

Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2015-16

Contact:

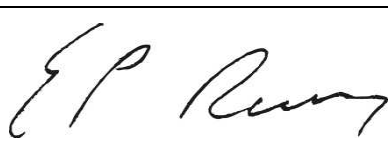
<ul style="list-style-type: none">Section 75 of the NI Act 1998 and Equality Scheme	Name: Edmond McClean Telephone: 03005550114 Email: edmond.mcclean@hscni.net
<ul style="list-style-type: none">Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above

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

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

Signature:



Dr Eddie Rooney, Chief Executive

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

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans. This report reflects progress made between April 2015 and March 2016.

Appendix 1: Equality Action Plan Progress Report 2015-16

Appendix 2: Screening Report 2015-16

Appendix 3: Mitigation

Appendix 4: Equality Action Plan 2013-18 - updated June 2016

Appendix 5: Disability Action Plan Progress Report 2015-16

Appendix 6: Disability Action Plan 2013-18 - updated June 2016

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

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

- 1** In 2015-16, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

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

Please see Table 1 below.

Table 1:

	Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made.
Persons of different religious belief	<p>Nursing and Allied Health Professions</p> <p>The Early Intervention Transformation Programme (EITP) Work Stream One pilot included sites that include persons with different religious belief. This programme involves transformation of universal health visiting and midwifery services to improve outcomes for all children and families.</p> <p>Health and Wellbeing Improvement</p> <p>A wide range of initiatives and programmes are applied, which are accessible to all persons of different religious belief within Northern Ireland. Some Health and Social Wellbeing Improvement Programmes are specifically tailored in order to focus on the most disadvantaged and socially deprived communities in Northern Ireland, thus ensuring that efforts are concentrated in areas in which support is most needed. These areas tend to be highly segregated by religion.</p>
Persons of different political opinion	<p>Nursing and Allied Health Professions</p> <p>The Early Intervention Transformation Programme (EITP) Work Stream One pilot included sites that include persons with different political opinion. This programme involves transformation of universal health visiting and midwifery services to improve outcomes for all children and families.</p>
Persons of different	<p>Nursing and Allied Health Professions</p> <p>The PHA's Assistant Director for Public Health Nursing for children and young people is</p>

<p>racial groups</p>	<p>chairing a regional sub group of the Safeguarding Board for Northern Ireland on Female Genital Mutilation (FGM). This relates to a specific risk to a small but important number of children from specific countries. The needs of women affected by FGM and vulnerable adults is also being addressed. The group has been established with the support of relevant community support groups including survivors of FGM. Two survivors are members of the regional group and will provide guidance in relation to implementation of multi-agency practice guidance, data collection and community engagement. This is a task and finish group that will conclude approximately June 2017 with a report reflecting responsibilities in relation to equality.</p> <p>Service Development and Screening</p> <p>Breast screening leaflet has been made available through the PHA Screening website in additional languages (Bulgarian, Syrian). This has improved the availability of screening information to ethnic minorities.</p> <p>Funded by the PHA, the Women's Resource and Development Agency (WRDA) has from June 2015 raised awareness of cancer screening programmes, thereby promoting informed choice. Black and minority ethnic people and Travellers constitute one of the defined target groups for the work. See category of 'disability' for further details.</p> <p>Health and Wellbeing Improvement</p> <p>Minority Ethnic</p> <p>The regional BME Mental Health Pilot project completed a first phase of a three year initiative to design and develop an evidence based service to support and promote the mental and emotional wellbeing of minority ethnic communities in Northern Ireland (NI). This service will build on and complement existing and relevant good practice in NI. Key achievements to date include a review of the literature and consultation on the findings with providers and</p>
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service users across NI, undertaken by the Institute for Conflict Research. Based on the review findings, phases two and three will entail the development, design and evaluation of an appropriate programme for delivery which will contribute to addressing identified needs and building community capacity in relation to promoting minority ethnic mental and emotional wellbeing.

Travellers

A business case for investment in Travellers' health and wellbeing in three Health and Social Care Trust areas has been developed, including the southern area where the largest proportion of Travellers reside. The PHA has consulted with the SHSCT's Promoting Wellbeing Team and local Traveller Support Groups (TSGs) to discuss the potential investment in Traveller health and wellbeing and how to make best use of this funding. In April 2015, funding was utilised to employ a Health Training Coordinator in order to provide an accredited Health Trainer Programme for members of the Traveller community and other participants as required. This will provide participants with the opportunity to gain qualifications, knowledge and skills thereby improving access to employment and enhance the employability of Travellers.

Objectives of the Health Training Coordinator

- Identify, organise and manage the delivery of accredited health training programmes in each locality for participants.
- Facilitate partnership working with the Traveller Support Groups and other relevant stakeholders to recruit a minimum of 8 Travellers to participate in the programmes and complete accreditation.
- Develop, organise and manage the delivery of additional support training to assist participants to address barriers

	<ul style="list-style-type: none">• Organise and manage the delivery of additional Promoting Wellbeing training courses. <p>Outcomes: Level 2 Community Health Champions (CHC)</p> <p>During 2015/16 16 Travellers were trained in the southern area and completed accreditations as Community Health Champions. The 3 day accredited training programme prepares and supports volunteers to tackle health issues in their local community. The ‘Facilitation skills for Community Health Champions’ consists of 2 OCN Level 2 units (Community Health Champions and Group work skills for health and wellbeing). CDHN delivered the Community Health Training programme in each locality (Portadown, Coalisland, and Newry). The Traveller participants were trained alongside volunteers from the local Neighborhood Renewal areas which provided excellent networking opportunities.</p> <p>CHC training provided Traveller participants with the opportunity to enhance their skills and potential for employment, with a raised awareness and level of information on how to access appropriate services to meet the needs within their community.</p> <p>Outcomes: Level 3 Health Trainer</p> <p>This accredited training programme (OCN Level 3) provides participants with the knowledge, understanding and skills to deliver health improvement initiatives in their community or voluntary organisation and enable individuals to change their behaviour in order to improve their health and wellbeing. The Traveller participant also completed Walk Leader training in December 2015.</p> <p>Way forward</p> <p>The Health Training Coordinator will:</p> <ul style="list-style-type: none">• Continue to provide support and mentoring to existing 16 Community Health
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Champions and Community Health Trainer

- Identify volunteer placement opportunities in partnership with local Traveller Support Groups for the CHC and CHT. Placements will provide Community Health Champions and Community Health Trainer with opportunities to acquire and utilise their skills
- Continue to identify and tailor (as required) additional health and wellbeing training programmes and other additional support training to assist participants to address barriers such as low literacy, confidence and self-esteem, time-management, communication, presentation and interview and job application skills.
- Recruit further Traveller participants to undertake the Health Champion and Health Training course.
- Explore training opportunities for Community Health Champions and Community Health Trainer provided by the SHSCT's Promoting Wellbeing Team, including accredited / endorsed and relevant in-house training.

Mental Health and Emotional Wellbeing

Mindset Adult and Mindset Adolescent mental health awareness training was commissioned in June 2015. Some 132 courses have been delivered across the Northern; Belfast; Western and South Eastern Trust localities. Training encompasses a whole population approach however communities specifically targeted include: LGBT; participants from the top 20% most deprived SOA; Long Term Unemployed; Looked After young people; BME, including Travellers.

The course consist of:

Part 1 – Awareness and stigma;

Part 2 – Coping and self-care, what is resilience, thoughts, feelings and behaviours and mindfulness; and

Part 3 – Sources of Support.

	<p>Alcohol and Drugs</p> <p>Following consultation with substance misuse treatment providers, the PHA in 2015/16 has had the 'Alcohol and You' resource translated into 8 languages (Arabic, Portuguese, Mandarin, Cantonese, Russian, Lithuanian, Polish and Romanian) to ensure access to this resource for foreign language speakers. The resource will be made available to services in 2016/17 when the graphic design work is completed.</p>
Persons of different age	<p>Nursing and Allied Health Professions</p> <p>Interviews have taken place to recruit Family Nurses as part of the Family Nurse Partnership (FNP) Programme. The PHA Lead for FNP has ensured that teenage parents have been voting members of interview panels.</p> <p>Communications</p> <p>Over 70s leaflet for breast screening was developed.</p> <p>Health and Wellbeing Improvement</p> <p>Young People</p> <p>There are eight One-Stop-Shops commissioned throughout Northern Ireland. These universal services are based on engagement with young people and services are made more accessible by the use of 'youth friendly' environments. One Stop Shops target young people aged 11- 25 years and provide a range of services, support and training to address their needs. This includes providing sexual support for young people as part of the C Card scheme.</p> <p>The PHA has been working with the SHSCT and Further Education Colleges to develop</p>

sexual health services Clinics in three colleges. The services offered include a comprehensive contraceptive, STI testing, information / support and treatment service and C Card scheme for young people in college settings.

The Strengthening Families Programme continues to be delivered across NI and is a parenting programme for 12-16 year olds and their families where alcohol and drug misuse is a particular concern.

The 14 week programme uses separate structured sessions for parents and children to allow both to work on parenting and life skills.

A range of services were commissioned to deliver alcohol and drug services across NI as part of a regional tendering. This included:

- Barnardos to provide support for young people experiencing the effect of parental alcohol abuse, as well as family support services in 2015/16 as part of the a regional tender for alcohol and drug services. This entails one to one therapeutic support for young people and parents, groupwork and residentials for the young people experiencing 'hidden harm'.
- Dunlewey addiction services to provide a step 2 community based service for young People aged 11-25 years who are identified as having substance misuse difficulties.

In 2015/16 the PHA tendered for the provision of Relationship and Sexuality Education (RSE), to be delivered in community settings to young people aged 11-25 years, across Northern Ireland. Four providers were appointed including a consortium of Rainbow, Nexus and Relate NI for which the southern area holds and monitors the contract. The service delivers Relationship and Sexuality Education in community settings:

- To improve the sexual health and well-being of young people aged 11-25 years across Northern Ireland by enabling them to make healthier choices.

- To contribute to the reduction in the numbers of young people having underage sex, number of teenage pregnancies and incidence of sexually transmitted infections (STIs) among young people.

In 2015/16 the PHA, in partnership with the Southern Education and Library Board (SELB), provided funding for GCSE support for pupils who were expected to achieve Grade D to help them attain grades A*-C in English or Mathematics. 17 schools availed of the funding. The success of the programme will be determined following release of GCSE grades in August 2016.

Mindset Adolescent training has been provided to 14-17 year olds. In 15/16 there were 331 males; 331 females and 2 trans participants.

Mindset Adult training is targeted at the 18+ age group. In 15/16 there were

Age range	No of Male participants	No of Female participants
18-39	170	298
40-69	112	210
70+ yrs	24	22

Children & Young People 0-18 Years of Age

The Early Intervention Transformation Programme (EITP) is delivered as part of the Delivering Social Change agenda in partnership with Atlantic Philanthropies. As part of EITP a new Early Intervention Support Service (EISS) is being established in five areas across Northern Ireland and will provide a regional consistent EISS that will support 1,925 families from August 2015 – May 2018. The aim of the EISS is to support families when difficulties arise before they need involvement with statutory services. The EISS will deliver and coordinate person centred, evidence based, early intervention for families with children 0-18

years old within Tier 2 of the Hardiker Model.

Older People

PHA has been working across agencies to promote a focus on older people in order to ensure the development of collaborative approaches to improving health and wellbeing in relation to policy, strategy and practice.

This work includes promoting approaches to maintain social involvement and reducing the risk of social isolation and loneliness amongst all older people. These programmes particularly focus on those older people who may be at risk of a change in their social circumstances such as loss of friends or family members, increased disability and mobility problems or change in their income and status.

A range of coordinated interventions and services has been developed to reduce the risk of social isolation among older people across Northern Ireland. This has included the development of 'Age Friendly' environments with the aim of promoting Northern Ireland as an age friendly region. The Belfast Strategic Partnership has prioritised active ageing and an action plan is currently being implemented, based on the active engagement of older people. Age Friendly is also being progressed in the council areas of Derry/Strabane, Omagh/Fermanagh, Limavady, North Down and Ards and Lisburn and Castlereagh areas.

The Newry and Mourne Age Friendly Initiative aims to make Newry and Mourne a welcoming and supportive place to grow older. The priorities and concerns of older people have been the driving force behind an intense year of discussions, consultations, and meetings to shape direction of the initiative. The alliance is currently developing an action plan for 2016/17.

The Western Later Years group has delivered on a range of actions which has included completion of 350 individual. Health and Wellbeing plans, signposting to appropriate services, targeting the existing ageing well, attending clubs and groups and engaging with

isolated older people who are not engaged in social activities.

Good Neighbourhoods for Ageing Well addresses the needs of older people through the Southern Strategic Health Improvement Partnership (SSHIP). Community Conversation events were held in 5 pilot areas identified by the partnership and older people participated in a consultation process to identify local needs and issues. This process led to the development of 4 Good Neighbourhood for Ageing Well Forums in the legacy council areas of Armagh, Banbridge, Craigavon, Newry and Mourne.

In the Northern area, a Community Navigator post in the Causeway

Area (Ballycastle, Ballymoney, and Coleraine), part-funded by PHA, includes signposting and raising awareness of available services.

In the south eastern area, the Caring Communities Safe and Well Service offers individuals who are 65 plus years and who have experienced social isolation, or have been identified 'at risk' of social isolation, a multi-faceted needs assessment , intervention and education programme. PHA also invests in the development of volunteer befriending services as an element of the Caring Communities Safe and well Service.

PHA continues to work closely with Alzheimer's Association to plan the roll out of Dementia Friendly communities. PHA has funded the development of Altnagelvin Hospital in the Western Trust to become Dementia Friendly.

PHA continues to work with Artscare NI to engage older people in arts based activities to promote health and wellbeing.

This work will be developed further in 2016/17. Over 250 workshops and 5 Arts and Health festivals have taken place, with over 3,000 older people participating in the programme.

PART A

	<p>During 2015-16, PHA also continued to work in partnership with Arts Council NI to deliver the Arts and Older People programme. A major conference was held on 27 April 2015 in order to promote the work of the programme over the past three years.</p> <p>This programme aims to strengthen the voice of older people through creative activities and highlighting social justice issues that impact on older people such as health and well-being, isolation and loneliness, poverty and social inclusion to showcase the value of Arts for the development of health with older people. As part of this programme, some 47 grant awards were made to a variety of projects across Northern Ireland.</p> <p>Training for carers was also provided for staff working in 10 residential homes to develop skills in Arts delivery.</p>
<p>Persons with different marital status</p>	
<p>Persons of different sexual orientation</p>	<p>The Staff Health and Wellbeing Group is currently developing a Dealing with Domestic Abuse at Work Policy. It recognises the importance of the issue in same sex relationships. It will impact on men and women who are working in PHA who identify as lesbian, gay or bisexual and who are experiencing domestic abuse. The policy will provide information for staff experiencing domestic abuse on where to get help and information for managers on how to safely and effectively deal with situations which may arise in the work setting. This policy has been developed and equality screened and currently with HR, it is hoped to launch it in summer 2016.</p>

Service Development and Screening

Funded by the PHA, the Women's Resource and Development Agency (WRDA) has from June 2015 raised awareness of cancer screening programmes, thereby promoting informed choice. LGB people constitute one of the defined target groups for the work. See category of 'disability' for further details.

Communications

The Rainbow Project advised on the development of the new Sexual Health Public Information Campaign as screening confirmed higher levels of STIs amongst key sections of the LGB community.

Health and Wellbeing Improvement

Mindset Adult and Adolescent Training specifically focuses on the needs of LGB&T communities. In 2015/16, 36 adults and 9 adolescents attended mental health awareness training.

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

- Providing counselling, group work sessions and personal development courses to individuals who are LGB
- Distribution of safer sex packs to MSM at sites and venues
- Providing training for counsellors from within the southern area on Gay Affirmative Therapy and co-cultural counselling
- Providing workshops for health professionals on LGB Health and Social Wellbeing issues

	<ul style="list-style-type: none"> • Providing ‘rapid testing’ for HIV and syphilis for MSM. <p>The PHA also commissioned Positive Life to:</p> <ul style="list-style-type: none"> • Provide a free confidential helpline and telephone support service for individuals with living with HIV • Provide one to one support and counselling to those affected by HIV on a wide range of issues whether via telephone or in person • Provide a range of complimentary therapy sessions to those affected by HIV • Facilitate peer support groups for men and women living with HIV • Provide support programmes for newly diagnosed clients. <p>(N.B. HIV is experienced by both heterosexual and homosexual individuals)</p>
<p>Men and women generally</p>	<p>The Staff Health and Wellbeing Group is currently developing a Dealing with Domestic Abuse at Work Policy which will impact on men and women who are working in PHA and who are experiencing domestic abuse. The policy will provide information for staff experiencing domestic abuse on where to get help and information for managers on how to safely and effectively deal with situations which may arise in the work setting. This policy has been developed and equality screened and currently with HR, it is hoped to launch it in summer 2016.</p> <p>Nursing and Allied Health Professions</p> <p>The PHA acts as the Local Supervising Authority (LSA) on behalf of the Nursing & Midwifery Council. This responsibility is primarily associated with service provision to pregnant women. The LSA Midwifery Officer has worked with the PHA’s Personal and Public Involvement staff to put in place arrangements for user representation for the annual LSA Audits for the</p>

Supervision of Midwives at each of the 5 Trusts. 4 Trust have been audited to date with user representation and a remaining audit will be completed on the 11th of May 2016.

The 10,000 Voices Initiative is targeted at men and women generally who have availed of HSC Services. The purpose of the Initiative is to ask patients and clients their experience of the HSC Service they have received in order to shape and inform the design and delivery of future services. Through this survey we ask a range of demographic details (i.e.) gender, age group, ethnicity and sexual orientation. This information is used to ensure that the responses are statistically representative.

Health and Wellbeing Improvement

Mindset Adult and Adolescent Training specifically focuses on the needs of LGB&T communities. In 2015/16, 36 adults and 9 adolescents attended mental health awareness training (2 of which were Transgender).

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

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

Mindset Adult mental health awareness training is a whole population approach. In 2015/16, 802 adult men and women attended training.

<p>Persons with and without a disability</p>	<p>Nursing and Allied Health Professions</p> <p>The implementation of an Anti-absconding Intervention Tool in Adult Acute Inpatient Mental Health settings is changing how staff engage with patients in relation to risk of absconding. This tool identifies patients at high risk of absconding and triggers therapeutic interventions that significantly reduce the risk. This validated tool has been piloted with significant input from service users and in the pilot site resulted in a 70% reduction in the incidence of absence without leave (AWOL), improving patient safety and overall experience of the service. Implementation of the intervention has been rolled out regionally and compliance is being measured through a Key Performance Indicator. This Tool focuses on promoting and enhancing the therapeutic relationship between the patient and staff.</p> <p>Service Development and Screening</p> <p>An audio cd of the bowel screening leaflets has been made available on the cancer screening website with DVD's available on request.</p> <p>A new pathway for completing the bowel screening test kit has been implemented for blind/partially sighted individuals.</p> <p>These measures have improved support to facilitate participation in the screening programmes by individuals with a physical or sensory disability.</p> <p>Based on a three year PHA funded contract, the Women's Resource and Development Agency (WRDA) has from June 2015 raised awareness of cancer screening programmes, thereby promoting informed choice in women and men from communities and populations who are often hard-to-reach, and historically have low uptake levels of screening programmes.</p> <p>WRDA's target service user groups include (but are not limited to) deprived communities (as</p>
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per the NISRA deprivation index); people from a black or ethnic minority; travellers; LGB people; Transgender people; and people with learning, physical or sensory disabilities (additional support needs).

Health Protection

We developed infection, prevention & control leaflets in alternative formats including Braille, CD & MP3 in collaboration with RNIB.

Health and Wellbeing Improvement

People with a Learning Disability

The Regional Health and Social Wellbeing Improvement Forum (one of three work-streams of the Regional Learning Disability Health Care and Improvement Steering Group) developed a work-plan to deliver and implement the Health and Social Wellbeing Improvement recommendations and actions contained in the regional Learning Disability Health Care and Improvement Steering Group's Action Plan. Agreed Year 2 (2015/16) actions within this action plan have been delivered within the agreed timeframes. The work-plan for 2016/17 is currently being revised to take account of emerging priorities and building on work to date.

Examples of Impacts, Outcomes and Good Practice include:

- **Smoking Cessation Brief Intervention Training** - Training of the remaining 20% of HSC Trust Learning Disability Healthcare Facilitators was delivered over the April 2015 – September 2015 period.
- **Promoting physical activity** - The Step by Step for Health, fitness and fun walking booklet for people with a learning disability was published by the PHA in March 2015. 1000 copies of the booklet have been sent to each of the Physical Activity co-ordinators in the Health and Social Care Trusts in 2015/16 – HSC Trusts continue to

	<p>promote the Step by Step walking booklet to adults with learning disabilities with related support walk programmes and training for walk-leaders.</p> <ul style="list-style-type: none"> • Developing local health and wellbeing plans – During 2015/16 each of the 5 HSC Trusts were required to develop a Health and Social Wellbeing Improvement Action Plan for people with a Learning Disability – these plans will now be developed on an annual basis by the Trusts and submitted to the Regional Learning Disability Health Care and Improvement Steering Group for approval. <p>Obesity Prevention</p> <p><i>Cook It!</i> is a well-established community based nutrition education and cooking skills programme, which increases knowledge and understanding of healthy eating and develops cooking skills, building both confidence and competence. The regional programme was developed specifically for use with people/families living in disadvantaged circumstances and is delivered by trained facilitators from local communities.</p> <p>In recognition of the specific and significant needs of people with learning disabilities, <i>Cook it!</i> has now been adapted for use with people with learning disabilities. Training in the new programme, I can <i>Cook it!</i> is now being offered to a range of audiences, including staff working to provide support to people with learning disabilities, as well as to individuals in local communities who wish to provide the 8-week I can <i>Cook it!</i> programme to learning disabled people living locally.</p>
Persons with and without dependants	<p>Nursing and Allied Health Professions</p> <p>Interviews have taken place to recruit Family Nurses as part of the Family Nurse Partnership (FNP) Programme. The PHA Lead for FNP has ensured that teenage parents have been voting members of interview panels.</p> <p>GAIN audit on delivery of the child health promotion programme included a parental survey.</p>

PART A

	This, alongside other data informed audit recommendations that will be taken forward by Health Futures Programme Board.
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Equality monitoring

During the year, the Business Services Organisation (BSO) Equality Unit, on behalf of ourselves and our partners, coordinated a six week staff monitoring initiative which targeted messages at staff through direct email, screen pop ups and posters, to encourage them to fill out their staff data on our new Human Resources systems, the HRPTS. This produced some marginal increases across some of the Section 75 categories however we acknowledge that we have some more work to do to improve the data.

Over and above the particular initiative, prompts to staff on completing equality information on HRPTS were issued at several times during the year.

Good Relations Statement

Following engagement with Trade Union Colleagues we agreed a Good Relations Statement, in partnership with the 10 other regional Health and Social Care (HSC) Organisations. Mary Hinds, the PHA Director of Nursing and Allied Health Professions launched the statement in March 2016 in the premises of the Islamic Centre, Belfast, with input by the Community Relations Council. The launch included a visit and introductory lecture on Islam.

We will work with our partners in 2016-2017 to develop some actions that put meaning to our new statement.

Gender Identity Employment Policy

Together with our colleagues from the HSC Trusts we jointly progressed the development of a gender identity employment policy. To this end, equality and human resources staff engaged with groups and individuals from the gender identity sector as well as the LGB& T staff forum in Health and Social Care. Likewise, staff from the regional gender identity service fed into the process.

We will review the draft policy in light of the outcome of this engagement in 2016-17.

Bulletins, newsletter, senior briefings, intranet and email

We provided our staff with information in the form of emails and features on CONNECT, our intranet. These focused on the following:

- Disability Staff Network information and Staff Survey
- Disability Work Placements Awareness Article
- Hearing Loss Awareness Day Information & Feature
- Learning Disabilities Awareness Day Information & Feature

- Launch of Disability Staff Forum and Promotional Article.

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

- Screening Pitfalls
- Disability Work Placements - Request for placement offers
- Five Year Review
- OFMDFM age proposals
- Disability Duties Information Leaflet
- Website Accessibility.

Website Accessibility

We gave consideration to a number of ways of assessing and improving accessibility of our website, including self-assessment, automated testing tools, website accessibility evaluation services and user-based accessibility testing. We decided to promote compliancy of web accessibility by addition of Accessibility tabs to PHA websites; we developed and agreed an accessibility statement and we added it to the accessibility link on all public health sites.

Standards and Guidance for the Involvement of Disabled People

There are many reasons why it is important to consult and involve service users, carers and the wider community.

People with disabilities tend to be excluded from public services and when health and social care outcomes are agreed with communities, needs are better met and people can be supported to manage their own care. There is a growing body of literature to show that good quality involvement can lead to improved health and social care outcomes, better value for money and improved quality of life for service users, their families and carers, community and the whole of Health and Social Care.

We therefore, in partnership with the BSO Equality Unit and our HSC regional colleagues, developed standards and guidance for the involvement of disabled people in our work. We also developed a checklist for staff to ensure that people with a disability can be fully involved when we are arranging meetings or running events.

This was developed in consultation with disabled people and organisations representing disabled people such as; ARC NI, Autism NI, British Deaf Association NI, Omnibus Partnership, Patients Group of Royal College of GPs, Positive Futures, SHSCT, Telling it like it is group.

Disability Staff Forum

We finalised the establishment of a Disability Staff Forum for staff members in our organisation. This Forum is open to staff working in all 11 HSC regional organisations who have an interest in disability. The Forum is being sponsored in 2016-17 by the Health and Social Care Board, one of our partner organisations.

We worked with HSC colleagues in the BSO Equality Unit to develop and agree a workable and effective structure for the Forum.

The Forum was launched at the end of 2015-16 and will begin formal meetings, draft terms of reference and an action plan, and establish and promote itself throughout 2016-17.

We will work with partners during 2016-2017 to determine the long term sponsorship of the Forum.

Disability Work Placements

Two individuals began their 26-week work placement with us under the Disability Placement Scheme. The scheme is run jointly with the other regional HSC organisations and in partnership with Supported Employment Solutions. Overall, 25 opportunities were created in 2015-16; at the end of March, 15 individuals were participating in the scheme.

Disability Awareness Days

Featuring two staff awareness days on disabilities during the year was also one of our objectives. In September, we focused on Hearing Loss. In February, we drew the attention to Learning Disabilities.

On both days, we offered our staff the opportunity to attend a talk by Action on Hearing Loss, Mencap and the Evergreen Centre in a number of our office locations. In addition, we provided staff with information materials and signposting information on how to access further support.

Moreover, we continue to be represented on working groups relating to the Regional Contract on Interpreting and Translation Services as well as the Physical and Sensory Disability Strategy (Information and Training Workstream).

- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2015-16 (or append the plan with progress/examples identified).

Please see Appendix 1: Equality Action Plan Progress Report 2015-16

- 3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2015-16 reporting period? (*tick one box only*)

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

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2015-16 and Mitigation.

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

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2015-16 and Mitigation.

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

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

Please see Table 1 under Question 1 for further information.

Please also see Appendix 2 and 3: Screening Report 2015-16 and Mitigation.

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

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

Please see Table 3 under Question 21 for further information.

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

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

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

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

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2015-16 reporting period? (*tick one box only*)

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

Please provide any details and examples:

The following wording is included in job descriptions:

- To lead by example to ensure that the PHA demonstrates commitment through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services.
- To promote the corporate values and culture of the organisation through the development and implementation of relevant policies and procedures, and appropriate personal behaviour.
- Maintain good staff relationships and morale amongst the staff reporting to him/her.
- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the PHA.
- Promote the PHA's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by

staff for whom he/she has responsibility.

Equality

- To assist the Public Health Agency to fulfil its statutory duties under Section 75 of the Northern Ireland Act 1998, the Human Rights Act 1998, and other equality legislation.

5 Were the Section 75 statutory duties integrated within performance plans during the 2015-16 reporting period? *(tick one box only)*

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

Please provide any details and examples:

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

6 In the 2015-16 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- Yes, through the work to prepare or develop the new corporate plan
- Yes, through organisation wide annual business planning**
- Yes, in some departments**
- No, these are already mainstreamed through the organisation's ongoing corporate plan
- No, the organisation's planning cycle does not coincide with this 2015-16 report

Not applicable

Please provide any details and examples:

In our Business Plan for 2015-16, we specified a wide range of objectives directly related to promoting equality and good relations for the Section 75 groups. These included:

(1) Improving health and wellbeing and tackling health inequalities

- Implement Phase One of Early Intervention Transformation Programme in relation to universal midwifery, health visiting and pre-school services (Work stream one).
- Implement the regional Infant Mental Health plan and commission training to HSC and early years workforce.
- Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB ensuring that good practice is promoted and health inequalities are identified and addressed in this area, and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability.
- Implement the obesity prevention action plan including: weight management programmes for children, adults, and pregnant women; development of a common regional Physical Activity Referral programme; implementation of Active Travel programme in schools; implementation of Active Travel Plan Belfast and public information and awareness.
- Further develop the Travelers Health and Wellbeing Forum and delivery of the regional Action Plan.

(2) Improving the quality of HSC services

- Along with the HSC Board lead the implementation of the NI Dementia Strategy and lead the OFMDFM/AP funded Dementia Signature Project (due to complete June 2017).
- Continue the Review of AHP Support for Children/Young people with Statements of Special Educational Needs. Working with relevant partners, provide an interim report on findings and common themes identified from Phase 2 and work towards the agreement of a proposed regional model and implementation plan.
- Continue to lead the Long Term Conditions Regional Implementation Group to deliver on its action plan, and

commission patient and self-management programmes as outlined in PFG, subject to funding.

Equality action plans/measures

7 Within the 2015-16 reporting period, please indicate the **number** of:

Actions completed:	<input type="text" value="17"/>	Actions ongoing:	<input type="text" value="9"/>	Actions to commence:	<input type="text" value="1"/>
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Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2015-16.

8 Please give details of changes or amendments made to the equality action plan/measures during the 2015-16 reporting period (*points not identified in an appended plan*):

Please see Appendix 4: Updated Equality Action Plan 2016-17.

9 In reviewing progress on the equality action plan/action measures during the 2015-16 reporting period, the following have been identified: (*tick all that apply*)

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

Arrangements for consulting (Model Equality Scheme Chapter 3)

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

All the time **Sometimes** Never

Where relevant we tend to engage with targeted groups as part of our work preceding formal consultation. This is to inform our consultation documents. At consultation stage, where relevant, we likewise target

particular groupings to encourage their input, in addition to fully inclusive public consultation. The EQIA consultation on the Future of the Lifeline Crisis Intervention Service illustrates this approach.

- 11** Please provide any **details and examples of good practice** in consultation during the 2015-16 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 consulted on	What equality document did you issue alongside the policy consultation document? (screening template/EQIA report/none) (NB: if you only issued an EQIA report and not a policy consultation document please include this information)	What consultation methods did you use?	Which of the methods you used drew the greatest number of responses from consultees? (NB: if the consultation started in 2015-16 but is still on-going, please give an interim indication of methods most used and outline the closing date)	If consultees raised concerns, did you review your initial screening decision?	Do you have any comments on your experience of this consultation?
Dealing with Domestic Abuse	Screening template	representatives on the group	Staff health and	NA	This worked well as staff

PART A

<p>at Work Policy</p>		<p>from all of the divisions have responsibility for discussion at staff meetings and groups and then provide feedback to the Group.</p> <p>Staff, managers, HR, Trade Unions</p>	<p>Wellbeing group which has a membership of staff, managers and HR</p>		<p>involved in the group were able to circulate the policy across colleagues and provide feedback to the main group.</p>
<p>Health and Wellbeing Improvement</p> <p>Infant Mental Health Strategy and Framework</p>	<p>Equality Screening Document</p>	<p>Parental engagement through Surestarts, voluntary and community sector workshops through Children in NI (CiNI), engagement with young people through</p>	<p>Website and dissemination -31 written responses</p>	<p>The issues raised including positive feedback on the approach/themes represented in the Plan as well as concerns, aspirations and alternative/complementary suggestions were reviewed and the Equality Screening Document and Draft Plan amended to take account of the overall</p>	

PART A

		National Childrens Bureau (NCB) NI. Wide dissemination of consultation documents through a Plan Advisory Group, Child Development Project Board and production of draft Plan documentation on PHA and Children and Young Peoples Strategic Partnership Websites.		consultation.	
Lifeline Crisis Intervention Service Beyond 2016	EQIA	Formal notification of the public consultation and a copy of the draft EQIA was distributed	Workshops.	A number of changes made as a result of feedback received from consultees.	It was a positive experience in terms of the number and diversity of responses

PART A

		<p>via a range of media outlets and network databases containing over 600 organisations, in order to publicise the consultation process.</p> <p>The PHA hosted nine public workshops events throughout the five Local Commissioning Group (LCG) areas and these were attended by 125 people in total. The PHA also engaged with organisations</p>			<p>received from across the region.</p>
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PART A

		<p>which represented specific interest groups and a further 17 workshops were undertaken, attended by a further 200 people.</p> <p>A note taker was in attendance at all the workshops to record the views expressed.</p> <p>A total of 159 written responses were also received, 135 in questionnaire format and a</p>			
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PART A

		further 24 in letter form to inform the draft EQIA.			
Early Intervention Support Service	Equality & Human Rights Screening Template	Engagement through Children and Young People Strategic Partnership Outcomes groups with key stakeholders. Consultation workshops in five pilot sites Parental consultations facilitated by Parenting NI through focus groups	Workshops Parent Focus Groups	N/A	Comprehensive stakeholder engagement proved to be useful in developing and shaping the model for the Early Intervention Support Service.
Nursing and Allied Health	None (Screened by	Literature review relating	On line	Yes eg need for relationships to be	Useful. Views of parents

PART A

<p>Professions</p> <p>EITP Work stream One in relation to group based antenatal care and introduction of a 3 year review carried out by health visitors within the preschool setting</p>	<p>DHSSPS as part of the Delivering Social Change framework)</p>	<p>to user views regarding universal service provision.</p> <p>On line survey facilitated by Parenting NI – report available.</p> <p>Attendance at a father’s support group facilitated by Parenting NI</p>		<p>developed with trusted professionals to be a core element of universal service provision</p>	<p>mirrored views of professionals which was reassuring in relation to professional understanding of the views of users.</p>
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12 In the 2015-16 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- Face to face meetings
- Focus groups**
- Written documents with the opportunity to comment in writing**
- Questionnaires**
- Information/notification by email with an opportunity to opt in/out of the consultation**
- Internet discussions
- Telephone consultations
- Other *(please specify)*:

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

Please see Table 2 under Question 11 above.

13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2015-16 reporting period? *(tick one box only)*

- Yes** No Not applicable

Please provide any details and examples:

In our quarterly screening reports we raise awareness as to our commitments relating to equality screenings and their publication. Likewise, in EQIA reports we explain our commitment to undertake Equality Impact Assessments to our consultees.

14 Was the consultation list reviewed during the 2015-16 reporting period? *(tick one box only)*

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

Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

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

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

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

14

16 Please provide the **number of assessments** that were consulted upon during 2015-16:

3	Policy consultations conducted with screening assessment presented.
1	Policy consultations conducted with an equality impact assessment (EQIA) presented.
0	Consultations for an EQIA alone.

In addition, 13 policies and their equality screening templates were included in our screening reports.

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

Please see Table 2 under Question 11 above.

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

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

Please provide any details and examples:

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

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

19 Following decisions on a policy, were the results of any EQIAs published during the 2015-16 reporting period? *(tick one box only)*

- Yes No **Not applicable**

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

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2015-16 reporting period? *(tick one box only)*

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

Please provide any details:

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

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

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

- Yes** No Not applicable

Please provide any details and examples:

Please see Table 3 below.

Table 3

Service or Policy	What equality monitoring information did you analyse?	Did the way you used the data result in improved access to information or services?
HSC Research and Development Make-up of funding panels	Standard Equality monitoring tool administered electronically to past panel members	Highlighted the lack of heterogeneity in our panels and the need to widen our panel membership to representatives of different ages and ethnic backgrounds
Nursing and Allied Health Professions Outcomes based Accountability monitoring for use during 2016/17 developed in relation to EITP Workstream One include measures relating to age, ethnicity, gender		
Health and Wellbeing Improvement Regional Stop Smoking Service has been equality monitored from its inception 14 years ago	All returned monitoring forms (10 questions are entered onto the electronic monitoring system (Elite) and reported on annual in the Tobacco Report.	This equality monitoring and the geographical distribution of services help us to plan services for the following year.

PART A

<p>Alcohol and Drugs services</p>	<p>Information is gathered using Impact Measurement Tools (IMTs), quarterly monitoring reports and via annual assessments.</p>	<p>The progress and monitoring reports aid good practice and identifying services to meet the needs of section 75 groups.</p>
<p>Early Intervention Support Service (EISS)</p>	<p>Information on the primary carer and information on the child/young person is collated from the referral form – ethnicity; sex, age & disability.</p>	<p>This data is collated and included in the annual report for each EISS.</p> <p>The monitoring data is used to address service uptake and any patterns related to low or poor uptake.</p> <p>There is also a section that ensures providers deliver services from facilities that are appropriate and accessible to service users and methods used in delivery of the service are accessible to all service users.</p>
<p>Northern Ireland New Entrant Service (NINES)</p>	<p>Information in NINES quarterly monitoring reports showed an increase in the numbers of asylum seekers accessing the service who have complex health needs including mental health and emotional wellbeing needs.</p>	<p>This information was used to secure funding to increase the skill mix within the NINES team to include a peer support worker post to help support service users within their communities through community engagement, awareness raising and facilitation of access to relevant services and programmes.</p>
<p>Contract Monitoring</p>	<p>Service Providers are asked to describe</p>	<p>This information serves to highlight the</p>

PART A

Information	how they address needs of Section 75 groups.	needs of Section 75 groups and to guide the development of services to meet those needs as appropriate.
<p><i>Cook it!</i> (community-based nutrition education and food skills programme).</p>	<p>Information recorded on the final quarter PMR and regular meetings with Trust-based <i>Cook it!</i> teams.</p> <p>(The teams record details of groups availing of the training and Cook it! programmes being delivered locally).</p>	<p>Information on the uptake of the <i>Cook it!</i> programme highlighted the need for a tailored programme to meet the needs of people with a learning disability. The resulting complementary programme, <i>I can Cook it!</i> was developed, published in March 2015 and training on the programme has been offered during 2015/16.</p> <p>The same process highlighted the specific needs of people from BME groups and a complementary module of the <i>Cook it!</i> programme is being finalised for publication and delivery of training during 2016/17.</p>

- 22** Please provide any details or examples of where the monitoring of policies, during the 2015-16 reporting period, has shown changes to differential/adverse impacts previously assessed:

No monitoring was undertaken of policies previously assessed.

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

Please see Table 3 under Question 21 above.

Staff Training (Model Equality Scheme Chapter 5)

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2015-16, and the extent to which they met the training objectives in the Equality Scheme.

Face-to-face training:

Course	No of Staff Trained
Screening Training	35
Equality Impact Assessment Training	8
Total	43

eLearning: Discovering Diversity

Module 1 to 4 – Diversity	8
Module 5 – Disability	5
Module 6 – Cultural Competencies	7

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

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

Equality Screening Training

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

- To develop an understanding of the statutory requirements for screening: **99.0%**
- To develop an understanding of the benefits of screening: **99.0%**
- To develop an understanding of the screening process: **97.0%**
- To develop skills in practically carrying out screening: **97.0%**

[The figure in bold represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked the question below.] Participants were asked: "How valuable was the course to you personally? **97.0%**

Equality Impact Assessment Training

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

- To demonstrate an understanding of what the law says on EQIAs **83.0%**
- To demonstrate an understanding of the EQIA process **83.0%**
- To demonstrate an understanding of the benefits of EQIAs **78.0%**
- To develop skills in practically carrying out EQIAs **72.0%**

[The figures in bold represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked the question below.] Participants were asked: "How valuable was the course to you personally? **97.0%**

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

26 Please list any examples of where monitoring during 2015-16, across all functions, has resulted in action and improvement in relation to access to information and services:

Please see Table 3 under Question 21 above.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints **in relation to the Equality Scheme** have been received during 2015-16?

Insert number here:

0

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

Section 3: Looking Forward

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

We undertook the Five Year Review of our Scheme during 2015-16 and submitted the report in April 2016.

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

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

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next (2016-17) reporting period? *(please tick any that apply)*

- Employment**
- Goods, facilities and services**
- Legislative changes
- Organisational changes/ new functions**
- Nothing specific, more of the same
- Other (please state):**
Equality screening of business cases

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

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

In the same way, we want to make sure that people can easily follow what we do from year to year as we carry out our plan. We have produced a report for 2015-16. It is attached as Appendix 5. This report contains the information required for the statutory reporting in what we hope is an accessible language and format.

PART B

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

Fully achieved

Partially achieved

Not achieved

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

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

Level	Public Life Action Measures	Outputs ⁱ	Outcomes / Impact ⁱⁱ
National ⁱⁱⁱ			
Regional ^{iv}			
Local ^v			

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

	Training Action Measures	Outputs	Outcome / Impact
1			
2			

PART B

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

	Communications Action Measures	Outputs	Outcome / Impact
1			
2			

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

	Encourage others Action Measures	Outputs	Outcome / Impact
1			
2			

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

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

PART B

2			

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

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

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

	Action Measures not met	Reasons
1		
2		

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

PART B

(a) Qualitative

(b) Quantitative

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

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

Please select

If yes please outline below:

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

PART B

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

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

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

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

^{iv} **Regional**: Situations where people can influence policy decision making at a middle impact level

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

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

Equality Action Plan 2013 – 2018: Report on the progress we made during 2015-16

June 2016

This document summarises progress made during 2015-16 against the actions we identified in our Equality Action Plan. The plan covers the period 2013-18 and is available on our website: www.publichealth.hscni.net/sites/default/files/PHA%20EAP.pdf

Any request for this document in another format or language will be considered.

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Theme 1: Provision of Accessible Information

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
<p>Ensure new sites are compliant with relevant guidelines and standards (such as W3C A4)</p>	<p>We promoted compliancy of web accessibility by addition of Accessibility tabs to PHA websites; accessibility statement developed and agreed; added to accessibility link on all public health sites.</p>	<p>Promotes equal access to online information and functionality by people with disabilities.</p>
<p>Monitor and review resources for positive images of equalities communities</p>	<p>Development of an HSC-wide image library discussed at Physical and Sensory Disability Strategy information workstream. Go-to list of communications contacts to be developed by PSDS group for planning purposes.</p>	<p>Promotes inclusion and recognises diversity of the equalities communities we work with.</p>

Theme 2: Cancer Screening

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
<p>Implement actions from the action plan on promoting informed choice in cancer screening.</p>	<p>The Quality Assurance Reference Centre (QARC) was presented with a prestigious 'Access to Information' award for the inclusion of signing language on three cancer screening information videos – which are available on the QARC website http://www.cancerscreening.hscni.net/2200.htm</p> <p>An audio cd of the bowel screening leaflets has been made available on the cancer screening website with DVD's available on request. A new pathway for completing the bowel screening test kit has been implemented for blind/partially sighted individuals.</p> <p>Initial meeting held with transgender group 'FOCUS' – further meetings to be held in 2016/17.</p> <p>Breast Screening leaflet made available through the PHA Screening website in additional languages (Bulgarian, Syrian).</p>	<p>Improved support to facilitate participation in the screening programmes by individuals with a physical or sensory disability.</p> <p>Better understanding of the issues facing transgender people in accessing the screening programmes.</p> <p>Improved availability of screening information to ethnic minorities.</p>

<p>Women's Resource and Development Agency (WRDA) three year PHA funded contract from June 2015:</p> <p>WRDA to raise awareness of cancer screening programmes, thereby promoting informed choice in women and men from communities and populations who are often hard-to-reach, and historically have low uptake levels of screening programmes.</p> <p>WRDA's target service user groups include (but are not limited to) deprived communities (as per the NISRA deprivation index); people from a black or ethnic minority; travellers; LGBT people; and people with learning, physical or sensory disabilities (additional support needs).</p>	<ul style="list-style-type: none"> • 73 educational awareness sessions have been delivered to approx. 725 attendees from target service user groups. • 39 bespoke specialist workshops have been delivered to 826 participants with additional support needs, including those with learning, physical or sensory disabilities. 91 staff members also attended these workshops. • 10 promotional events have been held, providing information on the three cancer screening programmes to approx. 440 attendees. • 32 community facilitators have completed their peer facilitator training with WRDA. • 6 Special Breast Screening Clinics were held with women with additional support needs. 	<ul style="list-style-type: none"> • Raised awareness of cancer screening programmes in people with reduced access to services as a result of poverty and marginalisation. WRDA reported commitment expressed by attendees to attend for breast and cervical screening and to use the FOB kit for bowel cancer screening. Participants also report disseminating course information and messages to friends and family. • 30 community facilitators received a Level 3 Certificate in Learning & Development. • 17 women with additional support needs received a mammogram.
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Theme 3: Childhood Immunisation

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
<p>Continue to offer a one stop shop for new migrants that will include a range of services including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service).</p>	<p>NINES identifies all new migrant children’s vaccination status, provides BCG vaccination and assists migrants in registering with a GP, who provide vaccination according to UK schedule. Plans are currently taking place to expand the number of different vaccinations opportunistically provided by NINES in the interim period before GP registration</p>	<p>The gap in uptake rates between the highest and lowest performing areas will be reduced as much as possible.</p>
<p>Continue to monitor uptake closely and work with professionals to achieve ongoing improvement.</p>	<p>We continue to monitor uptake of childhood immunisations and act as necessary to increase uptake.</p> <p>We ensure all information leaflets about vaccines are translated into the 10 most common languages in Northern Ireland.</p>	

Theme 4: Migrants

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
<p>Continue to liaise with key stakeholders on the commissioning, development, implementation and review of the Northern Ireland New Entrant Service (NINES) (Mar 2016).</p>	<p>The PHA, working in collaboration with Southern HSCT and Southern Local Commissioning Group colleagues, have established a new entrant service to meet identified BME health and social wellbeing needs in the southern area.</p> <p>Work is also underway to increase provision to meet increased demand, particularly in relation to mental and emotional wellbeing needs, in the existing Belfast based NINES.</p> <p>The PHA and the Northern Ireland New Entrant Service were involved in putting in place arrangements to prepare for and manage, support and resource the arrival of Syrian refugees into Northern Ireland and their integration into Northern Ireland society.</p>	<p>Improvement in equity and quality of care offered to migrants; prompt identification of need and early intervention/onward referral will help ensure that risks identified are minimised; reduction in inappropriate attendances at Emergency Care.</p> <p>Ensuring that essential services are provided to newly arrived Syrian refugees in an efficient, effective and sensitive manner and that Syrian refugees are assisted to settle into their new lives in Northern Ireland and successfully integrate into Northern Ireland society.</p>
<p>Improve data collection of migrants and their health and social wellbeing needs with a particular focus on community</p>	<p>Awareness raising posters and leaflets have been produced by the Regional Ethnic Monitoring Group.</p>	<p>Information provided for service users and staff on the introduction of ethnic monitoring into HSC systems.</p>

<p>systems (SOSCARE); hospital systems (PAS) and GP systems.</p>	<p>Information on ethnic monitoring now introduced to HSC systems.</p> <p>Work is ongoing to develop data collection in relation to migrants from the PAS system.</p>	<p>This will help to ensure more effective monitoring which, in turn, will benefit migrants by allowing providers to assess numbers accessing services, highlight possible inequalities, investigate their underlying causes and remove any unfairness or disadvantage.</p>
<p>Evaluation of the Stronger Together Network to be undertaken to assess the extent to which the project has achieved its aims and objectives.</p>	<p>The Stronger Together, minority ethnic health and social wellbeing network has continued to effectively deliver its objectives during 2015/16. STEP which hosts the Stronger Together (ST) website is undertaking an evaluation of the ST initiative. An evaluation report is due on 31 March 2016.</p>	<p>The Stronger Together Network benefits ethnic minority communities and migrants by facilitating regional co-operation and creating a common forum for accessing and sharing information, good practice, knowledge and skills relating to the holistic health and social wellbeing of ethnic minorities. This is contributing to increased awareness of the health and social wellbeing needs of migrants and ethnic minority communities and of opportunities for addressing those needs.</p>
<p>Develop a pilot service to support the mental health and emotional wellbeing needs of ethnic minority communities across Northern Ireland</p>	<p>A three year regional pilot project to promote mental and emotional wellbeing for ethnic minority communities in NI has been commissioned by the PHA. Phase one</p>	<p>The findings from the pilot project and the review of evidence will help to ensure that local commissioning and decision making in relation to minority ethnic mental health and emotional</p>

	of the initiative has been completed. This includes a review of evidence based approaches to improving minority ethnic mental health and emotional wellbeing.	wellbeing is better informed and more effective.
Continue to work with key agencies and organisations across the sectors to review, develop and implement an annual regional action plan to address minority ethnic health and social wellbeing issues	A regional 2015/16 action plan to address minority ethnic health and social wellbeing issues was developed and is being implemented by key agencies and organisations across the sectors that have come together, under the auspices of the PHA, as the Regional Minority Ethnic Health and Social Wellbeing Steering Group.	The regional action plan continues to address health inequalities, experienced by ethnic minority communities, through cross – sectoral, partnership working to tackle identified issues, reflecting best practice and evidence from the literature.

Theme 5: Lesbian, Gay, Bisexual and Transgender

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
Engage with key stakeholders on eLearning programme on sexual orientation and gender identity.	E-learning programme developed with involvement of individuals who identify as LGB&T. Action completed.	The e-learning programme aims to increase awareness of the needs of LGB&T individuals in workplace settings.
Promote e-learning programme (Mar 2018).	On-going promoting of e-learning programme. Action completed.	Increase awareness of needs of LGB&T individuals and families.
Continue to support the HSC LGB&T Staff Forum (Mar 2018).	On-going support for the LGB&T Staff forum. Quarterly meetings facilitated.	Staff who identify as LGB&T have access to a dedicated Forum.
Develop a dedicated website for the Forum (Mar 2018).	Website developed and operational. Action completed.	Staff who identify as LGB&T across HSC organisation will have access to a range of information.
Conduct survey with staff across HSC Settings (Mar 2018).	As part of the Diversity Champions programme an online survey was conducted with PHA Staff. Action completed.	Recommendations from the survey will be used inform an action plan relating to the Diversity Champion programme. Improved visibility for staff who identify as LGB&T.
Work with AgeNI, RQIA, LGB&T Sector, Unison and the Independent	Guidelines developed and disseminated to all care facilities	Increased awareness of the needs of older LGB&T people.

<p>Care Sector to develop guidelines to support older LGB&T people in residential and day care facilities.</p>	<p>across Northern Ireland. Action completed.</p>	
<p>Work with RCGP to develop guidelines to support the needs of LGB&T people in General Practice (Mar 2018).</p>	<p>Two guidelines developed one for LGB and the other for Transgender individuals. Action completed.</p>	<p>Members of the LGB&T community were involved in the development of the Guidelines.</p>
<p>Commission services to support the mental health and emotional wellbeing needs of Lesbian and Bisexual women, gay and bisexual men and transgender individuals and their families.</p>	<p>Regional specification developed. Tender awarded. Services commenced in April 2015 for three years.</p>	<p>Improved mental health and emotional wellbeing for LGB&T individuals. Increased access to services to support the mental health needs of LGB&T individuals. Increased access to sexual orientation and gender identity awareness training across all 5 HSC localities.</p>

Theme 6: Personal and Public Involvement

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
Develop a protocol to evidence compliance with personal and public involvement (PPI) for planning, delivery & evaluation of services.	A PPI Checklist and monitoring process are being used to monitor PPI progress in the PHA.	The protocol provides an additional opportunity to highlight opportunities for involvement of S75 groups.
Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.	Section 75 is now included in the scoring criteria.	When funding becomes available for the Promotion and Advancement of PPI programme Section 75 will be included as scoring criteria in the allocation of funds.
Commission PPI training programme for use across HSC.	A comprehensive PPI Training programme has been commissioned and launched. Engage & Involve has an e-learning and taught component.	The training includes reference to Section 75 legislation and includes sections on hard to reach/seldom herd groups and encourages Section 75 to be included in PPI activities.
Develop a PPI communication and promotional strategy.	A PPI Communication and promotion plan has been developed.	Promotes the inclusion of PPI messages to service users and carers including Section 75 groups. It promotes using a range of communication methods to reach service users, carers to include Section 75 groups.

<p>Identify gaps in PPI research, theory & practical application.</p> <p>Commission research with a focus on lessons to be extrapolated & shared across the HSC.</p>	<p>PHA has commissioned research into PPI in Northern Ireland, the research included focus on service users and carers and included Section 75 groups.</p>	<p>The research will be published in 2016/17 and recommendations will be implemented as part of the PHA PPI Action Plan.</p>
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Theme 7: PHA as an employer

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
Engage with staff to find out about staff preferences for working on beyond previous retirement age and suggestions for additional support	This has been postponed to 2016-17 following completion of Voluntary Early Severance.	n/a
Work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for staff from a range of Section 75 groups	A first draft has been produced. Further work to complete the guide will be undertaken in 2016-17.	n/a
<p>Monitor staff completion figures for Section 75 data.</p> <p>Continue to encourage staff to complete equality data section on HR system via self-service</p>	<p>We now monitor diversity data and completion figures quarterly.</p> <p>We developed and delivered a staff campaign jointly across PHA and 10 partner organisations from January to March 2016.</p> <p>The campaign sought to make the case to staff for completing the data, highlighting the benefits on the one hand and data protection provisions on the other.</p> <p>Benefits for staff of disclosing the</p>	<p>Ultimately, the aim is that robust data is in place to allow assessment of impacts on staff and developing targeted actions.</p>

	<p>disability status were also highlighted in the context of disability awareness days.</p> <p>The evaluation shows a slight increase in completion figures shortly after the start of the campaign. After that, we were not successful with encouraging more people to complete the information. At the same time overall some people appear to have come forward to declare that they have a disability who had not done so before.</p> <p>We plan to engage with the new disability staff forum to discuss what else we can do to encourage staff to complete the information.</p>	
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Theme 8: Board composition

Action Point	Progress to end Mar 2016 and Comments	Outcomes for Section 75 groups
Approach Office for Public Appointments or Public Appointments Unit to welcome thoughts on the matter and seek advice on how greater diversity can be achieved (Mar 2018)	Scheduled for 2017-18	n/a



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June 2016

Appendix 2

Equality and Human Rights Screening Report

April 2015 – March 2016



*1	'screened in' for equality impact assessment- <u>including date</u> of (EQIA)
*2	'screened out' with mitigation
*3	'screened out' without mitigation

Policy or Decision	Policy Aims	Date	Screening Decision
Review of Vascular Services in Northern Ireland.	The aim of this review is to identify a model which will provide safe and sustainable vascular services for patients that will deliver world class outcomes, support other clinical services and the abdominal aortic aneurysm screening programme, and improve equity of access to high quality care.	Jul-14	2
Business Case & Service Specification for Early Intervention Service	The objective of the service is to support families when problems arise before they need statutory involvement. The service will deliver and coordinate personalised, evidence based early interventions for children, young people between the ages of 0 – 18 years and their families within Tier Two of the Hardiker model.	Apr-15	2
Tender Strategy and Specification for Relationship and Sexuality Education (RSE) in the community.	The aim of the RSE in the community programme is to improve the sexual health and well-being of young people aged 11-25 years across Northern Ireland by enabling them to make healthier choices. Programmes commissioned will target young people in community settings throughout Northern Ireland.	Jan-14	2

Policy or Decision	Policy Aims	Date	Screening Decision
Sustainable Development Strategy 2015-18	The PHA is committed to the principles of sustainable development and will endeavour to integrate these principles into its daily activities. It will seek to increase awareness of sustainable development within the PHA generally and to ensure that wherever possible its overall business activities support the achievement of sustainable development objectives.	Feb-15	3
Information Governance Strategy	The general purpose of the Information Governance Strategy is to provide clear direction to the PHA in delivering the requirements of information governance and associated policies.	Jan-15	3
Development of Services to support the mental and emotional wellbeing needs of Lesbian and Bisexual Women, Gay and Bisexual Men and Transgender Individuals (LGB&T) and their families.	The Public Health Agency wish to commission a service that will provide a range of services to support the mental and emotional wellbeing needs of Lesbian and Bisexual Women, Gay and Bisexual Men and Transgender Individuals and their families across Northern Ireland.	Dec-14	2
Regional Guidelines for the Management of Patient's Absent without Leave (AWOL) from Adult Mental Health/Learning Disability Inpatient Settings	The overarching purpose of these guidelines is to promote the safety and protection of service users and others in the event of a service user going missing or Absent Without Leave (AWOL).	Aug-15	2
Disability Placement Scheme	The 26 week placement opportunities are unpaid, targeted at people with a diverse range of	Feb-15	2

Policy or Decision	Policy Aims	Date	Screening Decision
	disabilities wishing to gain meaningful work experience. The objective is twofold: to support people with a disability gaining meaningful work experience and to promote positive attitudes to people with a disability.		
Disability Action Plan 2013-18 - reviewed August 2015	This plan represents our organisation's responsibilities under the Disability Discrimination Act (1995) as amended by the Disability Order 2006. The purpose of this plan is to outline some key actions that we are going to deliver upon to make a difference to people with disabilities including staff and people who use our services, and where relevant, their carers.	Aug-15	2
Annual Business Plan 2015-16	The Public Health Agency (PHA) Annual Business Plan 2015-2016 details how we will make best use of our resources to achieve our core goals, as set out in our Corporate Strategy 2011-2015. This plan focuses on significant new initiatives for 2015-16, and does not detail all the PHA's planned work.	Jul-15	2
Shared Reading Groups in the CJS	The Public Health Agency wishes to commission a service that will provide shared reading groups to prisoners in Northern Ireland.	Nov-15	2

Policy or Decision	Policy Aims	Date	Screening Decision
Regional Training Framework and Business Case & Service Specification for training delivery in line with the Regional Training Framework for Stop Smoking Services	Stop Smoking Services are available across NI to assist smokers in their quit attempts. Those trained to deliver these services have participated in Specialist Stop Smoking Training in line with the Regional Training Framework for Smoking Cessation. The Training Framework has been reviewed and updated following a comparative scoping exercise of stop smoking service training standards in England, Scotland, Wales and the Republic of Ireland.	Sep-15	2
Records Management Policy	This policy sets out the requirements that must be met for the records of the Public Health Agency (PHA) to be considered as a proper record of the activity of the PHA; outlines the requirements for a PHA records management system and processes; highlights the quality and reliability standards which must be maintained to provide a valuable information and knowledge resource for the Public Health Agency.	Dec-15	3
Annual Business Plan 2016/17	The Public Health Agency (PHA) Annual Business Plan 2016-2017 details how we will make best use of our resources to achieve our core goals, as set out in our Corporate Strategy. This plan focuses on significant new initiatives for 2016-17, and does not detail all the PHA's planned work.	Mar-16	2

Appendix 3

Equality and Human Rights Mitigation Report

April 2015 – March 2016



Review of Vascular Services in Northern Ireland

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The following measures have been agreed as part of the service review: Ensured that those elements of the vascular service that can remain locally, will stay local. Only a small number of patients who require major inpatient arterial surgery or lower limb amputation will be affected and they will be travelling to a higher quality service.</p> <p>Recommended to continue provision of venous, out - patients and vascular access surgery at CAH and ALT</p> <p>Agreed to develop robust transfer protocols to ensure safe service provision for all those who require transfer to the regional arterial centre at RVH</p> <p>Agreed to develop robust repatriation protocols for all major amputation patients so that they can be discharged back to their base hospital as soon as it is clinically safe to do so.</p> <p>Committed to the provision of major limb amputation surgery locally where this is</p>	<p>We intend to monitor patient outcomes through the National Vascular Database and monitor the outcomes of all emergency transfers from Altnagelvin and Craigavon.</p>

in a patient's best interest.

Develop a vascular network to provide an outreach service with a significant specialist vascular both in and out of hours to ensure families receive support at time that are suitable to families.

Professional development has been given a high priority within the EIS to ensure staff develop professional expertise to work effectively with the diverse needs of children, young people and families by using a range of therapeutic interventions.

Continuous learning and development needs will be identified through supervision and reflecting critically on practice to identify needs.

All staff members will complete mandatory equality & diversity training

Additional equality training will be provided as required to improve and enhance the management of equality issues.

Business Case & Service Specification for Early Intervention Service

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>The objective of the Early Intervention Service (EIS) is to support families when problems arise before they need statutory involvement.</p> <p>The aim of the EIS is to de-escalate issues of concern and divert them from statutory intervention services using the combined expertise of participating agencies.</p> <p>The EIS will deliver and coordinate personalised, evidence based therapeutic early interventions for children, young people between the ages of 0 – 18 years and their families within Tier Two of the Hardiker model.</p> <p>The EIS will be flexible in tailoring services to the particular communities in which they are based and will provide individually tailored intervention plans to meet the needs of children, young people and families.</p> <p>The EIS will use a “key worker” approach there is evidence to support this approach as an effective</p>	<p>The equality screen has identified equality issues to be taken into account by the EIS.</p> <p>The EIS will review practice regularly to ensure that the team have the relevant skills and training in order to meet the needs of the children, young people and families referred.</p> <p>The EIS will develop relationships with other agencies from community, voluntary and statutory sectors to address particular issues for children, young people and families with a disability, those from BME backgrounds and those at risk from hidden harm e.g. Domestic Violence, parental mental health problems or parental alcohol and drug problems.</p> <p>The EIS will focus on specific practical actions relating to particular needs of Section 75 groupings in relation to communication and engagement.</p> <p>The EIS will develop methods of communication to meet particular needs of Section 75 groupings e.g. key publications translated into languages, use of plain English, easy read and pictures and diagrams.</p> <p>The EIS will seek the views and experiences of service users through monitoring of compliments and complaints and actively seek feedback as part of the evaluation process of the EIS.</p> <p>The EIS will seek feedback on the</p>

<p>method of getting families to engage with services which was an overarching theme that emerged from the stakeholder engagement.</p> <p>The EIS will work closely with the Family Support Hub (FSH) to facilitate communication between partner agencies from community, voluntary and statutory sectors to identify the appropriate service provision to match the variety of needs of children, young people and families.</p> <p>The EIS will provide a flexible service</p>	<p>experiences of the service from children and young people from BME backgrounds, those with disabilities and young people who are LGBT. The EIS will identify gaps in service provision and unmet need and communicate these to the relevant Outcomes Group.</p> <p>Following the piloting of the EIS model in five areas, a further equality assessment will need to be completed if EIS is to roll out into other geographical areas to reflect the demography.</p>
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Tender Strategy and Specification for Relationship and Sexuality Education (RSE) in the community

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The target group are young people aged 11-25 years. This includes young people who may have mental health issues, those who have a physical disability, are from a minority ethnic group etc. Specialist programmes have been designed and commissioned for those not included above (those with a learning or sensory disability) as these are commissioned separately by the PHA.</p> <p>In the specification the following will be highlighted for tenderer (s)</p> <ul style="list-style-type: none"> • Tenderer(s) should demonstrate how they support Trainers to ensure that they have relevant skills and training. • Tenderer(s) will demonstrate their experience of targeting and recruiting target groups of young people as listed above in 1.2 and devising innovative programmes to attract these hard to reach groups. • Tenderer(s) will demonstrate how they have developed RSE programmes for young people with literacy and other needs. • The service provided should promote social inclusion, addressing issues around disadvantage, sexual orientation, gender identity, ethnicity, disability and rural/urban communities. • Tenderer(s) will have policies for staff 	<p>As this specification is taken forward equality issues will be reviewed and addressed as appropriate. This will also be included in the monitoring forms which the successful organisation will have to complete every quarter.</p>

<p>on child protection and guidelines for staff around disclosure and other sensitive issues.</p> <ul style="list-style-type: none">• Trainers will display non-judgmental attitudes when discussing topics such as unplanned pregnancy, condom use, emergency contraception, Lesbian, Gay, Bisexual and Transgender issues.	
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Mental and Emotional Wellbeing of Lesbian, Gay, Bisexual and Transgender People

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Issues identified for and what this service is proposing to do;</p> <p>Lesbian and Bisexual Women,</p> <p><input type="checkbox"/> Mental Health problems including anxiety and depression.</p> <p><input type="checkbox"/> Increased incidence of suicide and self harm.</p> <p><input type="checkbox"/> Increased risk taking behaviours including substance misuse.</p> <p><input type="checkbox"/> Increased risk of loneliness and isolation particularly in later years.</p> <p>Becoming a victim of homophobic hate crime. Stigma and discrimination relating to Sexual Orientation. Gay and Bisexual Men</p> <p><input type="checkbox"/> Mental Health problems including anxiety and depression.</p> <p><input type="checkbox"/> Increased incidence of suicide and self-harm.</p> <p><input type="checkbox"/> Increased risk of some STIs including HIV</p> <p><input type="checkbox"/> Increased risk taking behaviours including substance misuse.</p> <p><input type="checkbox"/> Increased risk of loneliness and isolation particularly in later years.</p> <p><input type="checkbox"/> Homophobic Bullying for younger gay and bisexual men.</p> <p>Becoming a victim of homophobic hate</p>	<p>Organisations who are commissioned by PHA to deliver services from the mental health and emotional wellbeing and suicide prevention budget will be required to provide the following details on service users:</p> <p>Age.</p> <p>Gender.</p> <p>If gender identity the same as the gender you were originally assigned at birth.</p> <p>County of Birth.</p> <p>Religion. Ethnic group.</p> <p>Disability.</p> <p>Caring responsibility.</p> <p>Marital status.</p> <p>Political opinion.</p> <p>Sexual Orientation.</p>

crime. Stigma and discrimination relating to Sexual Orientation. Transgender Individuals and their families

Mental Health problems including anxiety and depression.

Increased incidence of suicide and self harm.

Increased risk taking behaviours including substance misuse.

Transphobic bullying for younger transgender people.

Becoming a victim of transphobic hate crime.

Increased risks associated with long term hormone use.

Stigma and discrimination relating to Gender Identity.

It is anticipated that the services to be commissioned by PHA will help address some of the mental health and emotional wellbeing issues faced by Lesbian and Bisexual Women, Gay and Bisexual men and Transgender individuals and their families.

It is envisaged that the services commissioned will complement existing services available to support the wide range of health and social wellbeing needs of LGB&T people in Northern Ireland.

It is recognised that although there are distinct differences experienced by each of the groups identified in Lot 1, 2 and 3 the negative health and social wellbeing impact and the health inequalities experienced by individuals as a result of sexual orientation

and/or gender identity are similar .

In order to ensure providers take into account and address diverse needs within the target groups relating to religion, age (older and younger people), marital and dependant status (those who have a family or elderly dependants), disability (those with physical, sensory or a learning disability) as well as ethnic minority people, the following has been built into the specification:

Providers must deliver the Services from geographical locations that are appropriate and accessible to the targeted Service Users for the relevant Lot and ensure an even distribution of sessions across Northern Ireland taking into account a mix of urban/rural locations. Providers must also ensure sensitivity with respect to location to allow for Service User confidentiality.

Providers must ensure that methods used in the delivery of the Service and premises are accessible to all Service Users. For the purposes of this clause, accessible means, as far as possible, ensuring the removal of barriers, or potential barriers, to the full participation of those Service Users with disabilities e.g. wheelchair access etc.

Providers must also actively engage with other organisations that are providing similar or complementary services in the area, to ensure that any benefits from working collaboratively can be realised.

As some individuals who identify as LGB and or T may wish to remain invisible and not engage with the Services, tenderers must demonstrate in their Tender Response how they would take this into consideration when developing their programme for the

relevant Lot applied for.

The provider will be asked as part of their contractual agreement with the PHA to implement the Core Standards relating to Promoting Mental and Emotional Wellbeing and Suicide Prevention. These Standards include particular standards on Equality and Diversity.

Additional requirements relating to the Equal Opportunities Monitoring Template will be gathered by the provider and collated as part of on-going monitoring returns to the PHA.

The PHA recognises that there are particular needs identified within each of the populations as outlined above and that not all of these needs will be met under this specification. However, the Equality Data gathered as part of this service will help ensure that future service developments can be tailored to meet the needs identified by each of the population groups i.e. Lesbian and Bisexual Women, Gay and Bisexual Men and Transgender Individuals and their families.

Regional Guidelines for the Management of Patient’s Absent without Leave (AWOL) from Adult Mental Health/Learning Disability Inpatient Settings

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Part of the monitoring process for the management of patients AWOL is the recording of Age and Gender; this will support analysis</p> <p>Trusts will be directed to monitor trends including for age and gender</p> <p>The guidance includes a provision instructing HSC staff to determine who the patient’s next of kin is and to keep them informed as appropriate.</p>	

Disability Placement Scheme

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The scheme incorporates provisions for identifying and making reasonable adjustments.</p> <p>Supported Employment Solutions are responsible for ensuring their communication and information is accessible for all.</p> <p>A number of placement locations are chosen to encourage access to the scheme for people in a range of areas and from a range of religious and community backgrounds.</p> <p>Identifying and addressing training and awareness needs of staff is also a key component. This should also capture training and awareness needs relating to multiple identities of participants (such as in relation to gender identity and sexual orientation).</p>	<p>Outreach measures by Supported Employment Solutions to target equality groups less likely to sign on with consortium organisations (including transgender people</p>

Disability Action Plan 2013-18 - reviewed August 2015

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>In developing the disability action plan staff with disabilities and staff who had caring responsibilities for people with disabilities were actively involved in its development</p> <p>This entire disability action plan has been developed as positive action, in order to make a difference to staff and service users with a disability.</p> <p>It offers commitments through a number of concise actions that have specified outcomes and precise timelines.</p> <p>By adopting this action plan we believe that we will be in a position to make tangible differences.</p> <p>In recognising the importance of accessibility the disability action plan includes a specific action for adaption and adoption of an accessible formats policy.</p> <p>Disability Awareness Days</p> <p><input type="checkbox"/> Work to feature specific disabilities will take into consideration the need to include a range of age groups,</p>	<p>The actions within the plan are time specific with specific outcomes highlighted. In progressing actions cognisance will be taken of the wider section 75 equality categories that are also the key characteristics of people with disabilities.</p> <p>Monitoring of the action plan on an ongoing basis is key as is the involvement of people with disabilities as identified as one of the actions in the plan.</p> <p>The following elements of the plan will be subjected to a stand alone equality screening, and where appropriate, equality impact assessment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work Placements <input type="checkbox"/> Staff Forum <input type="checkbox"/> Disability Awareness Days <input type="checkbox"/> Checklist and guidance for the involvement of people with a disability and their carers.

ethnic groups and genders when testimonials and case studies are selected.

Information distributed to staff will take on board the needs of both staff with a particular disability and staff who are carers.

Work Placements

We will work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups.

Staff Forum

We will ensure that the way the forum operates allows people with a range of disabilities and from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats and choosing accessible venues).

Annual Business Plan 2015-16

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>The Annual Business Plan development included ensuring that it fully reflected the PHA role in reducing health inequalities. Some of these explicitly aim to address key equality issues.</p> <p>Using our Communication department's expertise in public information the Business Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff.</p>	<p>The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout the year and will be closely monitored through a variety of established performance monitoring systems. When preparing the plan we took the opportunity to review the direction set out in the Corporate Strategy to ensure its continued relevance to our work.</p> <p>The Annual Business Plan will be widely accessible and will be available in alternative formats. As each of the actions are taken forward equality issues will be reviewed and addressed as appropriate. Service leads have been reminded to keep under constant review the need for screening at an early stage when planning.</p> <p>We will also implement the actions detailed in our action plan which accompanies our Equality Scheme 2013-18.</p>

Shared Reading Groups in the CJS

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Bidders will be asked to demonstrate measures to be put in place to allow prisoners with sensory impairments to participate in the groups, such as allowing them a copy of the material should they be deaf.</p> <p>Working with NIPS, all reading group sessions will be held in accessible venues so that prisoners with either physical disabilities or mobility needs due to age will be able to participate.</p> <p>Project leads to work closely with NIPS staff to ensure vulnerable prisoners are encouraged and facilitated to attend.</p> <p>Bidders will be asked to demonstrate experience in running groups for prisoners of various ages, ethnic backgrounds, health status, etc. and how the literature selected is reflective of these groups.</p>	

Framework for Stop Smoking Services

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Many components of the existing arrangements work well, produce positive results and help smokers to quit smoking. One of the key components of change will be the addition of modules offered to those staff that need trained who work specifically with a particular group of clients, for example – those who work with pregnant women or those who work in Mental Health settings. When appropriate, training will incorporate information on specific smoking trends (all those smokers with higher than average prevalence – disabled, disadvantaged, mental health patients, Looked After Children, Travellers, LGB and T, Prisoners, Homeless, People who are single and differing religions) and tailored needs of these groups where appropriate.</p> <p><input type="checkbox"/> Each training programme currently on offer in NI is delivered either 100% face-face or 100% online. To facilitate learning styles we have tendered for training that asks for both online and face</p>	<p>The equality screen has identified equality issues to be taken into account for the tender specification.</p> <ul style="list-style-type: none"> •As part of the tender specification and appointment of a training contractor, monitoring and review processes will be established to ensure stop smoking specialists have the relevant skills and training in order to meet the needs of the smokers across Northern Ireland. •The tender specification and responses will consider work actions relating to particular needs of Section 75 groupings in relation to communication and engagement. •The tender specification and responses will consider training each provider with knowledge of the potential communication needs of particular Section 75 groupings e.g. information in different languages / possibility of a translation service. •TSISG will consider seeking the views and experiences of service users through any satisfaction survey / evaluation in relation to stop smoking services across Northern Ireland. This type of survey/ evaluation could capture information from a range of section 75 or other groups. • TSISG Services & Brief Intervention Group will identify gaps in service provision and unmet need. • Consideration will be given to data capture regarding Section 75 of those staff participating in training.

<p>– face delivery methods.</p> <p><input type="checkbox"/> Information relating to section 75 is not available on the staff that are trained to deliver specialist stop smoking services in Northern Ireland.</p> <p><input type="checkbox"/> Minimum age to avail of specialist stop smoking training.</p> <p><input type="checkbox"/> Providers may have a limited or little use of technology or limited access to technology if training is delivered via online mechanisms.</p> <p><input type="checkbox"/> 65% of Pharmacists (the main stop smoking service provider type in NI) are female. Females are more likely to have dependants. This will need factored in to training plans.</p>	<p>The training specification will stipulate a minimum age in order to avail of specialist stop smoking training. This will need to be detailed through the registration process to avail of training. Feedback to date from pharmacists on the ground is that they prefer to complete online courses rather than face-face.</p> <p>The training specification will look at options which are flexible and accessible for those providers availing of training.</p>
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Annual Business Plan 2016-17

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>The Annual Business Plan development included ensuring that it fully reflected the PHA role in reducing health inequalities. Some of these explicitly aim to address key equality issues.</p> <p>Using our Communication department's expertise in public information the Business Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff.</p>	<p>The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout the year and will be closely monitored through a variety of established performance monitoring systems. When preparing the plan we took the opportunity to review the direction set out in the Corporate Strategy to ensure its continued relevance to our work.</p> <p>The Annual Business Plan will be widely accessible and will be available in alternative formats. As each of the actions are taken forward equality issues will be reviewed and addressed as appropriate. Service leads have been reminded to keep under constant review the need for screening at an early stage when planning.</p> <p>We will also implement the actions detailed in our action plan which accompanies our Equality Scheme 2013-18.</p> <p>Ultimately, however, we remain committed to equality screening, and if necessary equality impact assessing, the policies we develop and decisions we take.</p>

Section 75 Equality Action Plan 2013 – 2018

Public Health Agency

Any request for this document in another format or language will be considered.

Updated June 2016

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Appendix: Examples of groups covered under the Section 75 categories

Introduction

In 2010 the Equality Commission NI asked the Public Health Agency to develop an action plan outlining actions to promote equality of opportunity and good relations and address inequalities. Our first action plan was developed for a period of two years (2011-2013), to align it with our corporate and business planning cycles at the time.

This document presents the reviewed and updated action plan for the period 2013-18. In its development consideration was given to a review of existing priorities and consideration of new priorities. This plan is a 'live' document and as such will be reviewed on an annual basis.

The actions in this plan are reflective of the goals and common themes defined in the PHA's corporate strategy 2011-15. Each theme in the action plan includes a reference to the relevant goal or theme in the strategy, for ease of reference.

Equality Scheme commitments

Our action plan outlined actions related to our functions and took account of our equality scheme commitments relating to Section 75 of the Northern Ireland Act 1998. Our Equality Scheme is available on our website: www.publichealth.hscni.net

The law requires us when we carry out work that we promote equality of opportunity across nine equality categories; age, gender, disability, marital status, political opinion, caring responsibilities, sexual orientation, religion and ethnicity. The appendix provides examples of groups covered under these categories. It also requires us to consider good relations in relation to political opinion, religion and ethnicity.

In our Equality Scheme we gave a commitment to monitoring progress and updating the plan as necessary. We also said we would engage and consult with stakeholders when reviewing the action plan.

During the last two years we have kept our Equality Action Plan under review and reported annually, to the Equality Commission, on what we have done.

How we carried out the review

As we are coming to the end of our two years we undertook a larger scale review, to consider what actions to include in our new equality action plan.

In carrying out our review we considered a number of questions.

1. Have actions been delivered? If not these were carried over into our new plan.
2. Have intended outcomes been achieved? If actions were delivered but the intended outcome has not been achieved we carried over the priority into the new plan with new actions.
3. Were there actions identified in our first audit of inequalities but not prioritised for our first plan? If these are still relevant we carried them over into the new plan.

We also looked at a range of sources of information such as:

- new research
- new data having become available
- new equality screening exercises having been completed
- issues raised in consultations or through other engagement with staff and service users since our first action plan.

From this we considered if new actions needed to be developed for 2013-2018.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.
- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.

- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.
- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.
- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.
- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.
- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

Addressing inequalities in health and wellbeing is at the core of our work. As we face a difficult economic climate, inequalities may worsen over the coming period. For this reason, the PHA will redouble its efforts, working with partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective resources.

The PHA has been systematically examining evidence of best practice and effectiveness to ensure that investment and joint working will bring clear benefits. We are setting out four key themes to our work:

Give every child and young person the best start in life

Investment in early years brings significant benefits later in life across areas such as health and wellbeing, education, employment, and reduced violence

and crime. We are committed to pursuing strongly evidenced programmes to build resilience and promote health and wellbeing.

Ensure a decent standard of living for all

Lower socioeconomic groups have a greater risk of poor health and reduced life expectancy. We will focus efforts in a number of areas where, working with partners, we can impact on achieving a decent standard of living for all.

Build sustainable communities

The views, strengths, relationships and energies of local communities are essential in building effective approaches to improving health and wellbeing. We are committed to community development, engaging people in decision-making and in shaping their lives and social networks.

Make healthy choices easier

Creating an environment that encourages and supports health is critical. We are committed to working across a range of settings to ensure that healthier choices are made easier for individuals.

What is in our Equality Action Plan?

The following table outlines our key actions for the next five years. It does not reflect all of our work to address inequalities in health and wellbeing. Rather, it presents a set of priority actions relating to the nine categories under Section 75.

We will keep this plan under regular review and report annually on progress to the Equality Commission NI. We will undertake a wider review in five years. We will involve Section 75 equality groups and individuals in this review. This document is also available on our website: www.publichealth.hscni.net

The PHA Equality Action Plan 2013-2018

<p>Theme 1: Provision of Accessible Information</p> <p>Link to Corporate Strategy: 'Ensuring effective processes'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • people with a disability experience barriers in accessing website information • opportunity to mainstream consideration of accessible information needs in all projects involving the production of information materials <p>Evidence</p> <ul style="list-style-type: none"> • http://www.w3.org/standards/webdesign/accessibility 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>complete review of existing sites and ensure new sites are compliant with relevant guidelines and standards (such as W3C A4)</p> <p>Completed</p> <p>Monitor and review resources for positive images of equalities communities</p>	<p>Highest level of accessibility enables people with a disability to have equal access to information</p> <p>Positive images promote inclusion and recognise equality and diversity of the equalities communities we work with</p>	<p>Annual compliance check</p> <p>Images to be sourced through Physical and Sensory Disability Strategy Information Workstream</p> <p>Feature in CONNECT to raise awareness of need to be inclusive with images</p>	<p>Public and Professional Information Manager</p> <p>As above</p>	<p>Ongoing</p> <p>end Mar 2017</p>

Theme 2:

Cancer Screening

Link to Corporate Strategy:
4.6: Working with
communities to increase the
uptake of screening
programmes.

Key inequalities and opportunities to promote equality and good relations:

BME Groups - There are a number of factors that can influence participation by some BME groups in cancer screening, including:

- Divergence in perceptions held by screening staff and migrant ethnic groups regarding cancer screening.
- Suspicion of authority.
- The degree of knowledge about screening.
- The type of health care in individuals' native countries, i.e. no experience of these types of programmes.
- Lack of access to primary care.

Learning Difficulties - Cancer screening uptake is lower amongst the population of women with learning difficulties than among women in the general population. Barriers to accessing cancer screening include:

- communication issues, including literacy problems;
- consent issues;
- physical health;
- inability to undergo screening due to physical limitations

LGB&T - Lesbian women are less likely to participate in preventive health care, including breast and cervical cancer screening than heterosexual women. There is an assumption that they do not need to undertake cervical screening.

Physical and Sensory Disability - A key issue affecting those with sensory and/or physical disabilities is the availability of accessible information. The bowel cancer screening test kit is

	<p>completed by individuals at home. Due to the nature of the test (collecting a stool sample) individuals with a physical or sensory disability will have difficulty accessing the screening programme.</p> <p>Evidence</p> <ul style="list-style-type: none"> • People from these minority groups may have problems accessing or understanding information about cancer screening and in some cases the methods of screening may create obstacles for some individuals. The PHA does not have data of uptake of cancer screening by individuals from section 75 groups. Our data collection is not specific enough. There is anecdotal evidence that uptake of cancer screening is lower amongst some section 75 groupings. 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Monitor delivery of Women's Resource and Development Agency (WRDA) contract	The promotion of informed choice with regards to the cancer screening programmes in section 75 groups	(16/17 targets) <ul style="list-style-type: none"> • Number of awareness sessions delivered (101) • Number of special clinics held (number TBC) • Number of promotional events held (5) 	WRDA/ QARC	Contract to June 2018
Meet with gender identity groups	To discuss the issues around transgender people's awareness of and access to the cancer screening programmes	Meetings held and actions taken from these meetings.	QARC	end Mar 2017

Theme 3:

Childhood Immunisation

Link to Corporate Strategy:
1.8: Targeting immunisation programmes on areas of low uptake to help reduce inequalities.

Key inequalities and opportunities to promote equality and good relations:

- Whilst childhood immunisation uptake levels are generally very good in Northern Ireland and above the UK average there is variation in uptake. Lower levels occur in some areas of deprivation and also in some groups e.g. the Traveller community. There can also be problems with some recent migrants accessing vaccination services.

Evidence

- Vaccination uptake figures and reports from professionals working with affected groups.
- NICE Public Health Guidance 21: Reducing differences in uptake of immunisations in children and young people aged under 19 years.

This guidance identifies the following groups as being at risk of not being fully immunised:

- those who have missed previous vaccinations (whether as a result of parental choice or otherwise)
- looked after children
- those with physical or learning disabilities
- children of teenage or lone parents
- those not registered with a GP
- younger children from large families
- children who are hospitalised or have a chronic illness
- those from some minority ethnic groups
- those from non-English speaking families
- vulnerable children, such as those whose families are travellers, asylum seekers or are homeless.

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Continue to offer a one stop shop for new migrants that will include a range of services including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service).	The gap in uptake rates between the highest and lowest performing areas will be reduced as much as possible.	NINES will continue to offer service to new entrant children.	Belfast Trust working with PHA	Ongoing Service started, new elements still being added and developed
Continue to monitor uptake closely and work with professionals to achieve ongoing improvement.		Uptake levels will be monitored on a quarterly basis as immunisation statistics are produced.	Consultant health protection & health protection nurses.	end Mar 2017

<p>Theme 4:</p> <p>Migrants (relevant to both duties under Section 75)</p> <p>Link to Corporate Strategy: 2.7: Focusing on communities experiencing significant social deprivation and health need, as well as social groupings that have fallen behind levels of health expected by our society.</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • There is a lack of robust data on the health and social wellbeing needs of migrants in NI; • There is a need for more partnership working among all key stakeholders, in particular with migrant groups; and • for a more co-ordinated approach in addressing migrant health and social wellbeing issues across NI. <p>Evidence:</p> <ul style="list-style-type: none"> • Health and Social Needs among Migrants and Minority Ethnic Communities in the Western area (Jarman, 2009); • Barriers to Health: migrant health and wellbeing in Belfast. A study carried out as part of the EC Healthy and Wealthy Together project (Johnston, Belfast Health Development Unit 2010); • Health Protection Issues Affecting Immigrants – A Literature Review (Veal and Johnston 2010 unpublished). 			
<p>Action Point</p>	<p>Intended Outcome</p>	<p>Performance Indicator and Target</p>	<p>By Whom</p>	<p>By When</p>
<p>Establish the delivery of a new entrant service in the Southern HSC Trust locality and continue to offer existing service in the Belfast HSC Trust locality</p>	<p>The gap in uptake rates between the highest and lowest performing areas will be reduced as much as possible.</p>	<p>NINES will continue to offer service to new entrant children.</p> <p>NINES will continue to offer help to ensure that essential</p>	<p>Belfast Trust and Southern HSC Trust working with PHA and</p>	<p>end Mar 2017</p>

these include a range of programmes including bringing children up to date with their immunisations. (Known as NINES – Northern Ireland New Entrant Service) and supporting the integration of Syrian Refugees into NI society		services are provided to newly arrived Syrian refugees in an efficient, effective and sensitive manner and that Syrian refugees are assisted to settle into their new lives in Northern Ireland and successfully integrate into Northern Ireland society.	HSCB	
Continue to improve data collection of migrants and their health and social wellbeing needs with a particular focus on community systems (SOSCARE); hospital systems (PAS) and GP systems.	Improved data collection on the health and social wellbeing needs of minority ethnic communities in NI	Review and amendment, as required, of the identified data sources across NI	Pilot Ethnic Monitoring Project	end Mar 2017
Consider the findings of the evaluation of the Stronger Together Network to assess the extent to which the project has achieved its aims and objectives.	Improved decision making leading to more effective programme delivery.	Ongoing feedback from key stakeholders and network users (minimum 55%) from across HSC and ethnic minority groups across Northern Ireland.	South Tyrone Empowerment Programme (STEP)	end Mar 2017
Continue to develop a pilot service to support the	Increased knowledge of effective approaches relating to promoting	Three year service delivery plan developed including	South Tyrone	end Mar

mental health and emotional wellbeing needs of ethnic minority communities across Northern Ireland	minority ethnic mental health and emotional wellbeing.	details of geographical reach; key milestones and timeframes.	Empowerment Programme (STEP)	2017
Continue to work with key agencies and organisations across the sectors to review, develop and implement an annual regional action plan to address minority ethnic health and social wellbeing issues	Co-ordinated, cross-sectoral action undertaken to address identified minority ethnic health and social wellbeing needs	Annual Action plan developed and being implemented	Regional ME Steering Group	Annually by end Mar 2017

<p>Theme 5: Lesbian, Gay, Bisexual and Transgender</p> <p>Link to Corporate Strategy: 2.7: Focusing on communities experiencing significant social deprivation and health need, as well as social groupings that have fallen behind levels of health expected by our society.</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <p>Employment generally</p> <ul style="list-style-type: none"> • atmosphere and culture of discrimination, exclusion, homophobia and heterosexism (language, jokes, comments, graffiti) • lack of confidence in reporting and disciplinary procedures • lack of visibility of LGB&T people in the health and social care workplace <p>Services</p> <ul style="list-style-type: none"> • research in England on LGB&T experience of healthcare suggests numerous barriers including homophobia and heterosexism, misunderstandings and lack of knowledge, lack of appropriate protocols, poor adherence to confidentiality and the absence of LGB&T -friendly resources • LGB&T people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people. Other issues include; access to services and attitudes. Issues regarding Older LGB&T in communal facilities, with concerns around negative responses on the grounds of their sexuality from institutions when life changing events occur for example, loss of independence through hospitalisation, going into residential home or having home carers. <p>Research</p> <ul style="list-style-type: none"> • To date very little general LGB&T health research has been published in Northern Ireland <p>Evidence</p> <ul style="list-style-type: none"> • publications summarised and referenced in: PHA (2011): Health Intelligence Briefing on Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues HSC (2010): Section 75 Emerging Themes across Health and Social Care. Section 9
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	<ul style="list-style-type: none"> The Rainbow Project (2011) Through Our Eyes: Experiences of Lesbian, Gay and Bisexual People in the Workplace. 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
eLearning				
engage with key stakeholders	Increased capacity of staff working across HSC settings to better meet the needs of the LGB&T population.	E-learning programme promoted to staff working across HSC Settings by e-mail and on intranet sites.	Deirdre McNamee	end March 2018
Promote e-learning programme.		E-Learning programme used as part of induction programme and ongoing Equality and Diversity Training.	Human Resources	
		Use of programme monitored and feedback from learners used to inform changes. Link to training publicised on dedicated LGB&T website.	Deirdre McNamee	
		E-learning programme promoted as part of KSF requirements for all staff.	Human Resources	

HSC staff forum				
Continue to support the HSC LGB&T Staff Forum.	LGB&T staff working within HSC organisations feels valued, equal and are empowered to contribute to effect change in the organisation. HSC organisations visibly demonstrate their commitment to promoting equality for LGB&T staff	LGB&T staff are willing to engage with the Forum and contribute to action plan for the year. New members join the Forum and e-mail circulation list. Forum members contribute to the development of and ongoing updating of the Forum website.	Deirdre McNamee	end Mar 2018
Maintain a dedicated website for the Forum.				
Research				
Deliver on recommendations from the PHA staff survey which was carried out as part of the Diversity Champion programme	Organisation has robust evidence to develop actions to support LGB&T individuals working in the HSC sector. LGB&T staff individuals will feel that their needs are being considered organisation is in a position to measure outcomes of agreed actions	Survey completed and report produced findings disseminated and learning/feedback considered as part of the Diversity Champion programme.	PHA Health Intelligence BSO The Rainbow Project	end Mar 2018

Mental Health and Emotional Wellbeing				
<p>(5) Commission services to support the mental health and emotional wellbeing needs of Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families.</p>	<p>Individuals who identify as LGB&T will have access to services to help address their mental health and emotional wellbeing needs.</p> <p>Transgender individuals and their families will have access to support.</p> <p>Sexual Orientation and Gender identity training will be available across all HSC localities.</p>	<p>Regional specifications developed.</p> <p>Tenders awarded for three years 2015-2018</p> <p>Services delivered across all 5 HSC Localities.</p>	<p>Deirdre McNamee</p>	<p>end of March 2018.</p>

<p>Theme 6: Personal and Public Involvement</p> <p>Link to Corporate Strategy: 'Personal and public involvement'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • Work to embed the culture of Personal and Public Involvement (PPI) within this, and other HSC organisations. Strategically promote and enhance the concept and culture of personal and public involvement. <p>Evidence</p> <ul style="list-style-type: none"> • Research on service user and carer involvement and experience throughout HSC 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>Develop a protocol to evidence compliance with personal and public involvement for planning, delivery & evaluation of services.</p> <p>Completed</p>	<p>Identify opportunities for involvement of service users and carers including Section 75 groups</p>	<p>Protocol developed</p>	<p>PHA PPI Team</p>	<p>Dec 2013</p>
<p>Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.</p>	<p>Section 75 groups will have an opportunity to become engaged in PPI activity through PHA funding.</p>	<p>25% of PPI Projects will involve Section 75 groups.</p>	<p>PHA PPI Team</p>	<p>end March 2017</p>

<p>Commission PPI training programme for use across HSC.</p> <p>Completed</p>	<p>To raise awareness and understanding of the principles, values and practice of PPI. Helps to ensure HSC organisations are proactive in their involvement of service users, carers and Section 75 groups.</p>	<p>PPI Training Programme commissioned.</p>	<p>PHA PPI Team</p>	<p>March 2014</p>
<p>Develop a PPI communication and promotional strategy.</p> <p>Completed</p>	<p>Promote the concept of PPI. Ensure that Section 75 groups are represented in PPI Communication Strategy.</p>	<p>Communication Plan developed.</p>	<p>PHA PPI Team</p>	<p>March 2014</p>
<p>PHA to identify gaps in PPI research, theory & practical application.</p> <p>Commission research with a focus on lessons to be extrapolated & shared across the HSC.</p> <p>Publish research and implement recommendations as part of the PHA PPI Action Plan</p>	<p>Ensure that PPI is actively researched in a Northern Ireland Context, taking into consideration Section 75 groups.</p>	<p>GAP analysis. Research commissioned. Learning applied.</p>	<p>PHA PPI Team/PHA R&D Office</p>	<p>Dec 2013 June 2014 onwards end Mar 2017</p>

<p>Theme 7: PHA as an employer Link to Corporate Strategy: 'Ensuring effective processes'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • opportunity to better promote equality for older staff who may wish to work on (potential lack of dedicated information) • lack of comprehensive staff equality data <p>Evidence</p> <ul style="list-style-type: none"> • feedback from staff; submission from Older People's Advocate 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Older people				
engage with staff to find out about staff preferences for working on beyond previous retirement age and suggestions for additional support	PHA staff are in a position to make informed choices in relation to working beyond previous retirement age Older staff are choosing to work on are supported	engagement event has taken place	Operations & Human Resources	end Mar 2017
Meeting section 75-related needs of staff				
work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for staff from a range of Section 75 groups	Increased capacity of line managers to identify and respond to the range of Section 75 needs of their staff staff feel that their needs are being met	resource produced	Human Resources	end Mar 2017

Section 75 monitoring				
<p>Monitor completion figures</p> <p>Continue to encourage staff to complete equality data section on HR system via self-service</p>	<p>robust data is in place to allow assessment of impacts and developing targeted actions</p>	<p>gaps have been identified and staff datasets are comprehensive</p>	<p>Human Resources</p>	<p>end Mar 2017</p>

<p>Theme 8: Board composition Link to Corporate Strategy: 'Ensuring effective processes'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> lack of comprehensive data on the Section 75 profile of members of HSC boards; indications that some groups are under-represented (including ethnic minorities, younger people, people with a disability) <p>Evidence</p> <ul style="list-style-type: none"> no robust information available; submission from Older People's Advocate 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
<p>Approach Office for Public Appointments or Public Appointments Unit to welcome thoughts on the matter and seek advice on how greater diversity can be achieved</p>	<p>the Agency uses its influence to promote diversity</p>	<p>Engagement undertaken</p>	<p>Operations</p>	<p>end Mar 2018</p>

Appendix Examples of groups covered under the Section 75 categories

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

Category	Example groups
Religious belief	Buddhist; Catholic; Hindu; Jewish; Muslim, people of no religious belief; Protestant; Sikh; other faiths.
Political opinion	Nationalist generally; Unionists generally; members/supporters of other political parties.
Racial group	Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.
Men and women generally	Men (including boys); Trans-gendered people; Transsexual people; Women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995. This includes people affected by a range of rare diseases.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.



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Updated June 2016

Disability Action Plan 2013-2018

Public Health Agency (PHA)

**What we did between April
2015 and March 2016**

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

(1) Communication

Action Measure (the numbering reflects the order in the Disability Action Plan itself)	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites. <ul style="list-style-type: none"> • Review information materials including website. 	Disabled people are portrayed in a positive manner.	Checklist for authors developed and in use. Review of information materials including website undertaken	Business Services Organisation's (BSO) Equality Unit Year 2 onwards
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year <ul style="list-style-type: none"> • Last year we produced guidance and a checklist for our staff. We wanted to support staff in thinking about the images they use in leaflets, booklets and on the website. • This year we talked to colleagues from across Health and Social Care organisations about working together on images. We agreed with them that together we will develop an image library that all staff can use. The group to do this is called the Information Workstream of the Physical and Sensory Disability Strategy. 			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
2. Assess and improve accessibility of website <ul style="list-style-type: none"> • Continue to undertake assessment against recognised standard • Address any issues of inaccessibility 	Improved accessibility	Website accessibility of recognised standard.	Communications Year 3
<p>Relevant Duty: Promote positive attitudes towards disabled people AND Encourage participation of disabled people in public life.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • We have added tabs and links on Accessibility to our websites. This also helps promote compliancy. We have also developed and agreed an accessibility statement. • This work is now completed. 			
Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
3. Put in place contractual arrangements for the production of materials in alternative formats. <ul style="list-style-type: none"> • Undertake a scoping exercise by type of format based on current and best practice in UK 	Accessible formats are more readily available	Contracts in place Arrangements are in place to support staff in procuring materials in alternative formats	BSO Equality Unit Year 3

<ul style="list-style-type: none"> • Where appropriate undertake tender exercise and put contracts in place 			
<p>Relevant Duty: Encourage participation of disabled people in public life.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • Our procurement colleagues looked at contracts that health organisations in Great Britain have for other formats. Next year, we will discuss with colleagues from other health and social care organisations what we should do. Our procurement colleagues help us with this. 			

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>5. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring. Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system)</p>	<p>More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.</p>	<p>increase in completion of disability monitoring information by staff to 90%</p> <p>Prompt issued to staff on a regular basis.</p>	<p>PHA Year 2 onwards</p>
<p>Relevant Duty: Promote positive attitudes towards disabled people.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> This year for six weeks we ran a campaign to encourage our staff to tell us whether or not they have a disability. We sent emails and put up posters. In our organisation staff themselves can keep their equality data up to date on a database. We can't make staff do that. We can only ask them to do so and explain why it is good for them to let the organisation know if they have a disability. 			

- When we looked at the data afterwards we saw that only a few more people filled in this information. Also, we found that a few more people who have a disability provided this information on the database. But the changes are really small. So we need to keep working on this.
- When we asked staff what puts them off some told us they are afraid that they will be treated unfairly if they say that they have a disability. Others said they don't think that the organisation needs to know that they have a disability. We want to talk to our disability staff forum next year what we else we could do.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
6. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs.	Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	PHA Year 1 onwards BSO Equality Unit Year 3

Relevant Duty: Promote positive attitudes towards disabled people.

What we did over the last year

- We featured two disability awareness days again this year. These were Hearing Loss and Deafness in September and Learning Disabilities in January 2016.

- Staff and volunteers from Action on Hearing Loss came to some of our offices and spoke about the experience of living with sight loss. They also offered doing hearing tests. We were surprised how many staff wanted to get this test done on the day.
- In January, Mencap and the Evergreen Centre helped us raise awareness of learning disabilities. They gave a talk and brought a lot of information with them.
- On both days we also put together a leaflet for staff. These were part of our series called 'Disability Insight' with key information. We also provided links to videos with testimonials from people who live with these conditions. We wanted staff to have the chance to listen to people with a disability first hand.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
7. In collaboration with people with a disability review current guidance and produce revised guidance on support for staff with a disability.	Staff with a disability are supported and staff are empowered to provide support.	Guidance in place for staff with a disability on what support is available. Guidance promoted via websites, newsletters, emails by line managers and included in application packs.	PHA Year 3

Relevant Duty: Promote positive attitudes towards disabled people.

What we did over the last year

- We looked through websites to see what other organisations have done. Next year we want to speak to our disability staff forum about what information they think would be helpful for staff with a disability to receive. After that, we want to speak with disability organisations about their thoughts. Then we want to put together a guidance document.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
8. Mental Health and Learning Disability: Raise awareness of carers supports and help identify need to support employees of PHA who also hold the role as carer to someone with a disability	Staff awareness and knowledge is strengthened	Awareness raising materials and correspondence circulated to staff Staff feedback	Assistant Director of Nursing, Safety Quality and Patient Experience (by Mar 2017)
Relevant Duty: Promote positive attitudes towards disabled people.			
What we did over the last year <ul style="list-style-type: none"> Mental Health First Aid training was offered to employees of PHA/HSCB. A new programme of training will be available in 2016/17 and details will be circulated when available. Human Resources are currently conducting an analysis of training uptake to assess need. 			
Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
9. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on	Increased staff and Board Member awareness of the range of disabilities and needs.	25% of staff and Board Members have successfully completed the disability module of Discovering	PHA Year 2 onwards

<p>disability equality and disability legislation.</p> <ul style="list-style-type: none"> • Maternity Strategy: Get a disability specialist midwife who is disabled to provide an update on best practice. • Health Protection: Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting. 		<p>Diversity by end March 2016, 50% by end March 2017, 65% by end March 2018</p> <p>All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms</p> <p>Meeting minutes</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience (by Mar 2016)</p> <p>Assistant Director Health Protection (by Mar 2016)</p>
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Relevant Duty: Promote positive attitudes towards disabled people.

What we did over the last year

- By end March, we found that only 5 % of our staff had done eLearning training on disabilities. During the year we started producing a new eLearning module on equality awareness. We work with colleagues in the BSO and Health and Social Care Trusts on this. The module includes awareness of the law regarding people with a disability. Next year, we want to do a short campaign to raise awareness of the modules and get more staff to complete them.
- **Maternity Strategy:** We had a first conversation with a midwife who has a special interest in disability in pregnancy. This is because we want to better identify these women and provide appropriate care.
- **Health Protection:** We didn't invite a speaker this year. We are planning to do this next year. In the meantime, we have added disability as a standing item to Health Protection staff meetings. This means that we talk about disability issues every time we meet. This way we make sure that staff are aware of ongoing issues.

(3) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
10. Develop checklist and guidance for the involvement of people with a disability and their carers.	Greater accessibility and involvement for adults and children where relevant with disabilities. Barriers are removed.	Checklist in place and in use on involving people with a disability in meetings including payments of expenses.	BSO Equality Unit Year 3
Relevant Duty: Encourage participation by disabled people in public life.			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • We talked to people who have a disability. A number of organisations helped us. These included ARC NI, Autism NI, British Deaf Association NI, Omnibus Partnership, Patients Group of Royal College of GPs, Positive Futures, Southern Health and Social Care Trust, Telling it like it is group.. • With them we looked at what good involvement of people with a disability in our work should look like. We put that in a document for all staff. That way they can easily check whether they are doing things right when they organise meetings. • This work is now done. 			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>11. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.</p> <ul style="list-style-type: none"> • 10,000 Voices: Proactively target disability groups to advise of the initiative and how they can become involved (issue press releases; send information leaflets and posters to groups) Facilitate their involvement (make surveys accessible to people with a disability) • HSC Research & Development: Disseminate specifically to relevant disability 	<p>Better engagement of people with a disability (adults and children where relevant) in key areas. People with a disability are encouraged and empowered to participate in public life.</p>	<p>Opportunities provided in key areas. Annual review of progress to ECNI</p> <p>Correspondence in relation to the initiative, how to get involved and contact details will regularly be sent to a list of disability organisations</p> <p>Correspondence circulated to list of disability organisations and via PCC newsletter</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience (by Mar 2016)</p> <p>Assistant Director HSC Research</p>

<p>organisations information on 'OK TO ASK' Campaign being undertaken to encourage members of the public including those with disability to participate in research and clinical trials to mark Clinical Trials Day on May 20.</p> <ul style="list-style-type: none"> HSC Research & Development: Provide Personal and Public Involvement training to encourage and provide guidance to researchers on how to involve service users and carers as partners in the research process and to raise awareness of research with service users including those with disability and members of the public. Training for researchers and service users and carers provided through 		<p>Training materials provided to each participant and available on website</p>	<p>and Development (annually from 2015-16 onwards)</p> <p>Assistant Director HSC Research and Development (by Mar 2017)</p>
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<p>workshops and master classes facilitated by researchers as well as service users with disabilities. Training materials provided to give guidance on how to involve and support service users and carers including those with special needs at training days and on website.</p> <ul style="list-style-type: none"> • HSC Research & Development: Offer opportunities to participate in funding panels for 2016 Doctoral Fellowship Scheme and the 2015 Enabling Awards Scheme and other opportunities as they arise. • HSC Research & Development: Offer opportunities to participate in project 		<p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members</p> <p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group</p>	<p>Assistant Director HSC Research and Development (by Mar 2016)</p> <p>Assistant Director HSC Research and</p>
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<p>steering groups for particular research projects already funded e.g. awards made via the Bamford Research Programme; Dementia Research Programme and NIHR award on stroke prevention or in a consultation capacity.</p> <ul style="list-style-type: none"> HSC Research & Development: Involve carers and service users with disability as speakers at annual social care conference in February 2016. HSC Research & Development: Survivors of cancer and carers will deliver Building Research Partnership Course in 2 one day workshops to encourage research collaborations between 		<p>members</p> <p>List of speakers</p> <p>List of facilitators will demonstrate involvement of people with a disability</p> <p>Training manual available and provided to facilitators</p>	<p>Development (by Mar 2017)</p> <p>Assistant Director HSC Research and Development (by Feb 2016)</p> <p>Assistant Director HSC Research and Development (by Oct 2015)</p>
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<p>researchers and service users to be held in April and October 2015.</p> <ul style="list-style-type: none"> HSC Research & Development: Train young people with mental health needs to collect data in a pilot study being run as part of a project funded under the Bamford Research programme and delivered by QUB. Health Protection: Liaise with disability organisations and involve them in the planning process for any HP events e.g. Health Protection Symposium 2016. Health Protection: Ensure that active consideration is given to 		<p>Young people named as co-researchers in research reports and presentations</p> <p>Briefing paper provided for Health Board, DHSSPSNI and other key stakeholders</p> <p>Report produced evaluating this initiative published in peer reviewed journal and disseminated at conferences</p> <p>Minutes of meetings and correspondence with disability organisations</p> <p>Engagement with people with a disability</p>	<p>Assistant Director HSC Research and Development (by Mar 2017)</p> <p>Assistant Director Health Protection (by Mar 2017)</p> <p>Assistant Director Health</p>
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<p>those with disabilities when organising local/regional Health Protection events e.g. PHA stand at the Balmoral Show (Health Protection are displaying Hand Hygiene related events on this stand)</p> <ul style="list-style-type: none"> • Health Protection: Liaise with Communications Team to ensure that internal/external events etc. are advertised. Ensure that Health Protection has access to e-mail circulation lists for disability organisations. 		<p>Correspondence circulated to list of disability organisations</p>	<p>Protection (by Mar 2017)</p> <p>Assistant Director Health Protection (by Mar 2016)</p>
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Relevant Duty: Encourage participation by disabled people in public life.

What we did over the last year

- Health Protection:
 - We will be planning a Health Protection Symposium in 2016-17. We will consider linking up with disability organisations when we start the planning. We did not hold a symposium in 2015-16.

- Health Protection Events: This year we held a hand hygiene event at St George's Market in Belfast. We thought about people with disabilities. We made sure that the stand was located on the ground floor, close to an entrance and with no access difficulties. It also had a high level of natural light.
- We advertise all events advertised on social media and include Twitter feed where we think it is useful. We have access to email circulation lists via colleagues in the communications department who are looking into interactive websites for service users.
- Nursing and Allied Health Professions:
 - The 10,000 Voices Team have proactively targeted a range of disability charities. This is to encourage people with a disability to be involved and take part in the initiative. Many times the 10,000 Voices team have assisted patients and service users one on one to complete the survey. Also, the team approached the following groups:

RNIB

We talked to RNIB to engage with people with visual impairments or who are registered blind to become involved in the 10,000 Voices initiative. We arranged focus groups at which people with visual impairments “told their story” and described their experience of health and social care.

CAMHS and Autism

We talked to specialists who work in the Children and Adolescent Mental Health Services or in the Autism Services. This was to develop a survey. We wanted to listen to and learn from patients who use these services. The surveys were designed to meet the needs of the patients. We held workshops so that people who use the service could become involved in the design of the survey.

ARC NI – Association for Real Change

The 10,000 Voices team are working with the ARC NI Association in order to promote the 10,000 Voices initiative and enable patients who have a learning disability to become involved.

- HSC Research and Development:
 - Ok to ask campaign was held in May 2015 and currently being planned for 2016. <http://www.research.hscni.net/ok-ask-events-international-clinical-trials-day>
 - We highlighted events on our website which are open to service users and public <http://www.research.hscni.net/events>
 - Building Research Partnership Workshops were held for service users and researchers on how to implement Personal and Public Involvement in research <http://www.research.hscni.net/16-june-2016-building-research-partnerships-workshop>
 - We also updated the website to include Information and guidance for researchers and members of the public on how to implement Personal and Public Involvement in research <http://www.research.hscni.net/personal-and-public-involvement-ppi-research>
 - Two Personal and Public Involvement Representatives were part of each of the evaluation panels for the Knowledge Exchange Scheme 2015 and Doctoral Fellowship Scheme 2016 <http://www.research.hscni.net/how-funding-decisions-are-made#Panel> Equality monitoring information is now collected from all panel members.
 - Service users with dementia, learning disability, mental health issues and their carers have been involved in the steering groups for the Bamford and Dementia Research Programmes. Persons with dementia and young people who are care leavers are also involved on two of these projects as peer researchers.
 - Service users and carers were involved in the planning and delivery of the social care conference in February 2016. <http://www.research.hscni.net/social-care-conference-bridging-gap>
 - Two people living with and beyond cancer facilitated the delivery of the Building Research Partnerships course in April and November 2015. The two carers were unable to take part due to recent bereavements.
 - Young people with mental health needs who have left the care system have been trained as peer researchers. This is to collect data in a pilot study being run as part of a project funded under the Bamford Research programme, delivered by QUB. This study is currently being written up and will report soon. A young person presented the study at a Training Day held in June 2015.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>12. Explore scope and interest in the establishment of a forum for staff on disability (open to staff with a disability, carers of people with a disability and those with an interest, including trade unions).</p> <ul style="list-style-type: none"> • Engage with HSC Trusts to establish current practice • Develop regional approach to complement current structures • Engage with staff • Put forum in place and promote to staff 	<p>Better involvement of staff with a disability in decision-making.</p>	<p>Options paper</p> <p>Staff survey responses.</p> <p>HR Directors Forum Minutes</p> <p>Forum Terms of Reference.</p>	<p>Agency Management Team/BSO Equality Unit</p> <p>Year 2 onwards</p>
<p>Relevant Duty: Encourage participation by disabled people in public life.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • We did a survey with our staff to find out about their ideas for a staff forum. X people from the PHA took part. Across all our organisations together we had x staff who did the survey. After it, we invited staff to meetings to tell us more. We talked about what the forum should look like, who should be able to join it and what could people put off from taking part. These discussions really helped us. 			

- We then ran a competition to choose a name for the forum.
- In March 2016, we launched the forum. We invited all our staff to come.
- This work is now completed.

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>16. Explore the scope and options for identifying and promoting an advocate or specialist with role to support and advise staff on disability issues.</p> <ul style="list-style-type: none"> • Explore best practice • Engage with staff • Identify advocate or specialist 	<p>Improved support for staff.</p>	<p>Scoping Report. Annual Review of Progress ECNI</p> <p>Staff Feedback</p>	<p>BSO Equality Unit Year 2</p>
<p>Relevant Duty: Encourage participation by disabled people in public life.</p>			
<p>What we did over the last year</p> <ul style="list-style-type: none"> • The newly establish Disability Staff Network will offer support and advice to staff on disability issues. This has been written into the terms of reference of the Staff Network. All members will be advocates. The network has set a work plan for the year and is keen to establish the forum as a place where staff with disabilities can turn to for advice. • This work has now been completed. 			

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
17. Offer mentoring opportunities for young adults and older adults with disabilities as appropriate. <ul style="list-style-type: none"> • Review best practice • Engage with disability organisations • Produce guidance • Identify mentors 	People with a disability gain meaningful work experience.	Mentoring opportunities provided as appropriate and report to ECNI.	BSO Human Resources Year 2
Relevant Duty: Encourage participation by disabled people in public life.			
What we did over the last year <ul style="list-style-type: none"> • As we said last year, we think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum next year. 			
Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
18. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice, making use of voluntary expertise in this area. Produce practical guidance on process and support available.	People with a disability gain meaningful work experience.	Guidance paper. Provide increased number of placements. Placement participants feedback from evaluations Managers feedback from evaluations	BSO Equality Unit BSO Human Resources Year 1 onwards

Relevant Duty: Encourage participation by disabled people in public life AND promote positive attitudes.

What we did over the last year

- We sent information to all our senior managers about placements. We asked them to have a think whether they could offer a placement for a person with a disability. We told them about how the placements work and what they need to do. We learned from the health and social care organisations who had somebody with them last year. They told us what went well. They were also able to tell us what we need to do differently.
- Two people with a disability started with us in December. They will spend 26 weeks on their work placement. One person works in our Public Health Directorate, the other in our Directorate for Nursing and Allied Health Professions. Half way through their placement we offered them training on how to apply for jobs in Health and Social Care. We also took them through mock interviews.

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
19. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions).	Greater numbers of people with a disability apply and remain in the PHA workforce.	Increase in disability marked on equal opportunities monitoring forms and HRPTS Information pack for applicants with a disability developed and in use.	PHA Year 3

Relevant Duty: Encourage participation by disabled people in public life.

What we did over the last year

- Again, we think that staff who have a disability themselves are the ones who should decide how we best do this. We therefore want to bring this suggestion to the staff forum next year.

(5) Additional Measures

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.
- We report on progress against our Disability Action Plan to our Board and Agency Management Team (the people at the top of our organisation).

(6) Encourage Others

- We include questions relating to the two duties in our equality and human rights screening form. The screening form is completed for all policies and decisions. This includes work that other organisations will do for us. This includes, for example, contracts that we have with voluntary sector organisations for health promotion work.

(7) Monitoring

- We evaluated what difference our campaign made to encourage staff to fill in their disability information on the Human Resources IT system.

- In March we set up a meeting with those who are on a work placement with us under the Disability Scheme and with their Employment Support Officers. This will help us to evaluate how the scheme went this year. We will also invite all their placement managers to a meeting when placements finish in June.
- We have introduced equality monitoring forms to see how diverse our evaluation panels for the Knowledge Exchange Scheme 2015 and Doctoral Fellowship Scheme 2016 are.

(8) Revisions

- Between January and March 2015 we asked all the teams in our organisation to have a think about what else they could do to promote positive attitudes and to give people with a disability more chances to be involved in our work. We wanted to make sure that all parts of our organisation take part. They came up with new ideas. In July 2015 we published our updated plan.

(9) Conclusions

We completed 8 actions (#2,5,6,8,10,12,16,18).

We have not yet done what we said we would do under actions #7,17,19. This is because we think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum once it is up and running. We will do this before the end of June 2016. We also haven't done #9 yet. We will do so in 2016-17.

We still have some work to do to complete actions #1,3,11.

All of the actions in our action plan are at regional and at local level.

Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.



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You can also email us through our website on:

<http://www.publichealth.hscni.net/contact-us>

June 2016

Disability Action Plan 2013-2018

Public Health Agency (PHA)

Updated June 2016

If you need this document in another format or language please get in touch with us. Our contact details are at the back of this document.

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Introduction

The Public Health Agency has to follow the law which says that in our work we have to

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

The law also says that we have to develop a disability action plan. We have to send this plan to the Equality Commission. The plan needs to say what we will do in our work to make things better for people with disabilities.

As Andrew Dougal and Eddie Rooney – Chair & Chief Executive of the Public Health Agency – have stated we want to make sure we do this in a way that makes a difference to people with a disability. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from this plan in the yearly plans we develop for the organisation as a whole. These are called ‘corporate’ strategies or ‘business’ plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our plan.

We will make sure we let our staff know of what is in our plan. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Ed McClean.

When you have any questions you can contact Ed McClean at:

Name: Ed McClean

Title: Director of Operations

Address: 4th floor (South), 12-22 Linenhall Street, Belfast, BT2 8BS

Telephone number: 03005550114 prefix with 18001 for Text Relay

Email: Edmond.mcclean@publichealth.hscni.net

How we will review this plan

Every year we will write up what we have done of those actions we said we would take. We will send this report to the Equality Commission. We will also publish this report on our website:

<http://publichealth.hscni.net>

We have a look at the plan every year to see whether we need to make any changes to it. If we need to, we write those changes into the plan. Before we make any big changes we talk to people who have a disability to see what they think.

After five years we will look at our plan again to see how we have done. We will also see what else we could do.

Whenever we develop or look at our plan we will invite people who have a disability to work with us.

Who is included in our plan?

Our plan relates to the following key areas:

- Physical disabilities;
- Sensory disabilities;
- Learning disabilities;
- Mental health disabilities; and,
- Other hidden disabilities.

It also covers people who are included in more than one of these areas. We have other equality laws that require us to promote equality of opportunity across a number of diverse categories. In our plans we need to also think about other factors such as caring responsibilities, age, gender, sexual orientation, ethnicity and marital status.

How we developed this plan

In starting off to develop this plan we looked at what we have done so far to make a difference for people who have a disability. We then read up on what the Equality Commission said would be good

to do. This was after they had looked at what other organisations have done.

All this helped us think about what else we could do to make a difference.

We thought it was important to involve people who have a disability in developing our plan. So we invited any of our staff who have a disability to be part of a small group to work on this. We also said that any of our staff who are interested could join.

We then invited disability groups to a meeting to find out what they thought about our ideas. We also asked them whether there was anything else we could do.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.
- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.
- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.

- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.
- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.
- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.
- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

How people can be involved in our work

There are a number of ways in which people can be involved in the work of the Public Health Agency. This includes:

- Focus groups in the development and evaluation of relevant public information campaigns, for example on flu or bowel cancer screening
- People with a disability and carers are involved in commissioning work on older people (represented on reference group)
- Neurological Conditions Network

- Reference group for regional guidance on the use of observations and therapeutic engagement
- HSC Research and Development: Evaluation Panels for research applications (such as in relation to learning disability and mental health needs).

What we have done up to now

This is some of what we have done already to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

Promoting positive attitudes towards disabled people

- Images and photographs of events will include people with a disability whenever they participate in these
- For information targeted at people with a disability efforts are taken to include photographs of them
- Disability issues are covered in much of PHA's communication due to its remit (for example reports on PHA conferences such as on brain injuries)
- Mental Health training sessions for staff (pilots delivered in 2011-12, "Mood Matters" sessions delivered in 2012-13; six-week course "Life Skills" offered during 2012-13)
- The Equality Unit at the Business Services Organisation worked on our behalf on the development of an elearning resource on disability. This resource was launched in May 2011 and is now available to all Health and Social Care staff.
- The Equality Unit includes the disability duties in all Equality Awareness and Screening Training that it delivers to our staff.
- In Screening Training we look at how the disability duties can be considered in practice. Whenever staff take decisions they must write down what they have done or plan to do to promote the disability duties in their decision.

Encourage the participation of disabled people in public life

- At induction individuals are asked about their needs regarding fire safety and evacuation.
- We met with AdaptNI in December 2011 regarding their training programme 'In the Loop'. It supports people with a disability to make their voices heard on committees and in public life positions. We also talked to them about signposting people with a disability who they work with to public life opportunities in our organisation.
- Along with our partner organisations and led by the Equality Unit at the Business Services Organisation, we have put in place a process for publishing screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing the quarterly screening reports. We ask people for their thoughts and suggestions on our screenings.
- When we evaluate training that the Equality Unit delivers we include a question on the needs of trainees with a disability. This helps us to find out whether we need to make any further adjustments.
- We include the disability duties in all Equality Awareness and Screening Training that the Equality Unit delivers.
- We let our staff, service users and the public know that they can ask for materials in other formats such as in large print or as a CD.
- HSC Research and Development: We have held consultation exercises with surviving patients and carers with cancer as part of Cancer Conference, in May 2015.
- HSC Research and Development: Personal and Public Involvement workshops held for research pharmacists at National pharmacy research Conference were co-facilitated by service users, in April 2015.

What we are going to do

In the table below we list all the actions that we will do. We also say when we will do them.

What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

(1) Communication

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites</p> <ul style="list-style-type: none"> • Review best practice guidance Completed • Develop comprehensive guidance and checklist for authors Completed • Review information materials including website 	<p>Disabled people are portrayed in a positive manner</p>	<p>Checklist for authors Guidance for authors</p> <p>Review of information materials including website undertaken</p> <p>Annual Review of Progress to ECNI</p>	<p>Business Services Organisation's (BSO) Equality Unit Year 2 onwards</p>
<p>2. Assess and improve accessibility of website</p>	<p>Improved accessibility</p>	<p>Website accessibility of recognised standard.</p>	<p>Communications Year 3</p>

<ul style="list-style-type: none"> • Continue to undertake assessment against recognised standard • Address any issues of inaccessibility 			
<p>3. Put in place contractual arrangements for the production of materials in alternative formats.</p> <ul style="list-style-type: none"> • Undertake a scoping exercise by type of format based on current and best practice in UK • Where appropriate undertake tender exercise and put contracts in place 	<p>Accessible formats are more readily available</p>	<p>Contracts in place Arrangements are in place to support staff in procuring materials in alternative formats</p>	<p>BSO Equality Unit Year 3</p>
<p>4. Adopt Accessible Information policy and guidance.</p> <p>Completed</p>	<p>Improved accessibility of information</p>	<p>Common wording re. alternative formats for documents. Protocol on how to deal with requests for alternative formats. For electronic communication, support for staff to ensure that settings meet needs re. accessible font size.</p>	<p>Agency Management Team (AMT) Year 2</p> <p>BSO Information Technology Services (ITS) Year 2</p>

(2) Awareness Raising and Training

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>5. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring. Prompt staff to keep up to date their personal equality monitoring records (via self-service on new Human Resources IT system)</p>	<p>More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.</p>	<p>increase in completion of disability monitoring information by staff to 90%</p> <p>Prompt issued to staff on a regular basis.</p>	<p>PHA Year 2 onwards</p>
<p>6. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).</p>	<p>Increased staff awareness of the range of disabilities and needs</p>	<p>Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.</p>	<p>PHA Year 1 onwards</p> <p>BSO Equality Unit Year 3</p>

<p>7. In collaboration with people with a disability review current guidance and produce revised guidance on support for staff with a disability.</p>	<p>Staff with a disability are supported and staff are empowered to provide support.</p>	<p>Guidance in place for staff with a disability on what support is available. Guidance promoted via websites, newsletters, emails by line managers and included in application packs.</p>	<p>PHA Year 3</p>
<p>8. Mental Health and Learning Disability: Raise awareness of carers supports and help identify need to support employees of PHA who also hold the role as carer to someone with a disability</p>	<p>Staff awareness and knowledge is strengthened</p>	<p>Awareness raising materials and correspondence circulated to staff</p> <p>Staff feedback</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience (end Mar 2017)</p>
<p>9. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.</p>	<p>Increased staff and Board Member awareness of the range of disabilities and needs.</p>	<p>25% of staff and Board Members have successfully completed the disability module of Discovering Diversity by end March 2016, 50% by end March 2017, 65% by end March 2018</p>	<p>PHA Year 2 onwards</p>

<ul style="list-style-type: none"> • Health Protection: Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting. 		<p>All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms</p> <p>Meeting minutes</p>	<p>Assistant Director Health Protection (end Mar 2017)</p>
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(3) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>10. Develop checklist and guidance for the involvement of people with a disability and their carers.</p> <p>Completed</p>	<p>Greater accessibility and involvement for adults and children where relevant with disabilities. Barriers are removed.</p>	<p>Checklist in place and in use on involving people with a disability in meetings including payments of expenses.</p>	<p>BSO Equality Unit Year 3</p>
<p>11. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.</p> <ul style="list-style-type: none"> • 10,000 Voices: Proactively target disability groups to advise of the initiative and how they can become involved (issue press releases; send information leaflets and posters to groups) 	<p>Better engagement of people with a disability (adults and children where relevant) in key areas. People with a disability are encouraged and empowered to participate in public life.</p>	<p>Opportunities provided in key areas. Annual review of progress to ECNI</p> <p>Correspondence in relation to the initiative, how to get involved and contact details will regularly be sent to a list of disability organisations</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience (end Mar 2017)</p>

<p>Facilitate their involvement (make surveys accessible to people with a disability)</p> <ul style="list-style-type: none"> HSC Research & Development: Disseminate specifically to relevant disability organisations information on 'OK TO ASK' Campaign being undertaken to encourage members of the public including those with disability to participate in research and clinical trials to mark Clinical Trials Day on May 20. HSC Research & Development: Provide Personal and Public Involvement training to encourage and provide guidance to researchers on how to 		<p>Correspondence circulated to list of disability organisations and via PCC newsletter</p> <p>Training materials provided to each participant and available on website</p>	<p>Assistant Director HSC Research and Development (annually from 2015-16 onwards)</p> <p>Assistant Director HSC Research and Development (by Mar 2017)</p>
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<p>involve service users and carers as partners in the research process and to raise awareness of research with service users including those with disability and members of the public. Training for researchers and service users and carers provided through workshops and master classes facilitated by researchers as well as service users with disabilities. Training materials provided to give guidance on how to involve and support service users and carers including those with special needs at training days and on website.</p>			
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<ul style="list-style-type: none"> • HSC Research & Development: Offer opportunities to participate in funding panels for 2016 Doctoral Fellowship Scheme and the 2015 Enabling Awards Scheme and other opportunities as they arise. Completed • HSC Research & Development: Offer opportunities to participate in project steering groups for particular research projects already funded e.g. awards made via the Bamford Research Programme; Dementia Research Programme and NIHR award on stroke prevention or in a consultation capacity. 		<p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members</p> <p>Meeting minutes evidence discussion held on introducing equality monitoring forms for panel and steering group members</p>	<p>Assistant Director HSC Research and Development (end Mar 2016)</p> <p>Assistant Director HSC Research and Development (end Mar 2017)</p>
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<ul style="list-style-type: none"> HSC Research & Development: Train young people with mental health needs to collect data in a pilot study being run as part of a project funded under the Bamford Research programme and delivered by QUB. Health Protection: Liaise with disability organisations and involve them in the planning process for any HP events e.g. Health Protection Symposium 2016. 		<p>Young people named as co-researchers in research reports and presentations</p> <p>Briefing paper provided for Health Board, DHSSPSNI and other key stakeholders</p> <p>Report produced evaluating this initiative published in peer reviewed journal and disseminated at conferences</p> <p>Minutes of meetings and correspondence with disability organisations</p>	<p>Assistant Director HSC Research and Development (by Mar 2017)</p> <p>Assistant Director Health Protection (end Mar 2017)</p>
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<ul style="list-style-type: none"> • Health Protection: Ensure that active consideration is given to those with disabilities when organising local/regional Health Protection events e.g. PHA stand at the Balmoral Show (Health Protection are displaying Hand Hygiene related events on this stand) • Health Protection: Liaise with Communications Team to ensure that internal/external events etc. are advertised. Ensure that Health Protection has access to e-mail circulation lists for disability organisations. 		<p>Engagement with people with a disability</p> <p>Correspondence circulated to list of disability organisations</p>	<p>Assistant Director Health Protection (end Mar 2017)</p> <p>Assistant Director Health Protection (end Mar 2017)</p>
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<p>12. Explore scope and interest in the establishment of a forum for staff on disability (open to staff with a disability, carers of people with a disability and those with an interest, including trade unions).</p> <ul style="list-style-type: none"> • Engage with HSC Trusts to establish current practice • Develop regional approach to complement current structures • Engage with staff • Put forum in place and promote to staff <p>Completed</p>	<p>Better involvement of staff with a disability in decision-making.</p>	<p>Options paper</p> <p>Staff survey responses.</p> <p>HR Directors Forum Minutes</p> <p>Forum Terms of Reference.</p>	<p>Agency Management Team/BSO Equality Unit</p> <p>Year 2 onwards</p>
<p>13. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.</p> <p>New Action</p>	<p>Better involvement of staff with a disability in decision-making. Better support for staff with a disability.</p>	<p>Features on intranet.</p>	<p>Agency Management Team end Mar 2017</p>

<p>14. Develop a shadowing scheme for Board members and other key public life positions in engagement with the Public Appointments Unit and with people with a disability.</p>	<p>Develop capacity of people with a disability to participate in public life positions.</p>	<p>Shadowing scheme terms of reference; people with a disability have participated.</p>	<p>Operations and Chief Executive's Office Year 5</p>
<p>15. Involve disabled people in delivery and review of this plan.</p>	<p>Better engagement by people with a disability (adults and children where relevant).</p>	<p>Feedback forms from engagement (and roundtable sessions, where appropriate)</p>	<p>BSO Equality Unit Year 5</p>

(4) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>16. Explore the scope and options for identifying and promoting an advocate or specialist with role to support and advise staff on disability issues.</p> <ul style="list-style-type: none"> • Explore best practice • Engage with staff • Identify advocate or specialist <p>Completed</p>	<p>Improved support for staff.</p>	<p>Scoping Report. Annual Review of Progress ECNI</p> <p>Staff Feedback</p>	<p>BSO Equality Unit Year 2</p>
<p>17. Offer mentoring opportunities for young adults and older adults with disabilities as appropriate.</p> <ul style="list-style-type: none"> • Review best practice • Engage with disability organisations • Produce guidance • Identify mentors 	<p>People with a disability gain meaningful work experience.</p>	<p>Mentoring opportunities provided as appropriate and report to ECNI.</p>	<p>BSO Human Resources end Mar 2017</p>

<p>18. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice and making use of voluntary expertise in this area. Produce practical guidance on process and external support available.</p> <ul style="list-style-type: none"> • Review best practice Completed • Engage with disability organisations Completed • Identify placements across all work areas Completed • Undertake pilot Completed • Evaluate pilot Completed 	<p>People with a disability gain meaningful work experience.</p>	<p>Guidance paper. Provide increased number of placements. Placement participants feedback from evaluations Managers feedback from evaluations</p>	<p>BSO Equality Unit BSO Human Resources Year 1 onwards</p>
<p>19. Encourage disabled people to apply for employment opportunities and remain in the workforce</p>	<p>Greater numbers of people with a disability apply and remain in the PHA workforce.</p>	<p>Increase in disability marked on equal opportunities monitoring forms and HRPTS Information pack for applicants</p>	<p>PHA end Mar 2017</p>

(for example attend career fairs, include welcoming statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions).		with a disability developed and in use.	
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The Equality Unit in the Business Services Organisation (BSO) will support staff in the implementation of this action plan.

Signed by:

Chair

Date

Chief Executive

Date



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