

## Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2016-17

### Contact:

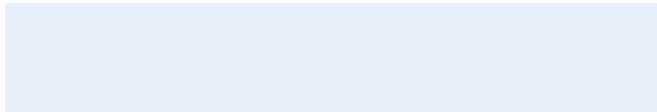
<ul style="list-style-type: none"><li>Section 75 of the NI Act 1998 and Equality Scheme</li></ul>	Name: Edmond McClean Telephone: 03005550114 Email: edmond.mcclean@hscni.net
<ul style="list-style-type: none"><li>Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan</li></ul>	As above

We receive support services on the implementation of our Section 75 duties from the Equality Unit at the Business Services Organisation. For further information you can contact our equality advisor:

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Documents published relating to our Equality Scheme can be found at: <http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

### Signature:



**This report has been prepared using a template circulated by the Equality Commission.**

**It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans. This report reflects progress made between April 2016 and March 2017.**

Appendix 1: Equality Action Plan Progress Report 2016-17

Appendix 2: Screening Report 2016-17

Appendix 3: Mitigation Report 2016-17

Appendix 4: Equality Action Plan 2013-18 - updated June 2017

Appendix 5: Disability Action Plan Progress Report 2016-17

Appendix 6: Disability Action Plan 2013-18 - updated June 2017

## **PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme**

### **Section 1: Equality and good relations outcomes, impacts and good practice**

- 1** In 2016-17, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

[Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.]

Please see Table 1 below.

**Table 1:**

	<b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made.</b>
Persons of different religious belief	<p><b>Nursing and Allied Health Professions</b></p> <p>The 10,000 Voices Initiative is targeted across a wide range of groups who have availed of HSC Services. The purpose of the Initiative is to ask patients and clients their experience of the HSC Service they have received in order to shape and inform the design and delivery of future services. Through this survey we ask a range of demographic details (i.e.) gender, age group, ethnicity and sexual orientation. This information is used to assess if responses are statistically representative.</p> <p>The 10,000 Voices team continue to promote the initiative within Trust areas, including churches and community centres.</p>
Persons of different political opinion	<p><b>Service Development and Screening</b></p> <p><b>Abdominal Aortic Aneurysm (AAA) Screening</b></p> <p>Since the programme started in 2012, the number of screening clinics has increased from 16 to 23 due to ongoing efforts by the Programme Team to ensure the service is as geographically equitable and accessible to all communities as possible.</p> <p>Agreed ad-hoc clinics have been held within local community facilities (outside traditional healthcare settings) in partnership with local community groups, e.g. Healthy Living Centres, Men's Sheds – this has supported the highest overall increase in self-referrals in 2016/2017 as well as uptake overall (see below for specific figures).</p>

	<p>An annual mailing takes place to all men who DNA-ed two appointments in the previous screening year, alerting them to new venues available – which has resulted in an average of 10% uptake rate.</p> <p>Targeted promotional work was undertaken with a wide range of sports clubs.</p> <p>The team has linked in with HSC Trust Health Promotion Teams and the Healthy Living Alliance (a neighbourhood-based, community-led approach to health improvement providing services and support in communities experiencing disadvantage and health inequalities), 196 men were scanned in ten locations from February to October 2016.</p>
Persons of different racial groups	<p><b>Nursing and Allied Health Professions</b></p> <p>All images used in Dementia Strategy booklets have used a variety of people from different ethnic backgrounds.</p> <p>The 10,000 Voices team have been engaging with a number of different racial groups across NI, including specific events for Black and ethnic minority groups and travellers.</p> <p>We have translated the 10,000 Voices surveys into the 6 most common languages and are currently working with the regional interpreting services to enable increase of uptake from different racial groups.</p> <p><b>Health and Wellbeing Improvement</b></p> <p>Cook It! is a well-established community based nutrition education and cooking skills programme, which increases knowledge and understanding of healthier eating and develops cooking skills, building both confidence and competence. The regional programme was developed specifically for use with people/families living in disadvantaged circumstances and is delivered by trained facilitators from local communities. During 2016-17, a module</p>

featuring recipes from BME communities was added to the Cook It! programme, to ensure that the programme had wider appeal. In addition, 20 recipes and a range of nutrition resources were translated into 7 languages (Bulgarian, Chinese complex, Chinese simplified, Tetum, Lithuanian, Polish, Bengali). Cultural specific recipes were also translated in relevant languages.

The regional BME Mental Health Pilot project is in the final phase of a three year initiative to design and develop an evidence based service to support and promote the mental and emotional wellbeing of minority ethnic communities in Northern Ireland. Based on the review findings, phase three is the implementation stage which included the appointment of three bilingual Mental Health Workers who are based in Dungannon (Portuguese), Ballymena/Ballymoney (Polish) and Belfast (Chinese). The Project is entitled 'The 1 +1 Project...You are not alone'. The target group are individuals in the minority ethnic community experiencing depression, including those 'self-medicating' with alcohol, prescription or recreational drugs. The role of the support worker will be to help the individual talk through their problem, find the support they need and be their consistent support throughout the journey to recovery of their emotional well-being. This pilot will be completed on 31st March 2018. An evaluation report will be produced and good practice disseminated.

Mental Health and Emotional Wellbeing: Mindset Adult and Mindset Adolescent mental health awareness training was commissioned in June 2015. Some 211 courses have been delivered across the Northern; Belfast; Western and South Eastern Trust localities. Training encompasses a whole population approach however communities specifically targeted include Black and Minority Ethnic people, including Travellers. The course consists of:

- Part 1 – Awareness and stigma;
- Part 2 – Coping and self-care, what is resilience, thoughts, feelings and behaviours and mindfulness; and
- Part 3 – Sources of Support.

**Travellers**

The **Regional Traveller Health and Wellbeing Forum** led by the Public Health Agency (PHA) continues to bring together representation from the PHA, HSCB, Health and Social Care Trusts, Education Authority, Traveller support and relevant voluntary sector organisations.

The aim of the Travellers Health and Wellbeing Forum is to improve the health and wellbeing of Travellers through developing better coordination, sharing models of best practice and shaping future services. Members are committed to undertake actions based on the findings and recommendations of the All Ireland Travellers Health Study, particularly those relating to health and wellbeing.

A yearly thematic action plan is approved and supported by the Forum and it allows a means of planning, delivery and accounting for actions to be undertaken by the members. The Forum meets 4 times a year to report on progress on agreed interventions and to agree new priorities.

Some of the Forum's activities and achievements during 2016/17 include:

- Commissioning of Traveller Health posts in Belfast, western and southern areas. The Health Training Coordinator in the southern area recruited and provided mentoring and support to 16 Traveller women who completed a level 2 Health Champion programme and two Travellers successfully completed a Level 3 Health Training programme. Three of the Traveller women have now secured employment, two in a healthcare setting and one in the private sector;
- Additional financial support for Traveller groups in the southern area to sustain and expand services;
- Commissioning of the Traveller Mental Health and Emotional Wellbeing programme

(regional);

- Breast Screening Cancer Screening Pilot in Belfast;
- Toybox HighScope regional training programme for Traveller families.

A Travellers Mental Health and Wellbeing Programme has within 2016/17 delivered as follows:

**Western Trust**

Ballymagroarty Women's Group  
Living Life to the Full – 6 women

Health promoting Homes: Gasyard Healthy Living Centre  
Living Life to the Full – programme to this group

Enniskillen Women's Group  
Mood Matters Adults – 6 women  
Living Life to the Full – 6 women

Ballyarnett Women's Group  
Mood Matters Adults and Living Life to the Full

Partners  
1 Mood Matters Parent and Baby to a group.

**Alcohol and Drugs**

Following consultation with substance misuse treatment providers, the PHA in 2016/17 has had the 'Alcohol and You' resource translated into 8 languages (Arabic, Portuguese, Mandarin, Cantonese, Russian, Lithuanian, Polish and Romanian) to ensure access to this



resource for foreign language speakers. The resource has been made available to statutory, voluntary & community services in 2016/17 following completion of graphic design.

## **Service Development and Screening**

### **Cancer Screening Programmes**

All leaflets continue to be reviewed in terms of demand for language interpretations. Consideration is being given to printing hard copies of leaflets in 3 most popular languages in Breast Screening within the Southern Trust area.

The Women's Resource and Development Agency (WRDA)\* have engaged with a variety of ethnic minority groups over the last year, as part of their contract to raise awareness of cancer screening programmes and promote informed choice. This engagement has highlighted concerns among certain groups about Female Genital Mutilation (FGM) and attending for cervical smear. As a result, information on FGM and links to National Guidance will be incorporated into the Cervical Sample Taker Manual, which is being redrafted at present. The issue of FGM was raised at the Cervical Screening Programme Primary Care QA Group and will be included in future 'Update Training Courses' for cervical sample takers.

\*WRDA's programme of work targets all the Section 75 groups and engage with hard to reach communities who traditionally have a low uptake of cancer screening. Under their contract with the PHA, they engage with women and men living in some of the top 20% most deprived super output areas, as well as other groups, including homeless groups, survivors of violence, parents needing support, long-term unemployed, people from a black or ethnic minority, LGB and T, vulnerable or at risk, people with a disability and the travelling community re raising awareness of cancer screening programmes and promoting informed choice.

	<p><b>Newborn Screening Programmes</b></p> <p>Both the New-born Bloodspot and New-born Hearing information leaflets continue to be produced in different languages – see <a href="http://www.publichealth.hscni.net/publications">http://www.publichealth.hscni.net/publications</a> with search term ‘newborn’.</p> <p><b>Abdominal Aortic Aneurysm (AAA) Screening</b></p> <p>Letters are translated as required.</p> <p>Interpretation service is available – interpreter will attend clinic if advance notice is given or access is available to a telephone interpreter on the day.</p> <p>Contact was made with a wide range of groups working specifically in black and minority ethnic (BME) communities regarding promotion of the programme.</p> <p>All the above supports provision of an equitable service being provided for communities where English is not a first language.</p> <p>Attendance at a Travellers’ Group meeting to talk about the programme – to ensure equitable service provision and that Travelling Community have access to all relevant information on how to access screening.</p>
Persons of different age	<p><b>Research and Development</b></p> <p>A research study involving young people with mental health issues leaving care has been completed in conjunction with VOYPIC. As part of this study some young people were trained as peer researchers to carry out interviews with other young people leaving care. This has been evaluated and findings disseminated at a facilitated workshop.</p>

## **Nursing and Allied Health Professions**

### **Dementia**

We have included younger people with a dementia in our TV campaign and our online case studies to evidence to them we understand their needs are different and wish to engage with them as much as possible.

### **10,000 Voices**

The 10,000 Voices facilitators have attended an number of events aimed specifically at older people.

A specific 10,000 Voices Project in relation to experience of Child and Adolescent Mental Health Services (CAMHS) and Paediatric Autism has been completed, during which the 10,000 Voices Project team worked collaboratively with children and young people and their parents and carers to design the survey tools and analyse the information received.

A PPI workshop has been held with young people with cancer to develop a piece of art.

A survey is being completed for the care of a child in adult ward.

Facilitators have attended day centres attended by older people to collect stories and, in relation to younger people, have also engaged with the Student support officer WWRC and the Magee university Student liaison officer.

### **Health and Wellbeing Improvement**

In the Ards, North Down, Lisburn and Castlereagh areas, Age Friendly has been launched at an Age Friendly conference and has been included within the local Community Plans.

The WHO definition of an age-friendly area is one which enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. It helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves. Recruitment is underway for an age-friendly coordinator in Ards, North Down, Lisburn and Castlereagh (funded by the PHA). It is too soon in the process for outcomes to be realised.

Across Northern Ireland, small grants have been administered on behalf of PHA to promote activity between generations. This project has demonstrated reduced social isolation of older participants and improved connection to community for both older and younger participants.

In the south eastern area, a partnership including PHA has resulted in local providers developing new physical activity opportunities for older people. The programme is known as 'Active Ageing' and has included the introduction of Pickleball, Dander Ball and other activities aimed at older people. The programme is developing its reporting arrangements using Outcomes Based Accountability, however robust data is not yet available. PHA is working with a range of local councils to include age friendly and active ageing as a key theme within community planning. PHA worked in partnership with Arts Council NI and Arts Care to deliver the Arts and Older People programme. This programme seeks to engage other people using the medium of the arts and has grown from strength to strength over the years.

### **Children & Young People 0-18 Years of Age**

The Early Intervention Transformation Programme (EITP) is delivered as part of the Delivering Social Change agenda in partnership with Atlantic Philanthropies. As part of EITP a new Early Intervention Support Service (EISS) has been established in five areas across Northern Ireland and provides a regional consistent EISS that will support 1,925 families from

August 2015 – May 2018. The aim of the EISS is to support families when difficulties first arise and before they need involvement with statutory services. The EISS delivers a coordinated, person centred, evidence based, early intervention for families with children 0-18 years old within Tier 2 of the Hardiker Model.

The Strengthening Families Programme continues to be delivered across NI and is a parenting programme for 12-16 year olds and their families where alcohol and drug misuse is a particular concern. The 14 week programme uses separate structured sessions for parents and children to allow both to work on parenting and life skills.

The Active School Travel programme continues to encourage and support children to walk and cycle to school. Some 250 schools across NI are now involved in the programme.

A smoke free school gates initiative was implemented in primary schools throughout 2016/17. Progress to date includes:

Regionally: 51% of schools have erected signs (440/867) with 57% of schools in the most deprived quintile have signs erected (84/148).

Smokebusters is a primary school prevention programme that is offered to all primary schools across Northern Ireland. The PHA commission Cancer Focus NI to run this programme with primary 6 and primary 7 pupils across the region, particular emphasis is placed on recruiting schools within the top 20% most disadvantaged wards within NI.

A range of services have been commissioned / procured to deliver alcohol and drug services across NI as part of a regional tendering programme. These include:

- **Community Based Services for Young People who are identified as having Substance Misuse difficulties**

This service provides step 2 treatment services including psychotherapeutic interventions (talking therapies) for children and young people, aged 11-25, across

Northern Ireland including structured family support. This includes ensuring referral pathways are in place to allow children and young people to seamlessly move between services.

- **Drug and Alcohol Mental Health Service (DAMHS)**

This service provides step 3 treatment services for children and young people with drug and /or alcohol issues which are beyond the scope of community based services as a result of complex co-morbid mental health issues. This includes the delivery of formal psychological therapies (motivational enhancement therapy, cognitive behavioural therapy, family therapy) and drug therapies where appropriate. The service is based / integrated within each of the HSC Trusts' Child and Adolescent Mental Health Services (CAMHS).

- **Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse**

This Northern Ireland wide service provides therapeutic interventions and support to children affected by parental substance misuse as part of a multi-agency care plan through working directly with the young people and indirectly with non-substance misusing parents/carers. The service also provides support for families, engages with other services who work with these children and families and provides specialist advice and support to front line workers working with families affected by Hidden Harm.

- **Targeted Prevention services for Young People**

This service develops and delivers age appropriate drug & alcohol life skills/harm reduction programmes for young people in the age ranges of 11-13, 14-15 and 16+ years across Northern Ireland. These programmes are targeted / delivered to young people identified as being at risk of substance misuse (universal substance misuse education is delivered via schools).

- **One Stop Shop services**

Eight One Stop Shop services for young people aged 11 – 25 years are available across Northern Ireland. The service provides up to date objective information about personal health and wellbeing issues (including drugs and alcohol), choices, where to find help / advice and support to access services when they are needed.

- **Workforce Development Services**

This regional service develops and delivers a range of training courses to support the implementation of the PHA/HSCB Drug and Alcohol Commissioning Framework, ensuring there is a pathway for alcohol and drug workers from all sectors to achieve a recognised qualification in substance misuse. It provides mentoring and support to those staff that require additional support to undertake specific tasks following training. A significant number of the training programmes are aimed at practitioners who work / care for children and young people.

Those providers of services are required to address the needs of S75 groups within their service provision. A process has been put in place to allow the PHA to monitor the uptake of these services from Section 75 groups annually.

The information gained from contractual monitoring will enable the PHA to recognise good practice and to identify services where Section 75 groups are not accessing services with a focus on actions to improve uptake which will ensure that, over time, the drug and alcohol services become more responsive to the specific needs of Section 75 groups.

## **Service Development and Screening**

### **Abdominal Aortic Aneurysm (AAA) Screening**

All men in Northern Ireland in their 65th year will receive an invitation for an ultrasound scan that looks for swelling in the aorta (AAA). This can be life-threatening if left untreated. Men over 65 can request a scan through the central screening office. During 2016-17 a number of

	<p>initiatives have helped to ensure various Section 75 Groups have access to relevant information on how to access AAA screening:</p> <ul style="list-style-type: none"> <li>• Promotional stands in reception areas where targeted outpatient clinics are taking place.</li> <li>• Programme staff have attended a range of events to promote the programme within local areas, e.g. health fairs, vintage rallies, Balmoral show, etc.</li> <li>• A GP used their Flu clinics to promote the programme - with almost 100 men who attended Flu clinics in a health centre signing up to attend 1 of 4 ad-hoc AAA Screening clinics shortly afterwards in the same health centre/their local area.</li> </ul>
Persons with different marital status	
Persons of different sexual orientation	<p><b>Nursing and Allied Health Professions</b></p> <p>There was representation from HSC staff at the annual Belfast and Foyle Pride Parades last year and HSC staff also plan to attend this year.</p> <p>A visit is planned to Rainbow Centre by one of the Trust Facilitators, who has also made contact with CARA-friend-org. The facilitator attended one of their information sessions during March 2017 in relation to service provision. Correspondence regarding 10,000 Voices has also been forwarded to Limavady LGBT.</p> <p><b>Health and Wellbeing Improvement</b></p>



**Lesbian, Gay, Bi-sexual men and women**

PHA has commissioned The Rainbow Project to provide a range of services across NI Northern Ireland for LGB clients, including:

- Providing counselling, group work sessions and personal development courses to individuals who are LGB
- Distribution of safer sex packs to Men who have Sex with Men at sites and venues
- Providing workshops for health professionals on LGB Health and Social Wellbeing issues
- Providing 'rapid testing' for HIV and syphilis for Men who have Sex with Men.

The PHA also commission Rainbow to:

- Provide 1-1 personal development courses for LGB&T communities in southern area;
- Provide befriending for a minimum of 20 individuals who identify as LGB&T from southern area;
- Provide training for befriending volunteers and drop in facility in Newry area;
- Provide over 180 counselling sessions for lesbian or bi-sexual women in Northern Ireland;
- Provide over 80 interventions for lesbian and bi-sexual women;
- Provide over 20 awareness raising sessions;
- Provide over 180 counselling sessions for gay and bi-sexual men;
- Provide over 100 interventions for gay and bi-sexual men;
- Provide over 20 awareness raising sessions.

The Rainbow Project delivered the following during 16-17 in the Southern area:

- 1 personal development programme provided to 2 males and 4 females.

- 4 volunteer befrienders trained.
- 43 drop in sessions were provided by Newry Rainbow Centre these sessions included signposting/ gender identity training to staff.

The monitoring information did not breakdown the sexual orientation or gender identity of individuals, however the programme was specifically targeted at people who are LGB&or T. For 17-18 we will ask this to be considered in the reporting for activities.

A HSCNI LGB&T Staff Forum has been put in place as well as a dedicated website for staff to have access to information. The actions below relate to both LGB people and Transgender people. It is recognised that gender identity is a separate matter from sexual orientation.

- Working with PRIDE and OUTBUST festivals to promote public health messages for members of the LGB&T communities;
- An anti-bullying campaign for young people who are from LGB& T communities;
- Support the International day against homophobia and transphobia (IDAHOT) through working with Children and Young People strategic partnership programme of events;
- A radio campaign to promote [www.lgbt.org](http://www.lgbt.org) which provides support for LGB&T individuals and families.
- Implement the Diversity Champion Programme which allows organisations to be recognised for having robust equality and diversity policies and practices in place.

## **Service Development and Screening**

### **Cancer Screening Programmes**

The Women's Resource and Development Agency (WRDA) have an on-going contract funded by PHA to raise awareness of cancer screening programmes, thereby promoting informed choice. LGB and Transgender people continue to be one of their defined target

	<p>groups. An evaluation report on the WRDA contract is almost complete and will inform any further extension to the existing contract.</p>
<p>Persons of different genders and gender identities</p>	<p><b>Research and Development</b></p> <p>One Doctoral Fellowship Research Study commenced in December 2016 entitled – Gender Dysphoria: prevalence, experiences and pathways for people with Autism. The investigator has consulted several transgender support groups in preparation for this research project and plans to establish an expert steering group to disseminate the outcomes appropriately.</p> <p><b>Nursing and Allied Health Professions</b></p> <p>Correspondence regarding 10,000 Voices has also been forwarded to Limavady LGBT.</p> <p><b>Health and Wellbeing Improvement</b></p> <p>The PHA has worked with partners across the HSC to develop a Gender Identity and Expression – Employment Policy. The draft policy was consulted on from January to March 2017.</p> <p>PHA Commission Rainbow to deliver Gender Identity Training in the southern area. In 2016-17 this training was delivered to 46 staff in a local high school, teaching, non-teaching staff and school counsellor as well as an additional 4 sessions delivered to 97 staff across C&amp;V sector, and statutory, ie. education, health, local Government and criminal justice sectors in the southern area. This training included: Understanding gender identity and expression and use of appropriate terminology.</p> <p>PHA commission SAIL to provide mentoring and befriending services for 10 individuals and families of people who are transgender in southern area. In 2016-17 41 families and</p>

<p>individuals received mentoring and befriending support from SAIL in the southern area.</p> <p>In 2016-17 SAIL delivered 44 interventions to transgender individuals and their families across NI. 44 transgender awareness raising sessions (3 hours) were provided to community &amp; voluntary and statutory groups in Northern Ireland. This was attended by over 200 people.</p> <p><b>Men's Health</b></p> <p>Armagh Craigavon Banbridge area:</p> <p>The Southern HSC Trust and Council facilitated a focus group session with a number of men in the area to explore the potential and design a health and well being programme appropriate to their needs.</p> <p>A total of 25 men from Keady and surrounding areas attended a 6 week programme which started on 12th October and incorporated a range of key themes including diabetes, physical activity, health eating, cancer and mental health.</p> <p>The Cancer Focus Keeping Well Van was in Keady on 23rd November offering 20 health checks to the men.</p> <p>Following on from this programme 10 participants took part in an introductory physical activity session in Keady Recreation Centre on Wednesday 7th December.</p> <p>Groundwork NI were funded by the PHA in 2016-17 to support the development of 50 Men's Sheds across all District Council Areas. During 2016-17 they worked with a total of 59 sheds. Groundwork NI have provided practical support towards their establishment and development by hosting network meetings. The aims of the men's shed programme is to:</p> <ul style="list-style-type: none"><li>• Promote collaborative learning, knowledge transfer and social interaction</li></ul>
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- Improve health and wellbeing
- Reduce feelings of social isolation and loneliness
- Increase access to local health services and support network
- Have some fun at the same time!

## **Service Development and Screening**

### **Cancer Screening Programmes**

Work continues within gender specific screening programmes to determine how best to identify and address the concerns of the transgender community when it comes to gender markers within screening.

### **Abdominal Aortic Aneurysm (AAA) Screening**

AAA Screening is a male-only based population screening programme due to the findings from evidence based research and clinical trials. These established that inviting men aged 65 to attend for a scan provided the best screening outcomes and was most cost-effective, while men over the age of 65 are encouraged to self-refer for screening. Women were found to be 6 times less likely to develop AAAs and tended to do so 10 years later than men. However:

- Links were made with organisations working with the Transgender community - to ensure persons of different genders and gender identities have access to relevant information on how to access AAA screening.
- Attempts were also made by the Programme Team to establish a dedicated screening clinic at Knockbracken for members of the transgender community, although it was not possible to progress this due to PID constraints.

<p>Persons with and without a disability</p>	<p><b>Research and Development</b></p> <p>Two research studies with people with learning disability and their carers looking at ageing, transitions and challenging behaviour have been completed under our Bamford Programme and will be launched following a peer review process. Findings from both studies will make recommendations for policy and practice.</p> <p>Researchers from QUB in partnership with young people who have a range of disabilities have collated findings using a variety of communication methods empowering the young people to speak about the impact of disability on their individual emotional health and wellbeing. The conclusions of this research capture the challenges faced by young people and provide useful information to care providers and commissioners to take these needs into consideration while planning services.</p> <p><b>Nursing and Allied Health Professions</b></p> <p><b>Dementia</b></p> <p>The PHA has worked closely with the Alzheimer’s Society, Age NI and Dementia NI to develop a public information campaign. Not only were people with a dementia on the steering group, they directly informed the messaging and development of the campaign ‘Still Me’.</p> <p>Three people with a dementia starred in the television campaign with others starring in billboard and online campaigns. This showed true engagement with those with a dementia in a meaningful and impactful way, that we were not just listening to them, but including them.</p> <p>Nidirect pages have been made more dementia friendly on the advice of those with the condition. The language used is simple and clear with the layout as easy to follow as possible.</p>
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On advice of those with a dementia and to support those with other sensory and cognitive impairments, video content was procured for the dementia pages of the website. There will be 15 videos, all of which will be subtitled, explaining all the information on the dementia pages.

All booklets and leaflets developed in 2016/17 were consulted on with people with a dementia, including a booklet on eating and drinking, oral health and transitioning to a care home.

### **10,000 Voices**

A specific 10,000 Voices Project in relation to experience of CAMHS and Paediatric Autism has been completed, during which the 10,000 Voices Project team worked collaboratively with children and young people and their parents and carers to design the survey tools and analyse the information received.

We held an engagement event with the British Deaf Association. A follow up meeting has been arranged.

We have been working with RNIB in relation to communication and access to 10,000 Voices surveys for those who are visually impaired/blind.

A project in relation to eyecare services is currently ongoing.

We have also engaged with community teams, hospital wards, renal units, disability action groups, Chest heart & stroke association and Breathe Easy.

The 10,000 Voices surveys have been distributed at a community education stand at Disability Action's Disability Exhibition 3 and 4 June 2016.

Shop mobility project is ongoing through which the public can access mobility aids, a range

of services are available.

A project is ongoing in relation to the experience of learning disability services using 10,000 voices.

We have also engaged with Action for Mental Health, Fermanagh.

### **Health and Wellbeing Improvement**

In recognition of the specific and significant needs of people with learning disabilities, Cook it! has now been adapted for use with people with learning disabilities. Training in the new programme, I can Cook it! has been offered to a range of audiences, including staff working to provide support to people with learning disabilities, as well as to individuals in local communities who wish to provide the 8-week I can Cook it! programme to learning disabled people living locally.

Across Northern Ireland, PHA invests in physical activity training for those involved in caring for people with a disability. This has resulted in increased confidence to provide activities such as Chair Based Activity and Boccia.

The Regional Health and Social Wellbeing Improvement Forum (one of three work-streams of the Regional Learning Disability Health Care and Improvement Steering Group) develops an annual work-plan to deliver and implement the Health and Social Wellbeing Improvement recommendations and actions contained in the regional Learning Disability Health Care and Improvement Steering Group's Action Plan. Agreed Year 3 (2016/17) actions within this action plan have been delivered within the agreed timeframes. The work-plan for 2017/18 is currently being revised to take account of emerging priorities and building on work to date.

The PHA also commissioned Positive Life to:



- Provide a free confidential helpline and telephone support service for individuals living with HIV
- Provide one to one support and counselling to those affected by HIV on a wide range of issues whether via telephone or in person
- Provide a range of complementary therapy sessions to those affected by HIV
- Facilitate peer support groups for men and women living with HIV
- Provide support programmes for newly diagnosed clients.

## **Service Development and Screening**

### **Cancer Screening Programmes**

Information sheets are sent out to wheelchair users within breast screening being revisited to address terminology concerns.

As part of their existing contract with PHA, the WRDA conducted 'Bespoke Specialist Workshops' for participants with additional support needs, including those with Learning and/or Physical Disabilities, to raise awareness of cancer screening programmes.

Vulnerable groups - work is on going with the Prison Service and the MOD re provision of cancer screening services to people in custody, MOD personnel and their dependants.

### **Abdominal Aortic Aneurysm (AAA) Screening**

Easy read literature has been developed specifically for learning disabled men. An agreed process is in place with Learning Disability service in promoting the programme and encouraging those eligible to attend for screening. Viability of sending LD men easy read literature directly was also explored, but the Programme Team was unable to progress due to PID constraints.

	<p>Venues are available with access to hoist facilities for men who require this.</p> <p>Ambulance transportation is organised as required.</p> <p>Double appointment slots are available for men with specific requirements where notified to the programme in advance.</p> <p>Work is ongoing with physically disabled group to ensure venues remain suitable.</p> <p>Some materials are available in Braille.</p>
<p>Persons with and without dependants</p>	<p><b>Research and Development</b></p> <p>Research programme on dementia-3 studies from the first phase of this study have now completed and final reports are due to be submitted. Following a peer review process, the findings will be launched at a public workshop and disseminated in a variety of different formats. The studies have involved persons with dementia and their carers as partners in the research process as well as participants.</p> <p>Research in Early Intervention Transformation Programme (EITP) Work Stream 3 seeks to use research to answer the question - Using the voluntary sector to provide services to children and families with complex needs as an alternative to social work services – what are the risks and benefits? This study will provide evidence as to which circumstances families are best supported by voluntary sector services and which require the support of statutory sector services.</p> <p><b>Nursing and Allied Health Professions</b></p> <p>We have been working with bereavement groups for patients who have suffered miscarriage, still birth, neonatal or child death.</p>

We plan to hold an annual event and an event during the day for families. We plan to attend carers events.

### **Health and Wellbeing Improvement**

One of the key objectives of the Commissioning Framework for Alcohol and Drugs 2013-16 was to improve access and consistency of service provision irrespective of circumstances or geographic location of residents in Northern Ireland.

Based on the outcomes of the Framework, the Public Health Agency (PHA) currently commission / fund a wide range of drug and alcohol services focused on meeting the drug and alcohol needs of children, young people, adults and families / carers across Northern Ireland. These include Tier / Step 1, 2 & 3 services across the voluntary, community and statutory sectors (in support of Making Life Better and NSD for Alcohol & Drugs – phase 2). Please refer to the category of ‘age’ for further information on a range of these that have particular relevance for dependants. In addition, these include:

- **Adult Step 2 services**

These services provide step 2 treatment services including psychotherapeutic interventions (talking therapies) to adults with substance misuse difficulties/problems. These services will also provide support to family members affected by someone else’s substance misuse.

## **Tapestry Disability Staff Network**

After its launch last year, Tapestry – our Disability Staff Network, jointly with the other regional HSC organisations – took off in 2016-17. The network, which meets quarterly and is supported by the BSO Equality Unit on our behalf, developed its first action plan. During the year, the network undertook a range of actions under three themes:

- (i) raising awareness of the network
- (ii) raising awareness of disabilities, and
- (iii) becoming an employer of choice.

These included, for example:

- a Chief Executive Statement to make it clear that the organisation supports the disability staff network and that staff who want to get involved in the network can do so in their work time
- a series of coffee mornings to engage with staff
- an article by the Chair of Tapestry providing an account of her story of living with a disability – as a role model to encourage others in the organisation to disclose to their employer that they have a disability
- two staff awareness days on cancer and on arthritis and musculoskeletal conditions held in January and March 2017 (see below)
- a lunch & learn session for line managers on reasonable adjustments (with presentations to provide a legal perspective outlining requirements and risks; a line manager perspective; and a staff member perspective);
- a staff survey on what makes an employer an employer of choice for people with a disability or those who care for someone with a disability.

## **Disability Work Placements**

We have participated again in the Disability Work Placement scheme, which is facilitated by the BSO Equality Unit and the Health and Social Care Board jointly for the 11 regional HSC organisations. At the induction event, which brought together participants of the

scheme, their placement managers and their employment support officers at the end of November 2016, one of our staff gave a talk about his experience as a placement manager last year.

One person has been with us on a placement since December 2016. Their 26-week placement will finish at the end of May 2017. During the last two months of their placement, participants will become eligible to apply for internal posts in the participating organisations. To enhance their employability, the BSO on our behalf delivered two half-day training sessions to participants and their employment support officers on 'How to Get that Job in Health and Social Care' in March 2017.

### **Gender Identity Employment Policy**

Taking into account what individuals and groups from the gender identity sector told us when we had engaged with them last year, we finalised a first draft of an employment policy relating to gender identity and expression. We consulted on the draft policy and its equality screening, together with our partners across the whole of Health and Social Care (HSC), between January and March 2017.

### **eLearning**

The BSO Equality Unit on our behalf have worked together with the HSC Trusts on developing a new eLearning module on equality, good relations and human rights. The module comprises two parts: the first part is an introduction to equality, good relations and human rights for all staff; the additional second part is for line managers only. The module involves the learner working through a range of practical scenarios, in relation to both employment and service provision.

### **Disability Awareness Days**

We held two Disability Awareness Days this year across a number of locations.

We featured Cancer Awareness Day on 27<sup>th</sup> January. We had speakers and stalls over several sites which included presentations from Dr Miriam McCarthy PHA Consultant, who spoke about Cancer Awareness in Northern Ireland. Naomi McKay, Project Manager for

Macmillan Work Support and Vocational Rehabilitation Project, likewise shared information about the work undertaken. Cancer Focus were also in attendance across locations to provide information and answer questions.

Arthritis and Musculoskeletal Awareness Day was hosted on 29<sup>th</sup> March and was also held across a range of locations. Physiotherapist Mark McCulloch presented on lower back pain in Belfast. Arthritis Care representatives attended several sites with information stands and leaflets.

### **Deaf Awareness Training**

Deaf Awareness Training took place on the 28<sup>th</sup> March 2017. The training was delivered in a half-day session by John Carberry MBE and the focus and aim was:

- to create an awareness and understanding of the communication needs of Deaf and Hard of Hearing People
- to create an awareness and understanding of the culture of Deaf people and their language
- to create an awareness and understanding of the different methods of communication used by Deaf and Hard of Hearing people
- to enable participants to become aware of the need to acquire a basic ability to communicate with Deaf and Hard of Hearing people.

### **Good Relations Training**

Good relations training on cultural awareness was held on 25<sup>th</sup> January and was delivered in a half-day session by Denise Wright from South Belfast Roundtable. The training focused on:

- Migration Awareness
- Introduction to Asylum and Refugee issues in UK and NI
- Cultural Awareness.

### **Bulletins, newsletter, senior briefings, intranet and email**

We provided our staff with information in the form of emails and

features on CONNECT, our intranet. These focused on the following:

- Tapestry Disability Staff Network – general information
- Tapestry Disability Staff Network – coffee mornings summary and feedback
- Tapestry Disability Staff Network – Employer of Choice survey and results
- Disability Awareness Days – trawl for volunteers
- Cancer Awareness Day Information & Feature
- Arthritis and Musculoskeletal Conditions Awareness Day Information & Feature.

In addition, a number of senior briefings were provided on the following issues:

- Staff Monitoring
- Disability Work Placements – 2015-16 evaluation and lessons learned
- Disability Work Placements – call for 2016-17 placement offers
- Equality Screening of Technical Policies
- Every Customer Counts initiative
- Cultural Awareness Training
- Tapestry Disability Staff Network – trawl for role models
- Equality Commission Review of Action Plans
- Draft Gender Identity and Expression Employment Policy.

- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2016-17 (or append the plan with progress/examples identified).

Please see Appendix 1: Equality Action Plan Progress Report 2016-17

- 3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2016-17 reporting period? (*tick one box only*)

**Yes**                       No (go to Q.4)                       Not applicable (go to Q.4)

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation.

- 3a** With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation.

- 3b** What aspect of the Equality Scheme prompted or led to the change(s)? (*tick all that apply*)

**As a result of the organisation's screening of a policy (please give details):**

Please see Table 1 under Question 1 for further information.

Please also see Appendix 2 and 3: Screening Report 2016-17 and Mitigation.

As a result of what was identified through the EQIA and consultation exercise (*please give details*):

**As a result of analysis from monitoring the impact (please give details):**

Please see Table 3 under Question 21 for further information.



- As a result of changes to access to information and services (*please specify and give details*):**

Please see Table 1 under Question 1 and Table 3 under Question 21 for further information.

- Other (*please specify and give details*):  
Not applicable

## **Section 2: Progress on Equality Scheme commitments and action plans/measures**

### **Arrangements for assessing compliance (Model Equality Scheme Chapter 2)**

- 4** Were the Section 75 statutory duties integrated within job descriptions during the 2016-17 reporting period? (*tick one box only*)

- Yes, organisation wide
- Yes, some departments/jobs**
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

**Please provide any details and examples:**

For new posts that have gone through the job evaluation process a wording is included in job descriptions relating to assisting the organisation to fulfil its statutory duties under Section 75 of the Northern Ireland Act 1998, the Human Rights Act 1998, and other equality legislation. The development of a template for all job descriptions is scheduled for 2017-18.

- 5** Were the Section 75 statutory duties integrated within performance plans during the 2016-17 reporting period? (*tick one box only*)

- Yes, organisation wide
- Yes, some departments/jobs
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or**

**has already been done**

Not applicable

Please provide any details and examples:

To further enhance the practical implementation of Section 75 requirements, PHA will build on the work undertaken with its staff through including identification of screening and impact assessments when preparing directorate and related plans.

**6** In the 2016-17 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

Yes, through the work to prepare or develop the new corporate plan

**Yes, through organisation wide annual business planning**

**Yes, in some departments**

No, these are already mainstreamed through the organisation's ongoing corporate plan

No, the organisation's planning cycle does not coincide with this 2016-17 report

Not applicable

Please provide any details and examples:

In our Business Plan for 2016-17, we specified a range of objectives directly related to promoting equality and good relations for the Section 75 groups. These included, for example:

(1) Improving health and wellbeing and tackling health inequalities

- Implement the Action Plan of the Breastfeeding Strategy for Northern Ireland.
- Promote the health, wellbeing and safeguarding of children through implementation of Healthy Child Healthy Future and Healthy Futures policy
- Procure a range of suicide prevention and mental health promotion services, including a focus on more vulnerable groups. Commission and/or procure the 24/7 Lifeline crisis intervention

service.

(2) Improving the quality of HSC services

- Complete the review of Allied Health Professions support for children with statements of special educational needs, agreeing a proposed framework and implementation plan for consideration by the Minister of Health, Social Services and Public Safety.

(3) Improving the early detection of illness

- Develop a system to prioritise the X-ray reports of older people from nursing homes.

**Equality action plans/measures**

**7** Within the 2016-17 reporting period, please indicate the **number** of:

Actions completed:	14	Actions ongoing:	3	Actions to commence:	1
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Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2016-17.

**8** Please give details of changes or amendments made to the equality action plan/measures during the 2016-17 reporting period (*points not identified in an appended plan*):

Please see Appendix 4: Updated Equality Action Plan 2017-18.

**9** In reviewing progress on the equality action plan/action measures during the 2016-17 reporting period, the following have been identified: (*tick all that apply*)

- Continuing action(s), to progress the next stage addressing the known inequality**
- Action(s) to address the known inequality in a different way**
- Action(s) to address newly identified inequalities/recently prioritised inequalities**
- Measures to address a prioritised inequality have been completed**

### Arrangements for consulting (Model Equality Scheme Chapter 3)

**10** Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: *(tick one box only)*

All the time       **Sometimes**       Never

Where relevant we tend to engage with targeted groups as part of our work preceding formal consultation. This is to inform our consultation documents. At consultation stage, where relevant, we likewise target particular groupings to encourage their input, in addition to fully inclusive public consultation.

**11** Please provide any **details and examples of good practice** in consultation during the 2016-17 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

**Table 2**

<b>Policy consulted on</b>	<b>What equality document did you issue alongside the policy consultation document? (screening template/EQIA report/none)</b>  (NB: if you only issued an EQIA report and not a policy consultation document please include this information)	<b>What consultation methods did you use?</b>	<b>Which of the methods you used drew the greatest number of responses from consultees?</b>  (NB: if the consultation started in 2016-17 but is still on-going, please give an interim indication of methods most used and outline the closing date)	<b>If consultees raised concerns, did you review your initial screening decision?</b>	<b>Do you have any comments on your experience of this consultation?</b>
<b>Operations:</b> Public Health	Screening template and	<ul style="list-style-type: none"> <li>Paper based and online</li> </ul>	Paper based questionnaire	Responses to the consultation included	Smaller workshops

PART A

<p>Agency Corporate Plan 2017-2021</p>	<p>an easy read version of the policy document were issued alongside policy document</p>	<p>questionnaires</p> <ul style="list-style-type: none"> <li>• Roundtable workshops</li> <li>• Offered one to one meetings</li> <li>• Social media conversations</li> </ul>		<p>positive comments and some concerns or questions. Eg some concerns and requests for greater clarity about the age ranges for several outcomes. The plan was amended where appropriate to take account of suggestions.</p>	<p>worked best for encouraging full participation in the discussions</p>
<p><b>Health and Wellbeing Improvement:</b> Proposals for PHA commissioning of a Support Service for Drug and Alcohol Service Users</p>	<p>None</p>	<p>Informal consultation with small groups of service users, a large regional event with speakers and table discussions</p>	<p>Around 60 people attended the regional event.</p> <p>The smaller informal consultations were only with a few people, but led to a different quality of</p>	<p>No</p> <p>The proposals were based on learning from the first stage of the project, and evaluation of the first stage, and initial discussions with service users, so no objections were raised.</p>	<p>It was a useful way of raising awareness of the project, and of building support for it.</p> <p>It is a challenge if what service users want is not supported by, or contradicts, evidence of</p>

## PART A

			response.		good practice.
<b>Health and Wellbeing Improvement:</b> Regional Mental Health and Suicide Prevention Training Framework	None	<ul style="list-style-type: none"> <li>• Roundtable workshop</li> <li>• Offered one to one meetings</li> <li>• Organisational meetings</li> </ul>	Engagement event workshop feedback responses	No concerns were raised.	This engagement is part of an ongoing process – next stage is the consultation.
<b>Research &amp; Development:</b> Review of R&D Infrastructure	None (Due to data storage on survey monkey we were advised not to collect identifiable data).	<ul style="list-style-type: none"> <li>• Online questionnaire</li> <li>• One to one meetings and focus groups will be conducted with a subset of larger sample in phase 2.</li> </ul>		Responses are being analysed currently. These will help to inform a review of the R&D infrastructure.	
<b>Abdominal Aortic Aneurysm (AAA) Screening</b> Review of information	None	<ul style="list-style-type: none"> <li>• Monthly meetings over 6 month period including service users</li> <li>• Article in PCC newsletter</li> </ul>	Monthly meetings	Consultees drew attention to importance of photos representing racially diverse community as a result of which new photos reflected this	Always helpful to have service users involved in ongoing programme development and

PART A

<p>materials/leaflets to update: data, photos and include service user testimonials</p>		<ul style="list-style-type: none"> <li>• e-mail group established</li> </ul>		<p>which photos from original leaflets had not.</p>	<p>improvement to ensure the key messages are being communicated in the most appropriate and accessible formats.</p>
<p>Gender Identity and Expression Employment Policy</p>	<p>Screening template</p>	<ul style="list-style-type: none"> <li>• Invited written comments</li> <li>• Offered one to one meetings</li> <li>• During round of engagement prior to consultation roundtables were held with individuals and groups from the sector and offered to trade union representatives</li> </ul>	<p>All comments received were in writing</p> <p>Roundtables prior to consultation were invaluable in informing the development of the policy</p>	<p>No</p>	<p>On gender identity matters it is indispensable to reach out widely in order to hear a range of voices, experiences and needs.</p>



**12** In the 2016-17 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- 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/out of the consultation**
- Internet discussions
- Telephone consultations
- Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Please see Table 2 under Question 11 above.

**13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2016-17 reporting period? *(tick one box only)*

- Yes**       No       Not applicable

Please provide any details and examples:

In our quarterly screening reports we raise awareness as to our commitments relating to equality screenings and their publication.

**14** Was the consultation list reviewed during the 2016-17 reporting period? *(tick one box only)*

- Yes**       No       Not applicable – no commitment to review

**Arrangements for assessing and consulting on the likely impact of**

**policies (Model Equality Scheme Chapter 4)**

Information on our completed equality screenings can be accessed via our website (please find link at the bottom of this site):

<http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

**15** Please provide the **number** of policies screened during the year (as recorded in screening reports):

3
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In addition, the PHA jointly with the Health and Social Care Board completed a screening on the Electronic Health and Care Record.

**16** Please provide the **number of assessments** that were consulted upon during 2016-17:

2
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Policy consultations conducted with **screening** assessment presented.

0
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Policy consultations conducted **with an equality impact assessment (EQIA)** presented.

0
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Consultations for an **EQIA** alone.

Three policies and their equality screening templates were also included in our screening reports. In addition, the screening on the Electronic Health and Care Record was included in the Health and Social Care Board’s screening reports.

**17** Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

Please see Table 2 under Question 11 above.

**18** Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? (tick one box only)

Yes       No concerns were raised       **No**       Not applicable

Please provide any details and examples:

Please see Table 2 under Question 11 above. With regards to comments received on policies included in our screening reports no additional evidence came to light leading to changes to the screening decisions.

**Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)**

**19** Following decisions on a policy, were the results of any EQIAs published during the 2016-17 reporting period? *(tick one box only)*

- Yes       No       **Not applicable**

**Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)**

**20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2016-17 reporting period? *(tick one box only)*

- Yes       **No, already taken place**  
 No, scheduled to take place at a later date       Not applicable

**Please provide any details:**

We published the report on the outcome of our audit of information systems in 2012. It can be accessed from our website:

<http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

**21** In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

- Yes**       No       Not applicable

**Please provide any details and examples:**

Please see Table 3 below.

**Table 3**

<b>Service or Policy</b>	<b>What equality monitoring information did you analyse?</b>	<b>Did the way you used the data result in improved access to information or services?</b>
<b>Nursing and Allied Health Professions:</b> 10,000 Voices	<p>Fewer men than women participating – visited factory with male dominated workforce</p> <p>Uptake from those with visual impairments/blind (large print surveys available and also translated to braille)</p>	<p>Slight increase in number of men participating</p> <p>Good response in relation to 10,000 Voices Eyecare services project to date</p> <p>Some increase in uptake of other surveys also.</p>
<b>Health and Wellbeing Improvement:</b> Early Intervention Support Service (EISS)	<p>Information on the primary carer and information on the child/young person is collated from the referral form – ethnicity; sex, age &amp; disability.</p>	<p>This data is collated and included in the annual report for each EISS.</p>
Alcohol and Drugs services	<p>Information continues to be gathered from commissioned / procured services using the regional Impact Measurement Tools (IMT), quarterly performance monitoring reports and annual evaluation reports.</p> <p>The PHA's Performance Monitoring Reports (PMRs), which are completed by</p>	<p>The IMT, quarterly performance monitoring reports and annual evaluation reports aid good practice and identifying services to meet the needs of section 75 groups.</p>

	<p>service providers on a quarterly basis, require providers to document the accessibility of their services and provide details of any actions taken to address any barriers to client engagement. Service Providers are also required to document ‘trends of note’, e.g. increased use of services by a particular group. The annual report submitted to the PHA by service providers also requires them to submit a summary of their Service User Profile for the year please see attached example PMR with particular reference to sections 2.8, 2.11, 2.12 and 3.0</p> <p>The Regional Impact Measurement Tool, which is administered by the Public Health Information and Research Branch within the Department of Health, collects information on clients using PHA-funded substance misuse services. This tool collects information on the gender, ethnicity, country of birth, number of dependents, religion, sexual identity, marital status, employment status and long-term medical conditions of service users. This information is analysed by the Public Health Information &amp; Research Branch of the Department of Health and</p>	
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	provided to the PHA in the form of an annual report. A further report for 2016/17 is due to be published in October 2017.	
<b>Research &amp; Development:</b> Personal and Public Involvement Training (PPI)	Quantitative data: monitoring forms of those attending showed a lower uptake by people with a disability. Efforts have been made to encourage attendance from people with a disability by advertising opportunity to wider groups.	Analysis of more recent workshops has shown that representatives from these groups have increased but there is still room for improvement.  Opportunities exist for involvement on individual research projects and this remains a funding requirement.
Funding Panels	Retrospective quantitative data: showed that people with a disability or from different ethnic minorities were not represented on our funding panels.	Funding panels are selected based on expertise in particular fields where the evaluation of proposals requires specific skills and expertise.  Each panel includes 2 PPI representatives and proposals must demonstrate an appropriate level of involvement.
<b>Service Development and Screening</b> Abdominal Aortic Aneurysm (AAA) Screening	Secure units  Following contact with HSC professionals in Muckamore Abbey Hospital, contact was made with Ward Managers in Knockbracken and relevant staff in Muckamore to establish if any men	Work in progress.

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	resident were eligible for AAA Screening.	
Abdominal Aortic Aneurysm (AAA) Screening	Hoist initiative Contact made with all screening locations to establish where hoists are available for physically disabled men.	Men who require a hoist for screening can now be screened at the facility most appropriate for them.

**22** Please provide any details or examples of where the monitoring of policies, during the 2016-17 reporting period, has shown changes to differential/adverse impacts previously assessed:

Please see Table 4 below.

**Table 4**

<b>Policy previously screened or EQIAed</b>	<b>What were the adverse impacts at the point of screening or EQIA?</b>	<b>What changes to these have occurred since, as indicated by the equality monitoring data?</b>
Abdominal Aortic Aneurysm (AAA) Screening	Reasonable expectation of lower uptake of screening among individuals: <ul style="list-style-type: none"> <li>- with a disability</li> <li>- from BME communities, specifically Chinese</li> </ul>	Individuals with mobility issues can be proactively called to monthly clinics at the Royal. Three other venues across region with hoists also available.  Significant number of requests by members of Chinese community to Interpreting Service and for translation of letters sent by AAA Screening Programme.

**23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

Please see Table 3 under Question 21 above.



## Staff Training (Model Equality Scheme Chapter 5)

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2016-17, and the extent to which they met the training objectives in the Equality Scheme.

Face-to-face training:

Course	No of Staff Trained
Screening Training	16
Equality Impact Assessment Training	4
Deaf Awareness Training	4
Reasonable Adjustments Training	5
Cultural Awareness Training	4
Disability Placement Scheme Training	3
<b>Total</b>	<b>36</b>

eLearning: Discovering Diversity

<b>Module 1 to 4 – Diversity</b>	<b>5</b>
<b>Module 5 – Disability</b>	<b>3</b>
<b>Module 6 – Cultural Competencies</b>	<b>3</b>

- 25** Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

The PHA avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the Equality Screening Training and Equality Impact Assessment Training respectively.

### Equality Screening Training

The figures in bold below represent the percentage of participants who selected 'Very Well' or 'Well'. Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **100%**
- To develop an understanding of the benefits of screening: **100%**
- To develop an understanding of the screening process: **97%**
- To develop skills in practically carrying out screening: **92%**

The figure in bold below represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked: "How valuable was the course to you personally?" **100%**

### **Equality Impact Assessment Training**

The figures in bold represents the percentage of participants who selected 'Very well' or 'Well'.

Participants were asked: "Overall how well do you think you have achieved the following learning outcomes":

- To demonstrate an understanding of what the law says on EQIAs **100%**
- To demonstrate an understanding of the EQIA process **100%**
- To demonstrate an understanding of the benefits of EQIAs **100%**
- To develop skills in practically carrying out EQIAs **100%**

### **Public Access to Information and Services (Model Equality Scheme Chapter 6)**

**26** Please list **any examples** of where monitoring during 2016-17, across all functions, has resulted in action and improvement in relation to **access to information and services**:

Please see Table 3 under Question 21 above.

### **Complaints (Model Equality Scheme Chapter 8)**

**27** How many complaints **in relation to the Equality Scheme** have been received during 2016-17?

Insert number here:

0
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Please provide any details of each complaint raised and outcome: n/a

### Section 3: Looking Forward

**28** Please indicate when the Equality Scheme is due for review:

April 2021.

**29** Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

- equality screenings and the timely publication of completed screening templates
- where relevant EQIAs
- monitoring, including of policies screened
- engagement with Section 75 groups (alongside other voluntary sector groups) as part of pre-consultation exercises and collection of equality information by this means
- issuing equality screening documents alongside policy documents in any policy consultations.

**30** In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2017-18) reporting period? *(please tick any that apply)*

**Employment**

**Goods, facilities and services**

Legislative changes

**Organisational changes/ new functions**

Nothing specific, more of the same

**Other (please state):**

equality screening of health and wellbeing topic areas

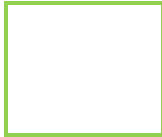
**PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans**

When we produced our Disability Action Plan we decided that it is important to do so in a language and format that is easy to understand. A copy of our Plan for 2013-2018 is available on our website and attached as Appendix 6.

In the same way, we want to make sure that people can easily follow what we do from year to year as we carry out our plan. We have produced a report for 2016-17. It is attached as Appendix 5. This report contains the information required for the statutory reporting in what we hope is an accessible language and format.

PART B

**1. Number of action measures** for this **reporting period** that have been:



Fully achieved



Partially achieved



Not achieved

**2. Please outline below details on all actions that have been fully achieved** in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs <sup>i</sup>	Outcomes / Impact <sup>ii</sup>
National <sup>iii</sup>			
Regional <sup>iv</sup>			
Local <sup>v</sup>			

2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1			
2			

PART B

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

	Communications Action Measures	Outputs	Outcome / Impact
1			
2			

2 (d) What action measures were achieved to ‘**encourage others**’ to promote the two duties:

	Encourage others Action Measures	Outputs	Outcome / Impact
1			
2			

2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1			

PART B

2			

3. Please outline what action measures have been **partly achieved** as follows:

	Action Measures partly achieved	Milestonesvi / Outputs	Outcomes/Impacts	Reasons not fully achieved
1				
2				

4. Please outline what action measures **have not been achieved** and the reasons why.

	Action Measures not met	Reasons
1		
2		

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

PART B

(a) Qualitative

(b) Quantitative

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

Please select

If yes please outline below:

	Revised/Additional Action Measures	Performance Indicator	Timescale
1			
2			
3			
4			
5			



PART B

7. Do you intend to make any further **revisions to your plan** in light of your organisation's annual review of the plan? If so, please outline proposed changes?

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<sup>i</sup> **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

<sup>ii</sup> **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

<sup>iii</sup> **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

<sup>iv</sup> **Regional**: Situations where people can influence policy decision making at a middle impact level

<sup>v</sup> **Local** : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

<sup>vi</sup> **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.