

# Equality and Human Rights Screening Template

The PHA 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 on the Section 75 equality groups see the [Equality Page](#) on the PHA Website and 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:

Business Services Organisation  
2 Franklin Street  
Belfast BT2 8DQ

Tel: 028 9536 3961

email: [equality.unit@hscni.net](mailto: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.

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

**Equality, Diversity and Inclusion Policy**

### 1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**
- The policy outlines the commitment of the Public Health Agency (hereafter referred to as the PHA) to promote equality of opportunity, good and harmonious working relations and the prevention of unlawful discrimination.
- This policy is concerned with the promotion of equality and the prevention of unlawful discrimination. However, the existence of the law cannot itself ensure that any policy of nondiscrimination will work effectively. The PHA recognises that this will only be achieved if management and staff at all levels examine critically their attitudes to people and ensure that no trace of discrimination is allowed to affect their judgement. The PHA will endeavour to ensure that all staff are aware of the forms which unfair discrimination can take, guard against them and avoid any act which might influence others to discriminate unfairly. The PHA recognises its obligations under the anti-discrimination legislation, the Human Rights Act 1998 and the NI Act 1998 (refer to Appendix 1 for overview of equality legislation).
- The PHA will have due regard to the need to promote equality of opportunity and good relations in line with Section 75 of the NI Act 1998. The PHA’s Equality Scheme shows how the PHA will fulfil its statutory duties as outlined within 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**

Current employees in PHA

All applicants to PHA

Managers of all levels within PHA, including Board members

Trainees/students on placement

Volunteers

Former Employees

Trade unions

Customers of the PHA

Equality Commission

Human Rights Commission

Voluntary and community sector

Northern Ireland HSC Trusts

Department of Health

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

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

This policy has been drawn up in consultation with trade unions and staff organisations.

- HSC Workforce Strategy 2026
- Equality Scheme,
- Conflict, Bullying and Harassment Policy Harmonious Working Environment Statement / Guidelines
- Grievance Procedure
- Disciplinary Procedure
- HSC Work Life Balance Policy
- HSC Recruitment and Selection Framework
- HSC Time Off/Special Leave Policy
- HSC Disability Tool Kit for Managers and Employees which includes Reasonable Adjustment Guidelines for Managers to ensure the timely consideration and provision of reasonable adjustments in the workplace for persons with a disability Placement Scheme
- Participation in Job Shadow Day, together with Positive Action initiatives aimed at promoting experiential and employment opportunities for persons with a disability within the HSC This list is not intended to be exhaustive

**(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.**

- Organisational wide equality data
- [ONS Disability and education, UK: 2019](#)
- Views of colleagues/staff side
- Staff Survey Data
- Comparison of policies from other HSC Trusts and NICS
- NI Census Data 2021

**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. Also give consideration to multiple identities.**

ONS data shows that as a proportion of the UK population, prevalence of self-reported long COVID was greatest in people aged 35 to 69 years, females, those living in the most deprived areas, those working in health or social care, and those with another activity-limiting health condition or disability.

Current training and development information on HRPTS/HSC ELearning and other platforms isn't reliable and it would be impossible to break the data down by S75 groups. Our new learning management system (LMS) will hopefully allow for better reporting in the future.

<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>
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Gender	<b>Staff Profile – PHA (June 2024)</b>	
	Male	23.75%
	Female	76.25%
	<p><b>Population profile:</b>  <b>Census 2021:</b> The proportion of females in 2021 is 51.00% (967,043). The male population is 49.00% (936,132) in 2021.</p> <p><a href="https://www.nisra.gov.uk/system/files/statistics/census-2021-ms-a07.xlsx">https://www.nisra.gov.uk/system/files/statistics/census-2021-ms-a07.xlsx</a></p> <ul style="list-style-type: none"> <li>The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014): <ul style="list-style-type: none"> <li>gender variant to some degree 1%</li> <li>have sought some medical care 0.025%</li> <li>having already undergone transition 0.015%</li> </ul> </li> </ul> <p>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIRES figures to NI population (using NISRA mid-year population estimates for 2021) N=1,903,175:</p> <ul style="list-style-type: none"> <li>19,031 people who do not identify with gender assigned to them at birth</li> </ul>	

	<ul style="list-style-type: none"> <li>475 likely to have sought medical care</li> <li>285 likely to have undergone transition.</li> </ul>
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## Age

**Staff Profile – PHA (June 2024)**

16-24	6.21%
25-29	7.52%
30-34	5.51%
35-39	9.12%
40-44	8.52%
45-49	10.32%
50-54	12.83%
55-59	14.73%
60-64	11.42%
>=65	13.83%

**Population profile:** published by NISRA in 2022 ([Census 2021 main statistics demography tables – age and sex | Northern Ireland Statistics and Research Agency \(nisra.gov.uk\)](#)) show that:

15-24 yrs (inclusive) = 224,589 (11.80% of all NI population)

25-29 yrs = 116,409

(6.12%) 30-34 yrs = 126

050 (6.62%)

35-39 yrs = 127,313 (6.69%)

40-44 yrs = 122,163 (6.42%)

45-49 yrs = 121,670 (6.39%)

50-54 yrs = 130,967 (6.88%)

55-59 yrs = 129,276 (6.79%)

60-64 yrs = 113,049 (5.94%)

65-74 yrs = 176,931 (9.30%)

**Age projections**

NISRA Estimated and projected population by age, mid-2016 to mid-2041 show that in 2016, 20.8% of the NI Population were aged 0-15 years, and this is projected to decrease 19.8% in mid

2045. The proportion of adults aged 16-64 is also set to decrease to 3.4% by mid 2045. However, the proportion of people aged 65 years and over is projected to increase in the next 25 years, overtaking the numbers of children.

[2020-based interim population projections - statistical bulletin \(nisra.gov.uk\)](https://www.nisra.gov.uk/publications/2020-based-interim-population-projections-statistical-bulletin)

Religion	<b>Staff Profile – PHA (June 2024)</b>	
	Perceived Protestant	1.35%
	Protestant	15%
	Perceived Roman Catholic	0.74%
	Roman Catholic	18.02%

	Neither	0.83%
	Perceived Neither	
	Not assigned	64.06%
<hr/>		
	<b>Population profile:</b>	ation were either Catholic or
	Religion or Religion brought up in	<b>brought up as</b>
	<ul style="list-style-type: none"> <li>• 45.70% (869,751) Catholic.</li> <li>• 43.48% (827,544) stated that t were Protestant or Protestant.</li> <li>• 1.50% (28,513) of the populati belonged to or had been other relig and Philosophies.</li> <li>• 9.32% (177,360) (Census 202</li> </ul>	<b>brought up as</b> <b>brought up</b> in d to, nor had been brought up in a religion.
Political Opinion	<b>Staff Profile – PHA (June 2024)</b>	
	Broadly Nationalist	0.70%
	Other	2.30%
	Broadly Unionist	0.90%
	Not assigned	94.49%
	Do not wish to answer	1.60%
	<b>Population Profile</b>	
	NISRA Census data 2021 does not provide Political opinion information but please refer to Religious data in the previous section.	



Marital Status	<b>Staff Profile - PHA (June 2024)</b>	
	Divorced	0.40%
	Mar/CP	16.93%
	Other	0.20%
	Separt	0.20%
	Single	4.41%
	Unknwn	77.76%
	Widw/R	0.10%
	Not assigned	
	<b>Population profile:</b>	
<ul style="list-style-type: none"> <li>• 45.49% (690,509) of those aged 16 or over were married</li> <li>• 38.07% (576,708) were single</li> <li>• 0.18% (2,742) were registered in a civil partnerships</li> <li>• 6.02% (91,128) were either divorced, separated or formerly in a civil partnership</li> <li>• 6.36% (96,384) were either widowed or a surviving partner</li> </ul>		

	(Census 2021)
	<b>Northern Ireland Life and Times (2022)</b>
	Single (never married) 34%
	Married and living with husband/wife 51%
	A civil partner in a legally-registered civil partnership 0%
	Married and separated from husband/wife 3%
	Divorced 5%
	Widowed 6%

Dependent  
Status

## Staff Profile - PHA (June 2024)

Yes	4.01%
Not assigned	93.79%
No	2.20%

### Population profile:

**CarersNI State of Caring 2022** Annual survey (UK wide, including NI)

- 82% identified as female and 17% identified as male
- 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.

- 1) 1 in 3 carers said they could afford their bills without struggling financially.
- 2) 28% said they had access to paid carers leave from work
- 3) 54% said they had been offered flexible working arrangements
- 4) 1 in 5 carers reported their physical health to be bad or very bad
- 5) 24% had been caring for 10 years or more
- 6) 25% were caring for 50+ hours a week
- 7) 27% reported their mental health as bad or very bad

8) 23% of carers say the care and support services available in their area do not meet their needs

- 9) 43% with unpaid caring responsibilities in NI are also in full/part-time employment
- 10) 130k had either given up work or reduced their hours to care for someone
- 11) 78% were worried about being able to juggle the two.
- 12) Over 60% said that working from home had enable them to balance work and caring more effectively
- 13) 64% had given up opportunities at work due to caring
- 14) 41% said not working from home would make them consider leaving their job

**Health Survey NI 2021/22**

Respondents with caring responsibilities – 17%

Respondents with caring responsibilities by gender – Male – 13%; Female – 22%

Disability	<p><b>Staff Profile - PHA (June 2024)</b></p> <table border="1" data-bbox="336 203 711 405"> <tr> <td>No</td> <td>15.13%</td> </tr> <tr> <td>Not assigned</td> <td>83.87%</td> </tr> <tr> <td>Yes</td> <td>1.00%</td> </tr> </table> <p><b>Population profile:</b>  34.67% (659,805) regard themselves as having a 1 or more long – term health problems, which has an impact on their day to day activities.</p> <p>65.33% (1,243,371) of residents did not have long – term health condition.</p> <ul style="list-style-type: none"> <li>• Deafness or partial hearing loss – <b>5.75% (109,457)</b></li> <li>• Blindness or partial sight loss – <b>1.78% (33,961)</b></li> <li>• Communication Difficulty – <b>1.65% (29,879)</b></li> <li>• Autism or Asperger Syndrome – <b>1.86% (35,367)</b></li> <li>• Mobility or Dexterity Difficulty – <b>1.48% (28,138)</b></li> <li>• A learning intellectual difficulty – <b>0.89% (16,923)</b></li> <li>• An emotional, psychological or mental health condition – <b>8.68% (165,127)</b></li> <li>• Long – term pain or discomfort – <b>11.58% (220,328)</b></li> <li>• Shortness of breath or difficulty breathing – <b>10.29% (195,754)</b></li> <li>• Frequent confusion or memory loss – <b>1.99% (37,789)</b></li> </ul> <p>(Census 2021)</p> <p><b>Health Survey NI (2021/22)</b></p> <ul style="list-style-type: none"> <li>• 40% longstanding illness (30% limiting and 11% non-limiting illness)</li> <li>• Females (44%) were more likely than males (36%) to have a long-term condition.</li> <li>• A fifth (24%) reported high levels of anxiety, while 41% reported very low levels</li> </ul>	No	15.13%	Not assigned	83.87%	Yes	1.00%
No	15.13%						
Not assigned	83.87%						
Yes	1.00%						
Ethnicity	<b>Staff Profile - PHA (June 2024)</b>						

Not assigned	91.98%
White	8.02%
Other	
Black African	
Indian	
Chinese	

**Population profile:**

**3.45% (65,604) of the usual resident population belonged to minority ethnic groups:**

**White – 96.55% (1,837,575)**

**Chinese – 0.50% (9,495)**

**Irish Traveller – 0.14% (2,609)**

**Indian – 0.52% (9,881)**

**Pakistani – 0.08% (1,596)**

**Filipino – 0.23% (4,451)**

**Other Asian – 0.28% (5,244)**

**Black African – 0.42% (8,069)**

**Black Other – 0.16% (2,963)**

**Arab – 0.10% (1,817)**

**Roma – 0.08% (1,529)**

**Mixed – 0.76% (14,382)**

**Other – 0.19% (3,568)**

(Census, 2021)

Sexual Orientation	<b>Staff Profile - PHA (March 2021)</b>	
	Do not wish to answer	0.50%
	Not assigned	94.19%
	Opposite sex	4.71%
	Both Sexes	
	same sex	0.60%
	<b>Population profile:</b>	
	In 2021, the NI Census showed that out of residents aged 16 and over, 2.09% (31,616) indicated that they were LGB/other sexual orientation. This is out of a population profile of 1,514,743.	
	<ul style="list-style-type: none"> <li>90.04% of the NI population identified as heterosexual or straight and 2.09% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of: <ul style="list-style-type: none"> <li>1.17% identifying as gay or lesbian</li> <li>0.75% identifying as bisexual</li> </ul> </li> <li>A further 0.17% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or</li> </ul>	
	<p>straight, bisexual, gay or lesbian categories. A further 4.58% refused, or did not know how to identify themselves.</p> <ul style="list-style-type: none"> <li>The population aged 16 to 24 were the largest age group to identify as LGB in 2021 (4.61%).</li> </ul>	
	All usual residents aged 16 and over	1,514,742
	Straight or Heterosexual	1,363,858
	Gay or Lesbian	17,713
	Bisexual	11,305
	Pansexual	617
	Asexual	400
	Straight or heterosexual and bisexual	353
	Straight or heterosexual and gay or lesbian	176
	Queer	148
	Gay or lesbian and bisexual	137
	Female	86

	Male	63
	Trisexual	51
	Bisexual and pansexual	43
	Straight or heterosexual, gay or lesbian & bisexual	40
	Straight or heterosexual, gay or lesbian, bisexual & other	35
	Gay or lesbian and queer	31
	Bisexual and queer	30
	Fluid	14
	Straight or heterosexual and asexual	14
	No label	12
	Confused	11
	Bisexual and asexual	11
	Questioning	10
	Other sexual orientation	316
	Prefer not to say	69,307
	Not stated	49,961

### 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).**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	PHA has in place a range of work life balance provisions to complement this policy. These provisions are available to all staff as well as job applicants to enable them to
	reconcile their individual needs and circumstances, thus enabling them to continue working in the organisation and to facilitate individual career progression



Age	In furtherance of our equality duties PHA has introduced various arrangements to promote meaningful placement opportunities as well as positive action measures aimed at providing both experiential and substantive employment opportunities within PHA and other HSC organisations. Examples include young persons in transition from care project, job shadowing and initiatives to tackle the long term unemployed
Religion	Where equal opportunity monitoring indicates the need for affirmative action (at both local and regional level) PHA will continue to highlight emergent trends via their annual monitoring returns and triannual reviews and where necessary and appropriate will take affirmative action to ensure the fair participation of both main communities in the workplace
Political Opinion	As above given the correlation between religion and political opinion
Marital Status	See correlation with gender and dependants.
Dependent Status	See correlation with gender i.e. needs and experience defined in relation to work life balance commitments.
Disability	The prevalence of disability is generally under reported. That said PHA has developed a range of resources to support both managers and staff in dealing effectively and sensitively with disability matters in the workplace. These resources seek to increase management's and staff's understanding of the DDA and in particular the duty to put in place timely reasonable adjustments. The PHA and HSC organisations via their Regional and local Equality & Disability Action Plans are actively seeking to encourage the participation of persons with a disability in public life and to promote positive attitudes toward disabled persons. PHA and HSC organisations have a range of schemes designed to encourage the participation of disabled persons in the workplace - examples include placement schemes, job shadow days, mentoring and positive action measures leading to gainful employment. The PHA and HSC organisations have made Equality, Good Relations and Human Rights : Making a Difference training a mandatory requirement for all staff – which incorporates disability equality training.
Ethnicity	PHA are committed to making workplaces a welcoming place for all who choose to work here regardless of difference. This is underpinned by the Equality, Diversity and Inclusion Policy and other guidelines e.g. Joint Declaration of Protection aimed at promoting a harmonious working environment free from harassment and intimidation. This is further backed up with ongoing Equality, Good Relations and Human Rights training which is mandatory for all staff.

	PHA and HSC organisations also have in place regional contracts for the provision of information in alternative languages for staff who do not speak English as a first language – to promote inclusivity
Sexual Orientation	The PHA has a range of resources and training interventions to promote an inclusive workplace for all staff. HSC organisations also support the LGBT Staff Forum in partnership with recognised Trade Unions. A regional policy i.e. Gender Identity and Expression Policy has been drawn up to promote respect for the members of staff who have undergone, are undergoing or intend to undergo gender reassignment, as well as those who are gender fluid etc.

#### 2.4 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?**

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
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This change was not directly linked to this policy, however increased working from home provisions and the fact that training programmes can largely be delivered remotely might encourage staff with dependants to avail of the training on offer. Increased financial provisions within the policy might also encourage lower paid staff to apply for training. Suggest you add a heading for each of the groups in 2.3 where an issue was identified, and outline measures, if any to mitigate. E.g.

#### Gender

The policy states that repayment on a noncompleted course will not apply in cases of pregnancy.

#### Age

All staff, new and experienced should have an appraisal where their development needs are discussed. Additional development needs may be discussed or identified during the probation period.

#### Marital Status

More Training and Education is delivered virtually which would assist single parents or those with dependants. Additionally, the flexible working policy adds another level of support.

#### Dependent Status

More Training and Education is delivered virtually which would assist single parents or those with dependants. Additionally, the

This guidance shall be reviewed:

- Policy will be available on the intranet and all new starts will be required to read policies
- Policies will be outlined and brought to employees attention at corporate induction
- Memo will be issued to advise employees of new policy and where to locate it
- HR will continue to provide advice to managers and employees on equality issues (having sought advice from Equality Unit where applicable)
- HR will continue to encourage all staff on a quarterly basis to update their equality details via the HRPTS portal.

<p>flexible working policy adds another level of support.</p> <p><u>Disability</u> HR have committed to attending the Disability Network (Tapestry) to listen to suggestions from staff living with disabilities. Continue to promote the benefits of training, development and education for all staff including those with disabilities.</p>	
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## 2.5 Good Relations

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

<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
Religion	N/A	
Political Opinion	N/A	As above
Ethnicity	N/A	As Above

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

**Please tick:**

Major impact		Please give decisions:	<b>Please tick:</b>		Please give reasons for your
Minor impact	X		Yes		
No further impact			No	X	

It is not felt that a full EQIA will highlight any further issues with regards to equality of opportunity for the Section 75 groups.

**(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>
<p>All training, development and education opportunities are available to those with disabilities.</p> <p>A variety of delivery methods are now available including traditional face to face, eLearning and virtual class room.</p> <p>Following discussions with the disability network, the members requested that training should be offered both virtually and in person. This would accommodate staff with various disabilities.</p> <p>Staff with disabilities are encouraged to apply for training, development and education and this encourages participation in public life whilst promoting positive attitudes towards disabled people.</p>	<p>Raise awareness at Tapestry Network.</p>

<p>HR have committed to attending the disability network to promote training opportunities.</p>	
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**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>
<p>The policy will have a positive impact on the disability duties in that it will seek to encourage the participation of persons with a disability in public life (including employment) via e.g. work placement, job shadowing, positive action training programmes leading onto substantive employment with the PHA and elsewhere e.g. Workable NI programme</p>	<p>Ensure that, if staff with disabilities attend any training programme, they fully participate with others on the programme. This will have benefits for both the staff with disabilities, and those without disabilities by providing different perspectives.</p>

**(5) CONSIDERATION OF HUMAN RIGHTS**

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

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

*If you have answered no to all of the above please move 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?*
			Yes/No
N/A			

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

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

Ongoing training e.g. completion of mandatory Making a Difference eLearning modules and reading of Equality, Good Relations and Human Rights – A Training Manual for Staff.

Compliance with the Human Rights Act 1998.  
 Recruitment and Selection Training.  
 Management and supervisory development programmes.  
 Annual Monitoring Returns to the ECNI, completion of Article 55 Review Reports, monitoring of uptake of Work Life Balance Provisions, monitoring of placements under the Trust’s Disability Action Plan, complaints management and learning from same. Keeping pace with on-going legislative developments and relevant case law, and review of policy and practice in light of best practice.  
 Active consideration of human rights values and principles as an integral part of policy development, implementation and decision making processes

**(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)?**

<b>Equality &amp; Good Relations</b>	<b>Disability Duties</b>	<b>Human Rights</b>
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<p>S75 data for staff availing of training, development and education opportunities. Current limitations with our Learning Management System (LMS) doesn't allow us to monitor this is full. A new LMS is being procured and one of the specifications is a more robust reporting mechanism.</p> <p>We will continue to collect data via HRPTS and the new LMS when available.</p> <p>PHA will endeavour to enhance the quantitative S75 monitoring of: All applications; Unsuccessful applications; and non-completions. This will be easier to access through a more robust LMS.</p> <p>Annual Monitoring Returns to the ECNI, completion of Article 55 Review Reports, monitoring of uptake of Work Life Balance Provisions, complaints management and learning from same. Keeping pace with ongoing legislative developments and relevant case law, and review of policy and</p>	<p>Monitoring here should relate specifically to commitments made in 4.1 and 4.2</p> <p>Note the discussions that take place at the Tapestry Network.</p> <p>If data allows, a report showing the amount of course attendees with disabilities could be produced. This would be reliant on S75 data within the HR system.</p>	
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practice in light of best practice		
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Approved Lead Officer:

Karyn Patterson

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Position:  
Contact Details

Senior HR Business Partner  
[Karyn.patterson@hscni.net](mailto:Karyn.patterson@hscni.net)

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Date:

11<sup>th</sup> July 2024

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Policy/Decision Screened by: Karyn  
Patterson

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**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; Equality Unit/ Tel: 02895 363961/Email:  
[Equality.Unit@hscni.net](mailto:Equality.Unit@hscni.net)