

## Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2017-18

### 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

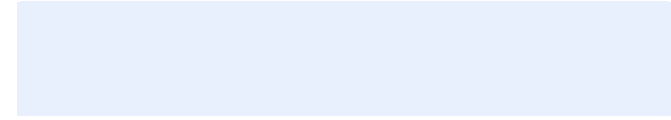
We receive support services on the implementation of our Section 75 and Section 49A duties from the Equality Unit at the Business Services Organisation. For further information you can contact our equality advisor: Anne Basten, Equality, Diversity and Human Rights Manager, Business Services Organisation, [Anne.Basten@hscni.net](mailto:Anne.Basten@hscni.net) 028 9536 3814

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

### (ECNI Q28):

Our Equality Scheme is due to be reviewed by April 2021.

**Signature:**



**This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality, good relations and disability duties. This report reflects progress made between April 2017 and March 2018.**

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## Chapter 1: Summary Quantitative Report

(ECNI Q15,16,19)

### Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6)	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees
2. Number of policies subjected to Equality Impact Assessment.	2			
3. Indicate the stage of progress of each EQIA. <ul style="list-style-type: none"> <li>• Northern Ireland Diabetic Eye Screening Programme</li> <li>• Review of Breast Assessment Services (jointly with HSC Board)</li> </ul>	<b>Stage</b>  Consideration of Data/Assessment of Impacts/Consideration of Measures  Consideration of Data/Assessment of Impacts/Consideration of Measures			
	0	5	0	No concerns raised

4. Number of policy consultations conducted	6
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	1

**(ECNI Q24)  
Training**

**6. Staff training undertaken during 2017-18. (See also Chapter 2, Q6)**

<b>Course</b>	<b>No of Staff Trained</b>	<b>No of Board Members Trained</b>
Equality Impact Assessment Training	1	0
<b>Total</b>	<b>1</b>	<b>0</b>

**eLearning: Discovering Diversity**

Module 1 to 4 – Diversity	37
Module 5 – Disability	7
Module 6 – Cultural Competencies	6

**eLearning: Making a Difference**

Part 1 – All Staff	10
Part 2 – Line Managers	1

**(ECNI Q27)  
Complaints**

**7. Number of complaints in relation to the Equality Scheme received during 2017-18**

0

Please provide detail of any complaints/grievances:

**(ECNI Q7)  
Equality Action Plan (see also Chapter 3)**

**8. Within the 2017-18 reporting period, please indicate the number of:**

Actions completed:  Actions ongoing:  Actions to commence:

**(ECNI Part B Q1)  
Disability Action Plan (see also Chapter 4)**

**9. Within the 2017-18 reporting period, please indicate the number of:**

Actions completed:  Actions ongoing:  Actions to commence:

## Chapter 2: Section 75 Progress Report

(ECNI Q1,3,3a,3b,23)

1. In 2017-18, 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.

Table 1 below outlines examples of progress to better promote equality of opportunity and good relations<sup>1</sup>.

The majority of outcomes demonstrate improvements in **access to information** (eg. through the translation of leaflets on the Newborn Screening Programme for parents not fluent in English). Others relate to improved **access and uptake of services** (eg. through alerting men who DNA-ed two AAA screening appointments in the previous screening year to new venues when these are available). A further group of examples highlight the development of **new tailored services or policies** to meet particular needs (eg. through the tendering of Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse). Likewise, some of the work will serve to improve the **quality and experience of mainstream services** for particular equality groupings (eg. through the Regional Hospital Passport for people with learning Disability).

Two further types of impacts can be identified from the examples provided in Table 1. Both are enablers of producing outcomes for people in the equality groupings. The first relate to improvements in the **availability of equality data** for service planning or policy development (eg. through the definition of outcomes and establishment of baseline data relating to the Health and Wellbeing of Travellers). The second of these are **workforce related** (eg. delivery of training for staff working with adults with learning Disability in the context of the implementation of the Regional Audits and Learning Disabilities: Personal and Sexual Relationships Operation Protocol).

In most cases, it is not possible to ascribe developments to one single factor of Equality Scheme implementation. New initiatives, such as the Gender Identity Employment Policy for instance, are not necessarily an outcome of any equality screenings or Equality Impacts Assessments.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation. From this point of view, staff training and engagement and consultation are arguably the most important factors.

Changes resulting directly from equality screenings are reported in Chapter 7, the mitigation report. Those due to the implementation of Equality and Disability Action Plans are reported in Chapters 3 and 4.



**Table 1:**

	<p><b>Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.</b></p>
<p>Persons of different religious belief</p>	<p><b>Development of Equality Monitoring Data (Relating to all of the nine Section 75 categories)</b></p> <p>Facilitated by the BSO Procurement and Logistics Service, we took action to proactively promote equality of opportunity with regards to our contracts with <b>recruitment agencies</b>. Together with our HSC partners, we included in the most recent tender specific requirements for bidders to demonstrate how they promote equality with reference to: training their staff; gathering feedback from agency workers; their provisions on making reasonable adjustments for agency workers; and outreach work to attract a diverse range of agency workers. The tender specification also included requirements relating to the collection of equality monitoring data for all nine equality groupings and for auditing. This will enable us in future to monitor the diversity of agency workers placed with us and, where necessary, to engage with recruitment agencies in relation to measures to address under-representation and the user experience of specific equality groupings.</p> <p>Similarly, we introduced equality monitoring forms for people who participate in our <b>Disability Placement Scheme</b>, capturing all nine equality groupings. This will enable us to see how diverse the group of people being placed with us are and where necessary work with the provider to take further outreach measures.</p>
<p>Persons of different political opinion</p>	<p><b>Screening</b></p> <p>AAA Screening Programme - An annual mailing continues to take place to all</p>

	<p>men who DNA-ed two appointments in the previous screening year, alerting them to new venues when these are available – in the past this has resulted in an average of 10% uptake rate. This increases potential for men to attend screening if they have the choice of a new screening location which is closer to them or in an area they can more easily access.</p>
<p>Persons of different racial groups</p>	<p><b>Screening</b></p> <p>Antenatal Screening - “Protecting You and your baby” leaflets: Whilst updating this leaflet we realised that it was not available in other languages. Funding was made available and the translation of the leaflet was requisitioned. It is now in the process of being translated into the top 12 most common languages. This will ensure that women from ethnic minority cultures will receive written information in their own language about Antenatal screening offered.</p> <p>AAA Screening Programme - In Spring 2017 the main information leaflet and three results leaflets (for men diagnosed with a small, medium or large AAA) were made available on the PHA main website in the following languages: Chinese Complex, Chinese Simple, Portuguese and Polish. The general invitation leaflet is also available in Slovak and Lithuanian. A link also directs site visitors to translations of the English AAA Screening Programme’s invitation, surveillance (small and medium AAA) and referral (large AAA) leaflets in the following languages: Arabic, Bengali, Farsi, Gujarati, Punjabi, Urdu, French, Kurdish, Malayalam, Tamil and Nepalese. This enables individual to read information in first language without need for interpreting service or interpreter in first instance.</p> <p>Cancer Screening Programmes - Breast Screening carried out a recent assessment of top 5 languages in each Trust area to be able to address demand</p>

for leaflet translations. All primary care providers have been informed re leaflet translations and where to source these. This helps support different ethnic groups to be fully informed in relation to cancer screening.

Newborn Screening Programmes - Taking account of the most recently published HSC Interpreting Service Annual Report (2016-17), both the Newborn Hearing Screening Programme (NHSP) and the Newborn Blood Spot Screening Programme (NBSP), procured leaflets to align with the so-called 'top 10' requested translations in Northern Ireland. For the NHSP, leaflets were produced in Arabic and Bulgarian and for the NBSP, a leaflet was produced in Hungarian.

### **Health and Wellbeing Improvement**

#### **Mental Health**

The regional BME Mental Health Pilot project, entitled 'The 1 +1 Project...You are not alone' has been extended for a year, pending the commissioning of services to achieve the outcomes of the Protect Life 2 Strategy.

This pilot project is an 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 .The target group are individuals in the minority ethnic community experiencing depression, including those 'self-medicating' with alcohol, prescription or recreational drugs. As part of the project, three bilingual mental health support workers have been appointed. Based on demographic requirements, they are located in Dungannon (Portuguese), Ballymena / Ballymoney (Polish) and Belfast (Chinese). Information leaflets on the project have been developed in a range of languages including Portuguese, Polish and Chinese. The role of the support worker is to help the individual talk through their

problem, find the support they need and provide consistent support throughout the journey to recovery of emotional well-being. This pilot was completed on 31<sup>st</sup> March 2018. An evaluation report is due by November 2018 which will help inform the specification for future services.

### Travellers

During 2017/18 members of the Regional Traveller Health and Wellbeing Forum participated in a review of the work using Outcomes Based Accountability training to assist in clarifying processes and outcomes required to improve the Health and Wellbeing of Travellers.

Three workshops have taken place to date and members agreed on the following outcomes:

1. Every Traveller child has the best Start in Life
2. Travellers live long, healthy lives
3. Travellers feel respected and included by society.

Data is currently being gathered to establish a baseline for each of the outcomes and next steps includes engaging with Travellers on these issues.

### Substance Misuse

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 again been made available to statutory, voluntary & community services in 2017/18 and is also available on the PHA website. Work also

	<p>commenced in late 2017/18 to develop Portuguese translations of information materials in regards to Low Threshold and Naloxone services – it is anticipated that these will become available in 2018/19.</p>
<p>Persons of different age</p>	<p><b>Research and Development</b></p> <p>Outputs from the first projects to complete in the dementia research programme were launched in November 2017. The titles of these projects included <i>‘Pain assessment and management for patients with advanced dementia nearing the end of life’</i>; <i>‘Promoting Informed Decision Making and Effective Communication through Advanced Care Planning for People with Dementia and their Family Caregivers’</i> and <i>‘Risk Communication in Dementia Care’</i>. Outputs included published leaflets on the ‘Communication of Risk’ for staff and carers and ‘Providing Comfort Care to People with Dementia During the Last Days of Life’, as well as the final reports, peer reviewed papers, and conference presentations to key stakeholders in practice. Leaflets are being widely disseminated throughout the HSC and being well received by HSC professionals and service users.</p> <p><b>Screening</b></p> <p>Cancer Screening Programmes - Programme staff are currently working with Cancer Research UK local facilitators to support primary care providers in targeting lower uptake groups such as younger age range for cervical screening.</p> <p>AAA Screening Programme - Programme staff continues to engage with community groups and attend a wide range of events to promote the programme across the region; most recently staff have attended two events held in conjunction with Volunteer Now and the bowel cancer screening programme at Windsor Park and the Kingspan Stadium. Both of these events resulted in 20</p>

self-referrals from men aged over 65, who would not automatically be called for screening.

### **Health and Wellbeing Improvement**

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 years, 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).
- Youth Engagement services - Eight Youth Engagement services for young people aged 11 – 25 years (formerly called One Stop Shops) 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. The service has been independently evaluated and this process used to inform the development of the service.
- 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

	<p>process has been put in place to allow the PHA to monitor the uptake of these services from Section 75 groups annually.</p> <ul style="list-style-type: none"> <li>• Workplace Health and well-being services for all ages - The PHA commissioned workplace health service asks employers to identify and address the health and wellbeing needs of their workers. Action is then undertaken to provide information and adopt policies which are supportive of employees and the wider community. Workplace health programmes address the needs of employees and plans action based on the health needs of particular age groups, with the specific needs of the ageing workforce considered.</li> </ul>
<p>Persons with different marital status</p>	<p><b>Screening</b></p> <p>AAA Screening Programme - Each year our annual Service User Event invites screen-detected men, and a companion/partner to attend a morning workshop to learn more about the programme and help with ongoing improvements. This means men are able to bring along any companion of their choosing to support them at this event.</p>
<p>Persons of different sexual orientation</p>	<p><b>Communications</b></p> <p>We produced posters to warn of an outbreak of Hep A in the MSM community (Men who have sex with men). These were produced for targeted venues.</p> <p><b>Health and Wellbeing Improvement</b></p> <p>Lesbian, Gay, Bi-sexual (LGB) men and women</p> <p>The PHA has commissioned The Rainbow Project to provide a range of services</p>



across 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 communities in southern area;
- Provide befriending for a minimum of 20 individuals who identify as LGB 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 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;
- Deliver a personal development programme in the West which 14 clients attended.
- A work shop was delivered for the first time in Ballynahinch to promote

	<p>positive mental health among LGBT people and 9 clients attended.</p> <ul style="list-style-type: none"> <li>• A workshop was delivered in the Northern Area looking at Relationships with 19 people attending.</li> <li>• 10 Outreach clinics in Belfast.</li> </ul> <p>The Rainbow Project also delivered the following during 2017-18 in the Southern area:</p> <ul style="list-style-type: none"> <li>• 1 personal development programme delivered. 10 people started the programme with 6 completing.</li> <li>• 6 LGB volunteer befrienders trained in mindfulness;</li> <li>• 41 befriending sessions delivered to LGBT within southern area;</li> <li>• 42 drop in sessions were provided by Newry Rainbow Centre these sessions included signposting/ gender identity training to staff.</li> <li>• SAIL provided mentoring and befriending to 17 families of Transgender people across southern locality.</li> </ul> <p>The actions below relate to both LGB people and Transgender people. It is recognised that gender identity is a separate matter from sexual orientation.</p> <p>The 11th Annual Outburst Queer Arts Festival ran for 10 days from November 9–18 2017 and attracted audiences of approximately 8000 over 400 direct participants. The Public Health messages related to LGB&amp;T sexual health and well-being including emotional health and well-being.</p> <p>A radio campaign to promote <a href="http://www.lgbt.org">www.lgbt.org</a> which provides support for LGB&amp;T individuals and families.</p>
Persons of different genders and gender	<b>Research and Development</b>

<p>identities</p>	<p>Persons of transgender were facilitated to take part in our Building Research partnership workshop as a couple. This included the provision of a hearing loop facility for one partner and ensuring that they were not separated in the small groups.</p> <p><b>Screening</b></p> <p>AAA Screening Programme - 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. Recent research into the potential for screening women continues to support the current rationale for male-only AAA screening. Links have previously been 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 by the Programme Team to establish a dedicated screening clinic at Knockbracken for members of the transgender community could not be progressed due to PID constraints.</p> <p>Cancer Screening Programmes - Bowel screening programme staff attended Men's Health Event promoting the programme and encouraging uptake. The Bowel screening 'the facts' leaflet has been adapted to remove gender specific wording. Work is currently on-going between cancer screening staff, BSO, ITS and transgender groups in relation to digital identification of gender on screening systems. Regional screening transgender leaflet is being developed for AAA and cancer screening programmes. This will allow the transgender community to be</p>
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fully aware of their choices and implications in terms of attending or opting out of these programmes.

### **Health and Wellbeing Improvement**

Men's Health - Groundwork NI was funded by the PHA in 2017/18 to support the development of 60 Men's Sheds across all District Council areas. Groundwork NI has provided practical support towards their establishment and development by hosting network meetings. The aims of the men's shed programme is to:

- Promote collaborative learning, knowledge transfer and social interaction
- Improve health and wellbeing
- Reduce feelings of social isolation and loneliness
- Increase access to local health services and support network.

SAIL provided mentoring and befriending to 17 families of Transgender people across southern locality.

The actions below relate to both LGB people and Transgender people. It is recognised that gender identity is a separate matter from sexual orientation. The 11th Annual Outburst Queer Arts Festival ran for 10 days from November 9–18 2017 and attracted audiences of approximately 8000 over 400 direct participants. The Public Health messages related to LGB&T sexual health and well-being including emotional health and well-being. A radio campaign to promote [www.lgbt.org](http://www.lgbt.org) which provides support for LGB&T individuals and families.

	<p><b>Gender Identity and Expression Employment Policy</b></p> <p>Together with our HSC partners we reviewed the outcome of the consultation that we held on our draft policy. Taking all comments received into account, we finalised the policy and produced a consultation report. The policy was approved by our Agency Management Team in October 2017. Both the policy and its equality screening can be accessed on our website:</p> <p>By the end of March work was under way to establish a regional task and finish group to support the implementation of the policy, including through the development of checklists for staff and a training plan. The group involves senior staff from Human Resources and Equality.</p>
<p>Persons with and without a disability</p>	<p><b>Research and Development</b></p> <p>Outputs from the final projects to complete under our Bamford Implementation Research Programme in Mental Health and Learning Disability were launched in October 2017 at an event attended by the Children’s Commissioner and Commissioner for Mental Health, DoH (NI) who both spoke at this event. The titles of the projects included ‘<i>Supporting Older Adults with a Learning Disability and their Ageing Family Carers. A Family Community Support Model</i>’ and ‘<i>Improving Mental Health Pathways and Care for Young People in Transition to Adult Services</i>’. The event was attended by health and social care professionals and service users &amp; carers as well as representatives from the voluntary sector. The final reports were disseminated and made available on our website.</p> <p><b>Nursing – Mental Health and Learning Disability</b></p> <ul style="list-style-type: none"> <li>• Regional Hospital Passport for people with Learning Disability has been developed and distributed throughout Northern Ireland. Individuals with</li> </ul>

Learning Disability and their carers were involved in the development of the resource and were also involved in the launch event in May 2017.

- A Personal and Public Involvement Grant was provided to TiLLI ('Tell it Like it is') to work with people with Learning Disability and their carers to develop an easy read resource that can be used as part of the evaluation of the Passport.
- TiLLI was involved in delivering awareness training to BSO Staff involved in logistics and provided a "roving mic" service at three regional events organised by the PHA during 2017-18. Reports on these events were provided by the group which included reflections from people with learning disability involved in interviewing participants at the events.
- Recovery Colleges offer a range of education and training to support individuals with lived experience of mental health and all programmes are co-produced and co-delivered.
- Feedback received from 10,000 voices has been used to inform the ongoing monitoring of services for people with mental health and learning disability.
- Peer Consultants in Mental Health were appointed in 4 Trusts as part of the ImROC programme.

### **Communications**

We produced a range of resources that have improved access to information for people with a disability

- Dementia resources to support families and people with a dementia at various

stages of the condition.

- Interactive online version of a regional HSC hospital passport for people with a learning disability in contact with hospitals. This uses photos used under license from Photo symbols.
- Leaflet on improving physical activity in children and young people with physical disabilities.
- Printed further copies of 'I can cook it!' the community nutrition programme rolled out by HSC Trusts for people with a learning disability.
- Funded the production of three resources for people with a learning disability on Abdominal Aortic Aneurysm, prostate health and menopause. This was in partnership with the HSC Board and the learning disability facilitators in HSC Trusts.
- Shared our artwork for a poster on '10,000 more voices' as part of work the PHA were doing with the British Deaf Association in deaf clubs in Northern Ireland.

### **Screening**

Newborn Blood Screening - An 'easy read' guide, developed by Public Health England, was shared with health and social care professionals relating to the newborn blood spot screening test. This is a valuable support tool for patients who may have learning disabilities.

Cancer Screening Programmes - Vulnerable groups: Robust processes have been agreed and documented between the PHA, the South Eastern HSC Trust

and the Prison Healthcare team regarding the provision of cancer screening services to people in custody. This will enhance the call/recall, result recording and on-going investigation pathway.

AAA Screening Programme - In May 2017, the PHA launched the AAA Screening Easy Read Leaflet at the Servite Priory Dungannon. This has made more easily accessible version of the general information leaflet available in hard copy form for men with learning disabilities. Work is also ongoing to address the needs of individuals with range of physical disabilities. Screening venues are available with access to hoist facilities for men who require this. Ambulance transportation is organised as required. Double appointment slots are available for men with specific requirements where notified to the programme in advance. Some materials are also available in Braille.

### **Health and Wellbeing Improvement**

- The development of a regional accident prevention initiative to specifically include learning disability. The Risk Avoidance and Danger Awareness Resource (RADAR) centre received support from PHA to develop their facility and train staff to ensure people with learning disability will be able to have equal access to the full range of opportunities available.
- The implementation of the Regional Adults and Learning Disabilities: Personal and Sexual Relationships Operational Protocol. This joint work with Trusts and PHA has resulted in the delivery of Level 1 and Level 2 training for staff working with and supporting adults with learning Disability. This will ensure that services for adults with a learning disability provide the opportunity for people to enjoy personal and sexual relationships while protecting vulnerable adults from abuse.



<p>Persons with and without dependants</p>	<p><b>Health and Wellbeing Improvement</b></p> <p>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.</p> <p>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 &amp; 3 services across the voluntary, community and statutory sectors (in support of Making Life Better and NSD for Alcohol &amp; 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, this also includes:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
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(ECNI Q4,5,6)

**2. During the 2017-18 reporting period**

**(a) were the Section 75 statutory duties integrated within...?**

	<b>Yes/No</b>	<b>Details</b>
Job descriptions	Yes	Since December 2017 Section 75 is mentioned in all new job descriptions. Further work in relation to the wording of the requirements is scheduled for 2018-19.
Performance objectives for staff	No	In order to ensure that staff fulfil Section 75 duties in relation to screening and EQIAs, these have been integrated into PHA business processes. This includes, for example, a check box on the coversheet for all papers going to the PHA Agency Management Team, which requires the author to give assurance that an equality assessment has been undertaken, where relevant.

**(b) were objectives and targets relating to Section 75 integrated into...?**

	<b>Yes/No</b>	<b>Details</b>
Corporate/strategic plans	Yes	The PHA Corporate Plan 2017-2021 includes five key outcomes. Two of these relate directly to Section 75 groups:  1. All children and young people have the best start in life  Associated actions include, for example: Implement a range of interventions and programmes that support parents and carers to provide a safe and nurturing

		<p>home environment, and address issues that adversely impact on children and young people.</p> <p>2. All older adults are enabled to live healthier and more fulfilling lives</p> <p>Associated actions include, for example: Promote inclusive, intergenerational physical and mental health messages and initiatives that enable longer, healthier and more fulfilling lives</p>
Annual business plans	Yes	<p>In the Business Plan for 2017-18, the Agency specified a range of objectives directly related to promoting equality and good relations for Section 75 groups. These included, for example:</p> <p>Undertake an evaluation of the participant impact of the Women’s Resource and Development Agency promoting informed choice programme (in cancer screening) in Section 75 groups</p> <p>Produce an AAA screening video detailing what happens when men attend for an initial scan, including information on how to access screening for minority groups (e.g. LD men, physically disabled etc.).</p> <p>Achieve uptake targets for seasonal influenza vaccinations for children aged 2-4 years and the primary school programme set by DoH.</p>

	<p>Implement with partners the PHA approach to healthy ageing including; reducing social isolation; signposting and referral services; falls prevention; and health and wellbeing improvement programmes.</p> <p>Monitor, co-ordinate and promote the work of Recovery Colleges in NI and increase opportunities for co-production.</p> <p>Identify and address inequalities in the AAA Screening Programme through awareness raising sessions amongst Men's Sheds and other relevant voluntary groups and participation in the development of a UK Health Inequalities Toolkit</p> <p>Commission and monitor uptake of stop smoking services in line with KPIs, in particular with young people, pregnant smokers and disadvantaged adults.</p>
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(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2017-18 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:

Please see Table 2 below.

**Table 2**

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use?  AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
<b>Nursing and Allied Health Professions</b>  Early Intervention Transformation	<input type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input checked="" type="checkbox"/> none	Full Section 75 consultation list (i.e. each of the equality groupings)	<ul style="list-style-type: none"> <li>• Online questionnaire</li> <li>• Paper based questionnaire</li> <li>• Offered one to</li> </ul>	Engagement through the use of various surveys both online and hard copy has enabled us identify areas for improvement and key themes arising throughout

<p>Programme</p>			<p>one meetings</p> <p>Greatest number of responses were received in hard copy.</p>	<p>the projects. Surveys have been introduced at various stages to service users and to those delivering the service which has enabled us to collect qualitative and quantitative data from different perspectives. It has also allowed us to see how well the programmes are being received and the difference they are making.</p> <p>It appears that engagement in the form of short hard copy questionnaires are the most effective in response rate data collection.</p>
<p><b>Screening</b></p> <p>Pre-consultation of the service delivery model for the NI Diabetic Eye Screening Programme</p>	<p><input type="checkbox"/> Screening template</p> <p><input type="checkbox"/> EQIA report</p> <p><input checked="" type="checkbox"/> none</p>	<ul style="list-style-type: none"> <li>• On PHA website</li> <li>• People living with diabetes via Diabetes UK user groups</li> <li>• Distributed to NIDESP</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation and questionnaire on PHA website</li> <li>• Attendance at Local Commissioning Group</li> </ul>	

(NIDESP)		clinics and HES clinics (ie those with eye disease)	meetings open to public <ul style="list-style-type: none"> <li>• Questionnaires to Diabetes UK users, NIDESP participants</li> <li>• Presentation at PCDS</li> </ul> <p>Most responses were from professionals with vested interest in potential options. Those from members of the public were users of the programme, therefore from clinic and Diabetes UK questionnaires</p>	
<b>Research and Development</b>  Review of R&D	<input type="checkbox"/> Screening template  <input type="checkbox"/> EQIA report	People with a disability and people without  People with	Survey Monkey and workshop	Reiterated importance of including PPI as strategic priority and further need to develop PPI in our

Infrastructure	<input checked="" type="checkbox"/> none	dependents and people without		processes and the value of involving public in consultations of this type alongside professional partners.
<b>Personal and Public Involvement</b>  Personal and Public Involvement Action Plan	<input checked="" type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input type="checkbox"/> none	Full Section 75 consultation list (ie. voluntary sector organisations relating to each of the nine equality groupings)	We received responses from HSC PPI staff and service users who are involved in PPI work, these were mainly email responses with some verbal feedback.	This was a narrowly focused PHA operational consultation and was of most relevance to staff and service users and carers who are currently engaged with PPI activity. We undertook a wider consultation as this was best practice.  In future we will consider if this was a necessary step for an Action Plan rather than a strategy document.
<b>Health and Wellbeing Improvement</b>  Community Development Framework developed by the	<input type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input checked="" type="checkbox"/> none	Invitation to the engagement events were widely promoted through existing networks, Council databases and	12 community engagement events were scheduled from September – November 2017, one in each council area as	Having engaged with 391 participants at local level throughout the process and a further 122 at the second symposium, the draft framework has been reviewed and updated to reflect the comments



<p>Transformation Implementation Group Community Development Workstream</p>		<p>social media.  Although we did not specifically target any Section 75 groups we had representation from BME, Travellers, Older peoples networks and LGB&amp;T</p>	<p>well as 2 regional symposia held in Belfast.</p>	<p>expressed by the participants.</p>
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<p>Protect Life 2 Stakeholder engagements</p>	<p><input type="checkbox"/> Screening template</p> <p><input type="checkbox"/> EQIA report</p> <p><input checked="" type="checkbox"/> none</p>	<p>Invitations were forwarded to all local protect life implementation groups as well as any local networks. Service users, providers, trusts, c&amp;v, bereaved families. The social media platform was also used to invite members of the public along to the events. There was a minimum of 2 events per trust area with WHSCT requesting 3<sup>rd</sup> workshop.</p>	<p>11 Protect Life Stakeholder engagement events took place in March 2018 throughout the 5 Health and Social Care Trust areas as part of implementation of Protect Life (suicide prevention) strategy and the procurement of related services. There were 346 individuals who attended these sessions with a further 37 completing online responses.</p>	<p>The engagement events were broadly welcomed and will alongside evidence base and strategy objectives help form the design of future services to be commissioned under Protect Life.</p>
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(ECNI Q21, 26)

**4. In analysing monitoring information gathered, was any action taken to change/review any policies?**

Yes - please see Table 3 below for further information.

**Table 3**

<b>Service or Policy</b>	<b>What equality monitoring information did you collect and analyse?</b>	<b>What action did you take as a result of this analysis?</b>  <b>AND</b>  <b>Did you make any changes to the service or policy as a result?</b>	<b>What difference did this make for Section 75 groups?</b>
<b>Research and Development</b>  Building Research Partnerships Course	Data from equality monitoring forms submitted from attendees showed that from 2012-2016, 76% of those who attended were female and 32% were male. Only a third were service users but charities represented included RNIB, Diabetes NI, Tor Bank School and NICHs. Analysis also showed that the majority of people who are attending	Have made concerted efforts to involve under-represented groups through advertisement via PCC and voluntary sector and provide appropriate adaptations for those with special needs e.g. special chairs; hearing loops; large print outputs;	Number of people attending with particular needs has increased and satisfaction with course appears to be high.  Efforts will continue to widen participation in the course in 2018/2019.

	<p>the course are not full time carers, from an underrepresented group or with a disability. In terms of declaring a particular religion or gender, if not heterosexual or Christian, most people preferred not to say.</p>		
<p><b>Health and Wellbeing Improvement</b></p> <p>Alcohol and Drugs services</p>	<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 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.</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 – specific actions included the commencement of the development of Portuguese translations of information materials in regards to Low Threshold and Naloxone services – it is anticipated that these will become available in 2018/19.</p>	<p>Increased understanding of and accessibly to drug and alcohol services.</p>

	<p>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. 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 2017/18 is due to be published in October 2018.		
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**(ECNI Q22)**

**5. Please provide any details or examples of where the monitoring of policies, during the 2017-18 reporting period, has shown changes to differential/adverse impacts previously assessed:**

Yes - please see Table 4 below for further information.

**Table 4**

<b>Policy previously screened or EQIAed</b>	<b>Did you gather and analyse any equality monitoring information during 2017-18? (Please tick)</b>	<b>What were the adverse impacts at the point of screening or EQIA?</b>	<b>What changes to these occurred in 2017-18, as indicated by the equality monitoring data you gathered?</b>
PHA Corporate Plan 2017-2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PHA Annual Business Plan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Personal and Public Involvement Strategy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**(ECNI Q25)**

**6. 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 Impact Assessment Training.

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 **83%**
- To develop skills in practically carrying out EQIAs **83%**

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

This year also saw the launch of a new e-Learning resource on equality awareness. The resource, called ‘Making a Difference’, was developed along with HSC regional equality colleagues, led by the Belfast HSC Trust. The aim of ‘Making a Difference’ is to show how staff can make a difference by:

- Promoting positive attitudes to diversity
- Ensuring everyone is treated with respect and dignity
- Behaving in a way that is in keeping with HSC values and equality and human rights law.

‘Making a Difference’ now forms part of mandatory training for all staff in our organisation.



**(ECNI Q29)**

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

We anticipate the following areas to be focused upon:

- equality screenings and their timely publication
- progression of EQIAs to consultation stage
- monitoring, including of policies screened
- engagement with Section 75 groups as part of pre-consultation exercises and collection of equality information by this means.

## **Appendix – Further Explanatory Notes**

### **1 Consultation and Engagement**

#### **(ECNI Q10)**

**targeting** – During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of the Gender Identity and Expression Employment Policy. This is to inform our consultation documents.

#### **(ECNI Q13)**

**awareness raising for consultees on Equality Scheme commitments** – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication. In any EQIA reports we explained our commitments relating to Equality Impact Assessments. We did the same when we held consultation events, such as in relation to our Equality Action Plan, and in the action plan document itself.

#### **(ECNI Q14)**

**consultation list** – During the year, we reviewed our consultation list every quarter.

### **2 Audit of Information Systems**

#### **(ECNI Q20)**

We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.

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<sup>i</sup> This includes as a result of

- screening / Equality Impact Assessments (EQIAs)
- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.