

# Equality, Good Relations and Human Rights SCREENING TEMPLATE

**\*\*Completed and Signed Screening Templates are public documents posted on the Trust's website\*\***

- All policies / proposals require an equality screening
- Policy / Proposal authors / decision makers are responsible for Equality Screenings

Section 1: Information about the Policy / Proposal							
<b>(1.1) Name of the policy/proposal</b>	Acute Mental Health Inpatient Centre (AMHIC) Operational Policy V1.8 13.07.2023						
<b>(1.2) Status of policy/proposal</b> <i>(please underline)</i>	New		Existing			Revised	
<b>(1.3) Department/Service Group:</b> <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 &amp; Primary Care</u>
<b>(1.4) Description of the policy/ proposal?</b> State the aims and objectives/key elements of the policy/proposal. Detail the changes the policy/proposal will introduce. How will the policy/proposal be communicated to staff /service users? Describe how the policy/proposal will be rolled out/put into practice e.g. will there be changes in working patterns / changes to how services will be delivered etc.	<p>Mental Health, Intellectual Disability and Psychological services Directorate.</p> <p>The Acute Mental Health Inpatient Centre (AMHIC) provides assessment and treatment to those over the age of 18 years who are experiencing mental health illness and where the person cannot be supported at home or in a less restrictive environment. There are five wards within the AMHIC providing 74 admission beds and 6 Psychiatric Intensive Care (PIC) beds. The purpose of the operational policy is to set out daily arrangements within the AMHIC and should be used in conjunction with other relevant Trust clinical policies, Standard Operating procedures and regional guidance.</p> <p>Included in this policy is information on the referral process to AMHIC, admission, ongoing treatment, discharge processes and operational functions of the Centre.</p> <p>Policy Aims:</p>						

	<p>The AMHIC aims to provide a model of care based upon a whole team approach to address the biopsychosocial needs of its patients with a clear focus on recovery. The following principles will underpin the daily activities undertaken by all staff providing care therein:</p> <ul style="list-style-type: none"> <li>• Work with patients and actively encourage them to take an active part in all decisions regarding the care they receive.</li> <li>• Delivery of a Service that is inclusive to all and make reasonable adjustments as appropriate</li> <li>• Recognise the important role of Carers and provide the support that they need, thus promoting the optimum mental health of both patient and Carer.</li> <li>• Ensure effective individual person centred care-planning based upon assessed needs.</li> <li>• Patients will be involved in developing their own inpatient care plans, along with their named nurse and will countersign these where possible.</li> <li>• Ensure any written materials for Patients and carers are available in alternative formats e.g. Easy Read, Braille or into a language where English is not the first language. A professional interpreter will be provided when someone is not proficient in English via either face to face or telephone interpreting.</li> <li>• All staff will ensure effective, timely communication between key services involved in the patients care.</li> <li>• All staff will ensure that there is an emphasis on early assessment and initial care plans that identify therapeutic activities and interventions to support recovery.</li> <li>• Planning towards discharge and support in the community should commence at admission with patient involvement. Any teams that are, or will be involved, should commence joint-working at the earliest opportunity.</li> <li>• The Service will facilitate and promote patients access to the Patient Advocacy Service and interpreting services. The Trust endorses Independent Advocacy Services, such as Irish Advocacy Network, CAUSE carer's forum and will facilitate and promote access to these.</li> </ul>
<p><b>(1.5) Who owns the policy/proposal?</b> Where does it originate? For example: DoH / HSCB</p>	<p>Belfast Health and Social Care Trust. Director of Mental Health &amp; Intellectual Disability and Psychological Services. Mental Health Division.</p>
<p><b>(1.6) Who are the main stakeholders affected (Internal and External)?</b> For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent,</p>	<p>Internal: All staff members within Mental Health Division and Collective Leadership Team involved either directly or indirectly in the admission, treatment and discharge of patients from the Acute Mental Health Inpatient Centre. Service User Consultant representative.</p>

voluntary or community sector or others.	External: Existing and Future Patients, Carers, Patient and Carer advocacy groups e.g. Inspire Advocacy, CAUSE, Irish Mental Health Advocacy
<b>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</b>	<p>A draft of the policy was disseminated to relevant colleagues for comments / amendments/recommendations by email. This included staff within BHSCT Mental Health Teams (including the Mental Health Service User Consultant) as well as other Advocacy groups (key external stakeholders), such as those listed below.</p> <ul style="list-style-type: none"> <li>- Irish Mental Health Advocacy</li> <li>- CAUSE</li> </ul> <p><b>Dissemination:</b> The policy will be uploaded to the Trust intranet known as The Loop. To maximise awareness it will be widely disseminated across the Mental Health Division at local meetings and monthly Divisional Governance meeting as well as representatives from patient advocacy and carers organisations ( Inspire Advocacy, CAUSE, Irish Mental Health Advocacy)</p>
<b>(1.8) Other policies/strategies with a bearing on this policy/proposal</b> For example: internal or regional policies	<ul style="list-style-type: none"> <li>• New Horizons (No Health without Mental Health) <a href="#">AMH New Horizons   Action Mental Health</a></li> <li>• Department of Health Policy Implementation Guides (Acute Inpatient and Psychiatric Intensive Care Unit)</li> <li>• Modernising the NHS – Essence of Care</li> <li>• NHS Plans</li> <li>• NICE Guidance / evidence based practice</li> <li>• National Health Service Litigation Authority risk assessment standards</li> <li>• Star Wards</li> <li>• Trust Policies <a href="#">Policies &amp; Guidelines - Home (sharepoint.com)</a></li> <li>• Operational guidelines for consent in mental health care</li> <li>• BHSCT Infection control policy</li> <li>• COSHH guidelines</li> <li>• BHSCT Policy for untoward Events</li> <li>• BHSCT Policy to be followed when obtaining consent for examination, treatment or care in adults and children.</li> <li>• BSCT Data Protection and Protection of Personal Information</li> <li>• Human Rights Act (1998)</li> <li>• Mental Health Order (Northern Ireland) Order 1986 Code of Practice</li> <li>• Mental Capacity Act (NI), 2016 Code of Practice</li> <li>• Health and Well-Being 20-26</li> <li>• Transforming Your Care</li> </ul>

	<ul style="list-style-type: none"><li>• The Bamford Review</li><li>• Royal College of Psychiatrists Standards-AIMS</li><li>• Regional Mental Health Care Pathway</li><li>• Triangle of Care</li></ul>	
<b>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal?</b> For example: Financial, legislative	Belfast Trust is committed to the full implementation of this policy and through regular monitoring and review and extensive dissemination it is anticipated that the aims and objectives of the policy will be fully realised and any factors that could detract from those aims and objectives will be minimised/avoided.	
<b>Section 2: Classification of the Policy / Proposal</b>		
<ul style="list-style-type: none"><li>• The purpose of this Section is to consider the policy/proposal in terms of its <b>relevance</b> and likely <b>impact (actual/potential)</b> on <b>equality of opportunity, disability duties, good relations and human rights</b>.</li><li>• To <b>determine the impact (actual and potential)</b> of a policy/procedure on <b>equality of opportunity, disability duties, good relations and human rights</b> please <b>complete the screening questions at 2.1 – 2.6</b>.</li></ul>		
<b>Screening Questions</b>	<b>Yes</b>	<b>No</b>
(2.1) Is there an <b>impact</b> on <b>Equality of Opportunity</b> for those affected by this policy, for each of the S75* equality categories? I.e. is there a differential impact for one S75 group rather than the others?		x
(2.2) Are there better <b>opportunities</b> to promote equality of opportunity for people within the S75 categories?	x	
(2.3) Does the policy <b>impact</b> upon <b>Good Relations</b> between people of a different religious belief, political opinion or racial group?		x
(2.4) Are there <b>opportunities</b> to better promote good relations between people of a different religious belief, political opinion or racial group?		x
(2.5) Are there <b>opportunities</b> to encourage <b>disabled people to participate</b> in public life and promote <b>positive attitudes</b> toward disabled people? (Disability Duties)	x	

(2.6) Does the policy/proposal <b>impact</b> on <b>human rights</b> ?	x	
<p>*S75 equality categories include: Age, Dependent Status, Disability, Men and Women generally, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.</p>		
<p><b>Screening Statement</b></p> <ul style="list-style-type: none"> <li>If you have answered <b>Yes</b> to <b>any</b> of the above questions complete <b>Sections 3 - 9. <u>OR</u></b></li> <li>If you have answered <b>No</b> to <b>all</b> of the above questions the policy may be <b>screened out</b> - go to <b>Screening Statement</b> at <b>2.7</b>.</li> </ul> <p><b>N.B: All Staff</b> must complete their <b>mandatory equality, good relations and human rights training</b> once every five years. This can be booked via HRPTS or completed online at <a href="http://www.hsclearning.com">www.hsclearning.com</a>. The online programme is called 'Making a Difference'. Belfast Trust Staff can also access a suite of equality and diversity training including: disability awareness, human rights and embracing diversity in HSC – please contact <a href="mailto:Lesley.Jamieson@belfasttrust.hscni.net">Lesley.Jamieson@belfasttrust.hscni.net</a> for more information.</p>		
<p><b>(2.7) Screening Statement:</b> This policy / proposal is '<b>screened out</b>' on the basis that:</p> <p style="text-align: right;">(please tick)</p>		
It is a purely clinical or technical nature and has <b>no relevance</b> or <b>impact (actual / potential)</b> in terms of <b>equality of opportunity, disability duties, good relations and human rights</b> .		
It aims to standardise practice and / or achieve best practice based on current evidence.		
<p><b>Reasonable adjustments</b> will be made for patients/service users as required including any information e.g. leaflets/letters in accessible/alternative formats</p> <p>NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, use the Making Communication Accessible guidance. In addition, if a patient/service user</p>		

does not speak English as his/her first language, an interpreter / sign language interpreter should be provided and written information should be translated as appropriate.			
Any other reasons: Please detail.			
Approved Lead Officer: Position: Date:		Countersigned by*: Equality Manager: Date:	
Please sign / date and forward to the Equality and Planning Team for consideration - <a href="mailto:Lesley.Jamieson@belfasttrust.hscni.net">Lesley.Jamieson@belfasttrust.hscni.net</a> .			
<b>*Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance provided by the Trust's Equality Managers.</b>			
<b>Section 3: Consideration of Equality and Good Relations Issues and Evidence Used</b>			
<p>This section records the quantitative and qualitative data you have used to consider equality and good relations issues including:</p> <ul style="list-style-type: none"> <li>• The assessment of <u>impact</u> on staff and service users</li> <li>• The identification of <u>mitigation</u> factors to reduce/remove any adverse impact</li> <li>• <u>Opportunities</u> to better promote equality of opportunity</li> </ul> <p>Evidence to help inform the screening process may be quantitative and qualitative. For example: previous consultations and equality impact assessments (eqias), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc.</p>			
<b>(3.1) Quantitative and Qualitative Data: Service Users</b>			
<b>SERVICE USERS</b>			
	<b>Service Users</b>	<b>Quantitative Data</b>	<b>Qualitative Data</b>

Equality Category		(2011 Census Data unless otherwise stated)		(Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected %	
<b>1. Age</b>	0-15 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%	18 to 65 year olds	<p>All patients are over 18 years old. Those requiring inpatient mental health provision who are under 16 will be referred to Beechcroft.</p> <p>From data available in BHSCT, there is a differential impact on AMHIC patients who are aged over 65. However, the differential impact on the age 65 cohort is in keeping with UK expected demographics (Read et al. 2019), of 58% being over 60 years of age.</p> <p>Mental ill health is common amongst older adults and in Northern Ireland, it is estimated that a mental health problem is present in 40% of older adults seeing their GP, 50% of older adults in general hospitals and 60% of care home residents. (Mental Health Strategy NI 21-23)</p>
<b>2. Dependent Status</b>	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female	No data regularly collected on this status	<p>Belfast Trust acknowledges the vital role of carers play across the range of services the Trust delivers. In acknowledgement we have a Trust Support Service and are currently drafting our new 2023 Trust Carers Strategic plan which will be co-produced with carers.</p> <p>Our staff are committed to supporting carers and within Belfast Trust we are committed to working with Carers as part of our PPI duties, we also have our Carers Forums, Carers Co-ordinators and the Carers Team</p> <p>The policy specifically makes reference to the role of carers and the need to ensure that any communication with carers is also understood so if an interpreter is needed for a carer this will be provided and if alternative formats are required this also will be arranged.</p> <p>If the patient arrives to the ward unaccompanied, nursing staff will ascertain family/carer contact details and seek the patient's permission for family/ carers to be advised of the admission. If consent is not given at the time of the admission, this should be revisited in the days that follow. Information as to any possible caring responsibilities e.g. young children, dependents, pets etc. should be ascertained.</p> <p>If child protection/childcare concerns are identified by staff they must follow the Belfast Trust Protocol in relation to Safeguarding Children</p>

<b>3. Disability</b>	Yes No	21% 79%	100%	<p>The Disability Discrimination Act 1995 defines a disabled person as a person with “physical or <b>mental impairment</b> which has a substantial and long-term adverse effect on his ability to carry or normal day-to-day activities.” 21% of people in Belfast have a disability or a limiting long-term illness.</p> <p>AMHIC will not normally admit individuals under the influence of alcohol or illicit substances until such a time as they are fit to be assessed. Individuals requiring elective admission for drug and alcohol detoxification should be redirected to appropriate services.so this may have an adverse impact on people with addiction conditions</p> <p>By virtue of the service provided, it can be assumed that all patients have a mental health disability and given the prevalence of older people, there is a recognition that there will be an increased risk of other disabilities and co-morbidities. This will be communicated through the initial referral and noted in the assessment of the patient so that all reasonable adjustments can be made e.g provision of easyread materials, British or Irish Sign Language interpreter etc.</p>
<b>4. Men and Women generally</b>	Female Male	49% 51%	As per 2022 data:	<p>Women have a significantly higher frequency of depression and anxiety in adulthood, while men have a larger prevalence of substance use disorders and antisocial behaviours. Women also have a higher prevalence of depression and anxiety disorders due to genetic and biological factors. Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence of mental health problems than England</p> <p>However, this differential is replicated across UK &amp; Ireland?</p>
<b>5. Marital Status</b>	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%	No data collected on this status	It is not expected there will be a differential adverse impact in terms of marital status.



<b>6. Race Ethnicity</b>	White Black/Minority Ethnic	98% 2%	No data collected on this status	<p>It is not expected there will be a differential adverse impact in terms of race/ethnicity. Working together we will promote good relations between people of different race, religion and political opinion. The Trust encourages staff and service users to use all shared space as a positive environment, and to respect each other.</p> <p>Service will facilitate and promote patients access to the Patient Advocacy Service and interpreting services. The Trust endorses Independent Advocacy Services, such as Irish Advocacy Network, CAUSE carers forum and will facilitate and promote access to these.</p> <p>Where any written materials for Patients and carers are available in alternative formats eg Easy Read, Braille or into a language where English is not the first language. An interpreter will be provided where required.</p>
<b>7. Religion</b>	Roman Catholic	41%	No data collected on this status	It is not expected there will be a differential adverse impact in terms of Religion.
	Presbyterian Church of Ireland Methodist Other Christian	42%	No data collected on this status	As above
	Buddhist Hindu Jewish Muslim Sikh Other None	17%	No data collected on this status	As Above

<b>8. Political Opinion</b> Based on total elected candidates in the local government elections, 2019	DUP	15	15	No data collected on this status	It is not expected there will be a differential adverse impact in terms of Political Opinion
	SF	18	2		
	SDLP	6	2		
	UUP	2	11		
	APNI	10	9		
	Green	4	1		
	PBP	3	0		
	IND	0	0		
	PUP	2	0		
<b>9. Sexual Orientation</b>	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  <i>Source: 2012 report by Disability Action &amp; Rainbow Project</i>	No data collected on this status	Research shows that LGBTQIA+ people are particularly vulnerable to developing mental health problems due to the homophobia, discrimination and oppression that exists within society. This community is more likely sometimes to self-harm, feel suicidal, experience depression, misuse alcohol/drugs, suffer from anxiety or develop problems with food. (Rainbow Project) It is not expected there will be a differential adverse impact from this policy in terms of Sexual Orientation. A holistic assessment of the individual patient will incorporate the person’s sexual orientation.	

### (3.3) Quantitative and Qualitative Data: Staff

This information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

**Quantitative Data:** For staff data please contact Martin McGrath on 028 95 048353 / martin.mcgrath@belfasttrust.hscni.net

**Qualitative Data:** Consideration will be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework. [Click here for Framework](#)

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January 2022)	Staff affected by the Policy/Proposal %	
1. Age	16-24 25-34 35-44 45-54 55-64 65+	6% 24% 25% 22% 19% 4%	7% 36% 24% 21% 9% 3%	A younger workforce profile is evident in that of affected group with 12% (33%) fewer staff aged 45+ compared to that of the overall Trust (45%).
2. Dependant Status	Dependants No Dependants Not known	18% 24% 58%	9% 27% 64%	Of those declaring dependents, the affected group have 9% (9%) fewer compared to the overall Trust (18%).  The affected group have a larger percentage, +3% (27%) declaring no dependents compared to the overall Trust (24%).
3. Disability	Yes No Not known	2% 63% 35%	2% 66% 32%	Similar levels profiles for both staff groups regarding disability.
4.	Female Male	77% 23%	72% 28%	There is a higher proportion of male staff + 5% (28%) in the affected group compared to that of the overall Trust (23%).

Men and Women generally				
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	43%  25% 32%	33%  30% 34%	33% of staff in the affected group are married or in a civil partnership compared to 43% of the overall Trust (+10%).
6. Race				
a) Ethnicity	BME White Not Known	4% 65% 31%	9% 60% 31%	There is a higher proportion of BME staff + 5% (9%) in the affected group compared to that of the overall Trust (4%).
b) Nationality	GB Irish Northern Irish Other Not known	20% 15% 2% 1% 62%	24% 19% 2% 1% 55%	Limited data available regarding Nationality.  Of those declaring their nationality, the affected group have +4% (24%) GB and +4% (19%) 'Irish' compared to the overall Trust profiles.
7. Religion				
a) Community Background	Protestant Roman Catholic Neither	33% 43% 23%	34% 44% 22%	Similar levels profiles for both staff groups regarding Community Background.

b) Religious Belief	Christian Other No religious belief Not known	30% 1% 10% 59%	31% 3% 13% 53%	Limited data available for both staff groups regarding Religious Belief.
<b>8. Political Opinion</b>  <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	7% 6% 8% 79%	6% 6% 6% 83%	Limited data available for both staff groups regarding Political Opinion.
<b>9. Sexual Orientation</b>	Opposite sex Same sex or both sexes Do not wish to answer	43% 2% 55%	48% 3% 50%	Limited data available for overall Trust re: Sexual Orientation.  A higher proportion of staff in the affected group selected 'Opposite sex' +5% (48%) compared to that of the overall Trust (43%).

#### Section 4: Consideration of Impacts, Mitigation, Alternative Policies / Proposals

Given the **evidence** gathered in Section 3 please identify for each of the **nine equality categories** the level of **impact**, **mitigation measures** and **alternative** policies / proposals that better **promote equality of opportunity**.

##### (4.1) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact  (where Major or Minor Impact identified)
	Major	Minor	None	

<b>Age</b>			x	
<b>Dependant Status</b>			x	
<b>Disability</b>			x	
<b>Men and Women generally</b>			x	
<b>Marital Status</b>			x	
<b>Race (Ethnicity)</b>			x	
<b>Religion</b>			x	
<b>Political Opinion</b>			x	
<b>Sexual Orientation</b>			x	
<b>Multiple Identity</b> e.g. disabled minority ethnic people or young Protestant men.			x	

(4.2) STAFF

<b>Equality Category</b>	<b>Level of Impact</b>			<b>Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact</b> (where Major or Minor Impact identified)
	<b>Major</b>	<b>Minor</b>	<b>None</b>	
<b>Age</b>			x	No Impact
<b>Dependant Status</b>			x	No Impact
<b>Disability</b>		x		No Impact

<b>Men and Women generally</b>				x	No Impact
<b>Marital Status</b>				x	No Impact
<b>Race</b>	<b>Ethnicity</b>			x	No Impact
	<b>Nationality</b>			x	No Impact
<b>Religion</b>	<b>Community Background</b>			x	No Impact
	<b>Religious Belief</b>			x	No Impact
<b>Political Opinion</b>				x	No Impact
<b>Sexual Orientation</b>				x	No Impact
<b>Multiple Identity</b> e.g. female staff with caring responsibilities				x	No Impact

## Section 5: Good Relations

Based on the **evidence** collected in Section 3 & 4:

- To what extent is the policy/proposal likely to **impact Good Relations** i.e. between people of different religious belief, political opinion or racial group?
- Are there any **additional measures** that could be suggested to ensure the policy or proposal **promotes Good Relations**?

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact  (where Major or Minor Impact identified)
	Major	Minor	None	

<b>Religious belief</b>  <b>Political opinion</b>  <b>Racial group</b>			X  X  X	<p>All Trust staff attend mandatory Equality, Human Rights and Good Relations training which includes reference to the Good Relations duty.</p> <p>The Trust has a clear and well defined Good Relations strategy <a href="#">‘Healthy Relations for A Healthy Future 3’</a> the corporate commitment to Good Relations is underlined.</p> <p>The Trust will ensure that all services and all facilities are welcoming to all patients their carers and advocates regardless of their religious affiliation, political opinion and racial group.</p> <p>Appropriate and inclusive means of communication will be used to contact and communicate with patients, their families and carers who do not speak English as their first language. An interpreter will be booked and/or letters translated using established protocols within the Trust as appropriate.</p>
<b>Section 6: Disability Duties</b>				
<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> <li><b>encourage disabled people to participate in public life and</b></li> <li><b>promote positive attitudes towards disabled people?</b></li> </ul> <p>Consider what <b>other measures</b> you could take to meet these <b>duties</b>.</p> <p><i>For example, have staff received disability equality training.</i></p>			<p>Belfast Health and Social Care Trust (BHSCT) staff are committed to working in partnership with disabled service users/patients, their friends, relatives, carers and advocates to deliver safe, compassionate effective care that promotes autonomy, well-being and positive attitudes.</p> <p>AMHIC aims to provide a model of care based upon a whole team approach to address the biopsychosocial needs of its patients with a clear focus on recovery.</p> <p>All staff will ensure that there is an emphasis on early assessment and initial care plans that identify therapeutic activities and interventions to support recovery</p> <p>Staff are committed to delivering services in accordance with the Regional HSC values and associated behaviours expected of all staff.</p> <p>In addition, the Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with the Disability Discrimination Act 1995 as amended, (United Nations Convention on the Rights of People with Disabilities.</p> <p>Appropriate and inclusive means of communication will be used to communicate with patients and carers. This may mean the provision of information in easy read formats to patients to ensure the maximum opportunity to understand and make informed voices. Staff will be mindful of any</p>	



	<p>reasonable adjustments required in the implementation of this proposal for both patients and carers.</p> <p>All Health and Social Care staff are required to undertake mandatory equality training which includes an awareness of disability duties.</p> <p>In addition the Trust fulfils its statutory disability duties by:</p> <ul style="list-style-type: none"> <li>• Providing Equality Training for all staff which is both mandatory and includes reference to disability inclusiveness and equality.</li> <li>• Regularly engaging with Patients Council / TILII (service user group).</li> <li>• Providing Disability Awareness Training for staff.</li> <li>• Having an active Disability Steering Group comprised of Trust staff – including a representative from Learning Disability Senior Management - and community /voluntary sector representatives.</li> </ul> <p>The Trust has produced a suite of guidance for increasing access to services and information. These are all available on the hub or on request from the Planning &amp; Equality team.</p>
--	--

## Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of physical and mental health** within our resources.

Does the policy/proposal **negatively impact** on any of the following human rights?

The rights particularly relevant in the delivery of health and social care are emboldened below. Examples for these rights and further information can be found in the [Equality Screening Toolkit](#).

Article	Yes	No
<b>A2: Right to life</b>		X
<b>A3: Right to freedom from torture, inhuman or degrading treatment or punishment</b>		X
A4: Right to freedom from slavery, servitude & forced or compulsory labour		X
<b>A5: Right to liberty &amp; security of person</b>	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 <sup>st</sup> protocol Article 2 – Right of access to education		X	
(7.1) 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:			
<p>The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. 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. Belfast Trust is committed to fulfilling the Right to have the highest attainable standard of mental and physical health. All employees will make every effort to ensure that human rights are protected, that respect for human rights, is part of day to day work and that human rights are an integral part of all actions and decision making. The Trust will keep human rights considerations, relevant legislation and previous judicial reviews at the core of decision-making.</p> <p>Belfast Trust is committed to carrying out its functions in line with the core principles and values that underline human rights legislation namely Freedom, Respect, Equality, Dignity and Autonomy (FREDA). Belfast Trust is committed to delivering safe, high quality and compassionate services. Employees are expected to deliver services and behave in a manner that is compatible with this commitment. Belfast Trust expects all employees to treat others with dignity and respect whether it be service users, carers, visitors or colleagues.</p> <p>Extensive consultation was undertaken during this policy review. Consultation included Consultation with relevant staff within the Mental Health Division and Service User Consultant, Irish Mental Health Advocacy, CAUSE).</p>			
Section 8: Screening Decision	Major	Minor	None
(8.1) How would you categorise the impacts of this policy / proposal? (Please underline one category)	(Screened In for an Equality Impact Assessment)	x (Screened Out with mitigation)	(Screened Out)

<p><b>(8.2)</b> If you have identified any impact, what <b>mitigation</b> have you considered to address this?</p>	<p>The policy is screened out with mitigation. There is a differential impact however it is proposed that the impact is positive. There are certain human rights engaged however they are not breached. There is no impact regarding good relations duty and disability duties.</p> <p>The purpose of this operational procedure is to ensure a consistent and safe approach by all staff involved in the assessment (to include risk), care and treatment of a patient/client encountering mental health services. As such, the policy contributes to the Trust's duty to protect the Right to liberty &amp; security of person under Article 5.</p> <p>The policy may impact (on) the protected areas of disability. This is reflected in the equality screening.</p> <p>However mitigation factors have been noted including:</p> <ul style="list-style-type: none"> <li>• Disability – Reasonable adjustments and assistance will be provided to those who require it, enabling specific groups, ensuring equality of opportunity and access to services.</li> <li>• Human Rights – the policy contributes to the Trust's duty to protect the Right to liberty &amp; security of person under Article 5.</li> <li>• Aims and objectives of the policy.</li> <li>• Robust monitoring will be undertaken by policy author including consideration of feedback and complaints in this area.</li> </ul>		
<p><b>(8.3)</b> Do you think the policy/proposal should be subject to an <b>Equality Impact Assessment (EQIA)</b>?</p> <p>NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have <u>major</u> implications for equality of opportunity/good relations/human rights.</p>	<p><b>Yes</b></p>	<p>No</p> <p>x</p>	<p><b>Reasons</b></p> <p>The policy outlines the robust monitoring in place by the policy authors and the policy will be reviewed # and at which time the Equality screening will also be reviewed.</p>

			It is reasonable to expect that the mitigation provided should ensure no adverse impact on equality grounds and consideration of the patient's human rights.
<b>Section 9: Monitoring</b>  <b>(9.1) Please detail how you will <b>monitor</b> the effect of the policy/proposal for impact in terms of <b>equality of opportunity, good relations, disability duties</b> and <b>human rights</b>?</b>			This policies implementation will be reviewed by the Acute MH Operational Governance Committee and the wider Mental health governance structure.  If there is any incident or feedback which causes concern regarding this policy or if any new data becomes available which impacts S75 duties and Human Rights the Trust will undertake a review of this equality screening.
Please sign /date and forward to the Equality and Planning Team for consideration - <a href="mailto:Lesley.Jamieson@belfasttrust.hscni.net">Lesley.Jamieson@belfasttrust.hscni.net</a> .  <b>Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers.</b>  <b>Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.</b>			
<b>Approved Lead Officer</b>	Louise Moore	<b>Countersigned by:</b>	
<b>Position</b>	Governance Manager, Mental Health	<b>Equality Manager</b>	Peter Kane 16/08/2023
<b>Date</b>	13.07.2023	<b>Employment Equality Manager</b>	