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

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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:

Making Life Better (MLB) -Thematic Action Plan to Refresh and Reshape Collaborative Action to Improve Health and Reduce Health Inequalities

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Is this an existing, revised or a new policy?

'Making Life Better - a whole system framework for public health (2013-23)' is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives and be enabled to lead healthy lives. Making Life Better (MLB) was developed based on the evidence that health and wellbeing, and health inequalities, are shaped by many factors including age, family, community, education, workplace, beliefs and traditions, economics, and physical and social environments. Many of these issues are outside the control of the Department of Health. In 2025 it was agreed that the most effective use of resources would be to revise and reinvigorate MLB through the development of a new Thematic Action Plan that would restate the Executive's, commitment to working collaboratively to improve health, address the wider determinants of health, and reduce health inequalities.

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

Improving the health of the population of Northern Ireland is a key focus of the Department for Health and for the wider Northern Ireland Executive. In support of this, the Programme for Government 2024-2027 'Our Plan: Doing What Matters Most' sets out the overall goal of improving the wellbeing of every citizen while reducing inequalities within health.
This new Thematic Action Plan aims to reinforce the ethos and principles of MLB, (which will remain in place as the key strategic Framework for Public Health) and commit us all, across Sectors and across Departments, to improving people's lives, their health and wellbeing, and reducing health inequalities. This will, in the longer term, help reduce waiting lists and the demands on our health services by keeping people healthier for longer.
The Thematic Action Plan will focus delivery on key collaborative actions, across Departments and sectors over the next 3-5 years. It will work through and influence existing and new programmes and structures. It is believed this will make the best use of our resources and capacity while supporting the development of a joined-up whole system approach to achieving the commitments and priorities as set out within the Programme for Government (PfG) 2024-2027 "Our Plan: Doing What Matters Most".

Are there any Section 75 categories which might be expected to benefit from the intended policy?

If so, explain how.

Implementation of the new Thematic Action Plan aims to lead to improvements in health for the population as a whole. In particular, it aims to improve the health of the most disadvantaged and vulnerable in society who experience the worst health. The new Thematic Action Plan should therefore have a positive impact on several of the Section 75 categories.

The impact screening exercise does not identify any adverse impact for any of the Section 75 categories and does not identify any significant human rights impacts in relation to the overall strategy. Any potential impacts of associated legislation subsequently developed to meet the outcomes in the strategic framework will be dealt with, as appropriate, at the individual legislative development level.

Who initiated or wrote the policy?

Health Development Policy Branch, Population Health Directorate, Department of Health.

Who owns and who implements the policy?

The Department of Health led the development of the MLB framework; however, it is an Executive-level strategic framework with collective ownership, and delivery is undertaken on a cross-departmental basis, with regional implementation led by the Public Health Agency.

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)

other, please specify:

The new MLB Thematic Action Plan is cross-departmental and will require support from the Northern Ireland Executive. Factors that could contribute to achieving its intended outcomes include strong cross-departmental collaboration, clear governance and accountability, and adequate resourcing. Factors that could detract from delivery include competing departmental priorities, and constraints on funding or capacity.

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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

service users

other public sector organisations

voluntary/community/trade unions

other, please specify

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1.4 Other policies with a bearing on this policy

- what are they?

- who owns them?

Policy	Owner(s) of the policy

Programme for Government 2024-2027 ‘Our Plan: Doing What Matters Most’	Northern Ireland Executive / The Executive Office
Ten-Year Tobacco Control Strategy For Northern Ireland	Department of Health
Healthy Futures Obesity Strategic Framework for Northern Ireland	Department of Health
Preventing Harm, Empowering Recovery - Substance Use Strategy	Department of Health
Protect Life 2 - Suicide Prevention Strategy	Department of Health
Skin cancer prevention strategy and action plan (2011-21)	Department of Health
Breastfeeding strategy for Northern Ireland (2013-23) (Extended until 2024)	Department of Health
Children and Young People’s Emotional Health and Wellbeing in Education Framework	Department of Health / Department of Education
Improving Health Within Criminal Justice - Strategy and Action Plan	Department of Health / Department of Justice
Draft Active Travel Delivery Plan	Department for Infrastructure
Draft Rural NI: Our New Approach 2026-2041	Department of Agriculture, Environment and Rural Affairs
Tackling Rural Poverty and Social Isolation Programme	Department of Agriculture, Environment and Rural Affairs
Northern Ireland Food Strategy Framework	Department of Agriculture, Environment and Rural Affairs
Anti-Poverty Strategy	Northern Ireland Executive / Department for Communities
Warm Healthy Homes Strategy 2026 - 2036	Department for Communities
Active Living - Sport and Physical Activity Strategy for Northern Ireland	Department for Communities
RAISE Programme	Department of Education
Children and Young People’s Strategy 2020-2030	Department of Education
Review of Approach to Widening Participation in Higher Education	Department of Economy

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:

2021 census data indicates that 45.7% of all usual residents in NI gave their religion, or the religion they were brought up in as Catholic, and 43.5% as Protestant, Other Christian or Christian related. Other non-Christian religions accounted for 1.5%, while 9.3% cited either having no religion or not having been brought up in a religion.

Source: Census 2021 Main statistics for Northern Ireland - Statistical bulletin - Religion

There is no evidence available to indicate that the new MLB Thematic Action Plan will have a differential impact on individuals based on their religious belief.

Political Opinion evidence / information:

Evidence from first preference votes per party in NI Assembly Elections 2022 indicate the following:

Sinn Fein – 250,385
DUP - 184,002
Alliance – 116,681
UUP – 96,390
SDLP – 78,237
TUV – 65,788
Green – 16,433
PBPA - 9,798
Independent / Others - 44,986

Source: Election Report: Northern Ireland

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[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).

Assembly Election, 5 May 2022, NI Assembly Research and Information Service Research Paper published 11 May 2022 (2422.pdf).

There is no evidence available to indicate that the new MLB Thematic Action Plan will have a differential impact on individuals based on their political opinion.

Racial Group evidence / information:

Data from the NI Census 2021 is as follows:

96.55% of the usually resident population in Northern Ireland on Census Day were White, 0.14% were Irish Traveller, 0.08% were Roma, 1.61% were Asian, 0.1% were Arab, 0.76% were Mixed, 0.58% were Black and 0.19% belonged to other ethnic groups.

While the Thematic Action Plan does not openly reference race-specific actions, it focuses on the wider social, economic, and environmental determinants of health. These determinants often affect minority ethnic and racial groups, meaning the new Thematic Action Plan can have beneficial impacts across different minority ethnic communities.

Age evidence / information:

The Census 2021 population is recorded at 1,903,175. Population increase was greatest in older age groups; with nearly one third of million people aged 65 or over.

The new MLB Thematic Action Plan does impact people of different ages, as the strategy is designed to impact conditions in which people are born, grow, live, learn, work and age. This means its actions, priorities, and outcomes are tailored to benefit people at every stage of life, from early childhood to older age.

Marital Status evidence / information:

Data from NI Census 2021[2] showed that almost half (45.59%) of people aged 16 years and over were married, and over a third (38.07%) were single. 0.18% were in registered same-sex civil partnerships. A further 9.8% of usual residents were either separated, divorced or formerly in a same-sex civil partnership, while the remaining 6.36% were either widowed or a surviving partner.

There is no evidence available to indicate that the new MLB Thematic Action Plan will have a differential impact based on marital status.

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[2] census-2021-ms-a30.xlsx (live.com)

Sexual Orientation evidence / information:

Data from the NI Census 2021[3] is as follows:
90.04% (1,363,859) of residents aged 16 years and over identified as straight or heterosexual, 1.17% (17,713) identified as gay or lesbian, 0.75% (11,306) as bisexual, 0.17% (2,597) as other sexual orientation, 4.58% (69,307) preferred not to say and 3.3% (49,961) did not state their sexual orientation.

The new MLB Thematic Action Plan does not focus on sexual orientation. However its policies and actions may provide for potential differential impacts on LGBTQ+ people including improved access and reduced inequalities.

Men & Women generally evidence / information:

The 2021 Census data showed that 48.3% of all usual residents in Northern Ireland are male, with 51.7% of the population female.

It is important to note that females have a longer life expectancy than males. In a recent report by the DoH[4], in 2022-2024 life expectancy of males in NI was 78.8 years and 82.6 years for females.

The new MLB Thematic Action Plan does not focus on sex, however the strategy is designed to improve population health and reduce inequalities across Northern Ireland including life expectancy. It focuses on the wider social, economic and environmental determinants of health, which can affect men, women, and gender-diverse people differently.

Disability evidence / information:

The 2021 Census data showed that 55.14% had a limiting long-term health problem or disability. The most common long-term conditions among the ordinarily resident population were: long-term pain or discomfort (11.58%), has a mobility or dexterity problem that limits basic physical activities (10.91%); shortness of breath or difficulty breathing (10.29%); an emotional, psychological or mental health condition (8.68%) and other conditions (8.81%).

The new MLB Thematic Action Plan is designed to impact people with disabilities, because it is intended to reduce health inequalities, address social determinants of health, and improve wellbeing for all groups who experience disadvantage.

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[3] census-2021-ms-c02.xlsx (live.com)

[4] https://www.health-ni.gov.uk/publications/life-expectancy-northern-ireland-2022-24

Dependants evidence / information:

There is no evidence available to indicate that the new MLB Thematic Action Plan will have a differential impact on those with dependants. However, the Action Plan is designed to improve health and reduce inequalities across Northern Ireland, and many of its core themes directly affect households with caring responsibilities and is designed to impact the circumstances in which people are born, grow, live, learn, work and age.

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

No evidence of specific need has been identified.

Political Opinion

No evidence of specific need has been identified.

Racial Group

Different migrant groups, depending on country of origin, bring different challenges in relation to issues of health protection (Tb, Hep B, Hep C, HIV), vulnerability to non-communicable diseases, experience of health care (immunisation, prevention, screening, treatment), cultural beliefs about health/illness and acceptability of treatments. Experiences from country of origin (e.g. conflict, war, torture) have lasting impact. Many migrants experience discrimination and are disadvantaged in relation to the wider determinants of health.

Age

Evidence demonstrates that much of the incidence of premature death or illness is preventable, and that action to reduce health inequalities must start before birth and be followed through the life of the child if the close links between early disadvantage and poor outcomes throughout life are to be broken. For this reason “giving every child the best start in life” remains a strategic priority.

Many older people enjoy good health and continue to contribute to society, however for too many in older age brings a high risk of limiting illness, social isolation and poverty with limited access to services. With a growing elderly population, research has identified that older people with mental health problems are an ever-increasing group of people who are often isolated and marginalised from the local community.

Marital status

No evidence of specific need has been identified.

Sexual orientation

LGBTQ+ people are more likely to experience mental health problems because of discrimination, judgement, and misunderstanding.

The data reflects the impact of discrimination and barriers to care:

- LGB+ people are 2.2 times more likely to self-harm - LGB+ people have a 2.2 times higher risk of suicide
- Trans people face up to a five times higher risk of long-term mental health conditions
- One in eight LGBT people aged 18 to 24 reported attempting suicide in the past year in 2024

Sources: Stonewall 2018, Office for National Statistics 2021 to 2023, and The Lancet Public Health 2024.

Men and Women Generally

Men and women are prone to different types of diseases at different ages, and there are different prevalences of health behaviours – for example:

- Males (14%) were more likely than females (11%) to report smoking in 2024/25;
- Male drinkers (16%) were twice as likely as female drinkers (8%) to report drinking on three or more days per week.
- While similar proportions of males and females were obese, females (40%) were more likely to be normal including underweight than males (27%), while males (44%) were more likely to be overweight than females (29%).

Source: Health Survey (NI) First Results 2024/25

Disability

In 2023-24, one fifth (20%) of families with a disabled person were living in relative poverty, after housing costs, compared to one sixth (16%) of families with no disabled person.

Deaf and disabled people living in Northern Ireland are twice as likely to be economically inactive as they are to be in employment. In 2023, the rate of employment for those who are Deaf and disabled was 42.1%, compared to an employment rate of 83.4% for those who do not have a disability. Employment can provide a sense of purpose and identity, and is recognised as a clear route out of poverty. It is widely accepted that good work can in situations improve personal health outcomes including helping to reduce mental health anxieties.

Source: the Northern Ireland Disability Strategy 2025-2035

Dependants

A wide range of research evidence from education, health, justice, and economic experts support the view that what happens to children in their earliest years is key to outcomes in adult life. Research also shows that a shift in emphasis towards co-ordinated support in early years is the most likely route to breaking the cycle of disadvantage. Individuals and communities benefit from the strong attachment and emotional links that are created by good parenting and early life experiences. Continuity in children's early experiences from home to pre-school and on through school is also important.

[see *'Making Life Better - a whole system framework for public health (2013-23)*' – Bibliography https://www.health-ni.gov.uk/publications/making-life-better-strategy-and-reports]

Carers often neglect their own physical and mental wellbeing and are more likely to experience high levels of psychological distress, including anxiety, depression and loss of confidence and self-esteem than non-carers. More than a tenth (14%) of respondents in the NI Health Survey 2024/25 looked after another person who is sick, disabled or elderly for an hour or more each week. Females (17%) remained more likely than males (11%) to have caring responsibility.

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: The new MLB Thematic Action Plan is intended to benefit the whole population, while placing a particular focus on improving health outcomes for those who are most disadvantaged or at greater risk poorer health.

What is the level of impact? None

Details of the likely policy impacts on Political Opinion: The new MLB Thematic Action Plan is intended to benefit the whole population, while placing a particular focus on improving health outcomes for those who are most disadvantaged or at greater risk poorer health.
What is the level of impact? None

Details of the likely policy impacts on Racial Group: The new MLB Thematic Action Plan will improve coordination of activities to better support those experiencing the most severe health inequalities in our society both within the health system and across other key sectors, including some ethnic minority groups.

What is the level of impact? Minor (positive)

Details of the likely policy impacts on Age: The new MLB Thematic Action Plan uses a life-course approach that supports individuals at every stage of life, seeking to reduce health inequalities that can disproportionately affect younger or older groups.

What is the level of impact? Minor (positive)

Details of the likely policy impacts on Marital Status: No evidence of impact. The new MLB Thematic Action Plan is intended to benefit the whole population, while placing a particular focus on improving health outcomes for those who are most disadvantaged or at greater risk poorer health..

What is the level of impact? None

Details of the likely policy impacts on Sexual Orientation: The new MLB Thematic Action Plan aims to promote equality of opportunity for people of all sexual orientations.

What is the level of impact? Minor (positive)

Details of the likely policy impacts on Men and Women: The new MLB Thematic Action Plan adopts an inequality focused design that supports gender equality.

What is the level of impact? Minor (positive)

Details of the likely policy impacts on Disability: The new MLB Thematic Action Plan helps promote equality of opportunity for people with disabilities by targeting reducing inequalities, access to resources and encouraging collaborative, system-wide actions.

What is the level of impact? Minor (positive)

Details of the likely policy impacts on Dependants: The new MLB Thematic Action Plan promotes equality of opportunity for people with dependents, by targeting inequalities and disadvantage, improving family and community wellbeing, addressing wider social determinants of health, and delivering a life-course approach that supports both dependents and carers.

What is the level of impact? Minor (positive)

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? Yes

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: n/a
If No, provide reasons: the new MLB Thematic Action Plan will not provide better equality of opportunity for anyone in relation to their religious belief.

Political Opinion - If Yes, provide details: n/a
If No, provide reasons: the new MLB Thematic Action Plan will not provide better equality of opportunity for anyone in relation to their political opinion.

Racial Group - If Yes, provide details: the new MLB Thematic Action Plan focuses on equity, inclusion, and reducing health inequalities.
If No, provide reasons: n/a

Age - If Yes, provide details: the new MLB Thematic Action Plan promotes equality of opportunity for people of different ages and within the life-cycle.
If No, provide reasons: n/a

Marital Status - If Yes, provide details: n/a
If No, provide reasons: the new MLB Thematic Action Plan will not provide an opportunity to better equality of opportunity for anyone in relation to their marital status.

Sexual Orientation - If Yes, provide details: the new MLB Thematic Action Plan contributes to the equality of opportunity for LGBTQ+ people through focusing on reducing health inequalities and ensuring inclusive, equitable service provision.

If No, provide reasons: n/a

Men and Women generally - If Yes, provide details: the new MLB Thematic Action Plan is not sex specific however it focuses on equity, inclusion, and reducing health inequalities
If No, provide reasons: n/a

Disability - If Yes, provide details: the new MLB Thematic Action Plan aims to reduce health inequalities and improving social determinants of health
If No, provide reasons: n/a

Dependants - If Yes, provide details: the new MLB Thematic Action Plan seeks to reduce health inequalities and improving social determinants of health.
If No, provide reasons: n/a

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: Positive impact – The Thematic Action Plan relies on collaborative working, including partnership with communities. The communities and social networks to which people belong play a significant role in shaping health and wellbeing – support from families, friends and communities is associated with better health, and social capital can promote resilience against difficulties.

What is the level of impact? Minor (positive)

Details of the likely policy impacts on Political Opinion: Positive impact – The Thematic Action Plan relies on collaborative working, including partnership with communities. The communities and social networks to which people belong play a significant role in shaping health and wellbeing – support from families, friends and communities is associated with better health, and social capital can promote resilience against difficulties.

What is the level of impact? Minor (positive)

Details of the likely policy impacts on Racial Group: Positive impact – The Thematic Action Plan relies on collaborative working, including partnership with communities. The communities and social networks to which people belong play a significant role in shaping health and wellbeing – support from families, friends and communities is associated with better health, and social capital can promote resilience against difficulties.

What is the level of impact? Minor (positive)

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: through partnership led actions at community/local level in support of the action plan.

If No, provide reasons: n/a

Political Opinion - If Yes, provide details: through partnership led actions at community/local level in support of the action plan.
If No, provide reasons: n/a

Racial Group - If Yes, provide details: through partnership led actions at community/local level in support of the action plan.
If No, provide reasons: n/a

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).*

As detailed above, people with overlapping identities will benefit in the same way as those across the S75 groups i.e. mainly driven by improved health and wellbeing for the population.

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

See above in respect of age, gender, sexual orientation, disability and carers.

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.

n/a

Part 3. Screening decision

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

No impact.

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.

MLB (2013-2023 and launched in 2014) is the overarching strategic framework for public health through which the Executive committed to creating the conditions for individuals, families and communities to take greater control over their lives and be enabled and supported to lead healthy lives. The new MLB Thematic Action Plan represents an refocused expansion of MLB. This screening has identified no major adverse impacts on equality of opportunity for any Section 75 group, with any impacts assessed as minor and positive. The Making Life Better Thematic Action Plan is a high-level, population-wide framework that does not introduce differential eligibility, targeted restrictions or substantive changes to service delivery. On this basis, and in line with proportionality, a full EQIA is not considered necessary at this stage, though the Plan will be kept under review during implementation.

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?

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

The new Making Life Better Thematic Action Plan will be subject to ongoing review and scrutiny to ensure it remains effective and aligned with its intended outcomes. Where necessary, amendments or alternative approaches will be considered to address any identified issues, reflect emerging evidence, and respond to stakeholder feedback.

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 N/A** (1-3)

Social need – **Rating N/A** (1-3)

Effect on people's daily lives – **Rating N/A** (1-3)

Relevance to a public authority's functions – **Rating N/A** (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.

N/A

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?

The effectiveness of the new MLB Thematic Action Plan will be monitored by the Department, in partnership with key stakeholders and the All Departments Officials Group (ADOG) who have an interest in this policy.
The new MLB Thematic Action Plan will also be subject to evaluation to ensure it achieves its intended outcomes.
In addition to the core measure, a range of HSC measurement systems will be used to determine effectiveness as well as linking in with the measurement systems of other Departments. Overall, the strategic framework therefore will be measured by, but not restricted, to data collation from the following sources:

- Information Analysis Directorate, DoH;
- All Departments Officials Group; and
- PHA Scorecard system.

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

DoH will commission regular evaluation reports on the effectiveness of the new MLB Thematic Action Plan. DoH has access to a range of information from surveys, data and statistics from Information Analysis Directorate (IAD), etc., and it is vital that this information is collated, analysed, and made available in a transparent and usable format. In addition, monitoring information collected will be reviewed to ensure it is fit-for-purpose and is required – data should not be collected unless it serves a purpose for strategic/policy development or performance management to focus on the information that provides the greatest insight.

***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, MLB is an existing policy which was developed and launched based on the evidence that this would restate the Executive's, commitment to working collaboratively to improve health, address the wider determinants of health, and reduce health inequalities within the whole community. The new MLB Thematic Action Plan maintains this ethos.

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?

Yes, the new MLB Thematic Action Plan will reach out to all members of society and promote positive attitudes towards disabled people and encourage their participation in public life.

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: None

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: None

What is the impact? Neutral

Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour: None

What is the impact? Neutral

Details of the likely policy impacts on Article 5 – Right to liberty & security of person: None

What is the impact? Neutral

Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time: None

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: None

What is the impact? Neutral

Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence: None

What is the impact? Neutral

Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion: None

What is the impact? Neutral

Details of the likely policy impacts on Article 10 – Right to freedom of expression: None

What is the impact? Neutral

Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association: None

What is the impact? Neutral

Details of the likely policy impacts on Article 12 – Right to marry & found a family: None

What is the impact? Neutral

Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights: None

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: None

What is the impact? Neutral

Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education: None

What is the impact? Neutral

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).*

None – no negative impact identified

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.

None

Part 7 - Approval and authorisation

Screened by:	**Position/Job Title**	**Date**
Sandra Wallace	Deputy Principal	05 June 2026
Approved by:		
Philip Cairns	Grade 7	11 June 2026
Copied to EHRU:		

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.