

# Equality Screening Template



The Council has a statutory duty to screen. This includes our strategies, plans, policies, legislative developments; and new ways of working such as the introduction, change or end of an existing service, grant funding arrangement or facility. This screening template is designed to help departments consider the likely equality impacts of their proposed decisions on different groups of customers, service users, staff and visitors.

Before carrying out an equality screening exercise it is important that you have received the necessary training first. To find out about the training needed or any other queries on screening, contact the Equality and Diversity Officers (job-share) Stella Gilmartin or Lorraine Dennis on extension 6026/7 or by email [gilmartins@belfastcity.gov.uk](mailto:gilmartins@belfastcity.gov.uk) / [dennisl@belfastcity.gov.uk](mailto:dennisl@belfastcity.gov.uk).

The accompanying **Screening Guidance** note provides straightforward advice on how to carry out equality screening exercises. Detailed information about the Section 75 equality duties and what they mean in practice is available on the Equality Commission's website<sup>1</sup>.

The screening template has 4 sections to complete. These are:

**Section A** - provides details about the policy / decision that is being screened

**Section B** – gives information on the consultation process, supporting evidence gathered and has 4 key questions outlining the likely impacts on all equality groups.

**Section C** - has 4 key questions in relation to obligations under the Disability Discrimination Order

**Section D** - is the formal record of the screening decision.

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<sup>1</sup> <http://www.equalityni.org/archive/pdf/S75GuideforPublicAuthoritiesApril2010.pdf>

## **Section A**

### **Details about the policy / decision to be screened**

#### **1. Title of policy / decision to be screened:-**

Belfast City Council Disability Strategy and Action Plan 2015-2018

#### **2. Brief description of policy / decision to be screened:-**

##### **New Disability Strategy 2015-2018**

This Strategy outlines the strategic themes and priorities required to address the identified inequalities experienced by disabled people and to tackle the barriers that disabled people continue to face in our society.

The Action Plan shows what we will actually do to improve the lives of children and adults with disability visiting, working or living in Belfast.

#### **3. Aims and objectives of the policy / decision to be screened:-**

**To ensure that the council, working with communities and stakeholders, takes a lead role in improving quality of life now and for future generations of disabled people in Belfast by making the city and its neighbourhoods better places to live in, work in, invest in, study in and visit.**

The purpose of the Strategy is to set out a high level framework to give coherence and guidance to the council's activities across specific areas of policy that impact on disabled people.

The development of the Disability Strategy enables us to further promote our work regarding accessible services, activities, facilities and buildings for disabled people We have drawn up **six** key strategic themes. All of the themes require a strategic approach across the council and actions will be developed under each strategic priority. We therefore propose the development of ten Strategic Priorities.

## **Strategic Themes and Priorities**

### **Theme 1 - Participation and Active Citizenship**

Strategic Priority 1:

*Increase disabled people's opportunity to influence policies and programmes in council including the delivery of this Strategy and the subsequent Action Plan.*

### **Theme 2 - Awareness Raising**

Strategic Priority 2:

*Increase awareness among disabled people of their rights and opportunities through a range of communication activities.*

Strategic Priority 3:

*To develop, in partnership with disabled people, a range of awareness raising activities, including those aimed at the general public, to challenge the negative perceptions regarding disabled people.*

### **Theme 3 - Accessibility**

Strategic Priority 4:

*Eliminate the barriers people with disabilities face in accessing the physical environment, goods and services so that disabled people can participate fully in all areas of life.*

Strategic Priority 5:

*Increase the level of accessible / inclusive communications so that disabled people can access information as independently as possible and make informed choices.*

### **Theme 4 - Independent Choice and Control**

Strategic Priority 6:

*Increase the level of choice, control and freedom that people with disabilities have in their daily lives.*

### **Theme 5 - Employment & Employability**

Strategic Priority 7:

*Work towards increasing the number of disabled people to understand the employment opportunities at the council entering all levels of employment and safeguard the rights of disabled employees.*

Strategic Priority 8:

*Increase the opportunities for disabled people to understand the employment opportunities at the council by developing a suite of employability outreach projects.*

Strategic Priority 9:

*Increase the opportunities for disabled employees and people on work placements to attain skill through access to appropriate training*

### **Theme 6 - Being Part of the Community**

Strategic Priority 10:

*Improve access to arts, leisure and other cultural activities so that disabled people be part of the community.*

#### **4. On whom will the policy / decision impact?**

*Consider the internal and external impacts (both actual or potential) and explain:-*

Staff	YES
Service users	YES
Other public sector organisations	YES
Voluntary / community groups / trade unions	YES
Others, please specify	NO

### **5. Are there linkages to other Agencies/ Departments?**

This strategy is linked to and based on UNCRPD which the United Kingdom ratified on 8 June 2009. As part of the commitment to implementing the UNCRPD, the NI Executive developed a Strategy to Improve the Lives of People with Disabilities; this included a three year action plan for the period 2014-2017. The Executive's Strategy was shaped by the recommendations of the Promoting Social Inclusion (PSI) Working Group published in a report in 2009; this identified the key challenges in terms of improving the lifetime opportunities of disabled people and highlighted the gaps in current service provision.

A Local Government strategy was considered worthwhile to make the necessary changes to transform the experience of disabled people and demonstrate the benefits of more inclusive communities. Belfast City Council has therefore developed this draft Disability Strategy to make clear our shared vision for disabled people and to direct the future development of council policies. In addition, we will continue to work with our partners and other stakeholders in disability related organisations.

## **Section B**

**Information on the consultation process, supporting evidence gathered and has 4 key questions outlining the likely impacts for equality and good relations**

### **6. Outline consultation process planned or achieved:-**

Presented to the Council Equality Consultative Forum 14th May 2014

Consultation Event with a wide range of Disabled Groups City Hall event June 2014

Planned to consult on the draft Disability Strategy and accompanying action plan for 12 weeks June – September 2015.

### **Available evidence:-**

*What evidence / information (both qualitative and quantitative) have you gathered to inform this policy? Set out all evidence below to help inform your screening assessment. It is important to record information gathered from a variety of sources such as: monitoring information; complaints; research surveys; consultation exercises from other public authorities.*

<b>Section 75 category</b>	<b>Likely impact?</b>	<b>Level of impact? Minor/Major/ None</b>
Religious belief	Data from the NI Census 2011 and from the NI Survey of people with Activity Limitations amongst adults and children living in private households (NISALD) 2007 shows that there is no difference between disabled persons with differing religion/community background. Data from NISALD 2007 indicates that the risk of being disabled increases with age for Protestants ranging from approximately 40% at age 0-15, 57% 60-74 to 65% at 75+. The risk of being disabled decreases with age for Catholics ranging from approximately 50% at age 0-15, 41% at age at age 60-74 to 33% at 75+. Risk differentials between	

	<p>Protestants and Catholics by age are in line with that found in the report '2013 Labour Force Survey Religion Report' for the whole population. The report shows that the Protestant population has an older age profile compared to that of the Catholic population. Protestants account for 60% of people aged 60+, compared to Catholics that account for 33% for people aged 60+.</p> <p>According to the 2011 Census, the relationship between general health (measured by whether day-to-day activities were limited because of a long-standing health problem or disability) and religion is quite notable. For example, respondents who stated that their religion was 'Christian' claimed that their day-to-day activities were limited 'a little' or 'a lot' was approximately 21.0%, was markedly higher compared to other major religions within the UK such as Islam and Hinduism, which were 12.9% and 12.0% respectively. Furthermore, those who responded as having 'no religion' was notably lower (11.4%).</p> <p>(source: Census 2011: Long-term health problem or disability by religion; 2015, ONS)</p>	
<p>Political opinion</p>	<p>No data available which indicates a positive or negative difference between groups of different political opinion.</p>	
<p>Racial group</p>	<p>The 2011 Census contained two broad questions on health: one that asked respondents if their day-to-day activities were limited because of a long-standing health problem or disability (21.0% of the usually resident population considered their activities to be limited 'a little' or 'a lot'); and a second that asked respondents to describe their health in general (5.6% of the population considered their general health to be 'bad' or 'very bad').</p> <p>Probably related to their older age profile, usual residents from the White ethnic group were most likely to perceive their general health to be 'bad' or 'very' bad (5.7%), while those from the Mixed or Asian ethnic groups were least likely do so (1.6% and 1.7% respectively); the rates for</p>	

	<p>people of Other or Black ethnicity were, respectively, 4.4% and 2.3%. As highlighted above in respect of all usual residents, rates of perceived 'bad' or 'very bad' health increased with age across all five main ethnic groups. However, within each main age group, there was relatively little difference between the rates of perceived 'bad' or 'very bad' health across the main ethnic groups.</p> <p>(source: Census 2011: Detailed Characteristics for Northern Ireland on Ethnicity, Country of Birth and Language; 2013, NISRA)</p>	
Age	<p>Data from NI Survey of people with Activity Limitations amongst adults and children living in private households (NISALD) 2007 indicates the risk of being disabled increases with age – ranging from 3.5 % for children 0-5, 7.6% for children 6-15, 4.9% amongst young adults aged 16-25 year olds, 10.9% for 26-44 year olds, 22.6% for 45-59 year olds, 41.1% for 60-74 year olds to 59.8% for 75+ year olds.</p> <p>In relation to households where there are children with disabilities there is further evidence of an increased risk of poverty and social exclusion. The 'Taking a Closer Look' report 2006 found 3 out of 5 were poor and the NISALD survey found that 38% of parents of disabled children had benefits as their only source of income. The report 'Severe Child Poverty in NI' 2011 found 12% of children living with a disabled adult are in severe poverty compared to 8% of those children who aren't living with a disabled adult. The Labour Force Survey Apr – June 2010 shows that the Employment Rate varies by age when compared to those with and without a disability with the disabled persons likelihood of being employed reducing with age. For those aged 30-39 the rate was 44% disabled, 84% non-disabled, 40-49 41% disabled, 90% non-disabled, 50-59/64 21% disabled, and 75% non-disabled. There is no estimate available for those aged 16-29 due to sample size. The NISALD survey indicated that the percentage of respondents stating that they been a victim of hate crime</p>	

declined with age with 11% in the 26-49 age range, 6% in the 50-64 age range, and 3% in the 65+ age range.

According to the 2011 Census, the proportion of the population assessing their general health as 'bad' or 'very bad' increases with age. For example, in terms of those living in households, the proportion of the population who considered their general health to be 'bad' or 'very bad' rises from under 1% among those aged 0-15 to one person in 10 (10.1%) among those aged 45-64 and approximately one person in 7 (14.3%) among those aged 65 and over.

In addition, whereas 2.3% of those aged 0-15 had a long-term health problem or disability which limited their day-to-day activities 'a lot', this increased to almost one person in twenty (5.2%) among those aged 16-44, approximately one person in six (17.3%) among those aged 45-64 and approximately one person in three (36.4%) among those aged 65 and over.

(source: Census 2011: Detailed Characteristics for Northern Ireland on Ethnicity, Country of Birth and Language; 2013, NISRA)

Based on data from 2006 fieldwork data, the prevalence of disability amongst adults varies significantly with age, ranging from a low of 5.5% amongst young adults aged 16-25 to 60.2% amongst those aged 75 and above.

Furthermore, amongst the elderly, aged 85 and above, the prevalence of disability increases to almost 67.6%.

In addition, for both males and females the prevalence of disability increases with age. The prevalence of disability is particularly high for females aged 75 and above (62.4%). Certainly, it is only amongst the youngest adults, aged 16 to 25, that male prevalence rates (6.4%) are higher than the equivalent for females (4.9%). Amongst the very

	<p>youngest within Northern Ireland’s households, the prevalence of disability is notably higher amongst boys than amongst girls. Approximately 8.1% of boys aged 15 and under were found to have a disability, compared to 4.4% of girls of the same age.</p> <p>(source: Northern Ireland ESF Programme 2007-2013 – Disability Factsheet; 2007, NISRA)</p>	
<p>Marital status</p>	<p>Data from NISALD 2007 indicates the risk of being separated, divorced, or widowed is greater for disabled persons compared to the general population. Evidence from the Family and Children Survey 2008, DWP, 2010 indicates that 33 per cent of unemployed single parents have a disability or longstanding illness and 34 per cent have a child with a disability. So children in lone parent households may have a higher risk of disability.</p> <p>According to the 2001 Health and Social Wellbeing Survey, marital status could be determined as a barrier to regular physical activity. For those respondents that were single [never married] approximately 10.7% ‘strongly agreed’ or ‘agreed’ that physical disability was a impediment to physical activity, which is notably lower than those respondents who were married and living with husband/wife (18.2%).</p> <p>(source: Northern Ireland Health and Social Wellbeing Survey 2001; 2001, NISRA)</p>	
<p>Sexual orientation</p>	<p>The Institute for Conflict Research produced a report examining healthcare issues for transgender people resident in Northern Ireland which highlighted social factors impacting on transgender individuals’ sense of wellbeing and their experiences of healthcare services provision.</p> <p>(source: Northern Ireland Sexual Orientation Factsheet; 2014, Family Planning Association)</p> <p>The aforementioned report found that a number of respondents reported experiences of inappropriate and</p>	

	<p>prejudicial treatment when accessing some healthcare services, such as healthcare staff: using inappropriate pronouns; using and displaying old names in front of other patients; offering inappropriate services. Such experiences heightened respondents' emotional vulnerability and delayed access to appropriate support.</p> <p>(source: Healthcare Issues for Transgendered People living in Northern Ireland; 2011, Institute for Conflict Research)</p> <p>From the Citizenship Survey (2007), it is not possible to draw conclusions about the prevalence of limiting long-term illness/disability across broad sexual identity categories. Limiting long-term illness has a strong relationship with age and without age standardisation the data was not amenable to interpretation. From the data collated from the Survey, approximately a fifth (20.0%) of heterosexual or straight respondents had a limiting long-term illness/disability, similar to the 21.3% of respondents who were lesbian, gay or bisexual.</p> <p>(source: Estimating the size and composition of the lesbian, gay, and bisexual population in Britain; 2009, Equality and Human Rights Commission)</p>	
<p>Men and women generally</p>	<p>Data from NISALD 2007 indicates the risk of being disabled differs between boys and girls. Around 7.8% of boys aged 15 and under were found to have a disability, compared with 4% of girls. Initial analysis shows that intellectual and social/behavioral difficulties are more prevalent amongst boys than girls.</p> <p>For young adults this trend continues with a prevalence rate of 5.6% males 16-24 and 4.3% females. However in older adults the prevalence rates are higher in females, for example, males 60-74 37.7% and for females the rate is 44.1%, males 75+ 56.8% and for females the rate is 61.8%.Data from the 2001 Census indicates that having a limiting long-term illness (LLTI) is associated with a significantly elevated mortality rate for both sexes (1,451</p>	

and 963 deaths per 100,000 population for males and females respectively). This represents around 130% higher mortality rate for those with LLTI compared with those with no LLTI across both genders. (LLTI can serve as a proxy measure for disability).

(source: Northern Ireland Health and Social Care Inequalities Monitoring System 2003-2007; 2012, Department of Health, Social Services and Public Safety)

Derived from the 2014 Northern Ireland Health and Social Care Inequalities Monitoring System, the Disability Free Life Expectancy (DFLE) is a measure of the average number of years a person can expect to live disability free. Furthermore, the DFLE provides an estimate of lifetime spent free from a limiting persistent (twelve months or more) illness or disability, based upon a self-rated functional assessment of health recorded in the Health Survey Northern Ireland. Based on the definition, the DFLE for females in Northern Ireland was 60.8 years and 60.2 years for males.

(source: Northern Ireland Health and Social Care Inequalities Monitoring System – Regional 2014; 2015, Department of Health, Social Services and Public Safety)

According to the 2012/13 Family Resources Survey, there are almost 6.6 million disabled women in the UK and 5.5 million men.

(source: Family Resources Survey; 2014, Department for Work and Pensions)

Data from the Opinions and Lifestyle Survey (formally General Lifestyle Survey and General Household Survey) would indicate that there is minimal difference between those with a limiting long-standing illness or disability by gender. Based on the 2013 figures, almost 51.0% were women and 49.0% were men.

Based on data from 2006 fieldwork data, almost one quarter (23.3%) of adult females in Northern Ireland households indicated that they had some degree of

	<p>disability, compared with around one fifth (19.8%) of adult males. Derived from NISRA’s analysis, the somewhat higher prevalence of disability adult females, in part, reflects the higher life expectancy of women and the higher incidence of disability that is associated with increased age.</p> <p>(source: Northern Ireland ESF Programme 2007-2013 – Disability Factsheet; 2007, NISRA)</p>	
<p>Disability</p>	<p>According to the recent 2011 Census:</p> <ul style="list-style-type: none"> <li>• approximately 20.7% (374,848) of the Northern Ireland population had a long-term health problem or disability whose day-to-day activities were limited ‘a little’ or ‘a lot’;</li> <li>• those of working age (i.e. 16 to 64 years) this figure is 16.9% (306,035);</li> <li>• in terms of the type of long-term condition, ‘mobility or dexterity difficulty’ (20,716; 11.4%) was the most prevalent within the Northern Ireland population. Furthermore, nearly a third (56,915; 31.4%) did not have a long-term condition;</li> </ul> <p>From other sources:</p> <ul style="list-style-type: none"> <li>• there are an estimated 340,000 people with a disability;</li> <li>• of the estimated 340,000, 46.4 are at the age of 65 years and over;</li> <li>• of the estimated 340,000, 3.2% are born with it’s</li> </ul> <p>With respect to the Belfast (2014) population:</p> <ul style="list-style-type: none"> <li>• 23.5% (78,460) of the Belfast population had a long-term health problem or disability whose day-to-day activities were limited ‘a little’ or ‘a lot’;</li> </ul> <p>Northern Ireland’s over 65 population is set to increase sharply during the next ten years – and more than double in number over the next fifty years. This projected increase</p>	

	will mean that the number of people over 65 could rise by 22% by 2050. It is widely recognised that disability increases with age; the 2011 Census showed that 62% of those aged 85 and over have a long term health problem or disability which limits their day to day activities a lot compared with 36% of those aged 75-79. The number of disabled people will therefore grow significantly in the next decade and beyond.	
Dependants	Key issues reported in consultation documents from OFMDFM identified that relate to children include insufficient support for families as well as the fact that there is still a low expectation in educational attainment in relation to disabled children and young people.	

**7. What is the likely impact (indicate if the policy impact is positive or negative) on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? What is the level of impact?**

<b>Section 75 category</b>	<b>If Yes, provide details</b>	<b>If No, provide reasons</b>
Religious belief	The development of the Strategy has been informed by engagement activity with disabled people, and various disability representative organisations. No adverse differential impact was identified relating to this particular group during this engagement, however, feedback from public consultation may change this.	
Political opinion	The development of the Strategy has been informed by engagement activity with disabled people, and various disability representative organisations. No adverse differential impact was identified relating to this particular group during this engagement, however, feedback from public consultation may change this.	
Racial	The Strategy is likely to have a positive equality impact on	

group	<p>Irish Traveller households as the Strategic Priorities are aimed at improving the lives of all disabled persons regardless of ethnicity.</p> <p>During the development of the Strategy we sought the views of disabled people and their representative organisations and no adverse differential impact was raised in relation to ethnicity, however feedback from public consultation may change this.</p>	
Age	<p>Previous consultations have concluded the Strategy is likely to have a positive equality impact on those who have an increased risk of being disabled due to their age.</p> <p>Strategic Priorities that relate to working towards eliminating barriers to accessibility, increasing levels of choice and control, and ensuring and access to appropriate accommodation will be targeted at all disabled persons but are particularly relevant to older people with disabilities and are likely to reduce the barriers they face in participating fully in society.</p>	
Marital status	<p>The Strategy recognises that to enable parents to have appropriate support, the importance of providing support, advice, and tailored services to parents and this is likely to reduce the barriers disabled children of lone parents face.</p>	
Sexual orientation	<p>The development of the Strategy has been informed by engagement activity with disabled people, and various disability representative organisations. No adverse differential impact was identified relating to the sexual orientation section 75 group. However we are aware that there is currently research being undertaken into this area and would welcome feedback from consultees to consider further the possible impact on this group. We will consider any finding of the research when it becomes available.</p>	
Men and women	<p>Previous consultations have concluded the Strategy is likely to have a positive equality impact on those who have an increased risk of being disabled due to gender.</p>	

generally		
Disability	This Strategy will provide a positive impact on disabled people.	
Dependants	The development of the Strategy was further informed by engagement with disabled people, and various disability representative organisations. No adverse differential impact was identified relating to the persons with children and those without; however, feedback from this consultation may change this.	

**8. Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?**

<b>Section 75 category</b>	<b>If Yes, provide details</b>	<b>If No, provide reasons</b>
Religious belief	<p>This Strategy is likely to have a positive equality impact on households with differing religion/community background as the Strategic Priorities have been developed to meet the aim of improving the lives and outcomes of all disabled persons regardless of religion.</p> <p>The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and control, employment and employability and being part of the community.</p> <p>We will consider modifying the action plan following full consultation.</p>	
Political	The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social	

opinion	and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and control, employment and employability and being part of the community. We will consider modifying the action plan following full consultation.	
Racial group	The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and control, employment and employability and being part of the community. We will consider modifying the action plan following full consultation.	
Age	The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and control, employment and employability and being part of the community. We will consider modifying the action plan following full consultation.	
Marital status	The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and control, employment and employability and being part of the community. We will consider modifying the action plan following full consultation.	
Sexual orientation	The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and	

	control, employment and employability and being part of the community. We will consider modifying the action plan following full consultation.	
Men and women generally	The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and control, employment and employability and being part of the community. We will consider modifying the action plan following full consultation.	
Disability	The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and control, employment and employability and being part of the community. We will consider modifying the action plan following full consultation.	
Dependants	The Strategy and action plan by emphasising the social model of disability will strengthen the recognition of social and environmental barriers that disabled persons face leading to actions in participation and active citizenship, awareness raising , accessibility, independent choice and control, employment and employability and being part of the community. We will consider modifying the action plan following full consultation.	

**9. To what extent is the policy likely to impact (positive or negatively) on good relations between people of different religious belief, political opinion or racial group? What is the level of impact?**

<b>Good relations category</b>	<b>Likely impact?</b>	<b>Level of impact? Minor/Major/None</b>
Religious belief	N/A	
Political opinion	N/A	
Racial group	N/A	

**10. Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?**

<b>Good relations category</b>	<b>If Yes, provide details</b>	<b>If No, provide reasons</b>
Religious belief	N/A	
Political opinion	N/A	
Racial group	N/A	

## **Section C**

**Belfast City Council also has legislative obligations to meet under the Disability Discrimination Order and Questions 12-13 relate to these two areas.**

### **Consideration of Disability Duties**

**11. Does this proposed policy / decision provide an opportunity for the Council to better promote positive attitudes towards disabled people?**

*Explain your assessment in full*

Yes.

The Disability Strategy provides an opportunity for the Council to better promote positive attitudes towards disabled people. The Action Plan highlights the related Disability Discrimination Order actions (DDO) 2015 -2018.

**12. Does this proposed policy / decision provide an opportunity to actively increase the participation by disabled people in public life?**

*Explain your assessment in full*

Yes

The Disability Strategy provides an opportunity for the Council to provide an opportunity to actively increase the participation by disabled people in public life? The Action Plan highlights the related DDO actions.

### **13. Multiple Identities:-**

**Provide details of data on the impact of the policy with multiple identities**

N/A

#### 14. Monitoring Arrangements:-

*Section 75 places a requirement the Council to have equality monitoring arrangements in place in order to assess the impact of policies and services etc; and to help identify barriers to fair participation and to better promote equality of opportunity.*

*Outline what data you will collect in the future in order to monitor the impact of this policy / decision on equality, good relations and disability duties.*

<b>Equality</b>	<b>Good Relations</b>	<b>Disability Duties</b>
Ongoing monitoring of action through the Disability Strategy action plan reporting system	N/A	Ongoing monitoring of action through the Disability Strategy action plan reporting system

## Section D

### Formal Record of Screening Decision

#### Title of Proposed Policy / Decision being screened

Belfast City Council Disability Strategy and Action Plan 2015-2018

I can confirm that the proposed policy / decision has been screened for –

X	Equality of opportunity and good relations
X	Disabilities duties

On the basis of the answers to the screening questions, I recommend that this policy / decision is – *(place an X in the appropriate box below)*

	* <b>Screened In</b> – Necessary to conduct a full EQIA
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X	* <b>Screened Out</b> – No EQIA necessary (no impacts) Provide a brief note here to explain how this decision was reached:
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	* <b>Screened Out -</b> Mitigating Actions (minor impacts) <ul style="list-style-type: none"><li>• Provide a brief note here to explain how this decision was reached:</li><li>• Explain what mitigating actions and / or policy changes will now be introduced:</li></ul>
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## Formal Record of Screening Decision (cont)

### Screening assessment completed by (Officer level) -

Name: Stella Gilmartin

Date: 17<sup>th</sup> April 2015

Department : GRU, Health and Environmental Services

Signature: please insert a scanned image of your signature below

### Screening decision approved by -

Name: Nicola Lane

Date:

Department: GRU, Health and Environmental Services

Signature: please insert a scanned image of your signature below

Please save the final version of the completed screening form and forward to the Equality and Diversity Officer – [gilmartins@belfastcity.gov.uk](mailto:gilmartins@belfastcity.gov.uk) or [dennisl@belfastcity.gov.uk](mailto:dennisl@belfastcity.gov.uk) . The screening form will be placed on the BCC website and a link provided to the Council's Section 75 consultees.

For more information about equality screening contact –

**Stella Gilmartin / Lorraine Dennis**

**Equality & Diversity Officer (*job-share*)**

**Belfast City Council**

**City Hall**

**Belfast**

**BT1 5GS**

**Telephone: 028 90270511**

**[gilmartins@belfastcity.gov.uk](mailto:gilmartins@belfastcity.gov.uk) or [dennisl@belfastcity.gov.uk](mailto:dennisl@belfastcity.gov.uk)**