Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Equality Screening, Disability Duties and Human Rights Assessment Template

Part 1 – Policy scoping

Part 2 – Screening questions

Part 3 – Screening decision

Part 4 – Monitoring

Part 5 – Disability Duties

Part 6 – Human Rights

Part 7 – Approval and Authorisation

Guidance on completion of the template can be found on the Equality Commission website at S75 screening template 2010 (web access checked 230920) .docx

Part 1. Policy scoping

1.1 Information about the policy

Name of the policy:

Department of Health Breastfeeding Action Plan

Is this an existing, revised or a new policy?

New

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

The Plan aims to bring together policy branches and operational initiatives across breastfeeding, in partnership with the Public Health Agency (PHA), and set out priority areas for action deemed most effective to improve breastfeeding rates in Northern Ireland. This Action Plan is an enabling framework rather than an implementational policy

Are there any Section 75 categories which might be expected to benefit from the intended policy?
If so, explain how.

The main section 75 categories impacted include age and gender. Breastfeeding generally impacts women of childbearing age however there are some disparities between demographics eg younger mothers are less likely to breastfeed than older mothers.

Who initiated or wrote the policy?

Health Improvement Policy Branch led on the development of the new Action Plan with the Public Health Agency. The Plan was collectively developed and agreed, and it brings together many already established policy issues from across DoH.

Who owns and who implements the policy?

Health Improvement Policy Branch owns the plan and provides secretariat.

The Plan was agreed by the Minister for Health Mike Nesbitt.

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?

If yes, are they (please delete as appropriate)

Financial – there are many areas of breastfeeding promotion that would benefit from investment; however, given the current budgetary environment, the Action Plan has been designed to push forward with progress within the confines of current investment and resources.

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

Staff - Various policy branches have a role to play in leading/contributing to the successful delivery of the Action Plan.

Service users – The Plan contains emphasis on the need for service user engagement and ultimately intends to improve outcomes for mothers and infants.

Other public sector organisations – HSC Trusts and the Public Health Agency have roles to play in the delivery of the Action Plan objectives.

Voluntary/community/trade unions – Community Voluntary sector organisations have been involved in the development of the plan and play an important role in driving it forward.

1.4 Other policies with a bearing on this policy

- what are they? who owns them?

Health improvement – community/voluntary sector initiatives to improve breastfeeding outcomes (Health Improvement Policy Branch)

Making Life Better - Population Health Directorate

A Fitter Future for All (under review) - Population Health Directorate

Healthy Child, Healthy Future – Nursing and Midwifery

Enabling Safe Quality Midwifery Services and Care In Northern Ireland - Nursing and Midwifery

Children and Young People's Strategy 2020-2030 – Department of Education

Women's Health Action Plan development - Secondary Care Directorate

Gender Equality Strategy - Department for Communities

1.5 Available evidence

What evidence/information (both qualitative and quantitative[1]) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

Religious belief evidence / information:

N/A

Political Opinion evidence / information:

N/A

Racial Group evidence / information:

Information captured from stakeholder engagement suggest that there may be greater information and access needs for certain ethnic populations (list not exhaustive).

Age evidence / information:

[1] * Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

Quantitative data illustrates that younger mothers are less likely to breastfeed than older mothers (Breastfeeding Strategy Review)

Marital Status evidence / information:

Regional data not available

Sexual Orientation evidence / information:

Regional data not available

Men & Women generally evidence / information:

Quantitative data illustrates that there is an increase in women attempting breastfeeding.

Disability evidence / information:

Regional data not available

Dependants evidence / information:

Regional data not available

1.6 Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

Religious belief
N/A

Political Opinion
N/A

Racial Group

These have been included in the plan for further exploration and consideration.

Language barriers for people whose first language is not English are also a known group that have specific breastfeeding information requirements.

Age

Age has been identified as an important consideration for targeted breastfeeding information particularly for younger mothers.

Marital status

Single mothers may potentially have specific needs to support them breastfeeding.

Sexual orientation

Negative or discriminatory attitudes towards LGBTQ+ people may be a barrier to them accessing breastfeeding information and support.

Men and Women Generally

Women of childbearing age have specific needs when it comes to service access to support them breastfeeding their infants.

Disability

It is likely that those with disabilities may have particular requirements regarding breastfeeding information and support.

Dependants

Mothers who breastfeed their previous child, are more likely to breastfeed their current child.
Mothers of multiple births may require specific support.

Part 2. Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? minor/major/none

Details of the likely policy impacts on Religious belief:

What is the level of impact? None

Details of the likely policy impacts on Political Opinion:

What is the level of impact? None

Details of the likely policy impacts on Racial Group: Access to services and/or information may sometimes be impacted in delays to interpretation services.

What is the level of impact? Minor

Details of the likely policy impacts on Age: Data shows younger mothers are less likely to breastfeed than older mothers.

What is the level of impact? Minor

Details of the likely policy impacts on Marital Status: Single mothers may require specific support to breastfeed.

What is the level of impact? Minor

Details of the likely policy impacts on Sexual Orientation: Members of the LGBTQ+ community may have issues accessing information and services.

What is the level of impact? Minor

Details of the likely policy impacts on Men and Women: Women may have issues accessing information and services, depending on their circumstances.

What is the level of impact? Minor

Details of the likely policy impacts on Disability: People with disabilities may be impacted by limited access to services and information both physically or cognitively.

What is the level of impact? Minor

Details of the likely policy impacts on Dependants:

What is the level of impact? None

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? Yes/ No

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

Religious Belief - If Yes, provide details:
If No, provide reasons: No religious implications noted

Political Opinion - If Yes, provide details:
If No, provide reasons: No political implications noted

Racial Group - If Yes, provide details: There may be opportunities to ensure that information about breastfeeding and service access are available in multiple languages for those whose first language is not English are not disadvantaged.

If No, provide reasons

Age - If Yes, provide details: Ensuring young mothers receive appropriate information regarding breastfeeding to enable them to make an informed decision.
If No, provide reasons:

Marital Status - If Yes, provide details: Ensuring single mothers receive the appropriate support to enable them to make an informed decision and continue breastfeeding they chose to do so.
If No, provide reasons

Sexual Orientation - If Yes, provide details: Ensuring people from the LGBTQ+ community can access information and services without bias.

If No, provide reasons:

Men and Women generally - If Yes, provide details: Ensuring that all women can access information and services without bias.
If No, provide reasons:

Disability - If Yes, provide details: There may be opportunities to ensure information and services are more easily accessible
If No, provide reasons:

Dependants - If Yes, provide details:
If No, provide reasons: No dependent implications noted

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

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

Details of the likely policy impacts on Religious belief:

What is the level of impact? None

Details of the likely policy impacts on Political Opinion:

What is the level of impact? None

Details of the likely policy impacts on Racial Group:

What is the level of impact? None

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

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

Religious Belief - If Yes, provide details:
If No, provide reasons: Good relations implications are not directly relevant within breastfeeding policy.

Political Opinion - If Yes, provide details:
If No, provide reasons: Good relations implications are not directly relevant within breastfeeding policy.

Racial Group - If Yes, provide details:
If No, provide reasons: Good relations implications are not directly relevant within breastfeeding policy.

2.5 Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category. **Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?**
(*For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

It has been recognised through stakeholder engagement that several multiple identity groups will require extra support with breastfeeding. Young single mothers, women who are disabled, LGBTQIA+ parents, mothers who reside in areas of deprivation, mothers of multiple births and women in ethic minority groups have been identified as potentially needing additional or specialised support with breastfeeding.

While socio-economic deprivation is not a Section 75 category, it is closely associated with differential outcomes across age, gender and dependants, and is therefore relevant contextual evidence.

The breastfeeding action plan intends to support each family on assessed need and actions have been identified to work with researchers and institutions to consider new approaches to increase breastfeeding rates for low prevalence groups.

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

While not every multiple identity scenario has published data (marital status, sexual orientation, ethnicity and disability status are not published), the following information along with stakeholder engagement has identified groups that will require additional support to breastfeed.

In the Public Agency's report for 2022 it was reported:

- the prevalence of breastfeeding (%) up to 12 months for births in Sure Start (SS) areas compared to Non-Sure Start areas, highlighting that the rate of breastfeeding at discharge in Non-Sure Start areas is 1.4 times higher compared with Sure Start areas (57.2% compared to 40.7%).
- 46.8% of mothers aged 20-24 years attempted to breastfeed compared to 68.6% of mothers aged 35-39 years.

- breastfeeding was reported as having been attempted for 49.7% of births to mothers living in the 20% most deprived Super Output Areas (SOAs) in Northern Ireland compared to 74.8% of births to mothers living in the 20% least deprived SOAs.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so, please provide details.

The development of the Action Plan was directly shaped by engagement with stakeholders, with adverse implications for certain demographics identified and included throughout this process. Actions required to mitigate adverse impacts will be examined as part of the Action Plan delivery process.

Part 3. Screening decision

3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?

Overall minor impact, with potential for positive equality outcomes through targeted action

3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?

No

3.3 Please explain your reason.

This Action Plan builds on strategic direction that was already established in the previous Breastfeeding Strategy. The individual policies that link in with the Action Plan framework will have separate impact assessments as required on implementation of the actions.

The Breastfeeding Action Plan aims to improve breastfeeding rates across the region. There is no additional resource associated with the plan, and the actions focus on the various areas that need further attention and scoping in order to determine breastfeeding priorities in the future. Any major programmes of work or activities that fall within the remit of the plan in the future may therefore need individual impact assessments.

3.4 Mitigation

When the public authority concludes that the likely impact is ‘minor’ and an equality impact assessment is not to be conducted, the public authority 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.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

No – any specific implications for section 75 groups that have been identified to date have been incorporated into the plan for further exploration and

consideration through existing governance and delivery groups and within current resources.

If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.

3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been **'screened in'** for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Effect on equality of opportunity and good relations – **Rating ___** (1-3)

Social need – **Rating ____** (1-3)

Effect on people's daily lives – **Rating ___** (1-3)

Relevance to a public authority's functions – **Rating ___** (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities?

If yes, please provide details.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

New governance structures will be established, with a Joint Oversight Group which will work with stakeholders and determine the priority actions across breastfeeding that will most greatly benefit women, babies and families in Northern Ireland. This group brings together DoH policy leads from health improvement and nursing and midwifery, alongside operational leads from the PHA health improvement, early years and nursing. A further four delivery groups will be established to take forward actions for each of the four main areas in the plan. These groups will include representatives from DoH, PHA, HSC Trusts and community and voluntary organisation leads.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Various data and information will be captured and reported to monitor progress and changes to outcomes. For example:

- breastfeeding initiation and continuation rates
- equity breakdowns where data is available (age, deprivation, geography),
- qualitative feedback via stakeholder engagement.

Please note*: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues*.

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

Yes – the plan recognises that disabled people will want to breastfeed in the same way as non-disabled people do; however, subject to the disability, there may be different information needs to ensure they are supported and service access options are, and this has been identified in the plan as an area that needs specific consideration.

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

There is an opportunity to ensure that people with disabilities are recognised as wanting to breastfeed their children, in the same way as other mothers. This was raised as part of stakeholder engagement.

Part 6. Human Rights

6.1 Does the policy / decision affects anyone's Human Rights?

Details of the likely policy impacts on Article 2 – Right to life: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 5 – Right to liberty & security of person: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time:

What is the impact? Neutral

Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence: (insert text here)

What is the impact? Positive – the aim of this policy is to support families to breastfeed and to continue breastfeeding for longer. No interference with Convention rights has been identified, and any actions taken will be proportionate and within existing legal frameworks

Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 10 – Right to freedom of expression: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 12 – Right to marry & found a family: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property: (insert text here)

What is the impact? Neutral

Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education: (insert text here)

What is the impact? Positive - considers access to education and information relating to breastfeeding. No interference with Convention rights has been identified, and any actions taken will be proportionate and within existing legal frameworks

6.2 If you have identified a likely negative impact who is affected and how?

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

N/A

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

The Plan generally aims to improve access to services and promote awareness of breastfeeding, ultimately aiming to improve health outcomes of the population.

Specific working groups will be established to explore individuals' issues in more detail and determine implementation plans.

Part 7 - Approval and authorisation

Screened by:	**Position/Job Title**	**Date**
Heather Armstrong	DP	
Approved by: Bryan Dooley	G7	
Copied to EHRU:		19/06/2026

The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.