

- Note:
- 1) Proposals cannot be implemented until an Equality Screening or EQIA has been completed
 - 2) This template should be completed in conjunction with the accompanying Guidance Notes
 - 3) Completed Screening Templates are public documents and will be posted on the Trust's website

| Section 1: INFORMATION ABOUT THE POLICY/PROPOSAL | | | | | | | |
|--|---|-----------------------------|-----------------------------|-------------------------------|---------------------------------------|-------------------------------|--|
| (1.1) Name of the policy/proposal | Anti-bullying Policy for Beechcroft CAMHS | | | | | | |
| (1.2) Status of policy/proposal <i>(please underline)</i> | New | | Existing | | | <u>Revised</u> | |
| (1.3) Department/Service Group: <i>(please underline)</i> | Corporate Services Group <i>(Please specify)</i> | Nursing and User Experience | Un-scheduled and Acute Care | Surgery & Specialist Services | Specialist Hospitals & Women's Health | Children's Community Services | <u>Adult Social & Primary Care</u> |
| (1.4) Description of the policy including intended aims/outcomes | <p>Context BHSCT aspires to be known as one of the safest, most effective and compassionate health and social care organisations and staff deliver services in accordance with this goal. Staff will deal with all issues relating to anti-bullying in Beechcroft in a sensitive and compassionate manner and in accordance with its values of treating everyone with respect and dignity.</p> <p>Policy Rationale This policy provides staff with guidelines relating to the Anti-Bullying Policy in Beechcroft. Specific roles and responsibilities in various scenarios are outlined in the policy.</p> <p>Due to the nature of behaviours associated with mental ill health it is anticipated that despite measures in place to promote a non-bullying culture in Beechcroft, that such behaviour may still occur. Therefore there is a joint approach to bullying from the staff side and advocacy organisations to address bullying in a manner which supports both the victim and the perpetrator with a view to developing awareness of the causes of and effects of bullying and</p> | | | | | | |

developing strategies to manage this both individually and as a service.

Overview of Beechcroft

Beechcroft is the Regional Child and Adolescent Mental Health Inpatient Unit and is part of the child and adolescent mental health services (CAMHS) in BHSCT.

Beechcroft is the NI inpatient service for young people aged 12-17 (both male and female) with mental ill health. It is a 2 ward unit with 25 beds (admission & treatment). The Treatment Ward has an Intensive Care Unit (ICU) for young people that require additional nursing care and treatment. All bedrooms are single rooms with en-suite facilities.

Patients are referred to Beechcroft from community teams where a Step 5 service is provided for young people with eating disorders, psychotic illness, depression and suicidality. Some patients are detained under the Mental Health legislation whilst others are in Beechcroft on a voluntary basis. Staffing ratios are dictated by the needs of the patients based on QUINC guidelines.

The purpose of Beechcroft is to work with young people who are feeling unhappy, confused or are finding it difficult to cope with the demands of daily life.

Beechcroft's mission is to provide the highest quality care for young people and their families. The unique perspective of each young person is respected and staff strive always to listen to their point of view directly and via advocate. (Beechcroft staff work with young people's advocates from VOYPIC and CAUSE). Staff actively work with patients and their families/carers in a way that is open, honest, co-operative and in partnership.

The Unit aims to facilitate recovery and positive change in the lives of children and young people admitted. To achieve this, staff work collaboratively as a multidisciplinary team to establish a safe and therapeutic approaches and perspectives. Information about treatment options is provided and discussed with young people and families/carers.

Staff strive to support families developing positive strategies with each child/young person and in continuing recovery at home – this work is an integral part of treatment. With a focus on recovery, staff incorporate an emphasis on positive, outward looking activities such as physical

activities, creativity and play.

Beechcroft staff work closely with community agencies to make sure that everyone involved with the young person works together to provide the best possible continuity of care. This helps to ensure that the young person can continue to build on the emotional strengths and resilience they have been developing whilst an inpatient.

Bullying Defined

Bullying can be defined as repeated aggression, whether it is verbal, psychological or physical, that is conducted by an individual or group against others. It includes behaviours such as teasing, taunting, threatening, hitting, name calling, exclusion from a group, sending mean notes or extortion by one or more persons against a victim. Bullying can also take the form of racial abuse, homophobic abuse and abuse because of someone's religion, political opinion or cultural identity or because of someone's gender identity. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.

Policy Principles

Key Policy Principles include:

- Staff at Beechcroft Inpatient CAMHS aim to provide an environment for young people and staff where everyone is free from bullying and are treated with dignity and respect.
- Staff will not tolerate any bullying behaviour by young people or adults and will deal with any incidents immediately in accordance with this policy.
- Staff will be firm, clear and consistent in the promotion of positive behaviour and responding to incidences of undesired behaviour
- All staff members will act as good role-models and will never misuse their authority
- Staff aim to provide young people with opportunities to develop a positive sense of self worth and to encourages behaviour that is based on respect, trust, caring, consideration and support for others
- All young people will be made aware of our anti bullying policy on admission via The Welcome Pack. Young people on admission will be in no doubt that bullying is not

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|---|---|
| | <p>acceptable and that everyone including other young people, staff and visitors should be treated with dignity and respect.</p> <ul style="list-style-type: none"> • Adequate supervision by Staff Members will help to prevent bullying. <p>Policy Objectives</p> <p>The objectives are:</p> <ul style="list-style-type: none"> • To create an environment where staff, patients, parents/carers and visitors to Beechcroft feel safe, and are treated with dignity and respect. • To create an ethos which does not tolerate bullying through encouraging young people to disclose and discuss incidences of bullying behaviour. • To raise awareness of bullying as a form of unacceptable behaviour with all staff, patients and visitors. • To develop procedures for noting and reporting incidents of bullying behaviour. • To develop procedures for investigating and dealing with bullying behaviour. • To develop a programme of support for those affected by bullying behaviour and for those involved in bullying behaviour. |
| <p>(1.5) How will the policy/proposal be implemented?</p> | <p>The policy will be implemented through:</p> <ul style="list-style-type: none"> • Dissemination to all staff working on Beechcroft Wards via online document in Shared Folder, e-mail, staff meetings. Staff include Registered Nurses, Nursing Assistants, Medical Staff, Psychology, Social Work, Occupational Therapy and Patient and Carer Advocates. • Bi-monthly interface meetings between Beechcroft Managers and PSNI. • Young people and families/carers via information leaflet and ward based meetings. • Included in Induction: New Staff |
| <p>(1.6) Who are the internal and external stakeholders (actual or potential) that the policy/proposal could impact upon? <i>(E.g. service users/staff/ other public sector organisations/trade unions/ professional bodies/independent, voluntary</i></p> | <p>Key Stakeholders include:</p> <ul style="list-style-type: none"> • Employees of Beechcroft and Beechcroft Education Unit. • Persons providing a service (voluntary or paid) to Belfast HSC Trust Patients • Inpatients (Actual / Potential) • Relatives/Carers/young people Advocates (VOYPIC and CAUSE), |

or community sector)

Section 2: CLASSIFICATION OF POLICY

The purpose of this Section is to identify those policies/proposals which have **no impact on equality** e.g. policies of a purely clinical or technical nature.

It should be noted however that the majority of policies /proposals will have some equality impact on staff and/or service users and will require the completion of the entire template.

PART A:

(2A.1) Is there an impact on equality of opportunity for those affected by this policy, for each of the S75* equality categories?

(2A.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?

(2A.3) Does the policy impact upon good relations between people of a different religious belief, political opinion or racial group?

(2A.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

(2A.5) Are there opportunities to encourage disabled people to participate in public life and promote positive attitudes toward disabled people?

(2A.6) Does the policy/proposal impact on Human Rights?

**Yes
X (positive)**

No

X

X

X

X(positive)

X(positive)

(2A.7) If you have answered **Yes** to **any** of the above questions proceed to Section 2B overleaf.

If you have answered **No** to **all** of the above questions the policy **may** be screened out at this stage. Please give reasons supporting this decision below then sign and date below then forward to the Health & Social Inequalities Team for consideration

Lesley.Jamieson@belfasttrust.hscni.net

Approved Lead Officer:

Position:

Date:

Countersigned by:

Health Inequalities Manager:

Employment Equality Manager:

PART B

(2B.1)

Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/ proposal? *Financial, legislative or other constraints?*

Every effort will be made to disseminate this guidance to staff to avoid lack of awareness by staff. In addition, all staff from Nurse Bank or Agency will be provided with an induction which includes a briefing the Anti-bullying Policy.

To ensure the policy and ethos of the policy are understood by staff Belfast Trust senior staff at Beechcroft will ensure there are regular briefings on this policy.

Inpatients who refuse to work within the remit of the anti-bullying policy but require to be nursed in Beechcroft.

Poor understanding of the policy by staff, patients and relatives/carers??

(2B.2)

Other policies/strategies/information with a bearing on this policy/proposal (*for example internal or regional policies*) - What are they and who owns them?

Regional Guideline on the Use of Observation and Therapeutic Engagement in CAMHS Inpatient Facility in Northern Ireland' May 2014

Safeguarding Board for Northern Ireland (SBNI) Procedures Manual, May 2018

Regional Core Child Protection Policies and Procedures (SBNI) 2017

Operational Policy for Beechcroft

Belfast Health and Social Care Trust Disciplinary Policy

KIDSCAPE

NI Anti-bullying Forum website – www.niabf.org.uk

UK Council for Child Internet safety (UKCCIS website)

EU Kids Online, LSE

Ofcom: Children and Adults, Media Use and Attitudes Report

The Child Exploitation and Online Protection Centre (CEOP)

Childline

Children and Young People Now: Wise up to cyberbullying - www.cypnow.co.uk

(2B.3)
Provide details of how you have or how you intend to involve stakeholders (refer 1.6 above) when screening this policy/proposal

Stakeholders have been involved in the following ways:

- Involvement of service users via, ward meetings, the VOYPIC Patient Advocacy Service and Youth Advisors.
- Involvement of Parents/Carers via the CAUSE Carer Advocacy Service.
- Staff via meetings, user feedback, email.

Section 3: AVAILABLE EVIDENCE , CONSIDERATION OF IMPACTS AND MITIGATION

You will need to collect quantitative and qualitative equality data for those service users and staff affected using the templates provided in Tables 1 & 2 at the end of this document.

Taking into account this data and the information gathered in Sections 1&2 you should now identify, for each of the nine Section 75 categories, the level of impact, mitigation measures and opportunities to better promote equality of opportunity.

NB: Where both staff and service users are impacted, a separate table for each is required.

3A) SERVICE USERS

| Equality Category | Level of Impact | | | Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact (where Major or Minor Impact identified) |
|-------------------|-----------------|-------|------|---|
| | Major | Minor | None | |
| Age | | x | | <p>Given the nature of service being delivered it is reasonable to expect that people under the age of 18 are disproportionately affected by this policy. However, it is anticipated that the impact will be positive.</p> <p>Due to the nature of behaviours associated with mental ill health it is anticipated that despite measures in place to promote a non-bullying culture in Beechcroft, such behaviour may still occur. A joint approach to bullying from the staff side and advocacy organisations to address bullying has been developed (this policy) in a manner which supports both the victim and the perpetrator with a view to developing awareness of the causes of and effects of bullying and developing strategies to manage this both individually and as a service.</p> |

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|--------------------------------|--|----------|--|
| | | | <p>The policy is designed to address issues of bullying and to work with both the victims and perpetrators to raise awareness of the effects of and reduce the incidence of bullying behaviours.</p> <p>The policy provides staff with guidelines relating to the Anti-Bullying Policy in Beechcroft. Specific roles and responsibilities in various scenarios are also outlined in the policy.</p> <p>In addition, stated policy objectives include:</p> <ul style="list-style-type: none"> • To create an environment where staff, patients, parents/carers and visitors to Beechcroft feel safe, and are treated with dignity and respect. • To create an ethos which does not tolerate bullying through encouraging young people to disclose and discuss incidences of bullying behaviour. • To raise awareness of bullying as a form of unacceptable behaviour with all staff, patients and visitors. • To develop procedures for noting and reporting incidents of bullying behaviour. • To develop procedures for investigating and dealing with bullying behaviour. • To develop a programme of support for those affected by bullying behaviour and for those involved in bullying behaviour. |
| <p>Dependant Status</p> | | <p>x</p> | <p>The policy applies to anyone that enters the Beechcroft unit or uses the services of Beechcroft including parents and carers. However the impact on family/carers is positive:</p> <ul style="list-style-type: none"> • The policy is designed to address issues of bullying and to work with both the victims and perpetrators to raise awareness of the effects of and reduce the incidence of bullying behaviours. • All parents/carers and visitors to Beechcroft will be treated with dignity and respect and in turn will be expected to treat staff with dignity and respect. • Carers can access the advocacy services of CAUSE to assist them when a young person they care for is admitted to Beechcroft. |

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|-------------------|--|---|---|---|
| | | | | <ul style="list-style-type: none"> The policy will be implemented in partnership with parents/carers of any young person involved. Parents/cares will be notified and kept updated should an incidence of bullying occur. |
| Disability | | x | | <p>By virtue of the services provided all service users will be disabled. However, despite this disproportionate impact, the impact is deemed positive:</p> <ul style="list-style-type: none"> The policy is designed to address issues of bullying and to work with both the victims and perpetrators to raise awareness of the effects of and reduce the incidence of bullying behaviours. The guidance has been drafted to provide staff with a standardised framework of best practice to implement when making decisions relating to an anti-bullying. Specific roles and responsibilities in various scenarios are outlined in the policy. Service Users have been consulted in the writing of this policy. Stated Policy objectives include: <ul style="list-style-type: none"> To create an environment where staff, patients, parents/carers and visitors to Beechcroft feel safe, and are treated with dignity and respect. To create an ethos which does not tolerate bullying through encouraging young people to disclose and discuss incidences of bullying behaviour. To raise awareness of bullying as a form of unacceptable behaviour with all staff, patients and visitors. To develop procedures for noting and reporting incidents of bullying behaviour. To develop procedures for investigating and dealing with bullying behaviour. To develop a programme of support for those affected by bullying behaviour and for those involved in bullying behaviour. |
| Gender | | | x | |

| | | | | |
|---|--|--|---|--|
| Marital Status | | | X | |
| Race (Ethnicity) | | | X | |
| Religion | | | X | |
| Political Opinion | | | X | |
| Sexual Orientation | | | X | |
| Multiple Identity e.g. <i>disabled minority ethnic people or young Protestant men.</i> | | | X | <p>Bullying can be defined as repeated aggression, whether it is verbal, psychological or physical, that is conducted by an individual or group against others. It includes behaviours such as teasing, taunting, threatening, hitting, name calling, exclusion from a group, sending mean notes or extortion by one or more persons against a victim. Bullying can also take the form of racial abuse, homophobic abuse and abuse because of someone's religion, political opinion or cultural identity or because of someone's gender identity. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.</p> <p>This Anti-Bullying policy applies regardless of the reason or cause of the unacceptable behaviour i.e. racial abuse, homophobic abuse or abuse because of someone's religion, political opinion, cultural identity or because of someone's gender identity.</p> |

3B) STAFF

| Equality Category | Level of Impact | | | Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact (where Major or Minor Impact identified) |
|--------------------------|------------------------|--------------|-------------|--|
| | Major | Minor | None | |
| Age | | | X | Staff Guidance Only : No Impact : No Mitigation |
| Dependant Status | | | X | |

| | | | | | |
|---|-----------------------------|--|--|---|--|
| Disability | | | | X | |
| Gender | | | | X | |
| Marital Status | | | | X | |
| Race | Ethnicity | | | X | |
| | Nationality | | | X | |
| Religion | Community Background | | | X | |
| | Religious Belief | | | X | |
| Political Opinion | | | | X | |
| Sexual Orientation | | | | X | |
| Multiple Identity e.g. female staff with caring responsibilities | | | | X | |

Section 4: GOOD RELATIONS

To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?

| Good relations category | Level of impact | | | Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact (where Major or Minor Impact identified) |
|-------------------------|-----------------|-------|------|---|
| | Major | Minor | None | |
| Religious belief | | | X | All Trust staff attend mandatory equality, human rights and good relations training. |

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|-------------------|--|--|---|--|
| | | | | <p>The Trust has a clear, well defined good relations strategy 'Healthy Relations for A Healthy Future 2' whereby the corporate commitment to good relations is underlined.</p> <p>The Trust will ensure that all services and all facilities will be welcoming of all service users regardless of their religious affiliation, political opinion and / or racial group.</p> <p>Appropriate and inclusive means of communication will be used to contact and communicate with service users, parents and carers who do not speak English as their first language. An interpreter will be booked and/or letters translated using established means within the Trust as appropriate.</p> |
| Political opinion | | | x | As above |
| Racial group | | | x | As above |

Section 5: DISABILITY DUTIES

How does the policy/proposal or decision currently encourage disabled people to participate in public life and promote positive attitudes towards disabled people? Consider what other measures you could take.

For example, have staff received disability equality training or training on the Trust's Patient and Client Experience Standards?

BHSCT aspires to be known as one of the safest, most effective and compassionate health and social care organisations and staff deliver services in accordance with this goal. Staff will deal with all issues relating to the Anti-bullying policy at Beechcroft CAMHS inpatient unit in a sensitive and compassionate manner and in accordance with its values of treating everyone with respect and dignity.

Appropriate and inclusive means of communication will be used to communicate with service users, parents and carers. Staff will be mindful of any reasonable adjustments required in service delivery particularly in terms of inclusive accessible communication. Information provided will be made in accessible and inclusive formats with any reasonable adjustments being made eg large print for a patient with a visual impairment and translated information if the patient's first language is not English. Interpreters will be provided as required.

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| | <p>All Health and Social Care staff are required to undertake mandatory equality training which covers disability and human rights considerations.</p> <p>In addition the Trust fulfils its statutory disability duties by:</p> <ul style="list-style-type: none"> • Providing Disability Awareness Training for staff. • Having a five year Disability Action Plan which outlines how the Trust will meet its statutory duties. • Having a Disability Steering Group comprised of Trust staff which monitors implementation of the Trust's Disability Action Plan. |
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Section 6: HUMAN RIGHTS

Does the policy/proposal affect human rights in a positive or negative way?
NB: If you identify potential negative impact in relation to any of the Articles seek advice from your line manager and/or a representative from the Equality Team. It may also be necessary to seek legal advice.

| Article | Positive impact | Negative impact * | Neutral impact |
|--|-----------------|-------------------|----------------|
| A2: Right to life | | | X |
| A3: Right to freedom from torture, inhuman or degrading treatment or punishment | X | | |
| A4: Right to freedom from slavery, servitude & forced or compulsory labour | | | X |
| A5: Right to liberty & security of person | X | | |
| A6: Right to a fair & public trial within a reasonable time | | | X |
| A7: Right to freedom from retrospective criminal law & no punishment without law | | | X |
| A8: Right to respect for private & family life, home and correspondence. | X | | |
| A9: Right to freedom of thought, conscience & religion | X | | |
| A10: Right to freedom of expression | X | | |
| A11: Right to freedom of assembly & association | | | X |

| | | | |
|--|---|--|---|
| A12: Right to marry & found a family | | | X |
| A14: Prohibition of discrimination in the enjoyment of the convention rights | X | | |
| 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property | | | X |
| 1 st protocol Article 2 – Right of access to education | | | X |

Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Trust will make every effort to ensure that respect for human rights, is part of its day to day work and is incorporated and reflected as an integral part of its actions and decision making process.

The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights.

The Trust will keep human rights considerations and relevant legislation and previous judicial reviews at the core of any decisions or considerations.

The Trust is also mindful of the need to comply with the wide range of international human rights instruments and European-level treaties.

Due to the nature of behaviours associated with mental ill health it is anticipated that despite measures in place to promote a non-bullying culture in Beechcroft, that such behaviour may still occur.

Bullying can be defined as repeated aggression, whether it is verbal, psychological or physical, that is conducted by an individual or group against others. It includes behaviours such as teasing, taunting, threatening, hitting, name calling, exclusion from a group, sending mean notes or extortion by one or more persons against a victim. Bullying can also take the form of racial abuse, homophobic abuse and abuse because of someone's religion, political opinion or cultural identity or because of someone's gender identity. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.

As such, if unchallenged or tolerated bullying (depending on the behaviour) can adversely impact human rights. Having a robust anti-bullying policy designed to raise awareness of the effects of bullying and to reduce the incidence of bullying plus one which has been consulted upon and that will be monitored will have a positive impact on human rights in particular:

A3: Right to freedom from torture, inhuman or degrading treatment or punishment

A5: Right to liberty & security of person

A8: Right to respect for private & family life, home and correspondence.

A9: Right to freedom of thought, conscience & religion

A10: Right to freedom of expression

Impact is therefore positive. Important to note:

Policy objectives include:

- To create an environment where staff, patients, parents/carers and visitors to Beechcroft feel safe, and are treated with dignity and respect.
- To create an ethos which does not tolerate bullying through encouraging young people to disclose and discuss incidences of bullying behaviour.
- To raise awareness of bullying as a form of unacceptable behaviour with all staff, patients and visitors.
- To develop procedures for noting and reporting incidents of bullying behaviour.
- To develop procedures for investigating and dealing with bullying behaviour.
- To develop a programme of support for those affected by bullying behaviour and for those involved in bullying behaviour.

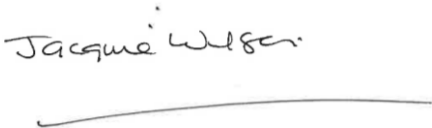
The policy **was developed** through a joint approach to bullying from the staff side and advocacy organisations to address bullying in a manner which supports both the victim and the perpetrator with a view to developing awareness of the causes of and effects of bullying and developing strategies to manage this both individually and as a service.

The Anti-Bullying policy **applies** regardless of the reason or cause of the unacceptable behaviour i.e. racial abuse, homophobic abuse or abuse because of someone's religion, political opinion, cultural identity or because of someone's gender identity.

| | |
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| | The policy is designed to address issues of bullying and to work with both the victims and perpetrators to raise awareness of the effects of and reduce the incidence of bullying behaviours. |
|--|--|

* A negative impact is where human rights have been interfered with or restricted

| Section 7: SCREENING DECISION | Major | Minor | None |
|---|--|-----------|----------------|
| (7.1) How would you categorise the impacts of this policy/proposal? | | x | |
| (7.2) If you have identified any impact, what mitigation have you considered to address this? | <p>Due to the nature of behaviours associated with mental ill health it is anticipated that despite measures in place to promote a non-bullying culture in Beechcroft, such behaviour may still occur.</p> <p>Therefore, having a robust anti-bullying policy designed to raise awareness of the effects of bullying and to reduce the incidence of bullying plus one which has been consulted upon and one that will be monitored will have a positive impact on equality and human rights.</p> <p>The policy was developed through a joint approach to bullying from the staff side and advocacy organisations to address bullying in a manner which supports both the victim and the perpetrator with a view to developing awareness of the causes of and effects of bullying and developing strategies to manage this both individually and as a service.</p> <p>To summarise the <i>impact is positive</i> because:</p> <ul style="list-style-type: none"> • Policy Objectives • Policy Principles • Robust Monitoring • Appropriate Consultation | | |
| (7.3) Do you consider the policy/proposal needs to be subjected to on-going screening? | Yes | No | Reasons |

| | | | |
|---|--|------------------------------------|---|
| | | x | Impact is Positive |
| (7.4) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)? <i>NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have major implications for equality of opportunity.</i> | Yes | No x | Reasons An EQIA is only deemed necessary: <ul style="list-style-type: none"> • where the policy is highly relevant to the promotion of equality of opportunity • where it affects a large number of people where it affects fewer people but where its impact on them is likely to be significant. • where it is a strategic policy or has a significant budget attached and • where further assessment provides a valuable opportunity to examine evidence and develop recommendations. The policy does not meet the criteria for an EQIA |
| (7.5) Monitoring- Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights? | The policy will be reviewed every 5 years. Customer satisfaction surveys will be carried out every 2 years. Complaints and Feedback will be monitored | | |
| Please sign and date below and forward to the Health & Social Inequalities Team Lesley.Jamieson@belfasttrust.hscni.net | | | |
| Approved Lead Officer |  | | Countersigned by: |
| Position | Acting service manager | Health Inequalities Manager | Estella Dorrian 28 th August 2019 |
| Date | 22.01.2021 | Employment Equality Manager | |

Tables 1 and 2: **Qualitative and Quantitative Data required to assess level of impact, mitigation and opportunities to better promote equality of opportunity (As referred to in Section 3)**

Table 1: SERVICE USERS *2011 Census Data unless otherwise stated

| Equality Category | Service users | Quantitative Data* | | Qualitative Data (Needs, Experiences, Priorities) |
|----------------------------|---|--|---|---|
| | | Belfast / Castlereagh population | Service users affected | |
| 1. Age | <25 | 33% | 100% | The age group affected are young people from age 12-18 years. There are occasionally children admitted under the age of 12, however, this is only in exceptional circumstances. All under 12s will be nursed on a higher level of supervision in open ward areas as a safeguard against potential risks from older peers. Individualised care plans will incorporate times of privacy and time off the ward to ensure the minimum impact to preserve safety and maintain liberty and privacy. |
| | 25-34 | 12% | 0% | |
| | 35-44 | 14% | 0% | |
| | 45-54 | 14% | 0% | |
| | 55-64 | 12% | 0% | |
| | 65+ | 15% | 0% | |
| 2. Dependent Status | Caring for a child dependant older person/ person with a disability | 12% of usually resident population provide unpaid care | Nil caring responsibility whilst inpatient in Beechcroft. | The policy will apply to anyone that enters Beechcroft including Parents and Carers. There is nothing to suggest an adverse impact on the grounds of dependent status. |
| | None Not known | | | |
| 3. Disability | Yes No Not known | 21% 69% n/a | 100% | Due to the nature of the service, it is recognised that all young people admitted to the Beechcroft Inpatient Service have a disability. |

| | | | | |
|---|---|-------------------|------------------------|--|
| 4. Gender | Female Male | 51% 49% | 70% 30% | There is a disproportionate impact on females however there is nothing to suggest that the impact will be negative. Gender is often a critical determinant of mental health and mental illness and in seeking help (WHO). However, this policy will have a positive impact on service users. |
| 5. Marital Status | Married/Civil P'ship Single Other/Not known | 47% 36% 17% | 100% | There is nothing to suggest an adverse impact on the grounds of Marital Status. |
| 6. Race Ethnicity | White Black/Minority Ethnic Not known | 98% 2% n/a | 100% | There is nothing to suggest an adverse impact on the grounds of Race. |
| 7. Religion | Roman Catholic | 41% | Not routinely collated | There is nothing to suggest an adverse impact on the grounds of religion. |
| Presbyterian Church of Ireland Methodist Other Christian | 42% | | | |

| | | | | |
|--|---|---|------------------------|---|
| | Buddhist Hindu Jewish Muslim Sikh Other None | 17% | | |
| 8. Political Opinion <i>*2011 Assembly election</i> | Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown | 45% 48% 2% 5% | Not routinely collated | The Trust does not collect data for this classification. There is nothing to suggest an adverse impact on the grounds of political opinion. |
| 9. Sexual Orientation <i>*2012 report by Disability Action & Rainbow Project</i> | Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known | Estimated 6 - 10% of persons identify as lesbian, gay, bisexual | Not routinely collated | The Trust does not collect data for this classification. There is nothing to suggest an adverse impact on the grounds of sexual orientation. |

Table 2: STAFF *@January 2017

| Equality Category | Groups | Quantitative Data | | Qualitative Data |
|-------------------|--------|-------------------|----------------|------------------|
| | | Trust workforce* | Staff affected | |

| | | | | |
|--|--|--------------------------------------|--|---|
| 1. Age | <25 25-34 35-44 45-54 55-64 65+ | 4% 24% 26% 28% 16% 2% | | Not required: Staff Guidance: No Impact |
| 2. Dependant Status | Dependants No Dependants Not known | 23% 19% 58% | | |
| 3. Disability | Yes No Not known | 2% 67% 31% | | |
| 4. Gender | Female Male | 78% 22% | | |
| 5. Marital Status | Married/ Civil P'ship Single Other/Not known | 56% 34% 10% | | |
| 6. Race a) Ethnicity | BME White Not Known | 4% 76% 20% | | |

| | | | | |
|--|---|-------------------------------|--|--|
| b) Nationality | GB Irish Northern Irish Other Not known | 18% 10% 2% 1% 69% | | |
| 7. Religion a) Community Background | Protestant Roman Catholic Neither | 42% 50% 8% | | |
| b) Religious Belief | Christian Other No religious belief Not known | 28% 1% 8% 63% | | |
| 8. Political Opinion * 2011 Assembly election | Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown | 6% 7% 8% 79% | | |

| | | | | |
|------------------------------|--|------------------|--|--|
| 9. Sexual Orientation | Opposite sex Same sex or both sexes Do not wish to answer /Not known | 41% 1% 58% | | |
|------------------------------|--|------------------|--|--|