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?

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

Regional Guidelines for the Management of Patient's Absent without Leave (AWOL) from Adult Mental Health/Learning Disability Inpatient Settings

1.2 Description of policy or decision

The overarching purpose of these guidelines is to promote the safety and protection of service users and others in the event of a service user going missing or Absent Without Leave (AWOL).

The aim of this guidance is to:-

- Support staff in identifying when a patient should be regarded as Absent Without Leave (AWOL);
- Minimise the risks to patients and/or others including the risk of disruption to their treatment and care plan;
- Support staff in identifying the use of Police (PSNI) in a timely and appropriate fashion;
- Establish a formal and robust reporting and monitoring procedure for AWOL's across the HSC; and;
- Ensure lessons learnt are appropriately communicated to inform practice.

The guidelines provide a framework for all staff when it is determined that a service user is absent without leave.

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

Staff, Service users (those admitted voluntarily or further detained using the Mental Health (NI) Order ’86),

Also affected are family and next of kin, and those potentially at risk when a service user goes missing.

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

This document will be read in conjunction with the following Trust Policies as applicable to individual Trusts:-

- Adverse Incident Policy;
- Promoting Quality Care Risk Assessment (PQC) (2010);
- Therapeutic Engagement and Observation Policy;
- Mental Health Order NI (1986);
- Adult Mental Health (Northern Ireland) Order 1986 Code of Practice
- Safeguarding Vulnerable Adult Policy;
- NMC code of professional conduct;
- Complaints policy;
- Restrictive Practices, DOLS Guidance;
- Conducting a Search of Patients and/or their Belongings; and;
- Safeguarding Children Policy.

(This list is not exhaustive)

(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.

- Critical Incident Reports;
- Literature Search;
- Consultation with Health Service England;
- Working Group representative of 5 Trusts;
- The Mental Health Service Users Groups within the five Trusts;
- The Bamford Monitoring Group (this group is made up of Service Users, Carers and Patient Client and Council staff);
- RQIA reviewed the document and provided comments
- RCN reviewed the document and provided comments
- PSNI
- Department of Justice
- Department of Health, Social Services and Public Safety: Hospital Statistics Mental Health and Learning Disability http://www.dhsspsni.gov.uk/mhld-annual-report-13-14.pdf

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.

This Guidance is relevant to all inpatients current and future within Mental Health and Learning Disability inpatient settings.

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	Data not collected for MH/LD. Census 2011(Potential future Patients). The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011.
Age	**February 2014:** **Mental Health:** • **Age 19-44** - 277 • **Age 45-64** - 228 • **Age 65 and over** - 223 **Learning Disability**: • **Age 19-44** - 92 • **Age 45-64** - 62 • **Age 65 and over** -14 Census Data 2011 (Potential future Patients) **Age**: • **16 – 19** – 5.61% (101, 589) • **20 – 24** – 6.96% (126, 036) • **25 – 29** – 6.85% (124, 044) • **30 – 44** – 20.65% (373, 943) • **45 – 59** – 19.21% 347, 867) • **60 – 64** – 5.21% (94, 346) • **65 – 74** – 8.04% (145, 593) • **75 – 84** – 4.79% (86, 740) • **85 – 89** – 1.17% (21, 187) • **90 and over** - 0.56% (10, 141)

Religion	Not available for MH/LD Census Data 2011 (Potential future Patients) Religion or Religion brought up in • 45.14% (817, 424) of the population were either Catholic or brought up as Catholic. • 48.36% (875, 733) stated that they were Protestant or brought up as Protestant. • 0.92% (16, 660) of the population belonged to or had been brought up in other religions and Philosophies. • 5.59% (101, 227) neither belonged to, nor had been brought up in a religion. • Catholic 40.76% (738, 108) • Presbyterian Church in Ireland 19.06% (345, 150) • Church of Ireland 13.74% (248, 813) • Methodist Church in Ireland 3% (54, 326) • Other Christian(including Christian related) 5.76% (104, 308) • Other religions 0.82% (14, 849) • No religion 10.11% (183, 078) • Did not state religion 6.75% (122, 233)
Political Opinion	Not available for MH/LD. Census Data 2011 (Potential future Patients) **Nationality** • 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	Not available for MH/LD. Census Data 2011 (Potential future Patients) • 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	Not available for MH/LD Census Data 2011 (Potential future Patients) • 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.
Disability	Not available for MH/LD. Census Data 2011 (Potential future Patients) • 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 or mental health condition **5.83% (105, 573)** • 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)**
Ethnicity	Not available for MH/LD. Census Data 2011 (Potential future Patients) **1.8% 32,596 of the usual resident population belonged to minority ethnic groups,** • **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) **Language (Spoken by those aged 3 and over);** • **English – 96.86% (1, 681, 210)** • **Polish – 1.02%(17, 704)** • **Lithuanian – 0.36% (6, 249)** • **Irish (Gaelic) – 0.24% (4, 166)** • **Portuguese – 0.13% (2, 256)** • **Slovak – 0.13% (2, 256)**

	• **Chinese – 0.13% (2, 256)** • **Tagalog/Filipino – 0.11% (1, 909)** • **Latvian – 0.07% (1, 215)** • **Russian – 0.07% (1, 215)** • **Hungarian – 0.06% (1, 041)** • **Other – 0.75% (13, 018)**
Sexual Orientation	Not available

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	Academic evidence suggests more male than female patients go AWOL
Age	Academic evidence suggests that the majority of patients who abscond are under the age of 40 years
Religion	No evidence to suggest differential impacts on grounds of religion
Political Opinion	No evidence to suggest differential impacts on grounds of political opinion
Marital Status	No evidence to suggest differential impacts on grounds of marital status
Dependent Status	No evidence to suggest differential impacts on grounds of dependent status
Disability	No evidence to suggest differential impacts on grounds of disability
Ethnicity	No evidence to suggest differential impacts on grounds of ethnicity
Sexual Orientation	There is anecdotal evidence to suggest that some LGB people have strained familial relationships which may impact on this policy. There is also evidence of LGB people reporting HSC staff ignoring or over-looking their same sex partner when determining next of kin, which may impact on this policy.

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.

NO

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?***
Part of the monitoring process for the management of patients AWOL is the recording of Age and Gender; this will support analysis Trusts will be directed to monitor trends including for age and gender The guidance includes a provision instructing HSC staff to determine who the patient's next of kin is and to keep them informed as appropriate.	

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	NA	
Political Opinion	NA	
Ethnicity	NA	

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

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

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

Please tick:

Major impact	
Minor impact	x
No further impact	

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

Please tick:

Yes	
No	x

Please give reasons for your decisions. Minor impacts were identified which have been mitigated within the Guidance

(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?***
Engagement with the Bamford Monitoring Group included the participation of disabled people in the development of this guidance.	The implementation of the guidance will be reviewed in 2016; the Bamford Group will be involved in the progress

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?***
NA	NA

(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	yes
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
Article 5	Yes	The Mental Health Order NI (1986) allows for patients who are assessed as at risk to themselves or others to be formally detained in accordance with the provision of the order.	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.

All voluntary patients are advised on admission that should they wish to leave the facility they should inform a member of staff. This ensures that patients understand their rights and enables staff to know where patients are.

(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
Managers will monitor the frequency of the Guidance being put into action Trends will be identified as part of the monitoring process' including age and gender; if differential patterns emerge these will be explored further. Post incident debriefing for clients to identify interventions to prevent further incidents		

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Position:	Regional Lead Nurse Consultant for Mental Health and Learning Disability PHA
Date:	28th July 2005
Policy/Decision Screened by:	Sandra Aitcheson Nurse Consultant for Mental Health and Learning Disability PHA
Business Unit and contact details	Nursing and AHP 02895362891

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).