

SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation screening, for background information on the relevant legislation and for help in answering the questions on this template (follow the links). For further help contact Evaluation, Equality and Human Rights Branch at ext. 20539

(1) INFORMATION ABOUT THE POLICY/DECISION

1.1 Title of policy/decision

Northern Ireland Health and Social Care Services Strategy for Bereavement Care

1.2 Description of policy/decision

The aim of the Strategy is to promote an integrated, consistent approach to all aspects of care across the public health and social care services in supporting individuals and families who have been bereaved and those that support them, appropriate to their individual needs and preferences. HSC Trusts will be expected to fund the cost of implementation of this strategy within their existing resources.

1.3 Main stakeholders affected

The main benefactors of this strategy will be the individuals and families of the bereaved and those that support them. However successful implementation is also dependant on Trusts, Health and Social Care Professionals, Voluntary Organisations eg Cruse, WAVE, Macmillan, Northern Ireland Hospice and religious groups.

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

This strategy will link to many other health delivery strategies. The key related ones are the *Reform and Modernisation of Palliative Care – Developing a Regional Model for Palliative Care* (May 2008); *When a Patient Dies – Advice on Developing Bereavement Services in the NHS* published by the Department of Health in 2005; and a series of generic palliative care standards has been developed and are included in a number of Service Frameworks currently being developed by the Department.

2) SCREENING THE POLICY/DECISION

2.1 In terms of groupings under Section 75, what is the make up of those affected by the policy/decision?

<i>Group</i>	<i>Please provide details</i>
Gender	Both genders equally affected. Death and bereavement, at some time, affect everyone, with approximately 14,000 – 15,000 people dying in Northern Ireland every year. The majority of these deaths (73%) occur in hospitals, hospices and nursing homes, and over 1,600 (11%) undergo a hospital or Coroner's post mortem examination. It is estimated that for every death, at least four relatives and friends experience the loss, with over 56,000 people in Northern Ireland being affected by bereavement in any one year.
Age	All ages affected. More deaths in older people. An analysis of the number of certified deaths in hospitals showed that the majority (81%) were people of 65 years and older, with a smaller number in the 18-65 age range and the smallest for children of 28 days up to 18 years of age. A larger number of stillbirths and neonatal deaths were identified.
Religion	All religions equally affected.
Political Opinion	All opinions equally affected.
Marital Status	All marital status equally affected.
Dependent Status	All dependent status equally affected.
Disability	All disabilities equally affected.
Ethnicity	All ethnicities equally affected.
Sexual Orientation	All sexual orientations equally affected.

2.2 Is there any indication or evidence of higher or lower participation or uptake by different groups?

Group	Yes/No/ Don't Know	Please provide details
Gender	No	Both genders equally affected. Death and bereavement, at some time, affect everyone, with approximately 14,000 – 15,000 people dying in Northern Ireland every year. It is estimated that for every death, at least four relatives and friends experience the loss, with over 56,000 people in Northern Ireland being affected by bereavement in any one year.
Age	No	All ages are affected.
Religion	No	Information in relation to religion is not readily available.
Political Opinion	No	Information in relation to political opinion is not readily available.
Marital Status	No	Information in relation to marital status is not readily available however we are aware that there are more deaths in older people with more women affected as they live longer on average than men.
Dependent Status	No	Information is not readily available.
Disability	No	Information is not readily available.
Ethnicity	No	Information is not readily available.
Sexual Orientation	No	As above.

2.3 Is there any indication or evidence that different groups have different needs, experiences, issues and priorities in relation to the policy/decision?

Group	Yes/No/ Don't Know	Please provide details
Gender	No	
Age	Yes	<p>Individuals and families of children may be confronted with particular difficulties. This reflects the unexpected nature of death within the child and younger adult population.</p> <p>The strategy recommends that people who are dying and those who are affected by bereavement will have access to timely, accurate and consistent information as determined by their individual need irrespective of age.</p>
Religion	Yes	Different funeral traditions and ways of expressing grief.
Political Opinion	No	
Marital Status	No	
Dependent Status	No	

Disability	No	
Ethnicity	Yes	Different funeral traditions and ways of expressing grief.
Sexual Orientation	No	

2.4 Is it likely that the policy/decision will meet those needs?

Group	Yes/No/ Don't Know	Please briefly give details
	Yes	Successful implementation of the strategy will ensure that people who are dying and those who are affected by bereavement will have access to: safe, sensitive and effective care; up-to-date, timely, accurate and consistent information and; support regardless of age, religion and ethnicity according to individuals' backgrounds, communities, beliefs and abilities.
<i>N.B. continue as appropriate</i>		

2.5 Is there an opportunity to better promote equality of opportunity or good relations by altering the policy/decision or working with others in government or in the larger community?

Group	Suggestions
Religious/Ethnic	Strategy encourages awareness training for staff in cultural requirements and rituals.
<i>N.B. continue as appropriate</i>	

2.6 What changes to the policy/decision – if any – or what additional measures would you suggest to ensure that it promotes good relations?

<i>Group</i>	<i>Suggestions</i>
Religion	None
Political Opinion	None
Ethnicity	None

2.7 Have previous consultations with relevant groups, organisations or individuals indicated that particular policies create problems that are specific to them?

To develop the strategy a series of public workshops took place during 2007. Participants were drawn from across the statutory, voluntary, commercial, community sectors as well as individuals from a diverse range of faiths and interests.

There has been a full public consultation on our proposals with positive feedback received from all areas including Health Workers, Voluntary Organisations and Service Users.

In general respondents to our consultation stated that they did not see any adverse impact. However some advised that there is a lack of information available in minority languages and those with a lower educational ability should be given support. Our final proposals will address those issues.

2.8 Please detail what data you will collect in the future in order to monitor the effect of the policy/decision on any of the groups under Section 75?

An implementation plan will be developed and this will include procedures to monitor the implementation of the recommendations.

As baseline data is now available through the 2007 NI Audit this will enable a re-audit to determine the impact of progress against Trust implementation plans.

It is also expected that Trusts will be able to self assess against the criteria set out under each standard to facilitate the Regional Quality and Improvement Authority assessment of the quality of services provided for bereaved relatives in the Health and Social Care services.

(3) SHOULD THE POLICY/DECISION BE SUBJECT TO EQUALITY IMPACT ASSESSMENT?

Equality impact assessment procedures are confined to those policies/decisions considered likely to have significant/major implications for equality of opportunity.

If your screening has indicated that a policy/decision is likely to have an adverse differential impact, how would you categorise it?

Please tick.

Significant/major impact	
Low impact	✓

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

Yes	
No	✓

Please give reasons for your decision.

The Strategy recognises the special requirements of groups including religious and ethnic groups and special needs of children or parents.

(4) DISABILITY DISCRIMINATION

4.1 Does the policy/decision in any way discourage disabled people from participating in public life or does it fail to promote positive attitudes towards disabled people?

No

4.2 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

4.3 Please detail what data you will collect in the future in order to monitor the effect of the policy/decision with reference to the disability duties?

The implementation of the standards will be monitored and this will ensure that no group receives favourable treatment.

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy/decision affect anyone's Human Rights? [PLEASE COMPLETE THE TABLE BELOW]

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

Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

*If the effect you have identified is positive or neutral please move on to **Question 5.3**.*

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

N/A

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).*

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

Policy/Decision Screened by: Ruth Fisher, Martin Bradley and with input from Dr Heather Livingston.

Date: 25 November 2008

Please note that having completed the screening, you will need to ensure that:

the screening decision is shared with key stakeholders and other interested parties (e.g. Trusts); and

that consultation takes place on the outcome of screening in line with Equality Commission guidance.

Contact the Evaluation, Equality and Human Rights Branch at ext. 20539 for advice regarding the above actions.