

## 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**

**Enhanced Access and Healthcare for Homeless patients**

### **1.2 Description of policy or decision**

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

The overall objective of this proposal is to pilot an inclusion health and social care hub model and enhanced primary care access for people experiencing homelessness.

This hub would wrap multi-disciplinary input around the existing Belfast Health and Social Care Trust homeless nursing team to deliver joined up services in the community, supported by enhanced access to primary care services.

The involved GP practices will develop and maintain an up to date register of homeless patients that can include the following groups:

- Rough sleepers
- Hostel and night shelter residents
- Bed and breakfast residents
- Squatters

- People staying temporarily with friends and relatives

GP practices will also hold an in-practice meeting to educate the team regarding homeless patients health needs and develop an accessible registration process for homeless patients.

GP practices will provide two GP clinical sessions per week to include:

- One weekly clinical session within the practice as a drop in surgery for homeless patients.
- One session of outreach linking with the homeless health hub per week.

The GP practice to provide two GP leadership sessions per month for the homeless hub implementation team.

This proposal is in line with the recommendations in 'Systems, not Structures: Changing Health and Social Care' which emphasised a need for a move away from hospital centred care to an integrated primary and community health and social care delivery model, and in response of former Health Minister Michelle O'Neill in 'Health and Wellbeing 2026: Delivering Together'.

One of the key commitments in Making Life Better 2012–2023 is to mitigate the effects of homelessness by providing support and services to those who are homeless.

The NIHE Homelessness Strategy for Northern Ireland 2017-2022 recognises the importance of joined up working, and an inter-departmental homelessness action plan sits alongside the new Strategy. The priority actions for the Department of Health are:

- Identifying the barriers faced by people who are homeless in accessing health and social care services with a view to improving access to those services; and
- Monitoring implementation of the Hospital Discharge Protocol and the effectiveness of discharge arrangements in respect of people who are homeless.

The objective of the proposal would be to test if this model is effective in

- Improving access to health care
- Improving outcomes for people experiencing homelessness
- Improving service user experience
- Co-ordinating primary and secondary care services
- Promoting multi-disciplinary team working

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

A new multi-disciplinary team homeless hub is being developed in the Belfast area which will provide joined up care in the community for homeless people. This will be built up around the existing Belfast Trust homeless nursing team. This LES is designed to wrap around the homeless hub services because Primary Care input will be essential for the successful implementation of the hub.

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

Northern Ireland has a lack of co-ordinated services for homeless people, and the lack of dedicated service provision is in stark contrast with UK countries.

### **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 primarily affected are homeless people in the Belfast area.

GPs and their staff

Health and Social Care Board

Belfast health and Social Care Trust

General Practice

Homeless hostels

Community + Voluntary sector

Housing Executive

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

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

## (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.

### 2.2 Quantitative Data

<https://www.pathway.org.uk/wp-content/uploads/Inclusion-Health-Standards-for-Commissioners-and-Service-Providers.pdf>

<http://www.assemblyresearchmatters.org/2017/03/13/many-faces-homelessness-northern-ireland/>

[https://www.crisis.org.uk/media/236839/the\\_homelessness\\_monitor\\_northern\\_ireland\\_2016\\_es.pdf](https://www.crisis.org.uk/media/236839/the_homelessness_monitor_northern_ireland_2016_es.pdf)

[https://www.nihe.gov.uk/belfast\\_street\\_needs\\_audit.pdf](https://www.nihe.gov.uk/belfast_street_needs_audit.pdf)

In 2016, the Housing Executive commissioned a Belfast Street Needs Audit to undertake action research on individuals engaged in rough sleeping and street drinking activity overnight. The report notes the difficulties in determining the precise number of people sleeping rough, explaining that “the issue is compounded by the number of individuals participating in ‘street drinking’ and associated anti-social behaviours many of whom are perceived to be rough sleepers. (...) Not all street drinkers are rough sleepers or are homeless and this issue requires recognition of the distinction between actual homelessness, episodic rough sleeping and public intoxication.”

With these caveats, the research provides useful data on the equality profile of individuals engaged in rough sleeping and street drinking activity overnight.

<http://www.isdscotland.org/Health-Topics/General-Practice/GPs->

[and-Other-Practice-Workforce/Glossary.asp](#)

<http://www.bevanhealthcare.co.uk/index.php/en/>

<http://anchorcentre.nhs.uk/>

<http://www.health1practice.nhs.uk/>

Mapping of specialist primary health care services in England for people who are homeless. Crane et al. Kings College London. February 2018.

<https://www.kcl.ac.uk/sspp/policy-institute/scwru/res/hrp/hrp-studies/HEARTH/mapping.aspx>

Ending Homelessness Together. NIHE. Available at [http://www.nihe.gov.uk/homelessness\\_strategy](http://www.nihe.gov.uk/homelessness_strategy)

**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.**

The information provided by the NI Assembly Research and Information Service suggests that the range of difference in households presenting as homeless can be significant - young people, elderly people, simple and complex cases, disability, ethnic minorities, religious and sectarian considerations, sexual orientation, gender including transgender etc.

<b>Category</b>	<b><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></b>
Gender	In relation to rough sleepers and those engaging in drinking activity overnight, the Belfast Street Needs Audit indicated that 85% were male, 15% female. Given that families are highly represented amongst homeless people (see information under 'marital status') the overall gender profile may be somewhat less skewed. For similar reasons indicated below under 'sexual orientation' people identifying as transgender or non-binary may be more highly represented in this group than in the population as a whole.
Age	The Belfast Street Needs Audit recorded the average age of rough

	sleepers and those engaging in drinking activity overnight as 36 years, with 20% being 25 years or younger.
Religion	
Political Opinion	
Marital Status	The NI Assembly Research and Information Service states that homelessness in Northern Ireland is dominated by households characterised as single males and families in particular. It refers to data from the Homelessness Monitor Northern Ireland 2016 which identifies unreasonableness of existing accommodation (e.g. housing unfitness); sharing/family disputes; marital/relationship breakdown or domestic violence; and loss of rented accommodation as key factors.
Dependent Status	See information above under 'marital status' in relation to homeless families.
Disability	
Ethnicity	Data from the Belfast Street Needs Audit indicated that people from ethnic minorities may be over-represented amongst rough sleepers and those engaging in drinking activity overnight: 14% were from Eastern European nationalities and 4% from 'other' including African and Middle Eastern nationalities. People with no or limited access to public funds (e.g. certain categories of non-UK nationals, asylum seekers and unaccompanied minors) are often found among the 'hidden homeless'. Research commissioned by the Housing Executive highlights that seasonal or temporary workers with tied accommodation are vulnerable to homelessness when their period of employment ends.
Sexual Orientation	Given the importance of family disputes as a cause of homelessness it may be reasonable to assume that people who identify as lesbian, gay or bisexual may be over-represented amongst homeless people in comparison to the population as a whole. The experience of intimidation and homophobia may likewise contribute to this.

## 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><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></b>
Gender	
Age	Young people who are homeless can have a range of complex needs resulting from mental health difficulties, family breakdown and childhood abuse. (NI Assembly Research and Information)
Religion	
Political Opinion	Some individuals may have become homeless due to the experience of sectarian intimidation.
Marital Status	
Dependent Status	
Disability	<p>According to the NI Assembly Research and Information rough sleepers, those engaging in street activities and indeed many people in temporary accommodation, lead very chaotic lives and have complex multiple needs often resulting from substance misuse, mental health issues and learning disabilities.</p> <p>Many rough sleepers and people in temporary accommodation tend not to view their health as a priority. They can lack the motivation and social skills necessary to access services such as health and social care.</p> <p>A person with disabilities can experience homelessness if they reside in a property that is unsuitable for their needs and the consequences of homelessness can have a serious detrimental impact on physical and mental wellbeing.</p>
Ethnicity	People from ethnic minorities may experience particular linguistic and cultural barriers in accessing services.
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.**

The range of difference in households presenting as homeless can be significant - young people, elderly people, simple and complex cases, disability, linguistic and cultural barriers, religious and sectarian considerations, sexual orientation, gender including transgender etc.

## 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><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>Data return to include:</p> <ul style="list-style-type: none"> <li>a. Number of male homeless patients on register at sign up and age range</li> <li>b. Number of female homeless patients on register at sign up and age range</li> <li>c. Number of homeless males on register in specific category</li> </ul>	<p>Both returns are important to find out how effective the service is in relation to some of the groups of homeless people, both in terms of who registers and who accesses the clinics. The return will provide practices and the HSCB with a comprehensive data return showing male/female number up sign up and again at year end. This will show an increase in the number of homeless patients registered with practices. The data return will provide detail on the category they fall into.</p>

- Living in Squat
- Sleeping out
- Sofa surfing
- Living in Hostel
- Living in B&B
- Living in  
homeless shelter

d. Number of homeless females on register in specific category

- Living in Squat
- Sleeping out
- Sofa surfing
- Living in Hostel
- Living in B&B
- Living in homeless shelter

End of Year data return to include:

- e. Number of additional male homeless patients registered since sign up
- f. Number of additional female patients registered since sign up
- g. Number of additional homeless males on register in specific category

<ul style="list-style-type: none"> <li>- Living in Squat</li> <li>- Sleeping out</li> <li>- Sofa surfing</li> <li>- Living in Hostel</li> <li>- Living in B&amp;B</li> <li style="padding-left: 40px;">Living in homeless shelter</li> </ul> <p>h. Number of additional homeless females on register in specific category</p> <ul style="list-style-type: none"> <li>- Living in Squat</li> <li>- Sleeping out</li> <li>- Sofa surfing</li> <li>- Living in Hostel</li> <li>- Living in B&amp;B</li> </ul> <p>i. Living in homeless shelter</p> <p>Number of health checks to include details on</p> <p><b>1) Observations</b></p> <p>To include</p> <p>Height</p> <p>Weight</p> <p>BMI</p> <p>Blood pressure</p> <p>Urine examination</p>	<p>Homeless people need an approach that treats them holistically, recognises their assets and effectively co-ordinates their care. The detail in the health check is comprehensive to enable GP Practices to provide the care that is required.</p>
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<p><b>The Agencies Involved</b></p> <p>To include</p> <p>Social worker Community Mental Health Team Addiction Services Housing support</p> <p><b>Drug and alcohol screening assessment and smoking status</b></p> <p><b>General Health Screening</b></p> <p>Those GP practices involved will hold an in-practice meeting to educate the team regarding homeless patients health needs and to develop an accessible registration process for homeless patients.</p>	<p>Education will help practices develop an understanding of the health needs of homeless people and help with a effective registration process.</p> <p>It is essential that services are tailored to meet the needs of individuals to appropriately take into account the differences highlighted in this screening.</p>
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## 2.6 Good Relations

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

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	N/A

### **(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

**How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)**

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

**Please tick:**

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

**Please tick:**

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

Please give reasons for your decisions.

**(4) CONSIDERATION OF DISABILITY DUTIES**

**4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?**

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
N/A	N/A

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

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
N/A	N/A

## (5) CONSIDERATION OF HUMAN RIGHTS

### 5.1 Are Human Rights relevant?

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 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 <sup>st</sup> protocol Article 2 – Right of access to education	No

*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?*
			<b>Yes/No</b>
N/A	N/A	N/A	N/A

*\* 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.**

N/A
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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
<p>GP Practices that contract to provide this service will be required to completed two data returns to include a:</p> <p>Data return for the number of homeless male and female patients on register at sign up (commencement) to include</p> <ul style="list-style-type: none"> <li>a. Number of male homeless patients on register at sign up and age range</li> <li>b. Number of female homeless patients on register at sign up and age range</li> <li>c. Number of homeless males on register in specific category               <ul style="list-style-type: none"> <li>- Living in Squat</li> <li>- Sleeping out</li> <li>- Sofa surfing</li> <li>- Living in Hostel</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>- Living in B&amp;B Living in homeless shelter</li> </ul> <p>d. Number of homeless females on register in specific category</p> <ul style="list-style-type: none"> <li>- Living in Squat</li> <li>- Sleeping out</li> <li>- Sofa surfing</li> <li>- Living in Hostel</li> <li>- Living in B&amp;B</li> <li>- Living in homeless shelter</li> </ul> <p>and</p> <p>An end of Year data return to include the number of additional homeless patients both male and female registered since sign up.</p> <p>End of Year data return to include:</p> <p>e. Number of additional</p>		
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<p>male homeless patients registered since sign up</p> <p>f. Number of additional female patients registered since sign up</p> <p>g. Number of additional homeless males on register in specific category</p> <ul style="list-style-type: none"> <li>- Living in Squat</li> <li>- Sleeping out</li> <li>- Sofa surfing</li> <li>- Living in Hostel</li> <li>- Living in B&amp;B</li> <li>Living in homeless shelter</li> </ul> <p>h. Number of additional homeless females on register in specific category</p> <ul style="list-style-type: none"> <li>- Living in Squat</li> <li>- Sleeping out</li> <li>- Sofa surfing</li> </ul>		
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<p>- Living in Hostel</p> <p>- Living in B&amp;B</p> <p>i. Living in homeless shelter</p> <p>Number of health checks to include details on</p> <p><b>2) Observations</b></p> <p>To include</p> <p>Height</p> <p>Weight</p> <p>BMI</p> <p>Blood pressure</p> <p>Urine examination</p> <p><b>The Agencies Involved</b></p> <p>To include</p> <p>Social worker</p> <p>Community Mental Health Team</p> <p>Addiction Services</p> <p>Housing support</p> <p><b>Drug and alcohol screening assessment and smoking status</b></p> <p>Both data returns are extremely important as is Practice Education. Collecting this data will help inform future developments regarding</p>		
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<p>Homeless services in Northern Ireland. This will also be effective in relation to some of the groups of homeless people, both in terms of who registers and who accesses the clinics. This will help improve the health and wellbeing of these individuals.</p>		
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Approved Lead Officer: Linda McIlroy

Position: Business Support Manager

Policy/Decision Screened by:

Signed: \_\_\_\_\_

Date: Keith McKnight  
10/09/2018

**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](mailto:Equality.Unit@hscni.net);  
phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023  
2304