

Equality Screening, Disability Duties and Human Rights Assessment Template

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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:

The Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2021

Is this an existing, revised or a new policy?

This is a revision to an existing policy. The Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2020 were made on 8 June 2020 and have been reviewed and amended more than 40 times owing to the risks that have emerged from the importation of coronavirus infection and variants of concern (VoC) to Northern Ireland from abroad. These regulations will be a consolidation of the current policy position on international travel and add requirements for managed quarantine (MQ) and mandatory testing.

The Department of Health made the Regulations under the Public Health Act (NI) 1967 as amended by the Coronavirus Act 2020.

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

The Department and wider Health and Social Care sector overarching aims are to:

- (i) safeguard lives by reducing the further spread of the Covid-19 virus; and to
- (ii) prevent the HSC system from becoming overwhelmed due to the Covid-19 pandemic and the demands this places on the whole HSC system.

As preparation for an increase in the volume of international travel and domestic social contact as social distancing measures are relaxed owing to the Executive's COVID 19 Recovery plan, the relative importance of health monitoring and self-isolation measures at the UK border in reducing imported COVID-19 cases will rise.

The main requirements of The Regulations will be:

- Provision of passenger information (PLF) for contact tracing purposes;

- Negative coronavirus test within 3 days of travel;
- Self-isolation for 10 days;
- Managed Quarantine; and
- Mandatory Testing (day 2 and day 8).

The requirement for passenger information has several purposes, all of which relate to the public health and life-saving aims of controlling the risk of imported COVID-19 cases to Northern Ireland. These include using the data collected to support contact tracing and identify individuals who may be infected or at a higher risk of infection and transmission; to prevent onward transmission from these cases; to identify person's travel history to assist in the detection of VoCs; to identify movements of persons into and within NI to help understand potential risks of COVID-19 spread.

The provision of a negative coronavirus test taken within three days of travel into Northern Ireland adds an additional layer of control against the importation of the virus of potential VoCs as it is recognised that a wide number of people may carry the virus whilst being asymptomatic.

Self-isolation for 10 days upon arrival from any international destination is seen as the most effective method from preventing the local community spread of an imported virus or VoC. Travel from a list of specific countries (currently 35 and known as 'red list') assessed as high risk owing to the detection of VoCs also require the entire household to self-isolate with the traveller for the full 10 days.

As VoCs continue to be detected in more countries worldwide and the risk is therefore increasing, the Executive have approved the introduction of Managed Quarantine (MQ) for travel from 'red list' countries. This will involve self-isolating in an approved list of hotels for the 10 days self-isolation period. England have introduced this service from red list countries and Scotland have introduced it for all arrivals. Wales will introduce this once their international travel resumes.

Mandatory testing has also been introduced in England and Scotland in line with MQ as above. These regulations would introduce this requirement alongside MQ. This will require persons arriving in Northern Ireland from non red list countries to purchase the tests when completing their passenger locator form (PLF). The tests

will then be delivered for the traveller to take at home during the self-isolation period. A negative test at day 8 will allow the person to be released from self-isolation. Travellers from red list countries will be provided with the tests as part of their hotel booking packages.

The regulations are enforced by Border Force and PSNI. They assist in Departmental objectives by making provision for preventing danger to public health.

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

If so, explain how.

The purpose of the Regulations will be to control the risk of imported COVID-19 cases within NI, 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 measures will also form part of the overall planned relaxation of current measures in line with the COVID19 Recovery roadmap, including social distancing and the ongoing reduction in health services available. Relaxation of these measures will benefit all NI residents and, particularly, those that rely more on HSC services.

Who initiated or wrote the policy?

The Department of Health made the Regulations and subsequent amendments. This revision has also been drafted by the Department of Health. Similar measures are being taken across the UK.

Who owns and who implements the policy?

The Department of Health owns the policy with implementation and support from Public Health Agency, PSNI and Border Force.

1.2 Implementation factors

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

If yes, are they (please delete as appropriate)

Financial X

Additional staff resources will be likely to manage and progress emerging policies arising from the Regulations. In addition, additional resources will be needed for contact tracing and enforcement by PHA, PSNI and Border Force.

legislative X

Possibility of challenge including under Human Rights legislation, however, the Department is acting in the best interests of the population with the priority to save lives.

other, please specify _____

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 – A team of staff will be required to manage operational aspects of MQ

service users and international travellers

other public sector organisations - Border Force; PHA; PSNI; devolved administrations

1.4 Other policies with a bearing on this policy

- what are they?

- who owns them?

The Health Protection (Coronavirus, Restrictions) Regulations (NI) 2021 - Owned by DoH

The Health Protection (Coronavirus, Public Health Information for Persons Travelling to Northern Ireland) (No. 2) Regulations (Northern Ireland) 2020 – owned by DoH

Test, Trace, Isolate, Support Programme – owned by DoH / PHA

1.5 Available evidence

What evidence/information (both qualitative and quantitative¹) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

Religious belief evidence / information:

An assessment has not been considered necessary as when these Regulations are introduced they will not have any impact on the Section 75 category of religious belief.

Accordingly data has not been recorded for Section 75 purposes.

Political Opinion evidence / information:

An assessment has not been considered necessary as when these Regulations are introduced they will not have any impact on the Section 75 category of political opinion.

Accordingly data has not been recorded for Section 75 purposes.

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).

Racial Group evidence / information:

Evidence has emerged throughout the pandemic on a disproportionate impact of COVID-19 on BAME communities. Public Health England (PHE) published their report “Disparities in the risk and outcomes of COVID-19” in June 2020. This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males). Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups.

In addition, PHE published a further report “Beyond the data: Understanding the impact of COVID-19 in BAME groups”. This undertook a wider review of the literature and was informed by a stakeholder engagement programme which considered long standing inequalities, increased exposure to COVID-19, and the impact of racism, discrimination, stigma, fear and trust. This concluded that “the pandemic exposed and exacerbated longstanding inequalities affecting BAME groups in the UK”.

Measures to prevent spread would have greater positive benefit for BAME communities if this were to be the case.

Age evidence / information:

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 additional pressures on HSC services may have a negative impact on this group. The proposed measures will help to negate this risk.

Marital Status evidence / information:

An assessment has not been considered necessary as when these Regulations are introduced they will not have any impact on the Section 75 of category marital status.

Accordingly data has not been recorded for Section 75 purposes

Sexual Orientation evidence / information:

An assessment has not been considered necessary as when these Regulations are introduced they will not have any impact on the Section 75 category of sexual orientation.

Accordingly data has not been recorded for Section 75 purposes.

Men & Women generally evidence / information:

There is evidence men are more likely to die from Covid. Emerging data suggests women are more likely to get 'long covid' – which is a term used to describe longer term symptoms which can continue for a period of months after the person was infected.

Data has not been recorded for Section 75 purposes however the Department's dashboard published daily includes deaths broken down by gender.

Disability evidence / information:

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. The proposed measures will help to negate this risk.

Disability access will be a key legal requirement within all managed quarantine accommodation.

Dependents evidence / information:

In other jurisdictions there are exemptions from MQ, for example in the case of unaccompanied children under the age of 18, children arriving in NI to attend Boarding school, persons vulnerable as a result of a severe medical or health condition; or a person who would not receive appropriate support in designated accommodation with any condition that would be severely detrimentally impacted through MQ. Consideration of similar exemptions will be given in Northern Ireland to mitigate the impact of MQ on specific groups.

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

There is no evidence that different religious beliefs will have any different needs, experiences, priorities or issues in relation to these Regulations.

Political Opinion

There is no evidence that those with different political opinions will have any different needs, experiences, priorities or issues in relation to these Regulations.

Racial Group

There is evidence of a disproportionate impact of COVID-19 on BAME communities. As such, any increase in spread or pressure on HSC could adversely impact this group.

Age

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

There is no evidence that those with different marital status will have any different needs, experiences, priorities or issues in relation to these Regulations.

Sexual orientation

There is no evidence that those with different sexual orientations will have any different needs, experiences, priorities or issues in relation to these Regulations.

Men and Women Generally

There is evidence men are more likely to die from Covid. Emerging data suggests women are more likely to get 'long covid' – which is a term used to describe longer term symptoms which can continue for a period of months after the person was infected.

Data has not been recorded for Section 75 purposes however the Department's dashboard published daily includes deaths broken down by gender.

Disability

Depending on underlying health conditions, people with a 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.

Disability access will be a key legal requirement within all managed quarantine accommodation to ensure those with disabilities are not adversely affected.

In addition, there will be exemptions from MQ in the case of persons vulnerable as a result of a severe medical or health condition; or a person who would not receive appropriate support in designated accommodation with any condition that would be severely detrimentally impacted through MQ.

Dependants

There is no evidence that those with or without different dependants will have any different needs, experiences, priorities or issues in relation to these Regulations.

In addition, there will be exemptions from MQ in the case of unaccompanied children under the age of 18 and children arriving in NI to attend Boarding school.

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: (None expected)

What is the level of impact? None

Details of the likely policy impacts on Political Opinion: None expected.

What is the level of impact? None

Details of the likely policy impacts on Racial Group: These measures will help to ensure safeguarding and protection of those at higher risk including BAME groups.

What is the level of impact? Minor positive

Details of the likely policy impacts on Age: These measures will help to ensure safeguarding and protection of those at higher risk including older people.

What is the level of impact? Minor positive

Details of the likely policy impacts on Marital Status: None expected.

What is the level of impact? None

Details of the likely policy impacts on Sexual Orientation: None expected.

What is the level of impact? None

Details of the likely policy impacts on Men and Women:

What is the level of impact? Minor positive

These measures will help to ensure safeguarding and protection of those at higher risk from contracting coronavirus and dying from coronavirus.

Details of the likely policy impacts on Disability: These measures will help to ensure safeguarding and protection of those at higher risk including those with a disability or underlying health condition.

What is the level of impact? Minor positive

Details of the likely policy impacts on Dependants: None expected.

What is the level of impact? None

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

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

Religious Belief -

No. These measures will form 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 - No, as above.

Racial Group – No, as above.

Age - No, as above.

Marital Status - No, as above.

Sexual Orientation - No, as above.

Men and Women generally - No, as above.

Disability - No, as above.

Dependants - No, 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?

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: The policy will not impact on good relations

What is the level of impact? None

Details of the likely policy impacts on Political Opinion: The policy will not impact on good relations

What is the level of impact? None

Details of the likely policy impacts on Racial Group: The policy will not impact on good relations

What is the level of impact? None

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

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

Religious Belief –

None. These are emergency measures to ensure that safeguards are in place during the COVID-19 pandemic and until normal services can be resumed.

Political Opinion – As above

Racial Group – As above

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).

None. This is an evolving response to a pandemic. All persons affected will fall into more than one S75 category e.g. older people with a disability/ older female/ BAME male etc, however, these measures will help to ensure safeguarding and protection of all those at higher risk.

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

Data is not available.

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.

No consultation held. In normal circumstances, these proposals would automatically be screened and full public consultation, 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.

It is the Department's intention to engage with the Equality Commissions and Human Rights Commission on the findings of this screening exercise and the accompanying Human Rights Impact Assessment. Whilst not ideal that this will occur after the regulations have been made, this will give opportunity for concerns to be raised and addressed where possible.

Part 3. Screening decision

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

Minor positive.

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.

The purpose of this Regulation is to control the risk of imported 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.

It is considered that a full Equality Impact Assessment is not required.

The Regulations will be time bound and an end date of 6 months – 1 year will be built in at the outset. The requirements will also be subject to regular review every 28 days.

3.4 Mitigation

When the public authority concludes that the likely impact is ‘minor’ and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

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

No

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

In normal circumstances, these proposals would automatically be screened and full public consultation, however, these are exceptional circumstances which pose a risk to life and the proposed Regulations are to safeguard the NI population including all S75 groups. The measures are necessary, proportionate and justified to address the unprecedented risk arising from the Covid 19 pandemic. The minor impact is positive in respect of those at higher risk. As such a full EQIA is not deemed necessary.

It is the Department's intention to engage with the Equality Commissions and Human Rights Commission on the findings of this screening exercise and the accompanying Human Rights Impact Assessment. Whilst not ideal that this will occur after the regulations have been made, this will give opportunity for concerns to be raised and addressed where possible.

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 Regulations will be time bound and an end date of 6 months to 1 year will be built in at the outset. The requirements will also be subject to regular review every 28 days.

These measures will form part of the overall COVID-19 response and the Executive's 5 step plan and will be monitored to ensure continued safety for NI residents. 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?

Data on the Coronavirus infection rate and associated deaths is continually collected, reported and published by the Department of Health.

Data will also be collected from the fixed penalty notices issued in respect of offences relating to the provision of information, provision of a negative Covid test, failure to self isolate and failure to book MQ and mandatory tests.

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?

This Regulation is being 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.

Mitigations and exemptions will also be implemented in respect of people with a disability – see section 1.6.

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?

None. This Regulation 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

A separate human rights assessment is being completed and publication will follow.

Part 7 - Approval and authorisation

| Screened by: | Position/Job Title | Date |
|------------------------|---------------------------|-------------|
| Gillian Hynes | DP | 30/3/2021 |
| Approved by: | | |
| Elaine Colgan | G7 | 31/3/2021 |
| Copied to EHRU: | | |