

## Equality and Human Rights Screening Template

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

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

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

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

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

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 Portal - [Screening Resources & Evidence](#).**

For advice and support on screening contact:

Equality Unit|BSO|James House|2-4 Cromac Avenue|Belfast|BT7  
2JA  
Tel: 028 9536 3961

# SCREENING TEMPLATE

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

Self-Harm Intervention Programme (SHIP): Re-tender

### 1.2 Description of policy or decision

Northern Ireland has high rates of both self-harm and suicide. Under the Protect Life Suicide Prevention Strategy for Northern Ireland, the PHA is tasked with commissioning services for people who self-harm.

A Self-Harm Intervention Programme (SHIP) complements the provision of services by the Trust mental health services but targets those with less complex problems that would otherwise be discharged from the Trust with little or no support in place. Follow-up care for self-harm is provided by the Health and Social Care (HSC) Trusts for people with associated mental health problems.

SHIP is provided by Community and Voluntary sector organisations

#### Service for those who self-harm

SHIP provides a service for those aged 11+ who have self-harmed and do not require input from statutory mental health services. SHIP aims to provide early intervention to prevent/ minimise repetition of self-harm and prevent deaths by suicide.

Referrals to SHIP are accepted from mental health practitioners in the Trusts or in the multidisciplinary teams (MDT) in primary care who triage / assess cases prior to referral. This ensures that higher risk cases in need of more intensive support are retained within HSC Trusts.

Those referred to the service that meet the eligibility criteria will be receive psychological interventions and support commensurate with the individual clients' needs and in line with guidance developed by the National Institute for Clinical and Social Care Excellence (NICE), NG225. SHIP will also signpost or refer individuals to other services in

both statutory and community/voluntary sector as appropriate to their needs.

### Service for support person(s) of those who self-harm

SHIP provides a service to support person(s) of those who self-harm; this support provided comprises

- advice on how to support the person who has self-harmed including accessing services in a crisis
- the opportunity to be involved in the development of the 'safety plan' for the client (with their permission)
- advice on self-care and strengthening their own coping skills
- signposting or referral to other support services as appropriate to meet their needs and the needs of the wider family/friend group.

The SHIP Service will be based in a community setting to minimise stigma and promote engagement. The service will work collaboratively with HSC services. Each year approximately 3600 people who self-harm are referred to the SHIP service and around 13,000 sessions of therapy are delivered, as well as additional support provided to support persons. The service is well embedded as part of the self-harm care pathway across Trusts.

This equality screening is being undertaken in preparation of a re-tendering exercise for the SHIP service, in line with procurement and tender guidance, with a view to a new service being in place by July 2024.

### **1.3 Main stakeholders affected (internal and external)**

Service Users: those who self-harm aged 11+ years old

Service Users: support person(s) of those who self-harm aged 11+ years old

Staff: in Community and Voluntary Services commissioned to provide the SHIP service

Staff: in Public Health Agency: will also receive data from the SHIP providers in relation to commissioned activity and Section 75 summary information.

Staff: in HSC Trust Mental Health Services and General Practice Multi-Disciplinary Teams Mental Health Staff who refer to the SHIP service

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

- Protect Life 2 Strategy (DoH) [Protect Life 2 - Suicide Prevention Strategy | Department of Health \(health-ni.gov.uk\)](#)
- NI Mental Health Strategy 2021-31 (DoH) [doh-mhs-strategy-2021-2031.pdf \(health-ni.gov.uk\)](#)
- Strategic Framework to Tackle the Harm from Substance Use (2021-31) [doh-substanceuse-strategy-2021-31.pdf \(health-ni.gov.uk\)](#)
- Health and Wellbeing 2026: Delivering Together (DoH) [health-and-wellbeing-2026-delivering-together \(health-ni.gov.uk\)](#)
- Review of mental health crisis services in Northern Ireland (DoH) [Microsoft Word - Annex B - Review of mental health crisis services in Northern Ireland \(health-ni.gov.uk\)](#)
- Programme for Government (PfG) 2021 (NIE)
- Self-Harm Registry Report 2019/20 (PHA) [Northern Ireland Registry of Self-harm, Summary Report, 2019/20 \(hscni.net\)](#). Reports for 2020/21 and 2021/22 are close to completion and will be available on the PHA website when published.

## **(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.**

1. SHIP service monitoring information and Section 75 reporting
  - PHA have received quarterly service monitoring information in relation to SHIP service delivery since its commencement in October 2015. PHA has also reviewed qualitative information provided by HSC Trust and primary care referrers and SHIP providers to ascertain the impact and success of the SHIP service.
2. Meetings with SHIP providers and HSC Trust and primary care referrers
  - Since the commencement of SHIP regular communication has taken place between the PHA, SHIP providers, HSC Trusts and primary care referrers. These meetings have offered a platform in which to discuss the delivery of SHIP and ascertain the views and recommendations of stakeholders (including service users and their family/care providers) in relation to the service and how it could be improved.
3. Information from the Self-Harm Registry including the Self-Harm Registry Report 21/22
  - The Self-Harm Registry Report highlights the scale of self-harm and suicidal behaviours within Northern Ireland and is an information source for use by organisations involved in policy, planning and delivery of services for people who experience self-harm and suicidal behaviours.
4. Information contained in Protect Life 2 Strategy
  - Protect Life 2 2019-24 is a long-term strategy for reducing suicides and the incidence of self-harm with action delivered across a range of Government departments, agencies, and sectors. As part of the consultation process over 800 letters

and emails distributed to a wide range of stakeholders including statutory, independent, voluntary and community sector organisations and political representatives garnering 104 responses.

5. Statistics from Northern Ireland Statistics and Research Agency and Northern Ireland Neighbourhood Information Service
6. Deprivation and religion in Northern Ireland - Investigations & Analysis - Northern Ireland from The Detail last accessed 29/01/2024

## 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.**

<b>Category</b>	<b><i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i></b>
Gender	<p>In the Northern Ireland population 51% are female and 49% are male (Census 2021)</p> <p>SHIP is accessible to persons of all gender identities provided that they each meet the service eligibility criteria.</p> <p>Data from the NI Registry of Self-Harm 2021/22 Annual Report, evidenced 8,128 self-harm attendances to Emergency Departments (ED) in Northern Ireland from 1st April 2021 to 31st March 2022 period. Of the 8,128, there were 4,754 (58%) female presentations and 3,374 (42%) male presentations. The gender balance of self-harm presentations has changed slightly in 2021/22 compared to in and around 50% female and 50% male since 2012/13. Within the above statistics there will be some individuals</p>

whose gender identity is neither male nor female - approximately 1%.

*Table 1 Number of self-harm presentations to EDs in NI, 2012/13 to 2021/22*

Northern Ireland	Male		Female		All Presentations		
	Year	Number	% change from previous year	Number	% change from previous year	Number	% change from previous year
	2012/13	4,139	-	4,140	-	8,279	-
	2013/14	4,202	+1.5%	4,254	+2.8%	8,456	+2.1%
	2014/15	4,459	+6.1%	4,426	+4.0%	8,885	+5.1%
	2015/16	4,424	<-1%	4,686	+5.9%	9,110	+2.5%
	2016/17	4,316	+2.4%	4,429	-5.5%	8,745	-4.0%
	2017/18	4,333	<+1%	4,794	+8.2%	9,127	+4.4%
	2018/19	4,479	+3.4%	4,763	<-1%	9,242	+1.3%
	2019/20	4,275	-4.5%	4,670	-1.9%	8,945	-3.2%
	<b>2020/21</b>	<b>3,470</b>	<b>-18.8%</b>	<b>4,296</b>	<b>-8.0%</b>	<b>7,766</b>	<b>-13.2%</b>
	<b>2021/22</b>	<b>3,374</b>	<b>-2.8%</b>	<b>4,754</b>	<b>+10.7%</b>	<b>8,128</b>	<b>+4.7%</b>

Rates of self-harm presenting to the ED are higher in females than males. The age standardised male rate was 280 per 100,000 and female rate was 343 per 100,000 for females in 2021/22. The rate in 2021/22 was 7% lower than in 2012/13 (334 per 100,000). The male rate of self-harm decreased by 17% over this period, while the female rate of self-harm increased by 3%.

*Table 2 European age-standardised rate of persons presenting to hospital in Northern Ireland following self-harm, 2012/13 to 2021/22*

Northern Ireland	Male		Female		All		
	Year	Rate	% change from previous year	Rate	% change from previous year	Rate	% change from previous year
	2012/13	336	-	334	-	334	-
	2013/14	339	+1%	335	<+1%	336	+1%
	2014/15	343	+1%	337	+1%	340	+1%
	2015/16	338	-1%	356	+6%	346	+2%
	2016/17	330	-2%	341	-4%	335	-3%
	2017/18	337	+2%	356	+4%	346	+3%
	2018/19	357	+6%	365	+3%	361	+4%
	2019/20	342	-4%	362	-1%	351	-3%
	<b>2020/21</b>	<b>287</b>	<b>-16%</b>	<b>322</b>	<b>-11%</b>	<b>303</b>	<b>-14%</b>
	<b>2021/22</b>	<b>280</b>	<b>-2%</b>	<b>343</b>	<b>+7%</b>	<b>310</b>	<b>+2%</b>

Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There

were challenges with the quality of the data returned, the data below should therefore be reviewed with caution. The proportion of females who used the SHIP service in 22/23 was 57.9%, compared to 39.8% males and 2.3% of individuals who identifies as neither female or male – this is similar to the proportion of presentations recorded at EDs in the Self Harm Registry. 3.3% of clients gender identity was not the same as sex assigned at birth.

Research has shown that transgender, non-binary or those with a gender identify other than that assigned at birth are at higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than those who identify with their gender assigned at birth. Given the same, it is acknowledged that this group are likely to make up a significantly higher proportion of referrals to SHIP.

The profile of support persons and staff in current SHIP service is not available.

**Age**

The NI Census recorded the population at 1,903,175. The age profile, by age band population percentage is detailed below:

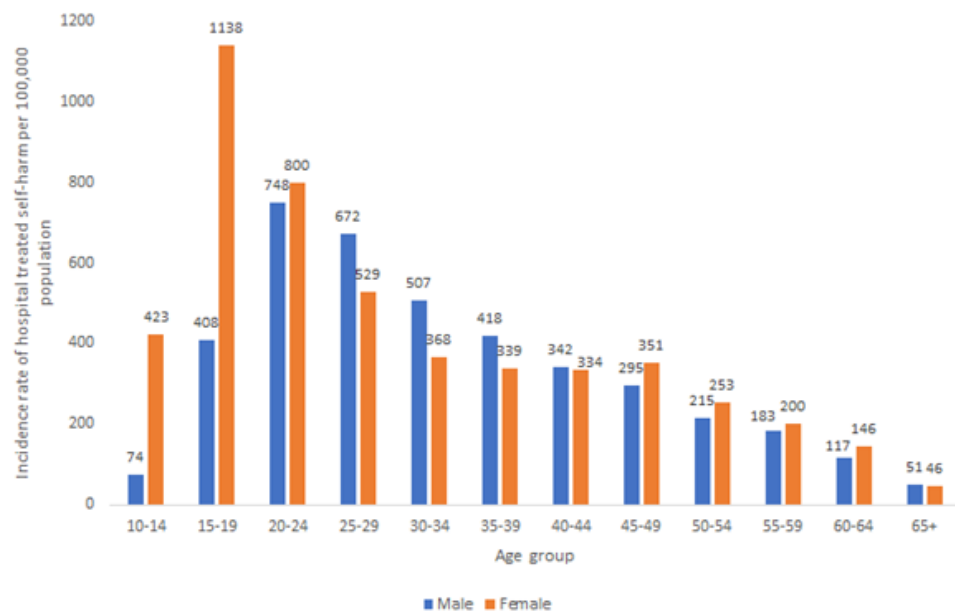
<b>Age range</b>	<b>% of NI population</b>
0-14 years	19.20%
15-19 years	5.95%
20-24 years	5.85%
25-29 years	6.12%
30-34 years	6.62%
35-39 years	6.69%
40-44 years	6.42%
45-49 years	6.39%
50-54 years	6.88%
55-59 years	6.79%
60-64 years	5.94%
65+ years	17.20%

SHIP is accessible to individuals aged 11 and over provided that they each meet the service eligibility criteria.

Those children aged under 11 years requiring support for self-harm will be supported by Child and Adolescent Mental Health Services in Trust.

Self-harm affects people of all ages as can be seen in the graph below which describes the age (and gender) profile of individuals to the ED with self-harm in 2021/22.

*Figure 1 Incidence rate of self-harm per 100,000 in Northern Ireland by age and gender, 2021/22.*



In 2021/22 the highest rate of self-harm in Northern Ireland was observed among 15-19-year-old females and 20-24-year-old males, with peak rates of 1,138 per 100,000 for females and 748 per 100,000 for males in these age groups. Although prevalence rates reduce with age, older people who self-harm are known to be at particularly high risk of suicide and unlikely to be suitable for SHIP and will require input of other services. Likewise, those under the age of 11 years who self-harm are not eligible for SHIP but will have access to other support services.

In 2021/22, self-harm presentations by those under 18 years of age contributed to 15% (n=1,253) of all self-harm presentations. This is a slight increase from 14% of all presentations in 2020/21. The majority of these self-harm presentations were female (83%)

*Figure 2 Number of self-harm presentations by young people under 18 years, 2012/13 to 2021/22*

Northern Ireland		Male <18 yrs		Female < 18 yrs		All Presentations <18 yrs	
Year	Number	% change from previous year	Number	% change from previous year	Number	% change from previous year	% change from previous year
2012/13	216	-	566	-	782	-	-
2013/14	269	+25%	597	+5%	866	+11%	+11%
2014/15	296	+10%	698	+17%	994	+15%	+15%
2015/16	262	-11%	788	+13%	1050	+6%	+6%
2016/17	268	+2%	687	-13%	955	-9%	-9%
2017/18	257	-4%	839	+22%	1096	+15%	+15%
2018/19	276	+7%	692	-18%	968	-12%	-12%
2019/20	242	-12%	742	+7%	984	+2%	+2%
2020/21	220	-9%	867	+17%	1,087	+10%	+10%
2021/22	213	-3%	1,040	+20%	1,253	+15%	+15%

Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There were challenges with the quality of the data returned, the data below should therefore be reviewed with caution.

Age category	Proportion of clients
18-24	31.0%
25-34	23.7%
35-44	22.8%
45-54	15.2%
54-64	7.3%
65+	nil

The trend seen in age is similar to the proportion of presentations recorded at EDs in the Self Harm Registry.

The profile of support persons and staff in current SHIP service is not available.

**Religion**

The 2021 Census showed the following religious make-up of Northern Ireland

Ni population (Census 2021): N=1,903,175

Religion	Population number	Population percentage
Catholic	805,151	42.31%

Presbyterian Church in Ireland	316,103	16.61%
Church of Ireland	219,788	11.55%
Methodist Church in Ireland	44,728	2.35%
Other Christian (incl Christian related)	130,377	6.85%
Other religions	25,519	1.34%
No religion	330,983	17.39%
Religion not stated	30,529	1.60%

SHIP is accessible to individuals irrespective of their religion with each service user dealt with on an equal basis.

Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There were challenges with the quality of the data returned, the data below should therefore be reviewed with caution.

<b>Religion</b>	<b>Proportion of clients</b>
Catholic	29.9%
Protestant	19.9%
Other Christian (incl Christian related)	6.85%
Other religions	3.1%
No religion	10.3%
Prefer not to say	36.8%

There is a health inequality aspect to the burden of suicide with the suicide rate in the 20% most deprived areas is almost twice the average in Northern Ireland and three times the rate experienced in the 20% least deprived areas. Research by The Detail has shown that 80% of the most deprived wards in Northern Ireland are predominantly Catholic. This data may therefore suggest that Catholics may be underrepresented in the SHIP service. However, it is noted that a high proportion of people 36.8% preferred not to state their religious background so no firm conclusions can be drawn.

The profile of support persons and staff in current SHIP service is not available.

Political Opinion	<p>The 2021 Census showed National identity (person based) number and percentage:</p> <table border="1" data-bbox="448 434 1334 1048"> <thead> <tr> <th data-bbox="448 434 948 607">National Identity</th> <th data-bbox="951 434 1129 607">Population number</th> <th data-bbox="1133 434 1334 607">Population percentage</th> </tr> </thead> <tbody> <tr> <td data-bbox="448 611 948 651">British only</td> <td data-bbox="951 611 1129 651">606,263</td> <td data-bbox="1133 611 1334 651">31.86%</td> </tr> <tr> <td data-bbox="448 656 948 696">Irish only</td> <td data-bbox="951 656 1129 696">554,415</td> <td data-bbox="1133 656 1334 696">29.13%</td> </tr> <tr> <td data-bbox="448 701 948 741">Northern Irish only</td> <td data-bbox="951 701 1129 741">376,444</td> <td data-bbox="1133 701 1334 741">19.78%</td> </tr> <tr> <td data-bbox="448 745 948 786">British and Irish only</td> <td data-bbox="951 745 1129 786">11,768</td> <td data-bbox="1133 745 1334 786">0.62%</td> </tr> <tr> <td data-bbox="448 790 948 875">British and Northern Irish only</td> <td data-bbox="951 790 1129 875">151,327</td> <td data-bbox="1133 790 1334 875">7.95%</td> </tr> <tr> <td data-bbox="448 880 948 920">Irish and Northern Irish only</td> <td data-bbox="951 880 1129 920">33,581</td> <td data-bbox="1133 880 1334 920">1.76%</td> </tr> <tr> <td data-bbox="448 925 948 1010">British, Irish and Northern Irish only</td> <td data-bbox="951 925 1129 1010">28,050</td> <td data-bbox="1133 925 1334 1010">1.47%</td> </tr> <tr> <td data-bbox="448 1014 948 1048">Other</td> <td data-bbox="951 1014 1129 1048">141,327</td> <td data-bbox="1133 1014 1334 1048">7.43%</td> </tr> </tbody> </table> <p data-bbox="395 1093 1391 1261">Self-harm rates in Northern Ireland by political opinion are not collected. Notwithstanding this SHIP is accessible to individuals irrespective of their political opinion with each service user dealt with on an equal basis.</p> <p data-bbox="395 1294 1391 1462">Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There were challenges with the quality of the data returned, the data below should therefore be reviewed with caution.</p> <table border="1" data-bbox="395 1507 1386 1727"> <thead> <tr> <th data-bbox="395 1507 890 1547">Political opinion</th> <th data-bbox="893 1507 1386 1547">Proportion of clients</th> </tr> </thead> <tbody> <tr> <td data-bbox="395 1552 890 1592">Broadly Nationalist</td> <td data-bbox="893 1552 1386 1592">25.8%</td> </tr> <tr> <td data-bbox="395 1597 890 1637">Broad Unionist</td> <td data-bbox="893 1597 1386 1637">17.2%</td> </tr> <tr> <td data-bbox="395 1641 890 1682">Other Political opinion</td> <td data-bbox="893 1641 1386 1682">17.2%</td> </tr> <tr> <td data-bbox="395 1686 890 1727">Prefer not to say</td> <td data-bbox="893 1686 1386 1727">49.0%</td> </tr> </tbody> </table> <p data-bbox="395 1776 1391 1854">The profile of support persons and staff in current SHIP service is not available.</p>	National Identity	Population number	Population percentage	British only	606,263	31.86%	Irish only	554,415	29.13%	Northern Irish only	376,444	19.78%	British and Irish only	11,768	0.62%	British and Northern Irish only	151,327	7.95%	Irish and Northern Irish only	33,581	1.76%	British, Irish and Northern Irish only	28,050	1.47%	Other	141,327	7.43%	Political opinion	Proportion of clients	Broadly Nationalist	25.8%	Broad Unionist	17.2%	Other Political opinion	17.2%	Prefer not to say	49.0%
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Marital Status	The 2021 Census shows that almost half (46%) of people aged 16 years and over on Census Day were married, and over a third (38%) were single. Just over 2,742 people																																					

(0.18%) were in registered in civil partnerships (more than doubled since 2011). A further 6% of residents were divorced or formerly in a same-sex civil partnership which is now legally dissolved, 6% were either widowed or a surviving partner from a civil partnership, while the remaining 4% were separated.

SHIP is accessible to individuals irrespective of their marital status with each service user dealt with on an equal basis.

Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There were challenges with the quality of the data returned, the data below should therefore be reviewed with caution.

<b>Marital Status</b>	<b>Proportion of clients</b>
Cohabiting	8.7%
Divorced/ dissolved civil partnership	5.4%
Married/ civil partnership	15.4%
Separated	6.6%
Single	29.3%
Widowed	2.2%
Prefer not to say	32.3%

It is acknowledged that people who live alone, are not married/ in civil partnership or who are married/in civil partnership but experiencing relationship difficulties may be at higher risk of suicide and these factors are borne in mind by referrers and service providers when undertaking their risk assessments. This would suggest the proportionate higher representation of single/separated people compared to general population census data.

The profile of support persons and staff in current SHIP service is not available.

Dependent Status

The 2021 census illustrated that in Northern Ireland (usual residents aged 5 and over 1,789,348) the percentage of usual residents aged 5 and over who provide:

- 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%

### **Carers NI (State of Caring 2022 report)**

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).

Of those participating in the survey:

- 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 years 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.

Although the target group for access to SHIP is individuals who present with an act of self-harm; education and support services for the families/carers/support person of individuals who self-harm are available. The SHIP service currently offers a specific element of the service (up to 2 sessions of support) for family members and carers of those who self-harm.

Many people referred to the SHIP service will be either be carers themselves or will have a carer, particularly those aged under 18. In addition, it is known that 5% of people presenting to the ED with self-harm are homeless and a

	<p>further 1% have been brought from prisons. These people will have additional needs in relation to being cared for.</p> <p>Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There were challenges with the quality of the data returned, the data below should therefore be reviewed with caution.</p> <table border="1" data-bbox="395 495 1374 757"> <thead> <tr> <th><b>Caring responsibilities</b></th> <th><b>Proportion of clients</b></th> </tr> </thead> <tbody> <tr> <td>Child(ren) under 18</td> <td>28.9%</td> </tr> <tr> <td>An older person</td> <td>5.5%</td> </tr> <tr> <td>A person with a disability</td> <td>3.1%</td> </tr> <tr> <td>No caring responsibilities</td> <td>28.4%</td> </tr> <tr> <td>Prefer not to say</td> <td>34.1%</td> </tr> </tbody> </table> <p>The profile of support persons and staff in current SHIP service is not available.</p>	<b>Caring responsibilities</b>	<b>Proportion of clients</b>	Child(ren) under 18	28.9%	An older person	5.5%	A person with a disability	3.1%	No caring responsibilities	28.4%	Prefer not to say	34.1%
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No caring responsibilities	28.4%												
Prefer not to say	34.1%												
Disability	<p>Census figures show that in 2021 nearly one in four of the resident population (24%) had a long-term health problem or disability that limited their day-to-day activities.</p> <p>Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are:</p> <ul style="list-style-type: none"> <li>• Limited a lot – 11.45%</li> <li>• Limited a little – 12.88%</li> <li>• Not limited – 75.67%</li> </ul> <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 2021 census also set out the following types of long-term condition held by the population:</p> <table border="1" data-bbox="440 1659 1337 2000"> <thead> <tr> <th><b>Type of long-term condition</b></th> <th><b>Percentage of population with condition %</b></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>	<b>Type of long-term condition</b>	<b>Percentage of population with condition %</b>	Deafness or partial hearing loss	5.75	Blindness or partial sight loss	1.78	Mobility of Dexterity Difficulty that requires wheelchair use	1.48				
<b>Type of long-term condition</b>	<b>Percentage of population with condition %</b>												
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Blindness or partial sight loss	1.78												
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

SHIP is accessible to all individuals irrespective of any disability with each service user dealt with on an equal basis, provided that they each meet the service eligibility criteria.

Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There were challenges with the quality of the data returned, the data below should therefore be reviewed with caution.

<b>Disability</b>	<b>Proportion of clients</b>
Yes	12.1%
No	54.2%
Prefer not to say	33.7%

Although the proportion of clients is lower than the general population, this should be considered along with the age profile for the service for this time, which was under 65 years. Representation was seen across the disability categories, with the most common being Mental Health conditions.

The profile of support persons and staff in current SHIP service is not available.

**Ethnicity** In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.

<b>Ethnic group</b>	<b>Population number</b>	<b>Population Percentage</b>
White	1,837,600	96.60%
Black	11,000	0.60%
Indian	9,900	0.50%
Chinese	9,500	0.50%
Filipino	4,500	0.20%
Irish Traveller	2,600	0.10%
Arab	1,800	0.10%
Pakistani	1,600	0.10%
Roma	1,500	0.10%
Mixed Ethnicities	14,400	0.80%
Other Asian	5,200	0.30%
Other Ethnicities	3,600	0.20%
All usual residents	1,903,200	100.00%

SHIP is accessible to individuals irrespective of their ethnicity with each service user dealt with on an equal basis.

It is recognised that some Black and Minority Ethnic persons can face barriers to accessing services such as SHIP, and that there may be cultural differences in knowledge and understanding of self harm and suicidal ideation and that at times additional support is needed. For example the census reported 85,100 (4.6%) of residents aged 3 and over main language is not English.

The Department of Health (England) assessment of impacts on equalities for the Preventing suicide in England noted that, *'Black and minority ethnic groups have high rates of severe mental illness, which may put them at high risk of suicide. The rates of mental health problems in particular migrant groups, and subsequent generations, are also sometimes higher. More recent arrivals, such as some asylum seekers and refugees, may also require mental health support following their experiences in their home*

countries.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/267020/Preventing\\_suicide\\_equalities\\_impact-1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/267020/Preventing_suicide_equalities_impact-1.pdf)

Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There were challenges with the quality of the data returned, the data below should therefore be reviewed with caution.

<b>Ethnicity</b>	<b>Proportion of clients</b>
White	77.3%
Irish Traveller	0.8%
Mixed ethnic group	0.8%
Other ethnic group	3.0%
Prefer not to say	33.7%

The profile of support persons and staff in current SHIP service is not available.

Sexual Orientation

The NI Census collected information on sexual orientation for the first time in 2021. NI population (Census 2021)

<b>Sexual orientation</b>	<b>Population number</b>	<b>Population percentage</b>
Straight or heterosexual	1,363,859	90.04%
Gay or lesbian	17,713	1.17%
Bisexual	11,306	0.75%
Other sexual orientation	2,597	0.17%
Prefer not to say	69,307	4.58%
Not stated	49,961	3.30%

SHIP is accessible to individuals of every sexual orientation with each service user dealt with on an equal basis.

Section 75 data was collected for adult clients (those who have self-harmed) of the SHIP services in 22/23. There were challenges with the quality of the data returned, the data below should therefore be reviewed with caution.

<b>Sexual orientation</b>	<b>Proportion of clients</b>
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	Bisexual	1.4%
	Gay	4.4%
	Heterosexual	57.0%
	Lesbian	1.7%
	Other	0.8%
	Prefer not to say	34.6%
<p>Research has shown that Lesbian, Gay and Bisexual people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people. Given the same, it is to be expected that his group will be overrepresented in the SHIP service.</p> <p>The profile of support persons and staff in current SHIP service is not available.</p>		

### 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.**

<i>Category</i>	<i>Needs and Experiences</i>
Gender	<p>Females present more frequently to ED with self-harm than males. It is also widely accepted that males struggle to engage with services for mental health which may be in part due to the stigma associated with this issue and the perception that it implies weakness. The rates of suicide in males are significantly higher so engaging them in services is very important.</p> <p>The SHIP service should therefore make efforts to try to engage all clients but particularly males in non-stigmatising environments.</p>
Age	<p>As self-harm affects all age groups and people over 11 can be referred to this service, it means that the service needs to be flexible and offer engagement in a variety</p>

	<p>of ways to suit the client e.g. working adults may find video consultations/evening appointments more convenient to fit in with other demands on their time.</p> <p>It has also been reported that use of video consultation works well for engaging family members eg a young person can participate in most of the call with parents joining the end of the call.</p> <p>As SHIP aims to provide early intervention in relation to self-harm and suicide then it is important to ensure that the referral pathway for young people in particular are strong and consideration will be given as to how to widen access for young people.</p>
Religion	<p>A personal belief system allied with strong personal relationships and positive coping strategies have been identified by the World Health Organisation as protective factors against suicide.</p> <p>Given the religious sensitivities in NI, some service users referred to SHIP may have concerns about travelling to geographical locations where they may not feel comfortable. The service specification will enable the SHIP service to be provided in a variety of locations across lot areas (eg in different parts of Belfast) to address these concerns so that service users are not deterred from using the service due to these types of concerns. The availability of online sessions will also help to negate this issue.</p>
Political Opinion	<p>It is acknowledged that given the political sensitivities in NI, some service users referred to SHIP may have concerns about travelling to geographical locations where they may not feel comfortable. The service specification will enable the SHIP service to be provided in a variety of locations across lot areas (eg in different parts of Belfast) to address these concerns so that service users are not deterred from using the service due to these types of concerns. The availability of online sessions will also help to negate this issue.</p>

<p>Marital Status</p>	<p>It is acknowledged that people who live alone, are not married or who are married but experiencing relationship difficulties may be at higher risk of suicide.</p> <p>The variety of diverse family arrangements should be acknowledged and supported through the interaction with the service user and their family/carer/support person provider.</p> <p>As single and separated people are likely to be over represented in the service it is important that the service offers support to all support persons and not solely family/carers.</p>
<p>Dependent Status</p>	<p>All young people can be considered dependents and therefore the SHIP service needs to ensure appropriate engagement with parents /carers.</p> <p>Engagement of carers is important and the variety of diverse family arrangements should be acknowledged. The family/carer/support person element of this service particularly addresses this issue and is critical to supporting people to prevent repeat self-harm and suicide.</p> <p>For those who are homeless or where there has been breakdown in relationships this needs to be handled carefully by the service provider.</p> <p>The SHIP service is currently not available to those who are in prison and based on consultation with SEHSCT prison healthcare teams it is unlikely that it is an appropriate means of delivering support to prisoners in its current format. The needs of prisoners are high but an in-house solution is considered more appropriate rather than in-reach by an external provider. Prisoners who could benefit from the use of this service following their release to the community can be referred and these referral mechanisms will be strengthened in any new SHIP service.</p>

Disability	<p>SHIP services are freely available to those with or without a disability provided they meet the wider service eligibility requirements.</p> <p>Some of those with disability will need consideration to be given to physical access including, venue and transport. Remote or blended service can also be offered to meet the specific needs of individuals.</p> <p>The SHIP service will be required to meet the needs of those with sight loss this will include the provision of information in alternative formats including large print or alternative formats.</p> <p>The SHIP service will be required to meet the needs of those with hearing loss or deafness this will include utilisation of BSL/ISL in interventions and (in time) a video with BSL/ISL signers to describe the service. If additional time is required in sessions, this will be facilitated by the SHIP service.</p> <p>The SHIP service will be required to meet the needs of those with learning disabilities/difficulties who meet the eligibility criteria for the service. This will include longer appointment times and production of resources in Easy Read, video or other formats as required by the individual.</p> <p>The SHIP service has set eligibility and referral criteria which aim to identify an appropriate target group who have needs that can be addressed by Step 2 services. The eligibility criteria will be kept under review as other services develop eg crisis services. If additional time is required in sessions, this will be facilitated by the SHIP service.</p> <p>Referrers will consider whether the individual could potentially benefit from the SHIP service taking into consideration any co-existing issues. If the referrer feels a referral to SHIP is appropriate and the person had additional needs due to their disability the referrers will be asked to highlight these needs to the SHIP provider.</p>
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	<p>Some people referred to the SHIP service will have mental health and/or substance use needs which can impact on their engagement with the service. These issues can fluctuate over time. SHIP providers will be required to be pro-active in helping these clients to engage they will also be expected to provide brief intervention and/or onward referral/signposting in relation to substance use.</p>
<p>Ethnicity</p>	<p>It is recognised that some Black and Minority Ethnic persons can face barriers e.g. language in relation to accessing services like that of SHIP and that at times additional support is needed. SHIP service will take the needs in terms of language support and cultural awareness into account through the process of referral and service provision and protocols are in place regarding accessing translators when required, additional time for appointments with translators will be provided. Written resources will be provided in alternative languages when required.</p> <p>The service will offer a range of locations in the Trust area for face-to-face consultations and will consider issues such as hate crime prevalence and accessibility when identifying venues. Remote service delivery will also be available to those who prefer this.</p> <p>Services are also required to take a trauma informed approach, which may be particularly applicable to migrants who have experienced trauma.</p>
<p>Sexual Orientation</p>	<p>The SHIP service will receive referrals related to people with various sexual orientations and staff should undertake appropriate training to understand the unique issues faced by some groups. The service will offer a range of locations in the Trust area for face-to-face consultations and will consider issues such as hate crime prevalence and accessibility when identifying venues. Remote service delivery will also be available to those who prefer this.</p>

## 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.**

Based on the available evidence it is apparent that particular individuals are at increased risk of self-harm.

Given that the highest rate of ED presentations for self-harm are among people aged 15-34 and it is known that suicide is more prevalent in this age group and particularly in deprived communities it is important that the SHIP service makes particular efforts to engage people within this cohort paying particular attention to individuals with other related risk factors such as sexual orientation and levels of social isolation.

## 2.5 Making Changes

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

<b>Category</b>	<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>
All	<p>In developing the specification, we recommended CPD programme includes:</p> <ul style="list-style-type: none"> <li>• Equality and diversity awareness</li> <li>• Human rights awareness</li> <li>• Emerging mental illness awareness</li> </ul>	<p>Monitor annual CPD programme.</p> <p>Have Equality and Diversity as standing item on</p> <ul style="list-style-type: none"> <li>• Contract Management meetings</li> <li>• Regional SHIP Network meetings</li> </ul>

	<ul style="list-style-type: none"> <li>• Substance use issues awareness</li> <li>• Disability and carers awareness</li> <li>• Understanding the needs of autistic clients (section 3.3.8)</li> </ul>	
Gender	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Included appendix 1 which outline the rates of self-harm by gender.</li> <li>• Used gender neutral language throughout</li> <li>• Included gender demographic information in our monitoring return, including options for non-binary, and prefer to self-describe</li> <li>• Require collection of Section 75 information (6.3.1)</li> <li>• Require staff to attend a sexual orientation and gender identity course (3.3.9.3)</li> </ul>	<p>Monitor gender of both referrals and clients and support persons with each provider and across the region. Identify areas for service improvement, for example if proportion of males declining the service is higher than the number of females. Or if number of males being referred to the service is lower than expected.</p> <p>Review Section 75 data on an annual basis to identify and required areas for action.</p> <p>Monitor staff training.</p>
Age	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Included appendix 1 which outline the rates of self-harm by age.</li> <li>• Included appendix 3 which outlines service usage by under and over 18 years.</li> <li>• Included eligibility criteria for clients outlines age profile for service (2.3)</li> </ul>	<p>Monitor age of both referrals and clients and support persons with each provider and across the region. Identify areas for service improvement, for example if proportion of those aged 60+ declining the service is higher than those aged 35-59 years. Or if number of under 18s being referred to the</p>

	<ul style="list-style-type: none"> <li>• Included criteria for support person(s) widened to 11+ years old to ensure inclusive of young carers/siblings (2.4)</li> <li>• Specified that staff working with children and young people have the necessary qualifications and skills as outlined by their professional body (3.2.4)</li> <li>• Included the requirement to offer evening and weekend appointments, important for those in education/employment (4.7.6)</li> <li>• Included mode of delivery to include face-to-face and remote to widen access for different age groups (4.8)</li> <li>• Included age demographic information in our monitoring return.</li> <li>• Require collection of Section 75 information (6.3.1)</li> </ul>	<p>service is lower than expected.</p> <p>Review Section 75 data on an annual basis to identify and required areas for action.</p>
Religion	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Require providers to offer online and blended delivery of the service, to support barriers to be overcome</li> <li>• Included the requirement for cultural competence training (3.3.9.3)</li> <li>• Require providers to deliver services from geographic locations that</li> </ul>	<p>Review Section 75 data on an annual basis to identify and required areas for action.</p> <p>Monitor staff training.</p> <p>Monitor geographic locations that services are offered from.</p>

	<p>consider religious sensitives (4.7.5)</p> <ul style="list-style-type: none"> <li>• Require collection of Section 75 information (6.3.1)</li> </ul>	
Political Opinion	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Require providers to offer online and blended delivery of the service, to support barriers to be overcome (4.3.5, 4.5.6, 4.8.3)</li> <li>• Require providers to deliver services from geographic locations that consider political sensitives (4.7.5)</li> <li>• Require collection of Section 75 information (6.3.1)</li> </ul>	<p>Review Section 75 data on an annual basis to identify and required areas for action.</p> <p>Monitor geographic locations that services are offered from.</p>
Marital Status	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Changed the language to 'support person' in recognition of the diverse family/friendship dynamics within Marital Status</li> <li>• Require collection of Section 75 information (6.3.1)</li> </ul>	<p>Review Section 75 data on an annual basis to identify and required areas for action.</p>
Dependent Status	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Included the requirement to offer evening and weekend appointments, important for those with</li> </ul>	<p>Review Section 75 data on an annual basis to identify and required areas for action.</p>

	<p>caring responsibilities (4.7.6)</p> <ul style="list-style-type: none"> <li>• Included mode of delivery to include face-to-face and remote to widen access for those with caring responsibilities (4.8)</li> <li>• Require collection of Section 75 information (6.3.1)</li> </ul>	
Disability	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Enhanced our eligibility criteria to provide clarity on provision of support for those with Mental illness, Personality Disorder, Neurodiversity. Learning Difficulties/Intellectual Disability, Alcohol or Substance use (2.3)</li> <li>• Require providers to make adjustments for service users with communication support needs (4.3.9, 4.4.1, 4.4.3)</li> <li>• Require premises to be accessible to all service users, including full participation of those service users with disabilities (4.7.2)</li> <li>• Included mode of delivery to include face-to-face and remote to widen access for those with disabilities (4.8)</li> <li>• Require collection of Section 75 information (6.3.1)</li> </ul>	<p>Require Providers to confirm on an annual basis that premises are accessible to all.</p> <p>Review Section 75 data on an annual basis to identify and required areas for action.</p>

<p>Ethnicity</p>	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Included the requirement for cultural competence and trauma informed approaches training (3.3.9.3)</li> <li>• Included a requirement for Provider to utilise interpreter for engagement calls and written correspondence is translated when identified by referrer (4.3.8)</li> <li>• Included a requirement that if a client/support person requires an interpreter that this is provided (4.4.2 &amp; 4.5.7)</li> <li>• Require providers to deliver services from geographic locations that consider prevalence of hate crimes (4.7.5)</li> <li>• Require collection of Section 75 information (6.3.1)</li> </ul>	<p>Monitor staff training.</p> <p>Monitor geographic locations that services are offered from.</p> <p>Review Section 75 data on an annual basis to identify and required areas for action.</p>
<p>Sexual Orientation</p>	<p>In developing the specification, we:</p> <ul style="list-style-type: none"> <li>• Require staff to attend a sexual orientation and gender identity course (3.3.9.3)</li> <li>• Require providers to deliver services from geographic locations that consider prevalence of hate crimes (4.7.5)</li> </ul>	<p>Monitor staff training.</p> <p>Monitor geographic locations that services are offered from.</p> <p>Review Section 75 data on an annual basis to identify and required areas for action.</p>

	<ul style="list-style-type: none"> <li>Require collection of Section 75 information (6.3.1)</li> </ul>	
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## 2.6 Good Relations

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

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion		None beyond those referred to above.
Political Opinion		None beyond those referred to above.
Ethnicity		None beyond those referred to 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 decision or policy?  
(refer to guidance notes for guidance on impact)**

**Please tick:**

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

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

**Please tick:**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

#### **(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>The SHIP service delivers a specific intervention to those who self-harm and their support person(s). Service users will be signposted to other sources of support including opportunities to protect and improve their emotional wellbeing (for example participation in community groups). All service users will be encouraged to provide feedback on their experience using the SHIP service.</p>	<p>PHAs Mental Health and Suicide Prevention Strategic Planning Team are currently developing their involvement strategy will outline the approach to service user engagement moving forward.</p> <p>The evaluation framework for the SHIP service will also consider involvement of service users, including those with disabilities.</p>

##### **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>Within the specification we have recommended Providers include a Disability and Carers Awareness in their CPD programme</p>	<p>Consideration could be given to the training undertaken by SHIP providers and wider referral services to ensure that positive attitudes towards disabled people are re-enforced.</p>

## (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 <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	N/A	N/A	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.**

N/A
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## (6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
<p>Summary Section 75 data will be collected for service users per Trust (clients and support persons). This data will be collected separately for under 18s and over 18s.</p> <p>Monitoring information will be collected including</p> <ul style="list-style-type: none"> <li>• SHIP referral data for those who self-harm by age and gender identity.</li> <li>• SHIP client data by age and gender identity.</li> <li>• SHIP support person data by age and gender identity.</li> </ul> <p>Number of complaints upheld that were directly related to an issue or unmet need related to a Section 75 characteristic.</p>	<p>No data, refer to section 4.1</p>	<p>Number of complaints upheld that included a breach of human rights.</p>

Approved Lead Officer:

Denise O'Hagan

Position:

\_\_\_\_\_  
Consultant in public health  
\_\_\_\_\_

Date:

\_\_\_\_\_  
31/01/24  
\_\_\_\_\_

Policy/Decision Screened by:

\_\_\_\_\_

**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](mailto:Equality.Unit@hscni.net)**

**Template produced June 2011**

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Business Services Organisation's Equality Unit:

Equality.Unit@hscni.net; phone: 028 9536 3961

