



Department for

Communities

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An Roinn

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Department for

Commonities

Section 75 Screening Form

Part 1. Policy scoping

The first stage of the screening process involves scoping the policy under consideration. The purpose of policy scoping is to help prepare the background and context and set out the aims and objectives for the policy, being screened. At this stage, scoping the policy will help identify potential constraints as well as opportunities and will help the policy maker work through the screening process on a step by step basis.

Public authorities should remember that the Section 75 statutory duties apply to internal policies (relating to people who work for the authority), as well as external policies (relating to those who are, or could be, served by the authority).

Information about the policy

Name of the policy

The Pneumoconiosis, etc., (Workers' Compensation) (Northern Ireland) Order 1979: The Pneumoconiosis, etc., (Workers' Compensation) (Specified Diseases and Prescribed Occupations) (Amendment) Order (Northern Ireland) 2024 and the Pneumoconiosis, etc., (Workers' Compensation) (Payment of Claims) (Amendment No. 2) Regulations (Northern Ireland) 2024

Is this an existing, revised or a new policy?

Existing

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

The Pneumoconiosis, etc., (Workers' Compensation) (Northern Ireland) Order 1979 makes provision for lump sum compensation payments to individuals who have one of five dust-related respiratory diseases and are unable to claim damages from employers (because they have gone out of business) and who have not brought any action against another party for damages. This is known as the '1979 Scheme'.

The Pneumoconiosis, etc., (Workers' Compensation) (Specified Diseases and Prescribed Occupations) (Amendment) Order (Northern Ireland) 2024 makes

changes to re-align the definitions of certain specified diseases in relation to the 1979 Scheme with the definitions of the corresponding prescribed diseases set out in Industrial Injuries Disablement Benefit (IIDB) legislation. To achieve this, the list of specified diseases for the purpose of the 1979 Scheme will be amended to include “Unilateral Diffuse Pleural Thickening” and “Asbestos-Related Primary Carcinoma of the Lung”, thereby widening the scheme to include customers with these diseases who meet the eligibility criteria.

Resulting amendments are also made to the Pneumoconiosis, etc., (Workers’ Compensation) (Prescribed Occupations) Order (Northern Ireland) 2007 which lists the occupations prescribed for the purpose of each disease to which the 1979 Scheme applies.

As a result of the changes being made to the specified diseases, consequential amendments are also made to the Pneumoconiosis, etc., (Workers’ Compensation) (Payment of Claims) Regulations (Northern Ireland) 1988 by the Pneumoconiosis, etc., (Workers’ Compensation) (Payment of Claims) (Amendment No. 2) Regulations (Northern Ireland) 2024 to amend the definition of disease.

While these Statutory Rules will provide for the re-alignment of the definitions in relation to the 1979 Scheme with the Industrial Injuries Disablement Benefit legislation, in practice payments have been made to sufferers of these diseases in line with the wider definitions despite the divergence in the legislation.

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

Yes

If Yes, explain how.

The amendments are beneficial in that they make the changes required to re-align the definitions of certain specified diseases under the 1979 Scheme with the definitions of their corresponding diseases set out in IIDB legislation and will provide further clarity around the eligibility conditions.

Who initiated or wrote the policy?

The Department for Work and Pensions.

Who owns and who implements the policy?

Provision of social security in Northern Ireland is governed by the long- established principle of parity with Great Britain, as provided for under section 87 of the Northern Ireland Act 1998 and policy in relation to the lump sum compensation Scheme is developed on this basis. Therefore the Department for Communities (in

Northern Ireland) in conjunction with the Department for Work and Pensions (in Great Britain) are responsible for the delivery of the policy.

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, please specify _____

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 _____

Other policies with a bearing on this policy

What are they and who owns them?

N/A

Available evidence

Evidence to help inform the screening process may take many forms. Public authorities should ensure that their screening decision is informed by relevant data.

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	None – The 1979 Scheme makes no distinction between a person's religious beliefs.
Political opinion	None – The 1979 Scheme makes no distinction between a person's political opinion.
Racial group	None – The 1979 Scheme makes no distinction between a person's racial group.
Age	The specified diseases in relation to the 1979 Scheme will have occurred in the course of employment. There are no age limitations for entitlement to a lump sum payment, beyond that the claimant must be aged 16 or over. The value of lump sum payments is determined by the percentage disablement of the claimant in their award of IIDB and their age. However medical diagnostic evidence showing that many industrial diseases can take numerous years after initial exposure to manifest themselves, means that most recipients will tend to be in the upper age bracket.
Marital status	None – The 1979 Scheme makes no distinction between a person's marital status.
Sexual orientation	None – The 1979 Scheme makes no distinction between a person's sexual orientation.
Men and women generally	The 1979 Scheme makes no distinction between sexes and as such lump sum payments are made to men and women equally if they meet the conditions of entitlement. However, by the very nature of the specified diseases, the majority of the payments are made to men. The changes introduced via these Statutory Rules will continue to be applied equally to men and women if they meet the conditions of entitlement.
Disability	By the very nature of the lump sum payments under the 1979 Scheme all claimants will have some form of disability. The changes will re-align the definitions of certain specified diseases in relation to the 1979 Scheme with the definitions

Section 75 category	Details of evidence/information
	of the corresponding prescribed diseases set out in IIDB legislation and provide further clarity around the eligibility conditions.
Dependants	None – lump sum payments under the 1979 Scheme make no distinction between a claimant having/not having dependants.

Note to reader - If you are aware of and would like the Department to take into account any further evidence or information relevant to this policy, please send this to:

The Department for Communities
Social Security Policy and Legislation Division
Causeway Exchange
Level 8
1-7 Bedford Street
Belfast
BT2 7EG
E-mail: SSPLD@communities-ni.gov.uk

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 for **each** of the Section 75 categories

Section 75 category	Details of needs/experiences/priorities
Religious belief	As noted above, the 1979 Scheme makes no distinction between a person's religious beliefs.
Political opinion	As noted above, the 1979 Scheme makes no distinction between a person's political opinion.

Section 75 category	Details of needs/experiences/priorities
Racial group	As noted above, the 1979 Scheme makes no distinction between a person's racial group.
Age	Medical diagnostic evidence shows that many industrial diseases can take numerous years after initial exposure to manifest themselves, meaning that most recipients will tend to be in the upper age bracket.
Marital status	As noted above, the 1979 Scheme makes no distinction between a person's marital status.
Sexual orientation	As noted above, the 1979 Scheme makes no distinction between a person's sexual orientation.
Men and women generally	The majority of the specified diseases tend to be prevalent in work environments historically more often staffed by men. However, the 1979 Scheme makes no distinction between genders, treating men and women equally provided they meet the conditions for eligibility.
Disability	As noted above, by the very nature of the 1979 Scheme all claimants will have some form of disability. The changes will re-align the definitions of certain specified diseases in relation to the 1979 Scheme with the definitions of the corresponding prescribed diseases set out in IIDB legislation and provide further clarity around the eligibility conditions.
Dependants	As noted above, the 1979 Scheme makes no distinction between a claimant with or without dependants.

Part 2. Screening questions

Introduction

In making a decision as to whether or not there is a need to carry out an equality impact assessment, the public authority should consider its answers to the questions 1-4 which are given on pages 66-68 of this Guide.

If the public authority's conclusion is **none** in respect of all of the Section 75 equality of opportunity and/or good relations categories, then the public authority may decide to screen the policy out. If a policy is 'screened out' as having no relevance to equality of opportunity or good relations, a public authority should give details of the reasons for the decision taken.

If the public authority's conclusion is **major** in respect of one or more of the Section 75 equality of opportunity and/or good relations categories, then consideration should be given to subjecting the policy to the equality impact assessment procedure.

If the public authority's conclusion is **minor** in respect of one or more of the Section 75 equality categories and/or good relations categories, then consideration should still be given to proceeding with an equality impact assessment, or to:

- measures to mitigate the adverse impact; or
- the introduction of an alternative policy to better promote equality of opportunity and/or good relations.

In favour of a 'major' impact

- a) The policy is significant in terms of its strategic importance;
- b) Potential equality impacts are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them;
- c) Potential equality and/or good relations impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged;
- d) Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are concerns amongst affected individuals and representative groups, for example in respect of multiple identities;
- e) The policy is likely to be challenged by way of judicial review;
- f) The policy is significant in terms of expenditure.

In favour of 'minor' impact

- a) The policy is not unlawfully discriminatory and any residual potential impacts on people are judged to be negligible;

- b) The policy, or certain proposals within it, are potentially unlawfully discriminatory, but this possibility can readily and easily be eliminated by making appropriate changes to the policy or by adopting appropriate mitigating measures;
- c) Any asymmetrical equality impacts caused by the policy are intentional because they are specifically designed to promote equality of opportunity for particular groups of disadvantaged people;
- d) By amending the policy there are better opportunities to better promote equality of opportunity and/or good relations.

In favour of none

- a) The policy has no relevance to equality of opportunity or good relations.
- b) The policy is purely technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

Taking into account the evidence presented above, consider and comment on the likely impact on equality of opportunity and good relations for those affected by this policy, in any way, for each of the equality and good relations categories, by applying the screening questions given overleaf and indicate the level of impact on the group i.e. minor, major or none.

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	The Statutory Rules are not expected to have any significant impact on equality of opportunity in relation to religious belief.	None
Political opinion	The Statutory Rules are not expected to have any significant impact on equality of opportunity in relation to political opinion.	None
Racial group	The Statutory Rules are not expected to have any significant impact on equality of opportunity in relation to racial group.	None
Age	The Statutory Rules are not expected to have any significant impact on equality of opportunity in relation to age.	None
Marital status	The Statutory Rules are not expected to have any significant impact on equality of opportunity in relation to marital status.	None
Sexual orientation	The Statutory Rules are not expected to have any significant impact on equality of opportunity in relation to sexual orientation.	None
Men and women generally	The Statutory Rules are not expected to have any significant impact on equality of opportunity in relation to men and women generally.	None
Disability	The changes are beneficial in that they will re-align the definitions of certain specified diseases in relation to the 1979 Scheme with the definitions of the corresponding prescribed diseases set out in IIDB legislation and provide further clarity around the eligibility conditions.	None

Section 75 category	Details of policy impact	Level of impact? minor/major/none
Dependants	The Statutory Rules are not expected to have any significant impact on equality of opportunity in relation to claimants with or without dependants.	None

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 – this policy does not present any opportunities to better promote equality of opportunity for people within any of Section 75 categories.
Political opinion		As above
Racial group		As above
Age		As above
Marital status		As above
Sexual orientation		As above
Men and women generally		As above
Disability		As above

Section 75 category	If Yes , provide details	If No , provide reasons
Dependants		As above

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 Statutory Rules are not expected to have any impact on good relations.	None
Political opinion	As above	None
Racial group	As above	None

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 – the Statutory Rules do not offer any 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
Political opinion		As above
Racial group		As above

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).

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

Due to the nature of many of the specified diseases and the relevant industries and workplaces, the majority of eligible people within the 1979 Scheme are older disabled men.

However, these amendments (which will update the relevant disease definitions and bring them into line with the IIDB definitions to provide further clarity around the eligibility conditions), will affect such a small number of claimants it is impractical to carry out statistical analysis of the number who may be affected in the relevant groups.

These Statutory Rules are not expected to have any significant impact on equality of opportunity for this multi identity group as they will apply equally to claimants provided they meet the conditions for eligibility.

Part 3. 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**
2. **Not be subject to an EQIA (with mitigating measures /alternative policies)**
3. **Be subject to an EQIA**

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

These Statutory Rules will amend the relevant legislation to reflect current practice and re-align the definitions of certain specified diseases in relation to the 1979 Scheme with the definitions of the corresponding prescribed diseases set out in IIDB legislation. This will provide further clarity around the eligibility conditions and is not anticipated to have any significant impact on any of the Section 75 categories.

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

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?

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

N/A

Part 4. Monitoring

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.

You should consider the guidance contained in the Commission's Monitoring Guidance for Use by Public Authorities (July 2007).

The Commission recommends that where the policy has been amended or an alternative policy introduced, then you should monitor more broadly than for adverse impact (See Benefits, P.9-10, paras 2.13 – 2.20 of the Monitoring Guidance).

Please detail proposed monitoring arrangements below:

This legislation will re-align the definitions of certain specified diseases in relation to the 1979 Scheme with the definitions of the corresponding prescribed diseases set out in IIDB legislation and provide further clarity around the eligibility conditions. These amendments will bring the scheme into line with the policy intent which is for the IIDB criteria to be mirrored in the 1979 scheme legislation therefore this is not a new/alternative policy.

The anomaly in the definitions dates back many years however in practice lump sum payments have been made to sufferers of these diseases in line with the wider definitions despite the divergence in the legislation. This is because the Department has been using the definitions as set out in the IIDB legislation when considering entitlement to a lump sum payment through the 1979 Scheme. No potential/actual adverse impacts were identified during this period when lump sum payments were being made.

Given all of the above and also that there has been no change to current practice further monitoring is not deemed to be necessary.

Part 5 - Approval and authorisation

Screened by:	Position/Job Title	Date
Andrew Hay	EO1	08.04.24
Approved by:		
David Tarr	G5	09.04.24

Note: A copy of the Screening Template, for each policy screened should be 'signed off' and approved by a senior manager responsible for the policy, made easily accessible on the public authority's website as soon as possible following completion and made available on request.