

# 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

Disability Placement Scheme

### 1.2 Description of policy or decision

A much smaller proportion of those with a disability are in employment compared to those without. The latest data from the Labour Force Survey shows roughly half of disabled people were in employment (53.2%) compared with just over four out of five non-disabled people (81.8%) (Labour Force Survey, LFS).

In their Disability Action Plans, the Health and Social Care Board (HSCB), the Business Services Organisation (BSO) and the Public Health Agency (PHA) committed to “create and promote meaningful placement opportunities for people with disabilities.”

The objective is twofold:

- to support people with a disability gaining meaningful work experience and
- to promote positive attitudes to people with a disability.

The 26 week placement opportunities are unpaid, targeted at people with a diverse range of disabilities wishing to gain meaningful work experience.

Supported Employment Solutions (SES) is responsible for providing advice and practical support in the identification and selection of people with disabilities and ensuring that this is undertaken in a fair and inclusive manner. Supported Employment Solutions involves seven different disability organisations: RNID, Action Mental Health, the Cedar Foundation, Mencap, NOW, Orchardville Society and RNIB.

Each participant is supported by an Employment Support Officer from one of the participating voluntary sector organisations. In the workplace, a dedicated placement manager and contact point in Human Resources provide support.

After four months, participants are eligible to apply for positions otherwise open only to existing members of staff.

Participants are trained in interview skills and how to register and apply for jobs using Jobs.hscni.net

### **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**

Potential and actual participants on the scheme (people with disabilities in the working age population of Northern Ireland, currently not in employment)

Business Services Organisation Staff as well as the staff in any of our client organisations who offer a placement opportunity.

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

Disability Action Plans 2018-23 by the Health and Social Care Board (HSCB), the Business Services Organisation (BSO) and the Public Health Agency (PHA)

## **(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.**

Workforce Data BSO, HSCB and PHA Staff Data (June 2021)

Census 2011

NISRA Mid-Year population estimates - [2020 Mid Year Population Estimates for Northern Ireland | Northern Ireland Statistics and Research Agency \(nisra.gov.uk\)](#)

GIRES. The Number of Gender Variant People in the UK - Update 2011. Available at <http://www.gires.org.uk>

[Disability and employment, UK - Office for National Statistics \(ons.gov.uk\)](#)

[UK Disability Survey research report, June 2021 - GOV.UK \(www.gov.uk\)](#)

[Facts and figures - Carers UK](#)

McBride, R.S. (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Belfast

McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.

[NI Life and Times Survey - 2020 \(ark.ac.uk\)](#)

## 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	<i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>												
Gender	<p><b>BSO Staff Profile</b></p> <table border="1" data-bbox="336 696 874 808"> <tr> <td>Male</td> <td>44.11%</td> </tr> <tr> <td>Female</td> <td>55.89%</td> </tr> </table> <p><b>HSCB Staff Profile</b></p> <table border="1" data-bbox="336 891 874 1003"> <tr> <td>Male</td> <td>27.49%</td> </tr> <tr> <td>Female</td> <td>72.51%</td> </tr> </table> <p><b>PHA Staff Profile</b></p> <table border="1" data-bbox="336 1086 874 1198"> <tr> <td>Male</td> <td>23.72%</td> </tr> <tr> <td>Female</td> <td>76.28%</td> </tr> </table> <p><b>Potential Participants Population Profile</b> Northern Ireland's population (30 June 2020) was 1,895,500.</p> <p><a href="https://www.nisra.gov.uk/2020-Mid-year-Population-Estimates-statistical-bulletin">2020 Mid-year Population Estimates - statistical bulletin (nisra.gov.uk)</a></p> <p>Males 934,155 (49%) Females 961,355 (51%)</p> <p>The employment gap is larger for disabled men than disabled women, with a 31.7 percentage point difference between disabled and non-disabled men, compared with a 25.0 percentage point difference for women; this is driven by the higher employment rate for non-disabled men (LFS, 2019).</p> <p>The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and</p>	Male	44.11%	Female	55.89%	Male	27.49%	Female	72.51%	Male	23.72%	Female	76.28%
Male	44.11%												
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Male	23.72%												
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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%

Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2020) N=1,895,500 (approx.):

- 18955 people who do not identify with gender assigned to them at birth
- 474 likely to have sought medical care
- 284 likely to have undergone transition.

It is reasonable to assume that some candidates for the scheme may identify as transgender or non-binary.

**Participants to date:**

Of those who have taken part in the scheme to date, 67% have been male and 33% have been female. This may be because BSO PaLS offer 8 warehouse placement opportunities per year and warehouse positions are favoured by males on the scheme.

In the absence of monitoring of gender identity to date, it is unclear whether people who identify as transgender or non-binary have participated in the scheme.

Age

**BSO Staff Profile**

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	16.64%
55-59	11.91%
60-64	5.01%
>=65	1.65%

**HSCB Staff Profile**

16-24	0.80%
25-29	3.19%
30-34	7.17%
35-39	10.16%
40-44	16.14%
45-49	15.74%
50-54	22.51%
55-59	16.53%
60-64	6.18%
>=65	1.59%

### PHA Staff Profile

16-24	1.92%
25-29	5.34%
30-34	9.19%
35-39	10.26%
40-44	13.46%
45-49	15.17%
50-54	17.74%
55-59	15.17%
60-64	8.97%
>=65	2.78%

### Potential Participants Population Profile

The population demographic by age within Northern Ireland (Census Data, 2011)

Children (under 16)	379,300	21%
Working age (16-64)	1,043,600	65%
65-84	233,997	13%
85+	31,765	1.7%

### NILT 2020 Data

	%
18-24	8

<b>25-34</b>	18
<b>35-44</b>	18
<b>45-54</b>	20
<b>55-64</b>	19
<b>65+</b>	17

In the year ending mid-2020 the working age population decreased by 0.3 per cent (from 1,183,000 to 1,179,700), representing 62.2 per cent of the population.

Over the same period, the younger working age population (i.e. people aged 16 to 39 years) is estimated to have decreased by 1.2 per cent from 578,500 people to 571,800 people, representing 30.2 per cent of the population.

The older working age population (i.e. people aged 40 to 64 years) grew by 0.6 per cent in the year ending mid-2020 (from 604,500 to 608,000), representing 32.1 per cent of the population.

In the year to mid-2020, the number of people aged 65 or more increased by 1.7 per cent to 319,900 people.

The Family Resources Survey estimates that around 7% of children are disabled, compared to 16% of working age adults and 42% of adults over State Pension age.

It is recognised that as people age, they are more likely to experience ill-health and disability. Data from the Health Survey NI shows that Limiting longstanding illness increases from 18% among young adults aged 25 -34 years to 52% among those who are 75 plus years.

**Participants to date:**

Age of participants to date is not available.

The experience to date suggests that participants across a range of age groups have partaken in the scheme.

Religion

**BSO Staff Profile**

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%

**HSCB Staff Profile**

Perceived Protestant	3.59%
Protestant	28.29%
Perceived Roman Catholic	1.79%
Roman Catholic	43.03%
Neither	2.18%
Perceived Neither	0.00%
Not assigned	18.13%

**PHA Staff Profile**

Perceived Protestant	2.99%
Protestant	20.30%
Perceived Roman Catholic	1.07%
Roman Catholic	21.15%
Neither	2.14%
Perceived Neither	0.00%
Not assigned	52.35%

**Potential Participants Population Profile**

Data on the religious profile of people with disabilities is not available.

41.6% of population from a Catholic background  
 40.8% of population from Protestant and other Christian background  
 17.6% of population from other religions, no religion or religion not stated  
 (2011 Census data)

**NILT 2020 Survey Data**

	%
<b>Part of the Protestant community</b>	41
<b>Part of the Catholic community</b>	26
<b>Neither</b>	33

It may be reasonable to assume a similar profile for people with a disability.

**Participants to date:**

Religion of participants to date is not available.

It may be reasonable to assume a profile of participants similar to that of the population overall.

Political  
Opinion

**BSO Staff Profile**

Broadly Nationalist	3.99%
Other	5.07%
Broadly Unionist	4.50%
Not assigned	80.04%
Do not wish to answer	6.40%

**HSCB Staff Profile**

Broadly Nationalist	2.19%
Other	2.39%
Broadly Unionist	1.59%
Not assigned	90.84%
Do not wish to answer	2.99%

**PHA Staff Profile**

Broadly Nationalist	0.85%
Other	4.49%
Broadly Unionist	1.28%
Not assigned	90.81%

Do not wish to answer

2.56%

### Potential Participants Population Profile

Data on the political opinions of people with disabilities is not available.

#### NILT 2020 Data

	%
<b>Democratic Unionist Party (DUP)</b>	18
<b>Sinn Féin</b>	10
<b>Ulster Unionist Party (UUP)</b>	10
<b>Social Democratic and Labour Party (SDLP)</b>	12
<b>Alliance Party</b>	24
<b>Green Party</b>	6
<b>Other party</b>	4
<b>None of these</b>	8
<b>Other answer</b>	2
<b>Don't know</b>	6

It may be reasonable to assume a similar profile for people with a disability.

#### Participants to date:

Political opinion of participants to date is not available.

It may be reasonable to assume a profile of participants similar to that of the population overall.

#### Marital Status

#### BSO Staff Profile

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

#### HSCB Staff Data

Divorced	3.98%
Mar/CP	54.18%

Other	1.39%
Separat	1.39%
Single	12.95%
Unknwn	26.10%
Widw/R	0.00%
Not assigned	0.00%

### PHA Staff Profile

Divorced	0.85%
Mar/CP	35.90%
Other	0.64%
Separat	0.43%
Single	10.68%
Unknwn	51.28%
Widw/R	0.21%
Not assigned	0.00%

### Potential Participants Population Profile

Data on the marital status of people with disabilities is not available.

Census 2011 data for the Northern Ireland population

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

### NILT 2020 Survey Data

Single (never married)	28
Married and living with husband/wife	59
A civil partner in a legally- registered civil partnership	1
Married and separated from husband/wife	3
Divorced	6
Widowed	4

Depending on the nature of the disability, it may be reasonable to assume a similar profile amongst people with a disability.

**Participants to date:**

Marital status of participants to date is not available.  
It may be reasonable to assume a profile of participants similar to that of the population overall.

Dependent Status

**BSO Staff Profile**

Yes	12.17%
Not assigned	79.59%
No	8.24%

**HSCB Staff Profile**

Yes	10.76%
Not assigned	86.06%
No	3.19%

**PHA Staff Profile**

Yes	5.77%
Not assigned	89.74%
No	4.49%

**Potential Participants Population Profile**

NILT 2020 Survey Data

This question asked respondents whether they look after someone who is sick, elderly or who has a disability.

	%
Yes	12
No	88
Don't know	0

According to Carers UK, People providing high levels of care are twice as likely to be permanently sick or disabled:

- 72% of carers responding to Carers UK's State of Caring 2018 Survey said they had suffered mental ill health as a result of caring.
- 61% said they had suffered physical ill health as a result of caring.
- 8 in 10 people caring for loved ones say they have felt lonely or socially isolated.

34% of carers reported physical or mental health conditions or illnesses lasting or expected to last for 12 months or more and of these, 71% stated that their condition or illness reduced their ability to perform day to day activities, highlighting that many carers are also disabled people. Only one half of carers felt their employer was supportive of their caring responsibilities. (UK Disability survey research report, 2021)

**Participants to date:**

Dependant status of participants to date is not available. It may be reasonable to assume a profile of participants similar to that of the population overall.

Disability

**BSO Staff Profile**

No	47.53%
Not assigned	50.51%
Yes	1.96%

**HSCB Staff Profile**

No	57.77%
Not assigned	40.04%
Yes	2.19%

**PHA Staff Profile**

No	38.68%
Not assigned	60.47%
Yes	0.85%

**Potential Participants Population Profile**

Census 2011 data for the population of Northern Ireland

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 of 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)**

The above evidence suggests that a wide range of disabilities prevail in Northern Ireland.

Working disabled people were more likely to work part-time than non-disabled people, with 34.1% of disabled people working part-time in comparison with 23.1% of non-disabled people (APS, 2019).

The employment rate for disabled people with severe or specific learning difficulties was the lowest rate of any impairment (17.6%, APS, 2019).

In the 2021 UK Disability Survey, over half of disabled respondents not in employment reported that they would like more help finding and keeping a job.

Disabled people with autism (21.7%), severe or specific learning difficulties (26.5%), mental illness or other nervous disorders (33.3%), epilepsy (34.2%) and progressive illnesses (35.8%) had employment rates which were significantly lower than the employment rate for the disabled population (aged 16 to 64 years) as a whole for the same period (53.6%) (ONS.gov.uk)

**Participants to date:**

Of those who have participated in the scheme to date:

- 54% had a Learning Disability
- 27% had a sensory disability
- 19% had a mental health condition.

Ethnicity	<b>BSO Staff Profile</b>	
	Not assigned	71.86%
	White	27.76%
	Other	0.25%
	Black African	0.00%

Indian	0.06%
Chinese	0.06%

### HSCB Staff Profile

Not assigned	65.94%
White	33.86%
Other	0.00%
Black African	0.00%
Indian	0.00%
Chinese	0.20%

### PHA Staff Profile

Not assigned	83.76%
White	16.03%
Other	0.21%
Black African	0.00%
Indian	0.00%
Chinese	0.00%

### Potential Participants Population Profile

NILT 2020 data:

**White – 98%**

**Chinese – 0%**

**Indian – 1%**

**Bangladeshi – 0.03% (543)**

**Other Asian – 1%**

**Black African – 0%**

**Black Other – 0%**

**Mixed – 0%**

**Other – 0%**

	All usual residents	White			Asian			Black		Mixed	Other
		Total	White	Irish Traveller	Total	Chinese	Indian	Total	African		
All usual residents	1,810,863	98.28	98.21	0.07	1.06	0.35	0.34	0.20	0.13	0.33	0.13

Day-to-day activities limited a lot or a little	374,646	99.40	99.29	0.11	0.33	0.12	0.10	0.07	0.04	0.12	0.09
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The above Census 2011 data shows that even though black and ethnic minority people make up a smaller share of those who have a disability than of the population as a whole, they also evidence that some people who have a disability are from ethnic minority backgrounds, in particular Chinese, Indian and Irish Travellers.

It needs to be borne in mind, though, that the Census data above does not provide a full picture of the cultural diversity of the population as European migrants fall under the category of 'white' above.

**Participants to date:**

Ethnicity and ethnic origin of participants to date is not available. It appears, however, that all of those who have participated in the scheme to date have been White.

From experience to date it is reasonable to assume that people from ethnic minorities are underrepresented on the scheme.

Sexual Orientation

**BSO Staff Profile**

Do not wish to answer	1.71%
Not assigned	80.74%
Opposite sex	16.35%
same sex	1.08%
Both sexes	0.13%

**HSCB Staff Profile**

Do not wish to answer	0.40%
Not assigned	89.04%
Opposite sex	9.96%
same sex	0.40%
Both sexes	0.20%

**PHA Staff Profile**

Do not wish to answer	1.07%
Not assigned	89.96%
Opposite sex	7.91%
same sex	1.07%
Both sexes	0.00%

**Potential Participants Population Profile  
NILT 2020 Survey Data**

	%
I am 'gay' or 'lesbian' (homosexual)	3
I am heterosexual or 'straight'	94
I am bi-sexual	2
Other answer	1

For the purpose of this screening, it is assumed that at least the same percentage applies to the potential participants in the scheme. Given the experience of homophobia and exclusion and its impact on the mental health of people who are lesbian, gay or bisexual we may even anticipate a higher percentage share.

In the absence of monitoring of sexual orientation to date, it is unclear whether people who identify as lesbian, gay or bisexual have participated in the scheme.

## 2.3 Qualitative Data

**What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both. Also give consideration to multiple identities (such as single parents for example).**

<i>Category</i>	<i>Needs and Experiences</i>
Gender	Research (McClenaghan 2013) underlines that people with a disability who identify as transgender are likely to experience even more compounded marginalisation and social isolation. It follows that they are likely to have particular needs as to the induction phase and the inclusion in the hosting team – in particular in relation to attitudes and awareness of staff. It also suggests that they may be even less likely to come forward to participate in the scheme in the first place.
Age	There is no data to suggest that the needs and experiences of service users differ on the basis of age as such. However, participants who have never worked before (amongst whom younger people may be over-represented) or those who return to the workplace after a long period of absence from the labour market due to their disability (who may belong to older age groups) may have particular training needs.
Religion	The location of work placements matters as regards both the venue itself and access routes. People from different religions and community backgrounds need to feel comfortable and safe to travel to the locations. Given that people with a disability tend to rely on public transport to a greater extent than people without, public spaces surrounding the venues and access routes to the venues are of an even greater importance.

Political Opinion	See above
Marital Status	Single people who have a disability may be less likely to put themselves forward for participation on the scheme as they have no partner or spouse to encourage and motivate them.
Dependent Status	<p>People with a disability who have caring responsibilities may be less likely to come forward to participate in the scheme in the first place. They may have a particular need as to the advertising of the scheme and the associated documentation such as role descriptions.</p> <p>As such, the flexible nature of the scheme as to the working hours and location should meet the particular needs of people with dependants who may wish to work part-time, outside standard working hours or wish to work from home.</p>
Disability	<p>People with sensory impairments and those with learning disabilities are likely to have particular communication and information needs, including communication support and accessible formats.</p> <p>Those with certain physical or mental health conditions are likely to have particular needs in terms of their working hours or working location. Those who are housebound or live with a mental health condition such as agoraphobia may be unable to travel to the office location.</p> <p>People with certain disabilities may be more vulnerable to catching COVID-19 and may experience more severe side effects and symptoms.</p> <p>Those with certain disabilities may not feel comfortable attending face to face events associated with the scheme such as the induction event, training and getting together opportunities due to the risks surrounding Covid-19.</p> <p>A range of reasonable adjustments may be required on a case by case basis.</p>
Ethnicity	As in relation to religion, for people from ethnic minorities the location of work placements matters as regards both the venue itself and access routes. People from different ethnic minorities need to feel comfortable and safe to travel to the locations.

	<p>Given that people with a disability tend to rely on public transport to a greater extent than people without, public spaces surrounding the venues and access routes to the venues are of an even greater importance.</p> <p>Language barriers and a lack of awareness may contribute to a reluctance of people from ethnic minorities to come forward to participate in the scheme in the first place.</p>
Sexual Orientation	<p>Research (McClenaghan 2013) underlines that people with a disability who identify as lesbian, gay or bisexual are likely to experience even more compounded marginalisation and social isolation.</p> <p>It follows that they are likely to have particular needs as to the induction phase and the inclusion in the hosting team – in particular in relation to attitudes and awareness of staff.</p> <p>It also suggests that they may be even less likely to come forward to participate in the scheme in the first place.</p>

## 2.3 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><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>The scheme incorporates provisions for identifying and making reasonable adjustments.</p> <p>Supported Employment Solutions are responsible for ensuring their communication and information is accessible for all.</p> <p>The scheme now includes the option to work from home. This means that placement participants who may not be able to travel to the office because of a physical or mental health condition can avail of a placement. In effect, this serves to widen the pool of candidates for the scheme and to create new opportunities for individuals previously unable to access the scheme. It may also eliminate barriers arising for individuals on the ground of the geography of work locations and potential concerns about safety based on their religion, political opinion, ethnicity or sexual orientation.</p> <p>Additional Health and Safety and risk assessments to be carried out where appropriate for those who may be vulnerable to contracting Covid-19.</p> <p>Induction event, training and getting together opportunities will be carried out online (via Zoom or similar</p>	<p>Supported Employment Solutions will be asked to review monitoring data, to actively target under-represented equality groupings (including ethnic minorities) and to encourage people who identify as transgender or non-binary, as well as people who identify as lesbian, gay or bisexual to participate in the scheme.</p>

<p>software) to ensure all participants can participate.</p> <p>A number of physical placement locations are chosen to encourage access to the scheme for people in a range of areas and from a range of religious and community backgrounds.</p> <p>The flexible nature of the scheme as to the working hours and location should meet the particular needs of people with dependants who may wish to work part-time, outside standard working hours or wish to work from home.</p> <p>Identifying and addressing training and awareness needs of staff is also a key component. This should also capture training and awareness needs relating to multiple identities of participants (such as in relation to gender identity and sexual orientation as well as age).</p>	
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## 2.4 Good Relations

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

<i><b>Group</b></i>	<i><b>Impact</b></i>	<i><b>Suggestions</b></i>
Religion	No impacts identified	No suggestions
Political Opinion	No impacts identified	No suggestions
Ethnicity	No impacts identified	No suggestions

**(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.

Ultimately, this scheme seeks to contribute to addressing existing inequalities of access to employment for people with a disability. As to the diversity of needs within the target group, we consider that the measures we have built in (as reflected in 2.5) will address these. Impacts will be monitored.

#### **(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>Each year, the evaluation of the scheme includes a roundtable discussion to which all participants of the scheme are invited. It seeks to elicit experiences of the work placements and any suggestions for improvement of the scheme.</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>Training and awareness raising measures for colleagues and line managers will be provided based on identified training needs.</p> <p>The scheme itself promotes positive attitudes towards disabled people as staff and managers have the opportunity to work alongside those with various disabilities, some of which have become permanent members of staff within our organisations which raises the visibility and perception of people who have a disability.</p>	

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## (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

*\* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

**5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.**

## (6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
All candidates (successful and unsuccessful) will be asked to complete an equality monitoring form which captures all nine equality categories.	Focus groups with participants, employment support officers and placements managers towards the end of the scheme.	

Approved Lead Officer: Anne Basten  
Position: Equality Manager  
Date: 26/10/2021  
Policy/Decision Screened by: Katherine Coyle

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

