

## Overview of Equality Screening Process

**Section 1: Policy Scoping:** This notes the background & context of the policy/proposal/decision being screened.

**Section 2: Screening Classification:** The purpose of this section is to consider the policy/proposal/decision in terms of its relevance and likely impact (actual/potential) on equality of opportunity, disability/good relations duties and human rights. Policies may be screened out at this stage provided they are clinical and/or technical and have no relevance whatsoever to equality, disability/good relations and human rights and have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

**Section 3: Evidence Used to Assess Impact:** This section records the quantitative and qualitative data gathered and considered across the 9 protected groups (plus multiple identities) to assess the impact of the policy/proposal/decision on staff and service users.

**Section 4: Consideration of Impact & Identification of Mitigation and/or Alternative Policies** given the evidence.

**Section 5: Good Relations Duties:** Based on the evidence gathered the Good Relations duties are considered.

**Section 6: Disability Duties:** Based on the evidence gathered the Disability Duties are considered.

**Section 7: Human Rights:** Based on the evidence gathered Human Rights obligations are considered.

**Section 8: Screening Decision:** In this section, a decision is taken as to whether or not there is a need to carry out an equality impact assessment (EQIA), or to introduce (a) measures to mitigate the likely impact (b) an alternative policy to better promote the duties.

**Section 9: Monitoring:** identify the steps that will be taken to monitor the policy

**Section 10: Approval and Authorisation:** The screening decision is verified and approved by a senior manager responsible for the policy. Equality screenings are completed by a senior manager subject to advice/assistance from Trust Equality Managers.

**Section 11: Statutory Rural Impact Assessments:** Signposting

**\*\*Completed Screening Templates are public documents posted on the [Trust Website](#)\*\***

Ref No: ES Aug 23 11

Section 1: Policy Scoping: Information about the Policy / Proposal / Decision					
(1.1) Name of the policy/proposal/decision	Protocol for the Management of Substance Misuse in Mental Health, CAMHS and Intellectual Disability Inpatient Wards				
(1.2) Status of policy/proposal/decision <i>(please underline)</i>	New		Existing		<u>Revised</u>
(1.3) Trust Directorate / Division <i>(please underline)</i>	Corporate Services Group <i>(Please specify)</i>	Nursing and User Experience	Unscheduled Care and Older People's Acute Services	ACCTSS and Surgery Anaesthetics, Critical Care, Theatres and Sterile Services (ACCTSS)	Trauma, Orthopaedics, Rehab Services, Maternity, ENT, Dental and Sexual Health
	<ul style="list-style-type: none"> <li>Performance, Planning &amp; Informatics</li> <li>Finance, Estates &amp; Capital Development</li> <li>HR &amp; Org Development</li> <li>Corporate Comms</li> </ul>	Medical Directorate			
	<u>Mental Health and Intellectual Disability</u>	Cancer and Specialist Services	Children's Community Services and Social Work	Child Health & NISTAR, Imaging, Medical Physics and Outpatients and Medical Illustration	Adult Community, Older Peoples' Services and Allied Health Professionals
(1.4) Description of the policy/proposal/decision?	This protocol has been developed to ensure a standardised approach across all of Belfast Trust's Mental Health, CAMHS and Intellectual Disability inpatient facilities in the management of substance misuse including illicit drugs, non-prescribed medication and alcohol. It provides staff with guidance to prevent the use of illicit drugs, non-prescribed medication and alcohol in inpatient wards. This will include the offering of appropriate interventions to all patients who report substance misuse; are believed to be misusing substances; or are at risk of misusing substances.				

	<p>There are no major changes in the revised version of this policy, except to outline to staff the process for informing the carer / guardian of a young person in a CAMHS setting who is found to be under the influence of illicit substances and/ or alcohol.</p> <p>The policy will be sent out to Service Areas via the Collective Leadership Teams. Managers will communicate to staff in their area the importance of familiarising themselves with the policy. Service Users will be given a copy of the 'Patient Substance Misuse contract' in either the Easy Read or original version in Appendix 3 and 4 of the policy.</p>
<b>(1.5) Who owns the policy/proposal?</b>	Belfast Health and Social care Trust
<b>(1.6) Who are the main stakeholders affected?</b>	Trust staff, patients and visitors to Mental Health, Intellectual Disability and CAMHS inpatient facilities.
<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>	When the policy came up for renewal it was shared with members of all Service Areas within the Directorate for comment and suggestion. Adaptations made to the policy on the back of those comments received.
<b>(1.8) Other policies/strategies with a bearing on this policy/proposal</b>	<p><a href="#">Preventing Harm Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use (2021 – 2031)</a></p> <p><a href="#">Belfast Health and Social Care Trust Admission/Discharge Policy</a></p> <p><a href="#">Promoting Quality Care – Guidance on the Assessment and Management, DHSSPS, May 2012</a></p> <p><a href="#">Regional Guidelines on the Use of Observations and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland</a></p> <p><a href="#">Belfast Health and Social Care Trust Observations within Mental Health Services</a></p> <p><a href="#">Belfast Health and Social Care Trust Levels of Supervision/ Observations within Intellectual Disability Facilities</a></p> <p><a href="#">Regional Guidance for the Personal Search of Patients (Therapeutic Searches)</a></p> <p><a href="#">Belfast Health and Social Care Trust Patient Searches in Mental Health, CAMHS and Intellectual Disability</a></p>

	<a href="#">Belfast Health and Social Care Trust Adult Mental Health and Intellectual Disability Absent Without Leave Policy</a> <a href="#">Belfast Health and Social Care Trust Medicines Code</a> <a href="#">Belfast Health and Social Care Trust Controlled Drugs Policy for Inpatient Areas</a> <a href="#">Belfast Health and Social Care Trust Patient Absent without Permission</a> <a href="#">Belfast Health and Social Care Trust Use of Restrictive Practices in Adults and Children</a> <a href="#">Use of Physical Interventions by staff from Mental Health and Intellectual Disability Services</a>
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(1.9) Are there any <b>factors that could contribute to/detract</b> from the intended aim/outcome of the policy/proposal/decision?	Lack of awareness of revision of policy, Service will ensure a co-ordinated approach to awareness raising and dissemination of policy to all relevant staff/ stakeholders.
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**Section 2: Screening Classification of the Policy / Proposal /Decision**

- The purpose of this Section is to consider the policy/proposal in terms of its **relevance** and likely **impact (actual/potential)** on **equality of opportunity, disability duties, good relations and human rights**.
- To **determine the impact (actual and potential)** of a policy/proposal on **equality of opportunity, disability duties, good relations duties and human rights** please **complete the screening questions at 2.1 – 2.6**.

Screening Questions	Yes	No
(2.1) Is there an <b>impact on 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?	✓	
(2.2) Are there better <b>opportunities</b> to promote equality of opportunity for people within the S75* categories?		✓
(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? (Good Relations Duties)		✓

(2.4) Are there <b>opportunities</b> to better promote good relations between people of a different religious belief, political opinion or racial group? (Good Relations Duties)		✓
(2.5) Are there <b>opportunities</b> to encourage <b>disabled people</b> to <b>participate</b> in public life and promote <b>positive attitudes</b> toward disabled people? (Disability Duties)		✓
(2.6) Does the policy/proposal <b>impact</b> on <b>human rights</b> ?	✓	
*S75 protected equality categories include: Age, Dependent Status, Disability, Men and Women generally, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.		
<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 (2.1 – 2.6) please <b>complete Sections 3 – 10</b></li> <li>• If you have answered <b>No</b> to <b>all</b> of the above questions (2.1 – 2.6) please <b>complete only 2.7, 2.8 and 2.9</b></li> </ul>		
<p><b>(2.7) Screening Statement:</b> This policy is ‘<b>screened out</b>’ on the basis that - <b>please tick all statements</b> that are appropriate to the policy:</p>		
<p>1. It is purely clinical policy and/or is technical in nature and has <b>no relevance</b> or <b>bearing in terms of its likely impact</b> (actual / potential) on equality of opportunity, good relations and for people within these categories and in relation to disability duties, good relations and human rights.</p>		
<p>2. It is a purely clinical policy and/or is technical in nature and aims to <b>standardise practice</b> to achieve best practice based on current evidence.</p>		
<p>3. <b>Other</b> reason: Please provide details.</p>		
<p><b>(2.8): Statutory Duties – Making Reasonable Adjustments and Accessible Information</b></p> <p><b>To complete the equality screening please tick this box</b> to indicate that you have <b>considered</b> <u>and</u> have made <b>explicit reference</b> in the policy to the need to make reasonable adjustments and information accessible.</p>		✓

1. The Trust has a **statutory duty to make reasonable adjustments** in respect of disabled patients/service users/carers/visitors.

This includes making all communication (in person, by phone, via email) *and* any information provided (in writing, verbally) accessible using alternative formats as required. Accessible/ Alternative formats can include, for example, information translated into Easy Read format or into Audio format - when a patient/service user/carer/visitor has a learning disability or is visually impaired. For advice on making information accessible for a person with a disability please refer to the staff guidance [Making-Communication-Accessible-for-All-A-guide-for-HSC-Staff](#)

2. In addition, if a patient/service user/carer/visitor does not speak English as their first language or has poor English, the Trust has a **statutory duty to provide an interpreter** and to **translate written information**. This facilitates informed consent, better understanding and greater independence.

### (2.9) Approval

Please sign / date and forward to the Equality and Planning Team for consideration [equalitiescreenings@belfasttrust.hscni.net](mailto:equalitiescreenings@belfasttrust.hscni.net)

#### Lead Responsible Manager:

Name: Louise Moore  
Position: Governance Manager  
Date: 24.11.2023

#### Countersigned by Equality Manager:

Name: Peter Kane Equality & Planning Manager  
Date: 28/11/2023

### Section 3: Evidence used to Assess Impact on Service Users and Staff

This section records the quantitative and qualitative data you have used to consider equality and good relations issues to assess the impact on staff and service users across the 9 protected categories plus multiple identities.

Evidence to help inform the screening process may be quantitative and qualitative. Consideration needs to be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal. For example: previous consultations and equality impact assessments (EQIAs), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups

etc. Please also refer to the Equality Commissions' publication: [Section 75 - Using Evidence in Policy Making \(A Signposting Guide\)](https://equalityni.org/section-75-using-evidence-in-policy-making-a-signposting-guide/) ([equalityni.org](https://equalityni.org/))

(3.1)	<b>Quantitative and Qualitative Data: Service Users</b>				
Equality Category	Service Users	Quantitative Data (Using 2022 census data unless otherwise stated)			Qualitative Data (Needs, Experiences, Priorities)
		Belfast Population only	NI Population	Service Users affected %	
<b>1. Age</b>	0-14 15-24 25-34 35-44 45-54 55-64 65-74 75+	18.04% 14.57% 15.47% 13.35% 11.85% 12% 7.8% 6.92%	19.19% 11.8% 12.74 13.11% 13.27 12.73 9.3% 7.86%	All inpatients within CAMHS, teenagers aged under the age of 18 to Adults up to the age of 65.	The policy applies to service users from teenagers under the age of 18 years, to adults up to the age of 65 years.
<b>2. Dependent Status</b>	Caring for a child dependant, older person or a person with a disability		12.42 % are carers	Data not routinely collated	It is not expected there will be an adverse differential impact on dependent status
<b>3. Disability</b>	Yes* No  *Type of disability:		24.33%* 75.67%  5.75%		The Disability Discrimination Act 1995 defines a disabled person as a person with “physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry on normal day-to-day activities.” 1 in 4 (24.3%) of

	<ul style="list-style-type: none"> <li>• Deafness or partial hearing loss 1.78%</li> <li>• Blindness or partial sight loss 1.48%</li> <li>• Mobility or dexterity difficulty that requires the use of a wheelchair 0.89%</li> <li>• Intellectual or learning disability 3.15%</li> <li>• Learning difficulty 1.86%</li> <li>• Autism or Asperger Syndrome 8.68%</li> <li>• Emotional, psychological or mental health condition 1.99%</li> <li>• Frequent periods of confusion or memory loss 11.58%</li> <li>• Long term pain or discomfort 10.29%</li> <li>• Shortness of breath or difficulty breathing 8.81%</li> <li>• Other condition</li> </ul>				<p>people in Belfast have a disability or a limiting long-term illness.</p> <p>The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD) which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.</p> <p>As a person centred service, when implementing this policy, individual needs will be considered in respect of making reasonable adjustments so that any barrier will be considered, removed or reduced. Any actions must be taken with an ethos of compassion and safety in accordance with Trust vision and human rights obligations.</p> <p>As part of the contract, it will be important to agree with the patient on less restrictive interventions first e.g. agreeing that they will be searched each time they come back from leave and they will have a urine drug screen done at random. Family / Carers of CAMHS service users will be involved in this discussion.</p> <p>Staff need to take into account the service users literacy skills and ability to understand the information. Staff should take time to go through the contract with the patient on a one-to-one basis.</p>
<b>4. Men and Women generally</b>	Female Male		50.81% 49.19%	30% 70%	Whilst there is a differential impact on male service users, it is not expected that the impact will be adverse.



<b>5. Marital Status</b>	Single Married Civil P'ship Separated Divorced Widowed	49.82% 32.94% 0.26% 4.73% 6.15% 6.1%	38.07% 45.59% 0.18% 3.78% 6.02% 6.36%	Data not routinely collated	There is no evidence that the policy would have an adverse impact in terms of marital status.
<b>6. Race Ethnicity</b>	White BME	92.95% 7.05%	96.55% 3.45%	Data not routinely collated.	It is not expected there will be an adverse differential impact in terms of race ethnicity. Information and guidance provided either verbally or in writing will be accessible to ensure service users are aware of the responsibilities and in the event of a breach to optimise learning. Interpreters can be booked via the Regional Interpreting Service and translated through a range of Trust contracted providers.
<b>7. Religion</b>	Roman Catholic Presbyterian C.of Ireland Methodist Other Christian Other Religions No Religion Religion not stated	43.46% 12.44% 8.49% 2.86% 5.95% 2.96% 21.67% 2.17%	42.31% 16.61% 11.55% 2.35% 6.85% 1.34% 17.39% 1.6%	Data not routinely collated	The Trust does not routinely collect data for this equality classification.  It is not expected there will be an adverse differential impact in terms of Religion.
<b>8. Political Opinion</b> Based on total elected candidates in the local government	DUP SF SDLP UUP APNI	Belfast Council  14 22 5 2 11	C'reagh*  3 2 1 1 5	Data not routinely collated	There is no evidence that the policy would have an adverse impact in terms of political opinion.

elections 2023 <i>*Figures extracted from Lisburn and Castlereagh Council 2023.</i>	Green PBP IND Trad UP	3 1 1 2	0 0 0 0		
<b>9. Sexual Orientation</b>	Straight or heterosexual Gay or lesbian Bisexual Other Prefer not to say Not stated	87.1% 2.27% 1.48% 0.32% 5.2% 3.64%	90.04% 1.17% 0.75% 0.17% 4.58% 3.30%		There is no evidence that the policy would have an adverse impact in terms of sexual orientation.
<b>Multiple Identities</b>					Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?  <i>(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).</i>

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

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.

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

**Quantitative Data:** Please contact: **Samantha Whann / Tel: 028 96159615 Email : [samantha.whann@belfasttrust.hscni.net](mailto:samantha.whann@belfasttrust.hscni.net)**

**Qualitative Data:** Consider the different needs, experiences and priorities of each of the categories in relation to the policy / proposal / decision. Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework.

[Click here for Framework](#)

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 2023)	Staff affected by the Policy/Proposal /Decision %	
1. <b>Age</b>	16-24 25-34 35-44 45-54 55-64 65+	6% 23% 25% 23% 19% 3%		The policy does not have a direct impact on staff
2. <b>Dependant Status</b>	Dependants No Dependants Not known	18% 24% 58%		
3. <b>Disability</b>	Yes No Not known	2% 65% 33%		
4.				

<b>Men and Women generally</b>	Female Male	76% 24%		
5. <b>Marital Status</b>	Married/ Civil P'ship Single Other/ Not known	45% 28% 27%		
<b>6. Race</b>				
a) Ethnicity	BME White Not Known	4% 68% 29%		
b) Nationality	GB Irish Northern Irish Other Not known	20% 15% 2% 1% 62%		
<b>7. Religion</b>				
a) Community Background	Protestant Roman Catholic Neither	35% 45% 20%		

b) Religious Belief	Christian Other No religious belief Not known	30% 1% 10% 59%		
<b>8. Political Opinion</b>  * 2011 Assembly election	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	7%  6% 8% 78%		
<b>9. Sexual Orientation</b>	Opposite sex Same sex or both sexes Do not wish to answer	43%  1%  56%		
<b>Multiple Identities</b>				Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?  <i>(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).</i>

**Section 4: Consideration of Impacts and Identification of Mitigations and/or Alternative Policies**

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	
Age			✓	
Dependant Status			✓	
Disability		✓		<p>The purpose of the policy is to promote a safe environment for all service users with mental health and substance misuse issues, who are resident in Trust wards.</p> <p>It is likely this policy will impact on disability and Human Rights. The Trust is committed to equality of opportunity and accessible, responsive, and safe services for all.</p> <p>The impact of this policy may be deemed to be positive for the following reasons:</p> <p>The Policy:</p> <ul style="list-style-type: none"> <li>• Aims to improve, service delivery and effective communication between all relevant stakeholders and ensure the provision of support and intervention at an earlier stage thus promoting the welfare of all service users therefore enhancing the recovery of the patients.</li> <li>• States decision-making processes must take account of the provisions of the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998. Staff will be required to justify and demonstrate why decisions have been made and actions taken. It is important to record the reasons for action taken as supportive evidence.</li> </ul>

				<ul style="list-style-type: none"> <li>Highlights that all BHSCT staff 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, particular in regard to this policy. The Trust will keep human rights considerations, relevant legislation and previous judicial reviews at the core of decision-making.</li> <li>Monitoring will be undertaken by policy author and include consideration of feedback and complaints in this area.</li> </ul> <p>As a person centred service, when implementing this policy, individual needs will be considered in respect of making reasonable adjustments so that any barrier will be considered, removed or reduced.</p>
<b>Men and Women generally</b>			✓	
<b>Marital Status</b>			✓	
<b>Race (Ethnicity)</b>			✓	
<b>Religion</b>			✓	
<b>Political Opinion</b>			✓	
<b>Sexual Orientation</b>			✓	
<b>Multiple Identities</b> e.g. <i>disabled ethnic minorities or young Protestant men.</i>			✓	

#### (4.2) STAFF

Equality Category	Level of Impact	Mitigation Measures and consideration of alternative policies or actions that
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		Major	Minor	None	might lessen the severity of the equality impact (where Major or Minor Impact identified)
<b>Age</b>					
<b>Dependant Status</b>					
<b>Disability</b>					
<b>Men and Women generally</b>					
<b>Marital Status</b>					
<b>Race</b>	<b>Ethnicity</b>				
	<b>Nationality</b>				
<b>Religion</b>	<b>Community Background</b>				
	<b>Religious Belief</b>				
<b>Political Opinion</b>					
<b>Sexual Orientation</b>					
<b>Multiple Identity</b> e.g. female staff with caring responsibilities					





## Section 5: Good Relations

Based on the **evidence** collected in Sections 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	
Religious belief			✓	No impact identified
Political opinion			✓	No impact identified
Racial group			✓	No impact identified

## Section 6: Disability Duties

How does the policy / proposal:

<ul style="list-style-type: none"> <li>• <b>encourage disabled people to participate in public life</b> <i>and</i></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>As a person centred service, when implementing this policy, individual needs will be considered in respect of making reasonable adjustments so that any barrier will be considered, removed or reduced.</p> <p>All staff will be trained in equality, diversity and human rights.</p>
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<h2>Section 7: Human Rights</h2> <p>Belfast Health and Social Care Trust is committed to providing the <b>highest attainable standard of physical and mental health</b> within our resources.</p>		
<p>(7.1)</p> <p><b>Does the policy/proposal/decision negatively impact on any of the following human rights?</b></p> <p>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 <a href="#">Equality Screening Toolkit</a>.</p>		
<b>Human Rights Articles</b>	<b>Yes</b>	<b>No</b>
<b>A2: Right to life</b>		✓
<b>A3: Right to freedom from torture, inhuman or degrading treatment or punishment</b>		✓
A4: Right to freedom from slavery, servitude & forced or compulsory labour		✓
<b>A5: Right to liberty &amp; security of person</b>		✓
A6: Right to a fair & public trial within a reasonable time		✓

A7: Right to freedom from retrospective criminal law & no punishment without law		✓
<b>A8: Right to respect for private &amp; family life, home and correspondence.</b>	✓	
A9: Right to freedom of thought, conscience & religion		✓
A10: Right to freedom of expression		✓
A11: Right to freedom of assembly & association		✓
A12: Right to marry & found a family		✓
<b>A14: Prohibition of discrimination in the enjoyment of the convention rights</b>		✓
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property		✓
1 <sup>st</sup> protocol Article 2 – Right of access to education		✓

If you answered **YES** to any of the above, please refer to the Human Rights Screening Tool below to check if the policy is likely to be human rights compliant.

If the flowchart indicates that the policy is **unlikely** to be human rights compliant, please contact the Planning and Equality team [equalitiescreenings@belfasttrust.hscni.net](mailto:equalitiescreenings@belfasttrust.hscni.net)

If the flowchart indicates that the policy is **likely** to be human rights compliant, please **continue to section 7.2.**

# Human Rights Screening Tool

To be used by staff who have received human rights training or in conjunction with the Planning and Equality Team

(Kindly reproduced with permission from the Northern Ireland Human Rights Commission)

Is there the potential for a negative impact on:

- the human right not to be subjected to torture, inhuman or degrading treatment?
- the human right not to be subjected to slavery or forced labour?

(These are absolute rights and therefore cannot be interfered with)

- Be aware of any possibility that the proposal may **discriminate** against someone in terms of their human rights.
- Legal advice may still be necessary.
- Things may change and you may need to reassess the situation.

YES

NO

Will there be a potential negative impact on / interference with any other human rights?

YES

Is the interference with the right **legal**?

Is the interference only to the **extent set out** in the relevant Article?

Is it **necessary, justifiable, proportionate** to the legitimate aim?

(Please note - A public authority must make sure that it tries to **interfere with the right as little as possible**.

Any interference must be **no more than necessary** to achieve the intended objective).

NO

NO

YES

The proposed action is likely to be human rights compliant

The proposed action is not likely to be human rights compliant

(7.2)

**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:**

All service users will be treated with respect and dignity in implementation of this policy.

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.

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

All staff will be trained in equality, diversity and human rights.

Belfast 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 our day-to-day work and is incorporated and reflected as an integral part of our actions and decision-making processes.

The Human Rights Act (HRA) 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, 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.

We are committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCPRD), which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

**Article 2** right to life (which also means protecting life) provides justification for the search policy to exist in that the primary aim of the policy is to deliver compassionate care and treatment within a safe environment for all – patients, staff and visitors.

However, the implementation of the search policy must be undertaken mindful of **Article 3** rights where patients have the right to live free of inhuman and degrading treatment, which are absolute rights. The policy explicitly refers to the need for all searches to be undertaken such that patients are treated with dignity and respect and that intimate body searches will not happen. Treating patients with dignity and respect means being open and transparent about the existence of the policy and when and how it applies and being transparent about what items are banned/restricted and involving patients and carers in any review process. Finally, the policy involves a series of safeguards including who can make a search decision (multi-disciplinary team), what happens when the patient does not have capacity and how policy is disseminated and monitored to ensure robust accountability.

**Article 8** of the Human Rights Act which involves the right to privacy is engaged when a search is undertaken however this right is limited in circumstances when there is a necessary reason to do so.

Belfast Trust has a duty to safeguard patients, staff and visitors whilst on its premises, therefore there will be occasions when it becomes a necessity to search service users and visitors in order to minimise the risk of harm. Hospital staff will make conscious efforts to respect the privacy of patients whilst balancing the need for maintaining a safe and therapeutic milieu. All staff have a duty to ensure that harm is minimised wherever and whenever possible by identifying, locating and excluding harmful objects/substances.

The decision to search a person and/or their belongings must be proportionate in pursuit of a legitimate aim. A search must be proportionate to the circumstances, made by a multi-disciplinary team including the named nurse, preferably with consent and with a debriefing with all those involved to ensure lessons are learnt. If the patient lacks capacity, staff will act in accordance with the mental health/capacity legislation. In addition, all searches will be undertaken with due regard to and respect for the person's dignity. Searches will be necessary and proportionate to the identified risk and should involve the minimum possible intrusion into the person's privacy. Robust monitoring and governance arrangements contained within the policy ensures accountability in decision making.

<b>Section 8: Screening Decision</b>	<b>Major</b>	<b>Minor</b>	<b>None</b>
<p>(8.1)</p> <p><b>How would you categorise the impacts of this policy / proposal?</b></p> <p>(Please underline one category)</p>	<p><b>(Screened In</b> for an Equality Impact Assessment)</p>	<p><b><u>(Screened Out</u></b> with mitigation)</p>	<p><b>(Screened Out)</b></p>

<p>(8.2)</p> <p><b>If you have identified any impact, what mitigation has been considered to address this?</b></p>			
<p>(8.3)</p> <p><b>Do you think the policy/proposal/decision should be subject to an 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><b>No</b></p> <p>✓</p>	<p><b>Reasons</b></p> <p>A policy/proposal/decision is subject to an EQIA if one or more of the following criteria is met:</p> <ul style="list-style-type: none"> <li>a) The policy is significant in terms of its strategic importance.</li> <li>b) Potential equality impacts are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them.</li> <li>c) Potential equality and/or good relations impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged.</li> <li>d) Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are concerns amongst affected individuals and representative groups, for example in respect of multiple identities.</li> <li>e) The policy is likely to be challenged by way of judicial review.</li> <li>f) The policy is significant in terms of expenditure.</li> </ul>
<p><b>Section 9: Monitoring</b></p> <p>(9.1)</p>	<p><i>Belfast Trust is committed to the effective monitoring of this policy so that we can identify any future adverse impact arising from the policy which may lead to conducting an equality impact assessment and with helping with future planning and policy development.</i></p> <p><i>Monitoring will take place by undertaking the following steps:</i></p>		

Please detail the steps you will take to monitor the effect of the policy/proposal/decision for impact in terms of equality of opportunity, good relations, disability duties and human rights?

Monitoring will be achieved via:

- Robust governance arrangements
- Post Incident Reviews to identify lessons learnt
- An annual audit of policy implementation
- Any complaints or feedback regarding the Protocol for the Management of Substance Misuse in Adult Mental Health and LD

## Section 10: Approval and Authorisation

Please sign /date and forward to the Planning and Equality team [equalitiescreenings@belfasttrust.hscni.net](mailto:equalitiescreenings@belfasttrust.hscni.net)

Equality screenings are completed with information provided by the senior responsible manager subject to advice and assistance from Belfast Trust Equality & Planning Managers.

**\*\*Completed Screening Templates are public documents posted on the [Trust Website](#)\*\***

### Lead Responsible Manager

**Name:** Louise Moore

**Position:** Governance Manager, Mental Health

**Date:** 24.11.2023

### Countersigned by: Equality Manager/Employment Equality Manager

**Name:** Peter Kane

**Position:** Equality & Planning Manager

**Date :** 28/11/2023

## Section 11: Statutory Rural Impact Assessment Duties

The Trust is legally obliged to take **due regard of the impact** of any policy, proposal or decision on the social and economic needs of people who live in a rural community. This is particularly so when the policy/proposal/decision impacts service users/carers/patients across NI (eg regional service/policy).

Please **tick the box** to indicate that you have paid '**due regard**' to the social and economic needs of the rural community when developing, adopting, implementing or revising policies, strategies and plans *and* when designing and delivering public services and that **a rural impact assessment is not required**.



OR

Please complete a [Rural Needs Impact Assessment Template](#) rural impact assessment if there is impact on the social and economic needs of people who live in a rural community.

Please go to the: [Rural Impact Assessments Toolkit for HSC NI](#) to find out how to undertake a rural impact assessment.

Contact [Estella.Dorrian@belfasttrust.hscni.net](mailto:Estella.Dorrian@belfasttrust.hscni.net) for further advice.