



Equality Screening, Disability Duties and Human Rights Assessment Template

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Guidance notes are available to assist with completing this template. For further help please contact the Equality and Human Rights Unit ext 20539.

Part 1. Policy scoping

1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

COVID CARE NI Advisory Service

- Contact tracing is an established public health measure for the control of infections such as COVID-19. The Department of Health 'Covid-19 Test, Trace and Protect Strategy', published on 27 May 2020, sets out the public health measures to be put in place to help contain and reduce the spread of Covid-19 and minimise the risk of a second wave of infection.
- The Covid Care NI Advisory Service, which has been established by the DoH through NI Direct, is a key component of the Contact Tracing Service. The service will provide information, guidance and support to people who are unable to use the digital platforms to check symptoms, book tests or find advice on self-isolating and will provide support to assist them to do this, or to do this on their behalf.

1.1.2 Is this an existing, revised or a new policy / decision?

- The implementation of the Covid Care NI Advisory Service is an extension of the existing contact tracing policy. It is an integral part of the wider contacting tracing service developed in response to the pandemic. The other strands of the contact tracing service, which is operated by the Public Health Agency, include a manual phone-based contact tracing system staffed by health professionals and staff with a background in environmental health and a suite of digital products including a "proximity app".

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

- The Department of Health and wider Health and Social Care sector aims to:
 - (i) safeguard lives by reducing the further spread of the Covid-19 virus; and
 - (ii) prevent the HSC system from becoming overwhelmed due to the Covid-19 pandemic and the demands that it places on the whole HSC system.
- The Covid-19 Test, Trace, and Protect strategy is designed to break the chain of transmission of the virus by identifying people with Covid-19, tracing people who may have become infected by being in close contact with them and supporting those people to self-isolate so that if they have the disease they are less likely to transmit it to others.
- Against this background the Covid Care NI Advisory Service will provide information, guidance and support to people who are unable to use the digital platforms to check symptoms, book tests or find advice on self-isolating and will provide support to assist them to do this, or to do this on their behalf.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

- The Test, Trace, and Protect strategy is designed to break the chain of transmission of the virus and reduce transmission to others.
- The Covid Care NI Advisory Service will assist in controlling the risk of spread of COVID-19 cases in NI, and in doing so help protect and benefit all of the Section 75 categories. In particular, the service will assist people who are unable to use the digital platforms to check symptoms, book tests or find advice on self-isolating including older people; those with a disability; or an underlying health condition.

1.1.5 Who initiated or wrote the policy?

- The Covid-19 ‘Test, Trace and Protect Strategy’, was developed by the Department of Health, approved by the Minister and published on 27 May 2020.

1.1.6 Who owns and who implements the policy?

- The Department of Health owns the Covid-19 ‘Test, Trace and Protect Strategy’. A Strategic Oversight Board, chaired by the Chief Medical Officer (CMO), Dr Michael McBride, is responsible for the implementation of the testing and tracing programmes which underpin the strategy.

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

Financial

Legislative

Other

- Financial: DoH will ensure funding is allocated to cover the approved costs of the Contact Tracing Programme, including the Covid Care NI Advisory Service. The Department will ensure appropriate business case cover is in place for the overarching Programme and the approach to each business case will be consistent with the Departmental guidance issued in respect of the approach to Covid-19 based expenditure.
- Legislative: DoH will ensure that a GDPR/DPA compliant Memorandum of Understanding between the Department and NI Direct is in place for the Service in addition to the associated Data Protection Impact Assessment (Screening) and Privacy Notice.

1.3 Main stakeholders affected

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

Staff

Service users

Other public sector organisations

Voluntary/community/trade unions

Other, please specify

The Covid Care NI Advisory Service has the potential to assist all members of society in NI but particularly those people who are unable to use the digital platforms to check symptoms, book tests or find advice on self-isolating including older people; those with a disability; or an underlying health condition.

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1.4 Other policies with a bearing on this policy / decision. If any:

Policy	Owner(s) of the policy
Other elements that make up the wider Contact Tracing Service and that have a positive impact on the Covid Care NI Advisory Service include the phone based contact tracing service operated by the Public Health Agency and the introduction of a “Proximity App” for NI.	Department of Health / Public Health Agency.

1.5 Available evidence

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

Section 75 category	Details of evidence/information
Religious belief	<ul style="list-style-type: none"> • An assessment has not been considered necessary as when this policy is introduced it will be voluntary and will not have any direct impact on the Section 75 category of religious belief. • Accordingly data has not been recorded for Section 75 purposes.
Political opinion	<ul style="list-style-type: none"> • An assessment has not been considered necessary as when this policy is introduced it will be voluntary and will not have any direct impact on the Section 75 category of political opinion. • Accordingly data has not been recorded for Section 75 purposes.
Racial group	<ul style="list-style-type: none"> • There is emerging evidence of a disproportionate impact of COVID-19 on BAME communities. PHE has recently published a report “Beyond the data - Understanding the Impact of COVID-19 on BAME communities”. The report provides additional information and insights on the relationship between COVID-19 and BAME communities in England but was unable at this stage to provide a full

	<p>explanation of the observed differences.</p> <ul style="list-style-type: none"> • The unequal impact of COVID-19 on BAME communities may be explained by a number of factors ranging from social and economic inequalities, racism, discrimination and stigma, occupational risk, inequalities in the prevalence of conditions that increase the severity of disease including obesity, diabetes, CVD and asthma. The report made a number of recommendations including comprehensive and quality ethnicity data collection and recording and support for community participatory research. • The Public Health Agency reports that evidence emerging is indicating that the Roma communities in NI have been disproportionately affected by Covid 19, in terms of the prevalence of the illness and aggravation of socio-economic conditions. Getting the 'correct' public health information directly to the communities is essential. A number of PHA publications have been translated, video and 'voice overs' of hand washing and social distancing measures. Some of these have been specifically designed in easy read for the Roma communities who have high levels of illiteracy in their own language. A bespoke COVID-19 helpline for Roma has been established by PHA. • However, use of the Covid Care NI Advisory Service is voluntary and there is no evidence to suggest a differential uptake by the BAME community. • The specification for the service includes provision for translation to a number of different languages and also signing for the deaf in both Irish and English.
<p>Age</p>	<ul style="list-style-type: none"> • There is evidence to demonstrate that older people are more vulnerable to succumbing to Covid 19 and may become seriously ill. It may also be the case that older people are more likely to avail of HSC services and that any additional pressure on HSC services would have a negative impact on this group. The Covid Care NI Advisory Service may provide an alternative for older people to engage with the contact tracing service who may not be familiar with technology or have access to a smartphone that is required to operate the proximity app. Any process identifying 'high risk contacts' of an infected individual, getting them to self-isolate and preventing them from passing the infection to others may have greater positive benefit for older people by reducing the number of cases overall, and reducing the prevalence of viral infection in the community.

Marital status	<ul style="list-style-type: none"> • An assessment has not been considered necessary as when this policy is introduced it will be voluntary and will not have any direct impact on the Section 75 category of marital status. • Accordingly data has not been recorded for Section 75 purposes.
Sexual orientation	<ul style="list-style-type: none"> • An assessment has not been considered necessary as when this policy is introduced it will be voluntary and will not have any direct impact on the Section 75 category of sexual orientation. • Accordingly data has not been recorded for Section 75 purposes.
Gender (Men and women generally)	<ul style="list-style-type: none"> • An assessment has not been considered necessary as when this policy is introduced it will be voluntary and will not have any direct impact on the Section 75 category of gender. • Accordingly data has not been recorded for Section 75 purposes.
Disability (with or without)	<ul style="list-style-type: none"> • Depending on underlying health conditions, people with disability may be at greater risk of developing more severe cases of COVID-19 if they become infected. • It may also be the case that people who have a disability are more likely to avail of HSC services and that any additional pressure on HSC services would have a negative impact on this group. • Due to the recent and evolving nature of the pandemic no definitive data is yet available, however, the Covid Care NI Advisory Service may provide an alternative for people with a disability to engage with the contact tracing service particularly if they require assistance with completing any of the online forms e.g. symptom checker. who may not be familiar with technology or have access to any process identifying 'high risk contacts' of an infected individual, getting them to self-isolate and preventing them from passing the infection to others may have greater positive benefit for this group by reducing number of cases overall, and reducing the prevalence of viral infection in the community.
Dependants (with or without)	<ul style="list-style-type: none"> • An assessment has not been considered necessary as when this policy is introduced it will be voluntary and will not have any direct impact on the Section 75 category of dependants. • Accordingly data has not been recorded for Section 75 purposes.

* 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).

1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

Section 75 category	Details of needs/experiences/priorities
Religious belief	<ul style="list-style-type: none"> • There is no evidence that different religious beliefs will have any different needs, experiences, priorities or issues in relation to this policy.
Political opinion	<ul style="list-style-type: none"> • There is no evidence that different political beliefs will have any different needs, experiences, priorities or issues in relation to this policy.
Racial group	<ul style="list-style-type: none"> • There is evidence of a disproportionate impact of COVID-19 on BAME communities. Any increase in spread or pressure on HSC could therefore adversely impact this group.
Age	<ul style="list-style-type: none"> • The Department needs to ensure that it continues to safeguard older and vulnerable individuals who may be more susceptible to the virus. As such, any increase in spread or pressure on HSC could adversely impact this group.
Marital status	<ul style="list-style-type: none"> • There is no evidence that those with different marital status will have any different needs, experiences, priorities or issues in relation to this policy.
Sexual orientation	<ul style="list-style-type: none"> • There is no evidence that those with different sexual orientations will have any different needs, experiences, priorities or issues in relation to this policy.
Gender (Men and women generally)	<ul style="list-style-type: none"> • There is no evidence that those of different genders will have any different needs, experiences, priorities or issues in relation to this policy.
Disability	<ul style="list-style-type: none"> • Depending on underlying health conditions, people with a disability may be at greater risk of developing more severe

(with or without)	cases of COVID-19 if they become infected. It may also be the case that people who have a disability are more likely to avail of HSC services and that any additional pressure on HSC services would have a negative impact on this group.
Dependants (with or without)	<ul style="list-style-type: none"> • There is no evidence that those with or without different dependants will have any different needs, experiences, priorities or issues in relation to this policy.

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)			Level of Impact
Section 75 category	Positive/Negative	Details of policy impact	minor/major/none
Religious belief	N/A	None expected.	None.
Political opinion	N/A	None expected.	None.
Racial group	Positive.	By helping to identify infections and reduce spread of the virus these measures will help to ensure safeguarding and protection of those at higher risk including BAME groups.	Minor positive.
Age	Positive.	By helping to identify infections and reduce spread of the virus these measures will help to ensure safeguarding and protection of those at higher risk including older people.	Minor positive.
Marital status	N/A	None expected.	None.
Sexual orientation	N/A	None expected.	None.
Gender (Men and women)	N/A	None expected.	None.

generally)			
Disability (with or without)	Positive.	By helping to identify infections and reduce spread of the virus these measures will help to ensure safeguarding and protection of those at higher risk including those with a disability or underlying health condition.	Minor positive.
Dependants (with or without)	N/A	None expected.	None.

2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?		
Section 75 category	If Yes, provide details	If No, provide reasons
Religious belief		No. These measures are part of a wider strategy to ensure that safeguards are in place during the COVID-19 pandemic and until normal services can be resumed. However, measures to reduce and contain Covid-19 and thus reduce pressures on HSC will benefit all people requiring health care.
Political opinion		As above.
Racial group	Although not directly applicable to the Covid Care NI Advisory Service, in the wider COVID response context, research into the possible unequal impact of COVID-19 on BAME communities may highlight a	

	number of factors ranging from social and economic inequalities, racism, discrimination and stigma, occupational risk, inequalities in the prevalence of conditions that increase the severity of disease including obesity, diabetes, CVD and asthma. Further research and data collection may help to provide opportunities to better promote equality of opportunity for BAME groups.	
Age		As above.
Marital status		As above.
Sexual orientation		As above.
Gender (Men and women generally)		As above.
Disability (with or without)		As above.
Dependants (with or without)		As above.

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? (minor/major/none)		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief	The policy will not impact on good relations.	None.
Political opinion	The policy will not impact on good relations.	None.
Racial group	The policy will not directly impact on good relations, however, as stated in 2.2 above, further awareness, research and action in respect of COVID-19 can only benefit relations with this group.	None.

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If Yes , provide details	If No , provide reasons
Religious belief		No. These measures are to ensure that safeguards are in place during the COVID-19 pandemic and to enable a return to normal services.
Political opinion		As above.

Racial group		As above.
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2.5 Additional considerations

Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

- It is recognised that some people with a multiple identity may have an increased risk of developing Covid-19 e.g. minority ethnic people with a disability. However, this is a new and evolving response to a pandemic and no data is available. The Covid Care NI Advisory Service is available to all and aims to reduce the spread of infection to all groups.

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.

- There was no public consultation held on the introduction of the Covid Care NI Advisory Service. In normal circumstances, these proposals and the other components of the contacting tracing service including the proximity app, would automatically be screened and a full public consultation held, however, these are exceptional circumstances which pose a risk to life and the proposed measures are to safeguard the NI population including all S75 groups. The measures are considered necessary, proportionate and justified to address the unprecedented risk arising from the Covid 19 pandemic and to accommodate transition through a recovery stage.
- A pilot phase of contact-tracing, operated by the Public Health Agency (PHA), began on 27 April 2020. From 18 May 2020 PHA staff have been contacting all people who receive a positive test result in order to trace all their high and medium risk contacts and provide appropriate information and advice.
- A Steering Group commissioned by the Department of Health through the Chief Medical Officer, Dr Michael McBride, has been established to oversee the implementation of the Contact Tracing Service in Northern Ireland. As part of this work the Steering Group has been engaging with a number of key stakeholder

organisations including the:
Equality Commission;
Commissioner for Children and Young people;
Commissioner for Older People;
Information Commissioner for NI; and,
Northern Ireland Human Rights Commissioner;
Political parties; and
Churches and faith groups.

In addition, NICVA and the Patient Client Council are on the Project Steering Group.

Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

No impact	<input type="checkbox"/>	
Minor impact (positive)	<input checked="" type="checkbox"/>	Consider mitigation (3.4 – 3.5)
Major impact	<input type="checkbox"/>	

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

Yes - screened in	<input type="checkbox"/>
No - screened out	<input checked="" type="checkbox"/>

3.3 Please explain your reason for making your decision at 3.2.

- The purpose of this policy is to reduce the risk of spread of COVID-19 cases within NI and the UK thus protecting and benefiting all Section 75 categories but, in particular, those likely to be at higher risk, for example, older people and those with a disability or underlying health condition. The minor impact on S75 groups is positive and is only noted due to the perceived added benefits for those thought to be most vulnerable.

 - As such, it is considered that a full Equality Impact Assessment is **not** required.

Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

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

Yes

No

3.5 If you responded "**Yes**", please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

- In normal circumstances, these proposals would automatically have been subject to full public consultation, however, these are exceptional circumstances which pose a risk to life and the proposed policy is to safeguard the NI population including all S75 groups.
- A pilot phase of contact-tracing has been operating since 27 April 2020 with an upscaling of the service commencing from 18 May 2020. The service is now fully operational.
- The measures are deemed necessary, proportionate and justified to address the unprecedented risk arising from the Covid 19 pandemic. While timescales did not permit a public consultation to take place prior to implementation, the Equality Commission and other relevant groups have been involved in discussions with the Project Steering Group.
- The screening will be published and reviewed in light of any comments received.
- It is expected that policy will have a minor positive impact for vulnerable groups.

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 Covid Care NI Advisory Service forms part of the overall COVID-19 response and the monitoring arrangements will be included in the Memorandum of Understanding between the Department and NI Direct. The regulatory measures and restrictions are under continuous review and will be lifted when deemed safe to do so, based on data collected and scientific advice.

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

- There will be no data relating to individuals collected as part of the Covid Care NI Advisory Service. At a high level the Department will know the total number of individuals who have contacted the service. Ultimately the effectiveness of the contact tracing service will be measured by calculation of the 'R' number for NI.

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?

- The Department and the Public Health Agency are committed to ensuring equality of opportunity for everyone in NI and they comply with all relevant Disability Legislation, including the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of People with disabilities.
- This policy has been introduced in response to the current COVID-19 pandemic and is aimed at protecting and promoting the health and wellbeing of all residents in NI. It may also have a positive impact on persons with a disability who may be at higher risk, or normally access HSC facilities, thus improving their life in general.

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?

- No. This policy is to assist in safeguarding of vulnerable individuals. Any changes or additional measures will be considered as part of the overall COVID-19 response.

Part 6. Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
Article 2 – Right to life	x		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			x
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			x
Article 5 – Right to liberty & security of person			x
Article 6 – Right to a fair & public trial within a reasonable time			x
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			x
Article 8 – Right to respect for private & family life, home and correspondence.			x
Article 9 – Right to freedom of thought, conscience & religion			x
Article 10 – Right to freedom of expression			x
Article 11 – Right to freedom of assembly & association			x
Article 12 – Right to marry & found a family			x
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			x

1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

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).*

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.

As part of the stakeholder engagement taken forward by the Project Steering Group there has been an extensive discussion with the NI Human Rights Commissioner on all aspects of the Contact Tracing Service, particularly on the proposals for the proximity app.

Part 7 - Approval and authorisation

	Name	Grade	Date
Screened completed by	Michael Deery	7	26.7.20
Approved by ¹			
Forwarded to E&HR Unit ²			

Notes:

¹ The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

² When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.