
**Mark H Durkan MLA
Minister of the Environment
Goodwood House, 44 - 58 May Street,
Town Parks, Belfast BT1 4NN**

**Fearghal McKinney MLA
Northern Ireland Assembly
Parliament Buildings
Ballymiscaw
Stormont**

AQW 32547/11-15

Fearghal McKinney MLA has asked:

To ask the Minister of the Environment, prior to adoption of The Motor Vehicles (Driving Licences) (Amendment) Regulations 2013, whether he sought to conduct a comprehensive Equality Impact Assessment; and if so, what comparators were used.

ANSWER

The Motor Vehicles (Driving Licences) (Amendment) Regulations (Northern Ireland) 2013, which came into operation on 1 August 2013, amended the Motor Vehicles (Driving Licences) Regulations (Northern Ireland) 1996 in regard of medical standards for vision and epilepsy. The changes were part of the implementation of Commission Directives 2009/112/EC and 2009/113/EC ("the Directives") which amended the 2nd and 3rd Directives on Driving Licences respectively and which introduced revised minimum medical standards in relation to vision, epilepsy and diabetes for applicants for driving licences or for the renewal of such licences.

Prior to the introduction of each of the amending Regulations, the Department carried out an equality screening analysis on the changes involved, which were included in a UK-wide consultation on the Directives carried out in 2011. No equality issues were identified during either the equality screening or the consultation processes. It was concluded in each case, therefore, that a full Equality Impact Assessment was not necessary.

I have arranged for copies of the Department's completed equality screening analysis forms in relation to the amending Regulations to be placed in the Assembly Library.



Signed: _____

Mark H Durkan MLA

Date: _____ **14/04/14** _____

DOE SECTION 75 EQUALITY OF OPPORTUNITY SCREENING ANALYSIS FORM

Under Section 75 of the Northern Ireland Act 1998, the Department is required to have due regard to the need to promote equality of opportunity between the groups listed at **Appendix 1**. In addition, without prejudice to its obligations above, the Department is also required, in carrying out its functions relating to Northern Ireland, to have regard to the desirability of promoting good relations between persons of different religious beliefs, political opinion or racial group.

This form is intended to help you to consider whether a new or revised policy (either internal or external) or legislation will require a full equality impact assessment (EQIA). Those policies identified as having significant implications for equality of opportunity must be subject to full EQIA.

The form will provide a record of the factors taken into account if a policy is screened out, or excluded for EQIA. It will provide a basis for consultation on the outcome of the screening exercise and will be referenced in the Annual Report to the Equality Commission. Reference should be made to the outcome of the screening exercise and subsequent consultation in any submission made to the Minister.

It is important that this screening form is completed carefully and thoughtfully. Your business area's Equality Representative and the Department's Equality Team (ext 37060/37061) will be happy to assist with all aspects of the screening process and will help with the completion of the form, if required.

All screening forms should be signed off by the policy maker, approved by a senior manager responsible for the policy and sent to the Equality Team who will arrange to have them posted on the Department's website.

Policy Title:	The Motor Vehicles (Driving Licences) (Amendment) Regulations (Northern Ireland)
Business Area:	Road Safety and Vehicle Regulation Division (RS&VRD)
Contact:	J. Russell Millar Tel No (028) 9054 1178

Screening flowchart and template

Introduction

Part 1. Policy scoping – asks the Department to provide details about the policy, procedure, practice and/or decision being screened and what available evidence has been gathered to help make an assessment of the likely impact on equality of opportunity and good relations.

Part 2. Screening questions – asks about the extent of the likely impact of the policy on groups of people within each of the Section 75 categories. Details of the groups consulted and the level of assessment of the likely impact. This includes consideration of multiple identity and good relations issues.

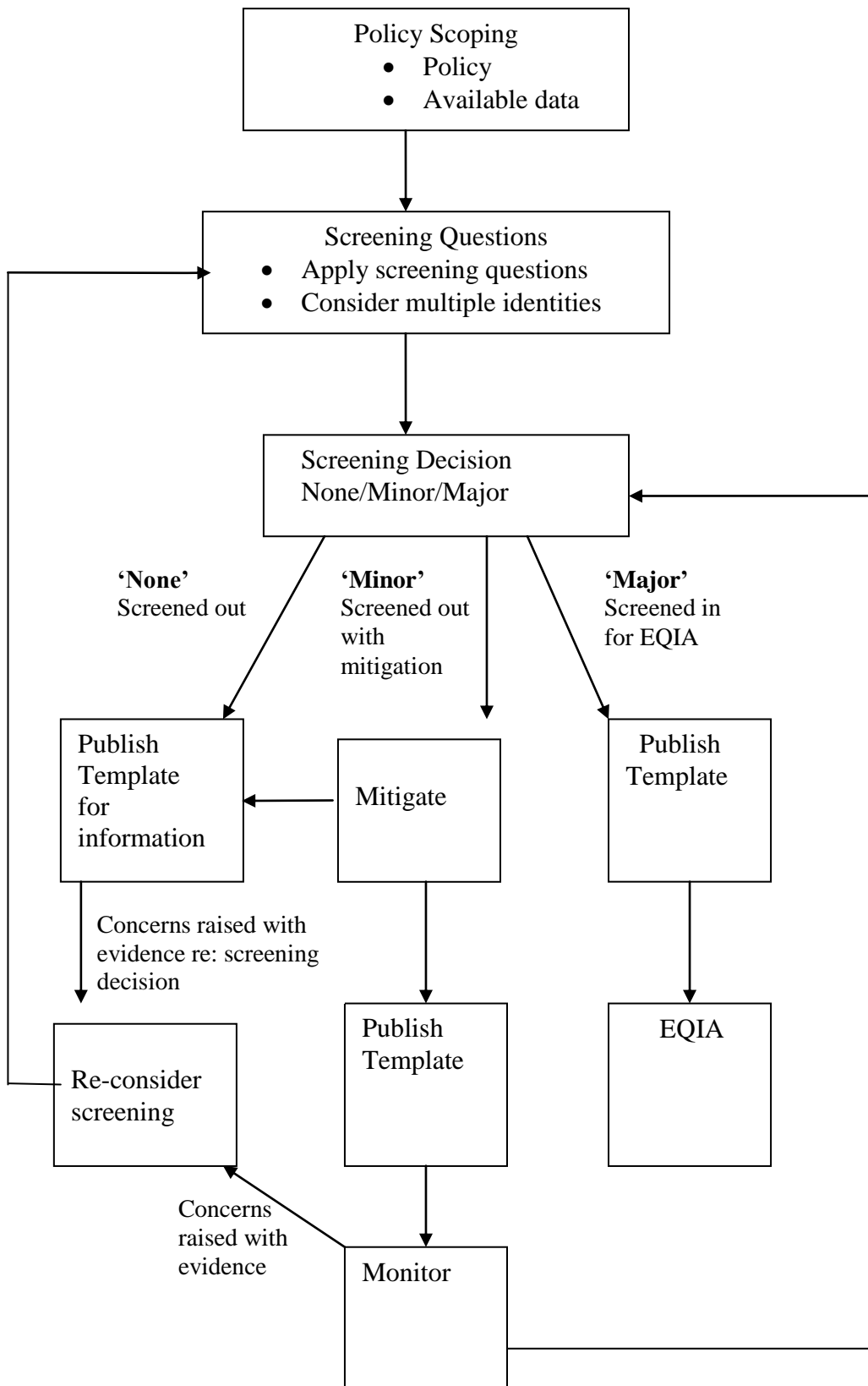
Part 3. Screening decision – guides the Department to reach a screening decision as to whether or not there is a need to carry out an equality impact assessment (EQIA), or to introduce measures to mitigate the likely impact, or the introduction of an alternative policy to better promote equality of opportunity and/or good relations.

Part 4. Monitoring – provides guidance on monitoring for adverse impact and broader monitoring.

Part 5. Approval and authorisation – verifies the Department's approval of a screening decision by a senior manager responsible for the policy. All screening templates must be signed off by the relevant policy maker, approved by a senior manager responsible for the policy and forwarded to the Department's Equality Team for quality assurance, approval and publication on the Department's website.

Part 6. Submission to the Departmental Equality Team – Contact details for the Equality Team can be found in this section.

SCREENING FLOWCHART



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.

Policy makers should remember that the Section 75 statutory duties apply to internal policies (relating to the Department's staff), as well as external policies (relating to those who are, or could be, served by the Department).

Information about the policy

Name of the policy
The Motor Vehicles (Driving Licences) (Amendment) Regulations (Northern Ireland)
Is this an existing, revised or a new policy?
Revised - due to the introduction of changes to EU minimum driving licence standards for vision and epilepsy (as well as diabetes). The diabetes element has been the subject of separate screening analysis forms.
What is it trying to achieve? (intended aims/outcomes) (Please give clear explanation of policy aims/outcomes)
<p>The EU has specified minimum standards for ten categories of vision that affect the UK and for seventeen categories of epilepsy of which five affect the UK.</p> <p>The Department's aims are to increase current standards if obliged to in order to comply with the minimum EU standards; to relax current standards (and align with the minimum EU standards) thus removing existing restrictions; and, where medical opinion advises, to retain existing standards.</p> <p>The intended effect is to allow those with the specified conditions access to driving as far as the EU requirements permit.</p> <p>It requires making amendments to the Motor Vehicles (Driving Licences) Regulations (Northern Ireland) 1996.</p>

**Are there any Section 75 categories which might be expected to benefit from the intended policy?
If so, explain how.**

Yes - in the case of epilepsy, drivers of cars and motorcycles who only ever suffer seizures that have no impact on consciousness or the ability to act will, for the first time, be able to apply for a driving licence one year from the date of their **first** seizure. This is a change to the current rule where such drivers can only apply for a licence one year from the date of their **last** seizure.

Additionally, drivers who only ever suffer seizures while asleep will be able to apply for a driving licence after one year, instead of the current requirement of three years.

Who initiated or wrote the policy?

EU - the changes result from Commission Directives 2009/112/EC and 2009/113/EC ("the Directives") which amend the 2nd and 3rd Directives on Driving Licences respectively and introduce revised minimum medical standards in relation to vision and epilepsy (as well as diabetes) for applicants for driving licences or for the renewal of such licences. The Directives allow Member States to have higher than the minimum EU standard.

Who owns and who implements the policy?

DOE is responsible for driver licensing in NI and for implementing the policy.

Implementation factors

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

Yes No

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: Applicants with vision impairment or epilepsy applying for or renewing Group 1 (cars and motorcycles) and Group 2 (buses and lorries) licences.

Other policies with a bearing on this policy

- what are they?

None

- who owns them?

N/A

Available evidence

Evidence to help inform the screening process may take many forms. Policy makers 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? Please specify details for each of the Section 75 categories. For further advice please contact Analytical Services Branch (ASB), (Gary Ewing, ext 40245) or the Equality Team (Laura McAleese, ext 37060, or Jeff Johnston, ext 37061).

Section 75 category	Details of evidence/information
Religious belief	Consultation responses
Political opinion	Consultation responses
Racial group	Consultation responses
Age	<p>1(i) Consultation responses</p> <p>(ii) In NI, the lowest proportion of full car driving licence holders (41%) is in the 17-20 age group. This increases to 69% in the 21-29 age group and rises again to 84% in the 30-39 age group. Licence holding remains around the same level until decreasing to 77% in the 60-69 age group and falling again to 56% in the 70 and over age group. This is mainly due to the relatively low proportions of women holding driving licences in the older age groups.</p> <p>Source: Department for Regional Development's Travel Survey for Northern Ireland In-depth Report 2009-2011.</p>
Marital status	Consultation responses
Sexual orientation	Consultation responses

Men and women generally	<p>(i) Consultation responses</p> <p>(ii) In NI, 82% of males held full car driving licences in 2009-2011 compared to 68% of females. The gender gap in licence holding is most noticeable in the 70+ age group where the figures are 79% males and 40% females.</p> <p>(Source: Department for Regional Development's Travel Survey for Northern Ireland In-depth Report 2009-2011)</p> <p>(iii) 94% of the total number of NI drivers who hold licences conferring entitlement to drive buses/minibuses are male and 6% are female. 98% of the total number of drivers who hold licences to drive large goods vehicles are male and 2% are female.</p> <p>(Source: Driver and Vehicle Agency. Data correct as of February 2012)</p> <p>(Note: Drivers who hold licences conferring entitlement to drive large goods vehicles may also hold entitlement to drive buses/minibuses.)</p>
Disability	Consultation responses
Dependants	Consultation responses

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	None
Political opinion	None
Racial group	None
Age	None
Marital status	None
Sexual orientation	None
Men and women generally	None
Disability	None
Dependants	None

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, policy makers should consider the answers to the four screening questions.

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

If your 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 your 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	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
Disability	Vision - It will become a relevant disability to have a visual acuity of worse than decimal 0.5 (Snellen 6/12), when measured clinically (e.g. by an optician). In practice what this will mean is that although an eyesight certificate will not routinely be required before a Group 1 (cars and	Minor

motorcycles) driving test or licence application, where an eyesight test is taken and reveals an acuity of less than decimal 0.5 (6/12) the individual must notify DVA and the licence will be refused or revoked.

Bus and lorry drivers, as well as having to meet the standards for Group 1 vehicles, will need an optician/optometrist completed certificate of vision as part of the application and renewal process for Group 2 licences. There will also be additional changes to the vision standards for Group 2 licences. These will involve clarification of the requirements relating to visual field and, based on expert evidence, some relaxation of the visual acuity standards for the “worse eye” when each eye is separately examined. In future, Group 2 licences will be refused or revoked where the driver does not have some sight in both eyes (to at least the EU “worse eye” standard) or suffers from uncontrolled diplopia (double vision).

Epilepsy – As indicated in Part 1, there are positive benefits in the case of epilepsy as, where minimum standards are being relaxed, the changes will lead to more people qualifying for driving licences. Drivers of cars and motorcycles who only ever suffer seizures that have no impact on consciousness or the ability to act will be able to apply for a driving licence one year from the date of their first seizure rather than one year from the date of their last seizure, as is currently the case.

Additionally, drivers who only ever

	<p>suffer from seizures while asleep will be able to apply for a driving licence after one year, instead of the current requirement of three years.</p> <p>As at 19 December 2012, there are 38,878 drivers holding medically restricted licences in NI. However, it is not possible to say how many of them suffer from a visual impairment or epilepsy as DVA's driver licensing system is currently unable to identify an individual's particular medical condition. Visual impairments account for 8.8% of the total number of medically restricted driving licences in GB and epilepsy for 11.9%. Applying these figures to the 38,878 medically restricted licence holders here, there could be around 3,421 of them with a visual impairment and 4,626 with epilepsy, a small but unknown proportion of whom could be affected adversely by the changes.</p>	
Dependants	None	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		There are no adverse implications for this category
Political opinion		There are no adverse implications for this category
Racial group		There are no adverse implications for this category
Age		There are no adverse implications for this category
Marital status		There are no adverse implications for this category
Sexual orientation		There are no adverse implications for this category
Men and women generally		There are no adverse implications for this category
Disability		As indicated in the previous Table, resulting from the changes in relation to vision some Group 1 (cars and motorcycles) drivers and some Group 2 (buses and lorries) drivers may lose their driving licence while, in the case of epilepsy, where minimum standards are being relaxed, the changes

		<p>will lead to more people qualifying for driving licences.</p> <p>The Department is obliged to introduce the changes in order to comply with EU requirements.</p>
Dependants		There are no adverse implications for this category

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 different religious belief, political opinion or racial group?		
Good relations category	If Yes , provide details	If No , provide reasons
Religious belief		There is no impact on good relations between people of different religious belief
Political opinion		There is no impact on good relations between people of different political opinion
Racial group		There is no impact on good relations between people of different racial group

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).

Yes No

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

N/A

Part 3. Screening decision

If the decision is not to conduct an equality impact assessment, please provide details of the reasons.

An equality impact assessment is not considered necessary for the following reasons:

- A UK-wide consultation exercise on changes resulting from the Directives was carried out by the Driver and Vehicle Licensing Agency in Swansea during the period 3 February to 28 April 2011. The consultation document was issued to a wide range of interests in NI and was also published on the Department's website. Forty-two responses were received to the vision proposals and there was a mixed reaction to them. Those supporting them felt that they were fair as they were based on the advice of the Secretary of State's Honorary Medical Advisory Panel and allowed individual assessment e.g. by an optician where a licence applicant had failed the number plate test. Of those who were against them, the majority recommended that the standards should be stricter. In particular, they expressed reservations about the use of the number plate test, were against reducing the distance from which it is read or recommended that there should be regular eyesight tests throughout the driving career, possibly linked to photocard driving licence renewal. In the case of epilepsy, sixteen responses were received and these were generally in favour of the epilepsy proposals. No equality issues or problems were identified during the consultation process.

If the decision is not to conduct an equality impact assessment the policy maker should consider if the policy should be mitigated or an alternative policy be introduced.

Following consideration, there are no plans to mitigate the policy or introduce an alternative policy. The changes are in line with those being introduced in GB and will ensure a consistent approach across the UK in implementing the revised EU minimum medical standards.

If the decision is to subject the policy to an equality impact assessment, please provide details of the reasons.

N/A

All public authorities' equality schemes must state the authority's arrangements for assessing and consulting on the likely impact of policies adopted or proposed to be adopted by the authority on the promotion of equality of opportunity. The Commission recommends screening and equality impact assessment as the tools to be utilised for such assessments. Further advice on equality impact assessment may be found in a separate Commission publication: Practical Guidance on Equality Impact Assessment.

Mitigation

When you conclude that the likely impact is 'minor' and an equality impact assessment is not to be conducted, you 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.

As indicated earlier, only a small number of drivers of cars and motorcycles are likely to be adversely affected and it has been concluded that the likely impact of the revised policy overall is considered to be "minor".

It is not possible for the policy to be amended or for an alternative policy to be introduced. The Department must comply fully with the revised minimum medical standards in relation to vision and epilepsy set out in the Directives and there is no scope for deviation.

Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been ‘**screened in**’ for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment:-

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 equality impact assessment.

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 equality impact assessment.

Is the policy affected by timetables established by other relevant public authorities?

Yes

No

If yes, please provide details.

Part 4 - Monitoring

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, the Department should monitor more broadly than for adverse impact.

Effective monitoring will help you to identify any future adverse impact arising from the policy which may lead to completion of an equality impact assessment, as well as help with future planning and policy development.

Part 5 - Approval and authorisation (to be completed by Business Area)

Screened by:	Position/Job Title	Date
J. Russell Millar	SO, Driver Policy Branch, RS&VRD	10 January 2013
Approved by:		
Adele Watters	Head of Driver Policy Branch, RS&VRD	15 January 2013

Note: A copy of the Screening Template, for each policy screened should be 'signed off' by the policy maker, approved by a senior manager responsible for the policy and forwarded to the Department's Equality Team who will make the form available on the Department's website. Business areas should ensure that the form is made available on request.

Part 6 – Submission to Departmental Equality Team

PLEASE FORWARD AN ELECTRONIC COPY OF THE COMPLETED FORM TO:

equality@doeni.gov.uk

QUERIES TO: DOE EQUALITY TEAM
8th FLOOR
GOODWOOD HOUSE
44-58 MAY STREET
BELFAST
BT1 4NN

Laura McAleese, Ext. 37060 laura.mcaleese@doeni.gov.uk

Jeff Johnston, Ext. 37061 jeff.johnston@doeni.gov.uk

Appendix 1

Main Groups Relevant to the Section 75 Categories	
Category	Main Groups
Religious belief	Protestants; Catholics; people of non-Christian faiths; people of no religious belief
Political opinion	Unionists generally; Nationalists generally; members/supporters of any political party
Racial Group	White people; Chinese; Irish Travellers; Indians; Pakistanis; Bangladeshis; Black Africans; Black Caribbean people; people with mixed ethnic group
“Men and women generally”	Men (including boys); women (including girls); trans-gendered people
Marital status	Married people; unmarried people; divorced or separated people; widowed people
Age	For most purposes, the main categories are: children under 18, people aged between 18-65, and people over 65. However, the definition of age groups will need to be sensitive to the policy under consideration
“Persons with a disability”	Disability is defined as: A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities as defined in Sections 1 and 2 and Schedules 1 and 2 of the Disability Discrimination Act 1995
“Persons with dependants”	Persons with personal responsibility for the care of a child; persons with personal responsibility for the care of a person with an incapacitating disability; persons with personal responsibility for the care of a dependant elderly person
Sexual orientation	Heterosexuals; bi-sexuals; gays; lesbians

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The form will provide a record of the factors taken into account if a policy is screened out, or excluded for EQIA. It will provide a basis for consultation on the outcome of the screening exercise and will be referenced in the Annual Report to the Equality Commission. Reference should be made to the outcome of the screening exercise and subsequent consultation in any submission made to the Minister.

It is important that this screening form is completed carefully and thoughtfully. Your business area's Equality Representative and the Department's Equality Team (ext 37060/37061) will be happy to assist with all aspects of the screening process and will help with the completion of the form, if required.

All screening forms should be signed off by the policy maker, approved by a senior manager responsible for the policy and sent to the Equality Team who will arrange to have them posted on the Department's website.

Policy Title:	The Motor Vehicles (Driving Licences) (Amendment) Regulations (Northern Ireland)
Business Area:	Road Safety and Vehicle Regulation Division (RS&VRD)
Contact:	Cathy Johnston Tel No (028) 9054 1173

Screening flowchart and template

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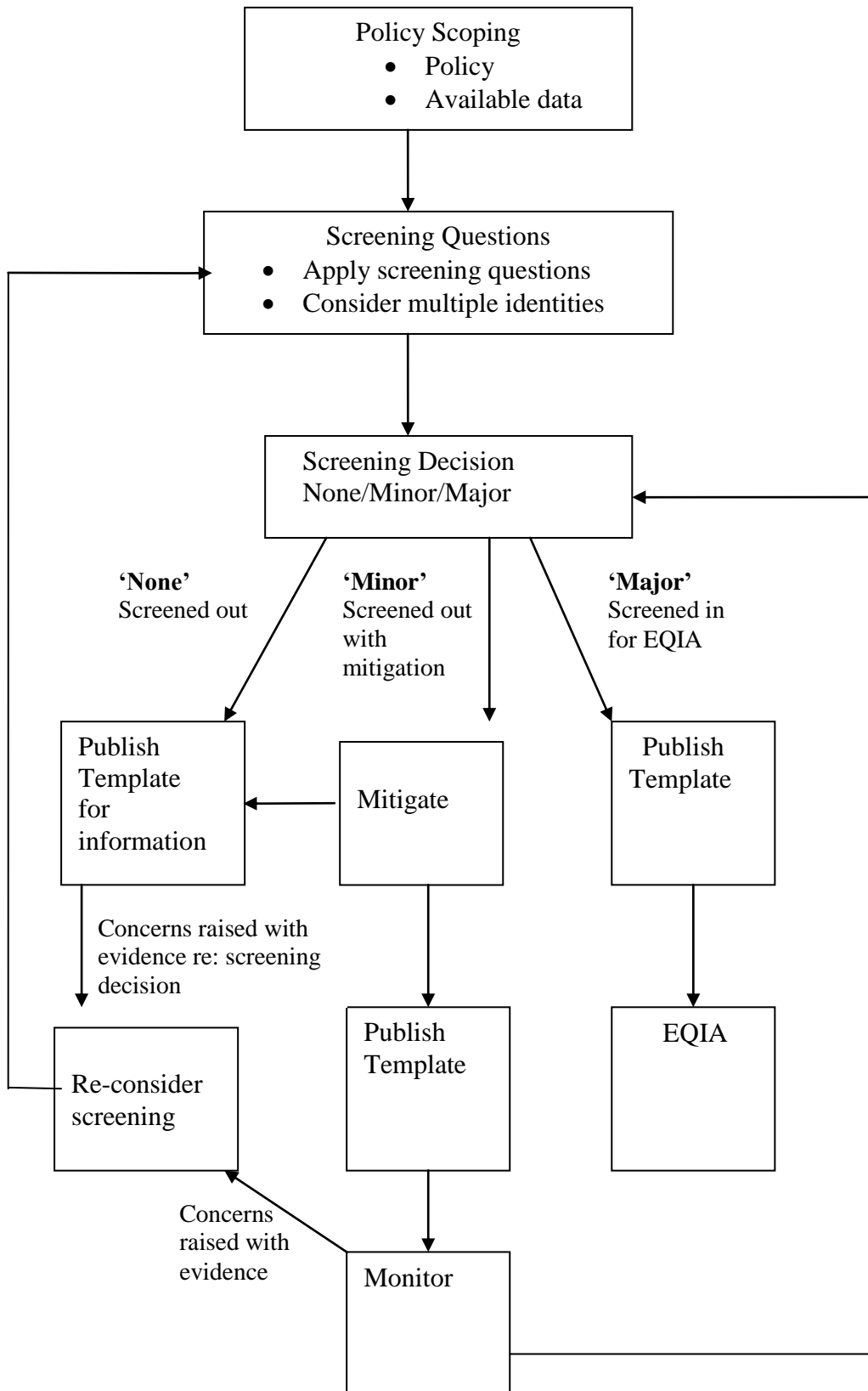
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Part 1. Policy scoping

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Policy makers should remember that the Section 75 statutory duties apply to internal policies (relating to the Department's staff), as well as external policies (relating to those who are, or could be, served by the Department).

Information about the policy

Name of the policy
The Motor Vehicles (Driving Licences) (Amendment) Regulations (Northern Ireland)
Is this an existing, revised or a new policy?
Revised - due to the introduction of changes to EU minimum driving licence standards for diabetes
What is it trying to achieve? (intended aims/outcomes) (Please give clear explanation of policy aims/outcomes)
<p>The aim is to make changes to the circumstances in which diabetes is a prescribed disability and to the prescribed conditions under which a licence can be granted to a diabetic. The intended effect is to allow those with the specified condition access to driving, provided revised EU minimum driving licence standards are met.</p> <p>It requires making amendments to the Motor Vehicles (Driving Licences) Regulations (Northern Ireland) 1996.</p>
Are there any Section 75 categories which might be expected to benefit from the intended policy? If so, explain how.
Yes - in the case of Group 2 (buses and lorries) licences, it will

open up the possibility of licences for insulin treated diabetics where the condition is appropriately controlled and provided revised EU minimum medical standards are met.

Who initiated or wrote the policy?

EU - the changes result from Commission Directives 2009/112/EC and 2009/113/EC ("the Directives") which amend the 2nd and 3rd Directives on Driving Licences respectively and introduce revised minimum medical standards in relation to diabetes mellitus (as well as eyesight and epilepsy) for applicants for driving licences or for the renewal of such licences. The Directives allow Member States to have higher than the minimum EU standard.

(As a result of the Directives, the Department has also already introduced legislation (The Motor Vehicles (Taxi Drivers' Licences) (Amendment) Regulations (Northern Ireland) 2012) to remove the blanket ban on insulin treated diabetics holding taxi driver licences. This was the subject of a separate screening exercise.)

Who owns and who implements the policy?

DOE is responsible for driver licensing in NI and for implementing the policy.

Implementation factors

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

Yes No

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: Diabetics applying for or renewing Group 1 (cars and motorcycles) and Group 2 (buses and lorries) licences.

Other policies with a bearing on this policy

- what are they?

None

- who owns them?

N/A

Available evidence

Evidence to help inform the screening process may take many forms. Policy makers 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? Please specify details for each of the Section 75 categories. For further advice please contact Analytical Services Branch (ASB), (Michael Bennett, ext 40916) or the Equality Team (Laura McAleese, ext 37060, or Jeff Johnston, ext 37061).

Section 75 category	Details of evidence/information
Religious belief	Consultation responses
Political opinion	Consultation responses
Racial group	Consultation responses
Age	<p>(i) Consultation responses</p> <p>(ii) In NI, the lowest proportion of full car driving licence holders (38%) is in the 17-20 age group. This increases to 67% in the 21-29 age group and rises again to 83% in the 30-39 age group. Licence holding remains around the same level until decreasing to 75% in the 60-69 age group and falling again to 57% in the 70 and over age group. This is mainly due to the relatively low proportions of women holding driving licences in the older age groups.</p> <p>Source: Department for Regional Development's Travel Survey for Northern Ireland In-depth Report 2008-2010.</p>
Marital status	Consultation responses
Sexual	Consultation responses

orientation	
Men and women generally	<p>(i) Consultation responses</p> <p>(ii) In NI, 81% of males held full car driving licences in 2008-2010 compared to 67% of females. The gender gap in licence holding is most noticeable in the 70+ age group where the figures are 81% males and 41% females.</p> <p>(Source: Department for Regional Development's Travel Survey for Northern Ireland In-depth Report 2008-2010)</p> <p>(iii) 94% of the total number of NI drivers who hold licences conferring entitlement to drive buses/minibuses are male and 6% are female. 98% of the total number of drivers who hold licences to drive large goods vehicles are male and 2% are female.</p> <p>(Source: Driver and Vehicle Agency. Data correct as of February 2012)</p> <p>(Note: Drivers who hold licences conferring entitlement to drive large goods vehicles may also hold entitlement to drive buses/minibuses.)</p>
Disability	Consultation responses
Dependants	Consultation responses

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	None
Political opinion	None
Racial group	None
Age	None
Marital status	None
Sexual orientation	None
Men and women generally	None
Disability	None
Dependants	None

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, policy makers should consider the answers to the four screening questions.

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

If your 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 your 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	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
Disability	Some Group 1 (cars and motorcycles) licence holders may lose their licence. The amending legislation will include setting out the circumstances where a licence must be refused in the case of diabetes treated with medication other than insulin. The circumstances where a	Minor

	<p>licence may be granted to such persons provided the disability is controlled will continue to be set out in guidance rather than in legislation as this will permit greater flexibility in the duration of licence granted, commensurate with the road safety risk.</p> <p>There are also positive benefits. As indicated in Part 1, insulin treated diabetics will be able to apply for Group 2 (buses and lorries) licences where the condition is appropriately controlled and provided revised EU minimum medical standards are met.</p> <p>There are presently 29,433 drivers holding medically restricted licences in NI. However, it is not possible to say how many of them have diabetes as DVA's driver licensing system is currently unable to identify an individual's particular medical condition. Diabetes accounts for 24.7% of the total number of medically restricted driving licences in GB. Applying this figure to the 29,433 medically restricted licence holders here, there could be around 7,270 of them with diabetes, a small but unknown proportion of whom could be affected adversely by the changes.</p>	
Dependants	None	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		There are no adverse implications for this category
Political opinion		There are no adverse implications for this category
Racial group		There are no adverse implications for this category
Age		There are no adverse implications for this category
Marital status		There are no adverse implications for this category
Sexual orientation		There are no adverse implications for this category
Men and women generally		There are no adverse implications for this category
Disability		As indicated in the previous Table, resulting from the changes some Group 1 (cars and motorcycles) drivers may lose their licence while

		<p>the possibility of Group 2 (buses and lorries) licences for insulin treated diabetics will be opened up.</p> <p>The Department is obliged to introduce the changes in order to comply with EU requirements.</p>
Dependants		There are no adverse implications for this category

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 different religious belief, political opinion or racial group?		
Good relations category	If Yes , provide details	If No , provide reasons
Religious belief		There is no impact on good relations between people of different religious belief
Political opinion		There is no impact on good relations between people of different political opinion
Racial group		There is no impact on good relations between people of different racial group

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).*

Yes No

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

N/A

Part 3. Screening decision

If the decision is not to conduct an equality impact assessment, please provide details of the reasons.

An equality impact assessment is not considered necessary for the following reasons:

- A UK-wide consultation exercise on changes resulting from the Directives was carried out by the Driver and Vehicle Agency in Swansea during the period 3 February to 28 April 2011. The consultation document was issued to a wide range of interests in NI and was also published on the Department's website. The 44 responses received on the diabetes mellitus proposals were generally supportive and no equality issues or problems were identified during the consultation process; and
- A small number of diabetics are likely to be adversely affected by the revised EU minimum medical standards. A small number will also benefit from the possible opening up of new employment opportunities (as indicated in Table 1 of Part 2).

If the decision is not to conduct an equality impact assessment the policy maker should consider if the policy should be mitigated or an alternative policy be introduced.

Following consideration, there are no plans to mitigate the policy or introduce an alternative policy. The changes are in line with those already in place in GB and will ensure a consistent approach across the UK in implementing the revised EU minimum medical standards.

If the decision is to subject the policy to an equality impact assessment, please provide details of the reasons.

N/A

All public authorities' equality schemes must state the authority's arrangements for assessing and consulting on the likely impact of policies adopted or proposed to be adopted by the authority on the promotion of equality of opportunity. The Commission recommends screening and equality impact assessment as the tools to be utilised for such assessments. Further advice on equality impact assessment may be found in a separate Commission publication: Practical Guidance on Equality Impact Assessment.

Mitigation

When you conclude that the likely impact is 'minor' and an equality impact assessment is not to be conducted, you 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.

As indicated earlier, only a small number of diabetics are likely to be adversely affected and it has been concluded that the likely impact of the revised policy overall is considered to be "minor".

It is not possible for the policy to be amended or for an alternative policy to be introduced. The Department must comply fully with the revised minimum medical standards in relation to diabetes set out in the Directives and there is no scope for deviation.

Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been '**screened in**' for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment:-

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 equality impact assessment.

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 equality impact assessment.

Is the policy affected by timetables established by other relevant public authorities?

Yes No

If yes, please provide details.

Part 4 - Monitoring

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, the Department should monitor more broadly than for adverse impact.

Effective monitoring will help you to identify any future adverse impact arising from the policy which may lead to completion of an equality impact assessment, as well as help with future planning and policy development.

Part 5 - Approval and authorisation (to be completed by Business Area)

Screened by:	Position/Job Title	Date
Cathy Johnston	DP, Driver Policy Branch, RS&VRD	15 May 2012
Approved by:		
Adele Watters	Head of Driver Policy Branch, RS&VRD	16 May 2012

Note: A copy of the Screening Template, for each policy screened should be 'signed off' by the policy maker, approved by a senior manager responsible for the policy and forwarded to the Department's Equality Team who will make the form available on the Department's website. Business areas should ensure that the form is made available on request.

Part 6 – Submission to Departmental Equality Team

PLEASE FORWARD AN ELECTRONIC COPY OF THE COMPLETED FORM TO:

equality@doeni.gov.uk

QUERIES TO: DOE EQUALITY TEAM
8th FLOOR
GOODWOOD HOUSE
44-58 MAY STREET
BELFAST
BT1 4NN

Laura McAleese, Ext. 37060 laura.mcaleese@doeni.gov.uk

Jeff Johnston, Ext. 37061 jeff.johnston@doeni.gov.uk

Appendix 1

Main Groups Relevant to the Section 75 Categories	
Category	Main Groups
Religious belief	Protestants; Catholics; people of non-Christian faiths; people of no religious belief
Political opinion	Unionists generally; Nationalists generally; members/supporters of any political party
Racial Group	White people; Chinese; Irish Travellers; Indians; Pakistanis; Bangladeshis; Black Africans; Black Caribbean people; people with mixed ethnic group
“Men and women generally”	Men (including boys); women (including girls); trans-gendered people
Marital status	Married people; unmarried people; divorced or separated people; widowed people
Age	For most purposes, the main categories are: children under 18, people aged between 18-65, and people over 65. However, the definition of age groups will need to be sensitive to the policy under consideration
“Persons with a disability”	Disability is defined as: A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities as defined in Sections 1 and 2 and Schedules 1 and 2 of the Disability Discrimination Act 1995
“Persons with dependants”	Persons with personal responsibility for the care of a child; persons with personal responsibility for the care of a person with an incapacitating disability; persons with personal responsibility for the care of a dependant elderly person
Sexual orientation	Heterosexuals; bi-sexuals; gays; lesbians