
# Equality Screening, Disability Duties and Human Rights Assessment Template

Part 1 – Policy scoping

Part 2 – Screening questions

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Part 4 – Monitoring

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**Guidance notes are available to assist with completing this template. For further help please contact the Equality and Human Rights Unit ext 20539.**

## Part 1. Policy scoping

### 1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

Quality Healthcare Experience Framework (Draft)

1.1.2 Is this an existing, revised or a new policy / decision?

New policy – Delivery plan arising from Programme for Government indicators Programme for Government 2016-21 Delivery Plan

Indicator 5: Improve the quality of the healthcare experience (percentage of people who are satisfied with health and social care based on their recent experience).

1.1.3 What is it trying to achieve? (intended aims/outcomes)

This delivery plan will seek to contribute towards the delivery of the Programme for Government indicator 5. This indicator is aligned with the following three Outcomes set out in the Draft Programme for Government Framework 2016-21.

- We enjoy long healthy lives;
- We care for others and we help those in need; and
- We have high quality public services.

https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf

The delivery plan is underpinned by a series of commitments to act by various delivery partners. Full details on these are set out in "*What do we propose to do?*" section of the delivery plan.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

The actions set out in "*What do we propose to do?*" section of the delivery plan focus on the development of a Quality Healthcare Experience Survey, investigating the scope for a Real Time Feedback System (RTFS), providing training for staff based on the Q2020 Attributes Framework, alongside training in Human Factors and provide training for service users to enable them to co-design and coproduce their care plans and care pathways, and to co-design services

It is expected that these actions will improve staff knowledge and skills in relation to providing a positive healthcare experience and facilitate better measurement of how well we are doing in relation to healthcare experience; this in turn will inform service improvement and ultimately improve patient experience of the services they receive.

It is expected that Section 75 data will be collected (see Annex 1) but in some case reporting may be limited depending on the volume of responses received. It is possible therefore, that analysis may reveal different experiences for different groups (or multiple identity groups) which may be a trigger for further investigation or interventions.

1.1.5 Who initiated or wrote the policy?

The Department of Health with contributions from, all HSCT's, the Ambulance Service, the PCC and HSCB/PHA as well as Patient representatives from the Patient and Client Council and the South Eastern Trust were engaged in developing the draft Framework.

1.1.6 Who owns and who implements the policy?

The Programme for Government Indicators are set and monitored by the NI Executive. This Delivery plan sits within the remit of the Department of Health although it requires work with partners including the Health and Social Board, Public Health Agency, HSC Trusts, Patient Client Council, stakeholder groups and individual citizens.

## 1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? If yes, are they

| | | |
|---|---|---|
| Financial | ☐ | Please explain:<br>• Cost implications: surveys are dependent on funds being available.<br>• Stakeholder involvement & access to data (e.g. names & addresses of those that have been in hospital will be required from the HSCTs) |
| Legislative | ☐ | |
| Other | ☐ | |

## 1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

| | |
|---|---|
| Staff | x |
| Service users | x |
| Other public sector organisations | x |
| Voluntary/community/trade unions | x |
| Other, please specify | All citizens in Northern Ireland. |

## 1.4 Other policies with a bearing on this policy / decision. If any:

| Policy | Owner(s) of the policy |
|---|---|
| The focus of this work is around measuring the quality of the healthcare experience of service users and of the staff delivering the service it has the | |

| | |
|---|---|
| potential to link in with a wide range of Healthcare policies. | |

## 1.5 Available evidence

What evidence/information (both qualitative and quantitative*) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

### General

Indicator 5 focuses on the collection of data in order to measure the quality of users recent healthcare experience. Currently data is not being collected in relation to this measure. In addition, it will investigate the development of a Real Time Feedback System to gauge the "temperature of services" to identify hotspots for more investigation.

It is recognised that different Section 75 groups can have different experiences, for example, in relation to Travellers the All Ireland Traveller Health Survey (page 130 onwards) deals with Traveller Experiences and Perceptions of Healthcare and provides examples of the types of poorer experiences of Travellers.

http://webarchive.proni.gov.uk/20150724114332/http://www.dhsspsni.gov.uk/aiths.pdf

This screening, however, focuses only on the proposed actions and considers the evidence in that context.

| Section 75 category | Details of evidence/information |
|---|---|
| Religious belief | **Population**<br><br>2011 census data indicated that 45.14% of all usual residents in NI gave their religion, or the religion they were brought up in as Catholic, and 48.36% as Protestant or other Christian. Other religions accounted for 0.92%, while 5.59% cited either having no religion or not having been brought up in a religion.<br><br>Source:<br>http://www.nisra.gov.uk/Census/key_report_2011.pdf |

Political opinion

**Population**

There is limited data available. The following table shows the first preference votes cast in the 2016 NI Assembly elections (Electorate 1,281,595 turnout 54.2%).

| **Political Party** | **Votes** |
|---|---|
| Democratic Unionist Party | 202,567 |
| Sinn Fein | 166,785 |
| Ulster Unionist Party | 87,302 |
| SDLP | 83,364 |
| Alliance Party | 48,447 |
| Green | 18,718 |
| People before Profit Alliance | 13,761 |
| Traditional Unionist Voice | 23,776 |
| Independents | 22,650 |
| Others | 26,940 |

Source: BBC website: http://www.bbc.co.uk/news/election/2016/northern_ireland/results

| | |
|---|---|
| Racial group | **Population**<br><br>According to the 2011 census data, 98.21% of all usual residents in the north of Ireland are of a white ethnic group. 0.35% of all usual residents are of a Chinese ethnic group with a further 0.34% Indian and 0.33% of mixed ethnic group. 0.07% are of an Irish Traveller ethnic group.<br><br>96.86% of all usual residents aged 3 years or over cited English as their main language with 1.02% indicating that Polish is their main language.<br><br>2011 census data indicates that 179,606 (10.1%) of usual residents of the north of Ireland of the white ethnic group were born outside of the north of Ireland. Of this number a quarter (45,712) were born in other European countries (including Non-EU), and 8.4% (15,093) were born in countries outside of Europe.<br><br>Of the 45,712 usual residents of the north of Ireland of the white ethnic group that were born in other European countries, over two fifths (19,317) were born in Poland and 15.9% (7,260) were born in Lithuania.<br><br>**Travellers**<br><br>The All Ireland Traveller Health Survey (page 130 onwards) deals with Traveller Experiences and Perceptions of Healthcare and provides examples of the types of poorer experiences of Travellers. In some cases these arise because of other factors which had not been taken into account and which could also have a bearing on the collection of data: For example: literacy problems and the use of language that isn't understood (big words).<br><br>http://webarchive.proni.gov.uk/20150724114332/http://www.dhsspsni.gov.uk/aiths.pdf |

| | |
|---|---|
| | **Language needs**<br><br>It is recognised that some Black and Minority Ethnic persons can face barriers e.g. language in relation to accessing services and that at times additional support is needed. The number of requests received by the NI HSC Interpreting Service has risen from 10,257 in 2005/6 to over 97,800 in 2015/16.<br><br>The most recent top ten language requests were for: Polish, Lithuanian, Romanian, Portuguese, Chinese (mandarin), Tetum, Slovak, Hungarian, Bulgarian, and Chinese (Cantonese).<br><br>Source: NIHSCIS |
| Age | **Population**<br><br>The latest NISRA mid-year population estimates reported:-<br><br>• The population continues to age with the number of those aged 65 and over increasing by 2.1 per cent in the year ending mid-2015 to reach 291,800 people (15.8 per cent of the population). Within this group, the population aged 85 and over increased by 2.9 per cent to reach 35,500 people (1.9 per cent of the population).<br><br>• In the year ending mid-2015 the working age population4 (people aged 16 to 64 years) increased by 0.32 per cent (from 1,170,800 to 1,174,600). The main reason for this growth is more people 'ageing into' this age group (24,200) than those 'ageing out' (18,500).<br><br>• The younger working age population (people aged 16 to 39 years) is estimated to have had modest growth of 0.09 per cent (from 582,600 in mid-2014 to 583,100 in mid-2015). This is after six consecutive |

years of modest decline and is mainly due to more people 'ageing into' this age group (24,200) than 'aging out' (23,300) together with a relatively small number of deaths (400).

- The older working age population (people aged 40 to 64 years) also grew in the year ending mid-2015 to 591,500 people (a 0.56 per cent increase). For the past three consecutive years, the older working age population has been larger than the younger working age population.

- In the year mid-2014 to mid-2015, the older population (people aged 65 and over) increased by 2.1 per cent, from 285,900 to 291,800. Over the last five years, the older population has grown by 12.4 per cent, from 259,600 in mid-2010 to 291,800 in mid-2015. At these ages, there is minimal migration; the increase is the result of more people 'ageing into' this population than those 'leaving' through mortality. The population aged 85 and over increased by 2.9 per cent (from 34,400 to 35,500) between mid-2014 and mid-2015.

Source:-

http://www.nisra.gov.uk/archive/demography/population/midyear/MYE15_Bulletin.pdf

The Northern Ireland Life and Times Survey included a question 'Have you ever felt that you were treated with less dignity and respect by people in the health and social care professions because of your age'? The response rate is shown in the table below:-

| | % | | | | | |
|---|---|---|---|---|---|---|
| | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ |
| Yes | 0 | 0 | 0 | 11 | 9 | 7 |
| No | 0 | 0 | 0 | 88 | 88 | 92 |
| Don't know | 0 | 0 | 0 | 1 | 3 | 1 |

Another question asked:- Have you ever felt that a friend

<table>
<tr><td></td><td>or family member was treated with less dignity and respect by people in the health and social care professions because of their age? The response rate is shown in the table below:-<br><br>
<table>
<tr><th colspan="6">%</th></tr>
<tr><th></th><th>18 - 24</th><th>25 - 34</th><th>35 - 44</th><th>45 - 54</th><th>55-64</th><th>65+</th></tr>
<tr><td>Yes</td><td>17</td><td>12</td><td>17</td><td>32</td><td>24</td><td>9</td></tr>
<tr><td>No</td><td>76</td><td>84</td><td>82</td><td>65</td><td>74</td><td>89</td></tr>
<tr><td>Don't know</td><td>7</td><td>4</td><td>1</td><td>3</td><td>2</td><td>2</td></tr>
</table>
<br>Source:<br><br>http://www.ark.ac.uk/nilt/2014/Attitudes_to_Older_People/ULESSDIG.html</td></tr>
<tr><td>Marital status</td><td>Population<br><br>The 2011 census has found that 47.56% of all usual residents aged 16 or over are ‘married’. 36.14% as single (defined as never married or registered in a same sex civil partnership) and 9.43% as either separated or divorced. 0.09% are in a registered same-sex partnership.</td></tr>
<tr><td>Sexual orientation</td><td>Population<br><br>There are recognised difficulties in estimating the proportion of LGB&T individuals in the population. In addition to the sensitivity around the research, there are methodological challenges, including whether LGB&T respondents are classified according to identity or behaviour or whether individuals are asked about current status versus any experience.<br><br>Estimates for the north of Ireland vary from as high as 5-7% (65-90,000 adults) based on the UK Government estimate for the purposes of costing the Civil Partnerships Act, to 1.5-2% (20-30,000 adults) based on Office for National Statistics figures although these later</td></tr>
</table>

figures are disputed by various LGB&T organisations.

The Health Survey Northern Ireland (HSNI) has collected some data:-

| | 2013/14 | 2014/15 |
|---|---|---|
| Gay / lesbian | 29 (0.7%) | 18 (0.5%) |
| Bisexual | 53 (1.3%) | 44 (1.2%) |
| Unknown | 119 (2.9%) | 73 (2.0%) |

Gender
(Men and women generally)

**Population**

The latest NISRA mid-year population estimates - Table A1: Northern Ireland population estimates, by sex for selected age groups (mid-2015) reported the following breakdown:-

| Age Group | Males | Females | Persons |
|---|---|---|---|
| 0-4 | 64,000 | 61,300 | 125,300 |
| 5-9 | 64,000 | 60,800 | 124,800 |
| 10-14 | 57,400 | 54,500 | 111,900 |
| 15-19 | 62,100 | 58,500 | 120,600 |
| 20-24 | 61,500 | 59,100 | 120,500 |
| 25-29 | 61,700 | 62,600 | 124,300 |
| 30-34 | 60,500 | 63,100 | 123,600 |
| 35-39 | 56,800 | 60,400 | 117,200 |
| 40-44 | 60,200 | 63,000 | 123,200 |
| 45-49 | 64,400 | 67,100 | 131,500 |
| 50-54 | 63,700 | 65,700 | 129,400 |
| 55-59 | 55,500 | 56,900 | 112,300 |
| 60-64 | 47,400 | 47,700 | 95,100 |
| 65-69 | 42,900 | 45,900 | 88,800 |
| 70-74 | 34,800 | 39,000 | 73,800 |
| 75-79 | 24,600 | 30,200 | 54,800 |
| 80-84 | 16,000 | 22,900 | 38,900 |
| 85-89 | 8,100 | 14,900 | 23,000 |
| 90+ | 3,500 | 9,000 | 12,400 |
| All Ages | 909,100 | 942,500 | 1,851,600 |

| | |
|---|---|
| | Source:<br><br>http://www.nisra.gov.uk/archive/demography/population/midyear/MYE15_Bulletin.pdf<br><br>**Transgender**<br>The number of Transgender persons in the north of Ireland is unknown, however, the Gender Identity Research and Education Society (GIRES) has carried out some research in the UK and has suggested that organisations should assume that 1% of their employees and service users may be experiencing some degree of gender variance. At some stage, about 0.2% may undergo transition.<br>http://www.gires.org.uk/assets/Research-Assets/Prevalence2011.pdf |
| Disability<br>(with or without) | **Population**<br><br>In 2013-14, approximately 546,000 individuals or 30% of the population in Northern Ireland lived in families where someone is disabled (either an adult or child). Those living in families where someone is disabled experienced higher levels of poverty than those living in families where no-one is disabled, 25% compared to 19% BHC and 24% compared to 20% AHC.<br><br>People with disabilities face a range of challenges and have a variety of needs. It is widely recognised that disability increases with age and therefore the demand on services will grow significantly in the next decade and beyond. Although people are living longer, there is the prospect that they will experience more years of ill-health, and that more will need help with everyday activities.<br><br>Further information on Prevalence and Need is set out in section 2 of DoH Physical and Sensory Disability Strategy and Action Plan 2012 – 2015.<br><br>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/disability-strategy-2012-2015.pdf |

| | |
|---|---|
| | In addition: Limiting long-standing illness, proxy measure for disability, is collected via the annual NI Health Survey. The First Results 2013/14 report found:-<br><br>Around two-fifths of respondents (38%) reported having a longstanding illness, 39% of females and 36% of males. The proportion of respondents with a longstanding illness increased with age from one-fifth of those aged 16-24 (19%) to around two-thirds of those aged 75 and over (67%). Respondents in the most deprived areas were more likely to report a longstanding illness (45%) than those in the least deprived areas (35%).<br><br>Around three-quarters (73%) of those who reported having a longstanding illness said that it limited their activities to some extent. Respondents in the most deprived areas (81%) indicated that they were most likely to be limited by their longstanding illness compared with 61% of those in the least deprived areas.<br><br>https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-first-results-13-14.pdf |
| Dependants<br>(with or without) | **Population**<br><br>Census Respondents were asked whether they provide any unpaid help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health / disabilities, or problems related to old age. Twelve per cent of the population (213,980) provided such unpaid care, around a quarter (26 per cent) of whom did so for 50 or more hours per week, a total of 56,000 persons.<br><br>*The term 'care' covers any unpaid help, looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age. |

***** Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own

experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

## 1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

| Section 75 category | Details of needs/experiences/priorities |
|---|---|
| Religious belief | No evidence of specific needs has been identifed |
| Political opinion | No evidence of specific needs has been identified |
| Racial group | For some Travellers (especially those who are older) there may be needs relating to literacy problems and the use of language that isn't understood (big words/technical language).<br><br>Those from ethnic minorities may have language needs. A note will be included advising that alternative formats are available by contacting the Department. |
| Age | Older people are a significant group of health service users and there is some evidence to suggest that they can have a poorer healthcare experiences compared to other users.<br><br>In considering the Survey it may be necessary to consider whether additional supports are needed to facilitate completion of the survey in cases where there are age related impairments. A note will be included advising that alternative formats are available by contacting the Department. |
| Marital status | No evidence of specific needs has been identified |

| | |
|---|---|
| Sexual orientation | No evidence of specific needs has been identified. |
| Gender (Men and women generally) | No evidence of specific needs has been identified |
| Disability (with or without) | Some types of impairments may make it difficult for service users to complete a Survey, for example, those with visual impairments and those with learning disabilities. Accordingly, additional supports may be required. A note will be included advising that alternative formats are available by contacting the Department. |
| Dependants (with or without) | No evidence of specific needs has been identified. However, on some occasions carers need to assist with the completion of the survey and this could be difficult if the carer themselves has a particular need (e.g. language, impairment etc.) A note will be included advising that alternative formats are available by contacting the Department. |

## Part 2. Screening questions

| **2.1** 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/none) | | |
|---|---|---|
| Section 75 category | Details of policy impact | Level of impact? minor/major/none |
| Religious belief | No evidence has been identified of likely impacts in relation to religious belief. | None. |
| Political opinion | No evidence has been identified of likely impacts in relation to religious belief. | None. |
| Racial group | No evidence has been identified of likely impacts in relation to religious belief. However, it may be necessary to look at uptake to ensure the survey is accessible. A note will be included advising that alternative formats are available by contacting the Department. | None. |
| Age | No evidence has been identified of likely impacts in relation to age. However, it may be necessary to look at uptake to ensure the survey is accessible. A note will be included advising that alternative formats are available by contacting the Department. | None. |
| Marital status | No evidence has been identified of likely impacts in relation to religious | None. |

| | | |
|---|---|---|
| | belief. | |
| Sexual orientation | No evidence has been identified of likely impacts in relation to religious belief.. | None. |
| Gender (Men and women generally) | No evidence has been identified of likely impacts in relation to religious belief. | None. |
| Disability (with or without) | No evidence has been identified of likely impacts in relation to disability However, it may be necessary to look at uptake to ensure the survey is accessible. A note will be included advising that alternative formats are available by contacting the Department. | None. |
| Dependants (with or without) | No evidence has been identified of likely impacts in relation to religious belief. | None. |

| **2.2** Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? | | |
|---|---|---|
| Section 75 category | If **Yes**, provide details | If **No**, provide reasons |
| Religious belief | | |

| | | |
|---|---|---|
| Political opinion | It is expected that the Survey will capture Section 75 data and that some analysis by Section 75 group will be possible. This may, however, be limited in some cases depending on the volume of response.<br><br>The 2014 Inpatient Patient Experience Survey captured information on: sex, age, sexual identity, marital status, dependants, ethnic group, religion, and physical or mental health condition or illness. Political opinion was not included. It is anticipated that the same approach would be adopted going forward with future surveys.<br><br>Whilst the information is collected, analysis may be limited due to small numbers in certain categories. | |
| Racial group | | |
| Age | | |
| Marital status | | |
| Sexual orientation | | |
| Gender (Men and women generally) | | |
| Disability (with or without) | | |
| Dependants (with or without) | | |

| **2.3** To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none) | | |
|---|---|---|
| Good relations category | Details of policy impact | Level of impact minor/major/none |
| Religious belief | None | None |
| Political opinion | None | None |
| Racial group | None | None |

| **2.4** Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group? | | |
|---|---|---|
| Good relations category | If **Yes**, provide details | If **No**, provide reasons |
| Religious belief | | None |
| Political opinion | | None |
| Racial group | | None |

## 2.5 Additional considerations

### Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

| |
|---|
| It is expected that the Survey will capture Section 75 data and that some analysis by Section 75 group and possibly multiple identity will be possible. This may, however, be limited in some cases depending on the volume of response. |

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

| |
|---|
| No |

## Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

| | | |
|---|---|---|
| No impact | ✓ | |
| Minor impact | | Consider mitigation (3.4 – 3.5) |
| Major impact | | |

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

| | |
|---|---|
| Yes - screened in | |
| No - screened out | ✓ |

3.3 Please explain your reason for making your decision at 3.2.

This Survey is intended to capture information on patient experience which is not currently collected. It will establish a baseline but in itself it will have no impact, however, the downstream analysis of data subsequently collected may result in interventions.

**Mitigation**

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

| | |
|---|---|
| Yes | ☐ |
| No | ✓ |

3.5 If you responded "**Yes**", please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

| |
|---|
| |

## Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

Accountability for delivering a Quality Experience ultimately sits with the Minister for Health and current reporting mechanisms can be adopted through accountability review processes.

A regional Report Card will be developed and will be tabled at all accountability reviews and it must be discussed and reviewed within each organisation on an agreed time frame. The Report Card and Real Time Feedback should be discussed at every appraisal for all HSC staff.

Actions identified for implementation under this delivery plan will be evaluated for their success using an outcomes-focused approach.

As part of the implementation of the Framework an outcomes evaluation will be further developed. Key Performance Indicators and 10,000 Voices have already been developed and will help determine improvement.

If the Frameworks approach is approved outcome measurement will be a key element in its further development.

Each of the patient experience surveys will contain a number of common questions that will allow an overall assessment of experience. Additionally more in depth questions will be utilised to gain an understanding of the aspects of care that are of importance to patients, to identify areas of concern and to help drive service improvement.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

| |
|---|
| Not applicable |

**Please note**: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.

## Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

| |
|---|
| None |

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

| |
|---|
| None |

## Part 6. Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

| **ARTICLE** | POSITIVE IMPACT | NEGATIVE IMPACT = human right interfered with or restricted | NEUTRAL IMPACT |
|---|---|---|---|
| Article 2 – Right to life | | | ✓ |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment | | | ✓ |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour | | | ✓ |
| Article 5 – Right to liberty & security of person | | | ✓ |
| Article 6 – Right to a fair & public trial within a reasonable time | | | ✓ |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law. | | | ✓ |
| Article 8 – Right to respect for private & family life, home and correspondence. | | | ✓ |
| Article 9 – Right to freedom of thought, conscience & religion | | | ✓ |
| Article 10 – Right to freedom of expression | | | ✓ |
| Article 11 – Right to freedom of assembly & association | | | ✓ |
| Article 12 – Right to marry & found a family | | | ✓ |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights | | | ✓ |

| | | | |
|---|---|---|---|
| 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property | | | ✓ |
| 1st protocol Article 2 – Right of access to education | | | ✓ |

## 6.2 If you have identified a likely negative impact who is affected and how?

| |
|---|
| None |

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 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/decision.

| |
|---|
| None |

## Part 7 - Approval and authorisation

| | Name | Grade | Date |
|---|---|---|---|
| Screened completed by | Sandra Aitcheson | DP | 28.10.16 |
| Approved by[1] |  | DCNO | 28.10.16 |
| Forwarded to E&HR Unit[2] | Helen Smyth | | |

Notes:

[1] The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

[2] When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.