

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.

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

Internal Talent Mobility Process

1.2 Description of policy or decision

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

The Internal Talent Mobility (ITM) process was introduced in July 2023 as a ‘proof of concept’ model replacing the former Directorate level Expression of Interest process. Facilitating the internal movement of staff to fill short term gaps whilst bringing the benefit of promoting opportunities for staff development and cross Directorate collaboration, this model has brought significant benefit to the Public Health Agency (PHA) since introduction particularly whilst the organisations remains in a period of significant organisational change.

how will this be achieved? (key elements)

Most jobs in the PHA will be publicly advertised, however this process may be used when there is a pressing need to fill a post on a temporary basis to meet service needs, for example to complete time-bound short-term projects or unplanned / short staff absences.

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

The impact of staff movement however this could happen irrespective of the recruitment model.

The availability of suitably qualified persons from the internal labour pool.

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

ITM's will be open to all working within the Public Health Agency at the time of advertisement who meet the criteria. *This includes all directly employed staff who are actively working with PHA at the time of the ITM and PHA agency workers.*

Trade Unions have been consulted during this process development.

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

what are they?

This process should be read in conjunction with the Health and Social Care Recruitment and Selection Framework document.

who owns them?

HSC

(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.

2.2.1 Quantitative Data

Workforce Data
 The process was originally borne out of complaints about the former EOI process. Anecdotal feedback on the value of the ‘proof of concept’ trial.

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.

| 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 – PHA (June 2024)</p> <table border="1" style="margin-left: 20px;"> <tr> <td>Male</td> <td>23.75%</td> </tr> <tr> <td>Female</td> <td>76.25%</td> </tr> </table> <p>Population profile: 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-ms-a07.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): gender variant to some degree 1%</p> | Male | 23.75% | Female | 76.25% |
| Male | 23.75% | | | | |
| Female | 76.25% | | | | |

have sought some medical care 0.025%
 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 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/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:

| | <p>Religion or Religion brought up in</p> <p>45.70% (869,751) of the population were either Catholic or brought up as Catholic.</p> <p>43.48% (827,544) stated that they were Protestant or brought up as Protestant.</p> <p>1.50% (28,513) of the population belonged to or had been brought up in other religions and Philosophies.</p> <p>9.32% (177,360) neither belonged to, nor had been brought up in a religion.</p> <p>(Census 2021)</p> | | | | | | | | | | | | | |
|--|--|--|--|--|---------------------|-------|--------|--------|------------------|-------|--------------|--------|-----------------------|-------|
| Political Opinion | <table border="1" data-bbox="336 752 976 1137"> <tr> <th colspan="2">Staff Profile – PHA (June 2024)</th> </tr> <tr> <td>Broadly Nationalist</td> <td>0.70%</td> </tr> <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: Nationality</p> <ul style="list-style-type: none"> British only – 31.86% (606,263) Irish only – 29.13% (554,415) Northern Irish only – 19.78% (376,444) British and Northern Irish only – 7.95% (151,327) Irish and Northern Irish only – 1.76% (133,581) British, Irish and Northern Irish – 1.47% (28,050) British and Irish only – 0.62% (11, 768) Other – 7.43% (141,327) <p>(Census 2021)</p> | | Staff Profile – PHA (June 2024) | | Broadly Nationalist | 0.70% | Other | 2.30% | Broadly Unionist | 0.90% | Not assigned | 94.49% | Do not wish to answer | 1.60% |
| Staff Profile – PHA (June 2024) | | | | | | | | | | | | | | |
| Broadly Nationalist | 0.70% | | | | | | | | | | | | | |
| Other | 2.30% | | | | | | | | | | | | | |
| Broadly Unionist | 0.90% | | | | | | | | | | | | | |
| Not assigned | 94.49% | | | | | | | | | | | | | |
| Do not wish to answer | 1.60% | | | | | | | | | | | | | |
| Marital Status | <table border="1" data-bbox="336 1749 976 2016"> <tr> <th colspan="2">Staff Profile – PHA (June 2024)</th> </tr> <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>Seperat</td> <td>0.20%</td> </tr> </table> | | Staff Profile – PHA (June 2024) | | Divorced | 0.40% | Mar/CP | 16.93% | Other | 0.20% | Seperat | 0.20% | | |
| Staff Profile – PHA (June 2024) | | | | | | | | | | | | | | |
| Divorced | 0.40% | | | | | | | | | | | | | |
| Mar/CP | 16.93% | | | | | | | | | | | | | |
| Other | 0.20% | | | | | | | | | | | | | |
| Seperat | 0.20% | | | | | | | | | | | | | |

| | | |
|---|--|--------|
| | Single | 4.41% |
| | Unknwn | 77.76% |
| | Widw/R | 0.10% |
| | Not assigned | |
| <p>Population profile: 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> <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% Married and separated from husband/wife 3% Divorced 5% Widowed 6%</p> <p>Civil partnerships Annual Reports of the Registrar General for NI show that Between 2005 and 2018 inclusive, there have been 1298 civil partnerships registered in NI. (Available at https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrar-general-annual-report)</p> | | |
| Dependent Status | Staff Profile – PHA (June 2024) | |
| | Yes | 4.01% |
| | Not assigned | 93.79% |
| | No | 2.20% |
| <p>Population profile:</p> | | |

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 in 3 carers said they could afford their bills without struggling financially.
- 28% said they had access to paid carers leave from work
- 54% said they had been offered flexible working arrangements
- 1 in 5 carers reported their physical health to be bad or very bad
- 24% had been caring for 10 years or more
- 25% were caring for 50+ hours a week
- 27% reported their mental health as bad or very bad
- 23% of carers say the care and support services available in their area do not meet their needs
- 43% with unpaid caring responsibilities in NI are also in full/part-time employment
- 130k had either given up work or reduced their hours to care for someone

| | <ul style="list-style-type: none"> • 78% were worried about being able to juggle the two. • Over 60% said that working from home had enable them to balance work and caring more effectively • 64% had given up opportunities at work due to caring • 41% said not working from home would make them consider leaving their job <p>Health Survey NI 2021/22</p> <p>Respondents with caring responsibilities – 17%</p> <p>Respondents with caring responsibilities by gender – Male – 13%; Female – 22%</p> | | | | | | | | |
|--|--|--|--|----|--------|--------------|--------|-----|-------|
| Disability | <table border="1" data-bbox="336 801 976 1025"> <tr> <th colspan="2">Staff Profile – PHA (June 2024)</th> </tr> <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>Population profile:</p> <p>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> <p>Deafness or partial hearing loss – 5.75% (109,457)</p> <p>Blindness or partial sight loss – 1.78% (33,961)</p> <p>Communication Difficulty – 1.65% (29,879)</p> <p>Autism or Asperger Syndrome – 1.86% (35,367)</p> <p>Mobility or Dexterity Difficulty – 1.48% (28,138)</p> <p>A learning intellectual difficulty – 0.89% (16,923)</p> <p>An emotional, psychological or mental health condition – 8.68% (165,127)</p> <p>Long – term pain or discomfort – 11.58% (220,328)</p> <p>Shortness of breath or difficulty breathing – 10.29% (195,754)</p> <p>Frequent confusion or memory loss – 1.99% (37,789)</p> <p>(Census 2021)</p> | Staff Profile – PHA (June 2024) | | No | 15.13% | Not assigned | 83.87% | Yes | 1.00% |
| Staff Profile – PHA (June 2024) | | | | | | | | | |
| No | 15.13% | | | | | | | | |
| Not assigned | 83.87% | | | | | | | | |
| Yes | 1.00% | | | | | | | | |

| | | |
|-----------|---|--------|
| | <p>Health Survey NI (2021/22)</p> <p>40% longstanding illness (30% limiting and 11% non-limiting illness)</p> <p>Females (44%) were more likely than males (36%) to have a long-term condition.</p> <p>A fifth (24%) reported high levels of anxiety, while 41% reported very low levels</p> | |
| Ethnicity | <p>Staff Profile – PHA (June 2024)</p> | |
| | Not assigned | 91.98% |
| | White | 8.02% |
| | Other | |
| | Black African | |
| | Indian | |
| | Chinese | |
| | <p>Population profile:</p> <p>3.45% (65,604) of the usual resident population belonged to minority ethnic groups:</p> <p>White – 96.55% (1,837,575)</p> <p>Chinese – 0.50% (9,495)</p> <p>Irish Traveller – 0.14% (2,609)</p> <p>Indian – 0.52% (9,881)</p> <p>Pakistani – 0.08% (1,596)</p> <p>Filipino – 0.23% (4,451)</p> <p>Other Asian – 0.28% (5,244)</p> <p>Black African – 0.42% (8,069)</p> <p>Black Other – 0.16% (2,963)</p> <p>Arab – 0.10% (1,817)</p> <p>Roma – 0.08% (1,529)</p> <p>Mixed – 0.76% (14,382)</p> <p>Other – 0.19% (3,568)</p> <p>(Census, 2021)</p> | |

| | | |
|---|---|-----------|
| Sexual Orientation | Staff Profile – PHA (June 2024) | |
| | Do not wish to answer | 0.50% |
| | Not assigned | 94.19% |
| | Opposite sex | 4.71% |
| | Both Sexes | |
| | same sex | 0.60% |
| | Population profile: | |
| | <p>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> <p>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:</p> <p>1.17% identifying as gay or lesbian 0.75% identifying as bisexual</p> <p>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.</p> <p>The population aged 16 to 24 were the largest age group to identify as LGB in 2021 (4.61%).</p> | |
| | 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 | All staff would have equal opportunity under this process. All panel members must be trained in the R&S Process in accordance with the standard recruitment process. All panels will continue to be constituted in line with the principles of the HSC standard recruitment process in terms of gender. |
| Age | All staff would have equal opportunity under this process. All panel members must be trained in the R&S Process in accordance with the standard recruitment process. |
| Religion | All staff would have equal opportunity under this process. |

| | |
|--------------------|---|
| | All panels will continue to be constituted in line with the principles of the HSC standard recruitment process in terms of community background. |
| Political Opinion | All staff would have equal opportunity under this process. All panel members must be trained in the R&S Process in accordance with the standard recruitment process. |
| Marital Status | All staff would have equal opportunity under this process. All panel members must be trained in the R&S Process in accordance with the standard recruitment process. |
| Dependent Status | All staff would have equal opportunity under this process. All panel members must be trained in the R&S Process in accordance with the standard recruitment process. |
| Disability | All staff would have equal opportunity under this process. All panel members must be trained in the R&S Process in accordance with the standard recruitment process. |
| Ethnicity | All staff would have equal opportunity under this process. All panel members must be trained in the R&S Process in accordance with the standard recruitment process. |
| Sexual Orientation | All staff would have equal opportunity under this process. All panel members must be trained in the R&S Process in accordance with the standard recruitment process. |

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> |
|--|--|
| None – all already taken account of during development | None – all already taken account of during development |

2.4 Good Relations

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

| <i>Group</i> | <i>Impact</i> | <i>Suggestions</i> |
|-------------------|---------------|--------------------|
| Religion | N/A | |
| Political Opinion | N/A | |
| Ethnicity | N/A | |

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity

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

Please tick:

| | |
|-------------------|---|
| Major impact | |
| Minor impact | |
| No further impact | x |

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

Please tick:

| | |
|-----|---|
| Yes | |
| No | x |

Please give reasons for your decisions.

This process does not constitute any adverse impact and is designed to ensure equality of opportunity.

(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> |
|---|---|
| The duty of reasonable adjustment applies. | The duty of reasonable adjustment applies. |

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> |
|--|--|
| The is designed to ensure equality of opportunity. | The is designed to ensure equality of opportunity. |

(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 |
|---|----|

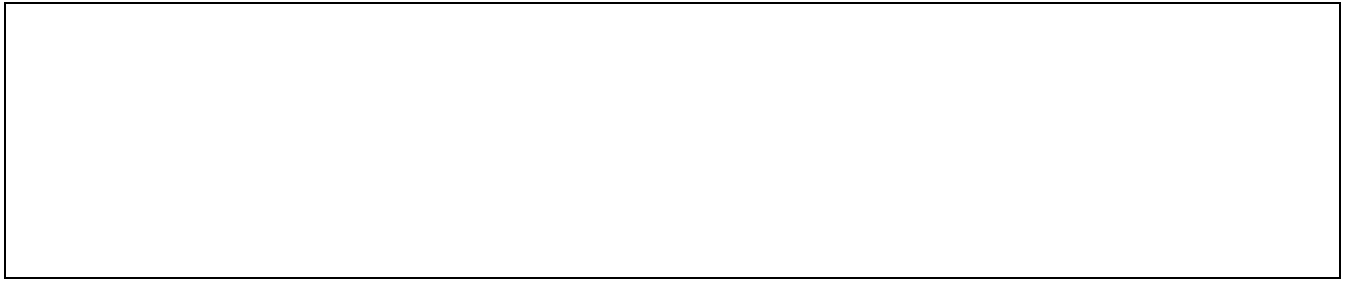
*If you have answered no to all of the above please move on to **Question 6** on monitoring*

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 |
|---------------------------|-------------------|--------------|
| | | |

| | |
|-------------------------------------|--|
| Approved Lead Officer: | Karyn Patterson |
| Position: | Senior HR Business Partner & Change Manager |
| Contact Details | Karyn.patterson@hscni.net |
| Date: | 21 st February 2025 |
| Policy/Decision Screened by: | Karyn Patterson |

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: Email: Equality.Unit@hscni.net Phone: 028 9536 3961