Health and Social Care Board

Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

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 or none)

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

3) To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)

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

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website: http://www.hscbusiness.hscni.net/services/1798.htm

Health and Social Care Board

Equality, Good Relations and Human Rights
SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Learning Disability Service Model –We Matter (referred to thereafter as 'The Model')

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

Context/ Background

Many people with a learning disability still face discrimination, marginalisation, and barriers to opportunities, which impact negatively on social integration, ability to work, and mental health.

The Department of Health (DoH) is leading on a regional project to improve Adult Learning Disability Services across Northern Ireland. The DoH is looking to create a new Regional Model for Adult Learning Disability Services. This means that no matter where you live you will receive the services you need to help you and your family members or carers.

This new model will inform future services, taking account of population changes, experiences and the needs of adults with learning disabilities and supportive roles played by both statutory and community/voluntary sector providers across the region.

We are currently engaging with service users, carers, health and care staff and voluntary and community organisations across Northern Ireland to gain feedback on services with a particular focus on six key themes.

- Transitions
- Accommodation
- Care Support
- Health and Well-being
- Assessment and Treatment

- Meaningful Lives and Citizenship.

We are asking people what is working well, what can be improved and what do we need to start doing in order to improve the lives of adults with learning disabilities in Northern Ireland

The Department of Health supported a transformational bid from Health and Social Care Board (HSCB) in 2018 to co-produce and develop a Regional Learning Disability Service Model. The case for the model was to address a number of ongoing key challenges identified by those who currently access the services as well as those providing the service. The key objectives of the Learning Disability Service Model:

- To continue working towards the objectives of Bamford 'Equal Lives';
- To ensure regional consistency of quality, effectiveness and availability of services;
- To develop processes to map data and support resource mapping which can identify key health and social care needs of adults with learning disabilities to inform future commissioning and service planning;
- To develop workforce and training required to support the delivery of effective and efficient services;
- To develop strategic commissioning and procurement processes which are based on analysis of need and support a market of voluntary and independent sector organisations to provide the services;
- To reduce inequalities and improve health and social wellbeing for individuals with a learning disability.

Key achievements to Date

- ❖ A Project Steering Group (PSG) was established: (Mencap, Carer rep (Bamford Group), Trust Assistant Directors of Learning Disability, ARC NI representation, HSCB (Chairing Role), PHA, DoH Policy and Professional representation (2019 – March 2020)
- ❖ Co-produced Engagement Process developed (w/ HSCTs/ARC/TILII)
- ❖ Co- produced workshops facilitated by Artscare NI to develop logo/ name for the Model (We Matter)
- ❖ Several Consultation/ Engagement Events took place across Northern Ireland
- ❖ An Online Survey was developed and disseminated / Responses collated
- ❖ Visits – Statutory, non-statutory, focus groups
- ❖ 3 Regional Workshops took place and were facilitated by ARC NI
- ❖ Several versions of the Learning Disability Model have been drafted by the Editorial Team (Social Care Lead/Regional Project Lead/HSC Trust Project Leads)

The Model outlines 6 Key Ambitions and 25 Outcome Measures (with 25 Actions) derived initially from Equal Lives DHSSPS (2005) and ratified through engagement with key stakeholders across the region. These are Life Changes, Health and Wellbeing, Carers and Families, Meaningful Life and Citizenship, Home and Specialist Assessment and Treatment. It outlines a roadmap for transforming Learning Disability Services in Northern Ireland within a projected timeframe of 3-5 years.

The Model is grounded in the Programme for Government Outcome Measures (2016–2020), and sits alongside a high-level Strategic Delivery Plan and fully costed Implementation Plan for commissioners.

The Review of Adult Social Care noted, “our vision is to place the person receiving care and support at the centre, building on their strengths and as far as possible, complementing family and community resources”. The call for partnering in care and support was evidenced very clearly during this engagement process and will continue as the Model moves to the implementation phase.

Next steps/ Priority Actions

- Secure approval on the Model from DoH
- Complete design and print of the Model
- Ensure Easy Read version of the Model (co-produced with individuals with lived experience and their families / carers).
- Develop appropriate Implementation structures (led by the Learning Disability Transformation Taskforce (LDTT) bringing together senior responsible owners from all organisations working in Learning Disability)
- Establish the relevant Work Streams to adopt what is already good practice in the system at pace and test innovation. The Work Streams will support a strong interconnected governance structure that holds the delivery programme to account, and ensures that a partnership and co-produced approach is transparent
- Ensure links to other work –i.e. The Regional Review of Learning Disability Acute (Inpatient and Intensive Community) Services in Northern Ireland (October 2019), The HSC Muckamore Abbey Hospital Action Plan, The development of a regional approach to Community Based Assessment and Treatment services, The Regional Contingency Planning Group, The Regional LD Operational Delivery Group (RLDODG).

The Model also describes a number of transformational change ideas to help achieve the vision set out over the next 3-5 years and provide a road map to enable the dynamic change that will be required. These include a Learning

Disability Systems Leader/Champion similar to the Mental Health Champion, a Learning Disability People's Parliament, a Learning Disability Network / Observatory, a regional Website, a Regional Learning Disability Housing Lead, a Regional Informatics Framework and Register, a Learning and Development Framework, a Learning Disability Carer Consultancy model, and pathways of care for individuals based on their assessed needs.

Challenge/ constraints:
Finance

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

- Children with needs, i.e. children diagnosed with a learning disability transitioning from Children's Services to Adult Services.
- Adults with learning disabilities.
- Carers
- DoH/ DfC/DE
- HSCTs
- Strategic Planning and Performance Group of the DoH (formerly HSCB)
- Range of Learning Disability CV groups – e.g. Mencap, ARC, Positive Futures, TILI, FINI etc.

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

There are a range of strategic developments, directives and challenges that highlighted the need for the review of Adult Learning Disability service provision. These include:

- The outcomes of the *Bamford Review of Mental Health and Learning Disability*, and the associated *Bamford Action Plan (2012-2015);*
- The *Review of Adult Learning Disability Community Services (Phase II)* (October 2016);
- The draft *Programme for Government (2016-2021);*
- The 10 year approach to transforming health and social care*: Health and Wellbeing 2026: Delivering Together* (2016);
- The *Mental Capacity Act (Northern Ireland) 2016*; and
- Recommendations for the Reform of Adult Social Care, outlined in *Power to People: Proposals to reboot adult care & support in Northern Ireland* (2017).

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

From the outset as well as during the planning and development phase of The Model inclusive and continuous dialogue with the key stakeholders and service users was central to the process.

A Communications and Engagement Plan was developed which set out an overview of the key audiences, channels, and key activities to be taken forward as part of the communications and engagement process. It was written in line with the principals of co-production and personal and public involvement and developed to respond to the key learning points from the pre-consultation communications and engagement process. A range of activities and approaches were implemented to allow stakeholders the opportunity to provide their views and feedback on the Model.

The **objectives** of the Communications and Engagement Plan were:

- To raise an awareness amongst stakeholders about the regional project to improve Adult Learning Disability Services across Northern Ireland;
- To effectively engage and communicate with key stakeholders (internal and external) and local communities to ensure their views about the focussed themes and experiences are listened to and collated to help shape and enhance a new model of Adult Learning Disability Services across NI;
- To deliver all communications and engagement activities in a standardised, timely and accessible way to the needs of stakeholders to enable them to participate effectively during the consultation process.

The **Implementation** of the Communications and Engagement Plan ensured:

- Those who were most likely to be affected by the Model were targeted;
- Timing - Early enough to scope any key issues that would have an effect on the Model;
- All communication was informed, meaningful – disclosed relevant information in an understandable format and the techniques were appropriate to key stakeholders;
- Two-way - opportunities to exchange information, listen, ask questions, and have issues addressed;
- Documented to keep track of who had been consulted and key issues raised;
- Stakeholders received updates in a timely manner on outcomes and next steps.

To date over **3,600** stakeholders (i.e. service providers, carers and users of services) have been engaged and consulted. This has been achieved by:

- ❖ 190 Engagement Events across Northern Ireland

- ❖ 2860 Attendees
- ❖ 794 Online Survey Responses
- ❖ 3 Regional Workshops – facilitated by ARC NI

- **Census 2011**
- **CarersNI State of Caring report 2019**
- **Northern Ireland Life and Times, 2019**
- **HSCB Delegated Statutory Functions Statistical Report March 2020.**
- **Mencap. Available at https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability**
- **RQIA Review of Adult Learning Disability Community Services Phase II (2016)**
- **All Party Group on Learning Disability, 2018**
- **A Fair, Supportive Society, 2018**
- **Brain Anatomy and Ageing in Non-demented Adults with Downs Syndrome,2010**
- **LGBTQ HIP and Lewis 2015; Abbott et al. 2005; Harflett & Turner**
- **'We Matter' Learning Disability Service Model For Northern Ireland Final Version 5.0 May 2021**

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

When reviewing relevant literature there remains a gap in that no one data system is able to provide an overall population within Northern Ireland.

Category	***What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	**Service Users - Adults with a learning Disability** Mencap estimate that there are approximately 2.16% of the adult population have a learning disability (31 000 people in Northern Ireland. There are no statistics on the numbers of males and females with a learning disability. **Carers** Data suggests that most carers are female. Data from CarersNI suggests that 64% of carers are women; 36% are men.
Age	**Service Users - Adults with a learning Disability** It is estimated that there are approximately 25,000 adults of working age with a learning disability in Northern Ireland (i.e. aged 18 – 65 years. According to Mencap there are approximately 1.4 million individuals with a learning disability in the UK, of which approximately 1,119,000 are adults, or 2.16% of the adult population. The prevalence of learning disability among children across the UK is believed to be slightly higher, at 2.5% of the child population as a whole: it may be anticipated therefore that a slight rise in learning disability prevalence among adults may be anticipated in the future. Significant improvements in health and social care for people with a learning disability have led to a dramatic increase in the life expectancy of this population over the past fifty years. A much larger proportion of this population are living into older adulthood with associated increasing rates of age-related conditions, including dementia. **Carers** Census 2011 data reveals that the majority of carers lie within the 35–64 age band, with one third (33%) aged 35–49, and a further 31 per cent aged 50–64. There are also a significant number of young carers (those aged under 18); 2% of 0-17 year olds are carers, based on the 2011 Census.

	Increasing numbers of older family carers, some in their 80s and 90s, are providing care to support adults with severe learning disabilities.
Religion	**Service Users - Adults with a learning Disability and Carers** There are no published statistics relating to the religious breakdown of adults with a Learning Disability or Carers. It is assumed that this will be in line with general population patterns: Religion or Religion brought up in: • 45.14% of the population were either Catholic or **brought up** as Catholic. • 48.36% stated that they were Protestant or **brought up** as Protestant. • 0.92% of the population belonged to or had been **brought up** in other religions and Philosophies. • 5.59% neither belonged to, nor had been brought up in a religion. (Census 2011)
Political Opinion	**Service Users - Adults with a learning Disability and Carers** There are no published statistics relating to the political opinion of adults with a Learning Disability or Carers. It is assumed that this will be in line with general population patterns. Findings from a Northern Ireland population based survey exploring national identity asked “Generally speaking, do you consider yourself as a unionist, a nationalist or neither?” **(**Northern Ireland Life and Times, 2019). Findings suggested the following breakdown within the Northern Ireland population: Unionist 33% Nationalist 23% Neither 39% Other 2% Don't know 3%.
Marital Status	**Service Users - Adults with a learning Disability** Around 60% of adults with a learning disability in Northern Ireland live with family carers, while the remainder live in long stay hospitals, residential homes, or supported living schemes. A small number live independently by themselves. The RQIA Review of Adult Learning Disability Community Services Phase II (2016)

	noted a level of approximately 70% living alone or with family, with numbers fluctuating from 65% to 76% depending on each Trust. There are no published statistics relating to the marital status of adults with a Learning Disability or Carers. **Carers** There are no published statistics relating to the marital status of carers. However, the last published census suggests that of the NI population: • 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner (Census 2011)
Dependent Status	**Service Users - Adults with a learning Disability** There are no statistics relating to the numbers of people with a learning disability who have dependants. Around 60% of adults with a learning disability in Northern Ireland live with family carers, while the remainder live in long stay hospitals, residential homes, or supported living schemes. A small number live independently by themselves. The RQIA Review of Adult Learning Disability Community Services Phase II (2016) noted a level of approximately 70 % living alone or with family, with numbers fluctuating from 65% to 76% depending on each Trust. **Carers** The Northern Ireland Assembly Research and Information Service (2017) has also noted that "Informal carers provide much needed health and social care support to those with learning disabilities." Citing research conducted by Carers UK and the University of Sheffield in 2015, the Service observes there are around "220,500 informal (unpaid) carers in Northern Ireland providing support worth an estimated £4.6 billion per year (around the same as the entire Northern Ireland health budget). Around 9% of these provide care for 'someone with a learning disability' with many carers in poor health themselves.
Disability	**Service Users - Adults with a learning Disability**

Table 1: Adults with a Learning Disability in the UK – Estimated Numbers

REGION	ESTIMATED NUMBERS
England	Estimations range from **930,400** (Public Health England, 2016) to **939,338** (Mencap, 2016-17)
Wales	Estimations range from **11,410** (Statistics for Wales, 2018) to **53,681** (Mencap, 2016-17) - **60,000** (Welsh Government, 2018)
Scotland	Estimations range from **23,446** (National Statistics Scotland, 2018) to **26,786** (ENABLE Scotland, n.d.)
Northern Ireland	Estimations range from **7,198** (McConkey, 2013) to **30,814** (Mencap, 2016-17) (All Party Group on Learning Disability, 2018)

•The numbers outlined above are approximate, rely on data collated from a range of sources that categorise information differently, and typically do not include information on people who are not known to authorities

•The Northern Ireland Census (2011) also indicated that around 2% of the population or around 40,000 people (including children, young people, and adults) may have a learning disability.

•HSC Trust Health Care Facilitators (HCF) noted anecdotally there may be a number of individuals attending yearly Health Checks with a GP and Health Care Facilitators (HCF) that may have a diagnosis of learning disability but decline further services, and others that decline diagnostic assessment.

People with a learning disability have worse physical and mental health than people without a learning disability. The 2023 Learning Disabilities Mortality Review (LeDeR, published 2025) found that adults with a learning disability on average die 19.5 years younger than the general population.

Common associated health conditions for people with a learning disability include mental health problems, epilepsy, and being underweight or overweight, which can lead to other health issues.

There are also a sizeable proportion of people with learning

	difficulties who have hearing difficulties and/ or who have sight issues or who are blind. **Carers** Carers NI suggest that people providing high levels of care are twice as likely to be permanently sick or disabled than the average person.
Ethnicity	**Service Users - Adults with a learning Disability and Carers** There are no accurate statistics relating to the numbers of people with a learning disability who belong to minority ethnic groups. It is estimated that around 2% of the NI population belong to ethnic minority groups. Statistics from the HSC Interpreting Service showed a large rise in requests for interpreters from 1,850 in 2004-2005 to 132,434 requests in 2019-2020. The most popularly requested languages in 2019-2020 are described below: 1. Polish 30231 2. Arabic 20392 3. Lithuanian 15503 4. Romanian 13059 5. Portuguese 8312 6. Bulgarian 7881 7. Tetum 6623 8. Slovak 5696 9. Mandarin 4794 10. Cantonese 3170
Sexual Orientation	**Service Users - Adults with a learning Disability and Carers** There are no accurate statistics relating to the sexual orientation of people with a learning disability or their carers. However, it would be reasonable to assume that these are in line with the suggested numbers of people in the general population who identify as gay, lesbian or bisexual. It is estimated that between 7% and 10% of the population will identify as gay, lesbian or bisexual.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	*Needs and Experiences*
Gender	**Service Users - Adults with a learning Disability** On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. The life expectancy of men with a learning disability is 14 years shorter than for men in the general population (NHS Digital 2017). Research has found that many transgender people with a learning disability face discrimination because of their sexuality or gender. For example, some LGBTQ people with a learning disability are bullied or harassed. In addition, their family members or service staff might not acknowledge their identities or relationships (LGBTQ HIP and Lewis 2015; Abbott et al. 2005; Harflett & Turner, 2016). **Carers** There were no additional needs identified based on gender for carers.
Age	**Service Users - Adults with a learning Disability** People with a learning disability often start to experience age-related health conditions earlier than the general population (LeDeR, 2025). Their assessed health and social care needs continue to be met by Learning Disability Programme of Care as opposed to transitioning to Older People's programme of care. **Carers** Research has shown that one of the major worries reported by

	Carers is how they will continue to care for their dependent as they get older. Indeed, as carers themselves age, they are less likely to be able to provide the same level as care for their dependent as they once did. The report – 'Confronting a looming crisis', from Professor Rachel Forrester-Jones at the University of Bath for New Forest Mencap – highlights severe strains placed on families as a result of our ageing population. It suggests much greater support is needed to help them cope, and emphasises the importance of future planning.
Religion	**Service Users - Adults with a learning Disability** Information did not suggest any additional needs based on the service users' religion. **Carers** Information did not suggest any additional needs based on the religion of carers.
Political Opinion	**Service Users - Adults with a learning Disability** Information did not suggest any additional needs based on the political opinion of service users. **Carers** Information did not suggest any additional needs based on the political opinion of carers.
Marital Status	**Service Users - Adults with a learning Disability** Generally, if they are given sufficient social support and accessible sex and relationships education, many people with a learning disability are able to engage in safe, healthy and happy personal and sexual relationships (Sinclair et al. 2015; Eastgate 2008). Many people with a learning disability have the same aspirations for loving relationships as those without a learning disability (Bates et al., 2017a; 2017b; Whittle & Butler, 2018). The companionship that a partner provides is important to people with a learning disability (Bates et al., 2017a; 2017b). Intimate relationships can fulfil needs and have a positive impact on

	mental health and well-being (Rushbrooke *et al.,*2014). **Carers** Support workers and family members can play a large role in supporting or preventing people with a learning disability in developing and sustaining relationships (McCann et al. 2016; Brown & McCann, 2018; NDTI, 2019). For example, people with a learning disability may rely on family members or support workers to help them to attend social events, where they can meet potential partners (NDTI, 2019). In some cases, support staff have reportedly been instrumental in helping the development of relationships, especially for those with higher support needs (Bates et al., 2017a). However, evidence suggests some support workers see their role as limited and report a lack of guidance on what they can and cannot do or say in regards to supporting sexuality. This issue is further exacerbated by tensions between trying to enable positive relationships and trying to protect the person with a learning disability from abuse or exploitation (Harflett & Turner, 2016; Maguire *et al.,* 2019).
Dependent Status	**Service Users - Adults with a learning Disability** It is acknowledged that individuals who have a learning disability mat find it more challenging to care for dependents and may need additional support to do this, compared the rest of the population. **Carers** It is also important to acknowledge those carers who are not only caring for an adult with a learning disability but who may also be caring for other dependent children, or someone who is elderly, and the additional stress this may cause. Almost 34% of all households in NI had dependent children (Census 2011). Moreover, there were 115,959 single parent families, with 123,745 dependent children in these families (Census 2011). A distinct gender disparity exists: of the 115, 959 lone parents, 16, 691 are males and 99,268 are female. (Census 2011)

	The State of Caring 2019 Annual survey (UK wide, including NI) suggests that • 2 in 5 carers (39%) responding reported being in paid work. • 38% of all carers reported that they had given up work to care. • 18% had reduced their working hours • One quarter of all carers provide over 50 hours of care per week
Disability	**Service Users - Adults with a learning Disability** Many people with a learning disability still face discrimination, marginalisation, and barriers to opportunities, which impact negatively on social integration, ability to work, and mental health. Research has shown that individuals with a learning disability in Northern Ireland are a vulnerable group who experience particular health inequalities (Black, 2013). This finding is supported by wider current research and practice in relation to applying a social determinants approach to improving the lives and health outcomes of people with learning disabilities – i.e. understanding and improving the conditions in which people are born, live, and work (Rickard & Donkin, 2018). Only one in ten adults with a learning disability in Northern Ireland is in paid employment. To qualify these statistics employment is an umbrella term and does not relate solely to employment in open employment; many are employed within the context of supported employment and that does not mean fulltime either. In both Northern Ireland (see: All Party Group on Learning Disability, 2018) and elsewhere (see: Rickard & Donkin, 2018), individuals with a learning disability are more likely than the general population to: Grow up in poverty and poor environments, which can limit the ability and freedom to pursue healthy options, be socially included, and/or afford decent housing. Can have difficulty forming close relationships in their early years, which can lead to behavioural and mental health problems. Have poor educational attainment. Experience social isolation and loneliness. Experience mental health difficulties.

	Have poor physical health. Have a shorter life expectancy: individuals with a learning disability die on average, 19.5 years sooner than their peers. It is well established that there are much higher rates of Alzheimer's disease in people with Down syndrome (DS) as compared to the general population and compared to other people with a learning disability. Individuals with DS are more prone to age related cognitive decline and are at higher risk of developing dementia that resembles Alzheimer's disease at a much earlier age in comparison to typically developing individuals (Beacher et al 2010). Research has found that individuals with a learning disability make far less use of their GP than the general population, due to a variety of reasons including, for example, communication difficulties and access issues. Since GPs act as the gatekeepers to the healthcare system and are usually the first point of contact, this trend of low uptake of GP services by individuals with a learning disability can lead to delays in diagnosis and treatment in relation to the full range of physical and mental health and wellbeing needs. HSC Trust Health Care Facilitators (HCF) noted anecdotally there may be a number of individuals attending yearly Health Checks with a GP and Health Care Facilitators (HCF) that may have a diagnosis of learning disability but decline further services, and others that decline diagnostic assessment. Research has identified a number of barriers stopping people with a learning disability from getting good quality health and social care and accessing other services. These barriers include: • A lack of accessible transport links • Patients not being identified as having a learning disability • Staff having little understanding about learning disability • Failure to recognise that a person with a learning disability is unwell • Failure to make a correct diagnosis • Anxiety or a lack of confidence for people with a learning disability • Lack of joint working from different care providers • Not enough involvement allowed from Carers • Inadequate aftercare or follow-up care.

	(Heslop et al. 2013; Tuffrey-Wijnes et al. 2013; Allerton and Emerson 2012). **Carers** Carers who have a disability or long-standing health problem themselves may find it more difficult to care for another person, and deal with the challenges associated with caring.
Ethnicity	**Service Users - Adults with a learning Disability and Carers** Despite the higher prevalence of learning disabilities among some minority ethnic communities and the greater burden of care, families from minority ethnic communities with a member who has learning disabilities are doubly disadvantaged as a result of racial discrimination and culturally inappropriate forms of care and service provision. Some people with learning disabilities may be neglected within their own communities as issues of shame and stigma persist. In the wider community, they often also face what is called "double discrimination", being offered insufficient and inappropriate services. This may be caused by: ▪ Policy and services which are not always culturally sensitive ▪ Wrong assumptions about what certain ethnic groups value ▪ Language barriers ▪ Discrimination
Sexual Orientation	In society today, there is a diversity of sexual needs and expression. This is no different for people with learning disabilities. Adults with a learning disability may form sexual relationships with either sex, as other people do. Research has found that many LGBTQ people with a learning disability face discrimination because of their sexuality or gender. For example, some LGBTQ people with a learning disability are bullied or harassed. In addition, their family members or service staff might not acknowledge their identities or relationships (LGBTQ HIP and Lewis 2015; Abbott et al. 2005; Harflett & Turner, 2016). Evidence suggests some LGBTQ people with a learning disability have concealed their sexuality to avoid expected negativity

	(Rushbrooke *et al.* 2014). Within the limits of the law, sexual orientation and behaviour will be respected and supported. The Adults with Learning Disabilities: Personal and Sexual Relationships Operational Protocol – developed and implemented by the 5 HSCTs should be kept under review and updated accordingly.

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

The Learning Disability Service Model is person centred, underpinned by Equal Lives values and is designed to promote optimum outcomes for all individuals with a learning disability.

2.5 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Given the issues highlighted in the equality screening, workstreams that fall out of the model will focus on the following 6 key areas: • Transitions • Accommodation • Care Support/Pathways • Health and Well-being • Assessment and Treatment • Meaningful Lives and Citizenship	Legislation: Services will continue to be provided in accordance with the legislative framework. Currently legislation protecting and requiring reasonable adjustment are contained within section 75 of the Northern Ireland Act 1998, the Good Friday Agreement and other pieces of equality legislation but not one central piece of legislation. However, within

The Learning Disability Service Model is primarily for Service Users aged 18 years and over (no upper age cut off for individuals who have been eligible for Learning Disability Services throughout their lives). Service Users will have a diagnosed learning disability and associated complex health needs, which require input of specialist Learning Disability Services. Planning for the future is very important as this helps to establish what is important and preferences before a crisis point or life-changing event are reached. These conversations should also involve the person's support network and recognise that the balance of caring relationships can change as carers (often parents) grow older and the person with a learning disability takes on a caring role. People growing older with a learning disability should have an opportunity to review these plans to ensure that they continue to be supported according to their wishes and preferences. As individual workstreams and programmes coming out of the Model will be equality screened separately, mitigation will be included within each of these.	Great Britain stronger legislation has been passed i.e.: The Equality Act 2010, which is a single framework for that brings together all of the antidiscrimination and equality law which applies to both public and private sectors. The Model should consider at least to seek parity with Great Britain or explore stronger legislation via our own legislative assembly. The Equality Act 2010 places a legal duty on all service providers to take steps and make further “reasonable adjustments”, in addition to existing adjustments described within Disability Discrimination Act 1995.

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	*Impact*	*Suggestions*
Religion	Not applicable	
Political Opinion	Not applicable	
Ethnicity	Not applicable	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

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

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	X
Minor impact	
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	X

Please give reasons for your decisions:The 'Model' will consider the likely equality implications during the Implementation phase. A Learning Disability Transformation Taskforce will be established and a series of 'Thematic work streams' will be set up to oversee the implementation. Equality matters will be considered for each of the agreed workstreams and will take into consideration the likely impact of the actions on equality of opportunity for those affected; Opportunities to better promote equality of opportunity for people within the Section 75 and explore opportunities to better promote good relations between people of a different religious belief, political opinion or racial group.

(4) CONSIDERATION OF DISABILITY DUTIES

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

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
The Model has been co-produced after engaging with over 3,600 service providers, carers and users of services. It is the result of an extensive programme of engagement, workshops, meetings and surveys.	The Governance Structure that will oversee the implementation of the Model has individuals with lived experience and carers represented, as well as a Learning Disability Champion and Carers/Service User Reference Group.

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*
• It outlines a roadmap for transforming Learning Disability Services in Northern Ireland within a projected timeframe of 3-5 years. • It is intended to provide greater autonomy, choice and independence for individuals with learning disability and their family and carers. • "Notably, this new service model has the potential to not just improve my life and how I access services, but will improve the lives of thousands of people with a learning disability, their families, friends carers and communities".	•The Model also describe a number of transformational change ideas to help achieve the vision set out over the next 3-5 years and provide a road map to enable the dynamic change that will be required. These include a Learning Disability Systems Leader/Champion similar to the Mental Health Champion, a Learning Disability People's Parliament, a Learning Disability Network / Observatory, a regional Website, a Regional Learning Disability Housing Lead, a Regional Informatics Framework and Register, a Learning and Development Framework, a Learning Disability Carer Consultancy model, and

(Peter Livingstone, Mencap NI Inclusion Consultant, Member of the HSCB Project Steering Group).	pathways of care for individuals based on their assessed needs. A value based and co-produced approach will continue to underpin the model via agreed work-streams to attain key ambitions and optimum outcomes for service users with a learning disability, their families and carers.

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Are Human Rights relevant? Complete for each of the articles

The impact on human rights will be different, depending on each programme emanating from the Model

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

If you have answered no to all of the above please move onto to move on to ***Question 6*** *on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision have a potential positive impact or does it potentially interfere with anyone's Human Rights?

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues?* ~~Yes~~/No
Human Rights will be considered for each of the thematic works streams and key ambition statements that fall out of the Service Model.			No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 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 or decision.

- Empower individuals with a learning disability who access health care.
- Recognise these individuals as their own experts, listen to them, allow

them to teach those who deliver care and enable them to have the power to plan, change and evaluate their own care.

- Prepare easy read information about learning disability and Human Rights.
- Ensure Advocacy services are provided by an advocate who is independent, and who is not part of the family or friends. Being independent means, they are there to represent wishes without giving their personal opinion and without representing anyone else's views.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?

Equality & Good Relations	Disability Duties	Human Rights
Equality & Good Relations will be considered for each of the thematic works streams and key ambition statements that fall out of the Service Model.		

Approved Lead Officer: Caroline McGonigle

Position: Social Care Lead, Learning Disability, Strategic Planning and Performance Group, DoH.

Date: 18 November 2025

Policy/Decision Screened by:

Name	Designation	Signature	Date

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to:
Equality.Unit@hscni.net

Template produced November 2011
If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit:

> 2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023 2304