Equality, Good Relations and Human Rights
SCREENING TEMPLATE

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

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Health and Social Care Board and Public Health Agency
Community Development Strategy, 2011

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)
- The Health and Social Care Board and Public Health Agency are committed to commissioning and bringing forward community development approaches to tackle health and wellbeing inequalities.
- This will be achieved through partnership working including the active support and engagement of individuals, families communities, the Trusts and the community and voluntary sector
- This will be achieved through an empowerment, citizenship, social justice approach and a Community Development Performance Management Framework recognising the equal worth of all people, equal rights, reducing inequalities.
- Key constraints include the difficult financial climate
- The patchy presence of community development staff within the Trusts and region
- The need to increase participation and inclusion by the community and voluntary sector, carers and volunteers at a time of financial cutbacks
- The absence of an up to date Volunteering Strategy for Northern Ireland

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

Stakeholders include

Staff

The Community sector

The Voluntary Sector,

 The independent Sector

The wider community

Chamber of Commerce

Local Authorities

Carers and Young Carers

Service users including section 75 groups

Other statutory organisations

Regional Quality Improvement Authority

Patient Client Council

Social Care Council

Universities

Trade Unions

Disabled people

Lesbian Gay Bisexual Transgender Groups

1.3 Main stakeholders affected (internal and external)

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

- **What are they?**
- **Who owns them?**

  - World Health Organisation, 1978. Alma Ata Primary Health Care, Geneva, WHO[13]
  - Modernising Government, Government White Paper 1999[14]
  - New Targeting Social Need, Department of Health and Social Services 2000[4]
  - Mainstreaming Community Development in the Health and Social Services (DHSSPS 1999)[6]
  - Positive Steps Resourcing the Voluntary and Community Sector DSD (2005) [26]
  - Investing for Health, DHSSPS, 2002[7]
  - A Twenty Year Vision for Health and Wellbeing (2005-2025)[12]
  - Patient and Public Involvement (PPI) - Circular HSC (SQSD) 29/07, DHSSPS 2007[16]
  - Equality and Inequalities in Health and Social Care in Northern Ireland – A Statistical Overview, DHSSPS, 2004[8]
  - Fair Society, Healthy Lives. The Marmot Review, Executive Summary 2010[21]
  - Our Children and Young People – Our Pledge OFMDFM 2009[25]
  - Northern Ireland Children's Services Plan 2008-2011
  - Fair Society, Healthy Lives. The Marmot Review, Executive Summary 2010[21]
  - Our Children and Young People – Our Pledge OFMDFM 2009[25]
  - Northern Ireland Children's Services Plan 2008-2011

(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.

Consultations have been held with a number of key Voluntary and Community Sector organisations and groups. These include Northern Ireland Council for Coluntary Action, Age Northern Ireland , Disability Action, Volunteer Now, Rural Community Network, Healthy Living Centres, Rainbow Project, Community Networks, Patient Client Council, Community Development Health Network, Banbridge Council, Belfast Council, Department of Social development and Voluntary Community Unit. Dept of Agriculture, Belfast Regeneration Office, Southern Area Action with Travellers Partnership, Local Commissioning Groups Chairs and Leads. Health and Social Care Trusts, Community Places, Public Health Agency, Childrens Services Planning, Children in Northern Ireland.

Pre-Consultation workshops were held Trust area across Northern Ireland in early 2011 and were completed by mid April. More than 500 people attended the workshops.

2.2   Quantitative Data

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

Category	What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?								
Gender	**Area**	**Population at start of period June 2008**	Births[1] 2008/2009	**Deaths[1] 2008/2009**	**Natural Change 2008/2009**	**Net Migration 2008/2009**	**Other Changes[2] 2008/2009**	**Population at end of period June 2009**	**Number** / **%**
	Northern Ireland	1,775,000	25,400	14,800	10,600	2,100	1,200	1,788,900	13,900 / *0.8*

Male   48.75%
Female   51.26%

Population of Northern Ireland in 2001 was 1,685267 (2001 Census)

Age	
	Children 0-4 yrs 115,238-24%of the population 5 to 11 years- 175,202- 36.75% 12 to 15 years- 107,616- 22.6% Young people 16 to 18 years- 78,850- 16.5% Total under 19 years 476,906- 28.3% Older People Between 2008 and 2009 the very elderly population has increased by 2.4% (from 28,000 to 28,700). In the ten-year period between 1999 and 2009 the very elderly population has increased from 23,200 to 28,700, a rise of 23.4%;

	Between 2008 and 2009 the pensioner population has increased by 2.0% (from 295,800 to 301,900). In the ten-year period between 1999 and 2009 the pensioner population has increased from 258,000 to 301,900, a rise of 17.0%; People over 60 in N Ireland now make up 19% of the population. (NISRA 2009) (Age NI 2011) The number of people aged over 85 years has increased by almost 25% in the past seven years and pensioner poverty is increasing and that poverty and inequality go together.
Religion	Catholic 40.28% Church of Ireland 15.3% Presbyterian 20.69% Methodist 3.15% Religion not stated 13.8%
Political Opinion	Good relations duty Statistics are not collected on political opinion
Marital Status	Single never married 33.1% Married 48.45% Divorced 3.40% Separated 3.34%
Dependent Status	Information not collected

Disability	More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain Persons with limiting long term illness 20.36% in Northern Ireland
Ethnicity	Traveller 0.10% Indian 0.09% Chinese 0.25% Pakistani 0.04% Black African 0.03% Black Carribean 0.02% White 99.47%
Sexual Orientation	It is estimated the one in ten people in N Ireland are from Lesbian Gay Bisexual Transgender groups. There is no evidence to suggest that there would be any adverse impact on any individual because of their sexual orientation. Recent research suggests that Lesbian Gay Bisexual Transgender people are reluctant to speak about their sexual orientation in the workplace.

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.

Suggestions
- The community development strategy will promote
- Social justice, equality and human rights agendas
- Empowerment of individuals and communities from the ground up
- Help to maximise the participation of service users, carers and volunteers
- Develop partnership approaches between the community and voluntary sector, health and social care, and other agencies.
- Bring about a sense of local ownership and control, through communities, families, carers and volunteers taking action together to identify and meet their needs
- Work to tackle the root causes of poverty and exclusion and strengthening the social fabric and support systems within disadvantaged communities
- By empowerment we mean the "ability to make critical connections in relation to power and control in society in order to identify discrimination and determine collective action for change" (Ledwith 2007)
- Account needs to be taken of the different needs, access, language, culture, confidence of different groups to engage and community development practitioners need to find imaginative ways to include diverse Black & Minority Ethnic and other groups

Category	Needs and Experiences
Gender	Women are more likely to be a carer and have a lower paid job. Women are more active than men in community development work.
Age	Women live longer than men and are more likely to live in poorer circumstances as they get older. The HPSSPS has a much higher number of women staff than men and they tend to be in lower paid jobs.
Religion	Sectarianism remains a challenging and difficult issue in Northern Ireland and the strategy will promote good relations and cross community work.
Political Opinion	Information is not collected
Marital Status	In Northern Ireland the number of marriages in 2009 was 7,931. Single never married 33.1% Married 48.45% Divorced 3.40% Separated 3.34%
Dependent Status	As per gender, research suggests that women continue to be those primarily providing care within the family. Female employees tend to have more caring responsibilities.
Disability	More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than GB. Persons with limiting long term illness 20.36% in NI. The strategy sets objectives on ensuring that users, carers and communities are meaningfully engaged in service provision.
Ethnicity	Black and Ethnic Minority people and Travellers in Northern Ireland are at risk of racism and oppression. There is no evidence to suggest that there would be any adverse impact on any individual because of their ethnicity. The strategy will promote good relations and anti oppressive anti racist practice.

The strategy sets objectives and targets on health and wellbeing inequalities and community development approaches to health and wellbeing inequalities within its strategies and other implementation plans. |

Sexual Orientation	The Rainbow Project estimates that up to one person in ten in Northern Ireland is from the Lesbian Gay Bisexual Transgender community and that there is violence and discrimination directed towards this community. They remain concerned about Homophobia Access to services for Lesbian Gay Bisexual Transgender community Hetrosexism-stereotyping Sexual health issues need to be put into local action plans.

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.

People with multiple identities may face further exclusion or oppression due to race and disability or disability, religion and Lesbian Gay Bisexual Transgender issues. The community development strategy needs to take account of such issues and support work which reaches out to those most excluded in society. Young working class Protestant and Nationalist men may have particular issues around exclusion which need to be addressed.

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?*
The strategy will ensure that staff, throughout the organisation are aware of the diversity and needs of the local population and their health and social care needs. It is set within a context of anti oppressive practice The strategy fully promotes community development approaches to tackling health and wellbeing inequalities as an integral part of its public health and regeneration programmes.	A range of community development methods are built into people's core business, for example, user panels, focus groups, meetings in community venues and open forums between Senior Management Teams and community/ voluntary sector. A culture of openness and transparency is in place. The strategy will demonstrate the effect of its activities on population health and wellbeing and their root causes It will actively tackle discrimination and support people and communities to do so.

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	The strategy will promote good relations and cross community work in neighbourhoods	Work in partnership with Good Relations Projects and staff
Political Opinion		
Ethnicity	The strategy will promote good relations through anti oppressive and anti racist work across the agencies and Trusts together with the community sector	Support and promote anti oppressive practice and anti-racist work across the region together with the community and voluntary sector.

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

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

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

Please tick:

Major impact	
Minor impact	
No further impact	X

Please tick:

Yes	
No	X

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

Please give reasons for your decisions.
The strategy will actively work towards demonstrating that all staff across all service areas are involved in reviewing activities and policies for effect on community development principles and practice including anti oppressive practice, user involvement and community engagement. Including empowerment, prevention, tackling inequalities

The strategy aims to have full engagement with communities and those most excluded to have – equal partnerships, fully supported and (long-term) resourced – where users, carers and communities are integral to planning, commissioning and service provision.

This will increase public confidence in the organisations across local communities and excluded groups. The organisations are seen to welcome support and respond to participation of all users, carers and communities in service planning, commissioning and provision.

The organisation will be able to give examples of the public's views; involvement in the work of the Health and Social Care Board, Public Health Agency and Trusts and the commitment to user involvement and community development.

(4) CONSIDERATION OF DISABILITY DUTIES

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

How does the policy or decision currently encourage disabled people to participate in public life?	What else could you do to encourage disabled people to participate in public life?
The HSCB and PHA will work in partnership with organisations to demonstrate progress on asset based community development and successfully monitor and communicate their progress on promoting community development. Neighbourhood partnerships will be flourishing. Securing longer term, recurrent and stable funding for community and voluntary sector partnerships is important.The organisation has agreed targets for increasing voluntary/community sector provision of services. Partner organisations will be able to testify that their contributions to health and wellbeing improvement are also beneficial in terms of reciprocal effect on their own agency objectives,be they education,crime,environment or others.	Support disabled people to play an active role in their community Support, promote and fund local disabled groups. Encourage disabled people to get involved in planning and evaluating services.

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 strategy will actively promote the inclusion of disabled people in service planning and monitoring and evaluation.	Encourage positive attitudes to disabled people and challenge negative stereotyping.

(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?	Is it legal?* Yes/No

It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(6)   MONITORING

6.1   What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?

Equality & Good Relations	Disability Duties	Human Rights
Section 75 information and data. Evidence of programmes targeting and supporting anti sectarian anti racist work and projects	Data on promoting positive attitudes to disabled people. Data on inclusion and participation of disabled people in public life	Data on promoting a culture of respect for human rights within H&SC. For example the rights of Travellers and Black & Minority Ethnic groups.

Approved Lead Officer: Martin O'Neill

Position: Community Development Lead

Date: 22nd March 2011

Policy/Decision Screened by:

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

Please forward completed schedule to: Anne McGlade, Equality Manager, Business Services Organisation
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