

# Equality and Human Rights Screening Template

The PHA 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 on the Section 75 equality groups see the [Equality Page](#) on the PHA Website and for information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - [Screening Resources & Evidence](#).**

# SCREENING TEMPLATE

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

Hybrid Working Scheme – Guidance for Managers & Staff

### 1.2 Description of policy or decision

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

Following on from the introduction of home working in response to the Covid19 Pandemic, when the Government messaging changed to 'return to office' a pilot Hybrid Working scheme was introduced to trial the retention of a flexible approach to where PHA staff worked. This was a recognition of the benefits remote working had brought to staff whilst balancing this with the benefits of working in a shared space / office environment. Having completed a successful pilot evidenced by the feedback from staff, it has been decided to regularise the pilot scheme providing staff with a level of certainty as to the organisations intentions regarding this working arrangement.

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

The Hybrid working scheme provides for staff to work up to 40% of their working week from home if desired, with a requirement for at least 60% of their working week to be conducted in an 'office' environment which includes attendance at meetings which may be at the staff members base or another location outside of their home.

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

Managers must determine whether or not a job role is suitable for hybrid working and if the staff member themselves is suitable for such. It is anticipated there are very limited if any posts that cannot be conducted through hybrid working. New staff may be required to work from the office environment for a period of induction but

otherwise unless there are specific performance related issues or concerns it is anticipated staff will be suitable for participation in the hybrid working scheme.

### **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 PHA staff, Agency Workers, Students;

Trade Union organisations will have an interest in this scheme but are not directly impacted.

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

#### **what are they?**

There is potential for any other PHA Policy to have a bearing on the implementation of this policy. For example, if a staff member is subject to a disciplinary sanction or performance management issue such may impact on the decision to permit hybrid working (*the alternative is full time in the office*).

There is potential for any changes to legislation such as Health & Safety legislation to impact on decisions to permit hybrid working (*the alternative is full time in the office*).

#### **who owns them?**

PHA;

HSC NI;

Department of Health;

NI 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.*

#### 2.2.1 Quantitative Data

PHA all staff consultation (66% response rate)  
 PHA representative workshop  
 Trade Union consultation  
 Census information 2021  
 PHA Staff Information – June 2023

**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	<b>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?</b>	
Gender	<b>Staff Profile – PHA (June 2023)</b>	
	Male	23.75%
	Female	76.25%
Gender	<b>Population profile:</b>	
	<ul style="list-style-type: none"> <li><b>Census 2021:</b> The proportion of females in 2021 is 51.00% (967,043). The male population is 49.00% (936,132) in 2021.</li> <li><a href="https://www.nisra.gov.uk/system/files/statistics/census-2021-ms-a07.xlsx">https://www.nisra.gov.uk/system/files/statistics/census-2021-ms-a07.xlsx</a></li> <li>The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</li> <li>gender variant to some degree 1%</li> </ul>	

	<ul style="list-style-type: none"> <li>• have sought some medical care 0.025%</li> <li>• having already undergone transition 0.015%</li> <li>• The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</li> <li>• Applying GIRES figures to NI population (using NISRA mid-year population estimates for 2021) N=1,903,175: <ul style="list-style-type: none"> <li>• 19,031 people who do not identify with gender assigned to them at birth</li> <li>• 475 likely to have sought medical care</li> <li>• 285 likely to have undergone transition.</li> </ul> </li> </ul>																				
Age	<p><b>Staff Profile – PHA (June 2023)</b></p> <table border="1"> <tr><td>16-24</td><td>6.21%</td></tr> <tr><td>25-29</td><td>7.52%</td></tr> <tr><td>30-34</td><td>5.51%</td></tr> <tr><td>35-39</td><td>9.12%</td></tr> <tr><td>40-44</td><td>8.52%</td></tr> <tr><td>45-49</td><td>10.32%</td></tr> <tr><td>50-54</td><td>12.83%</td></tr> <tr><td>55-59</td><td>14.73%</td></tr> <tr><td>60-64</td><td>11.42%</td></tr> <tr><td>&gt;=65</td><td>13.83%</td></tr> </table> <p><b>Population profile:</b> published by NISRA in 2022 (<a href="#">Census 2021 main statistics demography tables – age and sex   Northern Ireland Statistics and Research Agency (nisra.gov.uk)</a> show that:</p> <p>15-24 yrs (inclusive) = 224,589 (11.80% of all NI population)  25-29 yrs = 116,409 (6.12%)  30-34 yrs = 126 050 (6.62%)  35-39 yrs = 127,313 (6.69%)</p>	16-24	6.21%	25-29	7.52%	30-34	5.51%	35-39	9.12%	40-44	8.52%	45-49	10.32%	50-54	12.83%	55-59	14.73%	60-64	11.42%	>=65	13.83%
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	<p>40-44 yrs = 122,163 (6.42%)</p> <p>45-49 yrs = 121,670 (6.39%)</p> <p>50-54 yrs = 130,967 (6.88%)</p> <p>55-59 yrs = 129,276 (6.79%)</p> <p>60-64 yrs = 113,049 (5.94%)</p> <p>65-74 yrs = 176,931 (9.30%)</p> <p><b>Age projections</b></p> <p>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 19.8% in mid 2045. The proportion of adults aged 16-64 is also set to decrease to 3.4% by mid 2045. However, the proportion of people aged 65 years and over is projected to increase in the next 25 years, overtaking the numbers of children.</p> <p><a href="https://www.nisra.gov.uk/publications/2020-based-interim-population-projections-statistical-bulletin">2020-based interim population projections - statistical bulletin (nisra.gov.uk)</a></p>														
Religion	<p><b>Staff Profile – PHA (June 2023)</b></p> <table border="1"> <tr> <td>Perceived Protestant</td><td>1.35%</td></tr> <tr> <td>Protestant</td><td>15%</td></tr> <tr> <td>Perceived Roman Catholic</td><td>0.74%</td></tr> <tr> <td>Roman Catholic</td><td>18.02%</td></tr> <tr> <td>Neither</td><td>0.83%</td></tr> <tr> <td>Perceived Neither</td><td></td></tr> <tr> <td>Not assigned</td><td>64.06%</td></tr> </table> <p><b>Population profile:</b></p> <ul style="list-style-type: none"> <li>• Religion or Religion brought up in</li> <li>• 45.70% (869,751) of the population were either Catholic or brought up as Catholic.</li> <li>• 43.48% (827,544) stated that they were Protestant or brought up as Protestant.</li> <li>• 1.50% (28,513) of the population belonged to or had been brought up in other religions and Philosophies.</li> <li>• 9.32% (177,360) neither belonged to, nor had been brought up in a religion. (Census 2021)</li> </ul>	Perceived Protestant	1.35%	Protestant	15%	Perceived Roman Catholic	0.74%	Roman Catholic	18.02%	Neither	0.83%	Perceived Neither		Not assigned	64.06%
Perceived Protestant	1.35%														
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Political Opinion	<b>Staff Profile – PHA (June 2023)</b>	
	Broadly Nationalist	0.70%
	Other	2.30%
	Broadly Unionist	0.90%
	Not assigned	94.49%
	Do not wish to answer	1.60%
	<p><b>Population profile: Nationality</b></p> <ul style="list-style-type: none"> <li>British only – 31.86% (606,263)</li> <li>Irish only – 29.13% (554,415)</li> <li>Northern Irish only – 19.78% (376,444)</li> <li>British and Northern Irish only – 7.95% (151,327)</li> <li>Irish and Northern Irish only – 1.76% (133,581)</li> <li>British, Irish and Northern Irish – 1.47% (28,050)</li> <li>British and Irish only – 0.62% (11, 768)</li> <li>Other – 7.43% (141,327)</li> </ul> <p>(Census 2021)</p>	
Marital Status	<b>Staff Profile – PHA (June 2023)</b>	
	Divorced	0.40%
	Mar/CP	16.93%
	Other	0.20%
	Separat	0.20%
	Single	4.41%
	Unknwn	77.76%
	Widw/R	0.10%
	Not assigned	
	<p><b>Population profile:</b></p> <p>45.49% (690,509) of those aged 16 or over were married  38.07% (576,708) were single  0.18% (2,742) were registered in a civil partnerships  6.02% (91,128) were either divorced, separated or formerly in a civil partnership  6.36% (96,384) were either widowed or a surviving partner  (Census 2021)</p>	

	<p><b>Northern Ireland Life and Times (2022)</b>  Single (never married) 34%  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 5%  Widowed 6%</p> <p><b>Civil partnerships</b>  Annual Reports of the Registrar General for NI show that Between 2005 and 2018 inclusive, there have been 1298 civil partnerships registered in NI. (Available at <a href="https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrars-general-annual-report">https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrars-general-annual-report</a> )</p>								
Dependent Status	<table border="1" data-bbox="336 770 978 994"> <tr> <th colspan="2">Staff Profile – PHA (June 2023)</th></tr> <tr> <td>Yes</td><td>4.01%</td></tr> <tr> <td>Not assigned</td><td>93.79%</td></tr> <tr> <td>No</td><td>2.20%</td></tr> </table> <p><b>Population profile:</b></p> <p><b>CarersNI State of Caring 2022</b> Annual survey (UK wide, including NI)</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> <li>• 1 in 3 carers said they could afford their bills without struggling financially.</li> <li>• 28% said they had access to paid carers leave from work</li> <li>• 54% said they had been offered flexible working arrangements</li> </ul>	Staff Profile – PHA (June 2023)		Yes	4.01%	Not assigned	93.79%	No	2.20%
Staff Profile – PHA (June 2023)									
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	<ul style="list-style-type: none"> <li>• 1 in 5 carers reported their physical health to be bad or very bad</li> <li>• 24% had been caring for 10 years or more</li> <li>• 25% were caring for 50+ hours a week</li> <li>• 27% reported their mental health as bad or very bad</li> <li>• 23% of carers say the care and support services available in their area do not meet their needs</li> <li>• 43% with unpaid caring responsibilities in NI are also in full/part-time employment</li> <li>• 130k had either given up work or reduced their hours to care for someone</li> <li>• 78% were worried about being able to juggle the two.</li> <li>• Over 60% said that working from home had enable them to balance work and caring more effectively</li> <li>• 64% had given up opportunities at work due to caring</li> <li>• 41% said not working from home would make them consider leaving their job</li> </ul> <p><b>Health Survey NI 2021/22</b></p> <ul style="list-style-type: none"> <li>• Respondents with caring responsibilities – 17%</li> <li>• Respondents with caring responsibilities by gender – Male – 13%; Female – 22%</li> </ul>								
Disability	<table border="1"> <tr> <th colspan="2">Staff Profile – PHA (June 2023)</th></tr> <tr> <td>No</td><td>15.13%</td></tr> <tr> <td>Not assigned</td><td>83.87%</td></tr> <tr> <td>Yes</td><td>1.00%</td></tr> </table> <p><b>Population profile:</b></p> <ul style="list-style-type: none"> <li>• 34.67% (659,805) regard themselves as having a 1 or more long – term health problems, which has an impact on their day to day activities.</li> <li>• 65.33% (1,243,371) of residents did not have long – term health condition.</li> <li>• Deafness or partial hearing loss – 5.75% (109,457)</li> <li>• Blindness or partial sight loss – 1.78% (33,961)</li> <li>• Communication Difficulty – 1.65% (29,879)</li> <li>• Autism or Asperger Syndrome – 1.86% (35,367)</li> <li>• Mobility or Dexterity Difficulty – 1.48% (28,138)</li> <li>• A learning intellectual difficulty – 0.89% (16,923)</li> <li>• An emotional, psychological or mental health condition – 8.68% (165,127)</li> <li>• Long – term pain or discomfort – 11.58% (220,328)</li> </ul>	Staff Profile – PHA (June 2023)		No	15.13%	Not assigned	83.87%	Yes	1.00%
Staff Profile – PHA (June 2023)									
No	15.13%								
Not assigned	83.87%								
Yes	1.00%								

	<ul style="list-style-type: none"> <li>• Shortness of breath or difficulty breathing – 10.29% (195,754)</li> <li>• Frequent confusion or memory loss – 1.99% (37,789)</li> <li>• (Census 2021)</li> <li>• Health Survey NI (2021/22)</li> <li>• 40% longstanding illness (30% limiting and 11% non-limiting illness)</li> <li>• Females (44%) were more likely than males (36%) to have a long-term condition.</li> <li>• A fifth (24%) reported high levels of anxiety, while 41% reported very low levels</li> </ul>	
Ethnicity	<b>Staff Profile – PHA (June 2023)</b>	
	Not assigned	91.98%
	White	8.02%
	Other	
	Black African	
	Indian	
	Chinese	
	<p><b>Population profile:</b></p> <p>3.45% (65,604) of the usual resident population belonged to minority ethnic groups:</p> <p>White – 96.55% (1,837,575)</p> <p>Chinese – 0.50% (9,495)</p> <p>Irish Traveller – 0.14% (2,609)</p> <p>Indian – 0.52% (9,881)</p> <p>Pakistani – 0.08% (1,596)</p> <p>Filipino – 0.23% (4,451)</p> <p>Other Asian – 0.28% (5,244)</p> <p>Black African – 0.42% (8,069)</p> <p>Black Other – 0.16% (2,963)</p> <p>Arab – 0.10% (1,817)</p> <p>Roma – 0.08% (1,529)</p> <p>Mixed – 0.76% (14,382)</p> <p>Other – 0.19% (3,568)</p> <p>(Census, 2021)</p>	

Sexual Orientation	<b>Staff Profile – PHA (June 2023)</b>	
	Do not wish to answer	0.50%
	Not assigned	94.19%
	Opposite sex	4.71%
	Both Sexes	
	same sex	0.60%
	<b>Population profile:</b>	
	In 2021, the NI Census showed that out of residents aged 16 and over, 2.09% (31,616) indicated that they were LGB/other sexual orientation. This is out of a population profile of 1,514,743.	
	90.04% of the NI population identified as heterosexual or straight and 2.09% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of:	
	1.17% identifying as gay or lesbian	
	0.75% identifying as bisexual	
	A further 0.17% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.58% refused, or did not know how to identify themselves.	
	The population aged 16 to 24 were the largest age group to identify as LGB in 2021 (4.61%).	
	All usual residents aged 16 and over	1,514,742
	Straight or Heterosexual	1,363,858
	Gay or Lesbian	17,713
	Bisexual	11,305
	Pansexual	617
	Asexual	400
	Straight or heterosexual and bisexual	353
	Straight or heterosexual and gay or lesbian	176
	Queer	148
	Gay or lesbian and bisexual	137
	Female	86
	Male	63
	Trisexual	51

	Bisexual and pansexual	43
	Straight or heterosexual, gay or lesbian & bisexual	40
	Straight or heterosexual, gay or lesbian, bisexual & other	35
	Gay or lesbian and queer	31
	Bisexual and queer	30
	Fluid	14
	Straight or heterosexual and asexual	14
	No label	12
	Confused	11
	Bisexual and asexual	11
	Questioning	10
	Other sexual orientation	316
	Prefer not to say	69,307
	Not stated	49,961

## 2.3 Qualitative Data

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

<b>Category</b>	<b>Needs and Experiences</b>
Gender	Whilst data continues to confirm female staff are likely to have greater caring responsibilities the policy is available to all irrespective of gender and improves potential for Work Life Balance.
Age	There is potential for less experienced staff to be impacted by remote working due to reduced opportunity for incidental learning, however with the right induction, support and the balance of working in a shared space any issues can be managed according to 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	Whilst data continues to confirm female staff are likely to have greater caring responsibilities the policy is available to all irrespective of gender and improves potential for Work Life Balance.
Disability	Depending on the disability there is potential for remote working or office-based working to impact on a disabled person. However, this policy increases flexible options for where to work and when, therefore the increased choice is likely to be beneficial to a disabled person. The PHA will continue to observe its duty for reasonable adjustments and will deal with each circumstance on a case by case basis.
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 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>Additional guidance has been developed for managers and staff to support them in considering the needs of all staff.</p> <p>There are separate policies which will compliment this scheme such as flexible working arrangements.</p>	None – all already taken account of during development

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### 2.5 Good Relations

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

Group	Impact	Suggestions
Religion	None	
Political Opinion	None	
Ethnicity	None	

### **(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	
Minor impact	
No further impact	x

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

**Please tick:**

Yes	
No	x

Please give reasons for your decisions.

All has been developed in consultation with staff and trade unions with no significant issues identified that have not been taken care of during the consultation phase.

The Scheme applies to all staff with the expectation that any individual circumstances can be managed within the breadth of the scheme.

#### **(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>
This policy provides an additional element of flexibility for all staff therefore this will be beneficial to disabled persons ensuring their individual needs can be accommodated as necessary and also mainstreaming flexible approaches to where staff work.	Promotion of the scheme in all recruitment documentation and continual review based on staff experience.

##### **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>
Mainstreaming flexible approaches to where staff work ensures that disabled staff are not seen as different but rather valued members of staff who can be	Promotion of the scheme in all recruitment documentation and continual review based on staff experience.

accommodated within standard policy whilst also recognising there may be need for specific reasonable adjustments.	
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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**

<b>ARTICLE</b>	<b>Yes/No</b>
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.**

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## (6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
Further review will be conducted after a period of circa 3 years to build on experience.	Further review will be conducted after a period of circa 3 years to build on experience. If particular needs are identified during the intervening period these may be considered on own merits.	

<b>Approved Lead Officer:</b>	Karyn Patterson
<b>Position:</b>	Senior HR Business Partner & Change Manager
<b>Contact Details</b>	<a href="mailto:Karyn.patterson@hscni.net">Karyn.patterson@hscni.net</a>
<b>Date:</b>	30/12/2024
<b>Policy/Decision Screened by:</b>	Karyn Patterson

*Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.*

**Please forward completed template to:**

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

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)

For advice and support on screening contact:

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