



Health and Social  
Care Board

## Equality and Human Rights Screening Template

The HSCB are required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

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

# SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template .

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

Gender Identity and Expression - Employment Policy and Guidance

### 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)**

#### **Aims and objectives of the policy**

This policy is aimed at creating a workplace where:

- the dignity of and respect for transgender and non-binary people is protected and promoted
- transgender and non-binary people feel safe
- transgender and non-binary people feel comfortable to express their gender identity
- transgender and non-binary people can fulfil their full potential and fully contribute to the workplace
- all staff (including line managers and managers more generally) are empowered to support transgender and non-binary staff and thereby to strive to meet their needs
- discrimination and harassment against transgender and non-binary people (whether by staff or third parties [name of organisation] interact with) is not tolerated and any allegations thereof are dealt with in an effective manner.

#### **How will this be achieved?**

- **Support** will be provided to all transgender and non-binary staff. This will include providing them with access to information resources, support and advice, human resources, occupational health and counselling. Information will be provided to staff in relation to the LGB&T forum. Transgender and

non-binary staff will be supported in their desire to express their chosen gender whilst at the same time adhering to the organisation's dress code. Unique support will be provided to each transgender individual by Human Resources and their line manager, before during and after the Gender Reassignment process.

- **Recruitment and selection** practices will be tailored to take into account the needs of the transgender and non-binary population and protect this group from discrimination during this process.
- **Training and Awareness** raising initiatives will be provided to staff through access to e-learning programmes and mainstreaming gender identity equality issues into other staff training initiatives such as Equality Training and Recruitment and Selection Training.
- **Staff Absences** will be monitored by the relevant line managers who should seek advice from Human Resources. This is particularly relevant if staff require time off for hospital appointments associated with Gender Reassignment.
- **Maintenance of staff records** – staff records will be maintained in a way that complies with Data Protection Legislation 1998, the Information Governance Policy, the Human Rights Act 1998 and the Gender Recognition Act 2004.

### **Key Constraints of this Policy**

The Gender Recognition Act 2004

Human Rights Act 1998 (in particular Article 8)

Data Protection Act 1998; Information Governance Policy

Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland 1999)

Sex Discrimination (Amendment of Legislation) Regulations 2008

Disability Discrimination Act (1995)

### **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 are:

- Transgender and non-binary staff and applicants
- Immediate colleagues
- Line managers
- Wider staff

Further impacts on:

- HR staff
- actual and potential service users and clients

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

- **what are they?**
- **who owns them?**
- Absence Management Policy
- Recruitment and Selection Policy
- Induction Policy
- Anti-Bullying and Harassment Policy
- Grievance Policy
- Disciplinary Policy
- Working Well Together Policy
- Records Management Policy
- Information Governance Policy
- Dress Code

## (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.**

- HSCB staff equality data (Mar 2017)
- Three pre-consultation engagement meetings with groups and individuals from the transgender and non-binary sector in Northern Ireland (Jan to Mar 2016).
- **Census 2011**
- [www.gires.org.uk/index.php](http://www.gires.org.uk/index.php)
- [www.transgenderlaw.org](http://www.transgenderlaw.org)
- A:gender (2013): The Workplace and Gender Reassignment. A Guide for Staff and Managers.
- House of Commons, Women and Equalities Committee (2015): Transgender Equality. London: The Stationery Office.
- McBride R (2013) The needs of Gender Variant Children and Transgender youth in Northern Ireland. Institute of Conflict Research, Belfast.
- McBride, Ruari-Santiago "The Luck of the Draw" A Report on the Experiences of Trans Individuals Reporting Hate Incidents in Northern Ireland
- McBride, Ruari-Santiago (2011): Healthcare issues for transgender people living in Northern Ireland.
- [All partied out: Substance use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community](#)
- Jay McNeil, Louis Bailey, Sonja Ellis, James Morton & Maeve Regan (2012): Trans Mental Health Study 2012
- Jay McNeil, Louis Bailey, Sonja Ellis & Maeve Regan (2013) Speaking from the Margins. Trans Mental Health and Wellbeing in Ireland. Transgender Equality Network Ireland (TENI).
- Gender Variance UK (2009): Prevalance, Incidence, Growth and Geographic Distribution.
- Public Health England (2015): Preventing suicide among trans young people. A toolkit for nurses.
- 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
- The Rainbow Project & Age NI (2011): Making this home my home. Making nursing and residential more inclusive for older lesbian, gay, bisexual and/or 5 transgender people.

## 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.**

It should be noted from the outset that transgender and non-binary people are difficult to count. Many transgender and non-binary people do not disclose this information to their GPs or seek any medical treatment. There may be many more transgender and non-binary people than current estimates would suggest. The presentation of up-to-date data depends largely on the analysis of the evidence currently available.

GIRES (2014) estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated:

- gender nonconforming to some degree (1%)
- likely to seek medical treatment for their condition at some stage (0.2%)
- receiving such treatment already (0.03%)
- having already undergone transition (0.02%)
- having a GRC (0.005%)
- likely to begin treatment during the year (0.004%).

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.).

Applying GIRES figures to NI population n=1,810,900:

- 18109 people who do not identify with gender assigned to them at birth
- 3622 likely to seek treatment
- 362 have undergone transition
- 91 have a Gender Recognition Certificate

<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	There has traditionally been a higher percentage of males transitioning to female than females transitioning to male. According to GIRES,

however, organisations should now assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Recent statistics from the Netherlands indicate that about 1 in 12,000 natal males undergo sex-reassignment and about 1 in 34,000 natal females. Over time, the gap between the reported numbers of Male To Female and Female To Male transsexuals is closing.

HSCB staff data:

Male	25.67%
Female	74.33%

## Age

Interviews with young transgender people revealed that they commonly develop a strong self-awareness that their gender identity is different from their assigned birth sex between the age of 3 and 5. However, due to a lack of information they did not have the awareness or understanding to discuss their feelings adequately with others until much later in their life, anywhere between 6 and 16 years later. During the engagement on the draft policy it was suggested that transition at a later age is not uncommon. Some individuals will wait until after their parents or partner has died.

The Rainbow Project & Age NI (2011) estimated that 3,935 older people (women: 60+ men: 65+) in NI identify as transgender or non-binary<sup>1</sup> and that 944 have transitioned

GIRES data suggests an average age of 42 for presenting for gender reassignment treatment

Figures obtained from data from the Republic of Ireland used in a survey as part of research to assess the mental health of the transgender community can be used and contrasted for the purposes of this screening.

People representing a variety of age groups took part in this survey. The youngest participants were 18, and the oldest was 76. The average age of participants was 37 years old. There were substantially fewer participants over the age of 50 than under.

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<sup>1</sup> The publication appears to use the term 'transgender' to denote both groupings.

Given the discrepancy between these datasets, it is at this stage unclear whether the average age in NI is closer to the 37 or the 42 end of this range.

HSCB staff data:

16-24	0.38%
25-29	5.13%
30-34	8.75%
35-39	14.64%
40-44	13.88%
45-49	22.05%
50-54	16.92%
55-59	13.31%
60-64	3.99%
>=65	0.95%

**Religion**

There is no current recorded data available in relation to religion of transgender and non-binary individuals and their families.

The current Census data available could be used for the purpose of this equality screening.

In the absence of definitive statistics available, comparisons can be drawn for the transgender and non-binary population when considering the population as a whole from the 2011 Northern Ireland Census.

**Population - Census 2011 figures on religion:**

- Catholic -738,033 (40.76%)
- Presbyterian Church in Ireland – 345,101 (19.06%)
- Church of Ireland – 248,821 (13.74%)
- Methodist Church in Ireland – 54,253 (3%)
- Other Christian (including Christian related) – 104,380 (5.76%)
- Other Religions – 183,164 (10.11%)
- Religion not stated – 122,252 (6.75%)



	<p>HSCB staff data:</p> <table border="1" data-bbox="316 277 1003 586"> <tr> <td>Perceived Protestant</td> <td>4.75%</td> </tr> <tr> <td>Protestant</td> <td>34.60%</td> </tr> <tr> <td>Perceived Roman Catholic</td> <td>1.71%</td> </tr> <tr> <td>Roman Catholic</td> <td>46.20%</td> </tr> <tr> <td>Neither</td> <td>1.33%</td> </tr> <tr> <td>Not assigned</td> <td>11.41%</td> </tr> </table>	Perceived Protestant	4.75%	Protestant	34.60%	Perceived Roman Catholic	1.71%	Roman Catholic	46.20%	Neither	1.33%	Not assigned	11.41%
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Roman Catholic	46.20%												
Neither	1.33%												
Not assigned	11.41%												
<p>Political Opinion</p>	<p>There is no current recorded data available in relation to political opinion of transgender and non-binary individuals and their families.</p> <p>The current Census data available could be used for the purpose of this equality screening template.</p> <p>In the absence of definitive statistics available, comparisons can be drawn for the transgender community when considering the population as a whole from the 2011 Northern Ireland Census. It is likely that the Transgender community will have a similar pattern to the figures established from the Census 2011.</p> <p><b>NI Population Statistics * (Census 2011)</b></p> <ul style="list-style-type: none"> <li>• British only – 722,379 (39.89%)</li> <li>• Irish only – 457,482 (25.26%)</li> <li>• Northern Irish only - 379,267 (20.94%)</li> <li>• British and Irish only - 11,877 (0.66%)</li> <li>• British and Northern Irish - only 111,748 (6.17%)</li> <li>• Irish and Northern Irish only - 19,132 (1.06%)</li> <li>• British, Irish and Northern Irish - only 18,406 (1.02%)</li> <li>• Other - 90,572 (5.00%)</li> </ul> <p>HSCB staff data:</p> <table border="1" data-bbox="316 1677 1042 1899"> <tr> <td>Broadly Nationalist</td> <td>2.66%</td> </tr> <tr> <td>Other</td> <td>2.47%</td> </tr> <tr> <td>Broadly Unionist</td> <td>2.09%</td> </tr> <tr> <td>Not assigned</td> <td>88.40%</td> </tr> <tr> <td>Do not wish to answer</td> <td>4.37%</td> </tr> </table>	Broadly Nationalist	2.66%	Other	2.47%	Broadly Unionist	2.09%	Not assigned	88.40%	Do not wish to answer	4.37%		
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Other	2.47%												
Broadly Unionist	2.09%												
Not assigned	88.40%												
Do not wish to answer	4.37%												
<p>Marital</p>	<p>While there is no current recorded data available on the marital status</p>												

<p>Status</p>	<p>of transgender and non-binary individuals and their families, it is important to recognise that some individuals are or were married in the past.</p> <p>The current Census data available may be used to for the purpose of this equality screening template.</p> <p><b>NI Population Statistics * (2011)</b></p> <ul style="list-style-type: none"> <li>• 47.56% (680, 840) of those aged 16 or over were married</li> <li>• 36.14% (517, 359) were single</li> <li>• 0.09% (1288) were registered in same-sex civil partnerships</li> <li>• 9.43% (134, 994) were either divorced, separated or formerly in a same-sex partnership</li> <li>• 6.78% (97, 058) were either widowed or a surviving partner</li> </ul> <p>HSCB staff data:</p> <table border="1" data-bbox="316 974 1045 1288"> <tr> <td>Divorced</td> <td>3.04%</td> </tr> <tr> <td>Married/Civil Partnership</td> <td>64.26%</td> </tr> <tr> <td>Other</td> <td>0.95%</td> </tr> <tr> <td>Separated</td> <td>1.71%</td> </tr> <tr> <td>Single</td> <td>17.30%</td> </tr> <tr> <td>Unknown</td> <td>12.55%</td> </tr> <tr> <td>Widow/er</td> <td>0.19%</td> </tr> </table>	Divorced	3.04%	Married/Civil Partnership	64.26%	Other	0.95%	Separated	1.71%	Single	17.30%	Unknown	12.55%	Widow/er	0.19%
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<p>Dependent Status</p>	<p>There are no definitive statistics specifically relating to the dependent status of transgender and non-binary people. The figures from the Northern Ireland Census and Carers NI may be used as a guide and used proportionally when considering transgender and non-binary people.</p> <p><b>NI Census Statistics</b></p> <ul style="list-style-type: none"> <li>• 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill-health/disabilities or problems related to old age.</li> <li>• 3.11% (56, 318) provided 50 hours care or more.</li> <li>• 33.86% (238, 129) of households contained dependent children.</li> <li>• 40.29% (283, 350) contained a least one person with a long – term health problem or a disability</li> </ul>														

**Carers NI Statistics:**

- 1 in every 8 adults is a carer
- There are approximately 207,000 carers in Northern Ireland
- Any one of us has a 6.6% chance of becoming a carer in any year
- 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
- 64% of carers are women; 36% are men.

HSCB staff data:

Yes	13.12%
Not assigned	83.27%
No	3.61%

**Disability**

**McClenahan, Simon (2013):** LGB&T and disability figures ONS 2010 suggest the same prevalence of disability amongst LGB people as for the general population. While this source does not provide separate figures for the transgender population, it may be reasonable to assume that the prevalence is at least similar. Considering the greater mental health needs of transgender people (including low self-esteem and develop feelings of self-loathing) – due in parts to the experience of social isolation and transphobic attitudes – disability prevalence may in fact be higher than in the population as a whole. The same may apply to non-binary people.

**NI Population Statistics \***

More than one person in five (300,000) people in Northern Ireland has a disability.

Census 2011 data for the population as a whole highlights a wide range of disabilities and long-term conditions, taking on board, however, that some of these will be less prevalent amongst younger age brackets. The data is not yet available broken down by age group.

<b>Long-term health problem or disability</b>			
	All usual residents		Number
Northern	1,810,863	Day-to-day activities limited a	215,232

Ireland	lot	
	Day-to-day activities limited a little	159,414
	Day-to-day activities not limited	1,436,217

Type of long – term condition	Percentage (%) of population
Deafness or partial hearing loss	5.14
Blindness or partial sight loss	1.7
Communication Difficulty	1.65
Mobility of Dexterity Difficulty	11.44
A learning, intellectual, social or behavioural difficulty.	2.22
An emotional, psychological or mental health condition	5.83
Long – term pain or discomfort.	10.10
Shortness of breath or difficulty breathing	8.72
Frequent confusion or memory loss	1.97
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy).	6.55
Other condition	5.22
No Condition	68.57

HSCB staff data:

No	73.95%
Not assigned	23.57%
Yes	2.47%

#### Ethnicity

While there is no current recorded data available on the number of ethnic minority transgender and non-binary individuals and their families, it is important to recognise that some individuals will come from black or minority ethnic backgrounds.

#### NI Population Statistics \* (Census 2011)

	N	%
• White	1,778,449	98.21%
• Chinese	6,303	0.35%
• Irish traveller	1,301	0.07%
• Indian	6,198	0.34%

	<ul style="list-style-type: none"> <li>• Pakistani 1,091 0.06%</li> <li>• Bangladeshi 540 0.03%</li> <li>• Other Asian 4,998 0.28%</li> <li>• Black Caribbean 372 0.02%</li> <li>• Black African 2,345 0.13%</li> <li>• Black other 899 0.05%</li> <li>• Mixed 6,014 0.33%</li> <li>• Other 2,353 0.13%</li> </ul> <p>In addition, it needs to be borne in mind that a range of nationalities fall under the ethnic group of 'white' (such as Polish, Lithuanian etc.). Some people may be asylum seekers because of their gender identity, following rejection and fear of persecution in their country of origin. It follows that the share of transgender and non-binary people amongst ethnic minorities in NI may be higher than in the general population.</p> <p>HSCB staff data:</p> <table border="1" data-bbox="316 943 874 1115"> <tr> <td>Not assigned</td> <td>59.89%</td> </tr> <tr> <td>White</td> <td>39.73%</td> </tr> <tr> <td>Chinese</td> <td>0.19%</td> </tr> <tr> <td>Other</td> <td>0.19%</td> </tr> </table>	Not assigned	59.89%	White	39.73%	Chinese	0.19%	Other	0.19%		
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Sexual Orientation	<p>There is no specific data in relation to the sexual orientation breakdown of transgender and non-binary people within Northern Ireland. As gender identity is distinct from sexual orientation, transgender and non-binary people may identify as attracted to the same sex, to a different sex or to the same and a different sex.</p> <p>HSCB staff data:</p> <table border="1" data-bbox="316 1547 1002 1762"> <tr> <td>Do not wish to answer</td> <td>0.95%</td> </tr> <tr> <td>Not assigned</td> <td>86.69%</td> </tr> <tr> <td>Opposite sex</td> <td>11.79%</td> </tr> <tr> <td>Same sex</td> <td>0.38%</td> </tr> <tr> <td>Both sexes</td> <td>0.19%</td> </tr> </table>	Do not wish to answer	0.95%	Not assigned	86.69%	Opposite sex	11.79%	Same sex	0.38%	Both sexes	0.19%
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### 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**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	While the length of the transitioning period can vary greatly, those participating in the pre-consultation engagement suggested that female to male transitioning tends to take a longer time than male to female transitioning (see also A:gender 2013).
Age	<p>Age appears to be an important factor in the experience of gender identity. Older transgender people may have particular needs in relation to their gender identity given legal and cultural developments over time.</p> <p>Likewise, age is likely to play a role in the experience of transitioning and life after the transition has been completed. The average age is 42 for undergoing the gender reassignment process. As a result, some individuals who have transitioned at a later stage in their life may experience greater difficulties in relation to ‘passing’ in comparison to those who received treatment before reaching puberty. It follows that their support needs may differ. Likewise, older transgender people may experience different attitudes by colleagues and service users and clients than younger transgender people. Transgender elders may experience negative health outcomes as a result of long-term hormone use.</p> <p>Increased public awareness of Gender Identity and the availability of the new Gender Identity service for Children and Young People in Northern Ireland will help ensure Transgender individuals and their families are encouraged to seek help and support earlier and that they can get the help and support they need from specialised trained staff. This will also help ensure which will help make their experience of Transitioning more positive.</p> <p>Given the above diverse needs within the target groups, it is likely that there is a need for age specific support in certain circumstances.</p>
Religion	<p>Some religions have a lower acceptance of the decision of an individual to undergo the transitioning process and the transgender or non-binary identity of individuals.</p> <p>There is a risk that this may manifest itself in negative attitudes and behaviours towards transgender and non-binary staff.</p>

**issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.**

Political Opinion	No particular issues based on political opinion have been identified to date.
Marital Status	<p>Transgender people who are married and their families may have particular information and support needs, as there is an added complexity to transitioning for them.</p> <p>Transgender people must obtain a divorce from their spouse upon completion of the gender assignment process. This is due to the fact that same-sex marriages are not recognised under Northern Ireland law.</p> <p>A further implication for transgender people who are married relates to pension benefits that their spouse receives. Once they obtain a divorce the automatic entitlements of their former spouse to any pension benefits ceases. It is the responsibility of the recipient to inform the authorities that their partner is still entitled to receive any benefit.</p>
Dependent Status	Transgender staff who have dependants may experience a more complex transitioning process as they have additional considerations and responsibilities to take on board.
Disability	No particular issues based on disability have been identified to date over and above general issues that staff with a disability face.
Ethnicity	<p>Some transgender and non-binary individuals and their families from certain ethnic or religious backgrounds may experience a double marginalisation, both within wider society and within their own ethnic group. Some may be isolated, at social disadvantage or be disadvantaged through negative attitudes or specific circumstances.</p> <p>It may be argued that gender variance is more likely to be hidden in some cultures than in others. Issues of trust in confidentiality may thus play an even greater role for this group of individuals. The same applies to families and carers of ethnic minority individuals who identify as transgender or non-binary.</p>
Sexual Orientation	No particular issues based on the sexual orientation of a trans person have been identified to date over and above general issues that lesbian, gay and bisexual staff face.

## 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.**

Transgender people from ethnic minority groups.  
 Transgender people who identify as Lesbian, Gay or Bisexual  
 Transgender people with dependents.  
 Transgender people with a disability.

## 2.5 Making Changes

**Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?**

<i><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>We actively encouraged those from the transgender and non-binary community to provide their input in the development of this policy. We listened to the needs of trans employees and encourage them to provide input in the establishment of awareness raising and training events. Reference was made to existing policies in order to determine ways of changing them making them more inclusive of the needs of transgender and non-binary people.</p> <p>Disability – for any transgender and non-binary staff who have a disability reasonable adjustments will be considered in line with our obligations under the Disability Discrimination Act</p> <p>Age – information on the differences in the experience of ‘passing’ depending on the age of transitioning will be included in awareness raising for staff.</p> <p>Marital status – information for transgender staff on the need to nominate partners for pensions</p>	<ul style="list-style-type: none"> <li>• Increase the avenues of support for transgender employees undergoing gender reassignment.</li> <li>• For those who have completed the gender reassignment process on-going support will be provided.</li> <li>• Awareness raising sessions will be provided to employees and HR staff who work in close proximity with transgender and non-binary employees. These sessions will be conducted with the utmost sensitivity respecting privacy of transgender and non-binary employees.</li> <li>• Any incidents of workplace bullying or harassment on the basis of gender identity will be dealt with in the same way as other equality categories.</li> <li>• Provide support to transgender and non-binary employees with caring responsibilities and where possible ensure that flexible working patterns are offered.</li> </ul>



<p>following divorce will be provided</p> <p>Religion – the need for dignity and respect to guide behaviour regardless of religious belief will be underlined in awareness and training for staff</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><b>Group</b></i>	<i><b>Impact</b></i>	<i><b>Suggestions</b></i>
Religion	None identified	
Political Opinion	None identified	
Ethnicity	None identified	

**(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.

This policy seeks to address key workplace inequalities for people who identify as transgender and non-binary. It thus constitutes positive action. As to the diversity amongst transgender and non-binary employees we consider that issues identified to date are addressed in the policy.

**(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>
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?**

<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>
n/a	n/a

## (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.	Yes
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	Yes
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 on to **Question 6** on monitoring*

**5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?**

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			<b>Yes/No</b>
8	yes	If staff reveal the transgender identity of an individual outside the strict parameters given, this constitutes a breach of Art. 8	To address this risk, the policy clearly states the data protection provisions (see 'Handling Information Records' section). This will also be emphasised in awareness raising.
14		This policy has been drawn up in order to prevent discrimination in the enjoyment of the convention rights for transgender and non-binary people.	

*\* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

**5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.**

**(6) MONITORING**

**6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?**

Equality & Good Relations	Disability Duties	Human Rights
<p>Due to the small numbers involved, equality monitoring data on all nine categories will be collected and analysed on an aggregate basis but not published.</p> <p>Qualitative monitoring data will be collected as to the experience of the transitioning process in our workplace by transgender staff. Transgender individuals and staff who identify as non-binary alike will be encouraged to raise any issues on the basis of their gender identity.</p>		<p>Record any incidences or near misses of human rights breaches.</p>

Approved Lead Officer: Michael Bloomfield

Position: \_\_\_\_\_

Date: August 2017

Policy/Decision Screened by: Michelle Morris; Lynda Gordon; Anne Basten

Business Unit and contact details Equality.Unit@hscni.net

**Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.**

**Please forward completed template to:  
Equality.Unit@hscni.net**

**Template updated January 2015**

Any request for this document in another format or language will be considered. Please contact us (see contact details provided above).

