinion	N/A	
Ethnicity	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)

Please tick:

Major impact	
Minor impact	X
No further impact	

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

Please tick:

No	x
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Please give reasons for your decisions.

The development of the Equality and Disability Action Plans are a statutory requirement in their own right. Actions identified all relate to good practice and positive action. We consider that the Plans take account of the diverse needs of people identified to date, based on their multiple identities. Review of its implementation through agreed processes and through reports to Senior Management Team, Boards and the Equality Commission will keep this issue live and profiled.

Our plans will be updated every year.

(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>
People with a disability have been involved in the development of the Disability Action Plan – through Tapestry, our Disability Staff Network. We will also engage with them directly in relation to the Equality Action Plan during the consultation period.	

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
The plans include key actions relating to staff training and awareness raising.	

(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 to 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 any 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.

Giving cognisance of a human rights based approach in the implementation and monitoring arrangements associated with both action plans.

(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>See action plans under performance indicators for details on quantitative and qualitative equality monitoring for individual actions.</p> <p>Staff equality data to improve the information data set in relation to</p>	<p>Monitoring data in relation to actions as specified within the plan.</p>	<p>Monitoring data from review of the plans to consider human rights issues.</p>

<p>employment is key.</p> <p>Specific equality monitoring data on disability work placements.</p>		
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Approved Lead Officer: Bernie McNally

Position: Independent Chair

Policy/Decision Screened by: SBNI

Signed: 

Date: 18.01.18

Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.

Please forward completed template to: equality.unit@hscni.net

HSC Organisations involved in this screening exercise
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Business Services Organisation Equality Unit
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Safeguarding Board for Northern Ireland
