

Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2018-19

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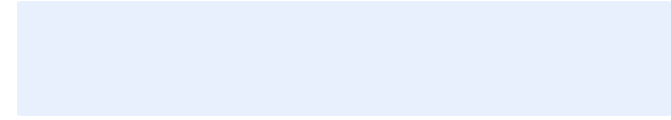
We receive support services on the implementation of our Section 75 and Section 49A duties from the Equality Unit at the Business Services Organisation. For further information you can contact our equality advisor: Anne Basten, Equality, Diversity and Human Rights Manager, Business Services Organisation, Anne.Basten@hscni.net 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 2018 and March 2019.

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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 5)	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees
	0	5	2	No concerns raised
2. Number of policies subjected to Equality Impact Assessment.	2			
3. Indicate the stage of progress of each EQIA.	<p>Northern Ireland Diabetic Eye Screening Programme: Public consultation stage</p> <p>Review of Breast Assessment Services (jointly with HSC Board and the Department of Health): Public consultation stage</p>			
4. Number of policy consultations conducted	2			
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	1			

**(ECNI Q24)
Training**

6. Staff training undertaken during 2018-19. (See also Chapter 2, Q6)

Course	Staff Trained	Board Members Trained
Equality screening training	15	0
Equality Impact Assessment Training	4	0
NISRA Training	6	0
Good Relations (Cultural Awareness)	24	0
Total	49	0

eLearning: Discovering Diversity

Module 1 to 4 – Diversity	1
Module 5 – Disability	2
Module 6 – Cultural Competencies	2

eLearning: Making a Difference

Part 1 – All Staff	22
Part 2 – Line Managers	2

**(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:

Not applicable

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

8. Within the 2018-19 reporting period, please indicate the number of:

Actions completed: 8 Actions ongoing: 11 Actions to commence: 1

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

9. Within the 2018-19 reporting period, please indicate the number of:

Actions completed: 7 Actions ongoing: 4 Actions to commence: 0

Chapter 2: Section 75 Progress Report

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

1. In 2018-19, 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 relations¹.

Much of the PHA work this year demonstrates improvements in **access to information** for people of different ethnicities, and those with disabilities, including learning disabilities, sight or hearing loss. Examples of good practice include the provision of information materials in Portuguese, Lithuanian, Polish and Russian for the Take Home Naloxone programme; installation of Browsealoud on our corporate website; and developing resources in easy read formats, such as the Step by Step physical activity booklet.

Other key themes demonstrated in the table below include improved **access and uptake of services** Examples include work with the Roma community to promote vaccination uptake; and development of the Abdominal Aortic Aneurysm (AAA) screening to meet the needs of specific groups of men.

A further group of examples highlight the development of **new and innovative approaches** to improving quality, safety and the patient experience for particular groups. Examples include the development of new digital technologies to improve the health of older people, and use of innovative techniques within public health campaigns, such as the use of mannequins within the Be Cancer Aware public health campaign.

Working in partnership with other agencies in the private, community and voluntary sectors over the last year, provides an important opportunity to **influence the promotion of equality issues**. This is particularly important where other organisations or agencies are not bound by the same legislative requirements as public bodies. Examples of this include proactively promoting equality of opportunity in our contracts with recruitment agencies, and for alcohol and drug services commissioned across NI as part of a regional tendering programme.

In most cases, it is not possible to ascribe developments to one single factor of Equality Scheme implementation. 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, engagement and consultation, coupled with staff training in equality issues are perhaps the most important factors in developing and embedding good practice.

Changes resulting directly from equality screenings are reported in Chapter 6, the Mitigation Report. Other changes due to the implementation of Equality and Disability Action Plans are reported in Chapters 3 and 4.

Table 1: Progress to better promote equality of opportunity and good relations

	Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.
<p>Persons of different religious belief</p>	<p>Facilitated by the Equality Unit in BSO, and the BSO Procurement and Logistics Service, we took action to proactively promote equality of opportunity within our contracts with recruitment agencies. Agencies are required 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. Collection of this monitoring data for all nine equality groupings was audited in 2019, allowing us to monitor the diversity of agency workers placed with us and, where necessary, to engage with recruitment agencies to address under-representation and the user experience of specific equality groupings.</p> <p>We used equality monitoring forms for the first time for people who participated in our Disability Placement Scheme ending in 2018, 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>Health and Social Wellbeing Improvement</p> <p>In June 2018, the ‘Expansion of Community Development Approaches’ report was launched. This was developed by the HSC Transformation Community Development Work Stream following an extensive engagement process and aims to inform the wider work of the Transformation Implementation Group (TIG), which is leading on the design, development and implementation of major change within health and social care. Community development can improve health outcomes and reduce health inequalities by building on the strengths or assets of the community, and enables participation, empowerment and the growth of self-efficacy. This builds strength and</p>

	<p>resilience in communities which can help reduce the negative impact of conditions on health, create greater ability to deal with adversity, and develop greater confidence to address needs holistically and in partnership with others.</p>
<p>Persons of different racial groups</p>	<p>Health and Social Wellbeing Improvement</p> <ul style="list-style-type: none"> • Research was commissioned by the PHA during 2018, which summarises international evidence on approaches and principles of promoting and supporting the mental health and emotional wellbeing of asylum seekers and refugees. The findings of the report have been discussed and shared widely, including with asylum seekers and refugees, ethnic minority and migrant support groups and other stakeholders across the community, voluntary and statutory sectors. This is part of ongoing 2019 stakeholder engagement and consultation to help shape thinking and inform planning and decision-making for the forthcoming PHA commissioning of services to improve ethnic minority and migrant health and social, mental and emotional wellbeing and reduce health inequalities. • The PHA commissioned services from the Southern, Western and Belfast Trusts to deliver a range of programmes to address the health and social wellbeing needs of Travellers. Services include community development, family support, training and education, signposting to services e.g. smoking cessation, cancer screening, drug & alcohol, support to engage in local services for example Healthy Living Centres, as well as cultural awareness training, and support to engage in conflict resolution within families and communities. The PHA also commissioned Aware to deliver a regional mental health and emotional wellbeing programme with Travellers. • The PHA and HSCB Travellers Health and Wellbeing Forum including colleagues from TEO, Health and Social Care Trusts, Equality Commission, Education Authority, Traveller Support Groups and voluntary sector organisations, meets four times a year. During 2018-19, the Forum have developed an Outcomes Based Approach to planning services for Travellers which includes the recent establishment of the following Task Groups; Give every Traveller Child the best start in life, Travellers live long, healthy lives and Traveller participation.

Persons of different racial groups cont.

- Following consultation with substance misuse treatment providers, the PHA in 2018-19 developed Portuguese, Lithuanian, Polish and Russian translations of information materials for the **Take Home Naloxone programme**.

Operations

- Installation of **Browsealoud** on our corporate website assists those who have difficulty reading English, especially where English is a second language. Browsealoud allows the text on the site to be translated into different languages. This feature can also be used on PDFs that are hosted on the website.
- **Translations of the antenatal screening leaflet** 'Protecting you and your baby' into 10 minority ethnic languages were added to the website after the lead in Service Development and Screening organised to have the English language version translated. This will ensure that women from ethnic minority cultures will receive written information in their own language about Antenatal screening offered.

Service Improvement and Screening

- The 'Rubella in pregnancy' leaflets have been translated into the most popularly requested 13 different languages for non-English speaking women who test non-immune to rubella. Previously this information leaflet was only available in 2 different languages.

Health Protection

Throughout 2018-19, work has been underway to maintain and improve vaccination programmes for children and young people by working with HSC organisations, and delivering a PPI study to better

<p>Persons of different racial groups cont.</p>	<p>understand barriers to vaccinate hard to reach communities such as the Roma. Completion of video to promote MMR vaccine in the general population, plus text free version to eliminate language barrier within Roma community. Launched through social media networks in March 2019.</p>
<p>Persons of different age</p>	<p>The PHA (alongside the HSCB) participated in the St Vincent De Paul toy packing appeal. Staff helped to pack toys for children and teenagers during a series of 4 hour slots during the month of December 2018.</p> <p>Health and Wellbeing Improvement</p> <ul style="list-style-type: none"> • A range of services have been commissioned / procured to deliver alcohol and drug services across NI as part of a regional tendering programme. 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. These include: <ul style="list-style-type: none"> - Community Based Services for Young People who are identified as having Substance Misuse difficulties 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) 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

**Persons of different age
cont.**

Health Services (CAMHS).

- **Therapeutic Services for Children, Young People and Families Affected by Parental Substance Misuse** is a Northern Ireland wide service providing 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** 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).
- 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 development.
- **Workforce Development Services** 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.
- **Stay Steady:** Falling over can happen to anyone, but for older people the risk is particularly high and the consequences potentially severe, including distress, pain, injury, loss of confidence, loss of independence and mortality. With this in mind, the Public Health Agency (PHA), in partnership with councils across Northern Ireland, produced a falls prevention video to raise awareness of

**Persons of different age
cont.**

the measures we can take at home to prevent falls. The video is the latest in a series of awareness-raising activities to reduce the prevalence of accidents that occur in or around the home. The video was launched in January 2019.

Research and Development

- HSC R&D's **patient and public involvement panel has been expanded** to include people of working age as well as those who have retired to ensure greater representation of this age group.
- The Joint Public Health Annual Conference '**Early Intervention for Life**' took place in November 2018. This was a collaborative partnership conference in conjunction with The Centre of Excellence for Public Health, Northern Ireland; The Institute of Public Health; the Department of Health and the Health Service Executive. The aim was to raise the profile of public health research, interventions and innovation and engage local professionals, practitioners and researchers working in the broad field of public health. The event included a number of parallel workshops showcasing the early intervention approaches that are currently underway across the island of Ireland under the following themes: Early Intervention in Early Years; Early Intervention in Teenage Years; Early Intervention in Adults; and Early Intervention in Older People.

Nursing and Allied Health Professionals

- During 2018, the Public Health Agency commissioned the development of a range of educational products around two priority areas of health care within the HSC, **Frailty** and **Continence**. Several educational programmes, were developed through the input of a range of multi-professional staff and service users. The programmes for both Frailty and Continence have been developed for a multi-disciplinary audience and will be accessible to staff working in the HSC and in the

**Persons of different age
cont.**

voluntary/private/community sectors.

- The PHA are working with Trusts to implement a **Pressure Ulcer Prevention Program for all adult inpatients in hospitals** and have commenced **awareness of pressure ulcer prevention** in the community. The PHA is also actively engaging with care providers to inform as many people as possible in Northern Ireland about the simple steps that can be taken to avoid pressure ulcers.
- A number of workshops have held throughout 2018 to look at the issues of pressure ulcer prevention, focusing on learning and to agree a way forward for the next two years. In addition, a **Prevention of Pressure Ulcer in Adults eLearning Programme** has been developed in conjunction with the PHA, HSC Leadership Centre and the five HSC Trusts. This went live in November 2018 to coincide with WPUD.
- In 2018-19, work was done to scope the emerging issues related to the provision of high quality care in the **nursing home sector**. Training and development in clinical skills, leadership and management has been delivered to care home staff. Peer facilitators have been recruited and trained to undertake patient experience interviews. Stakeholder workshops have been held in each HSCT location to engage with Independent Sector providers.
- Children, Young People & Interagency Development work aims to ensure AHP Staff working across HSC will meet the requirements of the Children Cooperation Act (2015) and the SEND Act (2018). The work will support **the enhanced integration of children and young people's services** with a particular focus on education. The PHA have been working closely with DE and EA to establish integrated consistent processes across the health and education sectors to support early identification and timely support for children with underlying Special Educational Needs.
- The appointment of Regional AHP Children and Young People's Safeguarding Coordinator within the PHA will provide professional leadership to a number of strategic forums on practice development related to AHPs to assist in **safeguarding children and young people** across the region. This work will build on existing networks to develop and promote appropriate linkages with policy/service developments in other agencies (e.g. SBNI).
- The PHA has established an integrated model of **AHP support across all neonatal units** to support developmental care for children born prematurely and facilitate timely and supportive discharge home.

**Persons of different age
cont.**

- **10000 More Voices** Regional Team are hosting a survey exploring audiology services for children. This survey will inform and support the implementation in standards for Audiology. The work focuses on children and young people aged between the ages 1 to 18 years. The survey was co-designed with children who are engaged in Audiology services and their parents/ carers.

Operations

- A number of different initiatives were independently organised by staff to support different voluntary agencies and advocacy groups. For example, a Christmas jumper day was spontaneously organised by staff in December, with all proceeds going to Save The Children.
- A video highlighting the dangers of button cell batteries was produced in the run-up to Christmas as these batteries are used in many children's toys. The video was picked up by CBeebies and Belfast Live and received over 250,000 views across a range of platforms in less than two days.

Centre for Connected Health

2018-19 has seen the development of innovative practices/technologies to improve health and wellbeing amongst older people. Input to EU projects has strengthened collaboration and increased knowledge and skills relating to healthy, active ageing. Projects include:

- Working with Fermanagh & Omagh District Council on the EC funded PLACE-EE project to develop and implement locally derived sustainable solutions to encourage internet use and person-centred e-health amongst older people in rural communities. This has included work on the development of an educational toolkit to facilitate Intergenerational working between Older People and Young People through the use of Digital tools;
- Providing NI input to EU work on development of blueprint for engagement on "Widening the support for large scale uptake of Digital Innovation for Active and Healthy Ageing";

<p>Persons of different age cont.</p>	<ul style="list-style-type: none"> • Supporting a number of Interreg VA Cross-border projects using digital tools in the area of population health (Co-Sync), older people (mPower) and mental health (iRecovery). • Telehealth - The Inhealthcare system is being used by NHSCT and SHSCT for undernutrition in care homes. This is helping to improve quality, safety and patient experience. Consideration is being given to a wider application of the service across other conditions.
<p>Persons with different marital status</p>	
<p>Persons of different sexual orientation</p>	<p>The PHA supported LGBT Awareness Week in May 2018. LGBT Awareness Week NI brings visibility and awareness to Lesbian, Gay, Bisexual and Transgender (LGBT) people and their families in Northern Ireland. It is a joint effort by several community organisations, with this year’s theme was Visibility. LGBT Week was publicised and a programme of events occurring over the week was included in Connect, our staff newsletter.</p> <p>‘Come Out for Change’ was the theme for Belfast Pride this year. As in previous years, the PHA and the HSC LGB&T Staff Forum joined the Belfast Pride parade and celebrations in Custom House Square. PHA stalls provided information on health and wellbeing issues that affect lesbian, gay, bisexual and transgendered (LGB&T) people in Northern Ireland.</p> <p>The HSC LGB&T Staff Forum, supported by the Trade Unions and Lifeline, also organised information stalls in a number of HSC sites to coincide with the run up to Pride 2018. Information about Pride and the programme of events for the day was publicised on Connect, our staff newsletter.</p> <p>Service Improvement and Screening</p> <p>Northern Ireland GUM and HIV service providers have since July 2018 been offering HIV Pre Exposure Prophylaxis (PrEP) to Men having sex with Men (MSM). By the end of March 2019, 467 people had</p>

<p>Persons of different sexual orientation cont.</p>	<p>been offered this service and 349 of these were taking PrEP.</p> <p>Human Resources</p> <p>The regional Bullying and Harassment policy was developed by HR and colleagues from other regional HSC organisations and HSC trusts. In order to give LGB people more confidence in reporting incidences of conflict, bullying and harassment, sexual orientation is clearly defined in the policy as a protected Equality Group in the definition of Harassment. Moreover, the policy states that Line managers have a specific responsibility in the prevention and resolution of conflict, bullying and harassment.</p>
<p>Persons of different genders and gender identities</p>	<p>Service Improvement and Screening</p> <p>The Abdominal Aortic Aneurysm (AAA) screening programme is currently only offered to males in Northern Ireland on the basis of evidence based research and clinical trials.</p> <ul style="list-style-type: none"> • A two-tier service is currently provided to men with found to have AAAs. Men with screen detected AAAs are managed within agreed pathways with specified timescales for surveillance scans and referral to treatment. However, patients with non-screen detected AAAs do not routinely get scanned within the same timescales and it can take longer to be referred for treatment. Northern Ireland AAA Screening Programme (NIAAASP) commissioning staff at the PHA supported an application from the service provider at the Belfast Trust to the HSCB seeking funding for a non-screened programme to address the issue, which was approved. • Working alongside the service provider at the Belfast Trust, the PHA ensured that armed forces personnel who are eligible for AAA screening are invited to participate in the screening programme. Previously, as these men may not have been registered with a GP and therefore may not have been invited. • AAA screening is offered within the two prison settings in NI on an annual basis. This will ensure

	<p>these men have been given opportunity to attend for screening and receive ongoing management / treatment as appropriate.</p> <p>Operations</p> <p>At the start of Breast Cancer Awareness Month the PHA highlighted the less well-known signs of breast cancer through the Be Cancer Aware campaign programme. This included partnering with Menarys Stores who hosted a unique set of mannequins in their lingerie departments. The lifelike mannequins depict some lesser-known signs of breast cancer to raise awareness and encourage women to keep an eye out for them. These were on display in Menarys Bangor, Newtownards, Lisburn, Dungannon and Cookstown during October and November 2018.</p> <p>Gender Identity and Expression Employment Policy</p> <p>A regional task and finish group to support the implementation of the policy was established this year. The group has met a number of times over the last year. All HSC organisations are represented by senior staff from HR and our Equality Unit in the BSO. Work this year focused on developing checklists for line managers and HR for key aspects of the transition, including handling of information records in relation to transgender and non-binary staff. Work has also included an assessment of the awareness and training needs of staff.</p>
<p>Persons with and without a disability</p>	<p>Health and Wellbeing Improvement</p> <ul style="list-style-type: none"> • The implementation of Regional Guidelines for Adults with Learning Disabilities continued through 2018/19 via the 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

<p>Persons with and without a disability cont.</p>	<p>learning disability provide the opportunity for people to enjoy personal and sexual relationships while protecting vulnerable adults from abuse.</p> <ul style="list-style-type: none"> • A partnership approach was developed with Action on Hearing Loss to develop a pilot project to promote public hearing health messages which looked at both preventing hearing loss and raising awareness of hearing loss. This took place at the main music events throughout Northern Ireland in 2018, including Belsonic and Custom House Square, focusing on the mainly young population who attend these events. The focus of the pilot was around a social media campaign (#dontlosethemusic) and the development of resources which led to prevention messaging. The campaign reached over 6,000 people across the Action on Hearing Loss Northern Ireland Facebook and Twitter pages and has been engaged with (retweeted, favourited, shared and liked) more than 300 times. The pilot was completed by October 2018, and has been nationally recognised with Action on Hearing Loss winning a UK Award for ‘Belfast Volunteer Initiative’ from the Association of Executives. • Step By Step: This booklet has been developed for adults with learning disabilities to encourage them to walk more. Using simply illustrated text, it outlines the benefits of walking for everyone and encourages participants to track their daily steps in order to build up to over 10,000 a day. • In 2018-19 the PHA has funded local community and voluntary groups to promote positive mental health and emotional wellbeing, tackling the contributing factors of self-harm and suicide as well as building sustainable resilient communities through positive collaboration of organisations and groups. One of the initiatives is a mental health awareness video made by Everglow Health and Wellbeing group based in north Belfast. It features high profile young actors and sportspeople, to highlight the need to talk about mental health. Participants in the awareness video include actress Kerri Quinn who is currently starring in Coronation Street, HBO’s ‘The Pacific’ actor Martin McCann, World champion boxer Carl Frampton, Irish Rugby International Jacob Stockdale, Tyrone GAA Captain Matthew Donnelly, and Irish and Ulster Rugby Captain Rory Best, among other well-known faces. • The multi-agency street triage team (MATT) pilot project was launched in July 2018 in the SEHSCT area. MATT includes a mental health practitioner & paramedics working alongside police officers
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Persons with and without a disability cont.

providing **on-the-spot help to vulnerable adults with mental health difficulties**, while at the same time reducing their reliance on hospital, ambulance and PSNI resources.

- The Staff Health and Wellbeing Working Group (SHWWG) aims to support PHA's commitment to the **health and wellbeing of employees**. Mental and emotional health and wellbeing in the workplace is recognised as an important issue to the PHA. Current health and wellbeing support for staff includes access to Inspire services, Occupational Health Service, Success Not Stress initiative, specific staff events and programmes such as Active Travel and walking, as well as ongoing line-management arrangements. This year the PHA offered staff the opportunity to participate in "Living Life to the Full", a 6 week course which aims to increase participant understanding of the importance of looking after their emotional health and wellbeing and improve personal resilience.

Service Improvement and Screening

AAA screening is offered within **two secure units in NI for men with learning disabilities or specific mental health needs** (Muckamore and Knockbracken) on an annual basis. This will ensure these men have been given opportunity to attend for screening and receive ongoing management / treatment as appropriate.

Operations

- The installation of **Browsealoud** this year on our corporate website and suite of websites assists those who have difficulty reading the screen. It allows the text to be read aloud, with the speed tailored to the needs of the listener and highlighters on the text to enhance understanding. Screen masks can also be applied to block online clutter so the user can focus on the text. This is particularly useful for audiences with **dyslexia, low literacy, or mild visual impairments**.
- This year, there was a further reprint of the **HSC hospital passport for people with a learning disability** in contact with hospitals. This uses photos under licence from Photo symbols. Also

<p>Persons with and without a disability cont.</p>	<p>developed pop-up stands for extending awareness of the availability to both staff and patients in HSCT settings.</p> <ul style="list-style-type: none"> ● Further reprint of <i>I can cook it!</i> community nutrition programme rolled out by HSCTs for people with a learning disability. ● PHA communications presence at Physical & Sensory Disability Strategy and Action Plan stakeholder event in April 2018 to explore how the work of the 2012-2015/18 strategy and action plan could be taken forward beyond Sept 2018. ● The PHA has increasingly integrated the use of subtitles in its video production to support accessibility for people with a hearing disability. ● The Operations and Planning team continues to support the HSC Disability Placement scheme, which is jointly facilitated by the Health and Social Care Board, the Business Services Organisation and Supported Employment Solutions (a consortium of 7 voluntary sector organisations). The Operations team had an individual placed with us in October 2019, who is due to complete their placement in May 2019. ● As part of the above placement, staff in the Operations and Planning team requested and received training from Action on Hearing Loss prior to the placement commencing. This Deaf Awareness training aimed to increase staff awareness of some of the issues faced by people with hearing loss, and looked at different methods of communication. This allowed existing staff within Operations to better support the individual placed with us. ● Staff independently organised fundraising activities to support charities and advocacy organisations for people with disabilities throughout 2018-19. These included a number different informal events organised by staff themselves, including a “Great Bake Off”, comprising of a competition, raffle and coffee morning, and proceeds going to Macmillan Cancer Support and the Alzheimer’s Society. <p>Allied Health Professionals and PPI</p>
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Persons with and without a disability cont.

- A **Regional Adult Dysphagia Group** led by PHA has been recently established, comprised of Service Users, Carers, Statutory, Independent, Voluntary and Community Sectors and relevant staff groups. The aim of the group is to improve identification and management of swallowing difficulties for adults with dysphagia. The aim is to work towards regional consistency, including consistency in protocols and care pathways, develop a regional approach to dysphagia awareness and training for all staff groups, identification of best practice and to improve public awareness of dysphagia.
- An inter professional review team was established with representation from the PHA, Health and Social Care Board (HSCB), HSC Trusts, the Regulation and Quality Improvement Authority (RQIA), a service user and other members of staff from HSC. A thematic review published in February 2018 to inform future regional safety work. This review provides an analysis of SAIs relating to 'choking on food' reported across all programmes of care.
- Working alongside BHSCT in Musgrave PSNI custody suite, the **Custody Healthcare Pathfinder project** was established in December 2019. Custody Health Care Nurses with the support of Forensic Medical Officers provide safe care for patients when they are detained in police custody. Police are obliged to request a Health Care Professional when they suspect, or are aware of any physical illness, mental health problem or injury of the detainee. Nurses will provide an independent opinion on: fitness to be detained in police custody; fitness to be released; fitness to be charged; fitness to be interviewed by the police. It is an excellent example of partnership working to improve healthcare of detainees and to reduce reoffending by signposting to appropriate liaison and diversion schemes. This work will be very beneficial for people with disabilities e.g. learning difficulties. The ability to access Appropriate Adult scheme will also be enhanced by presence of nursing team. This project will roll out to all nine PSNI custody suites subject to Department of Health/Department of Justice funding.
- A **half day deaf awareness training session** was delivered to Nursing/AHP and Communications staff. The session covered deafness and communication methods used by deaf people including a crash course on the British Sign Language alphabet. The aim of the session was to have an increased knowledge and awareness of deaf and hard of hearing people and also of the methods of communication used by them as well as having an increased ability to communicate with deaf

Persons with and without a disability cont.

and hard of hearing people. As a result of the positive feedback on how useful it was and also how all staff who attended enjoyed the session, we are now looking at the possibility of running a more in-depth session on British Sign Language.

- Patient Client Experience: **10000 More Voices regional team collaborated with RNIB** in the development of a training video, card and posters resource to inform staff of practical tips to support someone who is blind or partially sighted. The video was launched at our communications roadshow in March 2019 and is entitled “See it My Way” and cards and posters are currently being distributed across the Trusts.
- PPI - The Engage website was developed with input from a diverse range of groups. Working in partnership with people drawn from Section 75 groups, the colour of the website, font size and layout were adjusted to ensure that it was accessible to a range of users including those with a visual impairment and those that use technology to read documentation for example.
- The PHA has supported the development of First Contact Physiotherapist (FCP) roles in GP Practices. The FCPs will fully manage patients who contact a GP with a musculoskeletal condition without seeing their GP first. This has Positive impacts for people with and without a disability who will be able to receive assessment and intervention for their MSK condition more quickly.
- The PHA has supported the development of a regional model for the timely assessment and provision of Augmentative and Alternative for Communication aids and devices for people of all ages with a range of disabilities that significantly affect their voice output and communication needs.

Research and Development

Findings from the dementia programme were launched at an event on 29 March 2019 attended by 83 health professionals, commissioners, managers, researchers and service users.

All attendees received a summary of the research findings from the 7 projects, including pain assessment at the end of life; advance care planning; communication of risk, facilitated

Persons with and without a disability cont.

reminiscence; technology enriched housing; the prescription of medication in primary care and the evaluation of a healthcare passport for people living with dementia. Leaflets and art produced as a result of the projects were also on display. A carer provided one of the closing responses.

An App developed in one of the projects to facilitate reminiscence has been commissioned by the HSC.

Service Improvement and Screening

- The NI AAA Screening Programme (NIAAASP) is part of a UK-wide group currently developing an Inequalities Toolkit for use by AAA Screening Programmes across all four nations. As part of this, the NIAAASP recently **participated in a Public Health England (PHE) Blog outlining best practice in effectively engaging with men with learning disabilities** to ensure they can make an informed decision about taking part in AAA screening.
- There has also been engagement with relevant HSC professionals (e.g. Learning Disabled Health Facilitator Nurses) by the PHA AAA team. This has resulted in increased awareness of the needs of men with learning disabilities among key stakeholders.
- Staff continue to **engage with community groups** and **attend a wide range of events to promote the programme** across the region. Programme staff attended 2018 Balmoral Show, Volunteer Now event at Ulster Museum in October 2018, and Crumlin Road Gaol in March 2019. This awareness raising work resulted in eleven self-referrals, as well as invitations for future awareness raising work alongside different voluntary organisations, including those supporting individuals affected by Alzheimer's, and those impacted by hearing loss.
- Videos describing the screening process and testimonials from men who have been screened are now available with **sub-titles**, as well as **British sign language and Irish sign language** for individuals affected by hearing loss. These are available on NI Direct.
- The NIAAASP has also **produced information materials to improve equity and access for men**

Persons with and without a disability cont.

with learning disabilities. A video describing screening process was produced with input and participation of men with learning disabilities. This is due to be launched at Service User Event in June this year and letters have already gone out to key stakeholders, including those from minority groups, inviting them to events and asking what format they would like copy of DVD in. This has resulted in a targeted promotion of the informed choice message for men in these groups.

Centre for Connected Health

- Phase Two of **the Dementia EHealth and Data Analytics Pathfinder Programme** for Northern Ireland including the implementation of a **PatientPortal for Dementia Patients** aims to build eHealth & data analytics capacity and capability with an initial focus on dementia, through the following workstreams:
 - **Development of a patient portal – ‘My Care Record’:** Dementia navigators in Trusts trained. Pilot Phase 1 went live in December 2018 with the first patients on the system in early 2019. This has enabled a number of people living with dementia and their carers to have fuller participation in their care.
 - **Analytics Capability** - A GP Intelligence Platform (GPIP) is being developed to routinely capture data from GPs with the potential to link data at patient/client level with data from other hospital and community information systems, creating virtual population registries. An analytics team is being recruited to develop and utilise the platform.
 - **Dementia data analytics research:** QUB have been commissioned to undertake work across 14 areas of research (early results shared with project board in September 2018). Through the data analytics research and projects, all involved in delivery of dementia care, people with dementia and their carers have gained new insights and knowledge including prevalence of dementia in NI, mortality rates, data on diagnosis, carers experience and patient journey along the dementia care pathway A Dementia Analytics Research User Group (DARUG) has been formed to tie together work on research, commissioning of data analytics projects and

<p>Persons with and without a disability cont.</p>	<p>GPIP. To-date a total of 17 dementia data analytics projects have been awarded including data analytics projects in relation to people with learning disability and dementia.</p> <ul style="list-style-type: none"> - Key Information Summary (KIS): funding to incentivise GPs to complete KIS for dementia patients which are then flagged on the NI Electronic Care Record system. In phase one, 141/152 practices have signed up to participate. - Training: funding for multi-disciplinary dementia training through the Extension for Community Healthcare Outcomes (ECHO) initiative. - App development: A dementia apps library has been commissioned, comprising of dementia apps that have been assessed, enabling healthcare professionals to refer people with dementia and/or their carers to specific apps. User engagement in relation to the use of dementia-specific apps is underway. <ul style="list-style-type: none"> • In 2018-19, the Centre for Connected Health have also provided eHealth input on the EU Horizon 2020 Pre-commercial Procurement MAGIC project to develop digital tools to support post stroke rehabilitation; as well as a number of other SBRI projects.
<p>Persons with and without dependants</p>	<p>Health and Wellbeing Improvement</p> <ul style="list-style-type: none"> • The Public Health Agency (PHA) currently commission 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, alongside the voluntary, community and statutory sectors. In addition, this also includes Adult 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. (Please see the category of ‘age’ for further information on a range of these that have particular relevance for dependants) • Workplace Health and well-being: The PHA commissioned workplace health service employers to identify and address the health and wellbeing needs of their workers. In March 2019, the third booklet in a series of Work Well guides aimed at promoting health in the workplace was issued. It outlines to employers the business benefits of encouraging mothers to continue breastfeeding on

<p>Persons with and without dependants cont.</p>	<p>return to work, the health benefits of breastfeeding for mums, the legislation affecting mothers at work, and some easy steps that employers can take to support breastfeeding mothers.</p> <ul style="list-style-type: none"> • The Northern Obesity Partnership in partnership with the Public Health Agency, local councils and the Northern Health and Social Care Trust Midwifery Department, recently launched a new Active Pregnancy programme aimed at encouraging expectant mums to get active and stay active. The Active Pregnancy initiative aims to promote the health benefits of maintaining physical activity during pregnancy and also raise awareness of suitable activities which are available for women in their local areas through SureStart programmes and local leisure services including, leisure centres, outdoor gyms and local parks. <p>Research and Development</p> <p>‘Cancer Caring Coping’ is a new online resource created by cancer caregivers for cancer caregivers. It is based on research suggesting that cancer caregivers have poorer health compared to caregivers of other chronic conditions. The project, led by Queen’s University Belfast and funded by HSC R&D Division Public Health Agency, is a partnership between Belfast Health and Social Care Trust and The Northern Health and Social Care Trust, as well as involvement from the Men’s Health Forum in Ireland and Charis Cancer Care. The aim of this new Cancer Caring Coping website is to give carers their own voice, using carers’ words and experiences. The website has been designed to provide a wide range of relevant, supportive and up to date information for carers to ensure they receive the right information and support to care for their loved ones effectively and safely.</p> <p>Nursing and Allied Health Professionals</p> <ul style="list-style-type: none"> • A number of different leaflets aimed at parents or carers of young children were developed and/ or reviewed by speech and language therapists in the PHA alongside colleagues from other
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Persons with and without dependants cont.

organisations. These included:

- *Advice about Dummies*, which aimed to give parents or guardians of young children advice on managing their child's use of the dummy so that it doesn't affect his or her speech.
- Healthy Child, Healthy Future is designed to reinforce a collaborative approach between speech and language therapists, referrers and parents in the identification and management of children with developmental speech and language and communication needs (including children with feeding and/or swallowing difficulties). It includes a comprehensive key skills section, which provides details on the communication-related skills a child should have acquired at each stage in his/her early years development. It also includes advice on communication and child play; speech sound development; dummies; stammering; dysphonia; bilingualism; and feeding and swallowing difficulties.
- 10000 More Voices surveys for both staff and service user collect data in relation to disability, long term chronic conditions and rare diseases. In total, 14,562 stories were analysed in relation to disability and rare diseases. The analysis for rare diseases has been shared with the Northern Ireland Rare Disease Partnership (NIRDP) and has informed a project focusing upon the carer of children with rare diseases.

Operations

A wide range of communications including PR, Social media and publications have been produced and disseminated over the course of the year covering a variety of topics aimed at helping parents and carers recognise and manage issues relating to the health and wellbeing of children and young people. This has included the following:

- The revised NI Birth to 5 and Pregnancy books which are distributed to all expectant new mums;
- The Living Well section on NI Direct has been updated to include a range of new topics and
- A new communication programme on safe sleeping for parents of young babies has been communicated via Media interviews, posters and leaflets disseminated to appropriate

<p>Persons with and without dependants cont.</p>	<p>audiences/locations and targeted social media messaging including videos.</p> <p>Centre for Connected Health</p> <ul style="list-style-type: none">• Dementia data analytics research: QUB have been commissioned to undertake work across 14 areas of research (early results shared with project board in September 2018) which includes research about dementia carers. Similarly of the 17 awarded dementia data analytics projects there are a number in relation to carers of people living with dementia.• App development: A dementia apps library has been commissioned, comprising of dementia apps that have been assessed, enabling healthcare professionals to refer people with dementia and/or their carers to specific apps. User engagement in relation to the use of dementia-specific apps is underway.
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(ECNI Q4,5,6)

2. During the 2018-19 reporting period

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

	Yes/No	Details
Job descriptions	Yes	Since December 2017, Section 75 is mentioned in all new job descriptions.
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...?

	Yes/No	Details
Corporate/strategic plans	Yes	<p>The PHA Corporate Plan 2017-2021 includes five key outcomes. Two of these relate directly to Section 75 groups:</p> <p>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 home environment, and address issues that adversely impact on</p>

		<p>children and young people.</p> <p>1. All older adults are enabled to live healthier and more fulfilling lives 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 PHA Business Plan for 2018-19 a range of objectives directly related to promoting equality and good relations for Section 75 groups were included. These actions specifically targeted:</p> <ul style="list-style-type: none"> - the needs of people of different ages (e.g. implementing an Infant Mental Health Plan); - those with disabilities (e.g. implementation and evaluation of the Hospital Passport scheme for people with a learning disability); - carers (e.g. commissioning and monitoring uptake of stop smoking services specifically for pregnant smokers); - people from different community backgrounds and ethnicities (e.g. develop and implement a regional arts programme to enhance the wellbeing and quality of life of older people across Northern Ireland); - actions to meet the needs of people of a specific gender (e.g. Prepare for introduction of primary screening with Human Papillomavirus Virus (HPV) testing within the Cervical Screening Programme).

(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2018-19 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?
<p><u>Diabetic Retinopathy Screening Programme</u></p> <p>Public Consultation on the Way the Service is Provided</p>	<p><input type="checkbox"/> Screening template</p> <p><input checked="" type="checkbox"/> EQIA report</p> <p><input type="checkbox"/> none</p>	<p>Full 12week public consultation with all key stakeholders, including service users</p>	<p>Public Notice</p> <p>Press Release</p> <p>Letter regarding launch of consultation process and how to respond from DPH to all relevant stakeholders including all GP practices</p> <p>PHA social media posts shared by partner organisations also DUK/RNIB/QUB/BHSCT</p> <p>Public health lead, clinical lead and service user rep interviewed by local TV</p>	<p>Interest in panel days was low, however we found the Citizen Space site and use of a bespoke summary booklet aimed at service users very useful.</p>

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?
			<p>channel NTVV</p> <p>Information Panel Days (advertised in public notice also) – offered members of public/any other interested stakeholders an opportunity to book a 30 min appointment to discuss the consultation with a small panel of members from the project team</p> <p>Citizen Space- online hub with all relevant documents and questionnaire for response</p> <p>Summary booklet produced and distributed at screening clinics</p> <p>Booklet also distributed via DUK(NI) user groups and circulation lists</p> <p>Public health lead attendance at LCGs as requested</p>	

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?
			<p>Public health lead attendance at information meeting for DESP service staff</p> <p>PCC Blog article</p> <p>80% of respondents to questionnaire were service users, their families/carers, 50% had heard about the consultation at their appointment i.e. via the summary booklet with the next most popular 'social media' at 15%.</p>	
Patient Portal	<input type="checkbox"/> Screening template <input type="checkbox"/> EQIA report <input checked="" type="checkbox"/> none	Patient and carer advocacy groups (e.g. Alzheimer's Society, DementiaNI, Carers NI)	Engagement to understand users' requirements. A survey was used to carry out evaluation of pilot activity. Methods included telephone, face to face and email.	Regular contact with patient groups and their active involvement within project teams has enabled smoother implementation of the pilot.

(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

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
<p>Health Improvement: 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</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 development of Portuguese, Lithuanian, Polish and Russian translations of information materials in regards to the PHA's Take Home Naloxone programme were also developed in</p>	<p>Increased understanding of and accessibility to drug and alcohol services.</p>

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
	<p>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. 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</p>	<p>2018/19.</p>	

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
	identity, marital status, employment status and long-term medical conditions of service users. This information is analysed by the Public Health Information & Research Branch of the Department of Health and provided to the PHA in the form of an annual report. A further report for 2018/19 is due to be published in October 2019.		
<u>Antenatal Screening</u> Patient information leaflets for rubella susceptible women in pregnancy	Information was gathered from NIMATS on the languages recorded as being the language spoken, at the woman's booking visit. This provided evidence of the most common languages spoken by pregnant women accessing services.	This analysis was then used to decide what languages we needed to translate our rubella patient leaflets into.	Rubella in pregnancy leaflets are now available translated into the top 13 languages spoken by pregnant women booking for maternity care in N.Ireland.
<u>Cervical Screening</u>	Coverage rates by age group. We monitored trends in the proportion	We worked with key voluntary groups and patient	Improved awareness among women aged 25-29 with an

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
	<p>of the eligible population in each 5 year age band who had a cervical screening test in the last 3/5 years.</p> <p>The analysis showed that coverage rates among younger women (aged 25-29) have decreased over the last 5 years.</p>	<p>representatives to develop and deliver a social media campaign aimed at this age group to raise awareness and promote participation in the screening programme.</p> <p>AND</p> <p>We did not make any changes to the service itself.</p>	<p>anticipated increase in attendance for screening, reducing their risk of future cervical cancer.</p>
<u>Cancer Screening</u>	<p>Ongoing monitoring of uptake and coverage rates of the three cancer screening programmes (breast, cervical and bowel), with age and geographical profiles. Additional big data analysis undertaken of breast screening uptake rates by deprivation indices.</p>	<p>Ongoing commissioned contract with Women’s Resource and Development Agency to promote informed choice in cancer screening through community based peer led education sessions. By using the data obtained, this service is directed at the</p>	<p>Access to appropriate information for all groups, all groups facilitated to make informed decisions about participation in cancer screening programmes.</p>

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
		areas and population groups of greatest need, where uptake rates are shown to be lowest.	
<u>Service Development</u> Social media campaign for supported pain management	We monitored social media activity resulting from content developed for particular patient groups. It became apparent that young and middle aged men in particular did not engage as well with content designed for them as did women.	We are supporting pain forum members in developing inclusive sport opportunities, which appear to be more popular with this demographic than online content. We are seeking funding to explore further how the needs of different patient groups can be successfully addressed and met through social media and other sources of information	To be evaluated during 2019/20

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
		and support.	
Patient Client Experience	10000 More Voices surveys for both staff and service user collect data in relation to disability, long term chronic conditions and rare diseases. 14,562 stories were analysed in relation to disability and rare diseases.	This analysis has informed the work plan for 2019/2020 for 10,000 More Voices with reference to the Physical Sensory strategy The analysis for rare diseases has been shared with the Northern Ireland Rare Diseases Partnership (NIRDP) and has informed a project focusing upon the carer of children with rare diseases.	This will support the service user perspective from Section 75 to be included in service improvement plans and inform strategic plans

(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

Policy previously screened or EQIAed	Did you gather and analyse any equality monitoring information during 2017-18? (Please tick)	What were the adverse impacts at the point of screening or EQIA?	What changes to these occurred in 2017-18, as indicated by the equality monitoring data you gathered?
Retendering of the Youth Engagement Service (formerly known as One Stop Shops)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No adverse impacts were identified. It was noted that the gender mix of service users was 55% male and 45% female	Monitoring for these services was standardised to ensure that the PHA can continue to monitor the gender mix of service users.
HSC R&D Strategy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Events and panels did not include a broad range of people from different demographic groups.	Invites to event launches (including CHITIN Launch) have targeted service user and carer groups in relation to the topics being disseminated and summaries of research findings have been produced in lay language. Analysis of results collected at a recent launch of findings from a dementia research programme and

			<p>CHITIN project launch still shows that relatively few people with a disability attended or carers.</p> <p>In addition, it has been found that some people are reluctant to complete the screening questionnaire.</p> <p>In particular ROI attendees were unaccustomed to returning such a document at such an event.</p> <p>Non ROI/UK nationals expressed concern that the document could lead to them being identifiable.</p> <p>We will review the construct of the form before applying at other related events</p>
Diabetic Retinopathy Screening Programme	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Low uptake by people from black and minority ethnic backgrounds	After producing leaflets in different languages and working with community groups to do presentations on diabetic retinopathy screening the data shows an increase in uptake by people from black and minority ethnic backgrounds.

(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. In total, 19 staff participated in either screening training or EQIA training.

- **Screening Training evaluation (15 participants):** Each participant is asked to complete a short evaluation form when their Screening Training is completed. In 2018-19, the majority of participants felt the aims of the training were achieved either 'Very Well' or 'Well'. These four aims focused on improving participants' understanding and skills in equality screening. These are listed below, alongside the proportion of participants who felt each aim was met 'Very Well' or 'Well'.
 1. To develop an understanding of the statutory requirements for screening: **95%**;
 2. To develop an understanding of the benefits of screening: **100%**;
 3. To develop an understanding of the screening process: **95%**;
 4. To develop skills in practically carrying out screening: **90%**.
 5. When asked, "How valuable was the course to you personally?" **95%** felt the course was either 'Extremely Valuable' or 'Valuable'.

- **Equality Impact Assessment (EQIA) Training evaluation (4 participants):** As the numbers of participants who participate in the EQIA training each year from each organisation are small, the following statistics relate to all participants from all partner organisations who completed the EQIA Training during the year.

Following the training, participants were asked: “Overall how well do you think you have achieved the following learning outcomes?” The majority of participants felt that each of the four learning outcomes were achieved either ‘Very well’ or ‘Well’:

1. To demonstrate an understanding of what the law says on EQIAs: **100%**;
2. To demonstrate an understanding of the EQIA process **100%**;
3. To demonstrate an understanding of the benefits of EQIAs **100%**;
4. To develop skills in practically carrying out EQIAs **100%**.

- **Making A Difference e-learning**

In total, 32 (10 in 2018-19) PHA staff have now completed ‘Making A Difference’ e-learning. This e-learning package on equality awareness now forms part of mandatory training for all staff in our organisation. The aim of ‘Making A Difference’ is to show how staff can make a difference to the culture of their organisation 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.

(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 staff training
- equality screenings and their timely publication
- progression of EQIAs

- 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 Diabetic Retinopathy Screening Programme. 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.

ⁱ 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.