Southern Health and Social Care Trust
Quality Care - for you, with you

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See 'Equality, Good Relations and Human Rights Screening Guidance Notes' (on SharePoint) for further background information on the relevant legislation and for help in answering the questions on this template.

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Cessation of the current Southern Cycle for Health scheme and transfer all cycling resources to local Councils with a view to them incorporating these assets into their existing resources.

(1.2) Is this a new, existing or revised policy/proposal?

Existing programme

(1.3) What is it trying to achieve (intended aims/outcomes)?

The Southern Cycle for Health scheme was established in 2007 as a joint cycling initiative between the Southern Health & Social Care Trust (SHSCT), Armagh City, Banbridge & Craigavon Borough Council, (ABC), Mid Ulster District Council (Dungannon) and Newry, Mourne and Down District Council. The scheme is funded by the Public Health Agency (PHA) and involves the local provision of approximately 80 free bikes for use by local community groups and Council/Trust led-services.

The overall aim of the scheme was to support sedentary people to become more active, as well as:

- increasing awareness of the health benefits of cycling and increase confidence of those who had not cycle for a long time;
- increasing the number of people cycling on a regular basis across the Southern through the provision of access to bikes
- providing training to qualified cycle leaders to National Standards across Southern area to provide regular cycling opportunities in local communities.

In recent years the scheme has been operating on an average annual budget of £15,000 which includes costs for training of cycle leaders, a maintenance contract, insurance policy, promotional resources, safety and cycling equipment. Despite ongoing efforts by all partners to promote the scheme, there has been a collective perception that the cycling resources have not been fully utilised nor reached its potential usage across all localities.

In response to user feedback the scheme was revamped/refreshed in 2017 with a new training provider being sourced to deliver more customised training for cycle leaders, a less restrictive insurance policy to enable greater freedom of usage/routes etc, 'less onerous' administration processes for group leaders to book/arrange group cycles and provision of a greater range of bikes suitable for all cycling abilities.

Unfortunately the impact of these changes were minimal and the cycle for health scheme has continued to present a series of challenges including decreasing usage across the localities, lack of commitment by trained cycle leaders to meet agreed targets and increasing bike maintenance costs due to lack of fault reporting etc. Against this backdrop, the decision has been taken to cease the current Southern Cycle for Health scheme and transfer all cycling resources to Councils with a view to them incorporating these assets into their existing cycling resources. It was felt that Councils are now better placed through Community Planning structures and processes to achieve the original aims of the cycling for health scheme. Councils are deeply embedded into local communities and can hopefully reach out to sedentary people who do not tend to engage in exercise. Councils are now planning new ways to utilise the bikes by making them available to their residents in a more effective and efficient way. For example Councils deliver a 'Sofa to Saddle' initiative targeted at sedentary people who will experience a range of health and wellbeing benefits through a locally supported cycling programme, without having to go to the expense of purchasing a new bike themselves. Some Councils are also planning to deliver a bespoke cycling programme targeted specifically at women, given the low numbers of women currently engaged in this activity. This is only one option currently being explored.

What is achieved from this decision?

The Southern Area Obesity Prevention Co-ordination Group consists of representatives from PHA, HSCB, ICP, SHSCT and local Councils across the Southern locality of Northern Ireland. These organisations meet on a regular basis and work together to ensure a collaborative approach in tackling obesity issues for the Southern area. In December 2019, following a further review of the Southern Cycle for Health Scheme, the group agreed to cease the provision

of the SHSCT-led scheme on the basis of continual decline in usage rates and growing costs to maintain the bikes to safety standards. The 3 local Councils felt strongly that the current delivery model was not working effectively nor meeting needs of their residents. They felt that a different collaborative model was required to strengthen and enhance cycling opportunities and this could be delivered by integrating the resources into each of their own suite of physical activity opportunities. Councils could see great potential to link the use of bicycles into programmes such as Everybody Active 2020, Macmillan Move More, PARS, and other health-related programmes. These programmes also target groups who are sedentary and would not normally avail of such opportunities.

How will this be achieved?

This decision will be implemented over a 6 month period between March and October 2020. During this time SHSCT will wind-up all operational aspects of the cycle for health scheme including notifying registered cycle leaders/users of the plans, ending the insurance policy and maintenance contract. Meanwhile Council partners will begin planning the design of their new community-based cycling initiatives and arrangements for the transfer of assets will be agreed.

Key constraints

All partners agreed the current format of the provision of cycling resources was not cost effective (maintenance fees increasing) and clearly wasn't meeting the needs of users (given decreasing usage rates). Therefore the decision to change the delivery model was based both on financial constraints and endeavouring to ensure the maximisation of the cycling resources across the localities.

(1.4) Are there any Section 75 categories which might be expected to benefit from the intended policy/proposal?

If the scheme was provided by Councils this would be a more cost effective approach and would also open up the bikes, providing a more deliverable option to specific target groups. Target groups include: teenage girls, women, carers, BME community and those with a disability.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DoH, HSCB, the Trust?

The Southern Area Obesity Prevention Co-ordination Group consists of representatives from PHA, HSCB, ICP, SHSCT and local Councils across the

Southern locality of Northern Ireland. These organisations meet on a regular basis and work together to ensure a collaborative approach in tackling obesity issues for the Southern area. In December 2019, following a further review of the Southern Cycle for Health Scheme, the group agreed to cease the provision of the scheme on the basis of continual decline in usage rates and growing costs to maintain the bikes to safety standards.

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

Factors that have detracted from the policy aims:

As stated above the decision to cease the Cycle for Health Scheme has in the main been attributed to a continual decline in usage rates coupled with growing costs to maintain the bikes to required safety standards.

Factors in favour of the broad policy aims:

By transferring all cycling resources to Councils they will be able to incorporate these assets into their existing resources and programmes and make use of them in a more effective and efficient way for use by local residents. For example, Councils deliver a 'Sofa to Saddle' initiative targeted at sedentary people who will experience a range of health and wellbeing benefits through a locally supported cycling programme, without having to go to the expense of purchasing a new bike themselves.

Local Councils also have more staff operationally to facilitate: cycles aimed at target groups; more open cycles available at a range of times/days; inclusive bikes available to participants and open cycle through Councils; community integration programmes promoting good relations, participation and inclusivity; disability hubs available across Council areas with Councils able to help facilitate programmes for those with mental health issues on a small group basis etc.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (E.g. staff, service users, other public sector organisations, trade unions, professional bodies, independent sector, voluntary and community groups etc.)

Key stakeholders affected by this decision are as follows:

- SHSCT – current managers of the Cycle for Health scheme.
- Cycle Co-ordinators in Council – who managed the scheme on the ground – arranging bookings, reporting faults, checking cycle Pods etc.
- Local Government Councils - Mid Ulster District Council, Newry, Mourne and Down District Council, Armagh City, Banbridge, Craigavon and Borough Council.
- Cycle Leaders – those who were trained to facilitate group-led cycle groups.
- Service users – members of the various groups/clubs who have used the service in the past e.g. U3A, Trust-led services, Council-led services.
- PHA – funder of the scheme.
- The general public in terms of having the potential opportunity to engage in this service.

(1.8) Other policies with a bearing on this policy/proposal **(**for example regional policies) - what are they and who owns them?

- 'Making Life Better - A Whole System Strategic Framework for Public Health 2013-2023', Department of Health
- 'A Fitter Future for All: A Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022', DHSSPS
- UK Chief Medical Officers Physical Activity Guidelines, September, 2019
- 'Exercise, Explore, Enjoy – A Strategic Plan for Greenways', 2016
- 'NI Changing Gear – A Bicycle Strategy for NI', 2015
- 'Active Living: No Limits Action Plan 2016-21'

Relevant Community Planning documents are:

- Living Well Together, Newry, Mourne and Down District Council
- Connected: A Community Plan for Armagh City, Banbridge and Craigavon Borough Council
- Our Community Plan: 10 Year Plan for Mid Ulster

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? *NB: Specify the details for each of the Section 75 categories for any staff affected, the Trust Workforce, any patients/clients affected and the Trust general population in the following tables* ***if appropriate****.*

2.1 Staff Affected by this Policy/Proposal

Section 75 Group	*Make up of Staff Affected*	*Percentage*
Gender	Female Male	**No staff adversely affected by the policy decision**
Religion	Protestant Roman Catholic Not Known/Other	**As above**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**As above**
Age	16-24 25-34 35-44 45-54 55-64 65+	**As above**
Marital Status	Single Married/Civil Partnership Other/Not Known	**As above**
Caring Responsibility	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None Not Known	**As above**
Disability	Yes No Not Known	**As above**
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	**As above**
Sexual Orientation ***towards:***	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**As above**

2.2 Composition of Southern Trust Workforce

(please contact the Equality Unit on 028 375 64152 to ensure the figures below are the most recent)

Section 75 Group	*Southern Trust Workforce Profile as at 1 January 2020*	*Percentage*
Gender	Female Male	**85.8** **14.2**
Religion	Protestant Roman Catholic Neither	**36.5** **57.2** **6.3**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**9.7** **9.9** **7.7** **72.7**
Age	16-24 25-34 35-44 45-54 55-64 65+	**5.3** **25.6** **25.0** **22.4** **18.7** **3.0**
Marital Status	Single Married Not Known	**30.4** **61.3** **8.3**
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability None Not Known	 **20.7** **30.0** **49.3**
Disability	Yes No Not Known	**2.4** **79.3** **18.3**
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	**0** **0.2** **0** **0** **0.1** **0.4** **0.7** **0** **0.2** **0.1** **81.1** **17.2**
Sexual Orientation ***towards:***	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**55.2** **0.9** **0.1** **43.8**

2.3 Patients / Clients Affected

(complete as far as possible with information available to you)

Section 75 Group	*Make up of Patients/Clients Affected*	*Percentage*
Gender	Female Male	**40%** **60%**
Religion	Protestant Roman Catholic Other	**N/A**
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	**N/A**
Age	0-15 16-24 25-44 45-64 65-84 85+	**0** **20%** **0** **60%** **20%** **0%**
Marital Status	Single Married/Civil Partnership Other/Not Known	**N/A**
Caring Responsibility	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability None Not Known	**20%**
Disability	Yes No Not Known	**30%**
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani White Not Known	**N/A**
Sexual Orientation *towards:*	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	**N/A**

2.4 Southern Trust's Area Population Profile – Census 2011

(NB: in some instances you may need to be more specific and use local District Council areas – please contact the Equality Unit on 028 375 64152).

Section 75 Group	*Trust's Area Population Profile (Population of 358,034)*	*Percentage*
Gender	Female Male	**50.36** **49.64**
Religion	Protestant Roman Catholic Other	**39.15** **56.69** **4.16**
Political Opinion	Not collected	
Age	0-15 16-24 25-44 45-64 65-84 85+	**22.73** **12.25** **28.45** **23.40** **11.69** **1.48**
Marital Status (aged 16+ years)	Single Married/Civil Partnership Other	**34.99** **50.24** **14.77**
Dependent Status	Caring for a Child/Children/Dependant Older Person/Person(s) With a Disability	**11.34% of usually resident population provide unpaid care**
Disability	Yes No	**19.64** **80.36**
Ethnicity	Asian Other Bangladeshi Black African Black Caribbean Black Other Chinese Indian Irish Traveller Mixed Ethnic Group Other Pakistani White	**0.20** **0.01** **0.11** **0.01** **0.10** **0.22** **0.17** **0.15** **0.29** **0.16** **0.07** **98.51**
Sexual Orientation	Estimated 6-10% of persons identify as lesbian, gay, bisexual – *Source: 2012 report by Disability Action & Rainbow Project*	

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff. ***(NB: Use relevant statistical and qualitative data to complete the table below)***

Section 75 Category	***Details of Needs, Experiences and Priorities***	
	Staff	***Service Users***
Gender		It is acknowledged both from research and local anecdotal evidence that women are less likely to participate in cycling activities and be members of cycling clubs. Males tend to cycle more than females (e.g. Cyclovia evaluation showed that most of those who took part were male, with men more likely to cycle more often). There are many well documented reasons for this trend ranging from lack of female confidence to cycle on roads, less opportunities, lack of time due to caring responsibilities and lack of access to bicycles. Women have therefore been identified as a particular target group in the past and will continue to be in the future.
Age		As we age we become less physically active (Stay active report 2011) therefore a targeted approach for older adults would be an appropriate cycling intervention to increase opportunities to cycle in a safe environment. According to the NI travel survey 0-15 years report higher levels of cycling across populations. Highlighting

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	Service Users
		how cycling decreases across the lifespan.
Religion		Those from different religious/political areas may feel uncomfortable about participating in cycling programmes held in other areas perceived to be belonging to the opposite side of the community.
Political Opinion		Those from different religious/political areas may feel uncomfortable about participating in cycling programmes held in other areas perceived to be belonging to the opposite side of the community
Marital Status		Women less likely to participate In cycling programmes due to home and caring duties (NISRA 2017/18)
Dependent Status		54% of Carers report reduced levels of physical activity due to time constraints, exhaustion, work commitments, and financial barriers. Additionally carers also report worse health outcomes and wellbeing compared to the general population (Carers UK report, 2017).
Disability		People with a disability are twice as likely to be physically inactive (DCAL, 2017). This inequality increases sharply as the number of impairments a person has increases (Sport England, 2019). Those with mental health issues are more likely to have lower life expectancy and develop health conditions.

Section 75 Category	Details of Needs, Experiences and Priorities	
	Staff	Service Users
		Those with mental health issues are less likely to participate in physical activity than the general population (Vancampfort et al, 2017), yet physical activity is proven to be beneficial in improving physical and mental wellbeing highlighting the benefits that can incur from a physical activity intervention targeting those with mental health issues, perhaps in a 1to1/small group session (Kyu et al, 2016).
Ethnicity		Ethnic minorities are less likely to take part in sport and physical activity programmes due to language barriers, lack of knowledge of services and confidence (Hargie, Sommerville & Mitchell, 2015).
Sexual Orientation		LGBTQ less likely to participate in physical activity programmes and wider access to services due to homophobia and hostility (Hargie, Sommerville & Mitchell, 2015).

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The SHSCT cycle leaders are asked on a quarterly basis to complete monitoring forms which provides the opportunity to highlight any issues in relation to the scheme.

Through this we are able to identify maintenance and usage as major issues over the last few years.

Cycle pod usage illustrated in the table below, internal monitoring data over recent years has shown a decrease in usage of the bikes:

Pod Location	2016	2017	2018	2019	Groups currently using pods
Loughgall Country Park, Armagh	36	52	46	18	U3A, EBA 2020, PAR's, SHSCT
Cascades Leisure Centre, Portadown	140	135	89	119	U3A, SHSCT, Cycul, ABC Council, Richmount
Win Business Park, Newry	153	110	97	103	U3A, EBA 2020, PAR's, Clanrye Group, The Arc
Dungannon Leisure Centre	0	1	3	6	Cycul, SHSCT
Scarva Tea rooms, Banbridge	98	78	61	47	U3A, Fit & Well scheme, SHSCT, Inland water ways
Total	**427**	**376**	**296**	**293**	

However, whilst the usage levels have decreased over recent years, the costs of maintaining the bikes has actually increased year on year.

In January 2020, ABC Council cycle leader recently consulted with service users from their local community groups who currently use their cycling resources. This included users for Action Mental Health, Dunlewey Addiction Services and SHSCT Day Care Service Users.

Feedback from clients has included the following issues:

- ongoing operational difficulties re maintenance issues when using the bikes,
- the need for some smaller sized bikes,
- requests for more bikes to be available to accommodate larger groups to cycle together,
- request to have the option of transporting bikes to other parks to offer greater variety of locations.

The key challenge is the perceived lack of bike maintenance for everyone on an ongoing basis. The maintenance issue is caused by cycle leaders not reporting faults after their period of use, creating a continuous cycle of recurring faults in

bikes which builds up over months and leads to the inevitable occurrence of persistently broken/faulty bikes being taken out by others. Users lose faith in the scheme as bikes are regularly unusable and maintenance costs increase year on year.

ABC Council also consulted with Cycle Leaders re potential changes to the scheme such as incurring a cost for using the bikes This was looked upon favourably by users particularly if the money raised was to go back into the upkeep of the bikes.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	***Details of policy/proposal impact***		***Level of impact? Minor/major/none***
	Staff	***Service Users***	
Gender		Barriers of current programme will be eradicated under council management thereby encouraging and collecting further information on gender	None
Age		Barriers of current programme will be eradicated under council management thereby encouraging and collecting further information on gender/age	None
Religion			None
Political Opinion			None
Marital Status		More open cycles at various time to encourage carers to participate	None
Dependent Status		More open cycles available at a range of times/days	None
Disability		Inclusive bikes available to participants and open cycle through Councils	None

Ethnicity		Council have more staff operationally to facilitate cycles aimed at target groups	None
Sexual Orientation		Council have more staff operationally to facilitate cycles aimed at target groups	None

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	***Please provide details***
Gender	Council could implement targeted programmes to encourage females to participate in cycling
Age	Targeting over 15 years to participate in cycling through Council led activities
Religion	Integration programmes from different sides of the community
Political Opinion	Integration programmes from different sides of political spectrum
Marital Status	Targeting female only cycles to encourage participation
Dependent Status	Council could run carers cycles at a range of times/days to facilitate carers and dependents together
Disability	Disability hubs are available across Council areas Council can help facilitate programmes for those with mental health issues on a small group basis
Ethnicity	Promote and implement targeted cycles for groups similar to the Syrian group programme
Sexual Orientation	Promote inclusivity through cycle programmes

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	***Details of policy/proposal impact***	***Level of impact Minor/major/none***
Religious belief	Programme will be moved to Councils with less restrictions	None
Political opinion	Programme will be moved to Councils with less restrictions	None
Racial group	Programme will be moved to Councils with less restrictions	None

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	***Please provide details***
Religious belief	The new programme should promote cycling with less restrictions than current programme
Political opinion	The new programme should promote cycling with less restrictions than current programme
Racial group	Moving scheme to Council will open up more opportunities for targeted programmes

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

The scheme is designed to encourage those with a disability to take up physical activity, get outdoors and socialise thereby promoting participation, integration and inclusion. Whilst the programme is restrictive in its current format, with Council co-ordination the scheme could cater for a wider range of groups and provide further opportunities to become physically active and improve health and wellbeing. The current format is very restrictive due to insurance issues.

(6) Consideration of Human Rights

The Trust has a duty to act compatibly and must take Human Rights considerations into account in its day-to-day functions/activities.

(6.1) How does the policy/proposal impact on Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person	√		
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.	√		
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1st protocol Article 2 – Right of access to education			√

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit on tel: 028 375 64151. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes. Human Rights considerations will be furthered in the implementation of the new scheme to be operated by local Councils in that it will provide for a greater range of needs and interests – see factors in favour at 1.6 above. Human Rights have also been considered as an integral part of the equality screening in particular Article 5 and Article 8.

(7) Screening Decision

(7.1) Given the answers in Section 4 of this template, how would you categorise the impacts of this decision or policy/proposal? *(Please tick one option below and list your reasons for the decision in 7.2 below)*

Major impact		**EQIA Required?** ***(Delete as appropriate)***	
			No

Minor impact		Mitigation Required	Alternative Policy Required
		No	**No**

No impact	√	**Screened Out**

(7.2) Please give reasons for your decision and detail any mitigation or alternative policies considered.

The Councils will take over the management of the scheme from the Southern Trust which will enable open usage and the implementation of more cycling programmes by Council staff in local parks, which is more accessible and in turn will increase usage and promote cycling. The scheme will be able to operate in a more cost effective manor and will encourage the opportunity for section 75 target groups. Current cycle leaders will be able to access the bikes as normal by booking in advance.

In terms of mitigation, this decision will be implemented over a 6 month phased period between March to October 2020. During this time SHSCT will wind-up all operational aspects of the programme, including notifying cycle leaders, ending insurance policy and maintenance contract. Meanwhile, Council partners have submitted proposed plans to the PHA for consideration.

As a public body, all Councils are required to adhere to all section 75 legislation and provide regular training for all its staff and volunteers.

Gender – still available to both males and females but a number of customised programmes will be devised specifically for females

- Councils have already identified the need to develop a bespoke cycling programme exclusively for women to enhance their personal confidence and provide sessions off-the-roads in country parks and tow paths which are usually quieter and perceived safer for novice cyclists.

Age – offering greater opportunities for older people

- Placing older people in groups of similar strength and cycling ability; provision of special bicycles designed for those with balance/stability issues.

Religion/Political opinion - venues of cycling Pods has not been raised as an issue to date

- All current and proposed new locations are Council-owned and therefore are considered neutral by all political views.

Marital Status – ensuring programmes and opportunities are offered to all and the health benefits of cycling are widely publicised

- Extensive marketing of all cycling programmes and active engagement with different community groups, such as Men's Sheds.

Dependent Status – scheme has been offered to carers for all age groups and

across Southern area

- The Council lead scheme can be offered with much greater flexibility in terms of time and locations. Councils will be able to offer evening and weekend options and can provide a mobile service whereby bikes can be transported to many different locations which means people will not have to travel long distances to access the resources.
- Any costs likely to be introduced with the new schemes will be kept to a minimum and concessionary rates available based on established Council concessionary schemes.

Disability

- The Council lead schemes will link directly with Councils existing Disability hubs and centrally located within public transport networks. Tandem bikes are available within Councils will make all reasonable adjustments to meet users' needs.
- Mental health clients already use the scheme and will continue via SHSCT–led cycles and PARS programmes.
- Whilst the current stock of bikes are not suitable for people with physical disabilities, each Council has its own programme which accommodates the needs of people with physical disabilities through their disability hub services (a NI wide programme funded by Disability Sport NI).

Ethnicity

- The cycling resources will be available to all ethnic groups and individuals and will be widely advertised.

Sexual orientation

- The cycling resources will be available to everyone and openly advertised. All council staff are trained in equality and diversity issues

(7.3) Do you consider the policy/proposal needs to be subjected to ongoing screening? NB: for strategies/policies that are to be put in place through a series of stages – screen at various stages during implementation.

Yes	
No	x

(8) Monitoring

(8.1) Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights? Councils will monitor section 75 categories which are collected through their Legend programme to provide an account of how the programme is progressing. PHA will also set KPI's to monitor progress against funding.

Approved Lead Officer: **Clare Drummy**

Position: **Physical Activity Coordinator**

Email: **Clare.drummy@southerntrust.hscni.net**

Telephone No: **028 3756 3971**

Date: **26th June 2020**

Policy/proposal screened by: **Clare Drummy**

Please forward completed screening template to christine.white@southerntrust.hscni.net for inclusion in the Trust's Policy Screening Reports which are uploaded to the Trust's website.