Health and Social Care Board

Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

1) 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)

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

3) 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)

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

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.

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

Health and Social Care Board

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Local Enhanced Service: Domestic and sexual violence and abuse in primary care the Iris Solution (Identification And Referral To Improve Safety)

1.2 Description of policy or decision

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

The Investment Proposal Template provides details on the Local Enhanced Service Domestic and sexual violence and abuse in primary care – the IRIS Solution (Identification and referral to improve safety) and that through education and support the primary care team will have the awareness and skills to detect domestic violence and knowledge of when and where to refer patients for specialist support.

The PSNI statistics recorded 29,166 domestic abuse incidents and 3,443 sexual offences in NI during 2017/18. In 2017/18 the 24 Hour Domestic and Sexual Violence Helpline answered 16,988 calls. It is recognised that domestic and sexual violence and abuse continues to be under-reported.

General practice has a key role to play in the health response to domestic violence. Victims are often in contact with their primary care team.

The aims of this Local Enhanced Service
1. To raise awareness about domestic and sexual violence and abuse amongst GPs and practice staff

2. To provide education and support for GPs in relation to domestic and sexual violence

and abuse

3. To ensure GPs are aware of pathways in place for victims (women and men).

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

This Local Enhanced Service is run through Federations in conjunction with the Department of Health (DoH).

The DoH will employ an advocate educator (this is a person who already works within the community and voluntary sector in Northern Ireland providing services to victims of domestic or sexual violence).

The Federation will allocate one of their GPs through an expression of interest process to provide 2 sessions per month as an IRIS GP clinical lead for a fixed term of 1 year.

The IRIS advocate educator and the IRIS GP clinical lead will undertake training to allow them to provide training in IRIS to other GP practices within the Federation.

The GP Lead will also be available to provide peer support to GPs who have attended training.

Three in-house training sessions will be delivered to each Federation Practice that contracts for the Local Enhanced Service. These sessions are designed to increase awareness and knowledge of domestic and sexual violence and abuse from a primary care perspective. They will also give information about pathways for onward referral.

This will comprise of;

- Two sessions of 2 hours each for the clinical team in each practice. These include how to ask about domestic and sexual violence and abuse, how to respond to disclosures, how to make a referral to the advocate educator and how to record the discussion.
- One session of 1 hour is delivered to the practice administration team focusing on awareness raising and confidentiality issues. Ongoing support will be provided by the advocate educator and clinical lead.

Following completion of IRIS training the GP practice will complete an action plan template and identify a practice lead.

Once training completed if the practice identify a suitable patient for referral they can refer directly to the advocate educator who will then make appropriate arrangements

from there.

The GP should ensure any safeguarding issues are addressed prior to referral. If they have any queries or need advice or support they can contact the GP clinical lead.

This LES will fund:

1. Practice to complete a domestic and sexual violence and abuse practice action plan following completion of IRIS training.
2. Federation to provide IRIS GP clinical lead – consisting of 2 days training course initially and then to provide 2 sessions per month.

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

1. Pressures in General Practice and competing priorities impacting on GP resources
2. Buy in from GP Federations; support required from GP Federations to rollout service. Through engagement with the Federation Support Unit, GP Federation leaders have been informed and engaged in the process.
3. Demand versus capacity; there is a risk that there may be a temporary increase in demand.

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 primarily affected are:
GPs and their staff
Patients
Health and Social Care Board
Belfast Health and Social Care Trust
General Practice

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

- **what are they?**

Identification and Referral to Improve Safety (IRIS solution) supports the work associated with the 'Stopping Domestic and Sexual Violence and Abuse Strategy' which was published jointly by the Department of Health and the Department of Justice in 2016. A key action for both Departments in 2019/20 is to work in partnership with other statutory, voluntary and community sector colleagues to develop a proposal for a new Advocacy Support Service across health and criminal justice settings in Northern Ireland. The planned pilot of the IRIS training programme with selected GP practices will help GPs identify the signs of domestic and sexual violence and abuse and to respond more effectively.

- **Who owns them?**

Department of Health and the Department of Justice.

(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.

Statistics from PSNI and the 24 Hour Domestic and Sexual Violence Helpline.

Northern Ireland Crime Surveys from 2011/12 to 2015/16 research and statistical bulletin.

Stonewall Acceptance without exception - surveys and reports.

NI Census data (2011)

NI data from Carer's UK, available at
http://www.carersuk.org/northernireland/news-ni/facts-andfigures

https://www.carersuk.org/northernireland/policy/policy-library/state-ofcaring-in-northern-ireland-2017-2

https://www.justice-ni.gov.uk/news/experience-domestic-violence-findings-201112-201516-northern-ireland-crime-surveys-published-today

https://www.stonewall.org.uk/help-advice/criminal-law/domestic-violence

https://www.worldatlas.com/articles/5-countries-where-spousal-abuse-is-viewed-as-acceptable-by-women.html

https://www.womensaidni.org/domestic-violence/frequently-asked-questions/#4

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6145036/

https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse

https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/womenmostatriskofexperiencingpartnerabuseinenglandandwales/yearsendin

gmarch2015to2017#main-points

https://www.psni.police.uk/globalassets/inside-the-psni/our-statistics/domestic-abuse-statistics/2019-20/domestic-abuse-bulletin-jun-19.pdf

2.2 Quantitative Data

The PSNI statistics recorded 29,166 domestic abuse incidents and 3,443 sexual offences in NI during 2017/18. In 2017/18 the 24 Hour Domestic and Sexual Violence Helpline answered 16,988 calls.

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.

Approximately 271,000 registered patients in 54 GP practices within the East Belfast and Newry Federation areas (July 2019).

This Local Enhanced Service is available to the full patient population including all Section 75 groups within the East Belfast and Newry Federations where this service will be made available.

There are 189 GP's within the 54 practices located within the East Belfast and Newry Federation areas (July 2019).

Implementation of the LES will ensure GPs and their staff are aware of the pathways in place for domestic and sexual violence abuse victims and improve access to services for all patients.

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	At July 2019 there were 136,115 male and 134,691 female patients registered with the 54 GP practices in East Belfast and Newry Federations. The Department of Justice (DOJ) published on 30 June 2017 Research

	and Statistical Bulletin 17/2017 'Experience of Domestic Violence: Findings from the 2011/12 to 2015/16 Northern Ireland Crime Surveys' (NICS). It is an Official Statistics Publication. Based on a self-completion module designed to examine the experiences of, and attitudes to, domestic violence and abuse among Northern Ireland Crime Survey (NICS) respondents aged 16-64 years, the main aims of the publication are to: measure lifetime and recent prevalence of domestic violence and abuse in Northern Ireland, within both an intimate partner relationship and a wider family setting; and understand the nature and extent of 'worst' incidents of domestic violence and abuse (as determined by the victim). DEFINITION AND KEY FINDINGS Definition • Within the context of the Northern Ireland Crime Survey (NICS), the concept of domestic violence (interchangeably referred to as domestic violence and / or abuse), which covers a range of emotional, financial, sexual and physical abuse, is subdivided into three main offence groups: 1. Non-Physical Abuse (denied access to a fair share of household money; stopped from seeing friends and relatives; having property deliberately damaged; or constantly belittled to the point of feeling worthless); 2. Threats (frightened by threats to hurt the individual or someone close); and 3. Force (pushed, held, pinned or slapped; kicked, bitten or hit; choked or strangled; threatened with a weapon; death threats; forced to have sex or take part in sexual activity; use of a weapon; or use of other force). Key findings • Findings from NICS 2015/16 estimate that 12.1% of people aged 16-64 have experienced at least one form of domestic violence, by a partner, since age 16, with women (15.1%) displaying a higher prevalence rate than men (8.4%).

	• At 5.9% in NICS 2015/16, women were over twice as likely as men (2.5%) to have been victims of domestic violence, by a partner, in the last three years, a gender difference that is reflected across each of the three separate offence groups examined: non-physical abuse (4.4% v 2.4%); threats (2.0% v 0.2%); and force (2.5% v 0.9%). • When identified victims were asked to consider their 'worst' single incident of partner violence and abuse, NICS 2015/16 findings show that around three-quarters of all worst cases of partner abuse (75.8% in NICS 2015/16) were carried out within the setting of a current relationship at the time, with the perpetrator most likely to have been a current boyfriend / male partner (32.3%) or husband (24.2%). • NICS 2015/16 results also indicate that 2.4% of adults were victims of domestic violence and abuse by a family member within the last three years, with similar rates estimated for women (2.4%) and men (2.5%). There is limited research on how many trans people experience domestic abuse in the UK, and the best studies have small group samples. However, these figures suggest it is a significant issue. A report by The Scottish Transgender Alliance indicates that 80% of trans people had experienced emotional, sexual, or physical abuse from a partner or ex-partner. One in five trans people and non-binary people (both 19 per cent) have faced domestic abuse from a partner in the last year. This includes 21 per cent of trans men and 16 per cent of trans women.
Age	• Findings from NICS 2015/16 estimate that 12.1% of people aged 16-64 have experienced at least one form of domestic violence, by a partner, since age 16, with women (15.1%) displaying a higher prevalence rate than men (8.4%). • NICS 2015/16 results also estimate that around one-in-twenty five adults (4.3%) experienced at least one form of partner violence and abuse within the last three years, a similar proportion to that observed in both NICS 2013/14 (5.2%) and 2014/15 (5.0%). • Findings from NICS 2015/16 also estimate that 6.4% of people aged 16-64 have experienced at least one form of domestic violence and abuse, by a family member (other than a partner), since age 16.

	• NICS 2015/16 results show that parents (50.5%) were most likely, with step-parents and children (both 1.0%) least likely, to be identified by victims as the perpetrator(s) of their 'worst' incident of family abuse. • When partner and family abuse are combined, NICS 2015/16 results estimate that, overall, around one-in-six adults (16.2%) had experienced some form of domestic violence and abuse since the age of 16, a proportion that drops to 6.5% within the last 3 years. The age breakdown of male and female patients registered within the East Belfast and Newry Federation practices is as follows: Male 0-4: 8,617 — Female 0-4: 7,970 Male 5-15: 19,918 — Female 5-15: 18,664 Male 16-44: 53,728 — Female 16-44: 51,172 Male 45-64: 35,293 — Female 45-64: 34,431 Male 65-74: 10,731 — Female 65-74: 11,085 Male 75-84: 5,956 — Female 75-84: 7,781 Male 85+: 1,872 — Female 85+: 3,588 Male total: 136,115 — Female total: 134,691
Religion	Census 2011 shows that of the population in NI: • 45.14% (817, 424) of the population were either Catholic or brought up as Catholic. • 48.36% (875, 733) stated that they were Protestant or brought up as Protestant. • 0.92% (16, 660) of the population belonged to or had been brought up in other religions and Philosophies. • 5.59% (101, 227) neither belonged to, nor had been brought up in a religion.
Political Opinion	Data from the Northern Ireland Life and Times Survey (2016) show that the general political opinion of the Northern Ireland population is: • Unionist 29% • Nationalist 24% • Neither 46% • Other/ don't know 2%
Marital	Data from the 2011 census informs us that:

Status	• Married 47.56% • Single never married 36.14% • Separated 3.98% • Divorced 5.45% • Same Sex Civil Partnership 0.09% • Widowed or Surviving partner from SSCP 6.78 %
Dependent Status	Information from CarersNI suggests that: • 1 in every 8 adults is a carer • 2% of 0-17 year olds are carers, based on the 2011 Census • There are approximately 220,000 carers in Northern Ireland • Any one of us has a 6.6% chance of becoming a carer in any year • One quarter of all carers provide over 50 hours of care per week • People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • 64% of carers are women; 36% are men. **Health Survey NI (2016/17)** • 13% have caring responsibilities • Approx 70% receive no monetary reward for giving this care • 48% received help from other family members, but 38% received no support from others **Parents with dependent children (Census 2011)** Responsibility for dependent children: • 238,094 households (33.9% of all NI households) **NI Lone parent families** = 115,959, with 123,745 dependent 9 children in family (Census 2011). Of the 115, 959 lone parents, 16, 691 are males and 99,268 are female. (Census 2011)
Disability	It is estimated that in Northern Ireland, 42% have longstanding illness (30% limiting and 12% non-limiting illness) Health Survey NI (2017). Prevalence of longstanding limiting illness increases with age: approximately 8% among young adults aged 16 to 34 years, compared to 60% among those who are aged 65 years and over. (Census 2011) The table below indicates prevalence of different long term conditions

	using information gathered in the last census (although these may have changed over time).

Type of long – term condition	Percentage of population with condition %
Deafness or partial hearing loss	5.14%
Blindness or partial sight loss	1.7%
Communication Difficulty	1.65%
Mobility of Dexterity Difficulty	11.44%
A learning, intellectual, social or behavioural difficulty.	2.22%
An emotional, psychological or mental health condition	5.83%
Long – term pain or discomfort.	10.10%
Shortness of breath or difficulty breathing	8.72%
Frequent confusion or memory loss	1.97%
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy.	6.55%
Other condition	5.22%
No Condition	68.57%

(Census 2011)

Ethnicity	Traveller population in N Ireland is estimated at 3905 (All Ireland Traveller's Health Survey, 2010) Non-White ethnic groups (Asian, Black, Mixed, Other) estimated at: 31113 The number of births to mothers outside the UK and Ireland have increased over the past decade with 2347 births in 2008 compared with 661 in 2001 (9% of all registered births) (2011 Census data) Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017. Data are presented as 'Ethnicity White' and 'All Other Ethnicities' due to small cell sizes. 2013/14: Ethnicity White 98.2% (1,399,000); All other Ethnicities 1.6% (23,000) (No response not included)

	2014/15: Ethnicity White 98.2% (1,409,000); All other Ethnicities 1.8% (26,000) Language The five most popularly requested languages in HSC settings (as reported by the HSC Translation Service) in 2017-2018 were: 1. Polish (30,292 requests) 2. Lithuanian (15,763 requests) 3. Arabic (11,360 requests) 4. Romanian (9908 requests) and 5. Portuguese (8524 requests).
Sexual Orientation	Between 2005 and 2017, there were 1202 recorded Civil Partnerships regionally. However, this is not indicative of the LGB population. There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual. Stonewall's research shows that one in four lesbian and bi women have experienced domestic abuse in a relationship. Two thirds of those say the perpetrator was a woman, a third a man. Almost half (49%) of all gay and bi men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16.

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.

This Local Enhanced Service is available to the full patient population including all Section 75 groups within the East Belfast and Newry Federations where this service will be made available.

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	Domestic abuse can happen to men or women. Whilst research has shown that the majority of domestic violence is perpetrated by men against women, it is becoming increasingly

	recognised that men can experience violence from their female partners also. Transgender people have a higher instance of intimate partner violence (IPV)
Age	Young women were more likely to have experienced partner abuse in the last 12 months than older women. Older women are more likely to be living with their abusers than younger women.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	The PSNI's domestic abuse definition includes not only married couples but abuse inflicted on anyone by a current or former intimate partner or family member. This includes non-married couples, same sex couples, in-laws or step family.
Dependent Status	The Domestic and sexual violence and abuse in primary care Local Enhanced Service will have a positive impact on patients as they or their dependents will be able to travel to their local practice to avail of this service.
Disability	Women who had a long-term illness or disability were more likely to have experienced some form of partner abuse in the last 12 months than women who did not. The Domestic and sexual violence and abuse in primary care Local Enhanced Service will have a positive impact on people with a range of disabilities as they will be seen in their local practice by familiar practitioners. This will ease difficulties in transport for people with physical disability and also ease anxieties in attending an unfamiliar location or doctor for those with learning disabilities or mental health problems. It is likely that there will be additional communication needs for patients with communication difficulties (e.g. hearing impairments/learning disabilities etc.)
Ethnicity	It is known that in some cultures, spousal and domestic violence against

	women is acceptable. For example people from countries such as the Democratic Republic of Congo, Senegal, Cambodia, Zambia and Egypt. Women who identified with Mixed/Multiple ethnicities were more likely to have experienced partner abuse in the last 12 months than any other ethnic group. Individuals whose first language is not English will have additional communication needs.
Sexual Orientation	Between February and April 2017, 5,375 LGBT people across England, Scotland and Wales completed an online questionnaire about their life in Britain today, which was administered by YouGov on behalf of Stonewall – Acceptance without exception. Overall, more than one in ten LGBT people (11 per cent) have faced domestic abuse from a partner in the last year. This includes 13 per cent of bi women and 10 per cent of lesbians. Twelve per cent of bi men and seven per cent of gay men have experienced domestic abuse from a partner in the last year. According to the Office for National Statistics six per cent of women and three per cent of men in the general population have experienced domestic abuse from a partner in the last year. One in six LGBT people aged 18-24 (17 per cent) have faced domestic abuse from a partner in the last year.

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.

This Local Enhanced Service is available to the full patient population including all Section 75 groups within the East Belfast and Newry Federations where this service will be made available. Black, Asian and minority ethnic LGBT people are more likely than white LGBT people to experience domestic abuse from a partner, 17 per cent compared to 11 per cent. One in seven LGBT disabled people (15 per cent) have experienced domestic abuse in the last year.

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?

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 Service will be delivered with specific requirements to ensure equal access irrespective of an individual's gender. Age: The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's age. Older people's communication needs will be taken into account and adapted to suit their requirements.	Findings, lessons learnt and knowledge gained from the outcomes of this Local Enhanced Service will be reviewed and incorporated into any future specification.

Disability: 'Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy' Ethnicity: 'Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy' Sexual Orientation: The Service will be delivered with specific requirements to ensure equal access irrespective of an individual's sexual orientation.	

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	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	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	
Minor impact	X
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	X

No major adverse impacts were identified from the data and evidence available.

(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?*
N/A	N/A

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?*
N/A	N/A

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Are Human Rights relevant? 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 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 have a potential positive impact or does it potentially interfere with anyone's Human Rights?

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues?* Yes/No
N/A	N/A	N/A	N/A

** 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.

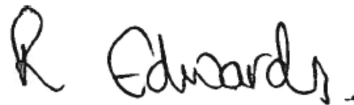
N/A

(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

Approved Lead Officer:



Dr Rachel Edwards

Position: HSCB Medical Adviser

Policy/Decision Screened by:

Signed:
Date:

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 produced November 2011
If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023 2304