

# Newry, Mourne and Down District Council Policy Equality Screening Form

V4 May 2016

## Policy Information

Name of the policy	Smoke Free Policy
Is this an existing, revised or new policy?	Updated from Legacy policies
What is it trying to achieve (aims/outcomes)	To comply with the Smoking (NI) Order 2006 – smoke free environment (Council facilities and vehicles) Use of Electronic cigarettes/ vapourisers is prohibited.
Are there any Section 75 categories which might be expected to benefit from the intended policy?  If so, explain how.	The scope of the policy covers all users of Council premises and vehicles, and the duties that apply to them in relation to compliance and enforcement of the policy. No specific section 75 categories are intended / expected to benefit from the implementation of the policy.
Who initiated or wrote the policy?	Kelly Rusk
Who owns and who implements the policy?	Dorinnia Carville

## Implementation factors

	Yes	No
Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?	<b>X</b>	
If yes, are they Financial	<b>X</b>	
If yes, are they Legislative	<b>X</b>	
If yes, and they are Other please specify:		<b>X</b>

## Main stakeholders affected

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

	Yes	No
Staff	X	
Service users	X	
Other public sector organisations	X	
Voluntary/community/trade unions	X	
Other, please specify:	All Users of Council premises/ vehicles - Elected Members, employees, those who hire or use Council	

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	facilities – agency workers, visitors, contractors and customers	
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### Other policies with a bearing on this policy

What are they	<ol style="list-style-type: none"> <li>1. NMDDC Corporate Health and Safety Policy</li> <li>2. NMDDC Health and Safety Organisational Arrangement</li> <li>3. Legacy DDC and Legacy NM&amp;DDC – Disciplinary Policy and Procedures</li> <li>4. The Northern Ireland Local Government Code of Conduct for Councillors</li> </ol>
Who owns them	<ol style="list-style-type: none"> <li>1. Corporate Services Director/ H&amp;S</li> <li>2. Corporate Services Director/ H&amp;S</li> <li>3. Human Resources</li> <li>4. DOENI</li> </ol>

### Available evidence

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

Section 75 Category	Details of needs/experiences/priorities																																				
Religious belief	Not applicable																																				
Political opinion	Not applicable																																				
Racial group	<p>According to the 2011 Census, 1.8% (32,400) of the usually resident population of Northern Ireland belongs to minority ethnic groups; this is more than double the proportion in 2001 (0.8%).</p> <p>The composition of language groups in the Newry, Mourne and Down District Council area is noted by NISRA (2011) as follows:</p> <p><b>Minority Ethnic Language Profile of the Newry, Mourne and Down LGD Area</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Main language of residents in Newry, Mourne and Down District LGD</th> <th style="width: 20%;">Number</th> <th style="width: 20%;">Percentage %</th> </tr> </thead> <tbody> <tr><td>English</td><td style="text-align: right;">156794</td><td style="text-align: right;">97.15</td></tr> <tr><td>Polish</td><td style="text-align: right;">2100</td><td style="text-align: right;">1.18</td></tr> <tr><td>Lithuanian</td><td style="text-align: right;">836</td><td style="text-align: right;">0.47</td></tr> <tr><td>Irish</td><td style="text-align: right;">367</td><td style="text-align: right;">0.24</td></tr> <tr><td>Portuguese</td><td style="text-align: right;">86</td><td style="text-align: right;">0.05</td></tr> <tr><td>Slovak</td><td style="text-align: right;">134</td><td style="text-align: right;">0.08</td></tr> <tr><td>Chinese</td><td style="text-align: right;">121</td><td style="text-align: right;">0.07</td></tr> <tr><td>Tagalog/Filipino</td><td style="text-align: right;">55</td><td style="text-align: right;">0.03</td></tr> <tr><td>Latvian</td><td style="text-align: right;">208</td><td style="text-align: right;">0.25</td></tr> <tr><td>Russian</td><td style="text-align: right;">109</td><td style="text-align: right;">0.06</td></tr> <tr><td>Malayalam</td><td style="text-align: right;">87</td><td style="text-align: right;">0.05</td></tr> </tbody> </table>	Main language of residents in Newry, Mourne and Down District LGD	Number	Percentage %	English	156794	97.15	Polish	2100	1.18	Lithuanian	836	0.47	Irish	367	0.24	Portuguese	86	0.05	Slovak	134	0.08	Chinese	121	0.07	Tagalog/Filipino	55	0.03	Latvian	208	0.25	Russian	109	0.06	Malayalam	87	0.05
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	Hungarian	74	0.04															
	Other	755	0.46															
Age	Not applicable																	
Marital status	Not applicable																	
Sexual orientation	Not applicable																	
Men and women generally	Not applicable																	
Disability	<p>According to the 2011 Census 19.62% of people in the Newry, Mourne and Down LGD have a long-term health problem or disability that limits their day-to-day activities.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">LGD</th> <th style="width: 15%;">All usual residents</th> <th style="width: 20%;">Long-term health problem or disability: Day-to-day activities limited a lot</th> <th style="width: 20%;">Long-term health problem or disability: Day-to-day activities limited a little</th> <th style="width: 30%;">Long-term health problem or disability: Day-to-day activities not limited</th> </tr> </thead> <tbody> <tr> <td>Northern Ireland</td> <td>1810863</td> <td>215232 (11.89%)</td> <td>159414 (8.8%)</td> <td>1436217 (79.31%)</td> </tr> <tr> <td>Newry, Mourne and Down</td> <td>171533</td> <td>19579 (11.4%)</td> <td>14102 (8.22%)</td> <td>135530 (79.01%)</td> </tr> </tbody> </table> <p>In Northern Ireland the profile of people with a disability is cited as follows:</p> <ul style="list-style-type: none"> <li>• More than 1 in 5 or 21% of the population in Northern Ireland has a disability The incidence of disability is higher in Northern Ireland than any other part of the UK</li> <li>• 1 in 7 people in Northern Ireland have some form of hearing loss</li> <li>• 5,000 sign language users who use British Sign Language (BSL) and/or Irish Sign Language (ISL)</li> <li>• In Northern Ireland there are 57,000 blind people or people with significant visual impairment</li> <li>• 52,000 people with learning disabilities</li> </ul> <p>(Source: Disability Action)</p>			LGD	All usual residents	Long-term health problem or disability: Day-to-day activities limited a lot	Long-term health problem or disability: Day-to-day activities limited a little	Long-term health problem or disability: Day-to-day activities not limited	Northern Ireland	1810863	215232 (11.89%)	159414 (8.8%)	1436217 (79.31%)	Newry, Mourne and Down	171533	19579 (11.4%)	14102 (8.22%)	135530 (79.01%)
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Dependants	Not applicable																	

## Needs, experiences and priorities

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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 for each of the Section 75 categories

Section 75 Category	Details of needs/experiences/priorities
Religious belief	It is not anticipated that there are different needs, experiences and priorities in relation to the policy.
Political opinion	It is not anticipated that there are different needs, experiences and priorities in relation to the policy.
Racial group	Ineffective communication of the implementation and implications of the Smoke Free Policy to people whose first language is not English has potential to indirectly impact upon people of different racial groups.
Age	It is not anticipated that there are different needs, experiences and priorities in relation to the policy.
Marital status	It is not anticipated that there are different needs, experiences and priorities in relation to the policy.
Sexual orientation	It is not anticipated that there are different needs, experiences and priorities in relation to the policy.
Men and women generally	It is not anticipated that there are different needs, experiences and priorities in relation to the policy.
Disability	Considerations to ensure all designated smoking areas are accessible to all as part of implementation and review.
Dependants	It is not anticipated that there are different needs, experiences and priorities in relation to the policy.

## Screening questions

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**

Section 75 Category	Details of Policy Impact	Level of impact Minor / major / none
Religious belief	None	None
Political opinion	None	None
Racial group	None	None
Age	None	None
Marital status	None	None
Sexual orientation	None	None
Men and women generally	None	None

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Disability	None	None
Dependants	None	None

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

Section 75 category	If Yes, provide details	If No, provide details
Religious belief		X
Political opinion		X
Racial group		As noted, ineffective communication of the implementation and implications of the Smoke Free Policy to people whose first language is not English has potential to indirectly impact upon people of different racial groups. The associated Smoke Free Procedure outlines designated roles and responsibilities which will mitigate against potential of this adverse impact.
Age		X
Marital status		X
Sexual orientation		X
Men and women generally		X
Disability		As noted, Council will ensure designated smoking areas are accessible.
Dependants		X

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	None	None
Political opinion	None	None
Racial group	None	None

4. Are there opportunities to better promote good relations between people of

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different religious belief, political opinion or racial group?

Good relations category	If <b>Yes</b> , provide details	If <b>No</b> , provide details
Religious belief		X
Political opinion		X
Racial group		As noted, ineffective communication of the implementation and implications of the Smoke Free Policy to people whose first language is not English has potential to indirectly impact upon people of different racial groups. The associated Smoke Free Procedure outlines designated roles and responsibilities which will mitigate against potential of this adverse impact.

## 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).

The policy may have the potential to impact positively on males in the 12-15 age category who identify as or were brought up as Catholics. This does not, however, signify that people outside of this multiple identity category will be adversely affected.

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

### Screening Decision

In light of your answers to the previous questions, do you feel that the policy should (please underline one):

1. **Not be subject to an EQIA (with no mitigating measures required)**
2. Not be subject to an EQIA (with mitigating measures /alternative policies)
3. Not be subject to an EQIA at this time
4. Be subject to an EQIA

If 1. or 2. (i.e. not be subject to an EQIA), please provide details of the reasons why:

The implementation of this Policy will have no adverse impact in terms of equality of opportunity and good relations and the decision is that the policy is not required to

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be subject to an EQIA (with no mitigating measures required).

If 2. (i.e. not be subject to an EQIA), in what ways can identified adverse impacts attaching to the policy be mitigated or an alternative policy be introduced?

In light of these revisions, is there a need to re-screen the revised/alternative policy? Yes / No. If No, please explain why

If 3. or 4. (i.e. to conduct an EQIA), please provide details of the reasons:

## Timetabling and prioritising EQIA

If 3. or 4, is the policy affected by timetables established by other relevant public authorities?  
YES / NO

If YES, please provide details:

Please answer the following questions to determine priority for timetabling the EQIA. 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 EQIA.

Priority criterion	Rating (1-3)
Effect on equality of opportunity and good relations	
Social need	
Effect on people's daily lives	
Relevance to a public authority's functions	

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for EQIA. This list of priorities will assist you in timetabling the EQIA. Details of your EQIA timetable should be included in the quarterly Section 75 report.

Proposed date for commencing EQIA: \_\_\_\_\_

## Monitoring

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Effective monitoring will help identify any future adverse impacts arising from the policy which may lead you to conduct an EQIA, as well as help with future planning and policy development.

Please detail proposed monitoring arrangements below:

**In addition to outlining proposed monitoring arrangements on how the impact of the policy's implementation will be assessed, the following comment should be included:**

The policy and associated procedure will be reviewed by the Director of Corporate Services in line with the Council's agreed policy review cycle i.e. every four years (as per Council's Equality Scheme commitment 4.31), or sooner as necessary, to ensure that it remains up-to-date with legislative advancements etc.

## Approval and Authorisation

<b>Screened by:</b>	<b>Position/Job Title</b>	<b>Date</b>
Kelly Rusk	Health, Safety and Wellbeing Advisor	07/04/2017
Colin Moffett	Head of Corporate Policy	11/04/17
<b>Approved by:</b>		
Dorinnia Carville	Director of Corporate Services	11/04/17

Note: The completed policy screening template, signed off by the appropriate policy lead within the Council, and approved by the senior manager responsible for the policy, should be forwarded to the Head of Corporate Policy who will arrange for it to be included in the Council's Quarterly Report on Screening and made available on the Council's website.