

## **Equality, Good Relations and Human Rights Screening**

This organisation is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

**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 or 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 or none)**

**Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?**

# Equality, Good Relations and Human Rights SCREENING TEMPLATE

## (1) Information about the Policy or Decision

### 1.1 Title of policy or decision

PHA Equality and Disability Action Plans 2023-28

### 1.2 Description of policy or decision

- **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)**

In line with our commitments under Section 75 of the Northern Ireland Act 1998 and our Equality Scheme, the Equality Action Plan 2023-28 identifies a number of key actions to promote equality.

This Disability Action Plan for the period 2023-28 represents our organisation's responsibilities under the Disability Discrimination Act (1995) as amended by the Disability Order 2006. This law requires us to carry out our functions giving due regard to two specific duties. These duties are: to promote positive attitudes towards disabled people and promote the participation by disabled people in public life. The purpose of this action plan is to outline some key actions that we are going to deliver upon to make a difference to people with disabilities including staff and people who use our services, and where relevant, their carers.

In developing the action plan we paid particular attention to:

- Physical disabilities;
- Sensory disabilities;
- Autism Spectrum Disorder; Dyslexia; Cognitive Impairment; Learning disability
- Mental health conditions; and,
- Long-term conditions.

### **1.3 Main stakeholders affected (internal and external)**

**For example, staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others**

Those most immediately impacted by these action plans are people who use our services as well as staff and those considering to apply for jobs with us.

Those impacted also ultimately include members of the public.

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

- **what are they?**
- **who owns them?**

Legal requirements under the Human Rights Act 1998 and the European Convention on the Rights of People with Disabilities have a bearing.

## **(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.**

We held a focus group with Tapestry – our Disability Staff Network – asking members to tell us what key issues they think the BSO and partner organisations should address in the new Disability Action Plans in relation to employment and training.

We also considered information from a range of previous activities where issues in relation to equality and disability were raised, including our Five-Year Review of Equality Scheme in 2021 and a series of focus groups we held for it with Tapestry members as well as other staff groups.

Other sources of equality data include:

- Census 2021 and 2011 data.
- Section 75 equality profile of our staff (Dec 2022)
- Research Reports including from GIRES (Gender Identity Research and Education Society) and **Getting and staying in work - LLTI 2001 - Research Report (nisra.gov.uk)**
- Reports from various disability organisations for example RNIB, Action on Hearing Loss, Disability Action, Mencap, Carers Northern Ireland. Older Person's Organisations and Children and Young People's Organisations.
- Previous screening and equality impact assessment analysis where equality issues were highlighted.
- Previous work in relation to our Plans.
- Reports and guidance by the Equality Commission on Equality and Disability Action Plans.

## 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.**

In the table below, we firstly consider data relevant for our Equality Action Plan, followed by data relevant to the Disability Action Plan.

<b>Category</b>	<b><i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i></b>
Gender	<p><b>Equality</b></p> <p>The proportion of females in 2021 was 50.8% (967,043) and of males was 49.2% (936,132) (total population of 1,903,175)</p> <p><b>GIRES 2014</b> estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated:</p> <ul style="list-style-type: none"> <li>• gender nonconforming to some degree (1%)</li> <li>• likely to seek medical treatment for their condition at some stage (0.2%)</li> <li>• receiving such treatment already (0.03%)</li> <li>• having already undergone transition (0.02%)</li> <li>• having a GRC (0.005%)</li> </ul>

- likely to begin treatment during the year (0.004%).

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 youngsters 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 n=1,810,900 (Census 2011):

- 18109 people who do not identify with gender assigned to them at birth
- 3622 likely to seek treatment
- 362 have undergone transition
- 91 have a Gender Recognition Certificate

### **Disability**

The Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report on disability – whilst it is recognised that the report is dated – indicated that:

There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males;

- Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females;
- 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age.

Figures from the Census 2011 show that there is a higher prevalence of females whose activities are 'limited a lot' – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy.

### **PHA staff data:**

Male	23.80%
Female	76.20%

<b>Age</b>	<p><b>Equality</b></p> <p>Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage</p> <p>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><b>Disability</b></p> <p>Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+);</p> <p>As the population ages, so does the likelihood of having a disability that limits the day to day activities 'a lot'. Figures from 2011 Census of people who are limited a lot by their disability are as follows within the following categories;</p> <p><b>Male</b></p> <p>0-15 – 3%  16-44 – 5%  45 – 64 – 16%  65 and over – 33%</p> <p><b>Female</b></p> <p>0 – 15 – 2%  16 – 44 – 5%  45 – 64 – 17%  65 and over – 38%</p> <p>Overall there are greater proportions of older people with a disability.</p>
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	<p><b>PHA staff data:</b></p> <table border="1"> <tr><td>16-24</td><td>8.37%</td></tr> <tr><td>25-29</td><td>5.64%</td></tr> <tr><td>30-34</td><td>5.46%</td></tr> <tr><td>35-39</td><td>9.13%</td></tr> <tr><td>40-44</td><td>9.60%</td></tr> <tr><td>45-49</td><td>10.25%</td></tr> <tr><td>50-54</td><td>12.98%</td></tr> <tr><td>55-59</td><td>14.86%</td></tr> <tr><td>60-64</td><td>13.45%</td></tr> <tr><td>&gt;=65</td><td>10.25%</td></tr> </table>	16-24	8.37%	25-29	5.64%	30-34	5.46%	35-39	9.13%	40-44	9.60%	45-49	10.25%	50-54	12.98%	55-59	14.86%	60-64	13.45%	>=65	10.25%
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Religion	<p><b>Equality</b></p> <p><b>Census 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>Catholic 869,800 45.7%</p> <p>    Current religion 805,200 42.3%</p> <p>    Religion of upbringing 64,600 3.4%</p> <p>Protestant and other Christian (including Christian related) 827,500 43.5%</p> <p>    Current religion 711,000 37.4%</p>																				

	<p>Religion of upbringing 116,600 6.1%</p> <p>Other religions 28,500 1.5%</p> <p>Current religion 25,500 1.3%</p> <p>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> <p><b>Disability</b></p> <p>Not available broken down by disability.</p> <p><b>PHA staff data:</b></p> <table border="1" data-bbox="370 855 1094 1310"> <tr> <td>Perceived Protestant</td> <td>1.32%</td> </tr> <tr> <td>Protestant</td> <td>7.71%</td> </tr> <tr> <td>Perceived Roman Catholic</td> <td>0.47%</td> </tr> <tr> <td>Roman Catholic</td> <td>8.94%</td> </tr> <tr> <td>Neither</td> <td>0.85%</td> </tr> <tr> <td>Perceived Neither</td> <td>0.00%</td> </tr> </table>	Perceived Protestant	1.32%	Protestant	7.71%	Perceived Roman Catholic	0.47%	Roman Catholic	8.94%	Neither	0.85%	Perceived Neither	0.00%
Perceived Protestant	1.32%												
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Political Opinion	<p><b>Equality</b></p> <p><b>Census 2021</b></p> <p>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> <li>• Welsh 2,000 0.1%</li> <li>• Other national identities 113,400 6.0%</li> </ul>												



National identity (person based) (Number – Percentage)

- British only 606,300 31.9%
- Irish only 554,400 29.1%
- Northern Irish only 376,400 19.8%
- British & Northern Irish only 151,300 8.0%
- Irish & Northern Irish only 33,600 1.8%
- British, Irish & Northern Irish only 28,100 1.5%
- British & Irish only 11,800 0.6%
- English only/Scottish only/Welsh only 16,200 0.9%
- Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6%
- Other national identities 113,400 6.0%
- Polish only 23,900 1.3%
- Lithuanian only 11,900 0.6%
- Romanian only 7,100 0.4%
- Portuguese only 6,900 0.4%
- Bulgarian only 4,300 0.2%
- Indian only 4,100 0.2%
- Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7%
- Other national identities 42,600 2.2%
- All usual residents 1,903,200 100.0%

**Disability**

Not available broken down by disability.

**PHA staff data:**

Broadly Nationalist	0.38%
Other	2.35%
Broadly Unionist	0.56%
Not assigned	95.48%
Do not wish to answer	1.22%

<p><b>Marital Status</b></p>	<p><b>Equality</b></p> <p>[Please note: Census 2021 data relating to marital status has not yet been released (as of the date of this screening)]</p> <p>Census 2011:</p> <ul style="list-style-type: none"> <li>• 47.56% (680, 840) of those aged 16 or over were married</li> <li>• 36.14% (517, 359) were single</li> <li>• 0.09% (1288) were registered in same-sex civil partnerships</li> <li>• 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership</li> <li>• 6.78% (97, 058) were either widowed or a surviving partner</li> </ul> <p><b>Disability</b></p> <p>Not available broken down by disability.</p> <p><b>PHA staff data:</b></p> <table border="1" data-bbox="371 1016 1102 1547"> <tr> <td>Divorced</td> <td>0.66%</td> </tr> <tr> <td>Mar/CP</td> <td>14.68%</td> </tr> <tr> <td>Other</td> <td>0.19%</td> </tr> <tr> <td>Separated</td> <td>0.19%</td> </tr> <tr> <td>Single</td> <td>4.23%</td> </tr> <tr> <td>Unknown</td> <td>79.87%</td> </tr> <tr> <td>Widow/er</td> <td>0.19%</td> </tr> </table>	Divorced	0.66%	Mar/CP	14.68%	Other	0.19%	Separated	0.19%	Single	4.23%	Unknown	79.87%	Widow/er	0.19%
Divorced	0.66%														
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<p><b>Dependant Status</b></p>	<p><b>Equality</b></p> <p><b>Census 2021</b></p> <p>Table 17: Provision of unpaid care (‘Provision of unpaid care’ 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>														

Northern Ireland All usual residents aged 5 and over 1,789,348  
Percentage of usual residents aged 5 and over who provide:

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%

### **Carers NI (State of Caring 2022 report)**

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.)

Of those participating in the survey...

- 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.
- 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.

<b>Disability</b>	<b>Disability</b>	
	It may be concluded that a considerable share of people with a disability are carers themselves.	
	<b>PHA staff data:</b>	
	Yes	2.82%

Not assigned	95.48%
No	1.69%

<b>Disability</b>	<b>Census 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.)	
	The breakdown of the various long-term conditions as outlined in the 2021 Census is:	
	<b>Type of long-term condition</b>	<b>Percentage of population with condition %</b>
	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

Information on rare diseases provided by NI Rare Diseases Partnership [www.nirdp.org.uk](http://www.nirdp.org.uk) 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.

Research using data from 2011 ([Getting and staying in work - LLTI 2001 - Research Report \(nisra.gov.uk\)](#)) suggests that

- The disability employment gap in 2011 was 52.3 percentage points (pps) – the difference in employment rate between those with (31.4%) and without a long-term health problem or disability (83.7%) of the household population aged 30 to 59 years.
- A statistical modelling exercise found that general health explains around a quarter (25.7%) of the disability employment gap (13.4 out of 52.3pps). Other large contributors are educational qualifications (6.4pps) and providing unpaid care (5.6pps). The unexplained part (15.4pps) accounts for 29.5% of the disability employment gap.
- This analysis was repeated for several disabilities or health conditions. The employment gap ranges from 14.5pps for deafness or partial hearing loss, to 61.8pps for those with frequent periods of confusion or memory loss.
- The combination of general health, other health conditions and highest educational qualifications explained more than half of the employment gap for each condition except for those with an emotional, psychological or mental health condition (42.4%), which also has the largest proportion of the employment gap (31.7%) that could not be explained.

The employment gap differences by health condition were calculated as:

Employment gap in 2011 by health condition  
Disability or health condition - Raw employment gap (pps)  
Confusion or memory loss – 61.8  
Communication difficulty – 55.9  
Learning/ behavioural difficulty – 54.5  
Mobility or dexterity difficulty – 53.4

	<p>Mental health – 51.3  Long-term pain or discomfort – 42.0  Blindness or partial sight loss – 31.9  Chronic illness – 27.7  Difficulty breathing – 25.1  Deafness / partial hearing loss – 14.5  Other health condition – 24.7</p> <p><b>PHA staff data:</b></p> <table border="1" data-bbox="371 622 938 853"> <tr> <td>No</td> <td>15.43%</td> </tr> <tr> <td>Not assigned</td> <td>84.01%</td> </tr> <tr> <td>Yes</td> <td>0.56%</td> </tr> </table>	No	15.43%	Not assigned	84.01%	Yes	0.56%
No	15.43%						
Not assigned	84.01%						
Yes	0.56%						
Ethnicity	<p><b>Equality</b></p> <p>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><b>Ethnic Group</b></p> <p>Ethnic Group Number Percentage  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>						

## **Country of birth**

Country of birth Number Percentage

Northern Ireland 1,646,300 86.5%

Great Britain 92,300 4.8%

England 72,900 3.8%

Scotland 16,500 0.9%

Wales 2,800 0.2%

Republic of Ireland 40,400 2.1%

Outside United Kingdom and Ireland 124,300 6.5%

Europe (other EU countries) 67,500 3.5%

Europe (other non-EU countries) 3,700 0.2%

Other Countries in the World 53,100 2.8%

All usual residents 1,903,200 100.0%

## **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%

Figures from the 2011 Census provide the prevalence of disability among the following ethnic groups

## **Percentage of those whose disability limits their day to day activities a lot**

All – 12%

Irish Traveller – 20%

White other – 12%

Chinese – 3%

Indian – 3%

Pakistani – 6%

Bangladeshi – 4%

Other Asian – 2%

Considering the 2011 Census figures for the ethnic composition of the General Population alongside those of People whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population.

- White** – 98.21% (1, 778, 449) – 99.40%
- Chinese** – 0.35% (6, 338) – 0.10%
- Irish Traveller** – 0.07% (1, 268) – 0.12%
- Indian** – 0.34% (6, 157) – 0.08%
- Pakistani** – 0.06% (1, 087) – 0.03%
- Bangladeshi** – 0.03% (543) – 0.01%
- Other Asian** – 0.28% (5, 070) – 0.03%
- Black Caribbean** – 0.02% (362) – 0.01%
- Black African** – 0.13% (2354) – 0.03%
- Black Other** – 0.05% (905) – 0.02%
- Mixed** – 0.33% (5976) – 0.10%
- Other** – 0.13% (2354) – 0.08%

**PHA staff data:**

Not assigned	93.32%
White	6.59%
Other	0.09%
Black African	0.00%
Indian	0.00%
Chinese	0.00%

We recognise that within the category of ‘White’ a range of nationalities are represented. This is important in the context of specific needs (see section 2.4 below).

Sexual Orientation	<p>[Please note: Census 2021 data relating to sexual orientation has not yet been released (as of the date of this screening)]</p> <p>Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in</p>
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section 2.4)

This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - 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.

**PHA staff data:**

Both Sexes	0.00%
Do not wish to answer	0.47%
Not assigned	94.48%
Opposite sex	3.57%
Same sex	0.47%

### **2.3 Qualitative Data in relation to actions in action plan**

**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.**

In the following table, we have listed those actions from our plans where we consider multiple needs to be relevant.

## (1) Equality Action Plan

<p><b>Action Measure</b></p>	<p><b>An identification of different needs, experiences and priorities of any of the equality categories in relation to this action and what equality issues emerge from this.</b></p> <p><b>Specify the Section 75 equality categories where there are different needs</b></p>
<p><b>Service Development and Screening</b></p> <p>Support the implementation of an online booking system for diabetic eye screening.</p>	<p><b>Multiple needs</b></p> <p>Consideration will need to be given to ensure that the booking system is accessible to those with a disability and members of ethnic groups whose main language is not English.</p>
<p><b>Allied Health Professions</b></p> <p>Through partnership working with key stakeholders, both statutory and non-statutory to help to determine and plan for the predicted healthcare needs of children and young people with Special Educational Needs (SEN).</p>	<p><b>Multiple needs</b></p> <p>There is a need to acknowledge that the predicted healthcare needs of children and young people may differ depending on age, gender, ethnicity, caring responsibilities, sexual orientation and disability. This will involve recognising how these needs may vary depending on whether the children and young people have one or more of these identities.</p>
<p><b>Cancer Screening</b></p> <p>Raise awareness and promote informed choice in cancer screening, focusing on those communities and population</p>	<p><b>Multiple needs</b></p> <p>There is a need to explore how the likelihood to participate in screening may differ depending on age, gender, ethnicity, caring responsibilities, sexual orientation and disability. It should also be considered how this may be</p>

<p>groups who are less likely to participate in screening</p>	<p>exacerbated by having more than one of these identities.</p>
<p><b>Health Improvement</b>  Refugees, Asylum seekers, Minority Ethnic &amp; Migrant communities should have the opportunity of equal access to Health and Social Care services in Northern Ireland.</p>	<p><b>Multiple needs</b>  Consideration needs to be given to how equality of access may be impacted by age, gender, ethnicity, dependant status, caring responsibilities, religion marital status, sexual orientation and disability. This should factor in any possible impact of having more than one of these identities.</p>

## (2) Disability Action Plan

<p><b>Action Measure</b></p>	<p><b>An identification of different needs, experiences and priorities of any of the equality categories in relation to this action and what equality issues emerge from this.</b></p> <p><b>Specify the Section 75 equality categories where there are different needs</b></p>
<p><b>Service Development and Screening</b></p> <p>Since people living with HIV are protected under the Disability Discrimination Act, it is important that all staff caring for pregnant women screened positive for HIV receive training in HIV so that no one receiving maternity care will be discriminated against.</p>	<p><b>Multiple needs</b></p> <p>Consideration will need to be given to ensure training is accessible to those with a disability and members of ethnic groups whose main language is not English. There is also a need for training to be made available in a way that will not restrict those with caring responsibilities.</p>
<p><b>Strategic Planning Teams</b></p> <p>Create and promote opportunities for people with disabilities to participate in PHA's</p>	<p><b>Multiple needs</b></p> <p>Consideration will need to be given to ensure that the opportunities to participate mitigate for any barriers impacting those with caring responsibilities or members of ethnic groups whose main language is not English. There is also a need to engage participation from those with multiple identities to ensure recognition of the differing needs of people with disabilities depending on age, gender, ethnicity, caring</p>

<p>strategic planning process to ensure the needs of people with disabilities are appropriately reflected when setting commissioning priorities.</p>	<p>responsibilities and sexual orientation.</p>
<p><b>Awareness Days</b></p> <p>Raise awareness of the lived experience of people with specific disabilities and conditions.</p>	<p><b>Multiple needs</b></p> <p>Prevalence of some disabilities differs between and within some of the equality groupings, such as by age, gender and disability. In a similar way, the experience of barriers may differ, including that of black and minority ethnic people who have a disability, carers, those identifying as gay, lesbian and bisexual, and those identifying as transgender or non-binary.</p> <p>As to needs of staff, those who have a disability themselves may have particular communication support needs to allow them to fully access the information and any events. Staff who are carers and work part-time may have needs as to the timing of events and the mode of delivery.</p>
<p><b>Placement Scheme</b></p> <p>Create and promote meaningful placement opportunities for people with disabilities.</p>	<p><b>Multiple needs</b></p> <p>It is likely that unemployment rates will differ depending on the type of disability. Likewise, some people with a disability may face double marginalisation from the labour market, such as depending on their age, sexual orientation, ethnicity or gender identity.</p> <p>The placement scheme will need to take account of the range of disabilities, to ensure fair access to the scheme.</p> <p>People with sensory loss and people with a learning disability may have particular</p>

	<p>communication support needs, both in relation to accessing the scheme (such as accessibility of information materials) and to the day-to-day operation of the placement.</p>
<p><b>Tapestry</b></p> <p>Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its priorities.</p>	<p><b>Multiple needs</b></p> <p>The staff network needs to be accessible to people with a range of disabilities, including sensory disabilities and learning disabilities who may have particular needs as to the way the network operates.</p> <p>Staff with hidden disabilities, in particular younger staff, may be more reluctant to become involved if they have concerns about negative attitudes and negative implications for their chances of career progression. Others may want to contribute by email rather than attend meetings for that reason.</p>

## 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.**

These have been identified in 2.3 above

## 2.5 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>Informed Choice in cancer screening</p> <ul style="list-style-type: none"> <li>• The PHA commissions a service to raise awareness of and promote the three cancer screening programmes throughout Northern Ireland. The service is targeted at those impacted by health inequalities (Section 75 groups, including learning disability, along with those living in socially deprived areas).</li> <li>• The PHA worked with transgender groups to produce a regional screening transgender leaflet for cancer and AAA screening programmes. In final stages of drafting.</li> <li>• The PHA regularly runs social media campaigns to promote the 3 cancer screening programmes, tied to awareness raising events</li> </ul>	<p>Diabetic eye screening</p> <ul style="list-style-type: none"> <li>• It is not currently possible to book an appointment online in another language. Patients are advised in the invitation letter that they can contact the Trust directly to make an appointment and also to advise if they require an interpreter to attend the appointment. The Trust currently do not provide letters or leaflets in other languages; it is an area that the Trust hope to address within the coming months.</li> <li>• Patients with a disability such as deafness are also advised in their invitation letter that they can contact the Trust by email (as an alternative means of communication regarding their needs).</li> </ul>

eg Cervical Screening Awareness Week.

Training for those who work with women with HIV

- All antenatal screening co-ordinators (ANSCs) are encouraged to complete the Infectious diseases in pregnancy training programme run by NHS England. For those ANSCs with caring responsibilities this is an on-line training which can be accessed from home.
- Currently none of the ANSCs have disabilities or are members of ethnic minority groups, however if this was the case provisions would be made to accommodate them and ensure that they could avail of the training via the use of interpreters or signers for the deaf if necessary.
- The ANSCs are then tasked with providing training to the staff working in maternity services including HIV awareness training. Trusts would be responsible for ensuring that staff with disabilities or language problems could access the training.

Awareness Days

- Deaf: We arrange a Sign Language Interpreter for all our events.
- Carers: We organise our

Children with special educational needs

- The PHA continues to work in partnership with SPPG, DoH, EA and DE in the increased number of children and young people with Special Educational Needs who require placement in Special Schools to determine and deliver the AHP support to meet their needs across the section 75 categories. This includes developing a model of training to support educational staff to meet needs of CYP with disabilities that is age appropriate and meets their cognitive and cultural needs.

Informed Choice in cancer screening

- This commissioned service is due to go out to tender. The current service has been temporarily extended in the interim. Funding for this work going forward is uncertain.
- To make information more accessible to those who do not have English as a first language, we will review our suite of available translated leaflets, adding leaflets in new languages, if required and providing translated versions of new leaflets.
- We hope to undertake a review of the literature to further understand the barriers to screening and interventions to promote informed choice for



Awareness Days on Tuesdays, Wednesdays and Thursdays, when most staff who work part-time are at work. We upload the presentation from the speakers and, whenever possible, record and upload the speaker's input onto the Tapestry website. That way, all staff can access the information at a time convenient to them.

#### Work Placements

- We work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups.
- We ensure that reasonable adjustments are discussed and put in place before placements commence.
- Some of the placements are offered on the basis of Hybrid Working. This means, working in an office some of the time and working from home some of the time, if preferred by the individual.
- We have completed a separate equality screening for our Placement Scheme. We review this screening every year when we make changes to the Scheme.

those impacted by health inequalities.

#### New entrants' services

- BSO face to face foreign language Interpreting Services are available to all Patients/Clients who do not speak English proficiently when accessing Health and Social Care services in Northern Ireland

#### Training for those who work with women with HIV

- Trusts will be asked for assurance that all staff working in maternity services are able to access HIV awareness training.

#### Strategic Planning Teams

- In developing the SPT communication and engagement strategies we will identify meaningful approaches for engaging people with disabilities, recognising the differing needs depending on age, gender, ethnicity, caring responsibilities and sexual orientation.

<p>Tapestry Disability Staff Network</p> <ul style="list-style-type: none"> <li>• We ensure that the way the forum operates allows people with a range of disabilities and from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats; arranging for a Sign Language Interpreter to attend all meetings; and by arranging meetings online).</li> <li>• Accessible formats and inclusiveness are integrated into the Terms of Reference.</li> <li>• Strict confidentiality provisions apply.</li> <li>• When we engage with Tapestry members we offer members to take part in a discussion at a meeting or to send their views to a dedicated email address for Tapestry. Only a small number of staff from the BSO Equality Unit, who facilitate the network, have access to this email address.</li> </ul>	
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## 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)**

<b><i>Group</i></b>	<b><i>Impact</i></b>	<b><i>Suggestions</i></b>
Religion	None	none
Political Opinion	None	none

Ethnicity	none	none
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**(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.**

The development of the Equality and Disability Action Plans is a statutory requirement in its own right. Actions identified all relate to good practice and positive action. We consider that the Plans and the mitigation identified take account of the diverse needs of people identified to date, based on their multiple identities. Review of its implementation through agreed processes and through reports to Senior Management Team, Boards and the Equality Commission will keep this issue live and profiled.

Our plans will be reviewed and updated every year.

**(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>
People with a disability have been involved in the development of the Disability Action Plan – through	A number of actions have been developed under the Disability Action Plan aimed at providing direct

<p>Tapestry, our Disability Staff Network.</p> <p>We will also engage with them directly in relation to the Equality Action Plan during the consultation period.</p>	<p>opportunities for staff with a disability and voluntary sector groups to be involved.</p>
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**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><b>How does the policy or decision currently promote positive attitudes towards disabled people?</b></i>	<i><b>What else could you do to promote positive attitudes towards disabled people?</b></i>
<p>The plans include key actions relating to staff awareness raising.</p>	

**(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 onto to 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?**

<b>List the Article Number</b>	<b>Interfered with? Yes/No</b>	<b>What is the interference and who does it impact upon?</b>	<b>Does this raise any legal issues?*</b>  <b>Yes/No</b>

*\* 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?)**

<b>Equality &amp; Good Relations</b>	<b>Disability Duties</b>	<b>Human Rights</b>
See action plans under performance indicators for details on quantitative and qualitative equality monitoring for individual actions.  We will collect specific equality monitoring data on disability work placements.	See action plans under performance indicators for details on quantitative and qualitative equality monitoring for individual actions.	Monitoring data from review of the plans to consider human rights issues.

Approved Lead Officer: Karen Braithwaite

Position: Senior Operations Manager

Policy/Decision Screened by: Mark Johnston

Date: 02/06/23

**Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.**

**Please forward completed template to: [equality.unit@hscni.net](mailto:equality.unit@hscni.net)**