Northern Ireland
Blood Transfusion Service

Screening undertaken in collaboration with organisations identified at the end of this screening template

Equality, Good Relations and Human Rights Screening

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

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

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

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

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

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) Information about the Policy or Decision

1.1 Title of policy or decision

Equality and Disability Action Plans 2018-2023

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

In line with our commitments under Section 75 of the Northern Ireland Act 1998 and our Equality Scheme, the Equality Action Plan 2018-23 identifies a number of key actions to promote equality.

This Disability Action Plan for the period 2018-23 represents our organisation's responsibilities under the Disability Discrimination Act (1995) as amended by the Disability Order 2006. This law requires us to carry out our functions giving due regard to two specific duties. These duties are: to promote positive attitudes towards disabled people and promote the participation by disabled people in public life. The purpose of this action plan is to outline some key actions that we are going to deliver upon to make a difference to people with disabilities including staff and people who use our services, and where relevant, their carers.

In developing the action plan we paid particular attention to:

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

1.3 Main stakeholders affected (internal and external)

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

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

Those impacted also ultimately include members of the public.

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

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

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

(2) Consideration of Equality and Good Relations Issues nd 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.

Tapestry – our Disability Staff Network – were closely involved in the development of actions relating to staff. We engaged with the network quarterly throughout the process.

In the development of the disability action plan we also considered information from a range of previous consultations and activity where issues in relation to disability issues were raised. Especially, we continued to draw on what we learned from our direct engagement with a range of community and voluntary groups representing disability in November 2012, when we developed our previous plans.

We likewise drew on information we gathered when we co-facilitated a HSC-wide consultation event, led by our colleagues in the HSC Trusts, on equality and disability action plans in early 2017.

Other sources of equality data include:

- Census 2011 data.
- Research Reports.
- Reports from various disability organisations for example RNIB, Action on Hearing Loss, Disability Action, Mencap, Carers Northern Ireland. Older Person's Organisations and Children and Young People's Organisations.
- Previous screening and equality impact assessment analysis where equality issues were highlighted.
- Previous work in relation to our Plans.
- Reports and guidance by the Equality Commission on Equality and Disability Action Plans.

We consulted on our plans between October and December 2017. The consultation report is available on our website. It outlines all comments received and responses made by the organisation.

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

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

Category	***What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	**Equality** The proportion of females in 2011 was 51.00% (923, 540). The male population was 49.00% (887, 323). **GIRES 2014** estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated: • gender nonconforming to some degree (1%) • likely to seek medical treatment for their condition at some stage (0.2%) • receiving such treatment already (0.03%) • having already undergone transition (0.02%) • having a GRC (0.005%) • likely to begin treatment during the year (0.004%). The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men). Applying GIRES figures to NI population n=1,810,900: • 18109 people who do not identify with gender assigned to them at birth • 3622 likely to seek treatment • 362 have undergone transition • 91 have a Gender Recognition Certificate

Disability

18% of all people living in private households in NI have some degree of disability. When broken down this means that 21% of adults and 6% of children have a disability.
(Northern Ireland Statistics and Research Agency (NISRA) in its 2007) report on disability indicated that:

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

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

Around 21% of all people living in private households within Northern Ireland have some degree of disability. Of this figure 12% indicated that they are limited a lot by their disability and 9% indicated that they are limited (by their disability) 'a little'.
Figures from the Census 2011 show that there is a higher prevalence of females whose activities are 'limited a lot' – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy.

Organisational staff data:

Male	30%
Female	70%

Organisational Donor Data:

Male	49.7%
Female	50.3%

Age	**Equality** Age profile of the NI population (Census 2011): • **0 – 15 years** – 20.95% (379, 378) • **16 – 19** – 5.61% (101, 589) • **20 – 24** – 6.96% (126, 036) • **25 – 29** – 6.85% (124, 044) • **30 – 44** – 20.65% (373, 943) • **45 – 59** – 19.21% 347, 867) • **60 – 64** – 5.21% (94, 346) • **65 – 74** – 8.04% (145, 593) • **75 – 84** – 4.79% (86, 740) • **85 – 89** – 1.17% (21, 187) • **90 and over** - 0.56% (10, 141) **Disability** Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+); As the population ages, so does the likelihood of having a disability that limits the day to day activities 'a lot'. Figures from 2011 Census of people who are limited a lot by their disability are as follows within the following categories; Male 0-15 – 3% 16-44 – 5% 45 – 64 – 16% 65 and over – 33% Female 0 – 15 – 2% 16 – 44 – 5% 45 – 64 – 17% 65 and over – 38% Overall there are greater proportions of older people with a disability.

<table>
<tr><td></td><td>Organisational staff data:
<table><tr><td>16-24</td><td>3.5%</td></tr><tr><td>25-29</td><td>9.5%</td></tr><tr><td>30-34</td><td>11%</td></tr><tr><td>35-39</td><td>13%</td></tr><tr><td>40-44</td><td>7%</td></tr><tr><td>45-49</td><td>11%</td></tr><tr><td>50-54</td><td>20%</td></tr><tr><td>55-59</td><td>13%</td></tr><tr><td>60-64</td><td>9%</td></tr><tr><td>>=65</td><td>3%</td></tr></table>
Organisational Donor Data:
Blood donors need to be at least 17 years of age and can continue to donate with no age limit if health check is passed.</td></tr>
<tr><td>Religion</td><td>Equality

Religion or Religion brought up in

• 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.

Catholic 40.76% (738, 108)
Presbyterian Church in Ireland 19.06% (345, 150)
Church of Ireland 13.74% (248, 813)
Methodist Church in Ireland 3% (54, 326)
Other Christian(including Christian related) 5.76% (104, 308)
Other religions 0.82% (14, 849)
No religion 10.11% (183, 078)
Did not state religion 6.75% (122, 233)

Disability

Not available broken down by disability.</td></tr>
</table>

<table>
<tr><td></td><td>Organisational staff data:

<table><tr><td>Protestant</td><td>44%</td></tr><tr><td>Roman Catholic</td><td>37%</td></tr><tr><td>Neither</td><td>5%</td></tr><tr><td>Not assigned</td><td>14%</td></tr></table>
Organisational Donor Data is not collected re religion.</td></tr>
<tr><td>Political Opinion</td><td>Equality

Nationality (Census 2011)

• British only – 39.89% (722, 353)
• Irish only – 25.26% (457, 424)
• Northern Irish only – 20.94% (379, 195)
• British and Northern Irish only – 6.17% (111, 730)
• Irish and Northern Irish only – 1.06% (19, 195)
• British, Irish and Northern Irish – 1.02% (1847)
• British and Irish only – 0.66% (11, 952)
• Other – 5.00% (90, 543)

Disability

Not available broken down by disability.

Organisational staff data:
<table><tr><td>Broadly Nationalist</td><td>7%</td></tr><tr><td>Other</td><td>14%</td></tr><tr><td>Broadly Unionist</td><td>7%</td></tr><tr><td>Not assigned</td><td>72%</td></tr></table>
Organisational Donor Data is not collected re political opinion.</td></tr>
<tr><td>Marital Status</td><td>Equality

• 47.56% (680, 840) of those aged 16 or over were married
• 36.14% (517, 359) were single
• 0.09% (1288) were registered in same-sex civil partnerships
• 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership
• 6.78% (97, 058) were either widowed or a surviving partner</td></tr>
</table>

<table>
<tr><td></td><td>

Disability
Not available broken down by disability

Organisational staff data:
<table>
<tr><td>Divorced</td><td>1.5%</td></tr>
<tr><td>Married/Civil Partnership</td><td>59%</td></tr>
<tr><td>Separated</td><td>1.5%</td></tr>
<tr><td>Single</td><td>28%</td></tr>
<tr><td>Unknown</td><td>8%</td></tr>
<tr><td>Widow/er</td><td>2%</td></tr>
</table>
Organisational Donor Data is not collected re marital status.
</td></tr>
<tr><td>Dependant Status</td><td>

Equality

11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age.
3.11% (56, 318) provided 50 hours care or more.
33.86% (238, 129) of households contained dependent children.
40.29% (283, 350) contained a least one person with a long – term health problem or a disability.

CarersNI

1 in every 8 adults is a carer
2% of 0-17 year olds are carers, based on the 2011 Census
There are approximately 207,000 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.

It may be concluded that a considerable share of people with a disability are carers themselves.
</td></tr>
</table>

<table>
<tr><td></td><td>Organisational staff data:

<table><tr><td>Yes</td><td>28%</td></tr><tr><td>Not assigned</td><td>48%</td></tr><tr><td>No</td><td>24%</td></tr></table>
Organisational Donor Data is not collected re dependant status.</td></tr>
<tr><td>Disability</td><td>The term disability covers a wide range and combination of conditions. Multiple needs are evident across sensory, physical and learning disability groups.

It is however estimated that between 17 – 21% of our population have a physical disability or sensory impairment, affecting 37% of households.

21% adults and 6% children have a disability

1 in 7 people in Northern Ireland have some form of hearing loss

There are 5,000 sign language users who use British Sign Language (BSL) or Irish Sign Language (ISL)

(Source: Royal National Institute for Deaf People (2005), Deaf People Missing Out on Vital Services, RNID London)

There are 57, 000 blind people or people with significant visual impairment.

In Northern Ireland there are approximately 16,500 persons with a learning disability. An indication of the extent of the disability is reflected in the sub-groupings that are traditionally used; - mild, moderate, severe and profound learning disabilities (Equality Commission NI, 2006).

http://www.equalityni.org/archive/tempdocs/LiteratureRev(F)l.doc

In Northern Ireland mental health needs are 25% higher than the rest of the UK.

Over 10,000 people have the language disorder called aphasia. This usually affects both the understanding and production of spoken and written language.</td></tr>
</table>

The 2011 Census marked the first time that the question was included focusing on a request for type of disability to be stated. This question endeavoured to align the responses in so far as possible with the list of activities and disabilities that were used in the Northern Ireland Survey of Activity and Limitation Disability (NISALD) 2009-2007.

The breakdown of the various long - term Disability Issues follows in the table below- as outlined in the 2011 Census.

Type of long – term condition	**Percentage of population with condition %**
Deafness or partial hearing loss	5.1
Blindness or partial sight loss	1.7
Communication Difficulty	1.6
Mobility of Dexterity Difficulty	11.4
Learning, intellectual, social or behavioural difficulty.	2.2
An emotional, psychological or mental health condition	5.8
Long – term pain or discomfort.	10.1
Shortness of breath or difficulty breathing	8.7
Frequent confusion or memory loss	2.0
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy).	6.5
Other condition	5.2
No Condition	68.6

Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk / info@nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is almost 106,000 people in Northern Ireland and approximately the population of Derry/Londonderry. Yet little information on rare disease in Northern Ireland is available for the effective planning and delivery of care and support.

A disease is “rare” if it affects fewer than 5 people per 10,000.

<table>
<tr><td></td><td>There are over 6,000 rare diseases, with others being defined all the time. These range from the very rare to relatively well-recognised conditions such as Motor Neurone Disease, Spina Bifida, or Muscular Dystrophy. While each individual's condition is rare, these are not minority issues.

Organisational staff data:

<table><tr><td>No</td><td>54%</td></tr><tr><td>Not assigned</td><td>45%</td></tr><tr><td>Yes</td><td>3%</td></tr></table>
Organisational Donor Data is not collected re disability as a whole, disability information is provided by donors only if it affects their ability to donate.</td></tr>
<tr><td>Ethnicity</td><td>Equality

In the general population the 2011 Census indicated that 1.8% (32, 000) of the usual resident population belonged to minority ethnic groups.

Language (Spoken by those aged 3 and over);

English – 96.86% (1, 681, 210)
Polish – 1.02%(17, 704)
Lithuanian – 0.36% (6, 249)
Irish (Gaelic) – 0.24% (4, 166)
Portuguese – 0.13% (2, 256)
Slovak – 0.13% (2, 256)
Chinese – 0.13% (2, 256)
Tagalog/Filipino – 0.11% (1, 909)
Latvian – 0.07% (1, 215)
Russian – 0.07% (1, 215)
Hungarian – 0.06% (1, 041)
Other – 0.75% (13, 018)

This has implications for those who are from ethnic minorities or those from different racial backgrounds as they represent a greater proportion of the population since the 2011 census. Consequently assumptions have to be made in relation to an increase in the numbers with dual needs of disability and ethnicity.

(see also qualitative issues in section 2.4)</td></tr>
</table>

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

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

All – 12%
Irish Traveller – 20%
White other – 12%
Chinese – 3%
Indian – 3%
Pakistani – 6%
Bangladeshi – 4%
Other Asian – 2%

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

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

Organisational staff data:

Not assigned	25%
White	73%
Pakistani	1%
Other	1%

Organisational Donor Data is not collected re ethnicity.

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

<table>
<tr>
<td>Sexual Orientation</td>
<td>Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual issue assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4)
This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.

Organisational staff data:

<table>
<tr><td>Do not wish to answer</td><td>7%</td></tr>
<tr><td>Not assigned</td><td>44%</td></tr>
<tr><td>Opposite sex</td><td>47%</td></tr>
<tr><td>Same sex</td><td>2%</td></tr>
<tr><td>Both sexes</td><td>0%</td></tr>
<tr><td colspan="2">Organisational Donor Data is not collected re sexual orientation; however, health check questionnaire asks males if they have ever had sex with another male.</td></tr>
</table>
</td>
</tr>
</table>

2.3 Qualitative Data in relation to actions in action plan

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

(1) Equality Action Plan

Action Measure	An identification of different needs, experiences and priorities of any of the equality categories in relation to this action and what equality issues emerge from this. Specify the Section 75 equality categories where there are different needs Note if staff or service users
Carers Promote information for staff who are carers on available policies and measures that might meet their needs; including sign-posting to relevant support organisations.	**Multiple needs** Young carers are often unrecognised in the workplace. Staff who care for elderly dependants often do not see themselves as a carer. Black and minority ethnic carers often have less family support to draw on. As not all caring takes place in Northern Ireland, some migrant workers may have particular support needs.
Gender Identity Deliver awareness and training initiatives to relevant staff as part of the roll-out of the Gender Identity and Expression Employment Policy.	**Multiple needs** Gender identities and the expression of gender are highly individual. In the same way, while the process of transitioning will differ between female to male on the one hand and male to female on the other and age may likewise be an important factor, the needs and experience of transitioning will be different from one person to the next.
Training Making a Difference – e-learning • Add module to suite	No multiple identities have been identified.

of mandatory training for all staff • Deliver on training targets	
Domestic Violence Undertake awareness raising relating to new support mechanisms (developed by BSO) to support staff with experience of domestic violence.	**Multiple needs** While most victims of domestic violence are female it is key to recognise that men may also be affected. In a similar way, staff of any age may become a victim. Likewise, the particular vulnerability of people who identify as lesbian, gay or bisexual to domestic violence has been recognised, especially where the individual is not 'out' at work. Similar circumstances may apply for victims of domestic violence who identify as non-binary or transgender and have not disclosed their gender identity. In addition, people with a hidden disability may have particular needs. Cultural specific needs in dealing with domestic violence may also important when staff from ethnic minority backgrounds are affected.
External Regulations Implement SaBTO recommendation: the deferral period for MSM (men who have sex with men) after last sexual contact to be reduced.	No multiple identities have been identified.
URS Documentation Include question relating to the 9 categories in Section 75 into any new User Requirements Specifications (URS) for any new facilities projects	No multiple identities have been identified.

Donor & Ethnicity Explore opportunities to further engage with Ethnic minorities to encourage increased levels of Blood Donation	Difficulties may arise reaching small ethnic minorities including people with learning disabilities and young people.
Donor interpreting As part of a general review of NIBTS blood collection programme, undertake a pilot of the use of interpreters for blood donors whose first language is not English	No multiple identities have been identified.

(2) Disability Action Plan

Action Measure	An identification of different needs, experiences and priorities of any of the equality categories in relation to this action and what equality issues emerge from this. Specify the Section 75 equality categories where there are different needs Note if staff or service users
Awareness Days Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day)	**Multiple needs** Prevalence of some disabilities differs between and within some of the equality groupings, such as by age, gender and disability. In a similar way, the experience of barriers may differ, including that of black and minority ethnic people who have a disability, carers, those identifying as gay, lesbian and bisexual, and those identifying as transgender or non-binary.
Tapestry Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	In the United Kingdom over the last decade there has been a growth of Disabled Employee Networks across all sectors. According to Kate Nash Associates (2009) www.katenashassociates.com Disabled Employee Networks - a practical guide - “this is partly because organisations are becoming more disability and diversity confident but also because disabled people are becoming more comfortable about expressing their needs at work and feel more able to come together in networks of support. Disabled people are also increasingly aware of their economic influence as employees, as customers, as shareholders, as voters and as citizens. To become employers of choice for talented disabled people, organisations need to demonstrate a good track record in accommodating the needs of disabled

	employees in more sophisticated ways. **Multiple needs** The staff network needs to be accessible to people with a range of disabilities, including sensory disabilities and learning disabilities who may have particular needs as to the way the network operates. Staff with hidden disabilities, in particular younger staff, may be more reluctant to become involved if they have concerns about negative attitudes and negative implications for their chances of career progression.
Monitoring Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and providing guidance to staff on the importance of monitoring.	Evidence from our local employment records indicates that the numbers of people declaring that they have a disability is low. This is in keeping with more general evidence which suggests under reporting of disability in employment. A range of issues can cause this, including for example, negative attitudes from others, fear of the perceived repercussions, fear of the perceived stigma, less than positive responses from unsympathetic managers or employers or previous negative experiences, lack of understanding of the benefits of doing so and not seeing oneself as having a disability. Drawing on experience from England, the Office for Disability Issues, Experiences and Expectations of Disabled People, July 2008 reported that: “Most barriers to work identified related to the need for support or understanding from a manager or colleagues (for example flexible working hours, flexibility to take time off sick, the need to manage stress or take breaks). Only one in 20 of those asked said that they required support to do the job.” This is evidence that this exists across the range of disabilities but qualitative evidence indicates that this is particularly pertinent in the context of those with

	mental health issues but also other hidden disabilities. There also needs to be attention given to barriers and fears by staff in declaring disabilities when other factors such as age or ethnicity are also added to the equation. The encouragement on declaration also needs to acknowledge the importance of choice and to ensure disabled employees can be as open about their disability as they want to be either to declare or not.
Mental Health Charter Sign up to Mental Health Charter and Every Customer Counts	No multiple identities have been identified.
Accessible Documents Ensure leaflets and information materials such as the 'feedback' cards are accessible, including background colour, shape and size of font and language used.	No multiple identities have been identified.
Policy Development Develop a Gender Identity Policy in relation to Donors • Scope best practice in other Blood Transfusion Services • Engage with gender identity	Gender identities and the expression of gender are highly individual. In the same way, while the process of transitioning will differ between female to male on the one hand and male to female on the other and age may likewise be an important factor, different clinical issues may arise from one person to the next.

groups and individuals Develop, screen and consult on policy.	
Policy Development Develop a policy that will deal with life threating or debilitating conditions like cancer.	No multiple identities have been identified.
Policy Review Review the Dependants Leave Policy to ensure there is emphasis on 'elder care'	No multiple identities have been identified.
Translating Documents Review Donor facing leaflets/information to decide which ones are appropriate for translation into the top 5 languages as reported by the NI HSC Interpreting Service and decide on how best to disseminate the translated information.	No multiple identities have been identified.
Replacement Couches Ensure the couches currently in use are suitable for donors with a musculoskeletal	No multiple identities have been identified.

problem, bariatric donors; roll out replacement programme.	
Partnership Forum Encourage participation of people with disabilities in the NIBTS communities partnership user forum: • Develop promotional material in accessible formats Distribute through disability organisations and on the NIBTS website.	Wide range of disabilities will be taken into consideration including younger and older people with disabilities.
Disability Champion Promote the Disability champion throughout the organisation.	No multiple identities have been identified.
Laboratory Refurbishment Hospital services refurbishment plans over the next 3 to 4 years will include consideration for staff with a disability, e.g. height adjustable and	No multiple identities have been identified.

moveable benches - ensure workflow is lean; equipment is accessible for all staff; notices and visual management is in best colour and font.	

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

These have been identified in 2.3 above
Department of Works and Pensions - carried out research on diversity and disability http://research.dwp.gov.uk/asd/asd5/summ2003-2004/188summ.pdf
People varied as to whether, and how, they felt they had experienced disadvantage resulting from their disability, gender, age, ethnicity or sexuality. The causes of such discrimination were widely assumed to be ignorance, fear and a lack of awareness on the part of those responsible.
Reactions were mixed around the concept of 'multiple' disadvantage. It had the most resonance for African, Caribbean and gay and lesbian disabled people. The extent to which people had felt able to overcome disadvantage was attributed to their access to personal, emotional, practical or financial resources.

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?***
Tapestry Disability Staff Network • We ensure that the way the forum operates allows people with a range of disabilities and	Carers • Use of diverse case studies in materials

from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats and choosing accessible venues). • Accessible formats and inclusiveness integrated into Terms of Reference • Strict confidentiality provisions apply	• Targeted materials (young carers, BME carers, carers of elderly dependants) Gender Identity • Training and awareness initiatives to emphasise diversity in their content, including through choice of range of case studies and testimonials (gender, age) Domestic Violence • Support mechanisms and awareness raising materials need to meet the needs of a range of people including different gender and gender identities, ages, ethnic groups, disabilities and sexual orientations • Information materials need to be reflective of the above groups both in the contents and images used Awareness Days • Work to feature specific disabilities will take into consideration the need to include a range of age groups, ethnic groups and genders when testimonials and case studies are selected. • Information distributed to staff will take on board the needs of both staff with a particular disability and staff who are carers.

	• This is important for the selection of disabilities to be featured and the information distributed, including support services in the community signposted to.

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	
Political Opinion	N/A	
Ethnicity	N/A	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
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:

No	

Please give reasons for your decisions.

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

Our plans will be updated every year.

(4) Consideration of Disability Duties

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

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?*
People with a disability have been involved in the development of the Disability Action Plan – through Tapestry, our Disability Staff Network. We will also engage with them directly in relation to the Equality Action Plan during the consultation period.	

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 plans include key actions relating to staff training and awareness raising.	

(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 onto to move on to ***Question 6*** *on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise any 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.

Giving cognisance of human rights based approach in the implementation and monitoring arrangements associated with both action plans.

(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
See action plans under performance indicators for details on quantitative and qualitative equality monitoring for individual actions. Staff equality data to improve the information data set in relation to employment is key. Specific equality monitoring data on disability work placements.	Monitoring data in relation to actions as specified within the plan.	Monitoring data from review of the plans to consider human rights issues.

Approved Lead Officer: Ivan Ritchie

Position: Head of HR & Corporate Services

Policy/Decision Screened by: Equality Unit, Business Services Organisation

Signed:
Date: March 2018

HSC Organisations involved in this screening exercise
Blood Transfusion Service
Business Services Organisation
NI Guardian Ad Litem Agency
Northern Ireland Medical and Dental Training Agency
NI Practice and Education Council for Nursing and Midwifery
Northern Ireland Social Care Council
Patient and Client Council
Regulation and Quality Improvement Authority
Safeguarding Board for Northern Ireland