



## **Equality Scheme**

**Drawn up in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998**

**This document is available in a range of formats on request. Please contact us with your requirements.**

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611  
Textphone/Text Relay: 18001 028 9031 1611

Website: [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

Approved by the Equality Commission for Northern Ireland on 18 November 2011

## Foreword

Section 75 of the Northern Ireland Act 1998 (the Act) requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across a range of categories outlined in the Act<sup>1</sup>.

In our equality scheme we set out how the Public Health Agency proposes to fulfill the Section 75 statutory duties.

We will commit the necessary resources in terms of people, time and money to make sure that the Section 75 statutory duties are complied with and that the equality scheme is implemented effectively, and on time.

We commit to having effective internal arrangements in place for ensuring our effective compliance with the Section 75 statutory duties and for monitoring and reviewing our progress.

We will develop and deliver a programme of communication and training with the aim of ensuring that all our staff and board members are made fully aware of our equality scheme and understand the commitments and obligations within it. We will develop a programme of awareness raising for our consultees on the Section 75 statutory duties and our commitments in our equality scheme.

We, the Chair and Chief Executive of the Public Health Agency, are fully committed to effectively fulfilling our Section 75 statutory duties across all our functions (including service provision, employment and procurement) through the effective implementation of our equality scheme.


We realise the important role that the community and voluntary sector and the general public have to play to ensure the Section 75 statutory duties are effectively implemented. Our equality scheme demonstrates how determined we are to ensure there are opportunities, for people affected by our work, to positively influence how we carry out our functions in line with our Section 75 statutory duties. It also offers the means whereby persons directly

---

<sup>1</sup> See section 1.1 of our Equality Scheme.

affected by what they consider to be a failure, on our part, to comply with our equality scheme, can make complaints.

On behalf of the Public Health Agency and our staff we are pleased to support and endorse this equality scheme which has been drawn up in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998 and Equality Commission guidelines.



**Mary McMahon**  
**Chair**



**Eddie Rooney**  
**Chief Executive**

**21 April 2011**

## Contents

	Page
Foreword	1
Chapter 1	5
Introduction	5
Section 75 of the Northern Ireland Act 1998	5
How we propose to fulfil the Section 75 duties in relation to the relevant functions of the Public Health Agency	6
Who we are and what we do	6
Chapter 2	12
Our arrangements for assessing our compliance with the Section 75 Duties	12
Responsibilities and reporting	12
Action plan/action measures	14
Chapter 3	16
Our arrangements for consulting	16
Chapter 4	21
Our arrangements for assessing, monitoring and publishing the impact of policies	21
Our arrangements for assessing the likely impact adopted or proposed to be adopted on the promotion of equality of opportunity of policies	21
Screening	22
Equality impact assessment	24
Our arrangements for publishing the results of the assessments of the likely impact of policies we have adopted or propose to adopt on the promotion of equality of opportunity	25
What we publish	25
How we publish the information	26
Where we publish the information	26
Our arrangements for monitoring any adverse impact of policies we have adopted on equality of opportunity	27
Our arrangements for publishing the results of our monitoring	28

Chapter 5	Staff training	30
	Commitment to staff training	30
	Training objectives	30
	Awareness raising and training arrangements	31
	Monitoring and evaluation	31
Chapter 6	Our arrangements for ensuring and assessing public access to information and services we provide	32
	Access to information	32
	Access to services	33
	Assessing public access to information and services	34
Chapter 7	Timetable for measures we propose in this equality scheme	35
Chapter 8	Our complaints procedure	36
Chapter 9	Publication of our equality scheme	38
Chapter 10	Review of our equality scheme	40
Appendix 1	Organisational Chart	41
Appendix 2	Example groups relevant to the Section 75 categories for Northern Ireland purposes	42
Appendix 3	List of consultees	43
Appendix 4	Timetable for measures proposed	54
Appendix 5	Glossary of terms	56

## Chapter 1 Introduction

### Section 75 of the Northern Ireland Act 1998

1.1 Section 75 of the Northern Ireland Act 1998 (the Act) requires the Public Health Agency to comply with two statutory duties:

#### Section 75 (1)

In carrying out our functions relating to Northern Ireland we are required to have due regard to the need to promote equality of opportunity between:

- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- men and women generally;
- persons with a disability and persons without; and
- persons with dependants and persons without.

#### Section 75 (2)

In addition, without prejudice to the obligations above, in carrying out our functions in relation to Northern Ireland we are required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The equality duty is given stronger legal weight than the good relations duty as the term “due regard” was intended to be and is, stronger than “regard”.

We recognise that good relations cannot be based on inequality and that the discharge of the good relations duty cannot be an alternative to or cannot set aside the equality of opportunity duty.

“Functions” include the “powers and duties” of a public authority<sup>2</sup>. This includes our employment and procurement functions. Please see below under “Who we are and what we do” for a detailed explanation of our functions.

We recognise that the promotion of equality of opportunity entails more than the elimination of discrimination. It requires proactive measures to be taken to facilitate the promotion of equality of opportunity between the categories identified in Section 75 (1). The equality duty should not deter a public authority from taking

---

<sup>2</sup> Section 98 (1) of the Northern Ireland Act 1998.

action to address disadvantage among particular sections of society – indeed such action may be an appropriate response to addressing inequalities. There is no conflict between the Section 75 statutory duties and other affirmative action measures or positive action measures which a public authority may undertake under anti-discrimination laws.

### **How we propose to fulfill the Section 75 duties in relation to the relevant functions of the Public Health Agency**

1.2 Schedule 9 4. (1) of the Act requires the Public Health Agency as a designated public authority to set out in an equality scheme how it proposes to fulfil the duties imposed by Section 75 in relation to its relevant functions. This equality scheme is intended to fulfil that statutory requirement. It is both a statement of our arrangements for fulfilling the Section 75 statutory duties and our plan for their implementation.

1.3 The Public Health Agency is committed to the discharge of its Section 75 obligations in all parts of our organisation and we will commit the necessary available resources in terms of people, time and money to ensure that the Section 75 statutory duties are complied with and that our equality scheme can be implemented effectively.

### **Who we are and what we do**

The Public Health Agency was established in April 2009 under the Health and Social Care (Reform) Act 2009, as part of the second phase of reforms to the number and role of health and social care sector organisations made by the Health Minister under the wider Review of Public Administration. (Under this Act the organisation is referred to as the Regional Agency for Public Health and Social Well-being).

The Public Health Agency is the statutory body responsible for driving the public health and social wellbeing agenda, bringing together the wide range of public health functions and ensuring a renewed, enhanced and sustained focus on achieving key public health goals. In keeping with the nature of the public health and social wellbeing agenda, the work of the PHA requires to be multi-professional with both a regional and a strong local presence to tackle the underlying causes of poor health and reduce health and

social wellbeing inequalities. It delivers 4 primary functions, namely:

- Health and social wellbeing improvement;
- Health protection;
- Public health, nursing and allied health professional support to commissioning and policy development; and
- Research and Development.

The Public Health Agency also provides public health, nursing and allied health professional advice to support the new Health and Social Care Board and its Local Commissioning Groups in their respective roles in commissioning, resource management, performance management and improvement, and has a statutory role to develop a joint commissioning plan with the Health and Social Care Board.

### **Health and Social Wellbeing Improvement**

Health and social wellbeing improvement is characterised by activity focused on addressing the determinants of health (poverty, housing, education, environment etc), reducing health inequalities, and promoting behaviours which lead to positive health and social wellbeing. It is also concerned with empowering individuals and communities to take responsibility for, and engage with, local health improvement initiatives.

In addressing the Health Improvement aims, the Agency is required to:

- Provide strategic direction to the development of programmes and projects which will achieve Ministerial health improvement policies and priorities;
- Work in partnership with local government, the Health and Social Care Board, Local Commissioning Groups, Trusts and other stakeholders to develop and implement health improvement programmes and projects;
- Support local government in areas of responsibility that relate to health and wellbeing;
- Ensure that health improvement programmes and initiatives are evidence-based and reflect good practice nationally and internationally;



- Provide and/or fund public health and social wellbeing programmes at a regional and local level;
- Analyse health and wellbeing trends to monitor progress against key public health goals;
- Act as a source of information and centre of expertise for Trusts, other public sector bodies and the general public, and
- Develop, produce and commission health and wellbeing campaigns and publications to raise awareness, change attitudes and help promote health choices and decision making.

## **Health Protection**

Health protection is concerned with the prevention and control of communicable diseases, emergency planning and protecting people from environmental health hazards.

In addressing the Health Protection aims, the Agency is required to:

- Lead the coordination of HSC action to implement Ministerial health protection policies;
- Provide strategic direction to the development and maintenance of robust arrangements for health protection and emergency planning;
- Ensure that health protection and emergency planning arrangements meet recognised national and international standards and evidence-based good practice guidelines;
- Provide the statutory health protection functions previously held by Directors of Public Health in legacy HSS Boards;
- Coordinate regional and local surveillance, and the prevention and control of communicable disease and environmental hazards with support from councils, Trusts, primary care and all other relevant organisations;
- Provide a 24-hour response to the management of communicable disease incidents, including outbreaks;
- Lead the coordination of emergency planning preparedness for the HSC system to ensure that the emergency response of individual organisations is integrated, comprehensive, and timely;
- Provide a 24-hour response to the management of emergency incidents; and
- Provide advice on issues relating to environmental hazards and specifically, Integrated Pollution Prevention and Control (IPPC).

## **Commissioning and Screening**

At the heart of the new organisational arrangements is the separation of the role of providers from those who plan and commission services. The PHA will aim to improve the health and well being of the population through providing high quality, independent public health (including nursing and allied health professions) advice to support the commissioning and performance management processes of the Board and Local Commissioning Groups. The PHA also oversees the population screening programmes in Northern Ireland such as breast cancer.

In the provision of professional advice to commissioning, the Agency is required to:

- Assess the health and wellbeing needs of the population and of communities and advise the Health and Social Care Board and Local Commissioning Groups on commissioning to meet those needs;
- Appraise research and evidence of good practice from elsewhere;
- Ensure that the Health and Social Care Board and Local Commissioning Groups commissioning plans reflect the evidence-base and will enable the HSC system to meet standards for good quality care;
- Through commissioning teams, provide professional input to assuring the extent to which commissioning plans have been implemented and outputs delivered;
- Advise the Health and Social Care Board and Local Commissioning Groups on the strategic development and redesign of services;
- Support development, implementation and evaluation of service frameworks;
- Support development of clinical networks and provide professional commissioning input to those networks;
- Lead the coordination of action to introduce new screening programmes, working with providers, Health and Social Care Board and relevant others;
- Provide the quality assurance function for existing screening programmes and ensure that action is taken if quality falls below recognised standards;
- Provide specialist public health input to a regional specialist commissioning group for screening; and

- Provide the statutory function on supervision of midwives.

## **Research and Development**

The HSC Research and Development function aims to promote, coordinate and support research and development within the field of health and social care. It has a dual strategic and operational role.

The functions of the HSC Research and Development Office include:

- Provision of advice to the Department and Minister, and the development of policies and procedures governing the conduct of HSC Research and Development;
- Representation and engagement with a variety of organisations at local, national and international level, maintaining strategic links and developing collaborative partnerships;
- Development and maintenance of strategic direction within NI, Ireland, UK and International context;
- Creation of a supportive HSC Research and Development infrastructure;
- Provision of HSC Research and Development funding opportunities and the management of individual research awards and the HSC Research and Development fund; and
- Maintenance and development of HSC Research and Development office support and infrastructure.

## **Corporate Support Services**

In order to deliver its functions the Agency requires a strong health intelligence and knowledge management expertise. This is essential to enable rapid response to all immediate risks and demands, to support long term action to develop and sustain health and social wellbeing improvement and to support a performance management culture to ensure achievement of outcomes.

The Agency also has a range of supporting corporate, operational and management functions to enable it to discharge its core functions. These include:

- Business management (including corporate planning and performance management);

- Governance, (including risk management, information governance, equality and complaints functions);
- PR and Communications;
- Financial management (Health and Social Care Board provides support to the PHA re. management accounts, Business Services Organisation provides payroll and general ledger functions);
- ICT (ICT support provided by the Business Services Organisation);
- Registry and Secretariat Services;
- Facilities Management;
- HR Services including organisational development (provided by the Business Services Organisation); and
- Procurement Services (provided by the Business Services Organisation).

### **Additional Functions**

- Personal and Public Involvement - ensuring that public engagement is effectively built into PHA work, and working with the Health and Social Care Board to establish a regional health and social care forum and develop and implement a regional HSC action plan for Personal and Public Involvement;
- European Centre for Connected Health - transferred to PHA in July 2009; among its functions is to promote improvements in patient care through the use of healthcare technology and to fast track new products and innovation in HSC services.

## **Chapter 2      Our arrangements for assessing our compliance with the section 75 duties** (Schedule 9 4. (2) (a))

2.1 Some of our arrangements for assessing our compliance with the Section 75 statutory duties are outlined in other relevant parts of this equality scheme including our monitoring arrangements, assessment of impact of policies arrangements, consultation, publication and complaints.

In addition we have the following arrangements in place for assessing our compliance:

### **Responsibilities and reporting**

2.2 We are committed to the fulfilment of our Section 75 obligations in all parts of our work.

2.3 Responsibility for the effective implementation of our equality scheme lies with the Chief Executive. The Chief Executive is accountable to the Public Health Agency for the development, implementation, maintenance and review of the equality scheme in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998, including any good practice or guidance that has been or may be issued by the Equality Commission.

2.4 If you have any questions or comments regarding our equality scheme, please contact in the first instance the Director of Operations at the address given below and we will respond to you as soon as possible:

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611  
Textphone/Text Relay: 18001 028 9031 1611

Website: [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

2.5 Objectives and targets relating to the statutory duties will be integrated into our strategic and operational business plans<sup>3</sup>.

2.6 Employees' job descriptions and performance plans reflect their contributions to the discharge of the Section 75 statutory duties and implementation of the equality scheme, where relevant. The personal performance plans are subject to appraisal in the annual performance review.

2.7 The Agency's Management Team reviews progress on Section 75 implementation on the basis of quarterly reports.

The Public Health Agency also prepares an annual report on the progress we have made on implementing the arrangements set out in this equality scheme to discharge our Section 75 statutory duties (Section 75 annual progress report).

The Section 75 annual progress report will be sent to the Equality Commission by 31 August each year and will follow any guidance on annual reporting issued by the Equality Commission.

Progress on the delivery of Section 75 statutory duties will also be included in our (organisational) annual report.

2.8 The latest Section 75 annual progress report is available on our website

Website: [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

or by contacting:

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611  
Textphone/Text Relay: 18001 028 9031 1611

---

<sup>3</sup> See Appendix 4 'Timetable for measures proposed' and section 2.11 of this equality scheme.

2.9 The Public Health Agency liaise closely with the Equality Commission to ensure that progress on the implementation of our equality scheme is maintained.

2.10 The Public Health Agency is also a member of the Health and Social Care Organisations Equality Partnership Forum, convened by the Business Services Organisation, which allows the sharing of best practice in the implementation of the equality scheme.

### **Action plan/action measures**

2.11 The Public Health Agency has developed an action plan to promote equality of opportunity and good relations. This action plan does not form part of this Equality Scheme.

2.12 The action measures that will make up our action plan will be relevant to our functions. They will be developed and prioritised on the basis of an audit of inequalities. The audit of inequalities, which is a living document, will gather and analyse information across the Section 75 categories<sup>4</sup> to identify the inequalities that exist for our service users and those affected by our policies<sup>5</sup>.

2.13 Action measures will be specific, measurable, linked to achievable outcomes, realistic and time bound. Action measures will include performance indicators and timescales for their achievement.

2.14 We will develop any action plans for a period of between one and five years in order to align them with our corporate and business planning cycles. Implementation of the action measures will be incorporated into our business planning process.

2.15 We will seek input from our stakeholders and consult on our action plan before we send it to the Equality Commission and thereafter when reviewing the plan as per 2.16 below.

2.16 We will monitor our progress on the delivery of our action measures annually, or more frequently if new data is received, and

---

<sup>4</sup> See section 1.1 of this equality scheme for a list of these categories.

<sup>5</sup> See section 4.1 of this equality scheme for a definition of policies.

update the action plan as necessary to ensure that it remains effective and relevant to our functions and work.

2.17 The Public Health Agency will inform the Commission of any changes or amendments to our action plan and will also include this information in our Section 75 annual progress report to the Commission. Our Section 75 annual progress report will incorporate information on progress we have made in implementing our action plans/action measures.

2.18 Once finalised, our action plan will be available on our website: [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

or by contacting:

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611  
Textphone/Text Relay: 18001 028 9031 1611

If you require it in an alternative format please contact us on the details provided.



## **Chapter 3      Our arrangements for consulting**

(Schedule 9 4. (2) (a)) - on matters to which a duty (S75 (1) or (2)) is likely to be relevant (including details of the persons to be consulted).

(Schedule 9 4. (2) (b)) on the likely impact of policies adopted or proposed to be adopted by us on the promotion of equality of opportunity.

3.1 We recognise the importance of consultation in all aspects of the implementation of our statutory equality duties. We will consult on our equality scheme, action measures, equality impact assessments and other matters relevant to the Section 75 statutory duties.

3.2 We are committed to carrying out consultation in accordance with the following principles (as contained in the Equality Commission's guidance '*Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)*):

3.2.1 All consultations will seek the views of those directly affected by the matter/policy, the Equality Commission, representative groups of Section 75 categories, other public authorities, voluntary and community groups, our staff and their trades unions and such other groups who have a legitimate interest in the matter, whether or not they have a direct economic or personal interest.

Initially all consultees (see Appendix 3), as a matter of course, will be notified (by email or post) of the matter/policy being consulted upon to ensure they are aware of all consultations. Thereafter, to ensure the most effective use of our and our consultees resources, we will take a targeted approach to consultation for those consultees that may have a particular interest in the matter/policy being consulted upon and to whom the matter/policy is of particular relevance. This may include for example regional or local consultations, sectoral or thematic consultation etc.

3.2.2 Consultation with all stakeholders will begin as early as possible. We will engage with affected individuals and representative groups to identify how best to consult or engage with them. We will ask our consultees what their preferred

consultation methods are and will give consideration to these. Methods of consultation could include:

- Face-to-face meetings
- Focus groups
- Written documents with the opportunity to comment in writing
- Questionnaires
- Information/notification by email with an opportunity to opt in/opt out of the consultation
- Internet discussions or
- Telephone consultations

This list is not exhaustive and we may develop other additional methods of consultation more appropriate to key stakeholders and the matter being consulted upon.

3.2.3 We will consider the accessibility and format of every method of consultation we use in order to remove barriers to the consultation process. Specific consideration will be given as to how best to communicate with children and young people, people with disabilities (in particular people with learning disabilities) and minority ethnic communities. We take account of existing and developing good practice, including the Equality Commission's guidance *Let's Talk Let's Listen – Guidance for public authorities on consulting and involving children and young people (2008)*.

Information will be made available, on request, in alternative formats (see Chapter 6 of our equality scheme for further information on alternative formats of information we provide) in a timely manner, usually within 20 working days (unless third party timescales dictate otherwise, e.g. translation providers). We will ensure that such consultees have equal time to respond.

3.2.4 Specific training is provided to those facilitating consultations to ensure that they have the necessary skills to communicate effectively with consultees.

3.2.5 To ensure effective consultation with consultees<sup>6</sup> on Section 75 matters, we will develop a programme of awareness raising on the Section 75 statutory duties and the commitments in our equality scheme by undertaking the following:

---

<sup>6</sup> Please see Appendix 3 for a list of our consultees.

- We will include a comprehensive explanation of our statutory duties including commitments made in our Equality Scheme in the consultation documentation, or, where appropriate, alternative steps will be taken to raise such awareness, e.g. public consultation meetings.
- We will produce an accessible document outlining the functions of the PHA and the commitments in our Equality Scheme.
- In addition we will approach consultees with a proposal for the establishment of an Advisory Group.
- If screening of a particular policy or decision identifies any external stakeholders who may not have the ability to respond to consultation effectively we will engage with the individual(s) in the first instance to find out how to best facilitate their input to the consultation, and where this is not effective or appropriate we will make contact with relevant Section 75 representative groups to find out how best we can encourage their input.

3.2.6 The consultation period lasts for a minimum of twelve weeks to allow adequate time for groups to consult amongst themselves as part of the process of forming a view. However, in exceptional circumstances when this timescale is not feasible (for example implementing EU Directives or UK wide legislation, meeting Health and Safety requirements, addressing urgent public health matters or complying with Court judgements), we may shorten timescales to eight weeks or less before the policy is implemented. We may continue consultation thereafter and will review the policy as part of our monitoring commitments<sup>7</sup>.

Where, under these exceptional circumstances, we must implement a policy immediately, as it is beyond our authority's control, we may consult after implementation of the policy, in order to ensure that any impacts of the policy are considered.

3.2.7 If a consultation exercise is to take place over a period when consultees are less able to respond, for example, over the summer or Christmas break, or if the policy under consideration is particularly complex, we will give consideration to the feasibility of allowing a longer period for the consultation.

---

<sup>7</sup> Please see below at 4.27 to 4.31 for details on monitoring.

3.2.8 We are conscious of the fact that affected individuals and representative groups may have different needs. We will take appropriate measures to ensure full participation in any meetings that are held. We will consider for example the time of day, the appropriateness of the venue, in particular whether it can be accessed by those with disabilities, how the meeting is to be conducted, the use of appropriate language, whether a signer and/or interpreter is necessary, and whether the provision of childcare and support for other carers is required.

3.2.9 We make all relevant information available to consultees in appropriate formats to ensure meaningful consultation. This includes detailed information on the policy proposal being consulted upon and any relevant quantitative and qualitative data.

3.2.10 in making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy.

3.2.11 we provide feedback to consultees in a timely manner. A feedback report is prepared which includes summary information on the policy consulted upon, a summary of consultees' comments and a summary of our consideration of and response to consultees' input. The feedback is provided in formats suitable to consultees. (Please see also 6.3)

3.3 A list of our consultees is included in this equality scheme at Appendix 3. It can also be obtained from our website at

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

or by contacting

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611

Textphone/Text Relay: 18001 028 9031 1611

A copy of our consultation list may also be accessed by contacting the Equality Unit of the Business Services Organisation. The Business Services Organisation provides the Public Health Agency with an equality and human rights service. They can be contacted at:

The Equality Unit  
Business Services Organisation  
2 Franklin Street  
BELFAST  
BT2 8DQ

Tel: 028 9053 5531 for Text Relay prefix with 18002

Fax: 028 9053 5641

Email: [Equality.Unit@hscni.net](mailto:Equality.Unit@hscni.net)

3.4 Our consultation list is not exhaustive and is reviewed on an annual basis to ensure it remains relevant to our functions and policies.

We welcome enquiries from any person/s or organisations wishing to be added to the list of consultees. Please contact the Equality Unit at the Business Services Organisation (contact details as above) to provide your contact details and have your areas of interest noted or have your name/details removed or amended. Please also inform us at this stage if you would like information sent to you in a particular format or language.

## Chapter 4      **Our arrangements for assessing, monitoring and publishing the impact of policies**

(Schedule 9 4. (2) (b); Schedule 9 4. (2) (c);  
Schedule 9 4. (2) (d); Schedule 9 9. (1);  
Schedule 9 9.(2))

### **Our arrangements for assessing the likely impact of policies adopted or proposed to be adopted on the promotion of equality of opportunity** (Schedule 9 4. (2) (b))

4.1 In the context of Section 75, 'policy' is very broadly defined and it covers all the ways in which we carry out or propose to carry out our functions in relation to Northern Ireland. In respect of this equality scheme, the term policy is used for any (proposed/amended/existing) strategy, policy initiative or practice and/or decision, whether written or unwritten and irrespective of the label given to it, e.g., 'draft', 'pilot', 'high level' or 'sectoral'.

4.2 In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy, as required by Schedule 9 9. (2) of the Northern Ireland Act 1998.

4.3 The Public Health Agency uses the tools of **screening** and **equality impact assessment** to assess the likely impact of a policy on the promotion of equality of opportunity and good relations. In carrying out these assessments we will relate them to the intended outcomes of the policy in question and will also follow Equality Commission guidance:

- the guidance on screening, including the screening template, as detailed in the Commission's guidance '*Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)*' and
- on undertaking an equality impact assessment as detailed in the Commission's guidance '*Practical guidance on equality impact assessment (February 2005)*'.

## Screening

4.4 The purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and/or good relations.

4.5 Screening is completed at the earliest opportunity in the policy development/review process. Policies which we propose to adopt will be subject to screening prior to implementation. For more detailed strategies or policies that are to be put in place through a series of stages, we will screen at various stages during implementation.

4.6 The lead role in the screening of a policy is taken by the policy decision maker who has the authority to make changes to that policy. However, screening will also involve other relevant team members, for example, equality specialists, those who implement the policy and staff members from other relevant work areas. Where possible we will include key stakeholders in the screening process.

4.7 The following questions are applied to all our policies as part of the screening process:

- 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)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

4.8 In order to answer the screening questions, we gather all relevant information and data, both qualitative and quantitative. In taking this evidence into account we consider the different needs, experiences and priorities for each of the Section 75 equality categories. Any screening decision will be informed by this evidence.

4.9 Completion of screening, taking into account our consideration of the answers to all four screening questions set out in 4.7 above, will lead to one of the following three outcomes:

- the policy has been ‘screened in’ for equality impact assessment
- the policy has been ‘screened out’ with mitigation<sup>8</sup> or an alternative policy proposed to be adopted
- the policy has been ‘screened out’ without mitigation or an alternative policy proposed to be adopted.

4.10 If our screening concludes that the likely impact of a policy is ‘minor’ in respect of one, or more, of the equality of opportunity and/or good relations categories, we may on occasion decide to proceed with an equality impact assessment, depending on the policy. If an EQIA is not to be conducted we will nonetheless consider measures that might mitigate the policy impact as well as alternative policies that might better achieve the promotion of equality of opportunity and/or good relations.

Where we mitigate we will outline in our screening template the reasons to support this decision together with the proposed changes, amendments or alternative policy.

This screening decision will be ‘signed off’ by the appropriate policy lead within the Public Health Agency.

4.11 If our screening concludes that the likely impact of a policy is ‘major’ in respect of one, or more, of the equality of opportunity and/or good relations categories, we will normally subject the policy to an equality impact assessment. This screening decision will be ‘signed off’ by the appropriate policy lead within the Public Health Agency.

4.12 If our screening concludes that the likely impact of a policy is ‘none’, in respect of all of the equality of opportunity and/or good relations categories, we may decide to screen the policy out. If a policy is ‘screened out’ as having no relevance to equality of opportunity or good relations, we will give details of the reasons for

---

<sup>8</sup> Mitigation – Where an assessment (screening in this case) reveals that a particular policy has an adverse impact on equality of opportunity and / or good relations, a public authority must consider ways of delivering the policy outcomes which have a less adverse effect on the relevant Section 75 categories.



the decision taken. This screening decision will be 'signed off' by the appropriate policy lead within the Public Health Agency.

4.13 As soon as possible following the completion of the screening process, the screening template, signed off and approved by the senior manager responsible for the policy, will be made available on our website:

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

and on request by contacting:

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611

Textphone/Text Relay: 18001 028 9031 1611

4.14 If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, we will review the screening decision.

4.15 Our screening reports are published quarterly [see below at 4.20 - 4.22 and 4.23 for details].

### **Equality impact assessment**

4.16 An equality impact assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is formal or informal, and irrespective of the scope of that policy. The primary function of an EQIA is to determine the extent of any impact of a policy upon the Section 75 categories and to determine if the impact is an adverse one. It is also an opportunity to demonstrate the likely positive outcomes of a policy and to seek ways to more effectively promote equality of opportunity and good relations.

4.17 Once a policy is screened and screening has identified that an equality impact assessment is necessary, we will carry out the EQIA in accordance with Equality Commission guidance. The

equality impact assessment will be carried out as part of the policy development process, before the policy is implemented.

4.18 Any equality impact assessment will be subject to consultation at the appropriate stage(s). (For details see above Chapter 3 “Our Arrangements for Consulting”).

**Our arrangements for publishing the results of the assessments of the likely impact of policies we have adopted or propose to adopt on the promotion of equality of opportunity** (Schedule 9 4. (2) (d); Schedule 9 9. (1))

4.19 We make publicly available the results of our assessments (screening and EQIA) of the likely impact of our policies on the promotion of equality of opportunity and good relations.

### **What we publish**

#### 4.20 Screening reports

These are published quarterly. Screening reports detail:

- All policies screened by the Public Health Agency over the three month period
- A statement of the aim(s) of the policy/policies to which the assessment relates
- Consideration given to measures which might mitigate any adverse impact
- Consideration given to alternative policies which might better achieve the promotion of equality of opportunity;
- Screening decisions, i.e.:
  - whether the policy has been ‘screened in’ for equality impact assessment.
  - whether the policy has been ‘screened out’ with mitigation or an alternative policy proposed to be adopted.
  - whether the policy has been ‘screened out’ without mitigation or an alternative policy proposed to be adopted.
- Where applicable, a timetable for conducting equality impact assessments
- A link to the completed screening template(s) on our website

#### 4.21 Screening templates

For details on the availability of our screening templates please refer to 4.13.

#### 4.22 Equality impact assessments

EQIA reports are published once the impact assessment has been completed. These reports include:

- A statement of the aim of the policy assessed
- Information and data collected
- Details of the assessment of impact(s)
- Consideration given to measures which might mitigate any adverse impact
- Consideration given to alternative policies which might better achieve the promotion of equality of opportunity
- Consultation responses
- The decision taken
- Future monitoring plans.

#### **How we publish the information**

4.23 All information we publish is accessible and can be made available in alternative formats on request. Please see 6.3 below.

#### **Where we publish the information**

4.24 The results of our assessments (screening reports and completed templates, the results of equality impact assessments) can be accessed from our website

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

and by contacting:

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611

Textphone/Text Relay: 18001 028 9031 1611

4.25 In addition to the above, screening reports (electronic link or hard copy on request if more suitable for recipients) which include all policies screened over a 3 month period are also sent directly to all consultees on a quarterly basis.

4.26 We will inform the general public about the availability of this material through communications such as press releases where appropriate.

**Our arrangements for monitoring any adverse impact of policies we have adopted on equality of opportunity**  
(Schedule 9 4. (2) (c))

4.27 Monitoring can assist us to deliver better public services and continuous improvements. Monitoring Section 75 information involves the processing of sensitive personal data (data relating to the racial or ethnic origin of individuals, sexual orientation, political opinion, religious belief, etc). In order to carry out monitoring in a confidential and effective manner, the Public Health Agency follows guidance from the Office of the Information Commissioner and the Equality Commission.

4.28 We monitor any adverse impact on the promotion of equality of opportunity of policies we have adopted. We are also committed to monitoring more broadly to identify opportunities to better promote equality of opportunity and good relations in line with Equality Commission guidance.

4.29 The systems we have established to monitor the impact of policies and identify opportunities to better promote equality of opportunity and good relations are:

- The collection, collation and analysis of existing relevant primary quantitative and qualitative data across all nine equality categories on an ongoing basis.
- The collection, collation and analysis of existing relevant secondary sources of quantitative and qualitative data across all nine equality categories on an ongoing basis.
- An audit of existing information systems within one year of approval of this equality scheme, to identify the extent of current monitoring and take action to address any gaps in

order to have the necessary information on which to base decisions.

- Undertaking or commissioning new data if necessary.

4.30 If over a two year period monitoring and evaluation show that a policy results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, we will ensure that the policy is revised to achieve better outcomes for relevant equality groups.

4.31 We review our EQIA monitoring information on an annual basis. Other monitoring information is reviewed generally on an annual basis also unless otherwise specified (for example if a project is of a two year duration, monitoring information may be reviewed as part of the evaluation after the completion of the project).

### **Our arrangements for publishing the results of our monitoring** (Schedule 9 4. (2) (d))

4.32 Schedule 9 4. (2) (d) requires us to publish the results of the monitoring of adverse impacts of policies we have adopted. However, we are committed to monitoring more broadly and the results of our policy monitoring are published as follows:

4.33 EQIA monitoring information is published as part of our Section 75 annual progress report [see 2.7]

4.34 Other monitoring information will be made available on our website [www.publichealth@hscni.net](http://www.publichealth@hscni.net) with the exception of quantitative monitoring information that may otherwise compromise the identify of individuals (for example if only small numbers of people are involved).

4.35 All information published is accessible and can be made available in alternative formats on request. Please see below at 6.3 for details.

## **Chapter 5      Staff training**

(Schedule 9 4.(2) (e))

### **Commitment to staff training**

5.1 We recognise that awareness raising and training play a crucial role in the effective implementation of our Section 75 duties.

5.2 Our Chief Executive wishes to positively communicate the commitment of the Public Health Agency to the Section 75 statutory duties, both internally and externally.

To this end we have introduced an effective communication and training programme for all staff and will ensure that our commitment to the Section 75 statutory duties is made clear in all relevant publications.

### **Training objectives**

5.3 The Public Health Agency will draw up/has drawn up a detailed training plan for its staff which will aim to achieve the following objectives:

- to raise awareness of the provisions of Section 75 of the Northern Ireland Act 1998, our equality scheme commitments and the particular issues likely to affect people across the range of Section 75 categories, to ensure that our staff fully understand their role in implementing the scheme
- to provide those staff involved in the assessment of policies (screening and EQIA) with the necessary skills and knowledge to do this work effectively
- to provide those staff who deal with complaints in relation to compliance with our equality scheme with the necessary skills and knowledge to investigate and monitor complaints effectively
- to provide those staff involved in consultation processes with the necessary skills and knowledge to do this work effectively
- to provide those staff involved in the implementation and monitoring of the effective implementation of the Public Health Agency equality scheme with the necessary skills and knowledge to do this work effectively.

## **Awareness raising and training arrangements**

5.4 The following arrangements are in place to ensure all our staff and board members are aware of and understand our equality obligations.

- We will develop a summary of this equality scheme and make it available to all staff.
- We will provide access to copies of the full equality scheme for all staff; ensure that any queries or questions of clarification from staff are addressed effectively.
- Staff in the Public Health Agency will receive a briefing on this equality scheme within 6 months after approval of the scheme.
- The Section 75 statutory duties form part of induction training for new staff.
- Focused training is provided for key staff within the Public Health Agency who are directly engaged in taking forward the implementation of our equality scheme commitments (for example those involved in research and data collection, policy development, service design, conducting equality impact assessments, consultation, monitoring and evaluation).
- Where appropriate, training will be provided to ensure staff are aware of the issues experienced by the range of Section 75 groups.
- When appropriate and on an ongoing basis, arrangements will be made to ensure staff are kept up to date with Section 75 developments.

5.5 Training and awareness raising programmes will, where relevant, be developed in association with the appropriate Section 75 groups and our staff.

In order to share resources and expertise, the Public Health Agency will, where possible, work closely with other bodies and agencies in the development and delivery of training.

## **Monitoring and evaluation**

5.6 Our training programme is subject to the following monitoring and evaluation arrangements:

- We evaluate the extent to which all participants in this training programme have acquired the necessary skills and knowledge to achieve each of the above objectives.
- The extent to which training objectives have been met will be reported on as part of the Section 75 annual progress report, which will be sent to the Equality Commission.

We will also monitor the number of staff trained, the equality profile of staff trained as well as the job roles of staff trained.



## **Chapter 6 Our arrangements for ensuring and assessing public access to information and services we provide**

(Schedule 9 4. (2) (f))

6.1 The Public Health Agency is committed to ensuring that the information we disseminate and the services we provide are fully accessible to all parts of the community in Northern Ireland. We keep our arrangements under review to ensure that this remains the case.

6.2 We are aware that some groups will not have the same access to information as others.

In particular:

- People with sensory, learning, communication and mobility disabilities may require printed information in other formats.
- Members of ethnic minority groups, whose first language is not English, may have difficulties with information provided only in English.
- Children and young people may not be able to fully access or understand information.

### **Access to information**

6.3 To ensure equality of opportunity in accessing information, we provide information in alternative formats on request, where reasonably practicable. Where the exact request cannot be met we will ensure a reasonable alternative is provided.

Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

The Public Health Agency liaises with representatives of young people and disability and minority ethnic organisations and takes account of existing and developing good practice.

We will respond to requests for information in alternative formats in a timely manner, usually within 20 working days (unless third party timescales dictate otherwise, e.g. translation providers).

For children and young people we aim to produce information in a language and in a format that meet their needs. In such cases, we

also seek to draw on the support of relevant organisations including the Participation Network.

For people with learning disabilities we aim to produce information in Easy Read format.

For those not fluent in English, we have arrangements in place for accessing a regional contract for translation and interpreting services. This includes access to the regional Interpreting Services for all Health and Social Care Organisations throughout Northern Ireland.

6.4 In disseminating information through the media we will seek to advertise in the press where appropriate.

6.5 Public access to information can be made via the website at [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

Or by contacting us at:

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611

Textphone/Text Relay: 18001 028 9031 1611

### **Access to services**

6.6 The Public Health Agency is committed to ensuring that all of our services are fully accessible to everyone in the community across the Section 75 categories.

The Public Health Agency also adheres to the relevant provisions of current anti-discrimination legislation.

6.7 We also ensure public access to our services through arrangements outside and inside our buildings such as providing signage, lowered reception desks and disabled car parking spaces.

## **Assessing public access to information and services**

6.8 In line with our general arrangements for monitoring (see 4.31) we also monitor across all our functions, in relation to access to information and services, to ensure equality of opportunity and good relations are promoted. We monitor on an annual basis unless otherwise specified (for example if a project is of a two-year duration, monitoring information may be reviewed as part of the evaluation after the completion of the project).

6.9 This includes monitoring and reviewing complaints information and obtaining feedback from users (such as through surveys and user fora).

## **Chapter 7 Timetable for measures we propose in this equality scheme**

(Schedule 9 4. (3) (b))

7.1 Appendix 4 outlines our timetable for all measures proposed within this equality scheme. The measures outlined in this timetable will be incorporated into our business planning processes.

7.2 This timetable is different from and in addition to our commitment to developing action plans/action measures to specifically address inequalities and further promote equality of opportunity and good relations. We have included in our equality scheme a commitment to develop an action plan. Accordingly, this commitment it is listed in the timetable of measures at Appendix 4. For information on these action measures please see above at 2.11 – 2.18.

## **Chapter 8      Our complaints procedure**

(Schedule 9 10.)

8.1 The Public Health Agency is responsive to the views of members of the public. We will endeavour to resolve all complaints made to us.

8.2 Schedule 9 paragraph 10 of the Act refers to complaints. A person can make a complaint to a public authority if the complainant believes he or she may have been directly affected by an alleged failure of the authority to comply with its approved equality scheme.

If the complaint has not been resolved within a reasonable timescale, the complaint can be brought to the Equality Commission.

8.3 A person wishing to make a complaint that the Public Health Agency has failed to comply with its approved equality scheme should contact:

The Director of Operations  
Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611

Textphone/Text Relay: 18001 028 9031 1611

Section 75 complaints will be dealt with in accordance with the Public Health Agency's general complaints procedure.

8.4 We will in the first instance acknowledge receipt of each complaint within 2 working days.

8.5 The Public Health Agency will carry out an internal investigation of the complaint and will respond substantively to the complainant within one (1) month of the date of receiving the letter of complaint. Under certain circumstances, if the complexity of the matter requires a longer period, the period for response to the complainant may be extended to two (2) months. In those

circumstances, the complainant will be advised of the extended period within one month of making the complaint.

8.6 During this process the complainant will be kept fully informed of the progress of the investigation into the complaint and of any outcomes.

8.7 In any subsequent investigation by the Equality Commission, the Public Health Agency will co-operate fully, providing access in a timely manner to any relevant documentation that the Equality Commission may require.

Similarly, the Public Health Agency will co-operate fully with any investigation by the Equality Commission under sub-paragraph 11 (1) (b) of Schedule 9 to the Northern Ireland Act 1998.

8.8 The Public Health Agency will make all efforts to implement promptly and in full any recommendations arising out of any Commission investigation.

## **Chapter 9      Publication of our equality scheme**

(Schedule 9 4. (3) (c))

9.1 The Public Health Agency's equality scheme is available free of charge in print form and alternative formats from:

Public Health Agency  
Ormeau Avenue Unit  
18 Ormeau Avenue  
BELFAST  
BT2 8HS

Telephone: 028 9031 1611  
Textphone/Text Relay: 18001 028 9031 1611

9.2 Our equality scheme is also available on our website at:  
[www.publichealth.hscni.net](http://www.publichealth.hscni.net)

9.3 The following arrangements are in place for the publication in a timely manner of our equality scheme to ensure equality of access:

- We will make every effort to communicate widely the existence and content of our equality scheme. This may include press releases, prominent advertisements in the press, the internet and direct mail shots to groups representing the various categories in Section 75.
- We will email a link to our approved equality scheme to our consultees on our consultation lists. Other consultees without e-mail will be notified by letter that the scheme is available on request. We will respond to requests for the equality scheme in alternative formats in a timely manner, usually within 20 working days (unless third party timescales dictate otherwise, e.g. translation providers).
- Our equality scheme is available on request in alternative formats such as Easy Read, Braille, large print, audio formats (CD, mp3, DAISY) to meet the needs of people with a disability and in minority languages to meet the needs of those not fluent in English.
- For children and young people we aim to produce information in a language and in a format that meet their needs. In such cases, we also seek to draw on the support of relevant

organisations including the Participation Network. For people with learning disabilities we aim to produce information in Easy Read format.

9.4 For a list of our stakeholders and consultees please see Appendix 3 of the equality scheme, visit our website at [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

or contact

The Equality Unit  
Business Services Organisation  
2 Franklin Street,  
BELFAST  
BT2 8DQ

Tel: 028 9053 5531 for Text Relay prefix with 18002

Fax: 028 9053 5641

Email: [Equality.Unit@hscni.net](mailto:Equality.Unit@hscni.net)

Website: [www.hscbusiness.hscni.net](http://www.hscbusiness.hscni.net)



## **Chapter 10    Review of our equality scheme**

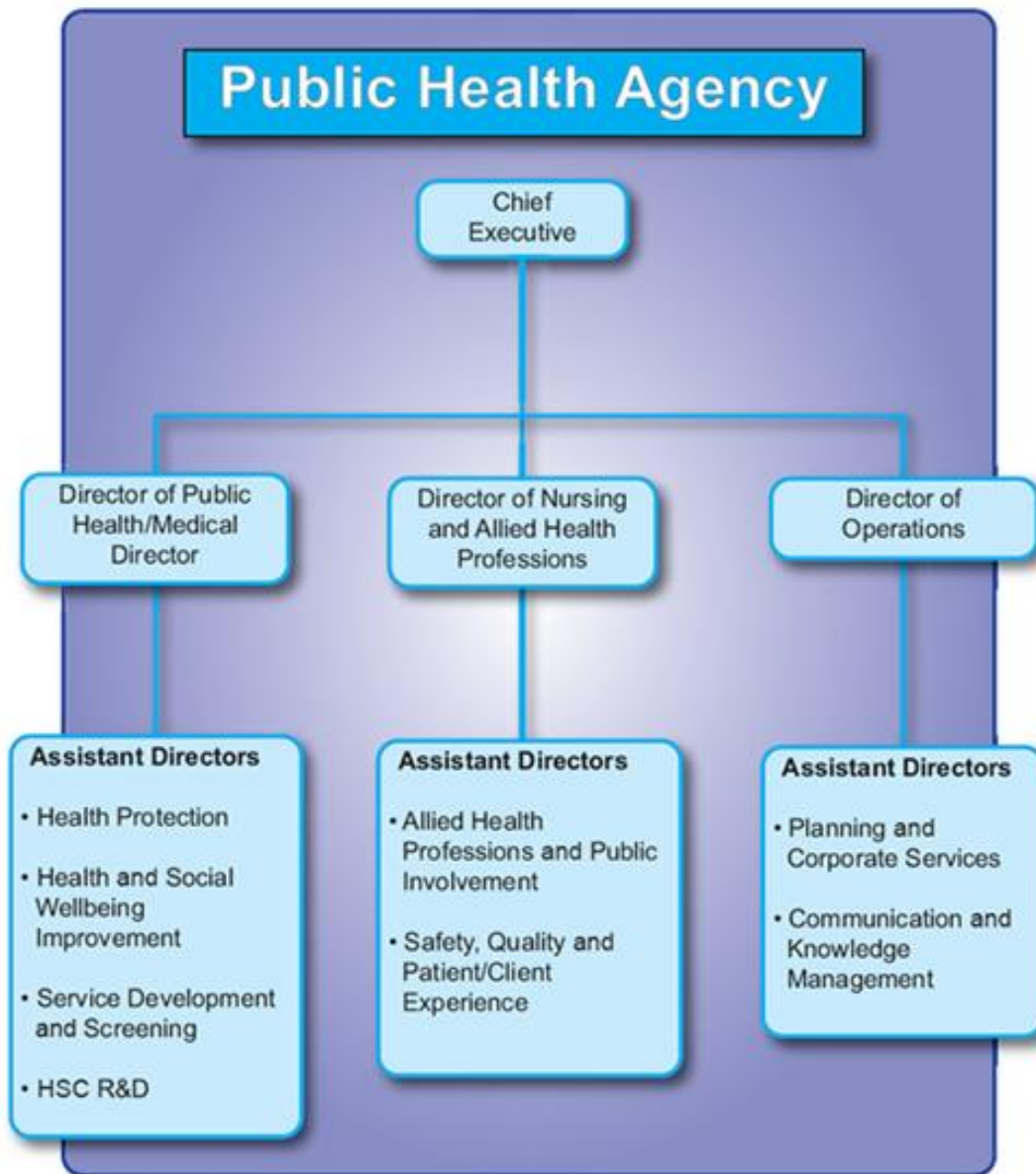
(Schedule 9 8. (3))

10.1 As required by Schedule 9 paragraph 8 (3) of the Northern Ireland Act 1998 we will conduct a thorough review of this equality scheme. This review will take place either within five years of submission of this equality scheme to the Equality Commission or within a shorter timescale to allow alignment with the review of other planning cycles.

The review will evaluate the effectiveness of our scheme in relation to the implementation of the Section 75 statutory duties relevant to our functions in Northern Ireland.

10.2 In undertaking this review we will follow any guidance issued by the Equality Commission. A report of this review will be made public by placing it on our website and by informing our consultees via email or post of its availability. It will also be sent to the Equality Commission.

## Appendix 1 Organisational Chart



## Appendix 2 Example groups relevant to the Section 75 categories for Northern Ireland purposes

*Please note, this list is for illustration purposes only, it is not exhaustive.*

Category	Example groups
Religious belief	<p>Buddhist; Catholic; Hindu; Jewish; Muslims, people of no religious belief; Protestants; Sikh; other faiths.</p> <p>For the purposes of Section 75, the term “religious belief” is the same definition as that used in the <i>Fair Employment &amp; Treatment (NI) Order</i><sup>9</sup>. Therefore, “religious belief” also includes any <i>perceived</i> religious belief (or perceived lack of belief) and, in employment situations only, it also covers any “<i>similar philosophical belief</i>”.</p>
Political opinion <sup>10</sup>	Nationalist generally; Unionists generally; members/supporters of other political parties.
Racial group	Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.
Men and women generally	Men (including boys); Trans-gendered people; Transsexual people; women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.

<sup>9</sup> See Section 98 of the Northern Ireland Act 1998, which states: “*In this Act...“political opinion” and “religious belief” shall be construed in accordance with Article 2(3) and (4) of the Fair Employment & Treatment (NI) Order 1998.*”

<sup>10</sup> *ibid*

**Appendix 3 List of consultees**  
(Schedule 9 4. (2) (a))

<b>Organisation</b>
Action Cancer
Action Mental Health
Action MS
ADOPT
Advice NI
Advocate for Older People
Afro-Community Support Organisation
Age Concern Help the Aged NI
Age Sector Platform
AIDs Helpline (NI)
Alliance Party of Northern Ireland
Al-Nisa Womens Group
Al-Nure Craigavon Asian Women's & Childrens
Alzheimer's Disease Society NI
An Munia Tober
Antrim Borough Council
ARC (NI)
Ards Borough Council
Armagh City and District Council
Armagh Phillipine Association
Armagh Travellers Support Group
Arthritis Care
Aspergers Network
Association
Association of Chief Officers of Voluntary Associations
Autism Initiatives NI
Autism NI
Aware Defeat Depression
Ballymena Borough Council
Ballymena Community Forum
Ballymoney Borough Council
Banbridge District Council

<b>Organisation</b>
Banbridge Youth Arts & Information Centre
Bangladesh Welfare Association
Barnardos
Belfast Carers Centre
Belfast City Council
Belfast Hebrew Congregation
Belfast HSC Trust
Belfast Islamic Centre
Belfast Jewish Community
Black Youth Network
BMER Family Support Service Barnardos
Britain's General Union (GMB)
British Association of Occupational Therapists
British Association of Social Workers (NI Office)
British Deaf Association (NI)
British Dental Association (NI) Branch
British Dietetic Association
British Dietetic Association
British Medical Association
British Orthodontic Society
British Psychological Society
British Red Cross
Brook Northern Ireland Advisory Centre
Bryson Group
Bytes Project
CAP (Changing Ageing Project)
Cara-friend
Carers Northern Ireland
Carrickfergus Borough Council
Castlereagh Borough Council
CAUSE
Centre for Voluntary Action Studies
CFNI (Community Foundation NI)
Chartered Society of Physiotherapy
Chest, Heart and Stroke Association

<b>Organisation</b>
Chief Officers 3rd Sector
Childline NI
Children in Northern Ireland
Children's Law Centre NI
Chinese Lay Health Project Barnardos
Chinese Welfare Association
Church of Ireland
Citizens Advice Regional Office
Coleraine Borough Council
Colin Glen Trust
Committee on the Administration of Justice
Community Development and Health Network
Community NI
Community Practitioners & Health Visitors Association
Community Relations Council
Community Work Education & Training Network
Contact A Family
Cookstown District Council
Council for Ethnic Equality
Craigavon Area Talking Newspaper
Craigavon Asian Women's & Children's Association
Craigavon Borough Council
Craigavon Ethnic Minorities Support Group
Craigavon Travellers' Support Committee
Craigavon Vietnamese Group
Crossroads Caring For Carers
CRUSE
Cystic Fibrosis Trust
DARD (Department of Agriculture and Rural Development) Equality Branch
Deaf Talkabout (Belfast Telegraph)
Department for Regional Development
Department of Culture, Arts and Leisure
Department of Education - Strategy and Equality Unit
Department of Employment and Learning

<b>Organisation</b>
Department of Enterprise, Trade and Investment
Department of Finance and Personnel
Department of Social Development
Department of the Environment
Derry City Council
Derry Travellers' Support Group
Derry Well Woman
DHSSPS (Department of health, social services and public safety)
Diabetes UK Northern Ireland
Disability Action
Down & Connor Family Ministry
Down District Council
Down's Syndrome Association
Dungannon & South Tyrone Borough Council
Dungannon Visually Impaired Club
DUP
Eagle Project
Early Years Organisation
East Belfast Community Development Agency
Education and Skills Authority Implementation Team
EGSA (Educational Guidance Service for Adults)
Employers' Forum on Disability
Enable NI
Epilepsy Action
Equality Coalition
Equality Commission for Northern Ireland
Extern
Extra Care
FACE - Inclusion Matters
Falls Community Council
Family Planning Association NI
Federation of Clinical Scientists
Federation of Experts by Experience
Fermanagh District Council
Fermanagh Women's Network

<b>Organisation</b>
First Key
Forum For Action On Substance Abuse
Foyle Down's Syndrome Trust
Foyle Friend
Foyle Multi Cultural Forum
Gay and Lesbian Youth Northern Ireland
Gingerbread NI
Glen Road Heights Women's Group
Glencraig Camphill Community
Green Party
Guru Nanak Ji Sikh Community
Headway
Helm Housing
Homeless Support Unit
HSC Board
ICO NI
Include Youth
Independent Health Care Providers
Indian Community Centre
Institute of Governance, QUB
Integrated Services for Children and Young People
Japan Society of NI
Karen Mortlock Trust
La Societa Italiana Irlanda Del Nord
Larne Borough Council
Latinoamerica Unida
Law Society NI
Lesbian Advocacy Services Initiative
Lesbian Line
Limavady Borough Council
Lisburn City Council
Macmillan Cancer Relief
Magherafelt District Council
Magherafelt Women's Group
Mandarin Speakers Association



<b>Organisation</b>
Marie Curie Cancer Care
MENCAP
Men's Advisory Project
Men's Health Forum
Mental Health Review Tribunal
Methodist Church in Ireland
Migrant Support Area
Mind Yourself
Mindwise
Mindwise New Vision
Mir Galleries Persian Cultural Centre
Moyle District Council
Multicultural Forum (Coleraine)
Multi-Cultural Resource Centre
Multiple Sclerosis Society
Muscular Dystrophy Group
National Autistic Society NI
National Deaf Children's Society
Nederlandse Vereniging in Noord Ireland
Newry & Mourne District Council
Newry & Mourne Senior Citizens' Forum
Newry & Mourne Women
Newry and Mourne Deaf Club
Newry Interagency Consortium for Travellers
Newtownabbey Borough Council
NHS Confederation on Learning Disability
NI Association For Mental Health
NI Blood Transfusion Service
NI Commissioner for Children and Young People
NI Committee of Irish Congress of Trade Unions
NI Council for the Homeless
NI Federation of Housing Associations
NI Fire & Rescue Service
NI Guardian ad Litem Services Agency
NI Health and Social Services Interpreting Service

<b>Organisation</b>
NI Hospice
NI Housing Executive
NI Human Rights Commission
NI Local Government Association
NI Medical and Dental Training Agency
NI Practice & Education Council for Nursing and Midwifery
NI Social Care Council
NI Statistics and Research Agency
NI Women's European Platform
NI Youth Forum
NIACRO (Northern Ireland Association for the Care and Resettlement of Offenders)
NIAPN (Northern Ireland Anti-Poverty Network)
NIPSA
North Down Borough Council
North West Community Network
North West Ethnic Communities Association
North West Forum of People with Disabilities
Northern Area Children and Young People's Committee
Northern HSC Trust
Northern Ireland Ambulance Service Trust
Northern Ireland Council for Ethnic Minorities
Northern Ireland Council for Voluntary Action
Northern Ireland Deaf Youth Association
Northern Ireland Filipino Community in Action
Northern Ireland Gay Rights Association
Northern Ireland ME Association
Northern Ireland Muslim Family Association
Northern Ireland Office
Northern Ireland Office - Human Rights And Equality Unit
Northern Ireland Pakistani Cultural Association
Northern Ireland Volunteer Development Agency
NSPCC
NUS-USI Northern Ireland Student Centre
OFMDFM (Office of the First minister and Deputy minister)

<b>Organisation</b>
Oi-Kwan Chinese Women's Group
Oi-Yin Bangor Women's Group
Older Peoples Advocate NI
Omagh District Council
Omagh Ethnic Minority Group
Omagh Women's Area Network
Orchardville Society
Pakistani Community Welfare Association
Parents Advice Centre
Parents and Professionals and Autism
Parents Education as Autism Therapists (PEAT)
Parkinson's Disease Society
Patient Client Council
Pharmaceutical Society of NI
Playboard
Police Service of Northern Ireland
Polish Association NI
Positive Futures
Praxis
Presbyterian Church in Ireland
Press for Change
Princes Trust
Probation Board NI
Progressive Unionist Party
Prospects
Public Health Agency
Queen's University Belfast- Equal Opportunities Unit
Queer Space
Rainbow Project
RCN
Regulation & Quality Improvement Authority
Relatives & Residents Associations
RNIB
RNID
Royal College of GPs

<b>Organisation</b>
Royal College of Midwives
Rural Development Council
Sai Pak Community Group
Salvation Army
Samaritans Belfast
SARN
Save the Children
Scouting Association NI
SDLP
SENSE NI
Shelter
Sikh Community Project
Sikh Women and Childrens Association
Simon Community
Sinn Fein
Socialist Party
South Eastern Education & Library Board (SEELB)
South Eastern HSC Trust
South West Belfast Community Forum
Southern HSC Trust
Special EU Programs Body (SEUPB)
Sperrin Lakeland Senior Citizens' Consortium
Staff Commission for Education and Library Boards
STEP (South Tyrone Empowerment Prog.)
Strabane District Council
Stroke Association
Sustainable Northern Ireland Programme
The Baha'I Council for Northern Ireland
The Cedar Foundation
The Commission for Victims and Survivors
The Egyptian Society of Northern Ireland
The Guide Dogs for the Blind Association
The HIV Support Centre
The Northern Ireland Prison Service
The Omnibus Partnership

<b>Organisation</b>
The Orchard Social Club for Visually Impaired People
The Society of Chiropodists & Podiatrists
The Society of Radiographers
The Women's Centre
Threshold
Tiny Life
Training for Women Network
Trauma Advisory Panel
Traveller and Gay
Triangle Housing Association Ltd
Ulster Cancer Foundation
Ulster Chemists Association
Ulster Quaker Service Committee
Ulster Scots Agency
Ulster Unionist Party
Ulster-Scots Heritage Council
Unison
UNITE
University of the 3rd Age
University of Ulster
Victim Support
Vietnamese Association
Voice of Young People in Care
Voluntary Service Bureau
Wah Hep Chinese Community Association
WAVE Trauma Centre
West Belfast Partnership
Western Equality & Human Rights Office
Women Of The World
Women's Aid Federation NI
Women's Forum NI
Women's Information Group
Women's Resource and Development Agency
Women's Support Network
Workers Educational Association

<b>Organisation</b>
Young Carers' Project
Youth Action NI
Youth Council for Northern Ireland
Youthnet

## Appendix 4 Timetable for measures proposed (Schedule 9 4.(3) (b))

***The following table lists some examples for illustration purposes***

<b>Measure (example)</b>	<b>Lead responsibility (example)</b>	<b>Timetable (example)</b>
<i>Section 75 Annual Progress Report [2.7]</i>	<i>Chief Executive and Director of Operations</i>	<i>31 August (annually)</i>
<i>Action plan</i>		
<i>Consultation on draft action plan [2.15]</i>	<i>Equality Manager</i>	<i>December 2010 to March 2011</i>
<i>Finalised action plan published [2.18]</i>	<i>Equality Manager/Chief Executive</i>	<i>May 2011</i>
<i>Arrangements for monitoring progress in place [2.16]</i>	<i>Chief Executive and Director of Operations</i>	<i>May 2011</i>
<i>Implementation of actions [2.11]</i>	<i>Directors</i>	<i>May 2011 to Mar 2013</i>
<i>Consultation list reviewed and updated [3.4]</i>	<i>Equality Manager</i>	<i>November 2010 and ongoing)</i>
<i>Screening timetable [4.4]</i>	<i>Directors</i>	<i>Ongoing</i>
<i>Screening Reports [4.15]</i>	<i>Equality Manager</i>	<i>Quarterly from May 2011</i>
<i>EQIA timetable [4.16]</i>	<i>Equality Manager</i>	<i>Ongoing</i>
<i>Monitoring</i>		
<i>Review of monitoring information [4.31]</i>	<i>Directors</i>	<i>Annually</i>
<i>Publication of monitoring information [4.33;4.34]</i>	<i>Directors</i>	<i>Annually</i>

<i>Training</i>		
<i>Development of summary scheme [5.4]</i>	<i>Equality Manager</i>	<i>Within 6 months of scheme approval</i>
<i>Development of overall training programme [5.5]</i>	<i>Equality Manager and Directors</i>	<i>Annually</i>
<i>Focussed training [5.4]</i>	<i>Equality Manager</i>	<i>Annually</i>
<i>Update training [5.4]</i>	<i>Equality Manager</i>	<i>Ongoing</i>
<i>Evaluation of training [5.6]</i>	<i>Equality Manager</i>	<i>Ongoing</i>
<i>Assessing access to information and services [6.9]</i>	<i>Directors</i>	<i>Annually</i>
<i>Communication of equality scheme [9.3]</i>	<i>Chief Executive</i>	<i>Within 6 months of scheme approval</i>
<i>Notification of consultees [9.3]</i>	<i>Chief Executive</i>	<i>Within 6 months of scheme approval</i>
<i>Review of equality scheme [10.1]</i>	<i>Chief Executive</i>	<i>Within 5 years after approval</i>



## **Appendix 5 Glossary of terms**

### **Action plan**

A plan which sets out actions a public authority will take to implement its Section 75 statutory duties. It is a mechanism for the realisation of measures to achieve equality outcomes for the Section 75 equality and good relations categories.

### **Audit of inequalities**

An audit of inequalities is a systematic review and analysis of inequalities which exist for service users and those affected by a public authority's policies. An audit can be used by a public authority to inform its work in relation to the Section 75 equality and good relations duties. It can also enable public authorities to assess progress on the implementation of the Section 75 statutory duties, as it provides baseline information on existing inequalities relevant to a public authority's functions.

### **Consultation**

In the context of Section 75, consultation is the process of asking those affected by a policy (i.e., service users, staff, the general public) for their views on how the policy could be implemented more effectively to promote equality of opportunity across the 9 categories. Different circumstances will call for different types of consultation. Consultations could, for example, include meetings, focus groups, surveys and questionnaires.

### **Equality impact assessment**

The mechanism underpinning Section 75, where existing and proposed policies are assessed in order to determine whether they have an adverse impact on equality of opportunity for the relevant Section 75 categories. Equality impact assessments require the analysis of both quantitative and qualitative data.

### **Equality of opportunity**

The prevention, elimination or regulation of discrimination between people on grounds of characteristics including sex, marital status, age, disability, religious belief, political opinion, dependants, race and sexual orientation.

The promotion of equality of opportunity entails more than the elimination of discrimination. It requires proactive measures to be

taken to secure equality of opportunity between the categories identified under Section 75.

### **Equality scheme**

A document which outlines a public authority's arrangements for complying with its Section 75 obligations. An equality scheme must include an outline of the public authority's arrangements for carrying out consultations, screening, equality impact assessments, monitoring, training and arrangements for ensuring access to information and services.

### **Good relations**

Although not defined in the legislation, the Equality Commission has agreed the following working definition of good relations: 'the growth of relations and structures for Northern Ireland that acknowledge the religious, political and racial context of this society, and that seek to promote respect, equity and trust, and embrace diversity in all its forms'.

### **Inequality**

Where something an organisation does has a differential or unfair impact on anyone in any of the groups listed in **Section 75** definition below.

### **Mainstreaming equality**

The integration of equal opportunities principles, strategies and practices into the every day work of public authorities from the outset. In other words, mainstreaming is the process of ensuring that equality considerations are built into the policy development process from the beginning, rather than being bolted on at the end. Mainstreaming can help improve methods of working by increasing a public authority's accountability, responsiveness to need and relations with the public. It can bring added value at many levels.

### **Monitoring**

Monitoring consists of continuously scrutinising and evaluating a policy to assess its impact on the Section 75 categories. Monitoring must be sensitive to the issues associated with human rights and privacy. Public authorities should seek advice from consultees and Section 75 representative groups when setting up monitoring systems.

Monitoring consists of the collection of relevant information and evaluation of policies. It is not solely about the collection of data, it can also take the form of regular meetings and reporting of research undertaken. Monitoring is not an end in itself but provides the data for the next cycle of policy screening.

### **Northern Ireland Act**

The Northern Ireland Act, implementing the Good Friday Agreement, received Royal Assent on 19 November 1998. Section 75 of the Act created the statutory equality duties.

### **Policy**

The formal and informal decisions a public authority makes in relation to carrying out its duties. Defined in the New Oxford English Dictionary as 'a course or principle of action adopted or proposed by a government party, business or individual'. In the context of Section 75, the term **policies** covers all the ways in which a public authority carries out or proposes to carry out its functions relating to Northern Ireland. Policies include unwritten as well as written policies.

### **Screening**

The procedure for identifying which policies will be subject to equality impact assessment, and how these equality impact assessments will be prioritised. The purpose of screening is to identify the policies which are likely to have a minor/major impact on equality of opportunity so that greatest resources can be devoted to improving these policies. Screening requires a systematic review of existing and proposed policies.

### **Section 75**

Section 75 of the Northern Ireland Act provides that each public authority is required, in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity between:-

- persons of different religious belief, political opinion, racial group, age, marital status and sexual orientation;
- men and women generally;
- persons with a disability and persons without; and
- persons with dependants and persons without.

Without prejudice to these obligations, each public authority in carrying out its functions relating to Northern Ireland must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.