

Equality, Good Relations and Human Rights Screening Template

Guidance Notes

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Section A: Background Information

What is the Legislative Background?

Equality/Good Relations: Section 75 of the NI Act 1998

Under Section 75 of the NI Act 1998 there is a legal requirement to consider the possible impact of all policies and proposals on 9 specified equality categories and also how to promote equality of opportunity and good relations in all areas of our work.

We have to consider how to promote equality of opportunity in relation to the following nine equality categories:

- religious belief
- sexual orientation
- political opinion
- gender
- racial group
- disability (those with a disability and those without)
- age
- dependency (those with dependants and those without)
- marital status.

We also have to consider how to promote good relations in respect of 3 categories:

- religious belief
- political opinion
- racial group.

The Human Rights Act 1998

The Human Rights Act 1998 gives legal status in UK law to fundamental human rights set out in the European Convention on Human Rights (ECHR). The Act is about respecting and fostering the Convention Rights in everything we do. Trusts have a statutory duty to ensure that their decisions and actions are compatible with ECHR and must act in accordance with these rights. What is more, we need to be proactive in ensuring that we comply with our obligations and ensure that we develop a human rights culture. The Act gives people the right to redress in a UK

court if they think that their human rights have been violated by a public authority, for example through the judicial review process.

Disability Discrimination Act (1995) (DDA)

Under the most recent amendment of the 1995 Disability Discrimination Act (as amended), that came into effect in January 2007, Trusts, in all areas of their work must consider how to:

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

What is screening?

Screening identifies policies that are likely to have an impact on equality of opportunity and/or good relations. Screening provides evidence and a clear audit trail of how the Trust has given 'due regard' to the promotion of equality of opportunity and 'regard' to the desirability of promoting good relations.

Screening assesses the likely impact of the policy as major, minor or none.

If a screening concludes that the likely impact is 'minor' measures should be considered that might mitigate the policy impact by amending the policy or introducing an alternative policy.

If screening concludes that the likely impact is 'major', an equality impact assessment may be carried out.

If the screening concludes that the likely impact is 'none', the policy can be screened out. If a policy is 'screened out' as having no relevance to equality of opportunity or good relations, reasons for the decision must be provided.

Screening will lead to one of the following outcomes:

1. the policy has been 'screened in' for equality impact assessment;
2. the policy has been 'screened out' with mitigation or an alternative policy proposed to be adopted;

3. the policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted.
4. the policy will be subjected to ongoing screening. For more detailed strategies or policies that are to be put in place, through a series of stages, screening should be considered at various times during implementation.

Why do we screen?

Screening identifies those policies that are likely to have an impact on equality of opportunity and/or good relations. Screening is a legislative requirement. It provides an opportunity to improve decision-making and support 'evidence based' policy making.

What do we screen?

In the context of Section 75, policy is very broadly defined and covers all the ways in which a Trust carries out or proposes to carry out its functions. In respect of this guidance, the term 'policy' is used to denote any strategy, policy (proposed/amended/existing) or practice and/or proposal, whether written or unwritten. For example, a policy may include planning proposals; service changes; corporate strategies; policy development; practices; guidelines; procedures and protocols and decisions etc both written and unwritten.

Whatever status or label is accorded to an amended or new policy, for example, 'draft', 'pilot', 'high level strategy' or 'sectoral initiative', the equality and good relations implications must be considered.

When do we screen?

Screening should be completed at the earliest opportunity in the policy development process. For more detailed strategies or policies that are to be put in place, through a series of stages, screening should be considered at various times during implementation. Screening after policy proposals have been developed may be inefficient in terms of time and may also duplicate policy development processes.

Who screens?

The policy decision-maker, who has the authority to make changes to a policy, must take the lead role in the screening of that policy. Screening should also involve those who implement the policy and staff members from other relevant work areas. It is considered good practice to include key stakeholders in the screening process. It may also be appropriate to involve service users and trade union representatives in the screening process.

Why must we use the screening templates?

The screening template provides a step by step guide to the screening process and makes sure that the screening questions are applied consistently to all policies. Completion of the template makes sure that equality of opportunity and/or good relations considerations are recorded.

A copy of the screening template for each policy screened must be 'signed off' and approved by the senior manager responsible for the policy. Following completion of the screening process, the screening template must be made available on the Trust's website and on request.

If a consultee/stakeholder, including the Commission, raises a concern with supporting evidence about a screening decision, we must consider screening the policy again.

Trusts must prepare and publish for information on their websites regular reports on their screening exercises. The screening report details all policies screened over a three month period and includes decisions reached.

Section B:

The Screening Template

The remainder of the guidance takes you through the screening template step by step. For each question in the template you will find further guidance and examples.

Completion of screening should lead to one of the following three outcomes:

1. The policy/proposal has been 'screened in' for equality impact assessment (EQIA);
2. The policy/proposal has been 'screened out' with mitigation or an alternative policy/proposal proposed to be adopted;
3. The policy/proposal has been 'screened out' without mitigation or an alternative policy/proposal proposed to be adopted.

The third outcome above will include some policies which are 'technical' in nature and will have no bearing in terms of their likely impact on equality of opportunity and/or good relations for people within the equality and good relations categories. Screening will help to identify these types of policies at an early stage, thus enabling them to be 'screened out'.

Some policies/proposals may be subject to **ongoing** screening and further scrutiny to determine the impact on those directly affected. They are not being ruled out for a more detailed EQIA but it is not possible at the early stages to determine the full impact of the policies/proposals, but there is a commitment to an ongoing assessment. A full EQIA will be carried out if at any stage it is deemed appropriate and necessary to do so.

1 Information about the policy/proposal

The first stage of screening involves scoping the policy/proposal under consideration. The purpose of policy scoping is to help prepare the background and context and to set out the aims and objectives for the policy/proposal being screened. At this stage, scoping the policy will help identify potential constraints as well as opportunities and will help you to work through the screening process on a step by step basis.

Please remember – Section 75 statutory duties apply to internal policies (relating to staff), as well as external policies (relating to services/service users). Section 75 relates to all Trust functions including employment, service provision, policy formulation, decision making and procurement.

- 1.1 Name of the policy:** Give the policy or proposal a title that accurately describes its focus.
- 1.2 Is this a new, existing or revised policy/proposal?** - record which applies
- 1.3 What is it trying to achieve?** - detail the aims and objectives of the policy/proposal. You should already have this detailed in the policy document or Project Initiation Document (PID).
- 1.4 Are there any Section 75 categories which might be expected to benefit from the intended policy/proposal?** - details the groups and explain how they will benefit.
- 1.5 Who owns and who implements the policy/proposal - where does it originate, for example DoH, HSCB, BSO, the Trust? – has it already been screened?**
- 1.6 Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal?** (Financial, legislative or other constraints?)
- 1.7 Who are the internal and external stakeholders (actual or potential) that the policy/proposal could impact upon?** - stakeholders can include health and social care staff, actual or potential service users, other public sector organisations, voluntary and community groups (including Section 75 categories), trade

unions, professional organisations or private sector organisations. Specify the **key** agencies, organisations, groups or people who may be affected by the policy or proposal.

Consider whether staff may also be affected.

For example,

- If the proposal relates to an internal reorganisation, the public may be affected but it would be reasonable to assume that staff and trade union representatives are the main stakeholders.
- If the decision relates to the closure of an Emergency Department, it would make sense to include both staff and actual and potential service users.

1.8 Other policies with a bearing on this policy/proposal - specify if the policy or proposal relates to a regional policy or proposal by another body, whether the DoH, HSC Board, BSO, Trusts or Agencies. There can be a wide range of policies that are in some way linked with others. Specify only **key** related policies that have a direct bearing on the policy or proposal.

For example,

- Developing service for people with a learning disability at Trust level may link in with HSC Board policies and Departmental strategies. Strategic development of the regional maternity strategy will influence and impact on Trust proposals.

Please note: These may already have been screened and the process and outcome will be relevant. Make sure you obtain and use this information. If you are developing the policy according to statutes or guidance from elsewhere, make this clear – do not be seen to have responsibility for something, which “belongs” to another body. **NB: If a policy belongs to another body but you have discretion on how it is implemented that you must screen the policy again and take account of the previous screening documentation.**

2 Available evidence

As a first step in the screening exercise, evidence should be gathered to inform the screening. Evidence may take many forms. It is important to ensure that any screening decision is informed by relevant information to demonstrate the reasons for a policy being either 'screened in' for an equality impact assessment or 'screened out' from an equality impact assessment.

The absence of evidence does not mean there is no likely impact. Arrangements should be made to obtain relevant information, whether quantitative or qualitative. If after taking reasonable steps to obtain relevant data, it is concluded that none is available, an equality impact assessment should be considered.

Quantitative evidence, as the name suggests, is to do with measurable quantities and numbers. Within health and social care this type of evidence relating to inequalities is usually about, for example:

- referrals;
- take up, or participation in services;
- relative levels of health or wellbeing;
- registrations;
- life expectancy and effectiveness of services; or,
- workforce records.

Quantitative evidence usually comes from administrative systems including computerised and manual systems. It can also be based on surveys and Government data sets. It can also include results from opinion and attitude surveys of various kinds. For example,

- check any statistical information available e.g. NISRA's equality website www.equality.nisra.gov.uk; Northern Ireland Neighbourhood Information Service www.ninis.nisra.gov.uk; Census of Population data sets at: <http://www.nisranew.nisra.gov.uk/census/start.html>
- look at literature reviews available e.g. on access to health and social services in Northern Ireland www.dhsspsni.gov.uk/index/hss/equality/eq-literature-review.htm

- check other research reports or other consultations, for example, Northern Ireland Survey of People with Activity Limitations and Disabilities <http://www.equality.nisra.gov.uk/default.asp106.htm> (05/07/2007)
- HSC Audit of Inequalities for Section Groups [\(click here\)](#)

Qualitative evidence is to do with people's experiences of services and their views, for example:

- experience and knowledge of relevant staff;
- information from previous consultations;
- internal audits, monitoring systems;
- complaints; grievances
- literature reviews;
- inspection reports;
- existing research reports;
- interviews and focus groups with service users, staff; or,
- screening or EQIAs completed by DoH, Boards, Trusts, Agencies including the responses received to these.

The Trust's Audit of Inequalities, available on SharePoint or from the Equality Unit, contains a lot of information relating to each of the 9 equality categories – please see link above.

Please note that information that is not published may also be relevant to the screening. This can include working papers, results from workshops, technical reports, press coverage or conference reports.

It is acknowledged that there is more available evidence for some of the equality categories than for others so if having explored the available evidence and you still do not know what the implications are it would indicate that you need to gather additional information.

The Equality Commission's guidance 2010 is clear "no evidence does not equate to no impact". Section 75 of the Northern Ireland Act: A Guide for Trusts, April 2010

List the information you have gathered on the screening template. Once you have gathered the information, the key question is does it tell you anything about potential equality issues? Does it reflect the workforce or the local community make up? Does it reflect the target group or the nature of the service? If not, what are the issues that need to be addressed?

Please note - the decision to target that group could, as part of a positive action programme, be exactly what is needed to promote equality of opportunity. If there is good evidence to show that they are at a higher risk of developing a disease than another group then such a decision can be defended.

Any policy or proposal that targets a particular group will, by definition, have a differential uptake. When assessing this you also need to consider whether there are any implications that are unlawful or unjustifiable.

3 Needs, Experiences, and Priorities

(3.1) Taking the available evidence into account, you need to examine the needs, experiences and priorities of each of the Section 75 categories in relation to the particular policy/proposal

From the evidence do you think that any of the categories might have different needs in relation to the policy or proposal? The information you collate to answer this question will be crucial in helping you decide how to design the policy or proposal (or deliver the service to them) in different ways to ensure that it meets those needs.

If you are relocating a service you will need to consider issues such as accessibility of location, needs of staff with caring responsibilities or reasonable adjustments for people with disabilities. Is the new location perceived to be welcoming to all sections of the community? Think about possible unmet need and health inequalities, for example can people from minority ethnic communities access your service?

For example

- If you are looking at a training strategy, those working part-time (most of which are females with dependants) might have difficulties attending full-day training courses. Also, older people might experience difficulties in accessing training if a line manager inappropriately prioritised training needs of younger employees.
- If your policy or proposal relates to a service, examples might include physical access requirements, or needs arising from language barriers or cultural issues.

As noted previously if you are still unsure about any of the categories it would indicate that you need to gather additional information.

- (3.2)** Where possible the screening process should involve stakeholders. In this section you should provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal. Detailing stakeholder involvement will also provide evidence on meeting Personal and Public Involvement (PPI) requirements.

4 *Screening Questions*

In making a decision as to whether or not there is a need to carry out an equality impact assessment, you must consider the following four screening questions:

- (4.1) What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?**

Using the information you have already gathered re the S75 groups, you now need to determine the level of impact of the policy/proposal

For example does the policy/proposal or proposal disproportionately impact on men or women? Think about multiple identities, for example women with caring responsibilities, or older people with disabilities.

What do we mean by impact?

Impact means the effect that something has on a situation, on individuals or on a group of people. The screening template looks at three possible impacts. In reaching your decision, use common sense in your assessment.

There is no cut and dried explanation. You will need to make an informed judgement based on your assessment of impact. Here are some guidelines that might be useful

In favour of a 'major' impact

- a) The policy is significant in terms of its strategic importance;
- 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;
- 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;
- 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;
- e) The policy is likely to be challenged by way of judicial review;
- f) The policy is significant in terms of expenditure.

In favour of 'minor' impact

- a) The policy is not unlawfully discriminatory and any remaining potential impacts on people are judged to be negligible;
- b) The policy, or certain proposals within it, are potentially unlawfully discriminatory, but this possibility can readily and easily be eliminated by making appropriate changes to the policy or by adopting appropriate mitigating measures; or adopting an alternative policy or policies to better achieve the promotion of equality of opportunity/good relations;
- c) Any equality impacts caused by the policy are intentional because they are specifically designed to promote equality of opportunity for particular groups of disadvantaged people;
- d) By amending the policy there are better opportunities to better promote equality of opportunity and/or good relations.

In favour of none

- a) The policy has no relevance to equality of opportunity or good relations.
- b) The policy is purely technical in nature and will 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.

Please ensure you give details of the reasons for the decision taken.

(4.2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

Having assessed the impact is there anything you can do to improve the policy/proposal for S75 categories or address inequalities.

For example

- If you have assessed the impact of a service change affects adults with learning disability (change from traditional day care to employability schemes), information produced must be accessible to those affected and they should be engaged throughout the process. Stakeholders will include service users and staff providing the service.
- When relocating a service has there been engagement with service users, affected staff and trade union representatives. Is there flexibility for staff with caring responsibilities, is there assistance for additional travel?

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

Section 75 specifically requires us to promote good relations between people of different religious belief, racial group and political opinion against the background of Sectarianism and Racism.

However a policy or proposal may have an impact on good relations for other groups and these should also be noted.

For example, is your service/facility welcoming to the whole community?

Consider the potential for promoting good relations as you develop the policy and ensure staff have had appropriate training in this area.

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

What changes to the policy or proposal – if any – or what additional measures would you suggest to ensure that it promotes good relations?

For example, have staff been trained on good relations (anti-racism, anti-sectarianism or interculturalism)?

5 *Consideration of Disability Duties*

Under section 49A of the Disability Discrimination Act 1995 (as amended by the Disability Discrimination NI Order 2006), we also need to consider how we can:

- promote positive attitudes towards disabled people;
- encourage the participation by disabled people in public life.

‘Public Life’ is a very broad term, encompassing for instance public appointments, user groups, reference or advisory groups, citizen panels etc.

In what ways does the policy/proposal encourage disabled people to participate in public life and what else could you do to do so?

Please consider how you might include these obligations into your policy or proposal and describe how you have done so.

For example

- Have you engaged with disabled people and representative organisations in relation to this policy/proposal?
- Have your staff received disability equality training or training on the Trust’s Patient and Client Experience Standards?
- In what ways does the policy/proposal promote positive attitudes towards disabled people or how does it encourage participation in public life what else could you do to do so?

6 *Consideration of Human Rights*

Does the policy or proposal affect anyone's human rights? This affect is based on the articles under the European Convention on Human Rights (ECHR). What needs to be done to ensure compliance with human rights requirements?

The Human Rights articles and protocols are:

The Human Rights Articles

- Article 2 The right to life.
- Article 3 The right to freedom from torture, and inhuman or degrading treatment or punishment.
- Article 4 Prohibition of slavery and forced labour.
- Article 5 The right to liberty and security of person.
- Article 6 The right to a fair trial.
- Article 7 Right to no punishment with law.
- Article 8 The right to respect for private and family life, home and correspondence.
- Article 9 The right to freedom of thought, conscience and religion.
- Article 10 The right to freedom of expression.
- Article 11 The right to freedom of assembly and association.
- Article 12 The right to marry.
- Article 14 Prohibition of discrimination.
- Protocol 1, Article 1 of Protection of property.
- Protocol 1, Article 2 of Right to education.

The Human Rights Act (1998) gives legal force to the concepts of dignity, respect equality and fairness. Its purpose was to promote a culture of respect for everyone's human rights.

It has an important role to play in moving this culture to one where the needs of the individual are at the heart of health and social care services.

Consider the level of risk that the policy might have in relation to each of the rights of our patients, our clients and our staff. In doing so keep in mind the Articles from the ECHR. Within health and social care services a number of these Articles are particularly relevant. These include Articles 2, 3, 5, 6, 8 and 12. In considering human rights issues some examples are provided below by way of illustration.

Privacy and dignity of patients

The concept of human dignity is protected by Article 3, the prohibition of inhumane and degrading treatment, which is an absolute right. The right to respect for family life is protected by Article 8.

Consider the human rights of:

An older woman being left completely naked behind a curtain on a mixed ward, by staff who are training her to dress herself as part of a rehabilitation programme.

Consider older people who are not incontinent, having to wear incontinence pads because staff do not have the time to take them to the bathroom.

Issues around respect and fairness

Article 8 could be engaged in relation to access to information.

Consider the human rights of:

People who are deaf when admitted to Accident and Emergency service are not provided with an interpreter.

People with disabilities, who find it difficult to change or attend important appointments, due to inaccessible communication systems.

Issues around restraint and violence

The Human Rights Act protects against brutality, Article 3 and 8. Article 8 also offers the right to protection against physical, psychological and emotional abuse.

Consider the human rights of:

A mental health patient restrained in a bed to prevent escaping.

A learning disabled man being tied to his bed or wheelchair for extended periods to prevent him hitting his head and face.

Access to services/treatment

Articles 2 and 8 will most likely be of particular relevance.

Consider the fact that:

Older people do not always have the same access to a range of specialist mental health services available to younger people. Restrictions on their choice of treatment options could be challenged under human rights legislation, particularly as some care homes refuse to take older people with dementia.

Poor practice in relation to support for carers, could lead to violation of Article 2. Carers often delay emergency medical treatment that could cost them their lives or put their lives at risk during treatment because of inadequate support.

Consider the human rights of patients:

Where routine movements, straight from hospital to residential care takes place, in a bid to avoid fines for delayed discharge, and no care assessment is provided and the individual needs of the patients not adequately addressed.

Short time scales available to arrange a placement has implications for an individual's respect for private and family life.

Access to adaptations and wheelchairs

Articles 3 and 8 may be of particular relevance.

Consider the human rights of patients:

A disabled woman was told by an Occupational Therapist that she needed a special profile bed as she was unable to leave her bed and the new arrangement would allow carers to give her baths.

The public body refused to provide her with a double bed so she could continue to sleep with her husband. She was able to successfully evoke her rights under Article 8, Respect for Private and Family Life.

Treatment of vulnerable patients

Possible violations of Articles 3 and 8

Consider the human rights of patients:

Blanket policies in mental health wards, residential and nursing homes and hospital wards, which could be open to challenge from a human rights perspective. If, for example such a policy states that individuals should not be woken up at mealtimes resulting in heavily medicated patients or older residents who slept through meal times going without food for a period of time. The consequences of malnutrition could be a violation of Article 3 and Article 8. Blanket policies fail to have proper regard to individual situations and may lead to decisions that are disproportionate and in breach of human rights.

Older people being left without access to their teeth, their spectacles, hearing aids or false teeth left out of reach, could be a violation of Article 3 and Article 8.

Issues around autonomy and consent

Addressed by Article 8

To be valid, consent must be given voluntarily by patients, without pressure or undue influence being exerted to either refuse or accept treatment. To give valid consent the individual needs full, appropriate and accessible information.

He or she must be able to understand this information and use it in decision making. Adults are presumed to have capacity to consent.

Consider the human rights of patients:

A patient, from a black or minority ethnic group, does not speak English. The hospital failed to provide an interpreter to allow the patient to understand the doctor's questions and instructions and pre consent explanations. The patient refused to an important procedure because of misunderstandings about the consent form. This led to an adverse health outcome for the patient.

Staff issues

Article 8 might be engaged.

Consider the human rights of staff:

A female employee is about to return to work after her maternity leave. She is breastfeeding her son. Upon enquiring about assigning a rest area for her to express milk her employer tells her that they would be unable to accommodate her request due to accommodation pressures.

A member of staff who is currently on sick leave is repeatedly called by his line manager enquiring when he will be likely to return to work.

Remember we are required to be pro-active rather than merely refraining from any action that may violate human rights. In screening it is also necessary to consider the potential of the policy/proposal to positively promote human rights.

Make sure consideration of human rights is evidenced and recorded. Detail any actions you intend to take to ensure both compliance and the promotion of human rights.

Seek advice from your line manager or relevant director and if necessary, through your provider of legal services.

7 *Screening Decision*

When considering your screening decision it is important to look at your assessment of the impact on equality of opportunity for those affected by this policy.

If your conclusion is **none** in respect of all of the Section 75 equality of opportunity and/or good relations categories, then you may decide to screen the policy out. If the policy is 'screened out' you must give details of the reasons for the decision taken.

If your conclusion is **major** in respect of one or more of the Section 75 equality of opportunity and/or good relations categories, then you may consider subjecting the policy to an Equality Impact Assessment (EQIA).

If your conclusion is **minor** in respect of one or more of the Section 75 equality categories and/or good relations categories, then you should still consider carrying out an EQIA, or:

- measures to mitigate the adverse impact; or
- the introduction of an alternative policy to better promote equality of opportunity and/or good relations.

Completion of screening should lead to the following outcomes:

- the policy has been 'screened in' for equality impact assessment;
- the policy has been 'screened out' with mitigation or an alternative policy proposed to be adopted;
- the policy has been 'screened out' without mitigation or an alternative policy proposed to be adopted.
- the policy should be subjected to ongoing screening

Ongoing screening is when the policy/proposal will be subject to ongoing equality screening and further scrutiny under Section 75 of the NI Act 1998 to determine the impact on those directly affected. These policies/proposals are not ruled out for a more detailed EQIA but at this stage it is not possible to determine the full impact – if for examples pilot projects have not been evaluated. The policy/proposal projects will be kept under review and a full EQIA will be carried out if at any stage it is deemed appropriate and necessary to do so.

Some policies which are ‘technical’ in nature will have no bearing in terms of their likely impact on people within the equality and good relations categories. Screening will help to identify these types of policies at an early stage, thus enabling them to be ‘screened out’.

Please remember that you need to be able to justify any decisions you take.

Take care not to ‘screen out’ policies that have a procurement aspect if there is potential to promote equality of opportunity through the procurement of services. Detailed guidance on integrating equality of opportunity and sustainable development into public sector procurement can be accessed at the Commission’s website www.equalityni.org.

If you have concluded that the likely impact is minor and an equality impact assessment is not required, you may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

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

8 *Monitoring*

It is important to detail what data you will collect in the future in order to monitor the effect of the policy or proposal in relation to equality and good relations, disability duties and human rights?

If the screening identified gaps in data or information how will these gaps be addressed? It would be useful for each area of work to start to identify how statistics (quantitative information) might be obtained and analysed for the purpose of monitoring the policy or proposal and their implementation. Views or perceptions of the main stakeholders also need to be considered (qualitative information).

For example, for a complaints policy it would be useful to start collecting statistics on the Section 75 background of those who raise a complaint. You may also consider contacting relevant advocacy or voluntary sector groups at regular intervals to see whether individuals have raised any equality or human rights issues with them that may relate to your organisation. Your local Equality Unit will be able to support you in making contact with such groups.