



## EQUALITY SCREENING TEMPLATE

See [Guidance Notes](#) (POL:PP:032) 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 (incl. doc. reference number) or decision :

PP023 HSC Management of Sickness Absence Policy & Procedure

#### 1.2 Description of policy or decision

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

Health & Social Care Northern Ireland (HSCNI) is committed to providing safe, effective and high-quality service to patients, donors and service users, and recognises its duty to support the employees delivering that service by providing a working environment that is conducive to positive health and wellbeing. There are many reasons why someone may experience a decline / deterioration in their physical, mental, or emotional health during their working lives. HSCNI is committed to providing a range of health & wellbeing initiatives, resources, and services, to support all staff to be well at work, and to return to work as soon as feasible where a period of absence is required. This Policy is aimed at providing a framework for all HSCNI organisations to ensure that where sickness absence does occur, it is managed in a fair, prompt, and compassionate manner based on the individual circumstances of each employee.

HSCNI is committed to provide necessary and appropriate supports to help employees sustain regular and effective attendance at work, thus helping ensure that patients, donors and service users get the best possible quality of care.

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

The key purpose of this formal procedure is to provide the steps to be followed to ensure ongoing review of an employee’s sickness absence, provide management support to the employee to assist them in achieving the expected level of attendance, and facilitate their early return to work in circumstances where this is possible.

If, following all appropriate support being provided, an employee remains



unfit to return to their role or they are unable to sustain the required level of attendance, this formal procedure also provides a range of alternative options to be explored with the employee regarding their future employment including redeployment, ill health retirement etc. In circumstances where all alternative options have been exhausted and there is no alternative but to consider ill health termination by the employer, this procedure provides a process under which this will be managed.

All HSC Organisations are committed to applying the following set of principles to support the promotion of attendance and management of absence: -

- a) Compassionate Support
- b) HSC Values
- c) Collective Leadership
- d) Early Intervention
- e) Equality & Fairness

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

Effective implementation will require line managers to regularly apply the procedure and respond to individual need. To support this a toolkit has been developed and training will be provided. The new EQUIP system will help support management of the process in a more streamlined manner. Implementation of the policy is supported by Human Resources and by Occupational Health.

This Policy will be applied in adherence with all relevant Employment & Equality Legislation, with particular consideration given to the responsibilities outlined within the Disability Discrimination Act.

### **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**

- All HSC employees and line managers
- Trade Unions
- Human Resources



- Occupational Health
- Health and Safety
- Department of Health

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)**

- HSC Health and Wellbeing Framework
- Equality, Diversity and Inclusion Policy
- Equality Scheme
- Disability Equality Policy and Reasonable Adjustment Toolkit
- Code of Conduct for Staff
- Terms and Conditions of Employment
- Disciplinary Policy (due to non-compliance)

- **who owns them?**

Health and Social Care NI



## (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.**

NIBTS Staff Data 2025,  
Census Data 2021,  
Carers NI (State of Caring 2022 report)  
NISRA Mid-year Population Estimates for Northern Ireland  
<http://www.gires.org.uk/prevalence.php>  
[www.ons.gov.uk](http://www.ons.gov.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.**

<b>Category</b>	<b><i>What is the makeup of the affected group? ( %) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i></b>
Gender	<p><b>NIBTS Staff Data:</b> 65% female, 35% male</p> <p><b>Census Data:</b> Northern Ireland population (2021 Census): Female 50.8% (967,043), Male 49.2% (936,132) (total population of 1,903,175)</p> <p><b>Transgender:</b> 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):</p> <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> <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</p>



	<p>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 2019) N=1,881,600 (approx.):</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>														
<p>Age</p>	<p><b>NIBTS Staff Data:</b></p> <table border="1" data-bbox="320 719 727 987"> <thead> <tr> <th>Age Group</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>16-24</td> <td>4%</td> </tr> <tr> <td>25-34</td> <td>21%</td> </tr> <tr> <td>35-44</td> <td>23%</td> </tr> <tr> <td>45-54</td> <td>21%</td> </tr> <tr> <td>55-64</td> <td>25%</td> </tr> <tr> <td>&gt;=65</td> <td>6%</td> </tr> </tbody> </table> <p><b>Census Data:</b> Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage                      0-14 365,200: 19.2%                      (15-64 1,211,500: 63.7%)                      15-39 594,400: 31.2%                      40-64 617,100: 32.4%                      (65+ 326,500: 17.2%)                      65-84 287,100: 15.1%                      85+ 39,400: 2.1%                      All ages 1,903,200: 100%</p> <p>NISRA Mid-year Population Estimates for Northern Ireland:                      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.</p> <p>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.</p>	Age Group	%	16-24	4%	25-34	21%	35-44	23%	45-54	21%	55-64	25%	>=65	6%
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Religion	<p><b>NIBTS Staff Data:</b> 38% Catholic 40% Protestant 10% Neither 12% Not determined</p> <p><b>Census Data (2021):</b></p> <p>Current Religion</p> <ul style="list-style-type: none"> <li>• 'no religion' (17.4%)</li> <li>• 'religion not stated' (1.6%)</li> <li>• Catholic (42.3%)</li> <li>• Presbyterian Church in Ireland (16.6%)</li> <li>• Church of Ireland (11.5%)</li> <li>• Methodist (2.4%)</li> <li>• Other Christian denominations (6.9%)</li> <li>• Other non-Christian Religions (1.3%).</li> </ul> <p>Religion/religion of upbringing (Number - Percentage)</p> <p><u>Catholic: 869,800 - 45.7%</u> Current religion: 805,200 - 42.3% Religion of upbringing: 64,600 - 3.4%</p> <p><u>Protestant and other Christian (including Christian related): 827,500 - 43.5%</u> Current religion: 711,000 - 37.4% Religion of upbringing: 116,600 - 6.1%</p> <p><u>Other religions: 28,500 - 1.5%</u> Current religion: 25,500 - 1.3% Religion of upbringing: 3,000 - 0.2%</p> <p>None: 177,400 - 9.3%</p> <p>All usual residents: 1,903,200 - 100.0%</p>
Political Opinion	<p><b>NIBTS Staff Data:</b> 9% Broadly Nationalist 8% Broadly Unionist 14% Other 69% No answer</p> <p><b>Census Data 2021:</b> National identity (nationality based) (Number – Percentage)</p> <ul style="list-style-type: none"> <li>• British 814,600 42.8%</li> <li>• Irish 634,000 33.3%</li> <li>• Northern Irish 598,800 31.5%</li> <li>• English 16,800 0.9%</li> <li>• Scottish 10,200 0.5%</li> </ul>



	<ul style="list-style-type: none"> <li>• Welsh 2,000 0.1%</li> <li>• Other national identities 113,400 6.0%</li> </ul> <p>National identity (person based) (Number – Percentage)</p> <ul style="list-style-type: none"> <li>• British only 606,300 31.9%</li> <li>• Irish only 554,400 29.1%</li> <li>• Northern Irish only 376,400 19.8%</li> <li>• British &amp; Northern Irish only 151,300 8.0%</li> <li>• Irish &amp; Northern Irish only 33,600 1.8%</li> <li>• British, Irish &amp; Northern Irish only 28,100 1.5%</li> <li>• British &amp; Irish only 11,800 0.6%</li> <li>• English only/Scottish only/Welsh only 16,200 0.9%</li> <li>• Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6%</li> <li>• Other national identities 113,400 6.0%</li> <li>• Polish only 23,900 1.3%</li> <li>• Lithuanian only 11,900 0.6%</li> <li>• Romanian only 7,100 0.4%</li> <li>• Portuguese only 6,900 0.4%</li> <li>• Bulgarian only 4,300 0.2%</li> <li>• Indian only 4,100 0.2%</li> <li>• Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7%</li> <li>• Other national identities 42,600 2.2%</li> <li>• All usual residents 1,903,200 100.0%</li> </ul>
Marital Status	<p><b>NIBTS Staff Data:</b>  22% Unknown  25.5% Single  48.5% Married / Civil Partnership  2% Divorced  0.5% Widowed  0.5% Separated  1% Other</p> <p><b>Census Data 2021:</b>  45.6% (690,500) of those aged 16 or over were married  38.1% (576,700) were single  0.2% (2700) were registered in a civil partnership  9.8% (148,400) were either divorced, separated or formerly in a same – sex partnership  6.4% (96,400) were either widowed or a surviving partner</p>
Dependent Status	<p><b>NIBTS Staff Data:</b>  24% Staff with dependents  31% Staff without dependants  45% Not assigned</p>



	<p><b>Census Data 2021:</b> Provision of unpaid care (this covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.)</p> <p>In Northern Ireland all usual residents aged 5 and over = 1,789,348 Percentage of usual residents aged 5 and over who provide:</p> <p>No unpaid care - 87.58% 1-19 hours unpaid care per week - 5.63% 20-34 hours unpaid care per week - 1.38% 35-49 hours unpaid care per week - 1.57% 50+ hours unpaid care per week - 3.84%</p> <p><b>Carers NI (State of Caring 2022 report)</b></p> <p>There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.)</p> <p>Of those participating in the survey...</p> <ul style="list-style-type: none"> <li>• 82% identified as female and 17% identified as male.</li> <li>• 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+.</li> <li>• 24% have a disability.</li> <li>• 98% described their ethnicity as white.</li> <li>• 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role.</li> <li>• 56% are in some form of employment and 18% are retired from work.</li> <li>• 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year.</li> <li>• 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week.</li> <li>• 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people.</li> </ul>
<p>Disability</p>	<p><b>NIBTS Staff Data:</b> 50% No Disability 5% With Disability 45% Not Assigned .</p>



	<p><b>Census Data 2021:</b> Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are: Limited a lot – 11.45% Limited a little – 12.88% Not limited – 75.67% (‘Day-to-day activities limited’ covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.)</p> <p>The breakdown of the various long-term conditions as outlined in the 2021 Census is:</p> <table border="1" data-bbox="320 647 1437 1361"> <thead> <tr> <th>Type of long-term condition</th> <th>Percentage of population with condition %</th> </tr> </thead> <tbody> <tr> <td>Deafness or partial hearing loss</td> <td>5.75</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>1.78</td> </tr> <tr> <td>Mobility of Dexterity Difficulty that requires wheelchair use</td> <td>1.48</td> </tr> <tr> <td>Mobility of Dexterity Difficulty that limits basic physical activities</td> <td>10.91</td> </tr> <tr> <td>Intellectual or learning disability</td> <td>0.89</td> </tr> <tr> <td>Learning difficulty</td> <td>3.5</td> </tr> <tr> <td>Autism or Asperger syndrome</td> <td>1.86</td> </tr> <tr> <td>An emotional, psychological or mental health condition</td> <td>8.68</td> </tr> <tr> <td>Frequent periods of confusion or memory loss</td> <td>1.99</td> </tr> <tr> <td>Long – term pain or discomfort.</td> <td>11.58</td> </tr> <tr> <td>Shortness of breath or difficulty breathing</td> <td>10.29</td> </tr> <tr> <td>Other condition</td> <td>8.81</td> </tr> </tbody> </table> <p>Information on rare diseases provided by NI Rare Diseases Partnership <a href="http://www.nirdp.org.uk">www.nirdp.org.uk</a> suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 people per 2,000.</p>	Type of long-term condition	Percentage of population with condition %	Deafness or partial hearing loss	5.75	Blindness or partial sight loss	1.78	Mobility of Dexterity Difficulty that requires wheelchair use	1.48	Mobility of Dexterity Difficulty that limits basic physical activities	10.91	Intellectual or learning disability	0.89	Learning difficulty	3.5	Autism or Asperger syndrome	1.86	An emotional, psychological or mental health condition	8.68	Frequent periods of confusion or memory loss	1.99	Long – term pain or discomfort.	11.58	Shortness of breath or difficulty breathing	10.29	Other condition	8.81
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Ethnicity	<p>NIBTS Staff Data: 60.5% White 0.5% Pakistani 0.5% Black African 1% Other 38% Not Assigned</p> <p><b>Census Data:</b> In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.</p> <p>Ethnic Group Number Percentage:</p>																										



	<p>White: 1,837,600 - 96.6%                  Minority Ethnic Group: 65,600 - 3.4%                  Black: 11,000 - 0.6%                  Indian: 9,900 - 0.5%                  Chinese: 9,500 - 0.5%                  Filipino: 4,500 - 0.2%                  Irish Traveller: 2,600 - 0.1%                  Arab: 1,800 - 0.1%                  Pakistani: 1,600 - 0.1%                  Roma: 1,500 - 0.1%                  Mixed Ethnicities: 14,400 - 0.8%                  Other Asian: 5,200 - 0.3%                  Other Ethnicities: 3,600 - 0.2%                  All usual residents: 1,903,200 - 100.0%</p> <p>Main language of usual residents aged 3 and over                  Main language Number Percentage                  English: 1,751,500 - 95.4%                  Main language not English: 85,100 - 4.6%                  Polish: 20,100 - 1.1%                  Lithuanian: 9,000 - 0.5%                  Irish: 6,000 - 0.3%                  Romanian: 5,600 - 0.3%                  Portuguese: 5,000 - 0.3%                  Arabic: 3,600 - 0.2%                  Bulgarian: 3,600 - 0.2%                  Other languages: 32,200 - 1.8%                  All usual residents aged 3 and over: 1,836,600 - 100.0%</p>
<p><b>Sexual Orientation</b></p>	<p><b>NIBTS Staff Data:</b>                  45% Someone of the opposite sex                  3% Someone of the same sex                  1% Both sexes                  5% Do not wish to answer                  46% Not assigned</p> <p><b>Census Data 2021:</b>                  Of the Northern Ireland population aged 16 years and over 2.1% identified as lesbian, gay or bisexual (LGB), 90% as straight or heterosexual with 7.9% not wishing to state a sexual orientation.</p> <p>Younger people, aged 16 to 24 years were most likely to identify as LGB in 2021, 4.6% of all 16 to 24-year olds, compared to older age groups – 3.8% aged 29-39, 1.2% aged 40-64 and 0.3% aged 65 years and over.</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.**



<b>Category</b>	<b>Needs and Experiences</b>
Gender	HSC has a higher proportion of females employed compared to the general population. This is largely due to the occupational groups i.e. nursing and midwifery is the largest job group with significantly higher level of female participation. This policy supports all staff regardless of gender. Where appropriate, the HSC Health and Wellbeing framework takes into consideration gender specific health issues including for example menopause or men's mental health and resources are invested to support staff.
Age	52% of the NIBTS workforce is aged 45 and over and the link between age and health/disability acknowledged. This policy supports all staff regardless of age and responds to individual need.
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	There is no data to suggest that there are specific needs or experiences arising within this category. However, there is evidence to shows that female employees are more likely to shoulder the burden of caring responsibilities for children and that this may in turn impact upon the absence levels of staff.
Disability	There is no workforce data to suggest that a disabled person will avail of more sickness absence than non-disabled staff however staff with long term health conditions and disabilities may require reasonable adjustments to support their attendance at work. Staff who are disabled, may require advice from Occupational Health and Health & Safety when putting appropriate adjustments in place. A Workplace Adjustment Plan has been developed to support the application of this policy.
Ethnicity	There is no data to suggest that there are specific needs or experiences arising within this category.
Sexual Orientation	There is no data to suggest that there are specific needs or experiences arising within this category.



## 2.4 Multiple Identities

**Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.**

## 2.5 Making Changes

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

<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><b>Gender/Age</b> Ensure that the specific needs of employees are considered regardless of gender or age.</p> <p><b>Dependent status:</b> Ensure that the needs of those employees who have dependents are supported through a range of other policies and procedures including Special Leave arrangements such as – Carer’s Leave, Emergency Leave and parental leave as appropriate and through the provision of flexible working arrangements.</p> <p><b>Disability:</b> Ensure that the needs of those employee’s disabilities are supported through the provision of reasonable adjustments. A Workplace Adjustment plan has been developed to support this.</p>	<p>HSC is committed to providing equality of opportunity, and strives to promote a good and harmonious working environment where every employee is treated with respect and dignity and in which no one is disadvantaged based on their age, disability, marital or civil partnership status, political opinion, race, religious belief, sex (including gender reassignment), sexual orientation, with dependants or without dependants.</p> <p>HSC will consider mitigating circumstances and arrangements will be put into place to assist accommodating an employee with specific needs arising from any of the protected characteristics when managing attendance at work.</p>



**2.6 Good Relations**

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

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	HSC is committed to providing equality of opportunity, and strives to promote a good and harmonious working environment where every employee is treated with respect and dignity and consistent with the HSC Values of Compassion, Openness and Honesty, Excellence and Working Together.	
Political Opinion		
Ethnicity		

**(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.

Any issues highlighted by affected staff will be able to be mitigated by support from management and access to support from employment policies, the application of terms and conditions and advice from human resources and occupational health. Staff are also encouraged to liaise with their Trade Union representatives for advice and support throughout the application of the policy and procedure.

It is not felt that subjecting the policy to a full EQIA will highlight any further equality issues.



#### (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>
Supports employees via reasonable adjustments to work to the required level.	Create confidence that all possible adjustments can be made to encourage disabled people to choose HSC as an employer they can trust to accommodate their needs.

##### 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>
Disability is a key when considering the impacts of this policy on staff. Reasonable adjustments will be considered for staff with disability to ensure their needs are met in the outworking's and practical application of the policy.	HSC will continue to ensure that disability considerations and the promotion of positive attitudes are at the forefront of thinking regarding the application of this policy.



## (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
HSC will continue to collect and collate equality data on all staff.		

Approved Lead Officer: Rumy Collins  
 Position: HR & Training Manager  
 Date: 9<sup>th</sup> February 2026  
 Policy/Decision Screened by: Rumy Collins

**Please note that having completed the screening you are required by statute to publish the completed screening template, as per NIBTS 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 a copy of the completed screening template and policy/strategy to the HR Office for publishing.***

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact a member of the HR department.