



Equality and Human Rights Screening Template

The Regulation and Quality Improvement Authority is required to address the 4 questions below in relation to all its policies.

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?

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>

For advice and support on screening contact:

Equality Unit
Business Services Organisation
2 Franklin Street
Belfast, BT2 8DQ

Tel: 028 9536 3961

Email: equality.unit@hscni.net

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 (follow the links).

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Policy for the management, review of and regulatory response to Serious Adverse Incident Notifications and Investigation Reports received by RQIA

1.2 Description of policy or decision

RQIA provides independent assurance about the quality, safety and availability of Health and Social Care (HSC) services, including independent sector services in Northern Ireland, while encouraging continuous improvements in these services and assisting with safeguarding the rights of services users.

To be an effective regulator it is essential that RQIA collects and uses data, information, and regulatory intelligence effectively to support its purpose of driving improvement and protecting the public. Making best use of regulatory intelligence is central to tailoring RQIA's actions to individual services and targeting its resources where it can have the greatest regulatory and quality improvement impact. RQIA is committed to using all relevant information, including SAI information, to drive its regulatory and improvement actions.

Under the Provisions of Articles 86 (2) of the Mental Health (NI) Order 1986, RQIA has a duty to make inquiry into any case where it appears to RQIA that there may be amongst other things, ill treatment or deficiency in care or treatment. This policy has been developed in accordance with the regional HSCB Procedure for the Reporting and Follow up of Serious Adverse Incidents, November 2016.

The role of monitoring the Trust's compliance with the procedure and following up on reports after the initial notification is held by the Strategic Planning and Performance Group.

The purpose of this policy is to set out RQIA's arrangements for applying the regional [Procedure for the Reporting and Follow up of Serious Adverse Incidents \(2016\)](#), considering the intelligence held within SAI notifications and reports, working jointly with the HSC Trusts, the Strategic Planning and Performance Group of the Department of Health (SPPG) and the Public Health Agency (PHA) to drive improvements in the safety and quality of care provided across a range of community and hospital settings.

The aim of this policy is to provide direction to staff in the recording, review and management of SAIs that are reported to RQIA.

1.3 Main stakeholders affected (internal and external)

Internal Stakeholders

- RQIA Employees (current and former)
- RQIA Chair and Authority Members
- RQIA Committees and Groups

External Stakeholders

- Current / Previous Service Users, their relatives
- Carers
- General Public

- Providers)
- Individuals) of services registered with RQIA, such as care homes
- Managers)

- HSC Trusts and health and social care organisations
- Voluntary sector
- Community groups
- Trade Unions
- Department of Health (DoH)

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

- **what are they?**

- Procedure for the Reporting and Follow up of Serious Adverse Incidents, November 2016
- Regional and RQIA Complaints Policy;
- Regulatory Intelligence Concerns Policy
- RQIA Enforcement Policy and Procedures
- Whistleblowing Policy; and
- Other operational procedures, such as Duty Service Procedure and the Guidance Team Procedure

- **who owns them?**

- DoH
- RQIA

- BSO HR

(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.

Other sources of equality data include:

- Census 2021 and 2011 data published by the Northern Ireland Statistics and Research Agency (NISRA).
- Section 75 equality profile of our staff (Dec 2022)
- Internal directorate/team meetings, Executive Management Team (EMT) and RQIA Authority engagement.
- Human Resources statistics and workforce data for RQIA.
- McBride, R.S. (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Belfast.
- Equality Commission NI, 2006.
- <http://www.carersuk.org/northernireland/news-ni/facts-and-figures>
- http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm - Health Survey NI 2012-13.
- Research Reports including from GIRES (Gender Identity Research and Education Society) and [Getting and staying in work - LLTI 2001 - Research Report \(nisra.gov.uk\)](http://www.nisra.gov.uk)
- Previous screening and equality impact assessment analysis where equality issues were highlighted. □ Previous work in relation to our Policies.

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>
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Gender	<p>Equality</p> <p>The proportion of females in 2021 was 50.8% (967,043) and of males was 49.2% (936,132) (total population of 1,903,175)</p> <p>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:</p> <ul style="list-style-type: none"> • 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%). <p>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIRES figures to NI population n=1,810,900 (Census 2011):</p> <ul style="list-style-type: none"> • 18,109 people who do not identify with gender assigned to them at birth • 3,622 likely to seek treatment • 362 have undergone transition • 91 have a Gender Recognition Certificate <p>Disability</p> <p>The Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report on disability – whilst it is recognised that the report is dated – indicated that: 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>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> <p>RQIA staff data:</p>
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	Male	25.15%	
	Female	74.85%	

Equality

Age profile of the NI population (Census 2021):

Age band Population Percentage:

0-14	365,200	19.2%
15-64	1,211,500	63.7%
15-39	594,400	31.2%
40-64	617,100	32.4%
65+	326,500	17.2%
65-84	287,100	15.1%
85+	39,400	2.1%
All ages	1,903,200	100%

Disability

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:

Age Band	Male	Female
0-15	3%	2%
16-44	5%	5%
45 – 64	16%	17%
65 and over	33%	38%

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

RQIA staff data:

16-24	4.09%
25-29	2.92%
30-34	4.68%
35-39	9.94%
40-44	8.77%
45-49	19.30%
50-54	19.30%
55-59	15.79%
60-64	9.36%
>=65	5.85%

Religion	Equality Census 2021	
	Current Religion:	
	'no religion'	17.4%
	'religion not stated'	1.6%
	Catholic	42.3%
	Presbyterian Church in Ireland	16.6%
	Church of Ireland	11.5%
	Methodist	2.4%
	Other Christian denominations	6.9%
	Other non-Christian Religions	1.3%
	Religion/religion of upbringing (Number - Percentage)	
	Catholic 869,800 45.7%	
	Current religion 805,200 42.3%	
	Religion of upbringing 64,600 3.4%	
	Protestant and other Christian (including Christian related) 827,500 43.5%	
	Current religion 711,000 37.4%	
	Religion of upbringing 116,600 6.1%	
	Other religions 28,500 1.5%	
	Current religion 25,500 1.3%	
	Religion of upbringing 3,000 0.2% None	
	177,400 9.3%	
	All usual residents 1,903,200 100.0%	
	Disability	
	Not available broken down by disability.	
	RQIA staff data:	
Perceived Protestant	0.58%	
Protestant	28.07%	
Perceived Roman Catholic	58.00%	
Roman Catholic	28.65%	
Neither	6.43%	
Not assigned	0.00%	

Political Opinion	<p>Equality</p> <p>Census 2021</p> <p>National identity (nationality based) (Number – Percentage)</p> <ul style="list-style-type: none"> • British 814,600 42.8% • Irish 634,000 33.3%
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	<ul style="list-style-type: none"> • Northern Irish 598,800 31.5% • English 16,800 0.9% • Scottish 10,200 0.5% • Welsh 2,000 0.1% • Other national identities 113,400 6.0% <p>National identity (person based) (Number – Percentage)</p> <ul style="list-style-type: none"> • British only 606,300 31.9% • Irish only 554,400 29.1% • Northern Irish only 376,400 19.8% • British & Northern Irish only 151,300 8.0% • Irish & Northern Irish only 33,600 1.8% • British, Irish & Northern Irish only 28,100 1.5% • British & Irish only 11,800 0.6% • English only/Scottish only/Welsh only 16,200 0.9% • Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6% • Other national identities 113,400 6.0% • Polish only 23,900 1.3% • Lithuanian only 11,900 0.6% • Romanian only 7,100 0.4% • Portuguese only 6,900 0.4% • Bulgarian only 4,300 0.2% • Indian only 4,100 0.2% • Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7% • Other national identities 42,600 2.2% • All usual residents 1,903,200 100.0% <p>Disability Not available broken down by disability.</p> <p>RQIA staff data:</p> <table border="1"> <tr> <td>Broadly Nationalist</td> <td>0.00%</td> </tr> <tr> <td>Other</td> <td>0.58%</td> </tr> <tr> <td>Broadly Unionist</td> <td>0.00%</td> </tr> <tr> <td>Not assigned</td> <td>95.32%</td> </tr> <tr> <td>Do not wish to answer</td> <td>4.09%</td> </tr> </table>	Broadly Nationalist	0.00%	Other	0.58%	Broadly Unionist	0.00%	Not assigned	95.32%	Do not wish to answer	4.09%
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Marital Status	<p>Equality</p> <p>[Please note: Census 2021 data relating to marital status has not yet been released (as of the date of this screening)]</p> <p>Census 2011:</p> <p>□ 47.56% (680, 840) of those aged 16 or over were married</p>
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	<ul style="list-style-type: none"> • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner <p>Disability</p> <p>Not available broken down by disability.</p> <p>RQIA staff data:</p> <table border="1"> <tr> <td>Divorced</td> <td>2.92%</td> </tr> <tr> <td>Married/Civil Partnership</td> <td>36.26%</td> </tr> <tr> <td>Other</td> <td>0.00%</td> </tr> <tr> <td>Separated</td> <td>0.58%</td> </tr> <tr> <td>Single</td> <td>7.60%</td> </tr> <tr> <td>Unknown</td> <td>51.46%</td> </tr> <tr> <td>Widow/er</td> <td>0.00%</td> </tr> <tr> <td>Not assigned</td> <td>1.17%</td> </tr> </table>	Divorced	2.92%	Married/Civil Partnership	36.26%	Other	0.00%	Separated	0.58%	Single	7.60%	Unknown	51.46%	Widow/er	0.00%	Not assigned	1.17%
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<p>Dependent Status</p>	<p>Equality</p> <p>Census 2021</p> <p>Table 17: Provision of unpaid care ('Provision of unpaid care' covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.)</p> <p>Northern Ireland All usual residents aged 5 and over 1,789,348 Percentage of usual residents aged 5 and over who provide:</p> <p>No unpaid care 87.58% 1-19 hours' unpaid care per week 5.63% 20-34 hours' unpaid care per week 1.38% 35-49 hours' unpaid care per week 1.57% 50+ hours unpaid care per week 3.84%</p> <p>Carers NI (State of Caring 2022 report)</p> <p>There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.)</p> <p>Of those participating in the survey...</p> <ul style="list-style-type: none"> • 82% identified as female and 17% identified as male.
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- 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+.
- 24% have a disability.
- 98% described their ethnicity as white.
- 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role.
- 56% are in some form of employment and 18% are retired from work.
- 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year.
- 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week.
- 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people.

Disability

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

RQIA staff data:

Yes	11.79%
Not assigned	81.03%
No	7.18%

Disability	<p>Census 2021</p> <p>Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are:</p> <p>Limited a lot – 11.45%</p> <p>Limited a little – 12.88%</p> <p>Not limited – 75.67%</p> <p>('Day-to-day activities limited' covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.)</p> <p>The breakdown of the various long-term conditions as outlined in the 2021 Census is:</p> <table border="1"> <thead> <tr> <th>Type of long-term condition</th> <th>Percentage of population with condition %</th> </tr> </thead> <tbody> <tr> <td>Deafness or partial hearing loss</td> <td>5.75</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>1.78</td> </tr> <tr> <td>Mobility of Dexterity Difficulty that requires wheelchair use</td> <td>1.48</td> </tr> </tbody> </table>	Type of long-term condition	Percentage of population with condition %	Deafness or partial hearing loss	5.75	Blindness or partial sight loss	1.78	Mobility of Dexterity Difficulty that requires wheelchair use	1.48
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Mobility of Dexterity Difficulty that requires wheelchair use	1.48								

Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

Information on rare diseases provided by NI Rare Diseases Programme (www.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 around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 in 100,000 people.

Research using data from 2011 ([Getting and staying in work - LLTI: Research Report \(nisra.gov.uk\)](http://www.nisra.gov.uk)) suggests that

- The disability employment gap in 2011 was 52.3 percentage points (pp) – the difference in employment rate between those with (31.4%) and those without (83.7%) a long-term health problem or disability (83.7%) of the household population aged 30 to 59 years.
- A statistical modelling exercise found that general health explained around a quarter (25.7%) of the disability employment gap (13.3pp). Other large contributors are educational qualifications (15.6pp) and providing unpaid care (5.6pp). The unexplained part (11.4pp) accounts for 29.5% of the disability employment gap.
- This analysis was repeated for several disabilities or health conditions. The employment gap ranges from 14.5pp for deafness or partial hearing loss, to 61.8pp for those with frequent periods of confusion or memory loss.
- The combination of general health, other health conditions and educational qualifications explained more than half of the employment gap for each condition except for those with an emotional, psychological or mental health condition (42.4%), which also has the largest unexplained part of the employment gap (31.7%) that could not be explained.

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(pps)

The employment gap differences by health condition were calculated as:

Employment gap in 2011 by health condition
Disability or health condition - Raw employment gap (pps)
Confusion or memory loss – 61.8
Communication difficulty – 55.9
Learning/ behavioural difficulty – 54.5
Mobility or dexterity difficulty – 53.4

Mental health – 51.3
Long-term pain or discomfort – 42.0
Blindness or partial sight loss – 31.9
Chronic illness – 27.7

Difficulty breathing – 25.1
Deafness / partial hearing loss – 14.5
Other health condition – 24.7

RQIA staff data:

No	31.58%
Not assigned	68.42%
Yes	0.00%

Ethnicity	<p>Equality</p> <p>In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.</p> <p>Ethnic Group</p> <p>Ethnic Group Number Percentage</p> <p>White 1,837,600 96.6%</p> <p>Minority Ethnic Group 65,600 3.4%</p> <p>Black 11,000 0.6%</p> <p>Indian 9,900 0.5%</p> <p>Chinese 9,500 0.5%</p> <p>Filipino 4,500 0.2%</p> <p>Irish Traveller 2,600 0.1%</p> <p>Arab 1,800 0.1%</p> <p>Pakistani 1,600 0.1%</p> <p>Roma 1,500 0.1%</p> <p>Mixed Ethnicities 14,400 0.8%</p> <p>Other Asian 5,200 0.3%</p> <p>Other Ethnicities 3,600 0.2%</p> <p>All usual residents 1,903,200 100.0%</p> <p>Country of birth</p> <p>Country of birth Number Percentage</p> <p>Northern Ireland 1,646,300 86.5%</p> <p>Great Britain 92,300 4.8%</p> <p>England 72,900 3.8%</p> <p>Scotland 16,500 0.9%</p> <p>Wales 2,800 0.2%</p> <p>Republic of Ireland 40,400 2.1%</p> <p>Outside United Kingdom and Ireland 124,300 6.5%</p> <p>Europe (other EU countries) 67,500 3.5%</p> <p>Europe (other non-EU countries) 3,700 0.2%</p> <p>Other Countries in the World 53,100 2.8%</p> <p>All usual residents 1,903,200 100.0%</p> <p>Main language of usual residents aged 3 and over</p> <p>Main language Number Percentage</p> <p>English 1,751,500 95.4%</p>
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Main language not English 85,100 4.6%

Polish 20,100 1.1%

Lithuanian 9,000 0.5%

Irish 6,000 0.3%

Romanian 5,600 0.3%

Portuguese 5,000 0.3%

Arabic 3,600 0.2%

Bulgarian 3,600 0.2%

Other languages 32,200 1.8%

All usual residents aged 3 and over 1,836,600 100.0%

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%

RQIA staff data:

Not assigned	94.74%
White	5.26%
Other	0.00%

We recognise that within the category of 'White' a range of nationalities are

	represented. This is important in the context of specific needs (see section 2.4 below).										
Sexual Orientation	<p>[Please note: Census 2021 data relating to sexual orientation has not yet been released (as of the date of this screening)]</p> <p>Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4).</p> <p>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.</p> <p>BSO staff data:</p> <table border="1"> <tr> <td>Both sexes</td> <td>0.00%</td> </tr> <tr> <td>Do not wish to answer</td> <td>0.00%</td> </tr> <tr> <td>Not assigned</td> <td>95.32%</td> </tr> <tr> <td>Opposite sex</td> <td>4.68%</td> </tr> <tr> <td>Same sex</td> <td>0.00%</td> </tr> </table>	Both sexes	0.00%	Do not wish to answer	0.00%	Not assigned	95.32%	Opposite sex	4.68%	Same sex	0.00%
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Same sex	0.00%										

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. Also give consideration to multiple identities (such as single parents for example).

Category	Needs and Experiences
Religion	There is no known impact.
Political Opinion	There is no known impact.
Marital Status	There is no known impact.
Dependent Status	There is no known impact.

Disability	There is no known impact.
Ethnicity	There is no known impact.
Sexual Orientation	There is no known impact.

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.

There is no known impact for those with multiple identities.

RQIA recognises that the needs and experiences of people with multiple identities will vary across our work. In our commitment to ensuring that potential impacts are considered and mitigated, RQIA will screen policies and strategies individually to ensure that the potential impacts of each policy or strategy are considered fully in that context.

2.5 Making Changes

Based on the equality issues you identified in 2.2, 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>

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	None	

Political Opinion	None	
Ethnicity	None	

(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? Do you consider that this policy or decision needs to be subjected to a full equality impact assessment? (refer to guidance notes for a full equality impact assessment? guidance on impact)

Please tick:

Please tick:

Major impact	
Minor impact	
No further impact	x

Yes	
No	x

Please give reasons for your decisions.

There has been no impact identified through the screening of this Policy. It is not thought that subjecting the Policy to an EQIA will further identify opportunities to promote equality of opportunity.

RQIA recognises the need to consider the impact on Section 75 groups of this Policy and subsequent policies in the course of its work.

Due consideration has been given to those individuals within Section 75, of the Northern Ireland Act (1998), particularly those individuals who may be suffering from mental / psychological / emotional ill-health.

(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>
Not Applicable	Not Applicable

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>
Not Applicable	Not Applicable

(5) CONSIDERATION OF HUMAN RIGHTS

**5.1 Does the policy or decision affect anyone's Human Rights?
Complete for each of the articles**

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No

Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please 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?	Is it legal? Yes/No

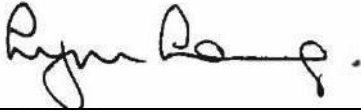
** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

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

(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
Monitoring quantitative and/or qualitative equality data may be available and recorded on the iConnect electronic system, where appropriate, but will not be collected routinely.	Monitoring quantitative and/or qualitative equality data may be available and recorded on the iConnect electronic system, where appropriate, but will not be collected routinely.	Monitoring quantitative and/or qualitative equality data may be available and recorded on the iConnect electronic system, where appropriate, but will not be collected routinely.

Approved Lead Officer:  _____

Position: Director of Mental Health, Learning Disability, Children’s Services and Prison Healthcare

Date: 3 May 2024

Policy/Decision Screened by: Lynn Long

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**

Any request for the document in another format or language will be considered.
Please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; Email: Anne.Basten@hscni.net or
karen.beattie@hscni.net; Phone: 028 9536 3814/ 9536 3023