



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?

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

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) Information about the Policy or Decision

1.1 Title of policy or decision

Disability Action Plan 2013 -2019 – updated April 2018

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)**

This Disability Action Plan for the period 2013-2019 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.

We also considered the equality categories as covered by Section 75 of the NI Act 1998

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 are in need of or use health and social care services as well as staff and those considering to apply for jobs with us.

Those impacted also ultimately include members of the public.

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 also 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.

Working Groups within a number of Health and Social Care Organisations made up of staff with disabilities and those with an interest in disabilities including carers were active in its development.

Direct engagement with a range of community and voluntary groups representing disability was a useful resource in the identification of issues – Engagement Event November 2012.

Census 2011 data.

Research Reports.

In the development of the disability action plan information from a range of previous consultations and activity were considered where issues in relation to disability issues were raised.

Previous screening and equality impact assessment analysis where disability issues were highlighted.

Previous work in relation to organisations who developed first generation Disability Action Plans.

Engagement outcomes from work on Disability Action Plans.

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.

Report by Equality Commission on their review of first generation Disability Action Plans

<http://www.aware-ni.org>

www.alzheimers.org.uk

Tapestry – our Disability Staff Network – were closely involved in the

development of actions relating to staff.

We likewise 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.

We also drew on learning from the other regional HSC organisations as they developed and consulted on new plans in late 2017, jointly facilitated by the Equality Unit in the Business Services Organisation.

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 issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>18% of all people living in private households in NI have some degree of disability. When broken down this means that 21% of adults and 6% of children have a disability. (Northern Ireland Statistics and Research Agency (NISRA) in its 2007) report on disability indicated that:</p> <p>There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males;</p> <ul style="list-style-type: none"> • Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females; • 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age. <p>Around 21% of all people living in private households within Northern Ireland have some degree of disability. Of this figure 12% indicated that they are limited a lot by their disability and 9% indicated that they are limited (by their disability) ‘a little’. Figures from the Census 2011 show that there is a higher prevalence of females whose activities are ‘limited a lot’ – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy.</p>

HSCB Staff Data

Male	25.21%
Female	74.79%

Age

Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+);

As the population ages, so does the likelihood of having a disability that limits the day to day activities 'a lot'. Figures from 2011 census of people who are limited a lot by their disability are as follows within the following categories;

Male

- 0-15 – 3%
- 16-44 – 5%
- 45 – 64 – 16%
- 65 and over – 33%

Female

- 0 – 15 – 2%
- 16 – 44 – 5%
- 45 – 64 – 17%
- 65 and over – 38%

Overall there are greater proportions of older people with a disability.

HSCB Staff Data

16-24	0.21%
25-29	3.54%
30-34	7.08%
35-39	13.96%
40-44	15.21%
45-49	21.04%
50-54	18.96%
55-59	14.79%

	60-64	3.75%
	>=65	1.46%
Religion	Not available broken down by disability	
	HSCB Staff Data	
	Perceived Protestant	5.56%
	Protestant	34.80%
	Perceived Roman Catholic	2.12%
	Roman Catholic	48.20%
	Neither	1.63%
	Perceived Neither	0.16%
	Not assigned	7.52%
Political Opinion	Not available broken down by disability	
	HSCB Staff Data	
	Broadly Nationalist	2.71%
	Other	2.50%
	Broadly Unionist	1.88%
	Not assigned	88.54%
	Do not wish to answer	4.38%
Marital Status	Not available broken down by disability	
	HSCB Staff Data	
	Divorced	3.33%
	Mar/CP	65.00%
	Other	1.04%
	Separate	1.88%
	Single	17.08%
	Unknown	11.67%
	Widw/R	0.00%
	Not assigned	0.00%
Dependant Status	Based on the most recent information from Carer's Northern Ireland, the following facts relate to carers: - 1 in every 8 adults is a carer	

- 2% of 0-17 year olds are carers, based on the 2011 Census
- There are approximately 207,000 carers in Northern Ireland
- One quarter of all carers provide over 50 hours of care per week
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person

It may be concluded that a considerable share of people with a disability are carers themselves.

HSCB Staff Data

Yes	14.17%
Not assigned	82.92%
No	2.92%

Disability

The term disability covers a wide range and combination of conditions. Multiple needs are evident across sensory, physical and learning disability groups

It is however estimated that between 17 – 21% of our population have a physical disability or sensory impairment, affecting 37% of households.

21% adults and 6% children have a disability

1 in 7 people in Northern Ireland have some form of hearing loss

There are 5, 000 sign language users who use British Sign Language (BSL) or Irish Sign Language (ISL)

(Source: Royal National Institute for Deaf People (2005), Deaf People Missing Out on Vital Services, RNID London

There are 57, 000 blind people or people with significant visual impairment.

In Northern Ireland there are approximately 16,500 persons with a learning disability. An indication of the extent of the disability is reflected in the sub-groupings that are traditionally used; - mild, moderate, severe and profound learning disabilities (Equality Commission NI, 2006).

[http://www.equalityni.org/archive/tempdocs/LiteratureRev\(F\)I.doc](http://www.equalityni.org/archive/tempdocs/LiteratureRev(F)I.doc)

In Northern Ireland mental health needs are 25% higher than the rest of the UK.

Over 10,000 people have the language disorder called aphasia. This usually affects both the understanding and production of spoken and written language

The 2011 Census marked the first time that the question was included focusing on a request for type of disability to be stated. This question endeavoured to align the responses in so far as possible with the list of activities and disabilities that were used in the Northern Ireland Survey of Activity and Limitation Disability (NISALD) 2009-2007.

The breakdown of the various long - term Disability Issues follows in the table below- as outlined in the 2011 Census.

Type of long – term condition	Percentage of population with condition %
Deafness or partial hearing loss	5.1
Blindness or partial sight loss	1.7
Communication Difficulty	1.6
Mobility of Dexterity Difficulty	11.4
Learning, intellectual, social or behavioural difficulty.	2.2
An emotional, psychological or mental health condition	5.8
Long – term pain or discomfort.	10.1
Shortness of breath or difficulty breathing	8.7
Frequent confusion or memory loss	2.0
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy).	6.5
Other condition	5.2
No Condition	68.6

Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk / info@nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is almost 106,000 people in Northern Ireland and approximately the population of Derry/Londonderry. Yet little information on rare disease in Northern Ireland is available for the effective planning and delivery of care and

support.

A disease is “rare” if it affects fewer than 5 people per 10,000. There are over 6,000 rare diseases, with others being defined all the time. These range from the very rare to relatively well-recognised conditions such as Motor Neurone Disease, Spina Bifida, or Muscular Dystrophy. While each individual’s condition is rare, these are not minority issues.

HSCB Staff Data

No	75.00%
Not assigned	22.29%
Yes	2.71%

Ethnicity

In the general population the 2011 Census indicated that 1.8% (32,000) of the usual resident population belonged to minority ethnic groups, this figure has more than doubled since 2001 (0.8%).

This has implications for those who are from ethnic minorities or those from different racial backgrounds as they represent a greater proportion of the population since the 2011 census. Consequently assumptions have to be made in relation to an increase in the numbers with dual needs of disability and ethnicity.

(see also qualitative issues in section 2.4)

Figures from the 2011 Census provide the prevalence of disability among the following ethnic groups

Percentage of those whose disability limits their day to day activities a lot

All – 12%

Irish Traveller – 20%

White other – 12%

Chinese – 3%

Indian – 3%

Pakistani – 6%

Bangladeshi – 4%

Other Asian – 2%

Considering the 2011 Census figures for the ethnic composition of the General Population alongside those of People whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are

underrepresented amongst those with a disability when compared with their share amongst the general population.

- White** – 98.21% (1, 778, 449) – 99.40%
- Chinese** – 0.35% (6, 338) – 0.10%
- Irish Traveller** – 0.07% (1, 268) – 0.12%
- Indian** – 0.34% (6, 157) – 0.08%
- Pakistani** – 0.06% (1, 087) – 0.03%
- Bangladeshi** – 0.03% (543) – 0.01%
- Other Asian** – 0.28% (5, 070) – 0.03%
- Black Caribbean** – 0.02% (362) – 0.01%
- Black African** – 0.13% (2354) – 0.03%
- Black Other** – 0.05% (905) – 0.02%
- Mixed** – 0.33% (5976) – 0.10%
- Other** – 0.13% (2354) – 0.08%

HSCB Staff Data

Not assigned	58.75%
White	40.83%
Other	0.21%
Black African	0.00%
Indian	0.00%
Chinese	0.21%

Sexual Orientation

Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual issue assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4). This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - McClenahan, Simon (2013): 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.

HSCB Staff Data

Do not wish to answer	0.63%
Not assigned	86.67%

	Opposite sex	12.08%	
	same sex	0.42%	
	Both sexes	0.21%	

2.3 (a) 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.

In the following table, we have listed those actions from our plan where we consider multiple needs to be relevant.

(1) Awareness Raising and Training

<p>Action Measure</p>	<p>An identification of different needs, experiences and priorities of any of the equality categories in relation to this policy or decision 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>Raise awareness of specific barriers faced by people with disabilities</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>

(2) Getting people involved in our work, Participation and Engagement

<p>Action Measure</p>	<p>An identification of different needs, experiences and priorities of any of the equality categories in relation to this policy or decision 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>Provide support for Tapestry, the Disability Staff Network</p>	<p>Across disabled groups: Staff: In the United Kingdom over the last decade there has been the growth of Disabled Employee Networks (DENs) 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>Now the challenge is for employers to foster new thinking and practice, from and between employees of different sector strands, to build, as the Equality and Human Rights Commission suggest, “a Britain that is at ease with its diversity”.</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>Identify and overcome barriers which prevent service users with a disability from making a complaint and enhance the accessibility of the HSC Complaints procedure for disabled people</p>	<p>The Parliamentary and Health Service Ombudsman (GB) developed a campaign because their casework and research showed that people with a learning disability were less likely to complain about a bad service.</p> <p>The focus groups for disabled people, to understand the barriers preventing disabled people complaining will need to take account of the accessibility and communication needs of those invited to attend. The full range of disabilities will also need to be considered when engaging communities to take part.</p>
<p>Involve disabled people in the measurement of quality of life outcomes for people in receipt of Self-Directed Support</p>	<p>For people with a disability, issues arise in terms of consent and capacity, alongside the many positive benefits Self Directed Support offers. It is important that Self Directed Support is available to everyone, regardless of their disability. This will be particularly important for those people with variable conditions or limited capacity. While Self Directed Support is in the main positive for people with a disability, there is some evidence from the Scottish Government's EQIA of adults with learning disabilities and their families experiencing stress and difficulty in arranging their personal budgets.</p> <p>Self-Directed Support will involve a significant cultural shift in how HSCB and Health and Social Care Trusts currently deliver social care. This transformation of social care will involve a partnership approach between individuals, professionals and across all sectors to provide a broader understanding of what Self Directed Support is and how to avail of it. This will require consideration of</p>

	<p>how we communicate and engage with staff and the public. Moreover, staff training and monitoring the implementation will be essential to ensuring Self Directed Support is a success.</p>
<p>Involve people living with dementia and their carers in the work of the Health and Social Care Board, in the delivery of the Dementia Strategy</p>	<p>People affected by dementia are the experts on what it is like to live with dementia. Their expertise must inform the health and social care services that they use, the development of research that improves diagnosis, treatment and care, as well as the services and amenities that are in their local community.</p> <p>There are 800,000 people living with dementia in the UK today and dementia costs the UK economy £23 billion a year (Alzheimer's Society, 2007, updated to reflect 2012 figures). People with dementia are major users of health and care services, so they must be involved in developing the health and social care system to ensure it addresses the needs of this substantial, and growing, group of service users.</p> <p>As communities, public services, businesses and organisations strive to become dementia friendly, it is more important than ever that people affected by dementia are involved in influencing decisions which affect their lives. People with dementia must be involved in creating local dementia-friendly communities as they know best how to improve local services for people with dementia.</p>

(3) Recruitment and Retention

<p>Action Measure</p>	<p>An identification of different needs, experiences and priorities of any of the equality categories in relation to this policy or decision 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>Create and promote meaningful placement opportunities for people with disabilities in line with good practice and commitments of Section 75 equality duties, and making use of voluntary expertise in this area</p>	<p>Though drawn from England, Wales and Scotland the Equality and Human Rights Commission's first Triennial Review: How Fair is Britain? (2010) mapped progress on equality in Britain for people with protected characteristics. The report identified those issues most urgently in need of resolution and 'closing the employment gap for disabled people' was identified as one of the top challenges facing society today.</p> <p>Over one in five adults in Britain today is disabled, yet only half are likely to be in work compared to four-fifths of non-disabled adults. High numbers of disabled people continue to be excluded from work opportunities that open the door to wealth, worth and wellbeing.</p> <p>See report by Equality and Human Rights Commission http://www.equalityhumanrights.com/uploaded_files/Employers/wb_approved_lo.pdf</p> <p>The shift in recent years towards a high qualification, high skill economy to compete globally, has meant that the employment penalty for those with low or no skills has increased dramatically over time. It is estimated that the employment rate for disabled men without qualifications halved between the mid1970s to the early 2000s (EHRC, 2010).</p> <p>Disabled people with qualifications still face barriers to work. At every qualification</p>

level, disabled people are more than three times more likely than non-disabled people to be without a job but want to work (Palmer et al, 2005).

Multiple needs

It is likely that unemployment rates will differ depending on the type of disability. Likewise, some people with a disability may face double marginalisation from the labour market, such as depending on their age, sexual orientation, ethnicity or gender identity.

The placement scheme will need to take account of the range of disabilities, to ensure fair access to the scheme.

People with sensory loss may have particular communication needs, both in relation to accessing the scheme (such as accessibility of information materials) and to the day-to-day operation of the placement.

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>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

<p>Tapestry Disability Staff Network</p> <ul style="list-style-type: none"> • We ensure that the way the 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). • Accessible formats and inclusiveness integrated into Terms of Reference • Strict confidentiality provisions apply 	<p>disability and staff who are carers.</p> <ul style="list-style-type: none"> • 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 people from a wide spectrum of disabilities, as well as different gender and age groups. • Provider 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.
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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	
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	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

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

Please tick:

No	<input type="checkbox"/>
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Please give reasons for your decisions.

The development of this Disability Action Plan is a statutory requirement in its own right. Actions identified all relate to good practice and positive action. We consider that the Plan takes account of the diverse needs of people with a disability and their carers 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.

(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 and will continue to be involved in its delivery– through Tapestry, our Disability Staff Network.	

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>
See actions relating to awareness raising (such as the Disability Awareness Days)	Implementation of the disability action plan

(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	
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.	yes
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	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	yes
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1 st protocol Article 2 – Right of access to education	

*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 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
none			

** 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.

<p>Giving cognisance of human rights based approach in the implementation and monitoring arrangements associated with the disability action plan.</p>

(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 employment is key.</p> <p>Specific equality monitoring data on disability work placements.</p>	<p>Monitoring data in relation to actions as specified within the plan</p>	<p>Monitoring data from review of the disability action plan to consider human rights issues.</p>

Approved Lead Officer: _____

Position: _____

Policy/Decision Screened by: Anne Basten
Equality Unit, Business Services
Organisation

Date: _____
March 2018