

## Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

- 1) 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)
- 2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- 3) 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)
- 4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

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.

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

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

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

# Equality, Good Relations and Human Rights SCREENING TEMPLATE

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

Family Support to Parents and Carers with Prematurely Born Babies and those requiring Special or Intensive Care at Birth

### 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)**

The objectives of this procurement are:

- to provide a family support and information service to parents and families with prematurely born babies and those requiring special or intensive care at birth and at discharge home to the care of families;
- to work across a range of settings from hospital to community and in partnership with parents, health care professionals and other community groups where required;
- to deliver advocacy support in conjunction with parents and families where required and in liaison with parents in regard to other services, both statutory and voluntary in identifying the needs and outcomes to support families with children who have been born prematurely;
- to support short breaks as defined within the glossary.

This Service will not extend beyond the child's fifth birthday.

Referrals may come from:

- Trust services;
- Specialist clinical settings eg regional children's hospitals;

- Trust Acute hospitals;
- Local statutory, voluntary or community organisations including family support hubs;
- Self referral.

### **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**

- Children
- Families
- Paediatric and child health services

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

- what are they?
- who owns them?
  
- NI Family Support Strategy
- The Paediatric Strategy
- The Paediatric and Palliative Care Strategy
- The Human Rights Act NI 1998
- The UN Convention on Rights of Child
- The UN Convention on Rights of Persons with Disability

## (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.

CYPSP information system

The Child Health Information System

Data returns from existing contract

### 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.

<b>Category</b>	<b><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></b>
Gender	<p>Potential Users</p> <p>General Population Mid-year population estimate (2018; published June 2019) suggest the size of the resident population in Northern Ireland at 30 June 2018 is estimated to be 1.88 million people. Just over half (50.8 per cent) of the population were female, with 955,400 females compared to 926,200 males (49.2 per cent).</p> <p>Transgender The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p>

	<ul style="list-style-type: none"> <li>• gender variant to some degree 1%</li> <li>• have sought some medical care 0.025%</li> <li>• having already undergone transition 0.015%</li> </ul> <p>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:</p> <ul style="list-style-type: none"> <li>• 18,816 people who do not identify with gender assigned to them at birth</li> <li>• 470 likely to have sought medical care</li> <li>• 282 likely to have undergone transition.</li> </ul>
Age	<p>General population</p> <p>Mid-year population estimates published by NISRA in 2019 show that:</p> <ul style="list-style-type: none"> <li>• 0-19 yrs (inclusive) = 485,064 (25.7% of all NI population)</li> <li>• 20 – 34 yrs = 364,623 (19.3%)</li> <li>• 35 – 49 yrs = 366,967 (19.5%)</li> <li>• 50 - 64 yrs = 356,790 (19.0%)</li> <li>• 65 – 74 yrs = 169,725 (9.0%)</li> <li>• 75 – 89 yrs = 125,334 (6.6%)</li> <li>• 90+ yrs = 13,138 (0.7%)</li> </ul>
Religion	<p>Religion or Religion brought up in</p> <ul style="list-style-type: none"> <li>• 45.14% (817, 424) of the population were either Catholic or brought up as Catholic.</li> <li>• 48.36% (875, 733) stated that they were Protestant or brought up as Protestant.</li> <li>• 0.92% (16, 660) of the population belonged to or had been brought up in other religions and Philosophies.</li> <li>• 5.59% (101, 227) neither belonged to, nor had been brought up in a religion.</li> </ul> <p>(Census 2011)</p>

Political Opinion	<p>No specific data could be sourced on political opinion so a variety of NI wide data sources are listed below.</p> <ul style="list-style-type: none"> <li>• British only – 39.89% (722, 353)</li> <li>• Irish only – 25.26% (457, 424)</li> <li>• Northern Irish only – 20.94% (379, 195)</li> <li>• British and Northern Irish only – 6.17% (111, 730)</li> <li>• Irish and Northern Irish only – 1.06% (19, 195)</li> <li>• British, Irish and Northern Irish – 1.02% (1847)</li> <li>• British and Irish only – 0.66% (11, 952)</li> <li>• Other – 5.00% (90, 543) -(Census 2011)</li> </ul> <p>“Which of these political parties do you feel closest to?” (Northern Ireland Life and Times, 2016)</p> <ul style="list-style-type: none"> <li>• DUP/Democratic Unionist Party 17%</li> <li>• Sinn Fein 14 %</li> <li>• Ulster Unionist Party (UUP) 12%</li> <li>• Social Democratic and Labour Party (SDLP) 12%</li> <li>• Alliance Party 9%</li> <li>• Other Party (WRITE IN) 3%</li> <li>• None of these 23%</li> <li>• Other answer (WRITE IN)/ Don't know 12%.</li> </ul> <p>“Generally speaking, do you consider yourself as a unionist, a nationalist or neither?” (Northern Ireland Life and Times, 2016) -</p> <ul style="list-style-type: none"> <li>• Unionist 29%;</li> <li>• Nationalist 24%;</li> <li>• Neither 46%;</li> <li>• Other/ don't know 2%.</li> </ul>
Marital Status	<p>Northern Ireland Life and Times (2018)</p> <p>Single (never married) 32%</p> <p>Married and living with husband/wife 51%</p> <p>A civil partner in a legally-registered civil partnership 0%</p> <p>Married and separated from husband/wife 3%</p> <p>Divorced 6%</p> <p>Widowed 7%</p>
Dependent Status	<p>Carers NI</p> <ul style="list-style-type: none"> <li>• 1 in every 8 adults is a carer</li> <li>• 2% of 0-17 year olds are carers, based on the 2011 Census</li> <li>• There are approximately 220,000 carers in Northern Ireland (</li> <li>• Any one of us has a 6.6% chance of becoming a carer in any year</li> </ul>

	<ul style="list-style-type: none"> <li>• One quarter of all carers provide over 50 hours of care per week</li> <li>• People providing high levels of care are twice as likely to be permanently sick or disabled than the average person</li> <li>• 64% of carers are women; 36% are men.</li> </ul>
Disability	<p>Health Survey NI (2017/18)</p> <ul style="list-style-type: none"> <li>• 43% longstanding illness (32% limiting and 11% non-limiting illness)</li> <li>• Males: limiting longstanding illness 29%; non-limiting longstanding illness 11%</li> <li>• Females: limiting longstanding illness 34%; non-limiting longstanding illness 11%</li> <li>• Prevalence of disability increases with age. Limiting longstanding illness increases from 17% among young adults ages 25-34 years to 56% among those who are 75 plus years.</li> </ul>
Ethnicity	NA
Sexual Orientation	<p>In 2016, estimates from the Annual Population Survey (APS) showed that:</p> <ul style="list-style-type: none"> <li>• 93.4% of the UK population identified as heterosexual or straight and 2.0% of the population identified as lesbian, gay or bisexual (LGB). This comprised of: <ul style="list-style-type: none"> <li>o 1.2% identifying as gay or lesbian</li> <li>o 0.8% identifying as bisexual</li> </ul> </li> <li>• A further 0.5% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.1% refused, or did not know how to identify themselves</li> <li>• The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%)</li> <li>• More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.</li> </ul> <p>The population who identified themselves as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.</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.**



<b>Category</b>	<b>Needs and Experiences</b>
Gender	There is no data to suggest that the needs and experiences of service users differ on the basis of gender.
Age	Women under 20 and over 35 are more likely to give birth under 37 weeks. Older and younger mothers may have additional needs and experiences
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	Needs and experiences of a premature baby or those requiring special or intensive care at birth may be exacerbated for single parents
Dependent Status	Carers of premature children may require additional support and advice
Disability	<p>It is recognised that individuals who have different disabilities will have different needs with regards to information materials and access to support than those without.</p> <p>Individuals who have learning or sensory disabilities or other communication difficulties will have specific needs with regards to accessing information or support.</p> <p>Prematurity may lead to additional complex disabilities or be as a result of underlying or other co-occurring conditions</p>
Ethnicity	People from ethnic minority communities may experience or are likely to have particular needs in relation to their culture and communication. They may experience language barriers and may have particular needs regarding accessible communication and information.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.

## 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.**

Children who are born prematurely have carers who come from a variety of backgrounds including different socio economic, gender, disability, age, religious or cultural factors

## 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?

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
<p>Ethnicity</p> <p>All requests for materials in an accessible format such as in a different language for those whose first language is not English will be considered in accordance with our accessible formats policy. Interpreters are also available through our interpreting and translations service.</p> <p>Disability</p> <p>It is recognised that individuals who have different disabilities will have different needs with regards to information materials and access to</p>	<p>The Provider is required to comply with all the duties under Section 75 and other relevant disability and equality legislation</p>

<p>support than those without – All requests for materials in an accessible format such as easy-read for people with an intellectual disability or braille for someone who is blind will be considered in accordance with our accessible formats policy.</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)**

<b><i>Group</i></b>	<b><i>Impact</i></b>	<b><i>Suggestions</i></b>
Religion	na	
Political Opinion	na	
Ethnicity	na	

**(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.

Having considered all the available information we do not feel this procedure has any major implications for equality of opportunity therefore it does not require further action

#### **(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?**

<b><i>How does the policy or decision currently encourage disabled people to participate in public life?</i></b>	<b><i>What else could you do to encourage disabled people to participate in public life?</i></b>
Contract is inclusive of disability and service developed to support those children using the service who may have a disability or any other additional needs	

##### **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?**

<b><i>How does the policy or decision currently promote positive attitudes towards disabled people?</i></b>	<b><i>What else could you do to promote positive attitudes towards disabled people?</i></b>
Determination of child first approach	

## (5) CONSIDERATION OF HUMAN RIGHTS

### 5.1 Are Human Rights relevant?

Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	x
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	x
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	x
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	x
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1 <sup>st</sup> protocol Article 2 – Right of access to education	x

*If you have answered no to all of the above please move onto 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 have a potential positive impact or does it potentially interfere with anyone’s Human Rights?**

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues?*
			Yes/No
Article 2 – Right to life	Positive impact	Supports children who are born prematurely and their families / carers	No
Article 8 - Right to respect for private & family life, home and correspondence.	Positive impact	Supports children who are born prematurely and their families / carers	No
Article 12 – Right to marry & found a family	Positive impact	Supports children who are born prematurely and their families / carers	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	Positive impact	Supports children who are born prematurely and their families / carers	No
1 <sup>st</sup> protocol Article 2 – Right of access to education	Positive impact	Supports children into early years education	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.**

Human Rights and Child’s Rights are embedded as key principles and values within the contract
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**(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

Approved Lead Officer: Marie Roulston

Position: Director of Social Care and Children

Date: 14.5.20



Signature:

Policy/Decision Screened by:

Name	Designation	Signature	Date
Kieran McShane	Social Care Commissioning Lead HSCB	<i>Kieran McShane</i>	14.5.20



**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 produced November 2011**

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit: 2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023 2304