HSC Public Health Agency

Equality and Human Rights Screening Template

The PHA is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

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

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/none)

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

SCREENING TEMPLATE

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.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Lifeline Crisis Response Service - Consultation with relevant stakeholders

1.2 Description of policy or decision

The Public Health Agency (PHA) is currently reviewing the 'Lifeline Crisis Response Service' model, seeking to develop the most appropriate and effective model to ensure the best outcomes for the public within the resources available.

The current Lifeline contract is due to end 31 March 2015 and the Public Health Agency is keen to engage with relevant stakeholders to ensure that the future service specification is appropriately informed and that future services are fit for purpose. The consultation process seeks to obtain feedback from key stakeholders to inform the decision making process on the future of the Lifeline Crisis Response Service.

The key elements of this consultation will be:

- PHA will host a series of structured focus group meetings:
  - One regional meeting hosted by PHA, Chief Executive.
  - A series of structured meetings in each of the five localities at the Protect Life Implementation Groups (PLIG).
- A copy of the consultation questionnaire will be available on the PHA website to download.
- Individuals and groups can complete a consultation questionnaire and return to the PHA by post or email.
- There will be a mail shot to relevant stakeholders.
- Review of 2012/13 raw data submitted to Health Intelligence.
- Findings and recommendations from the independent Consultant clinical review of Lifeline client care pathway, due March 2014.

Key constraints:

- The difficult financial climate:
- Some groups such as men may be reluctant to talk openly about self-harm and suicide.
- Engaging with groups identified where there is a barrier to accessing services such as BME, LGB&T, prison and travelling community.

1.3 Main stakeholders affected (internal and external)

- Current provider of the Lifeline service, **CONTACT** and their staff, service users / carers, the advocacy group and referral agents.
- The six HSC Trusts
- The range of existing community & voluntary mental health / suicide prevention services across Northern Ireland.
- Current statutory and voluntary & community Mental Health service users and carers
- Families and carers bereaved by suicide represented by the family voices forum.
- Providers of both statutory and voluntary & community services to groups identified as at increased risk of suicide such as prisoners, men, individuals who self-harm.
- Groups identified under section 75 such as the traveller community, LGB&T and BME community.
- The general population of Northern Ireland
- Current commissioners of mental health / suicide prevention services; DHSSPS, HSCB, PHA.
- Patient Client Council
- All government departments, including DHSSPS
- Prison service, PSNI, Probation service for NI.
- Education sector

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

- Protect Life, A Shared Vision – The Northern Ireland Suicide Prevention Strategy and Action Plan 2006 – 2011 (DHSSPS). June 2012 the DHSSPS launched a Refreshed Protect Life Strategy and action plan which is now extended until March 2014.
- Bamford Action Plan for 2012-2015
- Programme for Government priorities
- Research findings/recommendations
  Providing Meaningful Care
  National Confidential Inquiry
- Mental Health service Framework
- Joint PHA/ HSCB Commissioning plan
- PHA Corporate Plan
- PHA Directorate plan
- PHA Thematic Plan for emotional wellbeing and suicide prevention
- Transforming Your Care – A Review of Health and Social Care in NI

(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.

- Review of the evidence base for Protect Lifeline – A shared Vision: The Northern Ireland Suicide Prevention Strategy, DHSSPS, January 2010.
- Independent review of the Protect Life Strategy, 2012 - views were obtained from a range of meetings and focus groups with relevant stakeholders.
- Feedback from DHSSPS facilitated consultation process with relevant stakeholders in May 2013 of Protect Life, A Shared Vision – The Northern Ireland Suicide Prevention Strategy and Action Plan 2006 – 2011 (DHSSPS) and refreshed strategy launched in June 2012 until March 2014.
- Health Intelligence, PHA report: Lifeline – piloting a process to evaluate outcomes for wraparound clients, 2012. Circulated for comments to relevant stakeholders at draft stage.
- Findings from annual Lifeline public awareness survey commissioned by Health Intelligence, PHA. Last conducted March 2013- found that the general public believe that Lifeline and other Helplines are a useful resource and should be maintained.
- PHA analysis of current provider key performance indicator returns 2012/13.

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 issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	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 increased from 23,200 to 28,700, a rise of 23.4%; Between 2008 and 2009 the pensioner population increased by 2.0% (from 295,800 to 301,900). In the ten-year period between 1999 and 2009 the pensioner population 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 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	62.8% of the population voted in the 2007 NI Assembly election. Of these 47% voted Unionist, 41% voted Nationalist and 12% Other (BBC).
Marital Status	There were 8,259 marriages registered in Northern Ireland in 2006, an increase of 119 marriages or 1.5% on the 2005 figure of 8,140 marriages. The number of marriages registered in 2006 is significantly higher than the lowest number recorded in 2001 of 7,281 marriages. There is no evidence to suggest that marital status has a higher or lower uptake in relation to public participation. Single never married 33.1% Married 48.45% Divorced 3.40% Separated 3.34%
Dependent Status	Based on the most recent information from Carers Northern Ireland, the following facts relate to carers. 1. 1 in every 8 adults is a carer 2. There are approximately 207,000 carers in Northern Ireland 3. Any one of us has a 6.6% chance of becoming a carer in any year 4. Carers save the Northern Ireland economy over £4.4 billion a year - more than the annual NHS spending in Northern Ireland. 5. The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day 6. One quarter of all carers provide over 50 hours of care per week 7. People providing high levels of care are twice as likely to be permanently sick or disabled than the average person 8. Approximately 30,000 people in Northern Ireland care for more than one person 9. 64% of carers are women; 36% are men 10. By 2037 the number of carers could have increased to 400,000 This information at be accessed at info@carersni.org – June 2011.

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	The DSD publication, 'National Insurance Number (NI No) Allocations to Overseas Nationals Entering Northern Ireland' (2007) reports the following summarised points: **Arrivals** 10,433 individuals arrived in the UK in 2004/2005 and registered for a NI No with a Northern Ireland address by the end of 2006. This has risen gradually since total arrivals in 2000/2001 of 2,682. Arrivals figures for all years, but especially 2004/2005, will rise in future as other people already resident in Northern Ireland apply for and are allocated a NI No. The proportion of arrivals claiming an out-of-work benefit within 6 months of NI No registration fell from 125 to 6% comparing 2003/2004 arrivals with 2004/2005. **Registrations** Total NI No registrations have increased by 80% from 5,826 to 10,433 between 2004/2005 and 2005/2006. Registration to Accession nationals increased from 1,657 to 10,177 over the same period, with Poland being the largest Accession country represented. Registrations in respect of non-Accession nationals increased by 1,268 (30%). **Travelling Community** 3905 Irish Travellers in Northern Ireland based on All Ireland Traveller Survey 2010 Main Areas of Traveller Population: Belfast , Newry and Armagh ,Foyle ,Mid Ulster ,West Tyrone Travellers live in a range of accommodation types, including social housing, serviced sites, grouped homes, on public land, private rented land, and on the side of the road. Mortality rates among Traveller children up to 10 years of age have been found to be 10 times that of children from the 'settled' population. ('Key Inequalities' document, Equality Commission for Northern Ireland). **Chinese Population** Currently there are around 8,000 Chinese residents in Northern Ireland, representing 51% of the total ethnic minority population. The Chinese community is currently the largest and most dispersed ethnic minority group living in the North. The majority of this community live in the Greater Belfast Urban Area. There are also significant numbers in Craigavon, Lisburn, Newtownabbey and North Down. Irwin and Dunn, noted in their study of ethnic minorities, that the Chinese community is growing at a faster rate than the general population (Chinese Welfare Association website).There may be added difficulty for those with language barriers
Sexual Orientation	It is estimated the one in ten people in N Ireland are from Lesbian Gay Bisexual Transgender groups.

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	Other Borders' (2006) recommends that documents need to be written in an accessible way and that support for transport and childcare costs should be considered. 'Barriers for Women from Disadvantaged Areas' (2009) makes a similar recommendation. Evidence suggests that women are more likely to care for someone in another household, overall 22% of men are carers compared to 30% of women. (ARK, NI, June 2011) Alternative formats should be offered e.g. large print, Braille, audio CD, translation, etc. 'Priorities for Men' (2009) recommends that there is careful monitoring of "who we are talking to". Review of the evidence base for Protect Lifeline – A shared Vision: The Northern Ireland Suicide Prevention Strategy, DHSSPS, January 2010 recognises the need to engage men, noting the needs of the prison population. 'Men and Suicide' (2012) identified the social issues impacting on men not engaging in help seeking behaviour, Samaritans in partnership with Network rail, 2012. 'Men, Suicide and Society' (2012) Why disadvantaged men in mid-life die by suicide, Samaritans. Evidenced the range of issues impacting on men in mid-life.
Age	'Other Borders' (2006) notes that there needs to be greater encouragement to ensure the participation of older women. Older People's Advocate (2010) recommend that when communicating with older people there is recognition of the diversity of need within that group in relation to literacy levels, access to IT skills and equipment , geographical isolation and accommodation including those in nursing and residential homes. Young people and children have different needs. To encourage their participation, see 'Let's Talk Lets Listen' ECNI Guidance on engaging with children and young people. Jane Llopis & Anderson; WHO (2005). Evidence demonstrates that mental health promotion and prevention can lead to health, social and economic gain, increases in social inclusion and economic productivity, reductions in the risks for mental and behavioural disorders and decreased social welfare and health costs. Individuals impacted by multiple issues are at an increased risk of self-harm or suicide. Looked After Children and the risk associated with unmonitored use of social networking sites are two specific areas which impact on young people's mental health and wellbeing. 'Other Borders' (2006) recommends that documents need to be written in an accessible way – Plain English. Alternative formats should be offered e.g. large print, Braille, audio CD, translation, etc.
Religion	'Population and Social Inclusion Study', St Columb's Park House in partnership with INCORE and QUB (2005, updated in 2008), and Healthy Cities research (2007) on participation of people from Protestant/ Loyalist/ Unionist (PLU) working class communities suggested that there was less awareness of the relevance of engaging in health consultations. Suggested more engagement with local community groups in these areas. The following areas were identified as barriers: - The low level of awareness of mainstream health organisations and

Political Opinion	See above
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% There is no indication that marital status has an impact on engagement.
Dependent Status	The latest publication based on the life and time survey 2010 "An ordinary Life? Caring in Northern Ireland today" (ARK NI June 2011) indicates that similar proportion of men as women provide care for someone living in the same household – around 1 in 10. However women are more likely to care for someone in another household, overall 22% of men are carers compared to 30% of women. Because of demographic change we are seeing a progressive increase in the proportion of carers in the older (55+) age group in a caring role. The study also looked at impact on health, findings indicated that more than 7 out of 10 respondents who do not have caring responsibilities (72%) say that their health is excellent or good, for carers this is 64%. (www.ark.ac.uk/nilt) We recognise that those with dependants may struggle to participate in PPI activity and have considered this in the consultation process.
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 consultation process demonstrates how the PHA will establish process to ensure that services users, carers and the public in general are involved in service planning and provision in a consistent and systematic way. We recognise that those with a disability may have more difficulty in becoming involved and have considered this in the consultation process.
Ethnicity	Black and Ethnic Minority people and Travellers in Northern Ireland are at risk of racism and oppression. We also acknowledge that there is the possibility that there may be language and cultural barriers which potentially could cause a barrier to involvement in the consultation process. The consultation process aims to address these issues.
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. We recognise that there may be a barrier to involvement for this group which we aim to address as part of this consultation process.

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 consultation process will 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. The prison population has been identified as excluded in society.

2.5 Making Changes

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?***
A series of meetings are planned across the region. The consultation process will be promoted particularly with groups identified in 2.2 and 2.3. Relevant providers / service users / carers will be encouraged to engage in the consultation process. Young men, prison population, travellers, LGB&T and black & ethnic minorities communities have specifically been identified as groups who may be marginalised from taking part in public consultation. To meet their needs the PHA intend to contact; The Helpline Network, Stronger Together Network, NICEM - Migrant Service, Youth Action, Rainbow, Cara-friend project, Traveller support organisations known to PHA, SE Trust-Mental health service provider in prisons, NI prison & probation services to inform them of the consultation process and encourage engagement.	The consultation will provide all stakeholders with an opportunity to shape future service design. Findings from consultation process will help shape the specification of the Lifeline service. Broader learning will be disseminated to other relevant PHA & HSCB funded initiatives. A culture of openness and transparency is in place. The consultation process will be an opportunity to 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 consultation will promote good relations and cross community work in neighbourhoods	Work in partnership with Projects and staff at cross community level.
Political Opinion		
Ethnicity	The consultation 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 antiracist 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

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

Please tick:

Yes	
No	X

Please give reasons for your decisions.

The aim of the consultation process is help shape the Lifeline service specification through full engagement with communities, to meet the needs of the all the population of Northern Ireland. Ensuring that the Lifeline service is accessible and meet the needs of groups identified in 2.2 and 2.3 as outlined in Section 75 Agenda.

This consultation process aims to remove barriers to involvement and will monitor the uptake of involvement across identified groups.

This consultation process will increase public confidence in the commissioning process across local communities and relevant stakeholder groups. The Lifeline commissioners are keen to welcome participation of all users, carers and communities in service planning, commissioning and provision.

The PHA will be able to give examples of the public's views; involvement in the work of the Public Health Agency and the commitment to user involvement and community engagement.

(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 PHA in partnership with the current Lifeline provider has recruited three service users to become members of the PHA lead Lifeline Clinical & Social Care Governance subgroup. The PHA has in partnership with the current provider supported the establishment of a provider service user / carer advocacy group. Local consultation meetings reduce geography as a barrier to access. The PHA will work in partnership with individuals & organisations to promote individual & community empowerment. By ensuring that this service which is funded under the protect Life Strategy identifies key targets which can be incorporated into a future service specification. The provide individuals & organisations with an opportunity to volunteer through involvement in the consultation process. 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.	Encourage disabled people to get involved in planning and evaluating services. Ensure that existing HSC Trust mental health service user / carer groups are encouraged to participate in the consultation process. Ensure that Lifeline providers' service user / carer advocacy group are encouraged to participate in consultation process. Ensure venues are fully accessible. Provide facilitates to assist where communication is an identified barrier to engagement. Seek to ensure that timings of meetings are such that people can use public transport and provide appropriate car parking facilities are provided if required. Provide support for carers costs if required.

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 consultation will actively promote the inclusion of disabled people in service planning. It demonstrates that the PHA value the contribution of all sections of our society by removing barriers to participation.	Encourage positive attitudes to disabled people and challenge negative stereotyping. This consultation process will help the PHA to examine how to support and facilitate engagement of disabled people and recognise the benefits of meaningful involvement.

(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 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 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.

(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 will be gathered to assist PHA to ensure that there are no gaps in this consultation process.	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 PHA and wider community such as the rights of Travelling community, Black & Minority Ethnic, LGB&T and prison groups.

Approved Lead Officer: Brendan Bonner

Position: Head of Health & Social Wellbeing Improvement Team (West) PHA

Date: 18 March 2014

Policy/Decision Screened by: Elizabeth McGrath, Health Improvement Officer, PHA

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to: Equality.Unit@hscni.net

Template produced June 2011

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the

needs of those not fluent in English) please contact the Business Services Organisation's Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 90535531 (for Text Relay prefix with 18001); fax: 028 9023 2304