

Equality Screening, Disability Duties and Human Rights Assessment Template

Part 1 – Policy scoping

Part 2 – Screening questions

Part 3 – Screening decision

Part 4 – Monitoring

Part 5 – Disability Duties

Part 6 – Human Rights

Part 7 – Approval and Authorisation

Part 1. Policy scoping

1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

Northern Ireland Proximity App – Covid-19

Contact Tracing is a pre-existing part of the Public Health response to communicable diseases, with established processes to collect information from confirmed cases to identify other individuals at risk of infection. Rapid follow-up to provide advice and guidance can help to break chains of infection, as part of a broader response to an outbreak.

The use of Smart Phone Apps in this context is a new concept which has the ability to both accelerate notifications to at risk individuals and increase the number of contacts identified for each confirmed case, beyond the ability of the infected individual to recall their whereabouts and identify at risk citizens.

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

This is an extension of the contact tracing policy to respond to COVID-19.

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

The Department and wider Health and Social Care sector aims 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.

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. Introduction of a Proximity App is an additional component of this strategy, and forms part of a digital, largely self-contained, suite of products that align with each other: the symptom checker app, a proximity app and an online test booking platform

There will also be a Call Centre which will essentially operate as a proxy for those citizens who cannot or do not wish to use the digital products to book a test. Call handlers will have

back office access to the digital platforms and will be able to book a test for a caller, or provide information and sign posting on various aspects of the service.

1.1.3 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 reducing transmission to others.

The Proximity App will assist in controlling the risk of spread of 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.

It is acknowledged that not all citizens have access to Smartphone technology and some data from Ofcom is included below. It should however be noted that the main contact tracing service is a manual process, conducted by health professionals phoning an individual who has had a positive test; to identify 'high risk contacts' of the individual who has tested positive (persons that the individual has been within 2m distance for a period in excess of 15 minutes, in the previous 14 days of developing symptoms). The proximity app anonymously alerts 'high risk contacts' who are using the app when an app user tests positive. This acts in parallel as an adjunct to the manual contact tracing process. Neither the manual nor digital process confers an advantage to the person testing positive nor the contacts notified. The chain of contacts identified and alerted in relation to their exposure are not prevented from contracting the illness, as they have already been exposed. They are prevented from spreading it onwards. The advantage is to the wider community, reducing the rate of spread of the infection so that services are not overwhelmed (reducing admission rates and death rates), and enabling reduced restrictions on travel and social interaction. Those without a SmartPhone are likely to include proportionately more of the population who are deprived or elderly; i.e. those most likely to suffer most with COVID-19, requiring hospital admission or dying. For those without access to a SmartPhone, there will also be a Call Centre which will essentially operate as a proxy for those citizens who cannot or do not wish to use the digital products. Call handlers will have back office access to the digital platforms and will provide information and sign posting on various aspects of the service.

Data reviewed in respect of Smartphone access and use (at 2018)

The Ofcom Access and Inclusion Report 2018¹ states that there was a rise in the proportion of the 75+ age group living in mobile-only households (up from 2% in 2017 to 6%). However,

¹ <https://www.ofcom.org.uk/research-and-data/multi-sector-research/accessibility-research/access-and-inclusion#>

this age group is still less likely to have a mobile (66% compared to 94%) and less likely to live in a mobile-only home (19% average).

This decline in landline ownership and increasing reliance on mobile telephony among those aged 75+ is complemented by their growing use of smartphones; nearly one in five (18%) in this age group now have a smartphone. Among the youngest age group (16-24s) more than a third (36%) live in mobile-only households. Nearly all this age group personally use a mobile (99%) – generally a smartphone (95%).

Disabled people are generally less likely than non-disabled people to personally use most communications services and devices. Overall, the largest disparities are found in smartphone ownership in households (where 53% of disabled people have a smartphone in their household compared to 81% non-disabled people) and in internet use (67% of disabled people use the internet compared to 92% of non-disabled people). However, there are differences by disability type. People with a learning disability display similarities in their use of communications services to non-disabled people. They are more likely than those with other disability types to have a smartphone in their household (70%) and access to the internet (86%). While age and socio-economic group explain some of the lower ownership/use, disability also has an impact. Those with a visual impairment are the most likely group to say their use of communication services or devices is limited by their disability.

Older, less affluent (C2DE²) disabled consumers report the lowest levels of internet use and smartphone ownership. Further analysis indicates the lowest levels of ownership and use of communications services are reported among consumers with two or more ‘vulnerability’ factors e.g. older, lower socio-economic group, disabled.

Of all the disability groups reported on³, those with a visual impairment are most likely to say their use of communications service/devices is affected by their disability. This group were among those most likely to say their use of a mobile was affected - a fifth said their use was either limited (11%) or prevented (11%). People with multiple impairments report broadly similar levels (17%). The impact on use of communications services and devices among those with multiple impairments may also be linked to a visual impairment; 29% of this group have a visual impairment. Around one in five people with either a visual impairment (18%), learning disabilities (18%) or multiple impairments (19%) say their use of a PC, laptop or tablet is affected by their disability. And around one in ten in each of these disability groups say their disability impacts their use of the internet.

2 In the UK, the three lower social and economic groups in a society, used especially to refer to consumers in this group and their buying behaviour. An individual member of this group can be referred to as a C2DE.

3 The report provides a detailed analysis among people with hearing, visual, mobility and multiple impairments, making comparisons by type of disability and by demographic group.

People with a hearing impairment are least likely to say their disability affects their use of communications services/devices. However, 13% say their use of a mobile is either limited (5%) or prevented (8%).

1.1.5 Who initiated or wrote the policy?

This policy was decided by the Health Minister, and following notification, supported by the NI Executive and Committee for Health (NI Assembly). The decision was based on supporting evidence provided by the DoH COVID-19 Gold Digital Cell

1.1.6 Who owns and who implements the policy?

This policy is owned by the Department, and the DoH has led on the development and implementation. The following organisations are involved in delivery of the App (as cited in the DPIA).

Amazon Web Services (AWS) processes the information uploaded from devices. AWS process the data as a sub processor contracted by the Health and Social Care Board (HSCB), which are a data processor on behalf of the Department.

Health and Social Care Board (HSCB) owns the AWS account which hosts the app. HSCB act as a data processor on behalf of DoH.in providing this service and the services provided by NearForm, BSO and Gov.UK Notify (see below).They are also responsible for managing the contracts with these providers.

NearForm were chosen to develop the App and are regarded as a sub-processor contracted by the HSCB, on behalf of DoH as. They will also provide support on an ongoing basis to the app supporting architecture, for the duration of its operation, as part of their contract.

Business Services Organisation statutory organisation providing services as a data processor for HSCB and PHA. They host the test registry for lab results, and provide backup support to the SMS function, through arrangements with the HSCB.

Gov.UK Notify provide the SMS text messaging service used to distribute 'authorisation codes' to those testing positive for COVID-19. They are a sub-processor contracted by HSCB (to provide this service.

*Kainos have developed the IT platform (utilising Microsoft Dynamics) used to support the manual contact tracing process (for the **Public Health Agency NI**) [covered by a separate DPIA]. Via this platform, professional staff in the PHA conducting manual contact tracing will have the ability to trigger a SMS text message, to be sent to those who test positive for COVID-19, who are using the app, but have been unable to enter an 'authorisation code' for whatever reason. PHA are the data controller for this information, under existing contact tracing arrangements and Kainos is a data processor on behalf of PHA.*

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: Work is underway to scope out the functionality & design of such an app and associated development & support costs. In broad terms, total costs for the development and deployment of a NI specific Proximity App are estimated to be in the order of £1.0m over a 2 year period.

Legislative: There is a potential for of legal challenge including under Human Rights or privacy legislation, however, the Department is acting in the best interests of the population with the priority to save lives. Also, use of the App will be voluntary. The Department is working with the ICO and engaging with stakeholders to ensure that all reasonable concerns are addressed and mitigated. A communications strategy will also be aimed at reassuring those with concerns that there will be no risk to the privacy of app users.

Other: Smartphone ownership is required and would be reported as 67% in the most deprived sections of society. Further details on Smartphone use is included at section

1.1.3. There is nothing directly that DoH can do to change this, however, the focus of the TTP strategy is on the manual contact tracing process as the main way of delivering contact tracing. The digital process is additional. Contact tracing confers no protection to the contacts. They have already been exposed to infection. They are advised to self-isolate preventing them from spreading the infection to others. Those who might benefit from avoiding being infected as a result could be any member of the community, and would be unrelated to ownership of a smartphone. Statistically those who might derive the highest benefit from lower levels of community transmission, are those least likely to own a SmartPhone.

Benefit of large scale uptake is to the entire community, breaking transmission chains, and reducing the prevalence of COVID-19 in the community. All contact tracing approaches are aimed at keeping 'R' below 'one', benefitting the entire community in NI.

1.3 Main stakeholders affected

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

Staff (Health Service Staff)

Service users

Other public sector organisations

Voluntary/community/trade unions

Other, please specify

Introduction of a Proximity App to rapidly identify those at risk has the potential to benefit all sectors of society by reducing risk of spread of virus.

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

Policy	Owner(s) of the policy
The Health Protection (Coronavirus, Restrictions) Regulations (NI) 2020 Test, Trace, Isolate, Support Programme	Department of Health DoH / 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	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	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	There is emerging discussion around a disproportionate impact of COVID-19 on BME communities. Due to the recent and evolving nature of the pandemic no definitive data is yet available. However, use of a proximity App is voluntary and there is no evidence to suggest a differential uptake by the BME community. 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 BME communities by reducing number of cases overall, and reducing the prevalence of viral infection in the community.
Age	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. Use of a proximity App is voluntary and there is no evidence to suggest a

	<p>differential uptake or more resistance to use by older people, although it is recognised that some older people may not have access to a Smartphone. A Call Centre option is available. 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 number of cases overall, and reducing the prevalence of viral infection in the community.</p>
Marital status	<p>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.</p> <p>Accordingly data has not been recorded for Section 75 purposes.</p>
Sexual orientation	<p>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.</p> <p>Accordingly data has not been recorded for Section 75 purposes.</p>
Gender (Men and women generally)	<p>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 of gender.</p> <p>Accordingly data has not been recorded for Section 75 purposes.</p>
Disability (with or without)	<p>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.</p> <p>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.</p> <p>Due to the recent and evolving nature of the pandemic no definitive data is yet available, however, use of a proximity App is voluntary and there is no evidence to suggest a differential uptake by the people with a disability. A Call Centre option is also available. 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.</p>
Dependants	<p>An assessment has not been considered necessary as when this policy is introduced it will be voluntary and will not have any direct</p>

(with or without)	<p>impact on the Section 75 category of persons with or without dependants.</p> <p>Accordingly data has not been recorded for Section 75 purposes.</p>
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* 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	There is no evidence that different religious beliefs will have any different needs, experiences, priorities or issues in relation to this policy.
Political opinion	There is no evidence that those with different political opinions will have any different needs, experiences, priorities or issues in relation to this policy.
Racial group	There is an indication of a disproportionate impact of COVID-19 on BME 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 COVID-19 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 this policy.
Sexual orientation	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)	There is no evidence that those of different genders will have any different needs, experiences, priorities or issues in relation to this policy.

Section 75 category	Details of needs/experiences/priorities
Disability (with or without)	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.
Dependants (with or without)	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)		
Section 75 category	Details of policy impact	Level of impact? minor/major/none
Religious belief	None expected.	None
Political opinion	None expected.	None
Racial group	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 BME groups.	Minor positive
Age	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	None expected.	None
Sexual orientation	None expected.	None
Gender (Men and women generally)	None expected.	None
Disability (with or without)	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)	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		As above.
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 impact on good relations	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.

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. Use of a Proximity App is available to all and aims to reduce 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.

No public consultation held. In normal circumstances, these proposals 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.

However, 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. Introduction of a Proximity App acts as a parallel process to, and not instead of the existing contact tracing service. Traditional contact tracing relies on the memory of the individual who has tested positive, and in addition they are required to know the person they have been in contact with, and how to notify them. The App allows other app users who are contacts (and often unknown to the individual who has tested positive) to be notified anonymously, preserving the privacy of all concerned.

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.

On 18 May 2020 Mr Les Allamby, the Human Rights Chief Commissioner for Northern Ireland, attended the Steering Group meeting which included a discussion on the proposals for a contact tracing App.

An engagement meeting took place on 29th May, where multiple Human Rights stakeholders in Northern Ireland joined a call with a panel of speakers from the PHA and Department of Health to hear an update on the Contact Tracing plans, including digital considerations.

Stakeholders included:

- Office of the Children's Commissioner
- Social Change Initiative
- Privacy Advisory Committee
- Committee for Administration of Justice
- Amnesty International
- Women's Resource and Development Association
- Office of the Older People's Commissioner NI
- Human Rights Consortium
- Northern Ireland Human Rights Commissioner
- Equality Coalition
- Children's Law Centre
- NICVA

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.

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 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	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

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 and a Call Centre option will be available for those citizens who cannot or do not wish to use the digital products

The measures are deemed necessary, proportionate and justified to address the unprecedented risk arising from the Covid 19 pandemic. While timescales do not permit a public consultation to take place prior to implementation, the ECNI, HRC and relevant groups have been involved in discussions, the screening will be published and reviewed in light of any comments received.

The policy will have a 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?

These measures form part of the overall COVID-19 response 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?

The App is designed to preserve the identity of all involved to ensure anonymous identification. As a result no data specific relating to individuals will be collected. At a high level we will know the total number of individuals who have entered a positive test. Overall we will know the total number of individuals who have been notified that they have had a high risk contact. As a result we will be able to calculate an average number of contacts per positive test, allowing direct comparison with manual processes in terms of effectiveness.

Ultimately the effectiveness of both processes 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/ HSC is committed to ensuring equality of opportunity for everyone in NI and complies 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 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.

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	Positive.		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			Neutral
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			Neutral
Article 5 – Right to liberty & security of person			Neutral
Article 6 – Right to a fair & public trial within a reasonable time			Neutral
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			Neutral
Article 8 – Right to respect for private & family life, home and correspondence.			Neutral
Article 9 – Right to freedom of thought, conscience & religion			Neutral
Article 10 – Right to freedom of expression			Neutral
Article 11 – Right to freedom of assembly & association			Neutral
Article 12 – Right to marry & found a family			Neutral

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

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

There has been some discussion around a negative impact on Article 8, however, the Department view is that use of the App is entirely voluntary with any use subject to the user's permission, similar to other Apps and services offered via mobile technology. The app has been designed to ensure explicit consent in the on-boarding process. Explicit consent is also sought before anonymous diagnosis keys are released, in order to allow 'close contacts' to be altered if an app user tests positive for COVID-19. The option to remove the app at any time is clearly stated.

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.

The App is designed to reduce or prevent the spread of the Covid-19 virus and is a positive measure designed to protect public health, thereby protecting the right to life.

Use of the App is voluntary and the Department will undertake a communications strategy alongside launch of the App to promote and raise awareness.

Part 7 - Approval and authorisation

	Name	Grade	Date
Screening completed by	Dr E O'Neill	Product Manager	18/August 2020
Approved by ¹	Mr Dan West	CDIO (G3)	19 August 2020
Forwarded to E&HR Unit ²	B O'Neill	G7	19 August 2020

ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION

(PLEASE NOTE: THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

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 and a Call Centre option will be available for those citizens who cannot or do not wish to use the digital products

The measures are deemed necessary, proportionate and justified to address the unprecedented risk arising from the Covid 19 pandemic. While timescales do not permit a public consultation to take place prior to implementation, the ECNI, HRC and relevant groups have been involved in discussions, the screening will be published and reviewed in light of any comments received.

The policy will have a positive impact for vulnerable groups.

2. In developing this policy / decision were any changes made as a result of equality issues raised during :

(a) pre-consultation / engagement;

- (b) formal consultation;
- (c) the screening process; and/or
- (d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

Vulnerable groups, including those in Section 75 categories have been at the fore in consideration of all Covid-19 related decisions with measures introduced to safeguard everyone and, in particular, vulnerable groups e.g. shielded patients.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

The Department has engaged a design company to ensure that the user interfaces are designed to comply with all accessibility standards. Behavioural scientists are also assisting, to ensure that language used is sufficiently simplified to maximise user understanding. Initial versions of the app will not support alternative languages. Discovery work will be undertaken to scope feasibility and cost of adding multiple language options in future iterations.

Thank you for your co-operation.
Equality and Human Rights Unit.