

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?

For advice & support on screening contact:

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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

Hospital Passport for people with learning disabilities.

This project has been developed from the recommendation within the Guidelines and Audit Implementation Network (GAIN) that one Hospital Passport for people with a learning disability is developed for use across Northern Ireland to replace and number of individual passports presently in use within Health and Social Care Trusts.

1.2 Description of policy or decision

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

Improve access to safe and effective hospital care for people with learning disability.

The Hospital Passport is a communication tool to help a person with learning disability communicate aspects of their health and social care abilities and needs.

The purpose of the Passport is to provide information to help staff make reasonable adjustments that may be required so that they can provide safe and effective care for people with learning disability who are in contact with general hospitals.

The Passport will also help meet Regulation and Quality Improvement Authority (RQIA) recommendation from the Review of the Implementation of the GAIN Guidelines (2014).

- **How will this be achieved? (key elements)**

Through the development and publication of a Regional Hospital Passport for people with a learning disability. The Passport will be developed in partnership with individuals with learning disability, their carers and staff who work to provide care and support for individuals with learning disability across a range of hospital and community settings.

A group of individuals with learning disability will also be involved in co-facilitating the launch of the Passport and will perform a number of drama pieces

specifically designed to raise awareness of the importance of the passport and the benefits of using the Passport within General Hospital settings.

Following publication of the Passport Health and Social Care Trusts will inform people with a learning disability and staff working in Trusts, of the availability of the Passport and encourage the use of the Passport in General Hospital settings.

The Electronic version of the Passport will be available for downloading from PHA website following the launch. This will enable staff working within general hospitals to download the document if the person with learning disability does not already have one completed when they present to a General Hospital setting.

A High profile launch of the Hospital Passport will take place in the Long Gallery, Stormont on May 9th 2017 with planned PR and communications to Chief Executives of each of the HSC Trusts providing additional information regarding the purpose of the passport and outlining their responsibility with regards to dissemination of the Passport across their respective Trust areas.

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

There will only be 5000 copies of the Passport and Guidance notes printed to avoid unnecessary expense. Following the launch the Passport will be available to download and print off thus avoiding large quantities of the document having to be produced and stored on each General Hospital site.

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

The development and implementation of the Hospital Passport is focused on providing information directly to hospital staff so that they can be aware of the possible reasonable adjustments that may be required to support people with a learning disability when they are in contact with General hospitals. The implementation of the Hospital Passport will be beneficial for people with a learning disability and their family members as it will provide a recognised

process for sharing important information. It will also be of benefit to hospital staff who will be better informed about the reasonable adjustments that may be necessary to support people with a learning disability in a General Hospital. It is envisaged that the high profile launch and PR associated with the event will help raise awareness of the health and social care needs of people with learning disability across Northern Ireland and increase visibility of these issues within health and social care settings.

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

- **What are they?**

- The Quality Framework – as outlined in *Best Practice Best Care (DHSSPS 2001)*;
- Review of Mental Health and Learning Disability – Equal Lives (2005)
- The *Reform and Modernisation* of HSC;
- The Reform and Modernisation of Mental Health and Learning Disability Services Review (Bamford, 2007), Changes underpinning the *Review of Public Administration*
- Equality and Human Rights (including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and other UK, European & international law)
- Personal and Public Involvement (PPI) (DHSSPS, 2007)
- Transforming Your Care (DHSSPS, 2011)
- Ten year public health strategy and framework Making Life Better - A Whole System Strategic Framework for Public Health (DHSSPS 2013-2023)
- Equal Lives (DHSSPS 2015)
- Learning Disability Service Framework (DHSSPS 2015)

- **Who owns them?**

Department of Health (DoH)

(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

The Passport has been developed in consultation with people with learning disability, carers and HSC staff (General hospital / Learning disability services).

The wording and presentation of the document has been adapted based on feedback from individuals with learning disability, carers and HSC staff (General hospital / Learning disability services).

The Passport was drafted and reviewed over the last year with six drafts developed during the process.

A pilot version was field tested across five HSC Trust between April-July 2016. Thirty responses received from people with learning disability, family carers and HSC Staff. The feedback received confirmed that the wording and content areas were useful with no major changes being suggested to the pilot version.

The final draft version of the Hospital Passport was shared with several service user groups of adults and children with a learning disability. They provided very helpful comments about some wording and also some of the photographs used which have been taken into account on the final version of the Hospital Passport.

Sources of information used to inform the development of the Hospital Passport were as follows:

- Service Framework for Learning Disability, DHSSPS, 2015.
- Bamford Action Plan, DHSSPS, 2009.
- Disability Discrimination Act 1995.
- Guidance on Caring for People with a Learning Disability in General Hospital Settings. GAIN June 2010.
- Review of Implementation of GAIN Guidelines on Caring for People with a Learning Disability in General Hospital Settings. Regulation and Quality Improvement Authority (RQIA) 2014.
- Northern Ireland Census Data (2011).

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.

Gender	<p>The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011.</p> <p>Transgender Research suggests for the Northern Ireland population as a whole: 140-160 individuals are affiliated with transgender groups 120 individuals have presented with Gender Identity Disphoria There are more trans women than trans men living in Northern Ireland. (McBride, Ruari Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.)</p> <p>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:</p> <ul style="list-style-type: none"> • 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%). <p>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).</p> <p>Applying GIREs figures to NI population n=1,810,900:</p> <ul style="list-style-type: none"> • 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
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Age	<p>Census 2011: total population in Northern Ireland is 1,810,900.</p> <ul style="list-style-type: none"> • 0 – 15 – 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) <p>90 and over - 0.56% (10, 141)</p> <p>Feedback has been sought on the relevance of the Hospital Passport for both adults and children. The feedback received has been incorporated into the final version of the Hospital Passport.</p>
Religion	<p>Religion or Religion brought up in:</p> <p>45.14% (817, 424) of the population were either Catholic or brought up as Catholic.</p> <p>48.36% (875, 733) stated that they were Protestant or brought up as Protestant.</p> <p>0.92% (16, 660) of the population belonged to or had been brought up in other religions and Philosophies.</p> <p>5.59% (101, 227) neither belonged to, nor had been brought up in a religion.</p> <p>Catholic 40.76% (738, 108)</p> <p>Presbyterian Church in Ireland 19.06% (345, 150)</p> <p>Church of Ireland 13.74% (248, 813)</p> <p>Methodist Church in Ireland 3% (54, 326)</p> <p>Other Christian(including Christian related) 5.76% (104, 308)</p> <p>Other religions 0.82% (14, 849)</p> <p>No religion 10.11% (183, 078)</p> <p>Did not state religion 6.75% (122, 233)</p>
Political Opinion	<p>Nationality</p> <ul style="list-style-type: none"> • 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)

Marital Status	<ul style="list-style-type: none"> • 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
Dependent Status	<ul style="list-style-type: none"> • 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. <p>According to Bamford (2005) there is an increasing number of parents with a learning disability who may require additional supports to enable them to meet their parenting responsibilities People with a learning disability are less likely to have accessible information about services and support. (SCIE, 2007).</p> <p>CarersNI</p> <ul style="list-style-type: none"> • 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.

Disability	<ul style="list-style-type: none"> • 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. • 68.57% (1, 241709) of residents did not have long – term health condition. • Deafness or partial hearing loss – 5.14% (93, 078) • Blindness or partial sight loss – 1.7% (30, 785) • Communication Difficulty – 1.65% (29, 879) • Mobility of Dexterity Difficulty – 11.44% (207, 163) • A learning, intellectual, social or behavioural difficulty. 2.22% (40, 201) • An emotional, psychological - 5.83% (105, 573) or mental health condition • Long – term pain or discomfort – 10.10% (182, 897) • Shortness of breath or difficulty breathing – 8.72% (157, 907) • Frequent confusion or memory loss – 1.97% (35, 674) • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118, 612) • Other condition – 5.22% (94, 527) • No Condition – 68.57% (1, 241, 709)
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Ethnicity	<p>1.8% 32,596 of the usual resident population belonged to minority ethnic groups,</p> <ul style="list-style-type: none"> • White – 98.21% (1, 778, 449) • Chinese – 0.35% (6, 338) • Irish Traveller – 0.07% (1, 268) • Indian – 0.34% (6, 157) • Pakistani – 0.06% (1, 087) • Bangladeshi – 0.03% (543) • Other Asian – 0.28% (5, 070) • Black Caribbean – 0.02% (362) • Black African – 0.13% (2354) • Black Other – 0.05% (905) • Mixed – 0.33% (5976) • Other – 0.13% (2354) <p>Language (Spoken by those aged 3 and over);</p> <ul style="list-style-type: none"> • 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)
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Sexual Orientation	<p>There is variation in estimates of the size of the LGB&T population in Northern Ireland. Estimates are as high as 5-7% (65-90,000) of the adult population Northern Ireland (based on the UK government estimate of between 5-7% LGB&T people in the population for the purposes of costing the Civil Partnerships Act). A similar proportion or more recently the Office of National Statistics estimate 1.5-2% which would be closer to 20-30,000 adults.^{i,ii} This latter document is disputed by various LGB&T organisations.</p>
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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	<i>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?</i>
Gender	<p>The Hospital Passport is designed for individuals with learning disability. There is nothing to indicate greater uptake by men over women or vice versa.</p> <p>The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011.</p> <p>Transgender</p> <p>Research suggests for the Northern Ireland population as a whole:140-160 individuals are affiliated with transgender groups120 individuals have presented with Gender Identity Disphoria.There are more trans women than trans men living in Northern Ireland. (McBride, Ruari Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.)</p> <p>Although there is no specific data relating to people with a learning disability who identify as Transgender, it is reasonable to assume from general population data outlined above that some transgender individuals may also have a learning disability.</p>
Age	<p>Learning disability is a life-long condition.</p> <p>78.9% of 0 -19 year olds with a learning disability are described as having ‘moderate’ disabilities while 21.1% are described as ‘severe/profound’ (N=8150).</p> <p>McConkey et al (2006) predict that the population of adult persons in NI with a learning disability will increase by 20.5% by 2021 (N=10,050). This compares to an estimated increase of 16.2% in England. The percentage of persons aged over 50 years in 2021 will increase to 35.7% in Northern Ireland (up from 26.8% in 2002). It is estimated that there is a population of 26,600 people in Northern Ireland with a learning disability of whom half are aged between zero and 19 years (Bamford Action Plan, DHSSPS 2009)</p>
Religion	<p>Although there is no specific data available as to the Religious beliefs of individuals with a learning disability it is reasonable to</p>

	assume from data available regarding the general population that individuals with a learning disability will identify within most or all of the religions outlined in Section 2.2 above.
Political Opinion	Although there is no specific data available as to the political opinion of individuals with a learning disability it is reasonable to assume from data available regarding the general population that individuals with a learning disability will identify within most or all of the political opinion categories outlined in Section 2.2 above.
Marital Status	According to McConkey (2004) most people with a learning disability will never marry or have a sexual partner.
Dependent Status	<p>A survey in one Health and Social Care Trust found that 11% of families known to the children's disability team had 2 or more children with disabilities and for 5% of families one or both parents had a learning disability themselves.</p> <p>Nearly all children with a learning disability live with family carers. A survey in the largest of the former HSC Boards with an estimated 3,100 children with learning disabilities found that 53 children (1.7%) were living in some form of residential accommodation (N=31) or with foster carers (N=22) (McConkey et al, 2004) Over 60% of adult persons continue to live with their families. Around 770 persons (9% of total) live in their own accommodation with minimal supports. Around 2,400 adult persons (29%) are in some form of residential provision.</p> <p>An increasing number of adults with a learning disability are becoming parents. The actual numbers of parents with learning disabilities are unknown (SCIE, 2005).</p> <p>6 out of 10 people with a severe learning disability live with their parents, a third of whom are over the age of 70. Most adults with a learning disability continue to live in the family home with their parents, with access to alternative supported housing options often being triggered by a crisis, such as the serious illness or death of a carer. Some people with a learning disability live in a hospital; others spend much of their lives in residential settings. (Working with Diversity, 2010)</p> <p>There are more lone parents caring for children with special needs. (Bamford, 2005)</p> <p>Some evidence is emerging on the number of people with a learning disability who care for their children, and as parents get older there is some evidence that the carer's role gets reversed.</p>
Disability	Census 2011: Key Statistics for Northern Ireland: 40,177 of the NI population has a learning, intellectual, social or

	<p>behavioural difficulty (2.2%)</p> <p>People with learning disability are the largest group of persons with disability aged under 65 years of age. In future years the numbers will increase with more living into old age. (McConkey, 2004).</p> <p>People with learning disability can experience other disabilities / co-existing conditions.</p> <p>People with learning disability are a very vulnerable group in the context of health needs;</p> <p>The Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (2013) identified that of the 247 deaths of people with learning disability reviewed:</p> <ul style="list-style-type: none"> • 17% were underweight compared to two percent of the general population • 66% lacked independent mobility • 50% had problems with vision • 25% had hearing problems • 97% had one or more long term or treatable health condition.
Ethnicity	<p>The learning disability population in Northern Ireland includes a small, but growing population of people from minority ethnic communities. (Equal Lives, 2005)</p> <p>A higher birth rate among ethnic minorities along with an associated higher rate of a learning disability in these populations could also result in increased numbers of people with a learning disability in the future (Emerson and Hatton, 2004).</p> <p>Although regional data is not available research in Great Britain has found tentative evidence to suggest higher prevalence rates of learning disabilities amongst some minority ethnic groups, for example, South Asian groups have higher incidences of children and young adults with severe learning disabilities. It is unclear whether these higher rates are biologically or genetically linked with ethnicity, or are the result of other factors that have an impact upon minority ethnic groups, such as, socio-economic status, poverty, access to health care or classification practices; (Foundation for People with a learning disability, 2000).</p> <p>Although there is limited data available on the number of people with learning disability who do not speak English or where Northern Ireland is not their county or origin, were individuals from Ethnic Minorities experience difficulties in accessing health and social care due to language barriers Health and Social Care Trusts can provide interpreters for individuals and their carers. People</p>

	with a learning disability may also have difficulties with social and/or communication skills, consideration may be given to translating the Passport into a number of different languages for use with individuals from BME communities.
Sexual Orientation	Limited data is available but Stonewall (2012) estimates that the number of people who are gay, lesbian, bisexual or transgender is between 5% and 7% of the general population. There is no corresponding data available for learning disability. That is not to say that the make-up of the LGB&T population in Northern Ireland will not include people with a learning disability. Bamford (2005) acknowledged that for people with learning disability, sexual orientation and preferences often go unnoticed and undetected or are attributed to lack of experience, choice or environmental influences.

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.

Potential individuals with multiple identities outlined above could also have a learning disability and have occasion to use the Hospital Passport.

Where individuals from Ethnic Minorities experience difficulties in accessing health and social care due to language barriers Health and Social Care Trusts can provide interpreters for individuals and their carers. People with a learning disability may also have difficulties with social and/or communication skills, consideration may be given to translating the Passport into a number of different languages for use with individuals from BME communities.

Where individuals with learning disability also have sight loss or hearing difficulties consideration will be given to making the passport available in a range of formats to ensure accessibility.

Individuals with hearing difficulties who also identify as having a learning disability may need a sign language interpreter or other communication support. People with sight loss may need a large print version of the passport.

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?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Some feedback received on the pilot version of the passport related to the overall length of the document and some of the images used were felt to be unsuitable.</p> <p>Changes were made to the layout and design of the Passport based on the feedback received at testing.</p> <p>Some of the photographs were changed to take on board suggestions from those involved in testing the Passport.</p> <p>Earlier versions of the Passport had different section colours to distinguish each section and the move to a different topic. On testing feedback received suggested that those completing the document would be drawn to red section as they might perceive this to be more important than other sections of the Passport.</p> <p>The section colours were changes to one colour thus helping those completing the document to view each section as having equal value.</p> <p>Individuals from ethnic minority groups may identify as having a learning</p>	<p>Where a need for translation is identified during implementation of the Passport consideration will be given to</p>

disability.	<p>translating the passport into different languages.</p> <p>Monitoring data available will be reviewed to provide evidence regarding to all Section 75 Groups. Feedback from individuals with learning disability and their carers will be collated to help inform any necessary changes to future editions of the Passport to ensure accessibility of the document.</p>
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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)

Not relevant

Group	Impact	Suggestions
Religion	None identified.	
Political Opinion	None identified.	
Ethnicity		Following implementation if required consideration can be given to translating the Passport into other Languages.

(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)

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

Please tick:

Major impact	
Minor impact	X
No further impact	

Please tick:

Yes	
No	X

Please give reasons for your decisions.

The purpose of this Hospital Passport is to assist staff in General hospitals to make the necessary reasonable adjustments for people with learning disability who come in contact with general hospital services.

It is designed to improve equity of access and outcome for people with learning disability. The document has been developed in collaboration with people with a learning disability and has included the views of young people and adults with a learning disability, their family carers and staff within general hospitals and learning disability services.

(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
Throughout the process of development individuals with learning disability were involved and their views and opinions were taken on board in the drafting of the document.	<p>It is hoped that use of the passport will encourage staff working within General hospital settings to make the necessary reasonable adjustments in their assessment, examination, treatment and care of people with learning disability.</p> <p>It is also envisaged that people with learning disability will be empowered to complete the Passport and bring it along with them when accessing care within General Hospital settings.</p> <p>Individuals with learning disability will be involved in co-facilitating the launch in the Long Gallery, Stormont on May 9 2017 and will perform a number of drama pieces specifically designed to raise awareness of the importance of the passport and the benefits of using the Passport within General Hospital settings.</p>

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?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
The Hospital Passport will provide clear information about the abilities and needs of the person with learning disabilities in relation to what	High profile launch of the Hospital Passport and a requirement for it to be used by general hospitals services.

<p>reasonable adjustments may be necessary when in contact with staff in General hospitals.</p> <p>Through the provision of reasonable adjustments by staff in general hospitals, the quality of care, the experience and outcome should be improved for individuals with learning disability.</p>	<p>Robust evaluation of the impact of the use of the Hospital Passport (if funding is available)</p>
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(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
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st 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
Information on the impact of the Hospital Passport will be collected directly from people with a learning disability and family carers.	The usefulness of the Hospital Passport as viewed by staff in the General hospital will be obtained from staff who have used the document.	As part of the evaluation of the Passport consideration will be given to Audit Hospital Files and collate feedback from HSC staff to identify what reasonable adjustments were made as part of the assessment, planning and delivery of care for people with a learning disability.

Approved Lead Officer:

Briege Quinn

Position:

Nurse Consultant, Mental Health and Learning Disability,
Public Health Agency

Date:

28.03.2017

Policy/Decision Screened by:

Deirdre McNamee, Public Mental Health and Learning Disability Nurse.

Business Unit and contact details

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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 updated January 2015

Any request for this document in another format or language will be considered.
Please contact us (see contact details provided above).

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- ⁱ Final Regulatory Impact Assessment: Civil Partnership Act 2004. London: Department of Trade and Industry; 2004. As cited in Meads C, Pennant M, McManus J and Bayliss S. A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research. Birmingham, West Midlands Health Technology Assessment Group, University of Birmingham, 2009.
- ⁱⁱ Theodore Joloza T, Joanne Evans J, Rachel O'Brien R, Potter-Collins A. Measuring sexual identity: An evaluation report. London: Office for National Statistics, 2010.