Health and Social Care Board

Equality, Good Relations and Human Rights SCREENING

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

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

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

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

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

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

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

For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:
http://www.hscbusiness.hscni.net/services/1798.htm

Health and Social Care Board

Equality, Good Relations and Human Rights
SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Inpatient Based Addiction Treatment Services (Tier 4)

Proposed Reconfiguration of Trust Services

1.2 Description of policy or decision

What is it trying to achieve? (aims and objectives)

The Health and Social Care Board and Public Health Agency have undertaken a review of the 4Tier Model of service provision in relation to drug and alcohol related harm in Northern Ireland and developed the Alcohol and Drugs Commissioning Framework. This paper is a direct derivative of that work and focuses on the review of inpatient based addiction treatment services in Northern Ireland, commonly referred to as Tier 4 services. Consistent with the aim of the Commissioning Framework this review aims to deliver the following outcomes:-

- Improved consistency of service provision across the five Health and Social Care Trust areas;
- Improved understanding of what works and commissioning of services better informed by evidence based practice;
- A reformed and modernised service provision;
- Integration of Public Health Agency and Health and Social Care Board commissioning plans and priorities.

Future Health and Social Care Trust Tier 4 provision will focus mainly upon the stabilisation or detoxification function and must reflect the Integrated Care Pathway (ICP). Provision will be based upon a total of 24 inpatient hospital beds and reconfigured to be provided in fewer sites than is currently the case. A total of circa 500 inpatient care episodes will be provided per year.

It relates to the adult population only.

This consultation document sets out the current evidence base, outlines the current landscape of provision and considers the future configuration of inpatient based addiction treatment services (Tier 4) in Northern Ireland. The Health and Social Care Board has undertaken an appraisal of potential options for the future provision of these services.

2 How will this be achieved? (key elements))

The consultation process provides an opportunity for all members of the public, including patients, clients, families and carers, to consider and comment on the proposed configuration of services.

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

Given the current economic constraints facing the public sector it is unlikely that significant additional funding will be available within the short-medium term. While efforts will be made to secure additional funding, it is likely that the proposed model of service provision will need to broadly fit within current financial parameters. Savings identified from re-configuring Tier 4 services will be re-invested to strengthen locally based Tier 3 services in line with advice to prioritise this Tier of service provision. In addition, the HSC. Board will provide additional investment to further strengthen Tier 3 services over the 2013-15 period.

1.3 Main stakeholders affected (internal and external)

Actual or potential service users and their carers

- Patient Client Council
- Regulation and Quality Improvement Authority
- General Medical Practitioners
- NI Medical and Dental Training Agency
- Community Pharmacy contractors
- Hospital Trusts
- Health and Social Care Board

- Public Health Agency (PHA)
- Business Services Organisation (BSO)
- Department of Health, Social Services and Public Safety (DHSSPS)
- Community& Voluntary sector providers working with Children and Young People
- Community & Voluntary sector providers of alcohol and drug services
- Criminal Justice Probation Board Northern Ireland (PBNI)/ Youth Justice Association (JYA) /Police Service Northern Ireland (PSNI) /PSCPs/Prison Service
- Department for Social Development/Department of Justice/Department of Education/Education and Library Boards/Educational Guidance Service for Adults

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

- New Strategic Direction on Alcohol and Drugs Phase 2 (2011-2016)
- Transforming your care – A Review of Health and Social Care in Northern Ireland. December 2011
- Fit and Well – Changing Lives A Ten Year Public Health Strategic Framework for Northern Ireland 2012 2022
- Refreshed Protect Life Suicide Prevention Strategy (DHSSPS)
- Promoting Mental Health and Well Being Strategy (DHSSPS)
- Sexual Health Promotion Strategy and Action Plan (DHSSPS)
- Our Children and Young People – Our Pledge A Ten Year Strategy For Children And Young People in Northern Ireland 2006 – 2016 (OFMDFM)
- Regional Hidden Harm Action Plan October 2008
- Hidden Harm Joint Protocol Public Health Agency
- Equality and Human Rights Legislation
- Personal and Public Involvement (PPI) (DHSSPS, 2007)
- Alcohol & Drug Commissioning Framework and Related Equality Screening

(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.

Population statistics obtained from NISRA (Census 2011, Young Person's Behaviour and Attitude Survey)

Prevalence and treatment figures obtained from Department of Health Social Services and Public Safety/ Public Health Information Research Branch (Adult Drinking Pattern Survey, Drug Prevalence Survey, Young Person's Behaviour and Attitude Survey, Census of treatment services, Drug Misuse database, Drug Addict Index, Needle and Syringe Exchange)

Criminal Justice related figures obtained from Department of Justice (NI Crime Survey), PSNI (drug seizures and arrests), and PBNI (alcohol and drug offence related scores)

Prescribing data obtained from Business Services Organisation

LGBT data taken from "All partied out" report, homeless persons figures from "Research into homelessness and substance misuse"

The paper derived from the development of the Commissioning Framework which was informed by a range of workshops looking at each area of work within the framework including Tier 4 services. These workshops were targeted at key stakeholders including service users, service providers, commissioners and representatives of other sectors likely to be impacted by the Commissioning Framework e.g. Criminal Justice, Education, etc.

The development of the Commissioning framework which forms the basis of this paper also included a review of the research evidence for all initiatives contained within it including Tier 4 inpatient provision.

This Equality Screening has been informed by the Commissioning Framework equality screening and the hyperlink is noted below.

http://www.publichealth.hscni.net/sites/default/files/signed%20equality%20template%2011%20march.pdf

2.2 Quantitative

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.

<table>
<tr><th>Category</th><th>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?</th></tr>
<tr><td>Gender</td><td>The overall Health and Social Care Board and Public Health Agency's Commissioning Framework , Drugs and Alcohol published in 2013 presented Northern Ireland wide population Census 2011 (NISRA) overall resident population 1,810,863

This Tier 4 inpatient service however relates only to a prevalence rate of 500 per year. Limited data is available by gender.</td></tr>
<tr><td>Age</td><td>This Tier 4 inpatient service relates to prevalence in the adult population only.

Using the total population the National Institute for Clinical Excellence estimate that 77% of the adult population drink alcohol.

Indicative prevalence and service requirement modelling
<table>
<tr><th>Prevalence</th><th>Calculation</th><th>Result</th></tr>
<tr><td>1. 77% of the overall adult population drink alcohol</td><td>1,800,000 x 0.74 (adults) x 0.77 (drink)</td><td>1,000,000</td></tr>
<tr><td>2. 5% of the overall adult population are 'harmful/dependent' drinkers (men=7%; women=3%)</td><td>1,000,000 x 0.05</td><td>47,000</td></tr>
<tr><td>3. 14% (1in 7) of harmful drinkers should ideally seek treatment per year i.e. the 'treatment target group'</td><td>50,000 x 0.14</td><td>6700</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><td></td><td>
<table>
<tr><td>4. 70% of target treatment group attend for assessment allow for ‘drop outs’ / non-attenders)</td><td>7,000 x 0.7</td><td>4,700</td></tr>
<tr><td>5. 85% of Assessed target treatment group are managed within Tier 3 community services</td><td>5,000 x 0.85</td><td>4,250</td></tr>
<tr><td>6. 10% of Assessed target treatment group are managed within Tier 4 inpatient services</td><td>5,000 x 0.10</td><td>500</td></tr>
<tr><td>7. 5% of Assessed target treatment group managed within Tier 4 residential treatment services</td><td>5,000 x 0.05</td><td>250</td></tr>
</table>

This Tier 4 inpatient service therefore relates only to the 500 figure to be managed within inpatient care.
</td></tr>
<tr><td>Religion</td><td>The 2011 Census question on nationality revealed data in respect of religion. This information was presented in the overall Commissioning Framework but is not available for the 500 estimated prevalence for inpatient care</td></tr>
<tr><td>Political Opinion</td><td>The 2011 Census question on nationality revealed data in respect of political opinion. This information was presented in the overall Commissioning Framework but is not available for the 500 estimated prevalence for inpatient care</td></tr>
<tr><td>Marital Status</td><td>The 2011 Census question on nationality revealed data in respect marital status. This information was presented in the overall Commissioning Framework but is not available for the 500 estimated prevalence for inpatient care</td></tr>
<tr><td>Dependent Status</td><td>Of the 703,275 households, 238,641 households had dependent children living in them (33.86%)
(Source: Census 20111, NISRA)
Whilst this information is not available in respect of the 500 estimated prevalence important information was revealed by the Drug Misuse Database, 2011/12 report, which revealed that 13%</td></tr>
</table>

	of drug misusers were living with dependent children. There is limited information available in Northern Ireland about the precise number of children born to and/or living with parental substance misuse. However, there are pockets of information, which indicate that this is an area of growing concern. It is estimated that there are approximately 40,000 children in Northern Ireland living with parental alcohol misuse. In 2007/08, 22% of problem drug misusers presenting for treatment were living with children, which equates to children of 412 adults. Approximately 40% of children on the child protection register are there as a direct result of parental substance misuse. Seventy percent of our "Looked After Children" are living away from home as a direct result of parental substance misuse." PHA/HSCB Hidden Harm Action Plan
Disability	The 2011 Census revealed data in respect of disability. This information was presented in the overall Commissioning Framework but is not available for the 500 estimated prevalence for inpatient care Some interesting figures were revealed by Bamford review (Taggart et al., 2004 in respect of learning disability. 1.7% of people with a learning disability were found to have a substance misuse problem. Using the prevalence rate of 1.7% there may be about 130 adults with learning disability who have a substance misuse problem. In a later extension of this study, Taggart et al. (2006) reported 67 individuals with LD to misuse substances (prevalence of 0.8%). This lower prevalence rate would lead to an overall estimate 60 Learning Disability adults with substance misuse. This data is not available for the 500 estimated prevalence for inpatient care but there is a need to consider that a proportion of these people will also include learning disability.
Ethnicity	The 2011 Census revealed data in respect of ethnicity. This information was presented in the overall Commissioning Framework but is not available for the 500 estimated prevalence for inpatient care. Some additional information from the framework is repeated here which will also need to considered in the tier 4 inpatient services.

<table>
<tr><td></td><td>Among Irish Travellers, a larger proportion than in the settled population does not drink alcohol at all; however, those that do drink tend to drink more excessively (All Ireland Traveller Health Study). There is an indication that illicit drug use has been increasing in line with the settled population and that pockets of drug abuse exist within NI. Misuse of prescription drugs, particularly of benzodiazepines and primarily among female Travellers, has been acknowledged as a widespread problem facilitated by overprescribing and drug-sharing within the community (AITHS).

It has been suggested that Polish migrants have increased their use of addiction services for both drug and alcohol addiction (Polish Association NI 2009, in BHDU 2011.

As no NI data are available, the 2007 British Psychiatric Morbidity Survey provides some indication of the lower rate of alcohol misuse among BME groups compared to white adults:

<table>
<tr><td></td><td>White</td><td>Black</td><td>South Asian</td><td>Other (inc Chinese)</td></tr>
<tr><td colspan="5">Hazardous and harmful drinking</td></tr>
<tr><td>Males</td><td>35.8%</td><td>18.6%</td><td>12.0%</td><td>15.5%</td></tr>
<tr><td>Females</td><td>16.6%</td><td>4.6%</td><td>3.1%</td><td>15.5%</td></tr>
<tr><td colspan="5">Alcohol dependence</td></tr>
<tr><td>Males</td><td>9.6%</td><td>3.0%</td><td>1.0%</td><td>3.5%</td></tr>
<tr><td>Females</td><td>3.7%</td><td></td><td></td><td>1.45%</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Sexual Orientation</td><td>The overall Commissioning Framework included data in relation to sexual orientation which revealed that there is a disparity in figures presented. Some additional information from the framework is repeated here.

Different sources provide different estimates for the LGB&T population in Northern Ireland:
• Estimates are as high as 5-7% (65-90,000) of the adult population (based on the UK government estimate of between 5-7% Lesbian Gay Bisexual &Transgender people in the population for the purposes of costing the Civil Partnerships Act).
• A more recent estimate by the Office of National Statistics stands at 1.5-2% which would be closer to 20-30,000 adults. (This latter document is disputed by various Lesbian Gay</td></tr>
</table>

	Bisexual &Transgender organisations.) This is not available for the 500 estimated prevalence for inpatient care however the evidence in relation to the "All partied out" report suggests that alcohol and drug use and misuse are more prevalent among this population group than the population in general. It is important therefore to consider this in the context of Tier 4 service development.

STAFF ISSUES

It is anticipated that if these proposals are taken forward the total number of Tier 3 and Tier 4 staff regionally will increase.

2.3 Qualitative Data

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

Category	***Needs and Experiences***
Gender	Fewer females than males tend to engage in alcohol or drug use, the exception being use of prescription drugs such as antidepressants and sedatives/tranquillisers (Adult Drinking Patterns, Drug Prevalence Survey, Northern Ireland Civil Service). While men show higher rates of illicit drug misuse, women present more often for prescription drug misuse (and also at older age than males) (Drug Misuse Database). It is recognised that men are less likely than women to seek help for health issues before they reach crises. Women are often reluctant to seek help for substance misuse, particularly problems with illicit drugs, as they fear that this will

	result in the involvement of Social Services and that they may lose custody of their children. Research indicates that consultation rates and help-seeking patterns in men are consistently lower than in women (http://www.ncbi.nim.nih.gov/pubmed/12167495). Men are less likely to seek help in the earlier stages of a problem than women. Research into parental substance misuse has clearly shown that fear of losing custody of their children is a major barrier to women seeking help for substance misuse problems.
Age	The impact of substance misuse can increase as people grow older. In addition, substance misuse in older people can be hidden. Health professional may not spot the signs because they make assumption that older people do not misuse substances, or can attribute the symptoms to general mental or physical ill health. Older people can hide their substance misuse because they think there is a stigma attached to it. Older people who misuse substances are also at increased risk of falls, accidents or deaths from fire. Alcohol, drugs and medication use can not only lead to people having accidents but also reduce their ability to respond in an emergency situation or when an alarm for example smoke or carbon monoxide activates. Children and young people who are dependent on adults for their care can be significantly affected if one or more of those providing care is dependent on, or has problems with, substances.
Religion	
Political Opinion	N/A
Marital Status	N/A
Dependent Status	As noted under age children and young people who are dependent on adults for their care can be significantly affected if one or more of those providing care is dependent on, or has problems with, substances. The potential impact of parental alcohol and/or drug misuse includes;

	• Harmful physical effects on unborn and new born babies; • Impaired patterns of parental care and routines which may lead to early behavioural and emotional problems in children; • Higher risk of emotional and physical neglect or abuse; • Lack of adequate supervision; • Poverty and material deprivation; • Repeated separation from parents/multiple care arrangements/ episodes of substitute care including fostering and care homes; • Children taking on inappropriate substitute caring roles and responsibilities for siblings and parents; • Social isolation; • Disruption to schooling and school life; and • Early exposure to drug and alcohol using culture and associated illegal activities and lifestyles poor physical and mental health in adulthood.
Disability	For adults with learning disability (LD) in NI, figures gathered to inform the Bamford review and later extension of this study (Taggart et al, 2004, 2006) suggest a prevalence of between 0.8% to 1.7% for substance misuse, with alcohol being the primarily abused substance. This indicates that substance misuse is less common among individuals with learning disability than in the general population. However, it has been raised that people with learning disability suffer a higher rate of problems resulting from their substance misuse. This study described those misusing drugs as more likely to have mild to moderate learning disability and to be living in more independent accommodation (Taggart et al, 2004). The latter may actually facilitate access to and opportunity to use substances. Furthermore, issues around assessment (using tools for general populations, validity and reliability of self-reported substance misuse), treatment goals (proposing abstinence rather than controlled use as simpler) and skills and training for both mainstream addiction (how to communicate) and learning disability staff (intervention models; cross disciplinary learning) have been raised. A lack of treatment models for Learning Disability and substance misuse has been identified, and provision relies generally on adapting mainstream models for this population. McMurran summarised that substance misuse treatment in Learning

	Disability is “typically simpler, more behavioural, less confrontative, more directional, more educational, of longer duration, and more likely to involve the client’s family” (p. 18-19, http://www.liv.ac.uk/fmhweb/EP%20Dual%20Diagnosis.pdf mentions NI study but with later publication date). NICE Public Health guidance 24 (preventing harmful drinking; 2010) recommends to involve specialists when English language screening questionnaires are not appropriate as is the case with Learning Disability. NICE Clinical Guideline 115 (treatment of alcohol use disorders; 2011) recommends that significant Learning Disability is considered as a criterion for accessing inpatient/residential withdrawal, together with a lower cut-off for daily unit intake compared to non- Learning Disability persons (also applies for psychiatric illness and specific physical comorbidities). Treatment guidance therefore acknowledges a lower threshold and more intensive care for alcohol misusers with Learning Disability. http://www.emeraldinsight.com/journals.htm?articleid=1927912
Ethnicity	Cultural background of some Black and Minority Ethnic migrant groups may prevent them from help-seeking for substance misuse due to increased stigma (particularly for women) language difficulties, and knowledge of services and how to access them. However, if needs to be considered that Black and Minority Ethnic groups have lower prevalence of alcohol misuse. The commissioning Framework includes a requirement that: ‘Locality Health and Social Well-being Improvement Teams in partnership with Drug and Alcohol Coordination Teams will be required to review existing provision of services in their area, identify gaps and agree local priorities for the Public Health Agency New Strategic Direction Commissioning Plan 2012-2016.’ This will include mapping of ethnic minority groups in each are and ensuring such groups have access to appropriate substance misuse services. Given that ethnic minority groups in Northern Ireland are often clustered in specific areas due to the availability of employment, this work is best carried out at locality level. Issues of communication barriers will also need to be addresses for those who do not speak English as a first or competent second language.

Sexual Orientation	While LGB&T persons had overall increased levels of substance use, they had particularly increased prevalence of using drugs associated with nightclub scene, such as ecstasy and mephedrone (All partied out). In respect of vulnerabilities Lesbian, Gay, Bisexual and Transgender people show higher rates of daily drinking, hazardous drinking and drug use than the general population.

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.

There is no information available to identify the potential impact on people with multiple identities in respect of the 500 estimated prevalence figures. We know however that National Institute for Clinical Excellence highlight issues of vulnerability where admission of the following is being considered:

- significant learning disability
- significant cognitive impairment
- a history of poor adherence and previous failed attempts
- homelessness
- pregnancy
- children and young people not covered by this model but issues are noted above in relation to dependent children.
- older people

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 development of the Commissioning Framework revealed the current provision of Tier 4	Develop/commission a consistent service model operating regionally and which provides access to services on a 'seven day' basis. The overall aim of

detoxification/stabilisation service does not fully reflect NICE guidance and may not provide the best outcomes for the individuals in any equality grouping who needs access to inpatient service. Maintaining the existing varied arrangements for Tier 4 detoxification/stabilisation provision is unlikely to be in the best interest of those who use these services. .A consultation document including "frequently asked questions and answers" sheet was also prepared to add clarity to the proposals.	the proposed changes to Tier 4 services is to increase the likelihood of recovery and eventual abstinence for people with complex alcohol/substance dependency. It is anticipated that if these proposals are taken forward the total number of Tier 3 and Tier 4 staff will regionally increase. HSCB will work with HSCT's in regards to any possible impacts on staff. The proposals are also being consulted upon. As a result of this consultation any additional views, comments or data will be considered.

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	No further impact	No suggestions
Political Opinion	No further impact	No suggestions
Ethnicity	No further impact	No suggestions

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

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

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

Please tick:

Major impact	
Minor impact	
No further impact	√

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

Please tick:

Yes	
No	√

Please give reasons for your decisions.

Substance misuse affects all sections of society. Inequalities in this area reflect wider health inequalities. It is the intention of this consultation to ensure the development and commissioning of inpatient detoxification/stabilisation service for the region which is in line with NICE guidance and evidence thereby offering individuals with complex alcohol/substance dependency and requiring inpatient treatment increased likelihood of recovery.

(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?***
These proposals are not specifically related to the Disability Discrimination Order 2006. See issues in respect of services and issue relating to disability needs.	As service users however we will ensure that those with disability have an opportunity to participate in this consultation as there are specific issues and needs in relation to people with disabilities particularly learning disability.

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?*

(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	Yes
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.	Yes
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
2 and 8	Our view that it is positive		

** 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.

The Tier 4 inpatient service is targeted at those with specific care needs. It will target those who misuse substances in harmful or dependent ways where there is significant adverse impact upon daily psychological or physical functions. The non-availability of such a treatment service would we believe have adverse impacts on their right to treatment services including adverse impacts on their human rights.

(6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
The planned capture of service monitoring data will consider section 75 equality categories		The planned capture of service monitoring data will consider human rights

Approved Lead Officer: 

Position: Assistant Director of Social Care and Children

Policy/Decision Screened by: 

Date: 30 September 2013

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 template to:
Equality.Unit@hscni.net.