

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

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

PHA Substance & Alcohol Misuse Policy

1.2 Description of policy or decision

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

The aims of this policy are to help employees identify at an early stage, struggles with substance, or alcohol which may lead to misuse, and encourage and assist those employees with a problem or potential problem to seek help.

- To ensure that all our line managers remain alert to the possible early signs of alcohol or substance misuse, and that we allow individuals every opportunity to overcome their difficulties.
- To create a climate which removes the tendency to conceal, deny and cover up the problem and to encourage employees who believe or know that they have an alcohol or substance use problem (or who are suspected or known by colleagues to have such a problem) to seek help directly.
- To ensure that all employees are aware of the consequences for their employment if they misuse intoxicating substances at work and recognise that PHA has the authority to refer to the HSC Regional Disciplinary Policy if there is any misconduct associated with the consumption of alcohol/substance misuse.
- To set out the sources of help and advice available in confidence both within PHA and from outside agencies and provide a framework within which

substance misuse problems can be managed in a fair and consistent manner.

- To ensure managers, staff, trade union and professional organisation representatives are confident in managing and supporting staff who have lost capability or capacity due to alcohol or substance use.
- **how will this be achieved? (key elements)**

This guidance applies to employees and managers in the PHA and is for the purpose of instructing them on the correct procedure, support available and information on substance and alcohol misuse, clearly outlining each stakeholders' roles and responsibilities within.

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

This policy applies to all staff within the Public Health Agency.

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

Business Service Organisation Staff and Management

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

- **what are they?**
- HSC Regional code of conduct
- Maintaining High Professional Standards (Medical and Dental Staff only)
- HSC Regional Supporting Performance Improvement Policy
- Attendance at work Procedure
- Attendance at work Policy
- Regional Disciplinary Policy Procedure

- Zero Tolerance Policy

who owns them?

PHA

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

Benchmarked with other HSC Trusts policies on this subject
 Partnership meeting will be held with Trade Union Representatives and HR once industrial action has ended.
 Policy has been circulated to Occupational Health Service for comments.

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

2.2 Quantitative Data

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.

****Staff Profile data retrieved from HRPTS 'Staff in Post' report as at 31 December 2022***

Category	<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>				
Gender	<p>Staff Profile (June 2024)</p> <table border="1" data-bbox="336 1592 651 1727"> <tr> <td>Male</td> <td>23.75%</td> </tr> <tr> <td>Female</td> <td>76.25%</td> </tr> </table> <p>Population profile:</p>	Male	23.75%	Female	76.25%
Male	23.75%				
Female	76.25%				

Census 2021: The proportion of females in 2021 is 51.00% (967,043).

The male population is 49.00% (936,132) in 2021.

<https://www.nisra.gov.uk/system/files/statistics/census-2021-msa07.xlsx>

- 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):
 - o gender variant to some degree 1%
 - o have sought some medical care 0.025%
 - o having already undergone transition 0.015%

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).

Applying GIREs figures to NI population (using NISRA mid-year population estimates for 2021) N=1,903,175:

- 19,031 people who do not identify with gender assigned to them at birth
- 475 likely to have sought medical care
- 285 likely to have undergone transition.

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 mid2041 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

Staff Profile – PHA (June 2024)

Perceived Protestant	1.35%
Protestant	15%
Perceived Roman Catholic	0.74%
Roman Catholic	18.02%
Neither	0.83%
Perceived Neither	
Not assigned	64.06%

Population profile:

Religion or Religion brought up in

- 45.70% (869,751) of the population were either Catholic or **brought up** as Catholic.
- 43.48% (827,544) stated that they were Protestant or **brought up** as Protestant.
- 1.50% (28,513) of the population belonged to or had been **brought up** in other religions and Philosophies.
- 9.32% (177,360) neither belonged to, nor had been brought up in a religion.

(Census 2021)

Political Opinion

Staff Profile – PHA (June 2024)

Broadly Nationalist 0.70%

	<table border="1"> <tr> <td>Other</td> <td>2.30%</td> </tr> <tr> <td>Broadly Unionist</td> <td>0.90%</td> </tr> <tr> <td>Not assigned</td> <td>94.49%</td> </tr> <tr> <td>Do not wish to answer</td> <td>1.60%</td> </tr> </table> <p>Population Profile NISRA Census data 2021 d please refer to Religious data ir</p> <p style="text-align: right;">Political opinion information</p>	Other	2.30%	Broadly Unionist	0.90%	Not assigned	94.49%	Do not wish to answer	1.60%								
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<p>Marital Status</p>	<p>Staff Profile - PHA (June 2024)</p> <table border="1"> <tr> <td>Divorced</td> <td>0.40%</td> </tr> <tr> <td>Mar/CP</td> <td>16.93%</td> </tr> <tr> <td>Other</td> <td>0.20%</td> </tr> <tr> <td>Separt</td> <td>0.20%</td> </tr> <tr> <td>Single</td> <td>4.41%</td> </tr> <tr> <td>Unknwn</td> <td>77.76%</td> </tr> <tr> <td>Widw/R</td> <td>0.10%</td> </tr> <tr> <td>Not assigned</td> <td></td> </tr> </table> <p>Population profile:</p> <ul style="list-style-type: none"> • 45.49% (690,509) of those aged 16 or over were married • 38.07% (576,708) were single • 0.18% (2,742) were registered in a civil partnerships • 6.02% (91,128) were either divorced, separated or formerly in a civil partnership • 6.36% (96,384) were either widowed or a surviving partner (Census 2021) <p>Northern Ireland Life and Times (2022) Single (never married) 34% Married and living with husband/wife 51% A civil partner in a legally-registered civil partnership 0%</p>	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	
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Widw/R	0.10%																
Not assigned																	

	<p>Married and separated from husband/wife 3% Divorced 5% Widowed 6%</p>						
<p>Dependent Status</p>	<p>Staff Profile - PHA (June 2024)</p> <table border="1" data-bbox="336 416 711 640"> <tr> <td>Yes</td> <td>4.01%</td> </tr> <tr> <td>Not assigned</td> <td>93.79%</td> </tr> <tr> <td>No</td> <td>2.20%</td> </tr> </table> <p>Population profile:</p> <p>CarersNI State of Caring 2022 Annual survey (UK wide, including NI)</p> <ul style="list-style-type: none"> • 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. <p>1) 1 in 3 carers said they could afford their bills without struggling financially.</p>	Yes	4.01%	Not assigned	93.79%	No	2.20%
Yes	4.01%						
Not assigned	93.79%						
No	2.20%						

- 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/parttime 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

Staff Profile - PHA (June 2024)

No	15.13%
Not assigned	83.87%
Yes	1.00%

Population profile:

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.

65.33% (1,243,371) of residents did not have long – term health condition.

- Deafness or partial hearing loss – **5.75% (109,457)**
- Blindness or partial sight loss – **1.78% (33,961)**
- Communication Difficulty – **1.65% (29,879)**
- Autism or Asperger Syndrome – **1.86% (35,367)**
- Mobility or Dexterity Difficulty – **1.48% (28,138)**
- A learning intellectual difficulty – **0.89% (16,923)**
- An emotional, psychological or mental health condition – **8.68% (165,127)**
- Long – term pain or discomfort – **11.58% (220,328)**
- Shortness of breath or difficulty breathing – **10.29% (195,754)**
- Frequent confusion or memory loss – **1.99% (37,789)**

(Census 2021)

Health Survey NI (2021/22)

- 40% longstanding illness (30% limiting and 11% non-limiting illness)
- Females (44%) were more likely than males (36%) to have a longterm condition.
- A fifth (24%) reported high levels of anxiety, while 41% reported very low levels

Ethnicity

Staff Profile - PHA (June 2024)

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

	<p>Population profile: 3.45% (65,604) of the usual resident population belong 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% Other – 0.19% (Census, 2021)</p>										
Sexual Orientation	<p>Staff Profile - PHA (June 2024)</p> <table border="1" data-bbox="336 1261 997 1691"> <tr> <td>Do not wish to answer</td> <td>0.50%</td> </tr> <tr> <td>Not assigned</td> <td>94.19%</td> </tr> <tr> <td>Opposite sex</td> <td>4.71%</td> </tr> <tr> <td>Both Sexes</td> <td></td> </tr> <tr> <td>same sex</td> <td>0.60%</td> </tr> </table> <p>Population profile: 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.</p>	Do not wish to answer	0.50%	Not assigned	94.19%	Opposite sex	4.71%	Both Sexes		same sex	0.60%
Do not wish to answer	0.50%										
Not assigned	94.19%										
Opposite sex	4.71%										
Both Sexes											
same sex	0.60%										

- 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:
 - o 1.17% identifying as gay or lesbian
 - o 0.75% identifying as bisexual
- 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 straight, bisexual, gay or lesbian categories. A further 4.58% refused, or did not know how to identify themselves.
- The population aged 16 to 24 were the largest age group to identify as LGB in 2021 (4.61%).

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).

<i>Category</i>	<i>Needs and Experiences</i>
Gender	Appendix 2 'Adult drinking patterns in Northern Ireland', outlines that there may be particular needs and experiences to be considered for the equality groups of males and younger adults and it is recognised that these groups may require additional support.
Age	Appendix 2 'Adult drinking patterns in Northern Ireland', outlines that there may be particular needs and experiences to be considered for the equality groups of males and younger adults and it is recognised that these groups may require additional support.
Religion	There is no data to suggest that there are specific needs or experiences arising within this category, as this procedure provides clear guidance on the management and process for supporting staff with Alcohol and or substance misuse difficulties.

Political Opinion	There is no data to suggest that there are specific needs or experiences arising within this category, as this procedure provides clear guidance on the management and process for supporting staff with Alcohol and or substance misuse difficulties.
Marital Status	There is no data to suggest that there are specific needs or experiences arising within this category, as this procedure provides clear guidance on the management and process for supporting staff with Alcohol and or substance misuse difficulties.
Dependent Status	There is no data to suggest that there are specific needs or experiences arising within this category, as this procedure provides clear guidance on the management and process for supporting staff with Alcohol and or substance misuse difficulties.
Disability	Individuals with sensory problems will have specific requirements with regards to communication of the guidance. Also, those with learning difficulties may require additional support in order to get an understanding of how the guidance works and the processes involved.
Ethnicity	There is no data to suggest that there are specific needs or experiences arising within this category, as this procedure provides clear guidance on the management and process for supporting staff with Alcohol and or substance misuse difficulties.
Sexual Orientation	There is no data to suggest that there are specific needs or experiences arising within this category, as this procedure provides clear guidance on the management and process for supporting staff with Alcohol and or substance misuse difficulties.

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?

<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>
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<p>Individuals with sensory problems will have specific</p>	<p>Managers/HR/OHS will offer support for those staff who require additional support or who have</p>
<p>requirements with regards to communication of the guidance. Also, those with learning difficulties may require additional support in order to get an understanding of how the guidance works and the processes involved.</p> <p>There may be particular needs and experiences to be considered for the equality groups of males and younger adults and it is recognised that these groups may require additional support.</p>	<p>disabilities when they are engaged in this process or require assistance understanding the process. We also have partnership with medical referrals and organisations such as Inspire and local charities who may be availed of as appropriate.</p> <p>Any referrals or formal processes that involve the use of this policy will collect gender and age breakdown so that it will help inform the impact and effectiveness of the provisions we offer those groups for future reviews.</p> <p>PHA will also build upon working relationships with PHA on Health & Wellbeing initiatives and support on Alcohol/Substance misuse. HR will continue to circulate Corporate Communications to staff. Ex. Alcohol awareness week, as well as organising Wellbeing Webinars promoting healthy lifestyles and supports available.</p> <p>Ex BSO Health & Wellbeing Support Pack</p>

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)

Group	Impact	Suggestions
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

Major impact	
Minor impact	x
No further impact	

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

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

Please tick:

Yes	
No	x

Minor impact only as the potential equality impacts have been identified for people with a disability, young adults, and males, as described in Section 2.3

(4) CONSIDERATION OF DISABILITY DUTIES

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

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
N/A – not relevant	

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

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
N/A – not relevant	

(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?	Does this raise legal issues?*
			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
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<p>We may review data on the support and referrals made to those staff being managed through this policy to monitor the effectiveness of the support and outcomes. This will assist us in the review of the policy to identify opportunities to better promote equality of opportunity for the S75 equality groups.</p>		
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Approved Lead Officer: Karyn Patterson

Position: Senior HR Business Partner

Contact Details Karyn.patterson@hscni.net

Date: 18th July 2024

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: equality.unit@hscni.net

Phone: 028 9536 3961