

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

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

Attendance at Work Policy and Procedure

1.2 Description of policy or decision

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

The Business Services Organisation (BSO) recognises that the health and well-being of the workforce is critical to the effective functioning of the organisation. It is set in the context of the regional policy framework of best practice for managing attendance, compliance with employment legislation including the Disability Discrimination Act, the relevant terms and conditions and the NHS Agenda for Change Terms and Conditions handbook.

In developing this policy the BSO recognises that it has a duty to support staff when they become ill, facilitating staff in so far as possible to safely return to work as early as they can. The BSO has a responsibility to actively encourage a culture of health and well-being within the workforce while equally expecting employees to take personal responsibility for their own health and well-being. The BSO recognises that staff sickness exacerbates service delivery problems and places additional pressure on other staff, as well as carrying a significant financial cost.

- **how will this be achieved? (key elements)**

Deal with absenteeism in a fair, consistent and proactive manner by providing clear and effective guidelines on the management and monitoring of absenteeism.

Assist in the management of the cost to and the impact of absence on the organisation.

Enable staff to return to work as soon as possible.

Improve the health and well-being of all staff by facilitating and supporting initiatives, where appropriate, which enable staff to return to or remain in work.

Clarify roles and responsibilities in relation to the management of attendance.

Prevent and deal with instances of abuse of HSC Sick Pay provisions

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

This policy and procedure is applicable to all staff and would have to consider any legislative changes in relation to absenteeism, changes in attitudes for example menopause related absences.

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

Those primarily affected by the policy are:

All employees of the BSO as those potentially affected; employees who are absent from work as those actually affected to include Agency workers; Apprentices; Bank staff or those with zero-hours contracts (except where such staff are employees and the contract is for a fixed duration); Permanent employees posts; Students on work experience placements.

Line managers in the BSO

Occupational Health Service

External

- Trade union representatives.
- Statutory Enforcement bodies such as the Equality Commission for NI, Commission for Racial Equality, Fair Employment and Industrial Tribunal

NB: The above list is not exhaustive

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

- **what are they? (This list is not exhaustive)**

Grievance Policy

Disciplinary Procedure

Equality, Diversity and Inclusion Policy

Equality Scheme

Code of Conduct for Staff

Legislative changes

Work life Balance

Pension Guidelines

Pension Factsheets

Medical and Dental Terms and Conditions of Service

Agenda for Change Terms and Conditions of Service

Staff employed under different Terms and Conditions

Regional Attendance framework

Guidance from the Regional Attendance Group

Statutory Provisions e.g. DDA

- **who owns them?**

Business Services Organisation, Health and Social Care Northern Ireland,
Department of Health, Northern Ireland Assembly

(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.

Census 2011

Equality Commission NI, 2006

<http://www.carersuk.org/northernireland/news-ni/facts-and-figures>

[Mid Year Population Estimates | Northern Ireland Statistics and Research Agency](#)

<http://nisra.gov.uk><https://www.ark.ac.uk/nilt/2018/Background/RMARST.html>

<https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrars-general-annual-report>

https://www.ark.ac.uk/nilt/2018/Political_Atitudes/UNINATID.html

<https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/MYE18-Bulletin.pdf>

McBride, Ruari Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.

<http://www.gires.org.uk/prevalence.php>

<https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates>

<https://www.ark.ac.uk/nilt/2018/Background/ANYHCOND.html>

<https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8iti/>

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2019>

BSO Workforce Data (HRPTS)

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.

Category	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?																					
Gender	<p>Staff Profile</p> <table border="1" data-bbox="338 421 970 584"> <tr> <td>Female</td> <td>1044</td> <td>55%</td> </tr> <tr> <td>Male</td> <td>840</td> <td>45%</td> </tr> <tr> <td>unknown</td> <td>1</td> <td>0%</td> </tr> <tr> <td>Grand Total</td> <td>1885</td> <td>100%</td> </tr> </table> <p>Employees Absent in last rolling year (1/6/2021 to 31/5/22)</p> <table border="1" data-bbox="338 719 970 842"> <tr> <td>Female</td> <td>1168</td> <td>69%</td> </tr> <tr> <td>Male</td> <td>524</td> <td>31%</td> </tr> <tr> <td>Grand Total</td> <td>1692</td> <td>100%</td> </tr> </table> <p>Population Profile</p> <p>The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011.</p> <p>The census population of Northern Ireland on 21 March 2021 was 1,903,100 people, which was 0.2 per cent higher than our 2020 mid-year population estimate rolled forward to March 2021 (1,898,600). The Census 2021 population comprised of 967,000 females and 936,200 males, 51% and 49% respectively. This means that for every 100 women in the population there are 97 men.</p> <p>Transgender</p> <p>Research suggests for the Northern Ireland population as a whole:</p> <ul data-bbox="338 1621 1426 1832" style="list-style-type: none"> • 140-160 individuals are affiliated with transgender groups • 120 individuals have presented with Gender Identity Dysphoria • There are more trans women than trans men living in Northern Ireland. <p>The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and</p>	Female	1044	55%	Male	840	45%	unknown	1	0%	Grand Total	1885	100%	Female	1168	69%	Male	524	31%	Grand Total	1692	100%
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service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014):

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

A report published by the Rainbow Project (O’Hara, 2013), based on research conducted with more than 500 individuals that identified as “LGB&T,” found that the respondents reported common experiences of invisibility, homophobia/transphobia, and a range of violence from threats to physical violence, whether direct or indirect. As a result of their actual or perceived sexual orientation and/or gender identity:

- 65.8% had been verbally assaulted at least once;
- 43.3% had been threatened with physical violence at least once;
- 33% had been threatened to be ‘outed’ at least once;
- 34.7% had experienced discrimination in accessing goods, facilities or services at least once.

The evidence would indicate that there is a higher proportion of females absent in the past rolling year than males. Whilst there are a higher percentage of females to males employed by BSO absence figures are not reflective of the stats.

Age

Staff Profile

>=65	41	2%
0-15	4	0%
16-24	80	4%
25-29	207	11%
30-34	234	12%
35-39	259	14%
40-44	264	14%
45-49	240	13%
50-54	259	14%
55-59	218	12%
60-64	79	4%
Grand Total	1885	100%

Employees Absent in last rolling year (1/6/2021 to 31/5/22)

>=65	2.39%
16-24	1.59%
25-29	10.53%
30-34	14.19%
35-39	15.31%
40-44	12.12%
45-49	11.96%
50-54	13.40%
55-59	13.88%
60-64	4.63%
Grand Total	100.00%

Population Profile

Mid-year population estimates published by NISRA in 2021 show that:

Age band	1926 Census population	2021 Census population	Percentage change
0-14	364,400	365,200	0%
15-64	790,300	1,211,400	+53%
15-39	486,800	594,300	+22%
40-64	303,600	617,100	+103%
65+	101,800	326,500	+221%
65-84	97,000	287,100	+196%
85+	4,800	39,400	+721%
All ages	1,256,600	1,903,100	+51%

Those aged 45-64 are most likely to have a caring responsibility (Carers UK)

Community Background

Staff Profile

Neither	80	4%
Not assigned	727	39%
Perceived Protestant	31	2%
Perceived Roman Cath	36	2%
Protestant	424	22%
Roman Catholic	587	31%
Grand Total	1885	100%

Employees Absent in last rolling year (1/6/2021 to 31/5/22)

Neither	5.74%
Not assigned	30.62%
Perceived Protestant	2.07%
Perceived Roman Cath	2.71%
Protestant	23.76%
Roman Catholic	35.09%
Grand Total	100.00%

Population Profile

Religion or Religion brought up in

- 45.14% (817, 424) of the population were either Catholic or **brought up** as Catholic.
- 48.36% (875, 733) stated that they were Protestant or **brought up** as Protestant.
- 0.92% (16, 660) of the population belonged to or had been **brought up** in other religions and Philosophies.
- 5.59% (101, 227) neither belonged to, nor had been brought up in a religion.

(Census 2011)

Currently identifying as:

Catholic 40.76% (738, 108)

Presbyterian Church in Ireland 19.06% (345, 150)

Church of Ireland 13.74% (248, 813)

Methodist Church in Ireland 3% (54, 326)

Other Christian(including Christian related) 5.76% (104, 308)

Other religions 0.82% (14, 849)

No religion 10.11% (183, 078)

Did not state religion 6.75% (122, 233)

(Census 2011)

Political
Opinion

Staff Profile

Broadly Nationalist	71	4%
Broadly Unionist	66	4%
I do not wish to ans	122	6%
Not assigned	1543	82%

Other	83	4%
Grand Total	1885	100%

Employees Absent in last rolling year (1/6/2021 to 31/5/22)

Broadly Nationalist	3.51%
Broadly Unionist	2.07%
I do not wish to ans	7.02%
Not assigned	83.57%
Other	3.83%
Grand Total	100.00%

Population Profile Nationality

- British only – 39.89% (722, 353)
 - 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)

“Generally speaking, do you consider yourself as a unionist, a nationalist or neither?” (Northern Ireland Life and Times, 2019)

- Unionist 33%
- Nationalist 23 %
- Neither 39%
- Other 2%
- Don't know 3%.

Marital Status

Staff Profile

Divorc	36	2%
Mar/CP	655	35%
Not assigned	3	0%
Other	15	1%
Separt	11	1%
Single	248	13%

Unknwn	902	48%
Widw/R	15	1%
Grand Total	1885	100%

Employees Absent in last rolling year (1/6/2021 to 31/5/22)

Divorc	2.71%
Mar/CP	35.57%
Not assigned	0.16%
Other	1.28%
Separt	0.96%
Single	14.51%
Unknwn	44.02%
Widw/R	0.80%
Grand Total	100.00%

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%

Results for males/ females; religion; age available here

Civil partnerships

Annual Reports of the Registrar General for NI show that Between 2005 to 2018 inclusive, there have been 1298 civil partnerships registered in NI. Of these, 539 have been male civil partnerships, and 571 have been female civil partnerships

Dependent
Status

Staff Profile

No	136	7%
Not Assigned	1535	81%
Yes	214	11%
Grand Total	1885	100%

Employees Absent in last rolling year (1/6/2021 to 31/5/22)

No	6.22%
Not Assigned	82.78%
Yes	11.00%
Grand Total	100.00%

Population Profile

- 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age.
- 3.11% (56, 318) provided 50 hours care or more.
- 33.86% (238, 129) of households contained dependent children.
- 40.29% (283, 350) contained a least one person with a long – term health problem or a disability.

(Census 2011)

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.

Carers NI suggests that 1 in 8 people in NI are providing unpaid care. Similarly, Census data show that 11.81% of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age.

Census data also shows that 3.11% provided 50 hours care or more. Almost 2 in 5 households (40.29%) contained a least one person with a long – term health problem or a disability.

Similarly, CAUSE estimates that there are over 290,000 people providing unpaid care in Northern Ireland. This includes carers across the age spectrum caring for people with learning disabilities, life-limiting illnesses and mental ill-health.

In the last Census, 33.86% of households contained dependent children.

Disability

Staff Profile

No	738	39%
Not assigned	1116	59%
Yes	31	2%
Grand Total	1885	100%

Employees Absent in last rolling year (1/6/2021 to 31/5/22)

No	39.39%
Not assigned	58.69%
Yes	1.91%
Grand Total	100.00%

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)

Northern Ireland Life and Times 2018:

“Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?”

Yes 21%; No 79%; Breakdown by age, gender and religion.

Ethnicity

Staff Profile

Black Caribbean		0%
Chinese	1	0%
Filipino	1	0%
Indian	1	0%
Mixed Ethnic Group	3	0%
Not assigned	1415	75%
Other	1	0%
White	463	25%
Grand Total	1885	100%

Employees Absent in last rolling year (1/6/2021 to 31/5/22)

Chinese	0.00%
Mixed Ethnic Group	0.16%
Not assigned	75.92%
Other	0.16%

White	23.76%
Grand Total	100.00%

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)

Irish Traveller – Infographic Census 2016

It is estimated that there are 1,500 Irish Travellers living in Northern Ireland.

Sexual Orientation

Staff Profile

Both sexes	3	0%
I do not wish to ans	30	2%
Not assigned	1549	82%
Opposite sex	284	15%
Same sex	19	1%
Grand Total	1885	100%

Employees Absent in last rolling year (1/6/2021 to 31/5/22)

I do not wish to ans	2.07%
Not assigned	83.73%
Opposite sex	13.24%
Same sex	0.96%
Grand Total	100.00%

Population Profile

ONS Sexual Orientation 2019 (released May 2021)

- An estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019, an increase from 2.2% in 2018.
- Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2019 (6.6% of all 16 to 24 year olds, an increase from 4.4% in 2018); older people (aged 65 years and over) also showed an increase in those identifying as LGB, from 0.7% to 1.0% of this age category.

The negative impacts of experiences of discrimination and marginalisation, both direct and indirect, on LGBTQ+ individuals and groups are also well established.

A report published by the Rainbow Project (O’Hara, 2013), based on research conducted with more than 500 individuals that identified as “LGB&T,” found that the respondents reported common experiences of invisibility, homophobia/transphobia, and a range of violence from threats to physical violence, whether direct or indirect. As a result of their actual or perceived sexual orientation and/or gender identity:

- 65.8% had been verbally assaulted at least once;
- 43.3% had been threatened with physical violence at least once;
- 33% had been threatened to be ‘outed’ at least once;
- 34.7% had experienced discrimination in accessing goods, facilities or services at least once.

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).

Category	Needs and Experiences
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Gender	<p>This may also be due to pregnancy-related absences and further consideration may need to be given to employees transitioning with consideration given to GIRES stats above. A higher level of female absence may also be related to menopause. A contributing factor to absence may be Transgender employees i.e. those who are transitioning</p> <p>Discuss what these factors/issues are in this section: Females - caring responsibilities, pregnancy or menopause related absences. Transgender – those who are transitioning</p>
Age	Staff eligible to apply for this due to age/pension scheme should be made aware of the policy and process
Religion	There is no data to suggest that there are specific needs or experiences arising within this category.
Political Opinion	There is no data to suggest that there are specific needs or experiences arising within this category.
Marital Status	There is no data to suggest that there are specific needs or experiences arising within this category
Dependent Status	BSO recognise the difficulties employees with caring responsibilities face and how these can cause undue stress.
Disability	<p>Individuals with sensory problems will have specific requirements with regards to communication of the policy and meetings or discussions associated with absences. Also, those with learning difficulties may require additional support in order to get an understanding of how the policy works and the processes involved.</p> <p>Although we recognise that staff with disabilities are no more likely to have short-term absences staff with long-term absences may be related to a long-term health conditions/disability. Mitigation will be applied to absences, time off for appointments, treatment etc related to a person's disability. The Attendance Management Protocol is very closely linked to Managing Disability and Reasonable Adjustments.</p>
Ethnicity	There may be issues relating to accessible information for people whose first language is not English.
Sexual Orientation	There is no data to suggest that there are specific needs or experiences arising within this category.

2.4 Making Changes

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

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Gender: BSO recognise that there is a requirement to put measures into place to mitigate absences related to pregnancy, menopause and Transgender employees. Mitigation as well as policies and procedures in place.</p> <p>Dependent Status: BSO have a number of flexible working options and have implemented a number of Health and Wellbeing initiatives to include 'Caring for the Carer' sessions and Stress Control Classes.</p> <p>Disability: In line with BSO's Accessible Formats Policy, BSO will provide alternative formats on request to meet the needs of people with a disability who may need information in an accessible format. Absence linked to disability will be mitigated and not considered under absence trigger points. Reasonable adjustments will be implemented to help the employees with a disability commence and remain in work.</p>	<p>BSO will continue to strive for excellence address current and future issues identified.</p>

2.5 Good Relations

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

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	None	None
Political opinion	As above	As above
Ethnicity	As above	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)

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

Please tick:

Major impact	
Minor impact	X
No further impact	

Please tick:

Yes	
No	x

Please give reasons for your decisions.

This policy applies to all employees of the BSO, as all are likely to be subject to the policy at various stages of their working lives. Due to the nature of the policy there is limited scope for inequalities to arise in the implementation of the policy, in most of the equality categories. The possible exceptions to this are gender, disability, dependants and as mentioned earlier, there is now specific guidance for managers in managing employees who have or have developed a disability in the course of their employment.

(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>
	BSO plan to liaise and explore policy development with the Tapestry, Disability Staff Network to help encourage disabled people to participate in public life

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>
This policy provides employees with a disability to fully participate in all work activities with consideration given to reasonable adjustments.	Further engagement via the Tapestry Network in order to identify specific needs and shape policy and procedure to encourage disabled people to engage.

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

*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

(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
This will be monitored via government guidance, advice and consideration given to those employees from any of the Section 75 groups	Regular staff surveys and online forums. This can also be monitored via occupational health and via the Tapestry network.	Regular staff surveys and online forums.

Approved Lead Officer: Jill Macaulay
Position: Senior HR Manager
Date: 02/08/2022
Policy/Decision Screened by: Richard McGoldrick

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