Equality and Human Rights
Screening Template

The PHA is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

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

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - Screening Resources & Evidence.

For advice and support on screening contact:

Equality Unit/ BSO /James House/ 2-4 Cromac Avenue/ Belfast/ BT7 2JA Tel: 028 9536 3961

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template .

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Retendering of the Youth Engagement Service (formerly known as One Stop Shops)

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)**

This decision is intended to achieve the ongoing provision of Youth Engagement Services (YES) within Northern Ireland.

In line with the purpose of the PHA the Youth Engagement Service, previously known as the One Stop Shop Service, works holistically with children and young people aged 11-25 years to promote health and well-being, build confidence, self-esteem and resilience, and signpost and support those in need of specific help to the appropriate service.

The PHA is re- tendering for the provision of a Youth Engagement Service. This Service provides a wide range of interventions and acts as a hub where young people have opportunities to socialise in an alcohol and drug-free environment and avail of information, advice and support on a range of issues from relevant services both on-site and off-site, with the support of staff of the Youth Engagement Service.

The Youth Engagement Service is a signpost/referral service, and is not a keyworker/care coordinator service The Youth Engagement Service is not a youth club. Each Youth Engagement Service will have a local identity and their specific provision is tailored to local need.
This will be achieved by going out to tender for the provision of Youth Engagement Services in the 8 areas where these services are currently provided.

The PHA has funding available for the provision of the YES in the 8 areas where these services are currently provided, there is no funding available for the provision of these services in other geographical areas.

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 main stakeholders affected by this decision are actual or potential service users of the YES, staff working in the YES's, and organisations from the public, private and voluntary sectors working with young people in the geographical areas where YES's are provided.

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

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

The delivery of the Youth Engagement Service sits within a strategic context which seeks to ensure that young people are informed, supported and empowered to achieve and maintain health and wellbeing. The Programme for Government states a commitment to ensure our population 'enjoy long, healthy, active lives' and to 'give our children and young people the best start in life'.

The overarching direction in Public Health is contained in 'Making Life Better' (MLB) which seeks to 'create the conditions for individuals and communities to take control of their own lives and move towards a vision of Northern Ireland where all people are enabled and supported in achieving their full health and wellbeing potential and to reduce inequalities in health.'

Within the MLB key themes "Giving Every Child the Best Start" and "Equipped Throughout Life", take account of particular needs of children and young people, supporting individuals' transitions into and through adulthood. "Empowering Healthy Living" addresses support for individual behaviours and choices,

including embedding prevention across Health and Social Care services.

Under the umbrella of Making Life Better a number of focused health and wellbeing strategies illustrate the need to inform and support children and young people around lifestyle issues such as mental health and emotional well-being, sexual health and drugs and alcohol, with a requirement to meet the needs of those in Section 75 categories who may need specific focus.

Preventing Harm, Empowering Recovery A Strategic Framework to Tackle the Harm from Substance Use (2021-31) People in Northern Ireland will be supported in the prevention and reduction of harm related to the use of alcohol and other drugs, have access to treatment and support services.

The 'Children and Young People's Strategy 2017 – 2027' (DE) provides direction in terms of partnership working to improve the health and well-being of children and young people.

Children & Young People's Emotional Health and Wellbeing in Education Framework (DE & DOH Feb 2021)
The main focus of the Framework is to provide overarching guidelines to support those working in educational settings to help them promote emotional wellbeing and strengthen self-esteem and resilience in our children and young people. It is designed to help promote wellbeing at a universal level, through a holistic, multi-disciplinary approach, and then to provide targeted support when needs are identified.

The Public Health Agency, since its establishment in 2009, has worked to improve and protect health and wellbeing, reduce health inequalities, promote healthy habits and reduce barriers to good health, improve the quality and safety of care services, and support related research and innovation. As a Step 1 Universal service the Youth Engagement Service is an innovative approach to addressing the needs of young people within this context.

The Youth Engagement Service is designed to be responsive to the needs of the young people and therefore they address issues in a wide range of public health and other strategies.

The key strategic drivers are:

- Making Life Better - https://www.health-ni.gov.uk/publications/making-life-better-strategy-and-reports

- Children and Young People's Strategy 2017 – 2027 - https://www.education-ni.gov.uk/consultations/children-and-young-peoples-strategy-2017-2027

- Protect Life 2 Suicide Strategy for Northern Ireland 2019 – 2024
Protect Life 2 - Suicide Prevention Strategy | Department of Health (health-ni.gov.uk)

- Mental Health Strategy 2021-2031
Mental Health Strategy 2021-2031 | Department of Health (health-ni.gov.uk)

- Preventing Harm, Empowering Recovery A Strategic Framework to Tackle the Harm from Substance Use (2021-31
doh-substanceuse-strategy-2021-31.pdf (health-ni.gov.uk)

- Ten-Year Tobacco Control Strategy For Northern Ireland
Ten year tobacco control strategy for Northern Ireland | Department of Health (health-ni.gov.uk)

- Sexual Health Strategy
Sexual health promotion - strategy and information | Department of Health (health-ni.gov.uk)

- Children & Young People’s Emotional Health and Wellbeing in Education Framework
https://www.education-ni.gov.uk/articles/emotional-health-and-wellbeing

(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.

The Public Health Agency has had three evaluations of the One Stop Shop (OSS) services carried out from 2015 to 2017. These evaluations were all carried out by Social Market Research and focussed on: provider organisations and their staff, partner agencies, and PHA staff involved in monitoring the One Stop Shops (2015); One Stop Shop service users and partner agencies (2016); and, One Stop Shop managers, parent agencies and PHA staff involved in monitoring the One Stop Shops (2017).

The Youth Engagement Service Network, which consists of the YES managers and a PHA chair, organises a networking day for service users each year and a number of networking events for YES staff. These events are used to gather the views of service users and staff on the strengths and weaknesses of the YES model and their suggestions for the development of this model. These views are collected at the events and subsequently collated and presented to the YES Network and to the PHA for consideration.

The PHA collects monitoring information from the YES's on a quarterly basis that includes the gender, age and ethnic background of those service users that attend educational programmes within the service or are referred to other sources of support. There is limited information available on the service users who use the YES's for purely social and recreational reasons as the collection of too much data from this group can function as a barrier to access for some young people.

The PHA facilitated YES Staff Workshops in July/August 2022 with the aim to identify emerging issues and collate feedback from all the current services throughout N.I.

Young Person's Behaviour and Attitudes Survey 2019. Available at https://www.nisra.gov.uk/statistics/find-your-survey/young-persons-behaviour-attitudes-survey Accessed 15 July 2022

School Census, Dept of Education, 2021/22. Available at https://www.education-ni.gov.uk/publications/school-enrolments-northern-ireland-summary-data Accessed 15 July 2022

Post-primary school experiences of 16-21 year old people who are Lesbian, Gay, Bisexual and/or Transgender (LGB&T). Available at https://www.education-ni.gov.uk/publications/post-primary-school-experiences-16-21-year-old-people-who-are-lesbian-gay-bisexual-andor-transgender-0 Accessed 15 July 2022

Sexual orientation, Annual Population Survey UK: 2020. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2020

Census 2021 population and household estimates for Northern Ireland (2022) Available at: https://www.nisra.gov.uk/publications/census-2021-population-and-household-estimates-for-northern-ireland Accessed 15 July 2022

Northern Ireland Young Life and Times Survey 2021. Available at https://www.ark.ac.uk/ARK/ylt Accessed 15 July 2022.

Carers in Northern Ireland: Some key statistics. Available at: https://www.assemblyresearchmatters.org/2018/07/26/carers-in-northern-ireland-key-statistics/ Accessed 15 July 2022

Registrar General Northern Ireland Annual Report 2020. Available at https://www.nisra.gov.uk/system/files/statistics/RG%20Annual%20Report%202020%20Accessible.pdf Accessed 15 July 2022

The Mental Health of Children and Parents in Northern Ireland (hscni.net)

Youth Wellbeing Prevalence Survey October 2020. Accessed 10th August 2022

https://www.assemblyresearchmatters.org/2018/07/26/carers-in-northern-ireland-key-statistics/

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.

Category	***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?***
Gender	The SMR evaluation of the OSS service reported that between 1 April 2014 and 30 September 2017 62% of service users were male and 38% were female (data from three of the OSS's were unavailable). An analysis of monitoring data for 2016/17 showed that within that year, 55% of service users were male and 45% were female (data from two of the OSS's were unavailable). Further analysis of data for 2021/22 follow a similar trend of 56% male and 44% female with findings from all eight services available. Within this data there is considerable variation, with one YES reporting 80% male service users within 2021/22, the increase in male participation was reflected in all the age groups in this specific example. YES managers reported at a Network meeting in 2022 the increased need of young men from ethnic minority groups who have been accessing the service in some areas and require increased support from staff. This will continue to be monitored closely and appropriate support will be provided. PHA facilitated Staff Workshops in July/August 2022. Staff reported an increase in young people (numbers unavailable) who express gender identity that is different from the sex that they were assigned at birth.
Age	The service is provided to young people aged 11-25. Each service provider records the age groups attending the service. The age groups making most use of the services vary from service to service and over time within services. This is due to the effect of friendship groups attending the services which will tend to attract more service users of their own age. Services are aware of these fluctuations and routinely take action to attract any age group within which numbers are falling (e.g. provision of more activities attractive to or appropriate for that age group).

<table>
<tr><td></td><td>Data from the most recent population census (2022) shows the following numbers of young people of different age groups, and the proportion of the whole Northern Ireland population.

10-14 years 15-19 years 20-24 years

126,900 (6.7%) 113,200 (6.0%) 111,400 (5.9%)

Comparing the above population figures with similar age brackets within the YES, there is over-representation in the younger age group in comparison to the older age group. Although it should be also noted that this is variable within each service which is dependant on the needs of the young people in each specific geographical YES.</td></tr>
<tr><td>Religion</td><td>Data on service users' religion is not routinely collected with all users of the YES. More recently the Impact Measurement Tool has been applied to the service, which collects some data for young people who require a referral to external sources of support.
The table below refers to 19/20 & 20/21 combined figures for religion.
<table><tr><td>Roman Catholic</td><td>469</td></tr><tr><td>Protestant</td><td>197</td></tr><tr><td>Other/ None</td><td>15</td></tr><tr><td>Do not wish to report[1]</td><td>134</td></tr><tr><td>Not Known</td><td>45</td></tr><tr><td>Total</td><td>860</td></tr></table>
Comparing the above figures to the NI School Census 2021-22 (available at https://www.education-ni.gov.uk/publications/school-enrolments-northern-ireland-summary-data) representation from protestant young people is down by 11% compared to catholic young people. It should be noted that a large cohort of young people do not wish to report their religion within this service.</td></tr>
<tr><td>Political Opinion</td><td>Data on service users' political opinion are not collected by the YES. However, 2020-21 data from the Young Life and Times Survey shows responses to the question "If an election was held tomorrow and all young people aged 16 and over could vote, which ONE of the following would you vote for?"
<table><tr><td>Democratic Unionist Party (DUP)</td><td>11</td></tr><tr><td>Sinn Fein</td><td>20</td></tr></table></td></tr>
</table>

	Ulster Unionist Party (UUP)	3
	Social Democratic and Labour Party (SDLP)	8
	Alliance Party	7
	Green Party	4
	Other Party	1
	I don't know	28
	I would not vote	18
Marital Status	Data on service users' marital status are not collected by the YES. Data collected by the General Registrar showed that the average age for marriage for males in Northern Ireland is 36.3 years, and 34.0 years for females.	
Dependent Status	Data on service users' dependent status are not uniformly collected by the YES. There are also a significant number of young carers (those aged under 18). For example, 6,700 young people (aged 0–17) in Northern Ireland provide between 1 and 19 hours of unpaid care per week, while a further 960 provide 20–49 hours, and 820 care for 50 hours or more. The RGO Report published in 2021 shows that births to mothers under 20 years of age (teenage mothers) decreased from 613 in 2019 to 489. This is the lowest number on record and is noticeably lower than a decade previously (1,265) and three decades ago (1,853).	
Disability	Data on service users' disability status are not uniformly collected by the YES. However, YES managers have been provided with training input on disability access and some YES have proactively established links with disability groups/organisations in their areas where this has been an identified need. Information from the Young Person Behaviour and Attitudes Survey shows that 27.5% of young people aged 11 – 16 years indicated they had a "physical or mental health condition or illness, lasting or expected to last, for 12 months or more". This finding correlates with the Social Market Research evaluations which highlighted issues raised by stakeholders in relation to young peoples' mental health. This has been further supported by PHA Progress Monitoring Reports which highlights that mental and emotional health issues is the highest reported health issue by young people attending the YES.	

Ethnicity	Data on service users' ethnicity are not uniformly collected by the YES, however three current services have reported an increase in engagement with Minority Ethnic and Migrant communities, mainly young males who are now living within the locality or are seeking asylum. There are 4,173 post-primary pupils registered as Newcomer pupils – these are children who have enrolled in a school but who do not have the satisfactory language skills to participate fully in the school curriculum, and the wider environment. (NI School Census, 2021-22)
Sexual Orientation	Data on service users' sexual orientation are difficult to collect for the YES as young people may not wish to discuss this issue or may still be uncertain of their sexuality. All YES Managers received a training input from the Rainbow Project on LGBT accessibility issues. Most of the services have developed an ongoing relationship with either Rainbow or CaraFriend and the services continue to run LGBT groups or LGBT awareness sessions according to identified need. The most recent figures published by the ONS (2020) show that people aged 16 to 24 years continue to be the most likely to identify as LGB in 2020 (8.0%) reflecting an increasing trend for this age group since 2014; this breaks down to 2.7% identifying as gay or lesbian, and 5.3% identifying as bisexual.

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.

Category	***Needs and Experiences***
Gender	Current YES data indicates that females are generally under represented within the YES. It is unclear why this has evolved but the YES Network will be encouraged by the PHA to explore this further and encourage each YES to involve their young persons' forum/committee to identify the needs of young females to encourage more participation.

	The Youth Wellbeing Prevalence Survey October 2020 showed that females aged 16-19 yrs had higher levels of emotional problems than males. Also, problematic social media use was higher among females in N.I. than among male counterparts. Higher cyber bullying rates were also higher for females than males. The recent feedback to indicate an increase in young people expressing a gender identity issue needs to be addressed by staff within the services that they feel confident to meet their needs and prevent negative experiences. Research has shown that transgender young people frequently experience high levels of bullying, so access to appropriate support and facilities, within reason, will be considered.
Age	Research included in the evaluation of the current service found that young people are less likely than other age groups to obtain advice when they need it – they are less likely to take up available universal services, particularly if not youth focused; e.g. GP (lack of trust, perceived as impersonal and uncaring), and, thus, miss out on early detection and intervention. Statutory services are also domain specific (rather than person centred), e.g. health, education, which would require the young person to seek support from several providers while they experience interconnected issues. In health, there are high entry criteria to secondary care services (e.g. CAMHS), long waiting lists, and transition to adult services at age 18, thus risking user/patient disengagement. Young people are far more likely to access advice face-to-face than other age groups and are less likely to use the internet for information and advice and have problems finding online information they can trust and understand.
Religion	The 2016 evaluation of the One Stop Shops looked at the extent to which the OSS's provided a "Safe, informal, inclusive, and non-sectarian space". Quoted responses included: • "I don't even know anybody's religion here, it's great you leave all that stuff at the door" • "The area here is comfortable for everybody, no matter what your religion is or where you come from" No negative responses were reported.

	Research in Northern Ireland has shown that children and young people living in areas traditionally viewed as Protestant/ Catholic or Loyalist/ Nationalist are often fearful of using voluntary and statutory services (e.g. leisure centres) located outside their own neighbourhood.
Political Opinion	The 2016 evaluation of the One Stop Shops looked at the extent to which the OSS's provided a "Safe, informal, inclusive, and non-sectarian space". Quoted responses included: • "You meet people from all around the city and it gives you an idea of what other people's lives are like. Everybody shares and no political or sectarian stuff." • "All kinds of people come here, it's great. You can be yourself. I would never have met all the kinds of people that come here if I didn't come here". No negative responses were reported.
Marital Status	Data on service users' marital status is requested when young people are referred onto other areas including educational programmes. As the age-group ranges from 11-25, it is less likely that marital status will be relevant for the cohort attending YES. The needs of the young people are identified through the young people's forum/committee in each Youth Engagement Service. However, no specific needs based on the marital status of service users have been identified.

Dependent Status	Research from Carers NI and Barnardos show that young carers can experience a range of problems, such as loneliness and isolation, and difficulties with school work.
Disability	Research has shown that young people with disabilities are less likely to fulfil their potential in education, employment and relationships, and are also more likely to experience feelings of isolation and loneliness. In relation to YES provision there will be a percentage of young people who may have a disability, this may be declared or apparent, it may be identified later or it may not be identified at all. Disability, like any other individual issue, will be addressed on the basis of that individual's needs and wishes. Young people with disabilities may experience communication difficulties, they may have particular needs regarding communication, information and accessibility to the building. Many of the current services have made adaptations to encourage accessibility and participation for disabled young people.
Ethnicity	Young people from ethnic minorities are likely to have particular needs in relation to cultural and communication needs. They may experience language barriers, particularly those not fluent in English, and may have particular needs regarding accessible communication and information including the provision of translated information and resources. The Equality Commission has highlighted issues of racist bullying and harassment, which can impact on the mental health of young people from minority ethnic groups. Young asylum seekers and refugees who have escaped conflict in their home countries may also have specialist needs in relation to PTSD and mental health, as well as physical health needs.
Sexual Orientation	Research recently commissioned by the Dept of Education has shown that young people who identify as gay, lesbian or bisexual are more likely to experience bullying and hostility in relation to their sexual orientation, both in school and outside school. This in turn has led to increased incidence of mental ill-health amongst people who identify as other than heterosexual. However, UK research has also shown that gay, lesbian and bisexual people report more negative experiences of care systems, including GP access, and other health care services.
Sexual Orientation	Research recently commissioned by the Dept of Education has shown that young people who identify as gay, lesbian or bisexual are more likely to experience bullying and hostility in relation to their sexual orientation, both in school and outside school. This in turn has led to increased incidence of mental ill-health amongst people who identify as other than heterosexual. However, UK research has also shown that gay, lesbian and bisexual people report more negative experiences of care systems, including GP access, and other health care services.

.

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.

No potential impacts

2.5 Making Changes

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

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Gender: The needs of young people using the service are identified through the young people's committee/forum attached to each Youth Engagement Service. These groups identify both social and recreational activities to be provided within the service and the educational programmes to be provided. Usage of the services was around 60% male in 14/15; services	Uptake of services by gender will be monitored by PHA and any under-representation in service users will be addressed within each YES.

are required to address this through consultation with young people to ensure that the services provided are attractive to both genders. In 2016/17 this had been effectively addressed with usage of the services having moved to 55% male and 45% female. A further sample taken in 21/22 continue the trend of 55% male and 45% female.	
Gender identity has been identified as an emerging issue for some young people. This is currently being proactively considered by PHA how to best support staff and young people to ensure the service is accessible and safe for all young people to attend.	Identify appropriate training for YES staff.
Age:	
Advice needs to be available in places young people already go to such as youth drop-in centres offering co-located support services in accessible and safe locations. The needs of young people using the service are identified through the young people's committee/forum attached to each YES. These groups identify both social and recreational activities to be provided within the service and the educational programmes to be provided. Services provide activities and educational programmes that cater for the identified needs of all service users from 11-25.	Uptake of services in relation to age will continue to be monitored by PHA.
Religion/ political opinion:	
As part of the procurement process all YES applicants were asked how they would ensure equality of access and	Similar approach will be applied to upcoming procurement process.

encourage good relations to all sections of the local community. Each YES apply their own approaches to this area to ensure mutual respect is paramount at all times. Dependent status: The needs of young people using the service are identified through the young people's committee/forum attached to each Youth Engagement Service. These groups identify both social and recreational activities to be provided within the service and the educational programmes to be provided. Where there are young people with dependent children using the service their needs have been identified and, where appropriate, they have been proactively addressed, e.g. by the formation of a young mothers group or young fathers group. Disability: All YES Managers have received training on disability and accessibility issues. All services have also proactively contacted local organisations that provide services to young people with disabilities to promote the YES services Sexual orientation: All YES Managers received a training input from the Rainbow Project on LGBT accessibility issues. Most of the services have developed an ongoing	Training will be made available as and when required for YES staff.

relationship with either Rainbow or CaraFriend and the services continue to run LGBT groups or LGBT awareness sessions according to identified need. The specification for these services going forward includes a requirement for service providers to consult with young people and provide recreational services and educational programmes that attract equal numbers of service users of both genders. As with previous provision of these services under the name 'One Stop Shop', the YES Network will be used to ensure service providers have access to training around equality issues and obtain support from specialist organisations where appropriate.	Ethnicity: The 2017 evaluation of the OSS's found that staff identified young people for whom English was not their first language as an issue they were keen to address. However the evaluation only picked up one case where this had been a significant issue and in that case the OSS concerned had made a concerted and effective effort to support the service user in question. The evaluation did not pick up any other issues related to ethnicity. Post Pandemic in 2022 has seen some new trends which has been reported by three YES's. There has been an increase of ethnic minority

	and migrant young people accessing the recreational element of the service. This is a new development for the services which requires further consideration and PHA are actively exploring training and support options for these YES's. This will then be addressed within the development of the Specification in the re-tendering of the service.

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)

Group	***Impact***	***Suggestions***
Religion	Feedback from service users indicates that attendance at these services promotes good relations between service users of different religions by providing a neutral space where service users of all religions socialise together.	No change
Political Opinion	Feedback from service users indicates that attendance at these services promotes good relations between service users of different political opinions by providing a neutral space where service users of all political opinions socialise together.	No change
Ethnicity	Feedback from service users indicates that attendance at	No change

	these services promotes good relations between service users of different ethnicities by providing a neutral space where service users of all ethnicities socialise together.	

(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	

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

Please tick:

Yes	
No	√

Please give reasons for your decisions.

The decision to continue to fund the YES is not likely to have any negative impact on any young people within the categories listed above. On the contrary these services work hard to be inclusive of all young people in the geographical area that they serve. Monitoring will be reviewed during the procurement process to enable the provision of improved data where appropriate. However, the PHA recognises the provision of an attractive social and recreational space for young people precludes in depth monitoring of some issues as young people are unlikely to want to use a social and recreational service where they are asked for a lot of information about themselves, particularly where they would find such questioning intrusive (e.g. asking their sexual orientation or political opinion).

A full Equality Impact Assessment is unlikely to provide any further information on any equality issues associated with the service.

(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?

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
The services actively promote themselves to young people with disabilities.	Continued promotion to young people with disabilities.

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?

How does the policy or decision currently promote positive attitudes towards disabled people?	***What else could you do to promote positive attitudes towards disabled people?***
The services actively promote themselves to young people with disabilities and provide services in a way that ensures these young people are integrated fully with their peers.	Continuing to and provide services in a way that ensures young people with disabilities are integrated fully with their peers.

(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
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st 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
The PHA will continue to monitor the accessibility and acceptability of these services venues to ensure equality of access. This will include collecting data on gender, ethnic background, membership of Section 75 groups, etc.	Numbers of young people with disabilities using the services will be monitored where this monitoring would not become a barrier to access the service for these young people. The PHA will continue to monitor the accessibility and acceptability of these services venues to ensure equality of access.	The decision to continue to fund these services will not affect anyone's human rights.

Approved Lead Officer: Jayne Mc Geraghie

Position: Senior Officer for Health and Social Wellbeing Improvement

Date: 26/8/22

Policy/Decision Screened by:

Business Unit and contact details

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

Template updated January 2015

Any request for this document in another format or language will be considered. Please contact us (see contact details provided above).