Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2020-21

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Documents published relating to our Equality Scheme can be found at:

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

(ECNI Q28):
Our Equality Scheme is due to be reviewed by 31st March 2026

Signature:

This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality and disability duties. This report reflects progress made between April 2020 and March 2021

Contents

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) 5	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees No concerns were raised by consultees on screenings published in 2020-21
	1	4	0	

2. Number of policies subjected to Equality Impact Assessment.	1 in 2020-21 (Physical Activity Referral Scheme (PARS)

3. Indicate the stage of progress of each ongoing EQIA.	**Title and Stage** • Community Development: Consideration of Data/Assessment of Impacts/Consideration of Measures (STARTED 2019-2020) • Physical Activity Referral Scheme (PARS): Consideration of Data/Assessment of Impacts/Consideration of Measures (STARTED 2020-21)

4. Number of policy consultations conducted		3
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)		1

(ECNI Q24) Training

6. Staff training undertaken during 2020-21. (See also Chapter 2, Q6)

Course	Staff Trained	Board Members Trained
Screening Training	12	

Equality Impact Assessment Training	10	
Total	**22**	**0**

eLearning: Discovering Diversity

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

eLearning: Making a Difference	293

(ECNI Q27) Complaints

7. Number of complaints in relation to the Equality Scheme received during 2020-21	0
Please provide detail of any complaints:	n/a

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

8. Within the 2020-21 reporting period, please indicate the number of:

Actions completed:	3	Actions ongoing:	2	Actions to commence:	2

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

9. Within the 2020-21 reporting period, please indicate the number of:

Actions completed:	3	Actions ongoing:	0	Actions to commence:	1

Chapter 2 Section 75 Progress Report

(ECNI Q1,2,3,3a,3b,23)

1. In 2020-21, 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 progress to better promote equality of opportunity and good relations[i].

All Section 75 groups:

- Facilitated by the BSO Procurement and Logistics Service, the PHA continued to actively promote equality of opportunity in contracts with recruitment agencies. PaLS have established a number of Frameworks for the supply of temporary agency workers to HSC organisations and HSC Trusts. Work has been ongoing throughout the year to ensure the new contracts with recruitment agencies supplying HSC organisations with non-medical agency workers (e.g. admin staff, social workers etc.) reflect minimum equality awareness training for recruitment agency staff. New contracts will also reflect a requirement to collect Section 75 monitoring data from candidates on a regular basis, and measures to ensure a diverse group of candidates.
- The Equality Unit worked with Human Resources colleagues to capture enriched data through the Working from Home survey, which was completed during January 2021. Key questions were added in relation to caring responsibilities, disability, age, gender and ethnicity to enable us to determine if these are a factor in experiences of working from home.

Table 1:

Persons of different religious belief	Places of worship play an important role in providing spiritual leadership for many individuals, and in bringing communities together. However, their communal nature makes them places that are particularly vulnerable to the spread of COVID-19. Representatives from the Health Protection team engaged with different faith groups to ensure our guidance associated with COVID-19 is adapted to meet the needs of these populations. This included guidance on social distancing, activities and rituals within churches and other places of worship.
Persons of different racial groups	• During 2020/21, Health Improvement Teams identified and implemented a portfolio of support mechanisms and dissemination of key public health messages to address community health needs within ethnic minority communities. This was supported through work with 61 minority ethnic and migrant partners and 28 plus Traveller Forum members. • Materials supporting the rollout of the COVID-19 vaccination programme were translated into 17 different ethnic minority languages. Interpreters were available to answer any specific questions people might have had about the vaccine or vaccination process. • In addition, the PHA Health Protection team have supported the development of COVID-19 resources for the Syrian Vulnerable Persons Resettlement Scheme (VPRS). • Another key regional Health Improvement initiative developed in response to COVID-19 during 2020/21 included additional engagement and support provided to BAME communities in accessing Mental Health Services during COVID-19. • HSC Research and Development (R&D) contributed to the development of a UK wide COVID-19 vaccine research registry to expedite recruitment to vaccine trials. Over 8,000 people registered in Northern Ireland and almost 500 took part in the NI arm of the Novavax trial. Media campaigns took place to encourage representation from the BAME communities in this registry and in the vaccine trials. • This year, the HSCQI aimed to improve the racial diversity in our publications, and on

Persons of different racial groups	imagery on our website. One example of this was the development of a regional 'maternity wallet' designed to hold maternity notes.
Persons of different age	• There are around 350,000 children and young people attending schools and preschools in Northern Ireland. In late August 2020 schools across Northern Ireland reopened following a five month break as a result of the pandemic. In recognition of the size of the school population and the important role education plays in promoting children's health and wellbeing, the Agency prioritised support for schools and other educational establishments and established a dedicated PHA COVID-19 education support cell. The overall aim of the education cell was to reduce the risk of transmission of COVID-19 within schools when a positive case was identified by providing early advice and support on how to effectively manage the individual situation. The cell also risk assesses and manages outbreaks in the school setting, establishing multiagency incident management teams in response to larger or complex outbreaks when required. • The PHA has chaired a Joint Health Education Oversight Group throughout the pandemic with representatives from Department of Health (DoH),Department of Education (DE), Health and Social Care Board (HSCB) and Education Authority (EA) to proactively manage the needs of children and young people. This helped develop a tiered Contingency Framework to ensure there was a planned and co-ordinated approach to support 'Vulnerable' children and young people. In addition, during the first lock-down, 138 vulnerable children and young people were able to access school placements across the region, which helped manage their and their family's needs. • The PHA has worked in partnership with the Patient and Client Council (PCC), families of care home residents, the HSCB, The Regulation and Quality Improvement Authority (RQIA), Commissioner for Older People for Northern Ireland (COPNI) and the

Persons of different age	DoH on a range of initiatives aimed at supporting care homes to increase the number of care partners, in line with the DoH guidance on Care Partners for NI Care Homes. This included developing resources for visitors and care partners, gathering the opinion of families and care home providers and using social media to raise awareness of the guidance; where specific issues were identified targeted intervention was put in place with individual homes. A monitoring process has been put in place to gather intelligence on a daily basis as to progress implementation.
	
	• This year the flu vaccination programme was even more crucial, given the additional threat associated with the COVID-19 pandemic, and the implications of co-infection with both viruses. Given this risk, in the 2020/21 season, access to the influenza vaccination was expanded and has been offered to the following groups:
	    - pre-school children aged 2 years and over;
	    - all children in primary school and year 8 in secondary school;
	    - adults aged 65 years and over;
	    - adults aged under 65 years 'at clinical risk';
	    - health and social care workers; and
	    - 50-64 year olds (from January 2021 onwards).
	Despite the difficulties presented by COVID-19 and associated social restrictions, vaccination uptake levels for most target groups in the 2020/21 flu season have exceeded those in previous years.
	
	• The Newborn Hearing screening programme has implemented the SMART4Hearing information system which will help improve the operation and monitoring of the programme going forward.
	
	• The PHA, in conjunction with HSCB Children's social care colleagues, jointly commissioned QUB to undertake research into the **Allied Health Professionals' involvement with Care Experienced Children and Young People across NI**. The

Persons of different age	research outlined the current position and highlighted recommendations for future practice. • Text-a-Nurse service has been launched to provide young people with a secure and confidential text messaging service to a school nurse for advice and support. The service is aimed at 11 to 19 year olds and will be delivered by the School Nursing Teams. It is one of a range of resources to support the implementation of the Framework for Children and Young People's Emotional Health and Wellbeing in Education. This new scheme will allow young people to seek advice about sensitive health issues without a face to face appointment. School nurses will provide help on a range of issues including, emotional health and wellbeing, alcohol and drugs, sexual health, bullying and general health issues. • HSC R&D funding was prioritised for several COVID-19 Urgent Public Health trials offering the opportunity for local patients and public to benefit from the latest treatments and tests. A local rapid funding call was also run to target local needs while aligning with the UK exercise. Over 26,000 people in Northern Ireland have taken part in these studies over the past year, including those focusing on school children. • Representatives from Health Protection have attended Age Friendly Network meeting to ensure our COVID-19 guidance is adapted to meet the needs of these populations.
Persons of different sexual orientation	• The Newborn Hearing Screening Programme leaflets now use terminology such as 'those with parental responsibility' rather than "Mum" or "Dad", which helps ensure the language we use is equitable, sensitive and accommodating to all sexual orientations, gender identities and family compositions. • As a result of the ongoing Blood Borne Viruses outbreak in Northern Ireland, Health Protection is working closely with third sector organisations who support people of different sexual orientations living with HIV. It is hoped that the skills of these advocacy

	organisations can be harnessed to further support people diagnosed with these diseases.
Persons of different genders and gender identities	• PHA Screening programmes are adapting to the new environment and looking at ways they can maximise capacity and participation. For example, the breast screening programme introduced a system called SMART clinics to maximise the number of participants that can be invited to attend a screening clinic based on probability of attendance. This better utilisation of appointment slots enabled the programme to reinstate self-referral for women over the age of 70. • In the development of an information leaflet for induction of labour, the HSCQI Hub consulted with the equality team on the choice of language and then further engaged with Focus the Identity Trust to agree the final version of the regional leaflet. • The Cancer Screening Team and Abdominal Aortic Aneurysm (AAA) Screening Team drafted a transgender leaflet. The teams engaged with Transgender NI and other advocacy organisations in developing the resource. Publication was stalled due to COVID-19, but is planned for 2021-22. The leaflet will allow the transgender community to be fully aware of which programmes they are eligible for and to make an informed choice about attending or opting out of these programmes.
Persons with and without a disability	• Our work on promoting equality for people with a disability in the workplace is reported on in detail in the Disability Action Plan Progress Report 2020-21 (Chapter 4). This comprises, for example, Tapestry, our Disability Staff Network; and our Disability Awareness Days for staff. As a result of staff working from home during the COVID-19 pandemic, we saw a wave of change our ways of working. A move to greater use of online technologies resulted in improved access to events e.g. training, disability awareness days, staff disability network for all staff, and in particular staff who are carers and those with a disability.

Persons with and without a disability	• Communicating effectively is a key aspect of public health in any context. During COVID-19, it is particularly vital to ensure that information is shared, at the right time, to the right audience and in the most appropriate format so that the population is able to understand, accept and adhere to critical public health guidance. The PHA's response to COVID-19 was diverse, covering many key areas. Video and graphic content have been produced and also translated into a range of languages to expand reach to specific audiences. Video has also integrated subtitles by default and in certain cases also included British Sign Language and Irish Sign Language signing. One example of this was the Attendance and participation in a live COVID-19 Q&A session with sign language interpreters hosted by British Deaf Association NI. This complemented the ongoing work of PHA communications team in making British Sign Language and Irish Sign Language videos to explain advice and guidance associated with COVID-19 in an accessible format. Health Protection supported the development of resources for COVID-19 vaccinations for those with learning disabilities and for those who are blind or partially sighted.
	• Through the 10,000 More Voices project, information was gathered on the lived experience of care home residents. This work was completed by the PHA in September 2020 and the feedback from residents was used to inform the recommendations of the DoH Rapid Learning Initiative in relation to care homes.
	• 10,000 More Voices in collaboration with British Deaf Association (BDA), National Deaf Children's Society (NDCS) and Action on Hearing Loss and HSCT Equality teams co-designed a poster to help staff support someone who is deaf in engaging with a service. Posters and training cards were printed and issued to each trust and also to the Care Homes in the independent sector.
	• Feedback from a service user's experience of attending HSC facilities with support of a Guide dog prompted the development of a training resource for staff in partnership with the author of the story. This guide is now disseminated across the region as a Co-

Persons with and without a disability	produced resource to improve the experience of service users who require assistance of a Guide Dog. • An animation was produced by the Regional PHA Dysphagia team, providing the public with information about dysphagia, how to recognize the signs and symptoms and where to go for help. This was released on social media platforms. • The Breast Cancer Screening Team published an easy read leaflet to make breast cancer screening more accessible. The resource was developed with input from Learning Disability charities and was piloted in SHSCT before publication. The leaflet is now used by Health Care Facilitators throughout NI during annual health checks with eligible women. It is also available to anyone who would like to use it via health promotion leads and on the NI Direct & PHA websites. • The PHA commissioned the Women's Resource Development Agency (WRDA) to adapt their Cancer Screening Awareness Sessions for online delivery due to the pandemic. Specific sessions were adapted for those with additional support needs, (e.g. mental health and/ or learning disability, physical or sensory disability) making the information more accessible .The online sessions are delivered by zoom or webinar and can be attended by individuals or groups. In 2020-21, 33 of the sessions delivered by WRDA were to groups with Additional Support Needs using Zoom or webinar. The sessions were also translated into both British and Irish sign language. • The PHA designed a booklet to provide guidance to support the use of music and music-based activities in care home settings to improve the health, wellbeing and quality of life of residents. The "**Bringing Music Activities to people living in care home settings; Covid 19 and beyond"** booklet provides activities and suggestions to support sensory stimulation activities and signpost to available online resources. It is thought this will provide benefits particularly for those with dementia. • The PHA Infection Prevention and Control (IPC) Cell in conjunction with HSCB Physical

Persons with and without a disability	and Sensory Disability colleagues developed a "Protocol for the use of the Clearmask" to support the implementation of the ClearMask™ product across NI Heath and Social Care settings. Individuals who are hard-of-hearing or deaf who rely on lip reading or other facial gestures have particularly benefited from the product. Ongoing work is taking place to source and test alternative transparent masks to aid communication. • The PHA led an initiative to appoint Orthoptist's across all Special schools in the region, as research has shown that children in Special Schools were at greater risk of presenting with eye-care needs and it is estimated that children with learning difficulties are 28 times more likely to have a serious eye problem. The development of a Orthoptist led model for children in Special Schools will provide a comprehensive eye assessment of children which would help ensure the holistic needs of children are identified and met with appropriate advice, support and intervention, to support their needs and help them progress and develop and access the curriculum to the best of their ability. • In the past year, the PHA has led work on to ensure identification and support for children and young people with Special Educational Needs (SEN). There is now a standardised approach across Northern Ireland and more timely health advice for children undergoing statutory assessment with the Education Authority. As a result of this work, 79% of reports are provided within a 6 week timeframe. • One study funded under the COVID-19 Rapid Call included a survey of psychological morbidity in 44 people with end stage renal disease showing higher levels of distress and lower quality of life as a result of shielding during the pandemic. • New Guidelines for the management of HIV positive pregnant women were produced by the PHA to provide best practice on screening for human immunodeficiency virus (HIV) in pregnancy; treatment and management of women screened positive for HIV during pregnancy or post-delivery; and postpartum management of women and their babies.

Persons with and without a disability	This also includes guidance to prevent mother to child transmission of HIV; and for the welfare of the woman and her baby. • Implementation of quantitative faecal immunochemical testing (FIT) within the Bowel Cancer Screening Programme (BCSP) since January 2021 may improve accessibility for persons with a disability. Quantitative FIT is more sensitive than the existing test, simpler to carry out and requires only one sample rather than three. In other parts of the UK introducing FIT has resulted in an increase in screening uptake. Impact of qFIT will be monitored and reviewed as part of BCSP.
Persons with and without dependants	• Carers UK Report: caring behind closed doors: six months on (October 2020). Findings of the report were presented to a number of key groups of staff stimulate discussion and explore needs of staff who are carers and ways to help and support them. These included Tapestry, our staff disability network; the HSC regional organisations network of Disability Champions; the BSO Equality Forum, which includes senior representatives from each service area in the organisation; and the Equality Unit led Equality Forum which includes senior representatives from each regional HSC organisation. As a result of these discussions it was agreed that there was a need to explore needs of staff who are carers within the regional HSC organisations. Questions relating to carers were therefore added to a staff survey on experiences of working from home. Results of the survey will be analysed and shared during 2021-22. • An information guide was produced last year for carers of people with a dysphasia. "How to Help People with Swallowing Difficulties Keep Their Mouths Clean" emphasizes the importance of daily oral care regardless of the presence or absence of teeth and even when Nil by Mouth. The guide includes safe and best practice guidance on oral hygiene. • The PHA collaborated with the Patient and Client Council to engage with families and Care Home residents to reflect on specific change in the system (for example visiting).

Persons with and without dependants	This survey was co-designed with families of residents and it is anticipated will launch in 2021 to support an ongoing conversation between the Care Homes, residents and families which will inform change. • The PHA led work on the development of a Circular to guide HSC organisations in the Reimbursement of out of Pocket Expenses for those service users and carers engaged with us. This has been formally issued by the DoH and should ensure that marginalised and excluded people are enabled to actively participate in work with the HSC. This is an important step in ensuring that the voice and views of those who are "easy to ignore" are factored into the planning and deliberations involved in the development, design and delivery of services.

Where changes resulted from screenings, these will be listed in Chapter 7, the mitigation report.

The following changes resulted from EQIAs: Not applicable – no EQIA reports were published in the reporting period.

(ECNI Q4,5,6)

2. During the 2020-21 reporting period

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

	Yes/No	Details
Job descriptions	No	The new template for Job Descriptions and Personnel Specifications used across Health and Social Care no longer makes reference to the Section 75 duties.
Performance objectives for staff	Yes	In some cases, individual PHA Directorates may decide to include relevant objectives.

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

	Yes/No	Details
Corporate/ strategic plans	Yes	The current PHA Corporate Plan 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; "To introduce and develop antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees" 2. All older adults are enabled to live healthier and more fulfilling lives. Associated actions include, for example: "Develop and implement multi-agency healthy ageing programmes to engage with and improve the health and wellbeing of older people"
Annual business plans	Yes	Given the unprecedented impact of COVID-19 from the end of 2019/20 and throughout 2020/21, an Annual Business Plan for 2020/21 was not produced. However, previous Business Plans have included a range of actions for most of the section 75 groups, including gender, age, disability, sexual orientation, ethnic group and dependant status. Specific targets relating to each of these groups are included in previous Annual Progress reports.

(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2020-21 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Table 2

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?
Care home visiting in COVID-19 pandemic	☐ Screening template ☐ EQIA report ☒ none	Care home staff, residents and their representatives and families, including persons with or without dependants, persons of different age and persons with or without a disability.	Online survey (face to face contact via interviews or focus groups was not possible under COVID-19 conditions).	This project was led by the PHA Nursing directorate with input from the Health Protection directorate. The survey had 1325 responses (70% from residents' relatives or representatives; 24% care home staff and 6% residents). As we continue to deal with the challenge of the COVID-19 pandemic in NI and make progress with vaccination it is recognised that there is a need to continually review visiting in Care

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?
				Homes, balancing both risk and the need for families to spend quality time together. The survey explored service users and carers attitudes towards visiting in and out of Care Homes, including what was most important to them and any concerns they had.
Development of Specialists Community Perinatal Mental Health Teams	☒Screening template ☐ EQIA report ☐ none	Those with disabilities (service users with lived experience of Perinatal Mental Health Issues); carers (Families of service users).	Consultation included online focus groups with service users with lived experience (10 people). Also an online survey with service users, family members and carers, and professionals (120 responses)	The combination of both qualitative and quantitative approaches allowed us to explore service users' experiences and attitudes towards perinatal mental health services. The online survey resulted in a good representation of service users from different parts of Northern Ireland, and also good range of service users of different

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?
				ages. It was also easier for respondents to complete and return compared to a postal survey, and meant we were able to reach different groups who wanted to be involved.
Accessing mental health services during the first wave of the COVID-19 pandemic.	☐Screening template ☐ EQIA report ☒ none	Service users of both Adult Mental Health Services, and Children and Adolescents Mental Health Services (CAMHS); families and carers of service users; those with physical and sensory disabilities.	10, 000 More Voices online survey for respondents to share their experience. Printed easy-read version, with pre-paid envelopes. Telephone via the 10,000 More Voices team. Zoom workshops to engage with those who use British Sign Language or	The survey was promoted in a number of different ways to promote participation. Promotion of the survey mainly took place on infographics on social media platforms, and videos were used to encourage people to take part. Service user consultants in each of the Trusts also encouraged people to engage.

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?
			Irish Sign Language. Over 600 people took part in the online survey.	

(ECNI Q21, 26)

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

   Yes / ~~No / Not applicable~~ (delete as appropriate)

   Please provide any details and examples:

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?
Development of induction of Labour information booklet	Feedback from service user groups suggested we needed to reflect greater diversity in the language used in the publication	We engaged with advocacy organisations, such as Focus the Identify Trust, and sought advice on language and wording used in the booklet.	Greater diversity is reflected within the documentation for service users
Accessing mental health services during the first wave of the COVID-19 pandemic.	Evidence from service user consultants working in HSC Trusts had indicated that people mental ill-health were experiencing challenges relating to accessing mental Health services resulting in negative impact on their mental health and wellbeing during Covid pandemic. Information from the 10,000 More Voices survey which was carried out during the first COVID-19 wave (May and June 2020) provided 632 stories from	Analysis and key messages shared with strategic forums to influence plans for the rebuild of Mental Health Services. Findings will also help inform the Mental Health Strategy for Northern Ireland.	Key messages from the survey have been integrated into future service planning, and the experiences of service users and carers will shape delivery of care in Mental Health Services. The information was used to inform the reset and recovery plans for mental health services across Northern Ireland. The survey report will inform the development of the NI Mental Health Strategy. This will have an impact on those

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?
	people accessing mental health services in NI		who experience mental ill-health and their families and carers.
Development of resources relating to Covid-19 vaccination	Feedback from carers and staff working with people with Learning Disability had suggested that some staff and families were having difficulty communicating key messages regarding the vaccination to individuals with communication difficulties.	The Nursing Mental Health and Learning Disability Team worked with PHA Communication colleagues to develop an easy read resource. This new resource is now available to download from the PHA website. PHA worked with Learning Disability networks across Northern Ireland to continually reinforce public health messaging.	Research shows that people with Learning Disabilities and their families have been disproportionately affected by Covid-19, compared to the rest of the population.[1] Access to Easy Read accessible information has been key to helping alleviate fears and translate public health messages into easy to understand formats. Feedback from Trust staff and has been very positive. The easy read resource has helped to

[1] Public Health England. COVID-10: deaths of people with learning disabilities. Published November 12, 2020.
https://www.gov.uk/government/publications/covid-19-deaths-of-people-with-learningdisabilities

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?
			communicate the key messages regarding vaccination and reinforce the messages regarding the need to continue to adhere to social distancing, handwashing and wearing masks following vaccination.
Vaccine research registry	Analysis of people signing up to registry by age, gender, geographical location and ethnicity. Results showed that while the registry had attracted almost equal numbers of men and women and age distributions, ethnic minority communities were under-represented.	Local and national media campaigns held to target ethnic minority communities who are under-represented on registry using case studies and Radio and TV interviews with local participants. Adverts and leaflets were disseminated via local community leaders, and the NI Together website.	The aim was to raise awareness within the ethnic minority communities of the importance of research into vaccine development and opportunities to be included in clinical trials. This is on-going as the vaccines are rolled out.
FIT	Data collected by other Bowel	Materials supporting the	The introduction of the new

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?
Implementation in the Bowel Cancer Screening Programme	Cancer Screening programmes in the UK and elsewhere was analysed. This included monitoring information showing low participation of certain Section 75 groups, such as men, ethnic minorities, those with learning disabilities, physical disabilities and sensory impairments, as well as those in more deprived areas.	programme were translated into a number of different languages. An instructional leaflet was developed in collaboration with other parts of the UK, with extensive public input to produce an infographic suitable for all literacy levels. The following actions are planned to optimise bowel screening accessibility: - Development of a care pathway for bowel cancer screening for individuals with a disability (sensory, physical or learning disability), including tailored patient information - Development of information leaflet for carers	screening test may improve accessibility and opportunity to participate in bowel cancer screening. People with Visual disabilities, dexterity problems or learning disability may have had difficulty in completing the previous test. The new test poses fewer barriers and therefore some people with a disability will be able to participate in bowel cancer screening who could not do so under the old test regime. There is an assumed increase in disabilities as people age. A simpler, single step test may be easier for people to use.

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?
		- Review and improve equality monitoring data within the BCSP when the IT system is evaluated in terms of its fitness for purpose - Incorporate questions on disability and ethnicity into the next bowel screening patient experience survey.	

5. Please provide any details or examples of where the monitoring of policies, during the 2020-21 reporting period, has shown changes to differential/adverse impacts previously assessed:

Table 4

Policy previously screened or EQIAed	Did you gather and analyse any equality monitoring information during 2020-21? (Please tick)	What were the adverse impacts at the point of screening or EQIA?	What changes to these occurred in 2020-21, as indicated by the equality monitoring data you gathered?
People attending R&D events and training	☒ Yes ☐ No	Screening showed a low number of people from certain groups attending R&D events and training.	Analysis of delegates attending Building Research Partnerships training continued to show a lack of diversity and low uptake among service users.

(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 training:

Screening Training Evaluation

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

- an understanding of the statutory requirements for screening: **100%**
- an understanding of the benefits of screening: **100%**
- an understanding of the screening process: **100%**
- skills in practically carrying out screening: **100%**
- Part 2 of the training was a live Zoom session. When participants were asked "What are your views on the time spent on this Zoom session?", **89%** said 'About the right length'.

EQIA Training Evaluation

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

- an understanding of what the law says on EQIAs: **100%**
- an understanding of the EQIA process: **100%**
- an understanding of the benefits of EQIAs: **100%**
- develop skills in practically carrying out EQIAs: **100%**
- Again, Part 2 of the training was a live Zoom session. When asked: "What are your views on the time spent on this Zoom session?", all participants **(100%)** said training was 'About the right length' **.**

Other training

In November 2020, a PHA learning and development strategy was developed, providing training in the following areas:
- Psychological First Aid
- Regional Support For Vulnerable People

- Interpreter Services (English as a second language, hearing impairments, dyslexia)
- RNID training
- Suicide Awareness
- Emotional Distress
- Supporting Psychological Wellbeing
- Autism Awareness

(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? (please provide details)*

During 2021/22 we will focus on:

- Building on the learning and good practice generated throughout the COVID-19 pandemic to look at how we can best deliver services to Section 75 groups with specific needs (e.g. those with learning disabilities; hard of hearing; ethnic minority groups etc.). Examples of good practice in improving access to public health information and services are documented throughout this report.
- We will ensure that equality issues are mainstreamed and implemented cohesively across different Directorates of the organisation involved in joint programme delivery, ensuring these are firmly embedded at the initial stages of programme planning. This includes the completion of equality screenings and their timely publication.
- We will ensure that equality monitoring data is collected and analysed for services we provide, and for policies screened to date.

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 consultation on Care home visiting in COVID-19 pandemic. 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 likewise refer to our Equality Scheme commitments in the Equality and Disability Action Plan documents.

(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.

In most cases, it is not possible to ascribe developments and changes to one single factor, and new initiatives are not necessarily an outcome of screenings or Equality and Disability Action Plan implementation, such as the work in improving accessibility of information during COVID.

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.