

## Equality and Human Rights Screening Template

The BSO is required to address the 4 questions below in relation to all its policies.

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

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

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

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

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

**For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality 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

Assistance to Study Policy (Formerly known as Post Entry Training Policy)

### 1.2 Description of policy or decision

- what is it trying to achieve? (aims and objectives)
- how will this be achieved? (key elements)
- what are the key constraints? (for example financial, legislative or other)
- The BSO wishes to encourage staff to undertake any training, development and education which is linked to the Strategic Objectives, Mission and Values of the organisation.
- BSO may offer support by way of finance and/or time off work.

#### Possible Constraints:

- Financial

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

**For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others**

Current employees in BSO – potential and actual users of the policy

Managers of all levels within BSO

Human Resources staff within BSO

Trade unions

Customers of the BSO

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

- what are they?

- **who owns them?**

Terms and Conditions as outlined in Agenda for Change Handbook

Medical & Dental Terms & Conditions

DoH Circulars

Disability Discrimination Act (DDA) 1995

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

### 2.1 Data gathering

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

- Organisational wide equality data
- [ONS Disability and education, UK: 2019](#)
- Views of colleagues
- Views of staff side
- IIP Survey Data
- Staff Survey Data
- Comparison of policies from other HSC Trusts and NICS
- Feedback from managers across BSO

### 2.2 Quantitative Data

**Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both. Also give consideration to multiple identities.**

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

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

<b>Category</b>	<b><i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i></b>
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Gender	<p><b>Staff Profile – BSO (June 2021)</b></p> <table border="1" data-bbox="322 264 963 389"> <tr> <td>Male</td> <td>44.11%</td> </tr> <tr> <td>Female</td> <td>55.89%</td> </tr> <tr> <td>Unknown</td> <td>0.00%</td> </tr> </table> <p><b>Population profile:</b>  <b>Census 2011:</b> The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011.</p> <p>Mid-year population estimate (2018; published June 2019):</p> <p>The size of the resident population in Northern Ireland at 30 June 2018 is estimated to be 1.88 million people. Just over half (50.8 per cent) of the population were female, with 955,400 females compared to 926,200 males (49.2 per cent).</p> <p><a href="https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/MYE18-Bulletin.pdf">https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/MYE18-Bulletin.pdf</a></p> <ul style="list-style-type: none"> <li>• The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014): <ul style="list-style-type: none"> <li>○ gender variant to some degree 1%</li> <li>○ have sought some medical care 0.025%</li> <li>○ having already undergone transition 0.015%</li> </ul> </li> </ul> <p>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIREs figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:</p> <ul style="list-style-type: none"> <li>• 18,816 people who do not identify with gender assigned to them at birth</li> <li>• 470 likely to have sought medical care</li> <li>• 282 likely to have undergone transition.</li> </ul>	Male	44.11%	Female	55.89%	Unknown	0.00%
Male	44.11%						
Female	55.89%						
Unknown	0.00%						
Age	<p><b>Staff Profile – BSO (March 2021)</b></p>						

0-15	0.06%
16-24	2.53%
25-29	9.32%
30-34	12.93%
35-39	14.32%
40-44	14.32%
45-49	13.31%
50-54	14.64%
55-59	11.91%
60-64	5.01%
>=65	1.65%

**Population profile:**

**Mid-year population estimates** published by NISRA in 2019 show that:

0-19 yrs (inclusive) = 485,064 (25.7% of all NI population)

20 – 34 yrs = 364,623 (19.3%)

35 – 49 yrs = 366,967 (19.5%)

50 - 64 yrs = 356,790 (19.0%)

65 – 74 yrs = 169,725 (9.0%)

75 – 89 yrs = 125,334 (6.6%)

90+ yrs = 13,138 (0.7%) <https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates>

**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 18.2% in 2041. The proportion of adults aged 16-64 in 2016 was 63.2% of the whole population, set to decrease to 57.2 by 2041. However, the proportion of people aged 65 years and over is projected to rise from 16.0% in 2016 to 24.5% in 2041, overtaking the numbers of children.

<https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts>

Religion	<p><b>Staff Profile – BSO (March 2021)</b></p> <table border="1" data-bbox="320 300 963 831"> <tr> <td>Perceived Protestant</td> <td>2.15%</td> </tr> <tr> <td>Protestant</td> <td>27.95%</td> </tr> <tr> <td>Perceived Roman Catholic</td> <td>2.41%</td> </tr> <tr> <td>Roman Catholic</td> <td>39.42%</td> </tr> <tr> <td>Neither</td> <td>5.26%</td> </tr> <tr> <td>Perceived Neither</td> <td>0.00%</td> </tr> <tr> <td>Not assigned</td> <td>22.81%</td> </tr> </table> <p><b>Population profile:</b> Religion or Religion brought up in</p> <ul style="list-style-type: none"> <li>• 45.14% (817, 424) of the population were either Catholic or <b>brought up</b> as Catholic.</li> <li>• 48.36% (875, 733) stated that they were Protestant or <b>brought up</b> as Protestant.</li> <li>• 0.92% (16, 660) of the population belonged to or had been <b>brought up</b> in other religions and Philosophies.</li> <li>• 5.59% (101, 227) neither belonged to, nor had been brought up in a religion.</li> </ul> <p>(Census 2011)</p>	Perceived Protestant	2.15%	Protestant	27.95%	Perceived Roman Catholic	2.41%	Roman Catholic	39.42%	Neither	5.26%	Perceived Neither	0.00%	Not assigned	22.81%
Perceived Protestant	2.15%														
Protestant	27.95%														
Perceived Roman Catholic	2.41%														
Roman Catholic	39.42%														
Neither	5.26%														
Perceived Neither	0.00%														
Not assigned	22.81%														
Political Opinion	<p><b>Staff Profile – BSO (March 2021)</b></p> <table border="1" data-bbox="320 1453 963 1807"> <tr> <td>Broadly Nationalist</td> <td>3.99%</td> </tr> <tr> <td>Other</td> <td>5.07%</td> </tr> <tr> <td>Broadly Unionist</td> <td>4.50%</td> </tr> <tr> <td>Not assigned</td> <td>80.04%</td> </tr> <tr> <td>Do not wish to answer</td> <td>6.40%</td> </tr> </table> <p><b>Population profile:</b> <b>Nationality</b></p> <ul style="list-style-type: none"> <li>• British only – 39.89% (722, 353)</li> </ul>	Broadly Nationalist	3.99%	Other	5.07%	Broadly Unionist	4.50%	Not assigned	80.04%	Do not wish to answer	6.40%				
Broadly Nationalist	3.99%														
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Do not wish to answer	6.40%														

- Irish only – 25.26% (457, 424)
- Northern Irish only – 20.94% (379, 195)
- British and Northern Irish only – 6.17% (111, 730)
- Irish and Northern Irish only – 1.06% (19, 195)
- British, Irish and Northern Irish – 1.02% (1847)
- British and Irish only – 0.66% (11, 952)
- Other – 5.00% (90, 543)

(Census 2011)

Marital Status

**Staff Profile - BSO (March 2021)**

Divorced	2.47%
Mar/CP	41.13%
Other	1.01%
Separt	0.57%
Single	15.84%
Unknown	37.96%
Widw/R	0.82%
Not assigned	0.19%

**Population profile:**

- 47.56% (680, 840) of those aged 16 or over were married
- 36.14% (517, 359) were single
- 0.09% (1288) were registered in same-sex civil partnerships
- 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership
- 6.78% (97, 058) were either widowed or a surviving partner

(Census 2011)

**Northern Ireland Life and Times (2018)**

Single (never married) 32%

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 6%

Widowed 7%

### 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> )

Dependent Status

### Staff Profile - BSO (March 2021)

Yes	12.17%
Not assigned	79.59%
No	8.24%

### Population profile:

CarersNI

- 1 in every 8 adults is a carer
- 2% of 0-17 year olds are carers, based on the 2011 Census
- There are approximately 220,000 carers in Northern Ireland (
- Any one of us has a 6.6% chance of becoming a carer in any year
- One quarter of all carers provide over 50 hours of care per week
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person
- 64% of carers are women; 36% are men.

### CarersNI State of Caring 2019 Annual survey (UK wide, including NI)

- 1) 2 in 5 carers (39%) responding reported being in paid work.
- 2) 38% of all carers reported that they had given up work to care.
- 3) 18% had reduced their working hours.
- 4) 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example because of tiredness, lateness, and stress.
- 5) 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities.
- 6) Just over 1 in 10 carers (11%) said they had retired early to care.
- 7) Only 4% of respondents of all ages said that caring has had no impact on their capacity to work.
- 8) Only one quarter (25%) of carers who aren't yet retired and had an assessment in the last year felt that their need to combine paid work

and caring was sufficiently considered in their carer's assessment.

**9)** Carers who are not yet retired were also asked about their future plans and 53% said they are not able to save for their retirement.

**10)** Some carers are saving or have saved less for their retirement with 17% saying they did this because their working hours were reduced.

**Disability**

**Staff Profile - BSO (March 2021)**

No	47.53%
Not assigned	50.51%
Yes	1.96%

**Population profile:**

20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.

68.57% (1, 241709) of residents did not have long – term health condition.

- Deafness or partial hearing loss – **5.14% (93, 078)**
- Blindness or partial sight loss – **1.7% (30, 785)**
- Communication Difficulty – **1.65% (29, 879)**
- Mobility or Dexterity Difficulty – **11.44% (207, 163)**
- A learning, intellectual, social or behavioural difficulty - **2.22% (40, 201)**
- An emotional, psychological or mental health condition - **5.83% (105, 573)**
- Long – term pain or discomfort – **10.10% (182, 897)**
- Shortness of breath or difficulty breathing – **8.72% (157, 907)**
- Frequent confusion or memory loss – **1.97% (35, 674)**
- A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)**
- Other condition – **5.22% (94, 527)**
- No Condition – **68.57% (1, 241, 709)**

(Census 2011)

**Health Survey NI (2017/18 – published 2019)**

- 43% longstanding illness (32% limiting and 11% non-limiting illness)
- Females (44%) were more likely than males (40%) to have a long-term condition.
- Prevalence also increased with age with 22% of those aged 16-24 reporting a long-term condition compared with 70% of those aged 75 and over.
- A fifth (21%) reported high levels of anxiety, while 45% reported very low levels

The most recent ONS data on long COVID shows that people who have a pre-existing health condition or disability are more likely to report long-COVID. Disabled people whose day-to-day activities were limited a lot or a little were 3.6 and 2.5 times more likely to report long COVID, respectively, than those without a disability or health condition.

**Ethnicity**

**Staff Profile - BSO (March 2021)**

Not assigned	71.86%
White	27.76%
Other	0.25%
Black African	0.00%
Indian	0.06%
Chinese	0.06%

**Population profile:**

**1.8% (32,596) of the usual resident population belonged to minority ethnic groups:**

- White – 98.21% (1, 778, 449)**
  - Chinese – 0.35% (6, 338)**
  - Irish Traveller – 0.07% (1, 268)**
  - Indian – 0.34% (6, 157)**
  - Pakistani – 0.06% (1, 087)**
  - Bangladeshi – 0.03% (543)**
  - Other Asian – 0.28% (5, 070)**
  - Black Caribbean – 0.02% (362)**
  - Black African – 0.13% (2354)**
  - Black Other – 0.05% (905)**
  - Mixed – 0.33% (5976)**
  - Other – 0.13% (2354)**
- (Census, 2011)

**Sexual Orientation**

**Staff Profile - BSO (March 2021)**

Do not wish to answer	1.71%
Not assigned	80.74%
Opposite sex	16.35%
same sex	1.08%

	Both sexes	0.13%	
<p><b>Population profile:</b></p> <p>In 2016, estimates from the Annual Population Survey (APS) showed that:</p> <ul style="list-style-type: none"> <li>• 93.4% of the UK population identified as heterosexual or straight and 2.0% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of: <ul style="list-style-type: none"> <li>○ 1.2% identifying as gay or lesbian</li> <li>○ 0.8% identifying as bisexual</li> </ul> </li> <li>• A further 0.5% 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 4.1% refused, or did not know how to identify themselves.</li> <li>• The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%).</li> <li>• More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.</li> <li>• The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.</li> </ul> <p>There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</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. Also give consideration to multiple identities (such as single parents for example).**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	Females may be more likely to not complete training due to pregnancy, employment break etc. in turn due to their caring responsibilities.
Age	<p>The policy may negatively affect younger people due to the requirement to have ‘Satisfied probationary period’ and also consideration of the ‘tenure of the employee/worker’s contract’.</p> <p>The policy may negatively affect older employee due to the requirement to ‘pay back all course, registration, conference fees and resource costs if they...leave the HSC within two years of completing a training or academic course’</p>

Religion	There is no data to suggest that the needs and experiences of staff and service users differ on the basis of Religious Status.
Political Opinion	There is no data to suggest that the needs and experiences of staff and service users differ on the basis of Political Opinion.
Marital Status	Research shows that single parents (who are predominantly women) are more likely to be living in relative poverty compared to the rest of the population. Single parents who are able to work, and do not have the support of a partner or spouse, are more likely to experience financial hardship which may deter them from applying for costly education through university. Whilst the policy will support individuals financially to a certain amount, some may not be able to afford the remaining payment which could put them off applying for external training.
Dependent Status	Employees with dependants may be less able to avail of training and development opportunities, particularly those outside of normal working hours. Such employees may also be less likely to complete development activity. Anecdotally, Staff in this situation have suggested that the flexible working policy added an additional level of support.
Disability	Employees with a pre-existing or who have developed a disability may be more likely to not complete development activity. This may be due to the accessibility of training provision by external providers. OND Disability and Education report UK 2019 reports that people with a disability tend to have lower levels of education, particularly at degree level, where 38% of non-disabled people have a degree compared to only 21.8% of disabled people.
Ethnicity	No particular needs based on Ethnicity have been identified.
Sexual Orientation	No particular needs based on Sexual orientation have been identified.

## 2.4 Making Changes

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

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
<p>This change was not directly linked to this policy, however increased working from home provisions and the fact that training programmes can largely be delivered remotely might encourage staff with dependants to avail of the training on offer. Increased financial provisions within the policy might also encourage lower paid staff to apply for training. Suggest you add a heading for each of the groups in 2.3 where an issue was identified, and outline measures, if any to mitigate. E.g.</p> <p><u>Gender</u> The policy states that repayment on a non-completed course will not apply in cases of pregnancy.</p> <p><u>Age</u> All staff, new and experienced should have an appraisal where their development needs are discussed. Additional development needs may be discussed or identified during the probation period.</p> <p><u>Marital Status</u> More Training and Education is delivered virtually which would assist single parents or those with</p>	<p>This guidance shall be reviewed:</p> <ul style="list-style-type: none"> <li>• Policy will be available on the intranet and all new starts will be required to read policies</li> <li>• Policies will be outlined and brought to employees attention at corporate induction</li> <li>• Memo will be issued to advise employees of new policy and where to locate it</li> <li>• HR will continue to provide advice to managers and employees on equality issues (having sought advice from Equality Unit where applicable)</li> </ul>

<p>dependants. Additionally, the flexible working policy adds another level of support.</p> <p><u>Dependent Status</u> More Training and Education is delivered virtually which would assist single parents or those with dependants. Additionally, the flexible working policy adds another level of support.</p> <p><u>Disability</u> HR have committed to attending the Disability Network (Tapestry) to listen to suggestions from staff living with disabilities. Continue to promote the benefits of training, development and education for all staff including those with disabilities.</p>	
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## 2.5 Good Relations

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

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

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

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

**How would you categorise the impacts of this 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"/>

Please give reasons for your decisions:

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

**(4) CONSIDERATION OF DISABILITY DUTIES**

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

<b><i>How does the policy or decision currently encourage disabled people to participate in public life?</i></b>	<b><i>What else could you do to encourage disabled people to participate in public life?</i></b>
<p>All training, development and education opportunities are available to those with disabilities.</p> <p>A variety of delivery methods are now available including traditional face to face, eLearning and virtual class room.</p> <p>Following discussions with the disability network, the members requested that training should be offered both virtually and in person. This would accommodate staff with various disabilities.</p> <p>Staff with disabilities are encouraged to apply for training, development and education and this encourages participation in public life whilst promoting positive attitudes towards disabled people.</p> <p>HR have committed to attending the disability network to promote training opportunities.</p>	<p>Raise awareness at Tapestry Network.</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</i></b>	<b><i>What else could you do to promote positive attitudes towards disabled</i></b>
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<i>attitudes towards disabled people?</i>	<i>people?</i>
	Ensure that, if staff with disabilities attend any training programme, they fully participate with others on the programme. This will have benefits for both the staff with disabilities, and those without disabilities by providing different perspectives.

## (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			

*\* 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>S75 data for staff availing of training, development and education opportunities. Current limitations with our Learning Management System (LMS) doesn't allow us to monitor this is full. A new LMS is being procured and one of the specifications is a more robust reporting mechanism.</p> <p>We will continue to collect data via HRPTS and the new LMS when available.</p> <p>BSO will endeavour to enhance the quantitative S75 monitoring of: All applications; Unsuccessful applications; and non-completions. This will be easier to access through a more robust LMS.</p>	<p>Monitoring here should relate specifically to commitments made in 4.1 and 4.2</p> <p>Note the discussions that take place at the Tapestry Network.</p> <p>If data allows, a report showing the amount of course attendees with disabilities could be produced. This would be reliant on S75 data within the HR system.</p>	

Approved Lead Officer:

Eamonn MacManus

Position:

HR Manager

Date: 08/11/2021

Policy/Decision Screened by: Eamonn MacManus

**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: **Equality.Unit@hscni.net**