

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 and Human Rights Information Bank on the BSO website:

<http://www.hscbusiness.hscni.net/services/1798.htm>

For advice and support on screening contact:
Equality Unit, Business Services Organisation
2 Franklin Street, Belfast BT2 8DQ
Tel: 028 9536 3961
email: Equality.Unit@hscni.net

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 PHA People Strategy 2026 - 2030

1.2 Description of policy or decision
<ul style="list-style-type: none">• what is it trying to achieve? (aims and objectives)• how will this be achieved? (key elements)• what are the key constraints? (for example financial, legislative or other)
<p>The Public Health Agency (<i>hereafter referred to as 'the Agency'</i>), greatly value their staff and the contribution they make to the Health & Social Care (<i>HSC</i>) service every day. The Agency operates within the context of the HSC Workforce Strategy - 'Delivering for our People' with the Agency aiming to do just that through continued transformational change at every level in the organisation. In line with the HSC Collective Leadership Strategy we will use a collective leadership approach, harnessing diversity, working collaboratively and effectively with the goal of becoming 'Team PHA - the Employer of Choice'.</p> <p>As a regional leader, PHA must navigate financial pressures, respond to emerging public health threats, and embrace digital solutions to enhance service delivery. Our success depends on strong partnerships across government, health providers, and communities, underpinned by a culture of collaboration, resilience, and continuous learning.</p> <p>We recognise that our people are our greatest asset and we are proud of all that has been achieved to date. By fostering an environment where every individual feels valued, respected, and supported, we seek to build on this strong base to unlock the full potential of our workforce. This means creating opportunities for growth, encouraging innovation, and ensuring that everyone has a voice in shaping the future of the Public Health Agency.</p>

Our strategy is designed not only to respond to current challenges, but also to anticipate future needs. Building on the progress already made we are committed to continuing to build a workplace that is agile, resilient, and ready to adapt to the evolving landscape of public health. Through collaboration, continuous learning, and a shared sense of purpose, we will empower our staff to deliver excellence and make a lasting difference to health and wellbeing in Northern Ireland.

There is 1 ambition - To create a compassionate and inclusive workplace which builds on the dedication, expertise and commitment already demonstrated by our staff. By continuing to nurture compassionate relationships, proactive support, and understanding of diverse needs, we aim to empower our people through openness, collaboration, and excellence to improve health and wellbeing for everyone in Northern Ireland.

With 3 priorities:

- Shaping our Workforce
- Investing in our Workforce
- Supporting our Workforce.

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

The People Strategy will be used as a tool to support all staff across the organisation and engages Trade Unions as part of the core Forum. A wide range of staff will be involved in the operational delivery of the People Strategy.

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

- what are they?
- who owns them?

The People Strategy is a framework which will interconnect with a wide range of HR policies as well as other organisational arrangements for example in the areas of governance and communications.

(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 Quantitative Data

The People Strategy has been developed over a number of months with input initially from the Organisational Development Engagement forum over April to June 2022, followed by a co-design phased involving Senior Leaders, Townhall sessions with all staff and then a formal consultation phase which was released over a 8 week period for input from Trade Unions and all staff.

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>Staff Profile – PHA (September 2025)</p> <table border="1" style="margin-left: 20px;"> <tr> <td style="text-align: center;">Male</td> <td style="text-align: center;">23.08%</td> </tr> <tr> <td style="text-align: center;">Female</td> <td style="text-align: center;">76.92%</td> </tr> </table> <p>Population profile: Census 2021: The proportion of females in 2021 is 51.00% (967,043). The male population is 49.00% (936,132) in 2021.</p> <p>https://www.nisra.gov.uk/system/files/statistics/census-2021-ms-a07.xlsx</p> <ul style="list-style-type: none"> • The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014): <ul style="list-style-type: none"> ○ gender variant to some degree 1% ○ have sought some medical care 0.025% 	Male	23.08%	Female	76.92%
Male	23.08%				
Female	76.92%				

- having already undergone transition 0.015%

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).

Applying GIRES figures to NI population (using NISRA mid-year population estimates for 2021) N=1,903,175:

- 19,031 people who do not identify with gender assigned to them at birth
- 475 likely to have sought medical care
- 285 likely to have undergone transition.

Age

Staff Profile – PHA (September 2025)

16-24	1.00%
25-29	5.02%
30-34	5.85%
35-39	12.71%
40-44	11.20%
45-49	12.54%
50-54	14.72%
55-59	16.39%
60-64	12.37%
>=65	8.19%

Population profile: published by NISRA in 2022 ([Census 2021 main statistics demography tables – age and sex | Northern Ireland Statistics and Research Agency \(nisra.gov.uk\)](#)) show that:

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%)
 40-44 yrs = 122,163 (6.42%)
 45-49 yrs = 121,670 (6.39%)
 50-54 yrs = 130,967 (6.88%)
 55-59 yrs = 129,276 (6.79%)
 60-64 yrs = 113,049 (5.94%)
 65-74 yrs = 176,931 (9.30%)

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 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.

[2020-based interim population projections - statistical bulletin \(nisra.gov.uk\)](https://www.nisra.gov.uk/publications/2020-based-interim-population-projections-statistical-bulletin)

Religion

Staff Profile – PHA (September 2025)

Perceived Protestant	2.17%
Protestant	15.55%
Perceived Roman Catholic	0.67%
Roman Catholic	16.89%
Neither	1.67%
Perceived Neither	0.00%
Not assigned	63.04%

Population profile:

Religion or Religion brought up in

- 45.70% (869,751) of the population were either Catholic or **brought up** as Catholic.

	<ul style="list-style-type: none"> • 43.48% (827,544) stated that they were Protestant or brought up as Protestant. • 1.50% (28,513) of the population belonged to or had been brought up in other religions and Philosophies. • 9.32% (177,360) neither belonged to, nor had been brought up in a religion. <p>(Census 2021)</p>																
Political Opinion	<p>Staff Profile – PHA (September 2025)</p> <table border="1" data-bbox="336 595 978 943"> <tr> <td>Broadly Nationalist</td> <td>2.01%</td> </tr> <tr> <td>Other</td> <td>4.35%</td> </tr> <tr> <td>Broadly Unionist</td> <td>1.34%</td> </tr> <tr> <td>Not assigned</td> <td>88.46%</td> </tr> <tr> <td>Do not wish to answer</td> <td>3.85%</td> </tr> </table> <p>Population profile: Nationality</p> <ul style="list-style-type: none"> • British only – 31.86% (606,263) • Irish only – 29.13% (554,415) • Northern Irish only – 19.78% (376,444) • British and Northern Irish only – 7.95% (151,327) • Irish and Northern Irish only – 1.76% (133,581) • British, Irish and Northern Irish – 1.47% (28,050) • British and Irish only – 0.62% (11, 768) • Other – 7.43% (141,327) <p>(Census 2021)</p>	Broadly Nationalist	2.01%	Other	4.35%	Broadly Unionist	1.34%	Not assigned	88.46%	Do not wish to answer	3.85%						
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Marital Status	<p>Staff Profile – PHA (September 2025)</p> <table border="1" data-bbox="336 1487 978 2036"> <tr> <td>Divorced</td> <td>0.84%</td> </tr> <tr> <td>Mar/CP</td> <td>27.93%</td> </tr> <tr> <td>Other</td> <td>0.33%</td> </tr> <tr> <td>Seprart</td> <td>0.17%</td> </tr> <tr> <td>Single</td> <td>7.53%</td> </tr> <tr> <td>Unknwn</td> <td>63.21%</td> </tr> <tr> <td>Widw/R</td> <td>0.00%</td> </tr> <tr> <td>Not assigned</td> <td>0.00%</td> </tr> </table>	Divorced	0.84%	Mar/CP	27.93%	Other	0.33%	Seprart	0.17%	Single	7.53%	Unknwn	63.21%	Widw/R	0.00%	Not assigned	0.00%
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	<p>Population profile:</p> <ul style="list-style-type: none"> • 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 <p>(Census 2021)</p> <p>Northern Ireland Life and Times (2022) 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>Civil partnerships Annual Reports of the Registrar General for NI show that Between 2005 and 2018 inclusive, there have been 1298 civil partnerships registered in NI. (Available at https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrars-general-annual-report)</p>								
<p>Dependent Status</p>	<table border="1" data-bbox="336 1234 976 1491"> <thead> <tr> <th colspan="2">Staff Profile – PHA (September 2025)</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>8.19%</td> </tr> <tr> <td>Not assigned</td> <td>87.29%</td> </tr> <tr> <td>No</td> <td>4.52%</td> </tr> </tbody> </table> <p>Population profile:</p> <p>CarersNI State of Caring 2022 Annual survey (UK wide, including NI)</p> <ul style="list-style-type: none"> • 82% identified as female and 17% identified as male • 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+ • 24% have a disability • 98% described their ethnicity as white • 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role 	Staff Profile – PHA (September 2025)		Yes	8.19%	Not assigned	87.29%	No	4.52%
Staff Profile – PHA (September 2025)									
Yes	8.19%								
Not assigned	87.29%								
No	4.52%								

- 56% are in some form of employment and 18% are retired from work.
- 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
- 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
- 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people.

- 1) 1 in 3 carers said they could afford their bills without struggling financially.
- 2) 28% said they had access to paid carers leave from work
- 3) 54% said they had been offered flexible working arrangements
- 4) 1 in 5 carers reported their physical health to be bad or very bad
- 5) 24% had been caring for 10 years or more
- 6) 25% were caring for 50+ hours a week
- 7) 27% reported their mental health as bad or very bad
- 8) 23% of carers say the care and support services available in their area do not meet their needs
- 9) 43% with unpaid caring responsibilities in NI are also in full/part-time employment
- 10) 130k had either given up work or reduced their hours to care for someone
- 11) 78% were worried about being able to juggle the two.
- 12) Over 60% said that working from home had enable them to balance work and caring more effectively
- 13) 64% had given up opportunities at work due to caring
- 14) 41% said not working from home would make them consider leaving their job

Health Survey NI 2021/22

Respondents with caring responsibilities – 17%

Respondents with caring responsibilities by gender – Male – 13%;

Female – 22%

Disability	Staff Profile – PHA (September 2025)	
	No	26.25%
	Not assigned	71.91%
	Yes	1.84%
Disability	<p>Population profile: 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.</p> <p>65.33% (1,243,371) of residents did not have long – term health condition.</p> <ul style="list-style-type: none"> • Deafness or partial hearing loss – 5.75% (109,457) • Blindness or partial sight loss – 1.78% (33,961) • Communication Difficulty – 1.65% (29,879) • Autism or Asperger Syndrome – 1.86% (35,367) • Mobility or Dexterity Difficulty – 1.48% (28,138) • A learning intellectual difficulty – 0.89% (16,923) • An emotional, psychological or mental health condition – 8.68% (165,127) • Long – term pain or discomfort – 11.58% (220,328) • Shortness of breath or difficulty breathing – 10.29% (195,754) • Frequent confusion or memory loss – 1.99% (37,789) (Census 2021)	
	<p>Health Survey NI (2021/22)</p> <ul style="list-style-type: none"> • 40% longstanding illness (30% limiting and 11% non-limiting illness) • Females (44%) were more likely than males (36%) to have a long-term condition. • A fifth (24%) reported high levels of anxiety, while 41% reported very low levels 	
	<p>Disability</p>	
	Ethnicity	Staff Profile – PHA (September 2025)
Not assigned		84.45%

	White	15.38%
	Other	0.00%
	Black African	0.17%
	Indian	0.00%
	Chinese	0.00%
	<p>Population profile: 3.45% (65,604) of the usual resident population belonged to minority ethnic groups:</p> <p>White – 96.55% (1,837,575) Chinese – 0.50% (9,495) Irish Traveller – 0.14% (2,609) Indian – 0.52% (9,881) Pakistani – 0.08% (1,596) Filipino – 0.23% (4,451) Other Asian – 0.28% (5,244) Black African – 0.42% (8,069) Black Other – 0.16% (2,963) Arab – 0.10% (1,817) Roma – 0.08% (1,529) Mixed – 0.76% (14,382) Other – 0.19% (3,568) (Census, 2021)</p>	
Sexual Orientation	Staff Profile – PHA (September 2025)	
	Do not wish to answer	0.84%
	Not assigned	87.79%
	Opposite sex	10.37%
	Both Sexes	0.17%
	same sex	0.84%
	<p>Population profile: 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.</p>	

- 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).

<i>Category</i>	<i>Needs and Experiences</i>
Gender	The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity.
Age	The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity. Any elements which may apply more to one age group or another will be considered at the time of development for any adverse impacts.
Religion	The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity.
Political Opinion	The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity.
Marital Status	The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity.
Dependent Status	The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity.

	Any elements which may apply more to those with or without dependants will be considered at the time of development for any adverse impacts.
Disability	<p>The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity.</p> <p>Any elements which may apply more to with or without disabilities will be considered at the time of development for any adverse impacts.</p>
Ethnicity	The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity.
Sexual Orientation	The People Strategy will be aimed at organisational priorities to support good people practices. These will be equally applied to all section 75 categories. Diversity in the workplace is a key factor and all activities will be considered in light of ensuring inclusivity.

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>None – all already taken account of during development.</p> <p>The People Strategy is based on good people management practices. It is an overarching framework for onward areas of development during which any specific impacts would be considered.</p>	<p>None – all already taken account of during development</p>

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>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	N/A	
Political Opinion	N/A	
Ethnicity	N/A	

(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 type="checkbox"/>
No further impact	<input checked="" type="checkbox"/>

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

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

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

This strategy does not constitute any adverse impact and is designed to promote good people practices including equality of opportunity.

(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>
The People Strategy is about good People Practices and aims to encourage full participation by all staff members.	Raise awareness at Tapestry Network

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>
The is designed to ensure equality of opportunity.	Encourage disabled staff to become involved in the Forum / working groups. Take on board any other feedback in the overall delivery of the strategy.

(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 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st 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
There is no specific data however we will continue to seek feedback and input from all staff on the People Strategy and work of the Organisational Development Engagement Forum.	There is no specific data however we will continue to seek feedback and input from all staff on the People Strategy and work of the Organisational Development Engagement Forum.	There is no specific data however we will continue to seek feedback and input from all staff on the People Strategy and work of the Organisational Development Engagement Forum.

Approved Lead Officer: Karyn Patterson

Position: Senior HR Business Partner

Contact Details: Karyn.patterson@hscni.net

Date: 5th February 2026

Policy/Decision Screened by: 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**

Any request for the document in another format or language will be considered.
Please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; Email: Equality.Unit@hscni.net
Phone: 028 9536 3961