Equality Scheme

Draft Equality Scheme for the Belfast Health and Social Care Trust
Consultation on the Trust’s Equality Scheme in Accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998
EQUALITY SCHEME

DRAWN UP IN ACCORDANCE WITH SECTION 75 AND SCHEDULE 9 OF THE NORTHERN IRELAND ACT 1998

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Approved by the Equality Commission for Northern Ireland on [insert date].
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Foreword

Section 75 of the Northern Ireland Act 1998 (the Act) requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across a range of categories outlined in the Act\(^1\).

Belfast Trust’s overall purpose is to improve health and well-being and to reduce inequalities.

In our Equality Scheme we set out how the Belfast Health and Social Care Trust (the Trust) proposes to fulfil the Section 75 statutory duties.

This Scheme is a public expression of the Belfast HSC Trust’s ongoing commitment to actively promote equality of opportunity and good relations in all its interactions with service users, staff and other organisations and individuals.

In developing its second generation Scheme, the Trust had fully adopted the model Scheme in 2011 devised by the Equality Commission of Northern Ireland— the purpose and intent of which is to set out best practice. Belfast Trust customised the Scheme to outline its functions, the staff that it employs and the profile of the population to whom it provides health and social care. This revised Scheme in 2014 incorporates minimal changes to bring the Scheme up to date.

We will commit the necessary resources in terms of people, time and money and take the necessary steps to make sure that the Section 75 statutory duties are complied with and that the Equality Scheme is implemented effectively, and on time.

We commit to having effective internal arrangements in place for ensuring our effective compliance with the Section 75 statutory duties and for monitoring and reviewing our progress.

We will continue to develop and deliver a programme of communication and training with the aim of ensuring that all our staff and board members are made fully aware of our Equality Scheme and understand the commitments and obligations within it. We will develop a

\(^1\) See section 1.1 of our Equality Scheme.
programme of awareness-raising for our consultees on the Section 75 statutory duties and our commitments in our Equality Scheme.

As Chair and Chief Executive of Belfast Trust, we are fully committed to effectively fulfilling our Section 75 statutory duties across all our functions (including service provision, employment and procurement) through the effective implementation of our Equality Scheme.

We realise the important role that the community, voluntary sector and general public have to play to ensure Section 75 statutory duties are effectively implemented. Our Equality Scheme demonstrates how determined we are to ensure there are opportunities, for people affected by our work, to positively influence how we carry out our functions in line with our Section 75 statutory duties. It also offers the means whereby persons directly affected by what they consider to be a failure, on our part, to comply with our Equality Scheme, can make complaints.

The Trust is also mindful of the Human Rights Act, which was enacted in October 2000, and will seek to ensure that this Scheme is compatible with the Act. Further, the Trust is mindful of its duties under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (NI) Order 2006) when carrying out its function to have due regard to:

- the need to promote positive attitudes towards disabled people;
- and encourage participation of disabled people in public life.

(ie. The Disability Duties).

On behalf of the Trust and our staff we are pleased to support and endorse this Equality Scheme which has been drawn up in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998 and Equality Commission guidelines.

We would encourage you to read the document. Belfast Trust values the benefits and expertise that open and meaningful engagement with our service users and staff yields.
Mr Peter McNaney
Chairman

April 2014

Mr Colm Donaghy
Chief Executive
**Background**

This document represents a reviewed version of the second generation Equality scheme for Belfast Health and Social Care Trust. The amendments are minor and do not in any way dilute the commitments made by the Trust in the original Scheme in 2011. The amendments have been made to reflect demographic changes, a more up-to-date staff profile and any structural changes within the Trust.

The Equality Commission for Northern Ireland’s Section 75 Guidance for public authorities\(^2\) propounded that the effective implementation of Section 75 statutory duties should improve the quality of life for all the people of Northern Ireland. While public authorities had worked hard to get the process right and there had been a substantial cultural change and a change in how public policy was made, there was a tangible need for a “shift from process to outcome.” These outcomes are the impact or benefits derived for the individual as a result of implementation of the duties. Section 75 is part of the public policy making agenda which is ultimately aimed at developing policies and services that address the needs of all people, especially those experiencing inequalities.

**Context**

Under Section 75 of the Northern Ireland Act 1998, the Trust is required to comply with dual statutory responsibilities – that is, to promote and mainstream equality of opportunity and good relations in everything that it does.

The Equality Commission states that “Good Relations cannot be based on inequality.” The discharge of the good relations duty cannot be an alternative to or cannot set aside the equality of opportunity duty. It is not a case of good relations or equality of opportunity – they are intrinsically linked, interdependent and complementary to one another. This combination of equality and good relations apply to **policy formulation, resource allocation, service provision, employment, procurement** and all its dealings with service users, families, carers and the staff that the Trust employs.

Section 75 statutory duties require more than prevention of discrimination – as a public authority, Belfast HSC Trust must actively seek to encourage greater equality of opportunity across its functions. The equality duty does not deter a public authority from taking action to address disadvantage among particular sections of the community. The Trust must be cognisant that the impact of a policy will be differential for different people and that affirmative action is an important method in combating inequality. There is no conflict between the Section 75 statutory duties and other affirmative action measures or positive action measures which a public authority may undertake under anti-discrimination laws.

Belfast Health and Social Care Trust delivers integrated health and social care to 340,000 people in Belfast and part of the Borough of Castlereagh. It also provides specialist services to all of Northern Ireland.

Health and Social Care is fundamental to a person’s quality of life and general well-being. The three main determinants of health inequality are related to:

- Socio-economic/environmental circumstances

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4 Ibid
Lifestyle and health behaviour

Access to effective health and social care.

Some of the most deprived wards in Northern Ireland are within the Belfast Trust area. (According to the Northern Ireland Index of Multiple Deprivation (2010):

- Belfast is the most deprived out of the twenty-six Local Government Districts (LGDs)
- Belfast has eight of the ten most deprived wards in Northern Ireland
- Belfast has nine of the ten worst wards in the region in relation to health deprivation).

Belfast Trust’s overall purpose is to improve health and well-being and to reduce inequalities.

The population of Belfast Trust and its staff is not a homogeneous group. They are individuals with different needs and preferences, different backgrounds and different circumstances. We recognise that individuals will not neatly fit into one Section 75 category – rather their multi-faceted needs, responsibilities and complex make up must be taken into consideration alongside the fact that they will invariably be members of a number of Section 75 equality categories. The Trust is committed to the delivery of person-centred and person-led services with equality and human rights at its very core.

Diversity of Belfast and Northern Ireland

There has been significant political, economic and social change in Northern Ireland. The decade between the 2001 and 2011 Census witnessed a considerable demographic change in Belfast and indeed across Northern Ireland.

Between Census Day 2001 (29 April 2001) and Census Day 2011 (27 March 2011), the usually resident population of Northern Ireland increased by 7.5 per cent (125,600) to 1.811 million. Of the 2011 population, 51% were female and 49% were male. 48% were married and 36% single with 0.1% in registered same sex civil partnerships in March 2011. 9.4% were either separated, divorced or formerly in a
same sex civil partnership with the remaining 6.8% were either widowed or a surviving partner in registered same-sex civil partnerships in March 2011.

One of the notable changes was that the percentage of the usually resident population of Northern Ireland belonging to minority ethnic groups has more than doubled since the 2001 census and is now 1.8% of the population. English was not the main language for 3.1% (54,500) of usual residents aged 3 years and over, almost one quarter of whom (24%) lived in Belfast LGD. Polish is the next most prevalent language after English at 1%.

The number of people under 16 years fell from 24% in 2001 to 21% in 2011, while the proportion of people aged 65 years and over rose from 13% to 15% over the same period.

In 2011, 21% of the population had a long-term health problem or disability which limited their day-to-day activities. In areas of higher deprivation across the Belfast Trust area, there is a direct correlation to increased levels of mental ill-health, especially depression and anxiety and physical ill-health.

12% of the population provide unpaid care in 2011 compared with 11% in the previous Census. There are 214,000 carers in Northern Ireland, providing care for ill, frail or disabled family members, friends and partners.

40% of usual residents had a British Only national identity, 25% had Irish Only and 21% had Northern Irish Only.

45% of the population were either Catholic or brought up as Catholic, while 48% belonged to or were brought up in Protestant, Other Christian or Christian-related denominations. The 2001 census recorded the religious breakdown as 44% Catholic and 53% Protestant.

The statutory duty S.75 (2) – to promote good relations between persons of different religious belief, political opinion and racial group was introduced in 1998 as a result of sectarian conflict. It was designed to move away from managing diversity and difference to the promotion of diversity and integration. Belfast had been largely perceived home to the ‘two traditional communities’ – Protestants and Catholics – all of

5 Promoting Good Relations – A guide for public authorities 2007
whom were almost exclusively white. Members of the Chinese Community began to arrive in Belfast in the 1960s. During the Troubles, there were low levels of immigration but since the introduction of the Northern Ireland Act 1998, numbers have steadily risen. An increasing immigrant population is leading to greater diversity in Northern Ireland. None more so than in 2004 with the enlargement of European Union, where residents of accession states were free to come to live and work in Northern Ireland.

Northern Ireland Health and Social Care Interpreting Statistics for 2013 regarding usage by Belfast HSC Trust indicate that Polish and Lithuanian are currently the most requested languages for people who are not competent in English as their first language. In a primary school in south Belfast, there are currently children from 22 different nationalities. The Traveller population in Northern Ireland is 3,905 and it is estimated that there are 800 Travellers in the Belfast Trust area. It is difficult to establish the exact number of asylum seekers and refugees living in Northern Ireland as figures are only available for the United Kingdom as a whole. However, the Refugee Action Group estimates that around 2,000 refugees currently reside here. It is estimated that the total number of Asylum Seekers living in the Belfast Trust area amounted to 325 in October 2010. This reflects the diversity of our society. As of 2007, 36% of the population define themselves as Unionist, 24% as Nationalist and 40% define themselves as neither.6

The older population in Belfast is increasing, whilst birth rates are declining. Population projections to 2016 illustrate the ageing nature of the population that the Belfast Health and Social Care Trust serves.7

Women form more than half of the population and 78% of the Trust’s workforce. Women can experience less equality of opportunity, higher levels of domestic abuse and more social exclusion than men do.8

The Trust is a corporate parent to a population of some 600 ‘looked after’ children.

Members of the Lesbian, Gay, Bisexual and Transgender community are fourth most likely to be treated unfairly after members of a different racial

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6 www.ark.ac.uk/nilt/2007/Political_Attitudes
7 Divided by Health: A city profile November 2008
8 Women’s Health In Ireland, Women in Disadvantaged Communities
or ethnic community, Travellers, and Older People.\textsuperscript{9} Independent research commissioned by the Equality Commission reveals the high levels of prejudicial and discriminatory attitudes of the general public in Northern Ireland towards LGB people.\textsuperscript{10}

Belfast Trust employs some 20,000 staff including bank staff, in seven main job families: Administrative and Clerical, Estate Services, Support Services, Nursing and Midwifery, Social Services, Professional and Technical and Medical and Dental. The majority of these are based in Trust facilities within Belfast with approximately 700 staff based in Muckamore Abbey Hospital.

The population that we serve and the workforce that we have are becoming increasingly diverse. The business of the Trust is to deliver safe, timely, high quality and cost-effective care – its overall purpose is to improve health and well-being and to reduce inequalities.

It is imperative that equality and good relations continue to be mainstreamed in every aspect of the delivery of our functions, so that services are provided on a person-centred, person-led basis. Given the financial pressures and economic instability in future years, the Trust needs to ensure that it keeps statutory duties to the fore so that those who are in need of health and social care, continue to receive a responsive, sensitive, high quality service.

\textsuperscript{9} Attitudes and Awareness of Equality Issues amongst the General Public in NI, 2006
\textsuperscript{10} Promoting Sexual Orientation Equality - October 2013
Chapter 1  Introduction

Section 75 of the Northern Ireland Act 1998

1.1 Section 75 of the Northern Ireland Act 1998 (the Act) requires the Trust to comply with two statutory duties:

Section 75 (1)

In carrying out our functions relating to Northern Ireland we are required to have due regard to the need to promote equality of opportunity between:

- Persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- Men and women generally
- Persons with a disability and persons without
- Persons with dependants and persons without.

Section 75 (2)

In addition, without prejudice to the obligations above, in carrying out our functions in relation to Northern Ireland we are required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

“Functions” include the “powers and duties” of a public authority. This includes our employment and procurement functions.

Please see below under “Who we are and what we do” for a detailed explanation of our functions.

11 Section 98 (1) of the Northern Ireland Act 1998.
How we propose to fulfil the Section 75 duties in relation to the relevant functions of the Trust

1.2 Schedule 9 4. (1) of the Act requires the Belfast Health and Social Care Trust, as a designated public authority, to set out in an Equality Scheme how it proposes to fulfil the duties imposed by Section 75 in relation to its relevant functions. This Equality Scheme is intended to fulfil that statutory requirement. It is both a statement of our arrangements for fulfilling the Section 75 statutory duties and our plan for their implementation.

1.3 The Trust is committed to the discharge of its Section 75 obligations in all parts of our organisation and we will commit the necessary available resources in terms of people, time and money to ensure that the Section 75 statutory duties are complied with and that our Equality Scheme can be implemented effectively.

To put this Equality Scheme into the context of the Belfast Health and Social Care Trust, the document will briefly outline:

• How the Trust was established
• Its purpose, values and objectives
• Its functions and management arrangements
• The core services
• Where it sits within the Health and Social Care family.

Who we are and what we do

Belfast Health and Social Care Trust (the Trust) was established on 1st April 2007 under the Belfast Health and Social Services (Establishment) Order (Northern Ireland) 2006.

1. The Headquarters of Belfast Health and Social Care Trust, is located at Belfast City Hospital, A Floor, 51 Lisburn Road Belfast BT9 7AB
The Trust serves the population, not only of Belfast and Castlereagh but all of Northern Ireland with its Regional Services providing the full range of hospital community and social care services for older people, for children and for people with mental health, learning disability, physical disability as well as acute and rehabilitative care for patients and clients. Within the Belfast and Castlereagh Trust area, the Trust delivers its services to some 340,000 people.

**Table 1: Belfast Trust Area**

![Map of Belfast Trust Area](image)

**Purpose**

Alongside the commitment to delivering safe, timely, high quality and cost-effective care, the Trust has a higher purpose – to improve health and well-being and reduce inequalities.
Values

The Trust has five core values that underpin everything we do.

- Treat everyone with respect and dignity – our colleagues, our patients, our clients and stakeholders
- Be open and transparent in all our dealings, building a reputation for being trustworthy, providing timely, accessible and appropriate information, keeping people informed
- Being leading edge, encouraging and supporting our staff to be innovative and creative in pursuing our purpose, creating an environment where research and enquiry can flourish. Translate research and innovative ideas into practical improvements for the people who use our services
- Maximise learning and development, building the capacity of our organisation and our people through learning, development and support. Empowering our people by developing and sustaining a learning culture
- Being accountable, demonstrating personal and professional accountability in the provision of high quality care by competent staff in a safe environment, achieve clear standards in service delivery and care outcomes, contribute to and respect the formal accountability processes of the organisation, Make the most of the financial and other resources we have through effective and efficient service planning, delivery and evaluation.

Strategic Objectives

On the firm foundation of these values, the Trust has set the following five objectives:

- **A Culture of Safety and Excellence** - We will foster an open and learning culture, and put in place robust systems to provide assurance to our users and the public regarding the safety and quality of services.

- **Continuous Improvement** - We will seek to be a leading edge Trust through innovation at all levels in the organisation.
• **Partnerships** - We will work collaboratively with all stakeholders and partners to improve health, social care and well being and tackle inequalities and social exclusions.

• **Our People** - We will achieve excellence in the services we deliver through the efforts of a skilled, committed and engaged workforce.

• **Resources** – We will work to optimise the resources available to us to achieve shared goals.

**Budget**

With an annual budget of approximately £1.2bn (spending about £3m each day) and a staff of 20,000, it is one of the largest Trusts in the United Kingdom.

**Delivering Integrated care**

Belfast Trust provides integrated care through its acute services (hospital based) and community services (at home or local health centre) in a joined up way. In order to deliver these services in the best way they have been grouped into eleven directorates:

*Adult Social and Primary Care Services* - This directorate provides many of its services in the community, supporting people with mental health conditions, disabilities, and providing care for children, young people and their families.

*Social Work Children’s Community Services* - This directorate provides services in the hospital and community setting, supporting family and childcare, social services, Community Treatment and Care Centres, child health, community child health, social work services Specialist Hospitals and Women’s Health. This group provides a range of services specifically for women and children including:

• Women's and maternity services range from Community midwifery, sexual and reproductive health services to hospital-based maternity and gynae services

• Child Health services are provided in the children’s hospital, local health centres and your own home
- Dental Services are also provided in the Specialist Dental Hospital and in a community setting.

**Surgery and Specialist Services.** This service group provides specialist services to the greater Belfast population and, on a regional basis, for the Northern Ireland population. It incorporates:

- Cancer Treatment and Management
- Specialist Medical services such as rheumatology, dermatology and nephrology as well as the Cancer Centre and Chemotherapy Day Hospital.
- Laboratory, Genetics and Mortuary Services.

**Unscheduled and Acute Care Directorate Service** - This service group is responsible for emergency departments, medical specialties, neurosciences and imaging services and Allied Health Professions, AHPs, such as Physiotherapy and Occupational Therapy.

**Medical Directors Group** - This service group includes responsibility for safety, quality and standards, public and occupational health, research, complaints and litigation.

**Nursing and User Experience** - This service group works to develop nursing and midwifery services in the Trust, and involve the public in the planning and delivery of services. Key areas of work include Patient and Public Involvement, nurse education, workforce modernisation, nursing governance and nursing research.

**Finance** - In common with all health and social care organisations a key objective is to achieve and maintain sound "financial health". Overall responsibility for overseeing the Trust's finances lies with the Director of Finance, with the corporate finance group taking responsibility for all aspects of finance including accounting and financial management, commissioning, estates and capital planning, capital and investment for the Trust.

**Human Resources** - Belfast Trust is the biggest employer in Northern Ireland, employing some 20,000 staff. To provide the best possible health and social care for the people we serve it is essential that the Trust attracts and retains staff who are appropriately qualified, professional in the service that they deliver, happy and productive in their work and committed to learning and developing in their role.
Human Resources provides a range of services to do this including employment relations, resourcing, utilisation and productivity, learning and development and employment equality. The Health and Social Inequality team also resides in this group.

*Performance, Planning and Informatics* - This service group includes responsibility for service planning, performance management, IT, strategic planning, reform and service improvement

*Corporate Communications* - This service group incorporates the Media office, public liaison, design services, events and e-communications.
Table 2: Trust Structure

Belfast Health and Social Care Trust: Executive Team Structure

- Specialist Hospitals & Women’s Health: Brian Barry
- Chief Executive: Colm Donaghy
- Children’s Community Services: Cecil Worthington
- Communication: Bronagh Dalgell
- Surgery & Specialist Services: Jennifer Welsh
- Unscheduled and Acute Care: Bernie Owens
- Adult Social & Primary Care Services: Catherine McNicholl
- Nursing & User Experience: Brenda Creaney
- Planning, Performance & Informatics: Shane Davlin
- Medical: Tony Stevens

20,728 employees
£1.2 billion annual budget
340,000 population base
1.8 million population base
£3,287,671 spent daily
Workforce Profile

Approximately 78% are female and 55% are in the age bracket 35-54 years. Approximately 24% of the Trust’s workforce is part-time, working less than 16 hours per week and 2% have declared that they have a disability.

Table 3: Staff breakdown by professional group (including bank staff)

Staff Profile by Job Group October 2013

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Totals</th>
</tr>
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<tbody>
<tr>
<td>Administrative &amp; Clerical</td>
<td>3589</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>8459</td>
</tr>
<tr>
<td>Professional and Technical</td>
<td>3068</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>1767</td>
</tr>
<tr>
<td>Support Services</td>
<td>2387</td>
</tr>
<tr>
<td>Social Services</td>
<td>2925</td>
</tr>
<tr>
<td>Estate Services</td>
<td>228</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22423</strong></td>
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1.4 Accountability Structure.

This section illustrates Trust’s relationship with the Department of Health and the Health and Social Care Board.

(a) Department of Health and Social Services & Public Safety

The Trust is accountable to the Department and through it to the Northern Ireland Assembly. The Department has a statutory duty to secure the provision of health and personal social services for the population of Northern Ireland and, in so doing, uses statutory powers to
delegate functions to HPSS bodies including the Belfast Health and Social Care Trust. The Department is responsible for directing the Trust and other HSC bodies in ensuring national and regional policies are implemented and for the effective use of resources.

(b) Health & Social Care Board

The Health and Social Care Board replaced the former four HSS Boards. The focus of the HSCB is on commissioning, resource management, performance management and improvement. The role of the Health and Social Care Board is broadly contained in three functions:

- To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.7 million people who live in Northern Ireland
- To work with the health and social care trusts that directly provide services to people to ensure that these meet their needs
- To deploy and manage its annual funding from the Northern Ireland Executive to ensure that all services are safe and sustainable.

(c) Trusts

There are six HSC Trusts in Northern Ireland – the Belfast HSC Trust (which is the largest), South Eastern HSC Trust, Northern HSC Trust, Southern HSC Trust, Western HSC Trust and the Northern Ireland Ambulance Trust.

Belfast Trust

The Trust was established under Belfast Health and Social Services Trust Order 2006.

It details the nature and functions of the Trust as follows:

The Trust’s functions (which include functions which the Department considers appropriate in relation to the provision of services by the Trust for one or more relevant bodies) shall be:
(a) To provide hospital accommodation

(b) To provide community based health and personal social services

(c) To exercise, on behalf of the Health and Social Care Board, such relevant functions as are so exercisable by the Trust.

In keeping with the Equality Commission’s guidance, these functions include powers and duties. They embrace all the activities undertaken by the Trust including the recruitment/employment of its staff, financial arrangements, contracted-out services and training for social care staff, maintenance of its property and the delivery and development of services, including procurement of the equipment and facilities needed to do this.

Belfast Trust carries out its functions and duties through the following means:

- Carrying out assessments of care needs
- Developing strategies to meet those needs
- Setting and monitoring quality and performance standards
- Carrying out reviews of service areas
- Resource allocation and financial management
- Setting service agreements with purchasers of care
- Human resource management in relation to its staff, and
- Corporate and clinical governance.
Table 4: Accountability Structure

Department of Health and Social Services and Public Safety

Health and Social Care Board

Belfast Health and Social Care Trust
Chapter 2: Our arrangements for assessing our compliance with Section 75 duties. (Schedule 9 4. (2) (a))

The Trust is committed to fulfilling its Section 75 duties and will continue to facilitate best practice and promotion of initiatives that will help further mainstream equality, good relations and human rights. The core principles of equality and human rights have been fundamental to the National Health Service whereby good healthcare should be available to all, regardless of circumstance or wealth and that it meets the needs of everyone.

This section illustrates the arrangements for assessing fulfilment and compliance with the Section 75 statutory duties, which are further outlined in other relevant parts of this Equality Scheme. Belfast Trust has committed to and completed an action-based plan\textsuperscript{12}. This action-based plan seeks to promote equality of opportunity and good relations through measures which are based on the context of the Trust’s functions. The action measures will be linked to the development of the Trust’s corporate planning cycle, thus ensuring strategic mainstreaming. The action-based plan is complementary to the implementation and fulfilment of the Section 75 duties and does not detract in any way on the Trust’s legal obligations to ensure that its policies and functions are compliant with Section 75. This action-based plan will be operational between May 2014 and April 2017 and the Trust is committed to reviewing it on an annual basis. The plan was informed by a comprehensive analysis of inequalities detailed in the Emerging Themes document\textsuperscript{13} and was done collaboratively across the health and social care sector. This was supplemented with a local programme of work within and across the Trust. This audit enabled the Trust to identify functional areas where there was potentially scope for further or better discharge of the Section 75 duties and therefore informed key strategic actions.

\textsuperscript{12} INSERT NEW LINK (To be inserted after consultation)

\textsuperscript{13} \url{http://www.belfasttrust.hscni.net/pdf/Emerging_themes_-_updated_April_2014.pdf}
Responsibilities and reporting

The management arrangements put in place to enable the Trust to carry out its statutory responsibilities and to conduct its business are illustrated in Appendix 1.

2.1 Table 5: Management Structure

(a) Trust Board

The Trust Board forms the statutory body responsible for all the activities of the organisation and is responsible for the overall policies of the Trust.

It functions as a corporate decision-making body

The Board of Belfast Trust is responsible for the strategic direction and management of the Trust’s activities. It is accountable, through the chairman, to the Permanent Secretary at the Department of Health Social Services and Public Safety, and ultimately to the Minister for Health.

It is made up of a Chairman, seven non Executive Directors, five Executive Directors and seven other Directors. The Department of Health, Social Services and Public Safety appoints non-executive
directors, with the approval of the Minister for Health, Social Services and Public Safety.

Executive and non-executive Members are full and equal members and their role as managers of the Board of Directors will be to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

(b) Chair

The Chair of the Board has certain delegated executive powers and is responsible for the operation of the Board and for chairing all Board meetings when present. The Chair works closely with the Chief Executive to ensure that key and appropriate issues are discussed by the Trust Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

(c) Non-Executive Members

The Non-Executive Members shall not seek to exercise any individual executive powers on behalf of the Trust. They may however, exercise collective authority when acting as members of or when chairing a committee of the Trust which has delegated powers.

(d) Chief Executive

The Chief Executive is responsible for the overall performance of the executive functions of the Trust. He is the Accountable Officer of the Trust and shall be responsible for ensuring the discharge of obligations under Financial Directions and in line with the requirements of the Accountable Officer memorandum for Trust Chief Executives.

(e) Executive Team

The Executive Team, chaired by the Chief Executive, brings together senior executives including the Executive Directors to the Trust Board. It is responsible for the implementation of Trust’s strategies and policies and for key operational matters. It also plans and develops services for the Trust and formulates service delivery recommendations to the Trust Board within national and local policy guidelines. The Executive Team monitors the quality of service and the Trust’s performance in relation to established business plans and ensures that the Trust's decision making
reflects the needs and opinions of the consumer. The team is responsible to the Trust Board for the day to day operational management and development of the Trust.

It is led by the Trust Chief Executive and includes the following Trust Directors:

- Director of Finance
- Director of Unscheduled and Acute Care
- Director of Adult Social and Primary Care Services
- Director Social Work/Children's Community Services
- Director of Surgery and Specialist Services
- Deputy Chief Executive and Director of Human Resources
- Director of Performance, Planning and Informatics
- Director of Specialist Hospitals Women and Child Health Services
- Medical Director
- Director of Nursing & User Experience

The Trust is committed to allocating adequate resources to its statutory duties to ensure their effective implementation and to ensure good practice is developed and mainstreamed. The following structure and dedicated resources are in situ:

(f) **Director of Human Resources**

The Director of Human Resources is accountable to Trust Board for the development, implementation, maintenance and review of the Equality Scheme in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998, including any good practice or guidance that has been or may be issued by the Equality Commission.
(g) **Co-Director of Modernisation, Learning & Development, Equality & Workforce Planning**

The Co-Director of Modernisation, Learning & Development, Equality and Workforce Planning ensures plans are in place to address health and social inequalities consistent with the functions of the Belfast HSC Trust. The postholder is required to ensure compliance with the requirements of Northern Ireland Act 1998, Section 75, including the implementation of Trust’s Equality Scheme and lead programmes of work to implement action plans to reduce health inequalities.

(h) **Health and Social Inequalities Manager**

The Health and Social Inequalities Manager is responsible to the Co-Director of Modernisation, Learning & Development, Equality & Workforce Planning. The post holder is responsible for leading a programme of work to address health and social inequalities, consistent with the functions of the Belfast Health and Social Care Trust. The Health and Social Inequalities Manager is responsible for ensuring compliance with the requirements of Section 75 of the Northern Ireland Act 1998, including the review and implementation of the Trust’s Equality Scheme and to lead programmes of work to implement action plans for Disability, Good Relations and Human Rights. This individual is responsible for managing the Health and Social Inequalities Team and the Regional Interpreting Service.

Senior Manager Human Resources in Governance, Employment Equality and Improving Working Lives is responsible to the Co-Director for all matters pertaining to Employment Equality and Improving Working Lives. The post holder works with the Co-Director to improve working lives and will lead a programme of work to ensure a well managed flexible working environment that supports staff, promotes their welfare and development and produces a productive balance between work and life outside work. The individual is required to lead on compliance with statutory employment equality monitoring, Article 55 and the effective implementation of Employment Equality legislation within the Belfast Health and Social Care Trust.
Table 6: Human Resources Structure:

Northern Ireland Health & Social Care Interpreting Service Structure:

Belfast Trust manages the Northern Ireland Health and Social Care Interpreting, which provides trained, accredited face-to-face interpreters on behalf of all HSC organisations to service users who are not fully competent in English. There are currently 35 different languages provided by over 400 interpreters. A recent review commissioned by the Health and Social Care Board has recommended that management of this service ought to lie with the Business Services Organisation – given the strategic direction for Shared Services.
Table 7: Northern Ireland Health and Social Care Interpreting Service:
Reducing Health Inequalities

Given that the overall purpose of the Belfast HSC Trust is to improve health and well-being and to reduce health inequalities, the Medical Director is responsible for the programmes of work to reduce the broader health inequalities that stem from socio-economic conditions through health improvement and community development. There is a direct correlation between these broader health inequalities and Section 75 inequalities, in that inequalities can often be corroborated by a person belonging to one or more Section 75 categories. For example, someone from an ethnic minority who has mental health problems may experience further socio-economic inequalities. The Health and Social Inequalities Team work closely with Health Improvement and Community Development and the Personal and Public Involvement Teams in collaborative programmes of work.

Table 8: Medical Director Structure:
External Relationships

In order to ensure local people and the people who use the Trust’s services have a stronger voice to influence the shape and range of services available, the Trust will be building on the links it has already established with the other Trusts, Health and Social Care Board, Borough and District Councils, the Patient and Client Council, other Government agencies, independent sector providers, voluntary and community groups representing all categories of persons specified in Section 75 of the NI Act 1998, GPs, Trade Union and professional organisations and individuals.

Collaborative working has proved to be instrumental in the effective implementation to date of the statutory Section 75 duties. The sharing of good practice, dissemination of specialist knowledge and expertise and optimisation of joint resources have been key in the delivery of projects, regional consultation, co-operative initiatives and training.

2.2 We are committed to the fulfilment of our Section 75 obligations in all parts of our work.

2.3 Responsibility for the effective implementation of our Equality Scheme lies with the Chair and Chief Executive of the Trust. Mrs Marie Mallon, Deputy Chief Executive and Director of Human Resources is accountable to the Trust Board for the development, implementation, maintenance and review of the Equality Scheme in accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998, including any good practice or guidance that has been or may be issued by the Equality Commission.

2.4 If you have any questions or comments regarding our Equality Scheme, please contact in the first instance the Health and Social Inequalities Manager at the address given below and we will respond to you as soon as possible:

Orla Barron
Health and Social Inequalities Manager
Belfast Health and Social Care Trust
First Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH
orla.barron@belfasttrust.hscni.net
028 95 046567
Textphone: 028 90 566755
2.5 In light of the findings of the Review of the Effectiveness of Section 75, where 'public authorities have tended to focus on the equality of opportunity rather than the good relations duty when addressing their commitment to Section 75' the Trust has consulted on and developed a Good Relations Strategy to formalise their commitment to the promotion of Good Relations. The Trust anticipates that this will further consolidate the arrangements for mainstreaming and implementation of Section 75(2). The Strategy is entitled Healthy Relations for a Healthy Future.

2.6 Objectives and targets relating to the statutory duties will be integrated into our strategic and operational business plans.

2.7 Employees' job descriptions and performance plans reflect their contributions to the discharge of the Section 75 statutory duties and implementation of the Equality Scheme, where relevant. The personal performance plans are subject to appraisal in the annual performance review.

2.8 The Trust prepares an annual report on the progress we have made on implementing the arrangements set out in this Equality Scheme to discharge our Section 75 statutory duties (Section 75 annual progress report). This is in addition to the annual monitoring return and the three yearly reviews of employment policies under fair employment legislation.

The Section 75 annual progress report will be sent to the Equality Commission by 31 August each year and will follow any guidance on annual reporting issued by the Equality Commission.

Progress on the delivery of Section 75 statutory duties will also be included in our (organisational) annual report.

2.9 The latest Section 75 annual progress report is available on our website: www.belfasttrust.hscni.net or by contacting:

Orla Barron
Health and Social Inequalities Manager
orla.barron@belfasttrust.hscni.net
028 95 046567
Textphone: 028 90 566755

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14 See Appendix 4 ‘Timetable for measures proposed’ and section 2.11 of this equality scheme.
2.10 The Trust liaises closely with the Equality Commission to ensure that progress on the implementation of our Equality Scheme is maintained.

2.11 Regular reporting to Executive Team and Trust Board on implementation of Section 75 duties.

Action plan/action measures

2.12 The Trust has developed an action plan to promote equality of opportunity and good relations. This action plan can be found on the Belfast Trust website or in alternative formats on request.

2.13 The action measures that make up our action plan are relevant to our functions. They have been developed and prioritised on the basis of an audit of inequalities. The audit of inequalities has and will continue to gather and analyse information across the Section 75 categories\(^\text{15}\) to identify the inequalities that exist for our service users and those affected by our policies\(^\text{16}\). The Audit of inequalities will be a living document and will be revised and extended on an ongoing basis.

2.14 Action measures are specific, measurable, linked to achievable outcomes, realistic and time bound. Action measures include performance indicators and timescales for their achievement.

2.15 We will develop action plans for a period of between one and five years in order to align them with our corporate and business planning cycles. Implementation of the action measures will be incorporated into our business planning process.

2.16 We have sought input from our stakeholders and consulted on our action plan before we send it to the Equality Commission and thereafter when reviewing the plan as per 2.16 below.

2.17 We will monitor our progress on the delivery of our action measures annually and update the action plan as necessary to ensure that it remains effective and relevant to our functions and work.

\(^{15}\) See section 1.1 of this equality scheme for a list of these categories.

\(^{16}\) See section 4.1 of this equality scheme for a definition of policies.
2.18 The Trust will inform the Commission of any changes or amendments to our action plan and will also include this information in our Section 75 annual progress report to the Commission. Our Section 75 annual progress report will incorporate information on progress we have made in implementing our action plans/action measures.

2.19 Once finalised, our action plan will be available at:

www.belfasttrust.hscni.net and also on the Trust intranet for staff.

If you require it in an alternative format please contact us on the details provided:

Orla Barron  
Health and Social Inequalities Manager  
Belfast Health and Social Care Trust  
First Floor, Graham House  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast  
BT8 8BH  
orld.barron@belfasttrust.hscni.net  
028 95 046567  
Textphone: 028 90 566755
Chapter 3  Our arrangements for consulting

3.1 We recognise the importance of consultation in all aspects of the implementation of our statutory equality duties. We will consult on our Equality Scheme, action measures, Equality Impact Assessments and other matters relevant to the Section 75 statutory duties. One of the five key strategic objectives that Belfast Trust devised at the outset was that of Partnership – we are committed to improving health and well-being through existing and new partnerships with a range of individuals, representative groups and voluntary and community organisations. The Trust is committed to providing people led services, drawing on the years of experience and listening to the needs and feedback that meaningful consultation can yield.

3.2 We are committed to carrying out consultation in accordance with the following principles (as contained in the Equality Commission’s guidance ‘Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)’17 and the Trust’s document A Guide to Public Consultation in the Belfast Trust18 and the Belfast Trust Consultation Scheme.19

3.2.1 All consultations will seek the views of those directly affected by the matter/policy, the Equality Commission, representative groups of Section 75 categories, other public authorities, voluntary and community groups, our staff and their trade unions and professional bodies and such other groups who have a legitimate interest in the matter, whether or not they have a direct economic or personal interest.

Initially all consultees (see Appendix 3), as a matter of course, will be notified (by email or post) of the matter/policy being consulted upon to ensure they are aware of all consultations. Thereafter, to ensure the most effective use of our and our consultees’ resources, we will take a targeted approach to consultation for those consultees that may have a particular interest in the matter/policy being consulted upon and to whom the matter/policy is of particular relevance. This may include for example regional or local consultations, sectoral or thematic consultation etc.

18 http://www.belfasttrust.hscni.net
19 http://www.belfasttrust.hscni.net
3.2.2 Consultation with all stakeholders will begin as early as possible. We will engage with affected individuals and representative groups to identify how best to consult or engage with them. We will ask our consultees what their preferred consultation methods are and will give consideration to these. Methods of consultation could include:

- Face-to-face meetings
- Focus groups with service users, carers or the public to inform service change or improvement projects
- Written documents with the opportunity to comment in writing
- Questionnaires
- Information/notification by email with an opportunity to opt in/opt out of the consultation
- Internet discussions or
- Telephone consultations
- Workshops with services users, carers or the public
- Inclusion of service users, carers or the public on steering groups or committees.

This list is not exhaustive and we may develop other additional methods of consultation more appropriate to key stakeholders and the matter being consulted upon.

3.2.3 We will consider the accessibility and format of every method of consultation we use in order to remove barriers to the consultation process. Specific consideration will be given as to how best to communicate with children and young people, people with disabilities (in particular people with learning disabilities) and minority ethnic communities. We take account of existing and developing good practice, including the Equality Commission’s guidance Let’s Talk Let’s Listen – Guidance for public authorities on consulting and involving children and young people (2008)\(^{20}\) and Making Communication Accessible – HSC Guidance.

\(^{20}\) http://www.equalityni.org/archive/LetsTalkLetsListen(Final).pdf
Information will be made available, on request, in alternative formats\textsuperscript{21}, in a timely manner, in the most expeditious way feasible, usually within 20 working days. If it is expected that this may take longer, the Trust will write out providing the reason(s) for the delay and an estimated response date. Where the exact request cannot be met we will ensure a reasonable alternative is provided.

Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

The Trust liaises with representatives of young people and disability and minority ethnic organisations and takes account of existing and developing good practice.

\textbf{3.2.4} Specific training is provided to those facilitating consultations to ensure that they have the necessary skills to communicate effectively with consultees.

\textbf{3.2.5} To ensure effective consultation with consultees\textsuperscript{22} on Section 75 matters, we will develop a programme of awareness raising on the Section 75 statutory duties and the commitments in our Equality Scheme by undertaking the following:

The Trust document ‘Guidance on the planning and registration of Personal and Public Involvement activities’ acknowledges that high quality engagement with, and involvement of patients, clients, service users, carers and communities can have a positive impact on the delivery of services. Effective involvement is central to the delivery of quality care and can lead to improvements in the experience of using services.

Personal and Public Involvement (PPI) training is delivered within the Trust to highlight the many benefits of user involvement and the value that their engagement can yield. The training demonstrates how they can implement the concept and practice of Personal and Public Involvement into their work.

The Timetable as detailed in Appendix 4 outline plans for consultation.

\textsuperscript{21} See Chapter 6 of our equality scheme for further information on alternative formats of information we provide.

\textsuperscript{22} Please see Appendix 3 for a list of our consultees.
3.2.6 The consultation period lasts for a minimum of twelve weeks to allow adequate time for groups to consult amongst themselves as part of the process of forming a view. However, in exceptional circumstances when this timescale is not feasible (for example implementing EU Directives or UK wide legislation, meeting Health and Safety requirements, addressing urgent public health matters or complying with Court judgements), we may shorten timescales to eight weeks or less before the policy is implemented. We may continue consultation thereafter and will review the policy as part of our monitoring commitments.

Where, under these exceptional circumstances, we must implement a policy immediately, as it is beyond our authority’s control, we may consult after implementation of the policy, in order to ensure that any impacts of the policy are considered.

3.2.7 If a consultation exercise is to take place over a period when consultees are less able to respond, for example, over the summer or Christmas break, or if the policy under consideration is particularly complex, we will give consideration to the feasibility of allowing a longer period for the consultation.

3.2.8 We are conscious of the fact that affected individuals and representative groups may have different needs. We will take appropriate measures to ensure full participation in any meetings that are held. We will consider for example the time of day, the appropriateness of the venue, in particular whether it can be accessed by those with disabilities, how the meeting is to be conducted, the use of appropriate language, whether a signer and/or interpreter is necessary, and whether the provision of childcare and support for other carers is required. (Appendix 7 – useful links)

3.2.9 We make all relevant information available to consultees in appropriate formats to ensure meaningful consultation. This includes detailed information on the policy proposal being consulted upon and any relevant quantitative and qualitative data.

3.2.10 We will continue to look at innovative and effective ways to consult with our consultees to ensure that our means of communication and engagement are user-friendly and not resource-intense for our

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23 Please see below at 4.27 to 4.31 for details on monitoring.
users, carers and the public. We are mindful of capacity issues in the voluntary and community sector and the potential for consultation fatigue and so we will strive to target our consultation according to areas of interest.

3.2.11 In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy.

3.2.12 We provide feedback to consultees in a timely manner. A feedback report is prepared which includes summary information on the policy consulted upon, a summary of consultees’ comments and a summary of our consideration of and response to consultees’ input. The feedback is provided in formats suitable to consultees. (Please see also 6.3).

3.3 A list of our consultees is included in this Equality Scheme at Appendix 3. It can also be obtained from our website at: 
www.belfasttrust.hscni.net

or by contacting:

Orla Barron
Health and Social Inequalities Manager
Belfast Health and Social Care Trust
First Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH

orla.barron@belfasttrust.hscni.net
Tel: 028 95046467
Textphone: 028 90566755

3.4 Our consultation list is not exhaustive and is reviewed on an annual basis to ensure it remains relevant to our functions and policies and considers the wishes of consultees to not partake in all or any consultations.

We welcome enquiries from any person/s or organisations wishing to be added to the list of consultees. Please contact Orla Barron to provide your contact details and have your areas of interest noted or have your name/details removed or amended. Please also inform us at this stage if you would like information sent to you in a particular format or language.
Chapter 4  Our arrangements for assessing, monitoring and publishing the impact of policies

This chapter outlines the Trust’s arrangements for assessing the likely impact of policies adopted or proposed to be adopted on the promotion of equality of opportunity (Schedule 9 4. (2) (b))

What is a policy?

4.1 In the context of Section 75, ‘policy’ is very broadly defined and it covers all the ways in which we carry out or propose to carry out our functions in relation to Northern Ireland. In respect of this Equality Scheme, the term policy is used for any (proposed/amended/existing) strategy, policy initiative or practice and/or decision, whether written or unwritten and irrespective of the label given to it, eg, ‘draft’, ‘pilot’, ‘high level’ or ‘sectoral’.

4.2 In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy, as required by Schedule 9 9. (2) of the Northern Ireland Act 1998.

4.3 The Trust uses the tools of screening and Equality Impact Assessment to assess the likely impact of a policy on the promotion of equality of opportunity and good relations. In carrying out these assessments we will relate them to the intended outcomes of the policy in question and will also follow Equality Commission guidance:

- The guidance on screening, including the screening template, as detailed in the Commission’s guidance ‘Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)’

\[24\]

and

- On undertaking an Equality Impact Assessment as detailed in the Commission’s guidance ‘Practical guidance on Equality Impact Assessment (February 2005)’.\[25\]


What is Screening?

4.4 The purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and/or good relations.

4.5 Screening is completed at the earliest opportunity in the policy development/review process. Policies which we propose to adopt will be subject to screening prior to implementation. For more detailed strategies or policies that are to be put in place through a series of stages, we will screen at various stages during implementation.

4.6 The lead role in the screening of a policy is taken by the policy decision maker who has the authority to make changes to that policy. However, screening will also involve other relevant team members, for example, equality specialists, those who implement the policy and staff members from other relevant work areas. Where possible we will include key stakeholders in the screening process.

4.7 The following questions are applied to all our policies as part of the screening process:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

4.8 In order to answer the screening questions, we gather all relevant information and data, both qualitative and quantitative. In taking this evidence into account we consider the different needs, experiences and priorities for each of the Section 75 equality categories. Any screening decision will be informed by this evidence.
4.9 Completion of screening, taking into account our consideration of the answers to all four screening questions set out in 4.7 above, will lead to one of the following three outcomes:

1. The policy has been ‘screened in’ for Equality Impact Assessment
2. The policy has been ‘screened out’ with mitigation\(^\text{26}\) or an alternative policy proposed to be adopted
3. The policy has been ‘screened out’ without mitigation or an alternative policy proposed to be adopted.

4.10 If our screening concludes that the likely impact of a policy is ‘minor’ in respect of one, or more, of the equality of opportunity and/or good relations categories, we may on occasion decide to proceed with an Equality Impact Assessment (EQIA), depending on the policy. If an EQIA is not to be conducted we will nonetheless consider measures that might mitigate the policy impact as well as alternative policies that might better achieve the promotion of equality of opportunity and/or good relations.

Where we mitigate we will outline in our screening template the reasons to support this decision together with the proposed changes, amendments or alternative policy.

This screening decision will be ‘signed off’ by the appropriate policy lead within the Trust.

4.11 If our screening concludes that the likely impact of a policy is ‘major’ in respect of one, or more, of the equality of opportunity and/or good relations categories, we will normally subject the policy to an Equality Impact Assessment. This screening decision will be ‘signed off’ by the appropriate policy lead within the Trust.

4.12 If our screening concludes that the likely impact of a policy is ‘none’, in respect of all of the equality of opportunity and/or good relations categories, we may decide to screen the policy out. If a policy is ‘screened out’ as having no relevance to equality of opportunity or

\(^{26}\) Mitigation – Where an assessment (screening in this case) reveals that a particular policy has an adverse impact on equality of opportunity and / or good relations, a public authority must consider ways of delivering the policy outcomes which have a less adverse effect on the relevant Section 75 categories.
good relations, we will give details of the reasons for the decision taken. This screening decision will be ‘signed off’ by the appropriate policy lead within the Trust.

4.13 As soon as possible following the completion of the screening process, the screening template, signed off and approved by the senior manager responsible for the policy, will be made available on our website:

www.belfasttrust.hscni.net

and on request from the Health and Social Inequalities office.

4.14 If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, we will review the screening decision.

4.15 Our screening reports are published quarterly [see below at 4.20 - 4.22 and 4.23 for details].
**What is an Equality Impact Assessment?**

4.16 An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is formal or informal, and irrespective of the scope of that policy. The primary function of an EQIA is to determine the extent of any impact of a policy upon the Section 75 categories and to determine if the impact is an adverse one. It is also an opportunity to demonstrate the likely positive outcomes of a policy and to seek ways to more effectively promote equality of opportunity and good relations.

4.17 Once a policy is screened and screening has identified that an Equality Impact Assessment is necessary, we will carry out the EQIA in accordance with Equality Commission guidance. The Equality Impact Assessment will be carried out as part of the policy development process, before the policy is implemented.

4.18 Any Equality Impact Assessment will be subject to consultation at the appropriate stage(s). (For details see above Chapter 3 “Our Arrangements for Consulting”).

*Our arrangements for publishing the results of the assessments of the likely impact of policies we have adopted or propose to adopt on the promotion of equality of opportunity (Schedule 9 4. (2) (d); Schedule 9 9. (1))*

4.19 We make publicly available the results of our assessments (screening and EQIA) of the likely impact of our policies on the promotion of equality of opportunity and good relations.

**What do we publish?**

4.20 Screening reports.

These are published quarterly. Screening reports detail:

- All policies screened by the Trust over the three month period
- A statement of the aim(s) of the policy/policies to which the assessment relates
• Consideration given to measures which might mitigate any adverse impact

• Consideration given to alternative policies which might better achieve the promotion of equality of opportunity

• Screening decisions, i.e.:
  
  o Whether the policy has been 'screened in' for Equality Impact Assessment

  o Whether the policy has been ‘screened out’ with mitigation or an alternative policy proposed to be adopted

  o Whether the policy has been ‘screened out’ without mitigation or an alternative policy proposed to be adopted.

• Where applicable, a timetable for conducting Equality Impact Assessments

• A link to the completed screening template(s) on our website.

4.21 Screening templates

For details on the availability of our screening templates please refer to 4.13.

4.22 Equality Impact Assessments

EQIA reports are published once the impact assessment has been completed. These reports include:

• A statement of the aim of the policy assessed

• Information and data collected

• Details of the assessment of impact(s)

• Consideration given to measures which might mitigate any adverse impact
• Consideration given to alternative policies which might better achieve the promotion of equality of opportunity

• Consultation responses

• The decision taken

• Future monitoring plans.

**How do we publish the information?**

**4.23** All information we publish is accessible and can be made available in alternative formats on request. Please see 6.3 below.

**Where do we publish the information?**

**4.24** The results of our assessments (screening reports and completed templates, the results of Equality Impact Assessments) are available on our website:

[www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net)

and by contacting:

Orla Barron  
Health and Social Inequalities Manager  
Belfast Health and Social Care Trust  
First Floor, Graham House  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast  
BT8 8BH  
[orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)  
028 90 95046567  
Textphone: 028 95046567

**4.25** In addition to the above, screening reports (electronic link or hard copy on request if more suitable for recipients) which include all policies screened over a three month period are also sent directly to all consultees on a quarterly basis.
4.26 We will inform the general public about the availability of this material through communications such as press releases where appropriate.

Our arrangements for monitoring any adverse impact of policies we have adopted on equality of opportunity (Schedule 9 4. (2) (c))

4.27 Monitoring can assist us to deliver better public services and continuous improvements. Monitoring Section 75 information involves the processing of sensitive personal data (data relating to the racial or ethnic origin of individuals, sexual orientation, political opinion, religious belief, etc). In order to carry out monitoring in a confidential and effective manner, the Trust follows guidance from the Office of the Information Commissioner and the Equality Commission.

4.28 We monitor any adverse impact on the promotion of equality of opportunity of policies we have adopted. We are also committed to monitoring more broadly to identify opportunities to better promote equality of opportunity and good relations in line with Equality Commission guidance.

4.29 The systems we have established to monitor the impact of policies and identify opportunities to better promote equality of opportunity and good relations are:

- The collection, collation and analysis of existing relevant primary quantitative and qualitative data across all nine equality categories on an ongoing basis

- The collection, collation and analysis of existing relevant secondary sources of quantitative and qualitative data across all nine equality categories on an ongoing basis

- An audit of existing information systems within one year of approval of this Equality Scheme, to identify the extent of current monitoring and take action to address any gaps in order to have the necessary information on which to base decisions

- Undertaking or commissioning new data if necessary.

4.30 If over a two year period monitoring and evaluation show that a policy results in greater adverse impact than predicted, or if
opportunities arise which would allow for greater equality of opportunity to be promoted, we will ensure that the policy is revised to achieve better outcomes for relevant equality groups.

4.31 We review our EQIA monitoring information on an annual basis. Other monitoring information is reviewed on an ongoing basis.

Our arrangements for publishing the results of our monitoring (Schedule 9 4. (2) (d))

4.32 Schedule 9 4. (2) (d) requires us to publish the results of the monitoring of adverse impacts of policies we have adopted. However, we are committed to monitoring more broadly and the results of our policy monitoring are published as follows:

4.33 EQIA monitoring information is published as part of our Section 75 annual progress report [see 2.7]

4.34 Monitoring information is also published and made available on the Trust’s website.

4.35 All information published is accessible and can be made available in alternative formats on request. Please see below at 6.3 for details.
5.1 Commitment to staff training

We recognise that awareness raising and training play a crucial role in the effective implementation of our Section 75 duties. The Trust is committed to the principle of equity in opportunity for learning and development for staff.

As an Investors in People organisation, the Trust is committed to respecting its staff, communicating effectively with them and providing learning and development to support all staff. This is illustrated in the Trust values and a range of Human Resources strategies including the:

- Learning and Development Strategy
- Leadership and Management Strategy
- Lifelong Learning Strategy.

Belfast Trust provides a range of Section 75 and other equality training, which is available to all staff. The Trust delivers mandatory equality training for staff and a more detailed mandatory training for managers. Training is advertised to staff via a range of mediums including intranet, posters, Line Managers, Trade Unions and Newsletters.

5.2 Our Chair and Chief Executive wish to positively communicate the commitment of the Trust to the Section 75 statutory duties, both internally and externally.

To this end we have introduced an effective communication and training programme for all staff and will ensure that our commitment to the Section 75 statutory duties is made clear in all relevant publications.

The Health and Social Inequalities Team and Employment Equality Teams have had to look at innovative and flexible ways to deliver training given the size of the Trust and the variety of professions and staff amongst the 20,000 workforce and the competing pressures of workload and other training.

Training and learning has therefore been delivered via a number of methods to offer flexibility and choice to staff. Logistically there are
often challenges in releasing frontline staff and this has contributed to the Trust using other communication means rather than solely relying on formal face-to-face training for large groups. This includes e-learning, DVDs, team briefings, websites, posters, intranet, email, promotional stands and staff newsletter.

**Training objectives**

**5.3** The Trust will review its existing training arrangements and draw up a detailed training plan for its staff which will aim to achieve the following objectives:

- To raise awareness of the provisions of Section 75 of the Northern Ireland Act 1998, our Equality Scheme commitments and the particular issues likely to affect people across the range of Section 75 categories, to ensure that our staff fully understand their role in implementing the scheme.

- To provide those staff involved in the assessment of policies (screening and EQIA) with the necessary skills and knowledge to do this work effectively.

- To provide those staff who deal with complaints in relation to compliance with our Equality Scheme with the necessary skills and knowledge to investigate and monitor complaints effectively.

- To provide those staff involved in consultation processes with the necessary skills and knowledge to do this work effectively.

- To provide those staff involved in the implementation and monitoring of the effective implementation of the Trust’s Equality Scheme with the necessary skills and knowledge to do this work effectively.

- To provide staff and managers with a solid understanding of good relations and the inter-dependence of equality and good relations. The Trust Good Relations strategy and initiatives will be detailed.
Awareness raising and training arrangements

5.4 The following arrangements are in place to ensure all our staff and Non Executive Directors are aware of and understand our equality obligations.

- A summary of the Equality Scheme has been produced and awareness will continue to be raised via a variety of means e.g. Chief Executive Briefing, Team Briefing, Intranet etc.

Specific guidelines for Regional HSC Trust Board members were devised to highlight the important changes introduced for implementing the Section 75 equality duties; Implications for policy development and corporate planning; Emphasis on achieving outcomes and addressing inequalities; and Focus on leadership. These Guidelines will be subjected to review to reflect any future developments in the application of the Section 75 equality duties.

- Trust Board members and Senior Management Team will receive regular updates on the promotion of equality of opportunity and good relations and a comprehensive overview on compliance and performance through the Section 75 annual progress report

- We will provide access to copies of the full Equality Scheme for all staff; ensure that any queries or questions of clarification from staff are addressed effectively

- Staff in the Trust will receive a briefing on this Equality Scheme

The Section 75 statutory duties form part of induction training for new staff

- Mandatory equality training is provided for staff and managers

- Focused training is provided for key staff within the Trust who are directly engaged in taking forward the implementation of our Equality Scheme commitments (for example those involved in research and data collection, policy development, service design, conducting Equality Impact Assessments, consultation, monitoring and evaluation)

- Where appropriate, training will be provided to ensure staff are aware of the issues experienced by the range of Section 75 groups
• When appropriate and on an ongoing basis, arrangements will be made to ensure staff are kept up to date with Section 75 developments

• Good Relations Training

• Human Rights Training

• Disability Awareness and UNCRPD (United Nations Convention on Rights of Persons with a Disability) training

• Personal and Public Involvement Training.

5.5 Training and awareness raising programmes will, where relevant, be developed in association with the appropriate Section 75 groups and our staff.

In order to share resources and expertise, the Trust will, where possible, work closely with other bodies and agencies in the development and delivery of training.

**Monitoring and evaluation**

5.6 Our training programme is subject to the following monitoring and evaluation arrangements:

• We evaluate the extent to which all participants in this training programme have acquired the necessary skills and knowledge to achieve each of the above objectives

• The extent to which training objectives have been met will be reported on as part of the Section 75 annual progress report, which will be sent to the Equality Commission

• Diversity e-learning and local arrangements for monitoring and reporting on training.
Chapter 6  
Our arrangements for ensuring and assessing public access to information and services we provide (Schedule 9 4. (2) (f))

6.1 Belfast Trust is committed to ensuring that the information we disseminate and the services we provide are fully accessible to all sections of the community in Northern Ireland. This commitment is underpinned by some of the 5 core values of the Trust to treat everyone with respect and dignity and to be open and transparent. We keep our arrangements under review to ensure that this remains the case.

6.2 We are aware that some groups will not have the same access to information as others.

In particular:

- People with sensory, learning, communication and mobility disabilities may require information in other formats
- Members of ethnic minority groups, whose first language is not English, may have difficulties with information provided only in English
- Children and young people may not be able to fully access or understand information.

Access to information

6.3 To ensure equality of opportunity in accessing information, we provide information in alternative formats on request, where reasonably practicable. Where the exact request cannot be met, we will ensure a reasonable alternative is provided.

Alternative formats may include Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

The Trust liaises with representatives of young people and disability and minority ethnic organisations and takes account of existing and developing good practice.

We will respond to requests for information in a timely and expeditious way, usually within twenty working days. If it is expected that this may
take longer, the Trust will write out providing the reason(s) for the delay and an estimated response date.

6.4 In disseminating information through the media we will seek to advertise in the press where appropriate.

6.5 Website, Corporate Plan, Staff Magazine and Trust publications.

Access to services

6.6 The Trust is committed to ensuring that all of our services are fully accessible to everyone in the community across the Section 75 categories.

The Trust also adheres to the relevant provisions of current anti-discrimination legislation.

6.7 The Trust provides interpreters to those who are not competent in English and those who require either British or Irish Sign Language interpreters.

Assessing public access to information and services

6.8 We monitor on an ongoing basis across all our functions, in relation to access to information and services, to ensure equality of opportunity and good relations are promoted.

6.9 These include:

- Provision of interpreting/translation services
- Monitoring of complaints
- Reasonable adjustments
- Satisfaction Surveys
- Staff Survey
- Article 55 Review.
7.1 Appendix 4 outlines our timetable for all measures proposed within this Equality Scheme. The measures outlined in this timetable will be incorporated into our business planning processes. In this timetable the Trust has been open and transparent in what can realistically be achieved, given the size and complexity of the organisation.

7.2 This timetable is different from and in addition to our commitment to developing action plans/action measures to specifically address inequalities and further promote equality of opportunity and good relations. We have included in our Equality Scheme a commitment to develop an action plan. Accordingly, this commitment is listed in the timetable of measures at Appendix 4. For information on these action measures please see above at 2.11 – 2.18.
Chapter 8  Our complaints procedure
(Schedule 9 10.)

The Trust is responsive to the views of members of the public. We will endeavour to resolve all complaints made to us. Section 75 complaints are integrated into a general complaints procedure within the Trust in the interests of mainstreaming. (Copy of Procedure27)

8.2 If performance is not up to standard, the Trust needs to know so that we can learn and improve. We will take your complaint seriously and treat it in confidence. Making a complaint does not affect an individual’s rights.

8.3 Our Complaints Manager can provide you with more information on how to make a complaint. A DVD and online video have been developed to increase awareness on the complaints process for people with a hearing loss. It can be accessed at: www.belfasttrust.hscni.net/contact/2357.htm

Specialist advocacy services may be available to help you through the process of complaining – either writing a letter or making a telephone call. Alternatively, the Patient and Client Council can provide free and confidential advice, information and help to make a complaint. This might include help with writing letters, making telephone calls, and supporting you at any meetings you might need to attend.

You can get more information on the services provided by the Patient and Client Council at http://www.patientclientcouncil.hscni.net or by phoning freephone 0800 917 0222.

8.4 Schedule 9 paragraph 10 of the Northern Ireland Act 1998 refers to complaints. A person can make a complaint to a public authority if the complainant believes he or she may have been directly affected by an alleged failure of the authority to comply with its approved Equality Scheme.

8.5 A person wishing to make a complaint that the Trust has failed to comply with its approved Equality Scheme should contact either:

27 http://www.belfasttrust.hscni.net
8.6 In accordance with the regional Health and Social Care Complaints Procedure, the Trust will in the first instance acknowledge receipt of each complaint within two working days.

8.7 The Complaints Officer will carry out an internal investigation of the complaint and will respond substantively to the complainant within twenty working days of the date of receiving the letter of complaint. Under certain circumstances, if the complexity of the matter requires a longer period, the period for response to the complainant may be extended. In those circumstances, the complainant will be advised of the extended period within fifteen working days of making the complaint.

8.8 During this process the complainant will be kept fully informed of the progress of the investigation into the complaint and of any outcomes.

8.9 If the complaint has not been resolved within a reasonable timescale, the complaint can be brought to the Equality Commission.

Equality Commission
Equality House
7-9 Shaftesbury Square
Belfast
BT2 7DP
www.equalityni.org
Telephone: 028 90 500 600
Textphone: 028 90 500 589
Enquiry Line: 028 90 890 890
Fax: 028 90 248 687
Email: information@equalityni.org
8.10 In any subsequent investigation by the Equality Commission, the Trust will co-operate fully, providing access in a timely manner to any relevant documentation that the Equality Commission may require.

Similarly, the Trust will co-operate fully with any investigation by the Equality Commission under sub-paragraph 11 (1) (b) of Schedule 9 to the Northern Ireland Act 1998.

8.11 The Trust will make all efforts to implement promptly and in full any recommendations arising out of any Commission investigation.
9.1 The Trust is committed to ensuring that its Equality Scheme is widely published and in a manner which will ensure equality of access. The Scheme will be made available to its staff, service users, individuals and representatives of Section 75 organisations. An Equality Scheme Summary will be available and an Easyread version will also be available. The Trust’s Equality Scheme is available free of charge in print form and alternative formats from:

Orla Barron,
Health and Social Inequalities Manager
First Floor, Graham House,
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH
T: 028 95046567  Textphone: 028 90566755
E-mail: orla.barron@belfasttrust.hscni.net

The Trust will respond promptly to requests for alternative formats, usually within twenty working days. If it is expected that this may take longer, the Trust will write out providing the reason(s) for the delay and an estimated response date. It is difficult to be prescriptive in terms of exact timescale to have the alternative format produced as the Trust often outsources the transcription into Easyread or Braille or Audio Cassette and translation of materials into ethnic minority languages. The Trust is committed to making the process as expeditious as possible to promote equality of opportunity.

9.2 Our Equality Scheme, summary and easyread is also available on our website at: www.belfasttrust.hscni.net.

9.3 The following arrangements are in place for the publication in a timely manner of our Equality Scheme to ensure equality of access:

- We will make every effort to communicate widely the existence and content of our Equality Scheme. This may include press releases, prominent advertisements in the press, the internet and direct mail shots to groups representing the various categories in Section 75.
• The Scheme will be summarised into an Equality Scheme Summary.

• We will email a link to our approved Equality Scheme to our consultees on our consultation lists. Other consultees, without e-mail, will be notified by letter that the scheme is available on request. We will respond to requests for the Equality Scheme in alternative formats promptly, usually within twenty working days. If it is expected that this may take longer, the Trust will write out providing the reason(s) for the delay and an estimated response date.

• Our Equality Scheme is available on request in alternative formats such as Braille, large print, audio formats (CD, mp3, DAISY) and in minority languages to meet the needs of those not fluent in English.

• The Trust has also produced the Equality Scheme in Easy read.

• The Trust communicates with representatives of young people and disability and minority ethnic organisations and takes account of existing and developing good practice.

• The Trust’s Equality Scheme is highlighted and explained in all mandatory equality training for staff and for managers.

9.4 For a list of our stakeholders and consultees please see Appendix 3 of the Equality Scheme, visit our website at www.belfasttrust.hscni.net or contact:

Orla Barron,
Health and Social Inequalities Manager
First Floor, Graham House,
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH
T: 028 95046567
Textphone: 028 90566755
E-mail: orla.barron@belfasttrust.hscni.net
Chapter 10  Review of our Equality Scheme (Schedule 9 8. (3))

10.1 As required by Schedule 9 paragraph 8 (3) of the Northern Ireland Act 1998 the Trust is committed to conducting a thorough review of this Equality Scheme. This review will take place either within five years of submission of this Equality Scheme to the Equality Commission or within a shorter timescale to allow alignment with the review of other planning cycles.

The review will evaluate the effectiveness of our scheme in relation to the implementation of the Section 75 statutory duties relevant to our functions in Northern Ireland.

10.2 In undertaking this review we will follow any guidance issued by the Equality Commission. The Trust will work with the Equality Commission Northern Ireland and other members of the HSC family to conduct a thorough and meaningful review. The Trust will engage with service users, staff, representative organisations, Trade Union professional bodies to assess their satisfaction on compliance with the Scheme.

10.3 A report of this review will be made public at Trust Board and sent to the Equality Commission (and published on the website at www.belfasttrust.hscni.net.)

The report will be made available in easyread and in alternative formats on request.
Appendix 1:

Belfast Health and Social Care Trust: Executive Team Structure

Specialist Hospitals & Women’s Health
Brian Barry

Chief Executive
Colm Donaghy

Children’s Community Services
Cecil Worthington

Communication
Bronagh Dalzell

Surgery & Specialist Services
Jennifer Welch

Unscheduled and Acute Care
Bernie Owens

20,728 employees
£1.2 billion annual budget
340,000 population base
1.8 million population base
£3,287,671 spent daily

Adult Social & Primary Care Services
Catherine McNicholl

Nursing & User Experience
Brenda Creaaney

Planning, Performance & Informatics
Shane Dowin

Medical
Tony Stevens

Head of Office
June Champion (A)

Human Resources
Marie Mallon

Finance and Estates Services
Martin Dillon
Appendix 2: Example groups relevant to the Section 75 categories for Northern Ireland purposes
Please note, this list is for illustration purposes only, it is not exhaustive.

<table>
<thead>
<tr>
<th>Category</th>
<th>Example groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious belief</td>
<td>Buddhist; Catholic; Hindu; Jewish; Muslims, people of no religious belief; Protestants; Sikhs; other faiths.</td>
</tr>
<tr>
<td></td>
<td>For the purposes of Section 75, the term “religious belief” is the same definition as that used in the Fair Employment &amp; Treatment (NI) Order(^\text{28}). Therefore, “religious belief” also includes any perceived religious belief (or perceived lack of belief) and, in employment situations only, it also covers any “similar philosophical belief”.</td>
</tr>
<tr>
<td>Political opinion(^\text{29})</td>
<td>Nationalist generally; Unionists generally; members/supporters of other political parties.</td>
</tr>
<tr>
<td>Racial group</td>
<td>Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.</td>
</tr>
<tr>
<td>Men and women generally</td>
<td>Men (including boys); Trans-gendered people; Transsexual people; women (including girls).</td>
</tr>
<tr>
<td>Marital status</td>
<td>Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.</td>
</tr>
</tbody>
</table>

\(^{28}\) See Section 98 of the Northern Ireland Act 1998, which states: “In this Act...”political opinion” and “religious belief” shall be construed in accordance with Article 2(3) and (4) of the Fair Employment & Treatment (NI) Order 1998.”

\(^{29}\) ibid
<table>
<thead>
<tr>
<th><strong>Age</strong></th>
<th>Children and young people; older people.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Persons with a disability</strong></td>
<td>Persons with disabilities as defined by the Disability Discrimination Act 1995.</td>
</tr>
<tr>
<td><strong>Persons with dependants</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td>Bisexual people; heterosexual people; gay or lesbian people.</td>
</tr>
</tbody>
</table>
Appendix 3: List of Consultees

CONSULTEE DATABASE (Health & Social Inequalities, B.H.S.C.T.)

‘DA’ – Young Father’s Project
Abbyfield Society
Accord Northern Ireland
ACET Northern Ireland
ACOVO Northern Ireland
Action Cancer
Action for Children Northern Ireland
Action Mental Health
Action MS
Adolescent Partnership Project
Adopt Northern Ireland
Advice Northern Ireland
Advocate for Older People
AFASIC
Afro-Asian Residents Group Northern Ireland
Age Concern East Belfast & Castlereagh
Age Concern Help the Aged
Age Concern Northern Ireland
Age Concern St John’s (West Belfast)
Age Concern User Group
Age Northern Ireland
Age Sector Platform (ASP)
Age Sector Reference Group
Ageing Well Work
Aids Care, Education & Training in Ireland
Al-Anon Family Groups
Alcoholics Anonymous
Al-Nisa Association Northern Ireland
Alzheimer’s Society Northern Ireland
Amalgamated Transport & General Worker’s Union
Ambulance Service Northern Ireland
AMICUS Trade Union
An Droichead
An Munia Tober
ARC (NI) Office
Archdiocese of Armagh
Ardyone Youth and Parent Association
Ark Housing Association
Artability
Arthritis Care Northern Ireland
Artillery Young Parents Project
Artillery Youth Centre
Arts Care
ASBAH - Spina Bifida & Hydrocephalus
ASCERT
ASCONI Afro-Community Support Organisation
Ashton Community Trust
Assembly Health Committee
Association of Bahai Women
Association of Chief Officers of Voluntary Organisations (ACOVO)
Association of Clinical Biochemists
Association of Talking Newspapers
Association of Teachers & Lecturers
Asthma UK Northern Ireland
Asylum and Refugee Advice and Support Service
Autism Northern Ireland
Aware - Defeat Depression
Bahai Information Offices
Ballymacarrett Arts & Cultural Society
Ballymacarrett Youth & Community Project
Bangladeshi Welfare Association
Bangladeshi Welfare Association (President)
Baptist Union of Ireland
Barnardos Northern Ireland
Barnardos Parenting Matters
Barnardo’s Schools Programme
Barnardos, Tuar Caetha / Community Project
Beeches Management Centre
Beechfield Children’s Respite Unit
Belfast Baha’i Community
Belfast Carer's Centre
Belfast Central Mission
Belfast Charitable Society
Belfast Chinese Christian Church
Belfast Community Sports Development Network
Belfast Health & Social Care Trust
Belfast Health Development Unit
Belfast Health Initiative
Belfast Healthy Cities
Belfast Hebrew Congregation
Belfast Interface Project
Belfast Islamic Centre
Belfast Islamic Centre Women’s Group
Belfast Jewish Community
Belfast Regeneration Office
Belfast Regional Centre
Belfast Training & Employment Agency
Belfast Travellers Education and Development Group
Belfast Trust Joint Negotiating Forum
Belfast Unemployed Resource Centre
Belvoir & Milltown Action Group
BIH Housing Association Limited
Black Youth Network
Blackie River Community Group
Blind Centre for Northern Ireland
Bridge Community Association
British Association of Social Workers
British Deaf Association Northern Ireland
British Dental Association (NI) Branch
British Diabetic Association Northern Ireland
British Dietetic Association
British Epilepsy Association
British Geriatric Society Northern Ireland
British Heart Foundation
British Medical Association Northern Ireland
British Nursing Association
British Orthoptics Society
British Psychology Society Northern Ireland Branch
British Red Cross Society
Brook Advisory Centre
Brookvale Fold
Bryson House the Charity
Buddhist Centre
Business in the Community Northern Ireland
Business Services Organisation
Butterfly Club
C.A.U.S.E for Mental Health
C.O.S.O.
Camphill Community
Cancer Care for Children
Cancer Lifeline
Carafriend
Cardiac Rehab Support Group
Care in Northern Ireland
Carers Advocate
Carers National Association Northern Ireland
Carers Northern Ireland
Caring for Carers Northern Ireland Ltd
Carrick Hill Residents Association
Castlereagh Lifestyle Forum
Castlewellan Regeneration Limited
Catholic Family Care Society Northern Ireland
CAUSE Northern Ireland
Central Belfast Contact Centre
Centre for Child Care Research, QUB
Centre for Health & Well Being
Centre for Independent Living
Centre for Young Men’s Studies
Challenge
Challenge for Youth
Changes Group
Changing Faces
Chartered Society of Physiotherapy Northern Ireland
Chest, Heart and Stroke Association
Child & Family Centre
Child Accident Prevention Trust
Child Care Northern Ireland
Child Poverty Action Group Northern Ireland
Childline Northern Ireland
Children Community Holidays
Children in Northern Ireland
Children with Disability Team
Children’s Law Centre
Children’s Project Northern Ireland Limited
Chinese Chamber of Commerce
Chinese Lay Health Project Barnardos
Chinese Welfare Association Northern Ireland
Church of Ireland
Church of Ireland Board of Social Responsibility
Church of Jesus Christ of Latter Day Saints
Citizens Advice Bureau
Clan Mor Sure Start
Clanmil Housing Association
CLAPA Northern Ireland
Clic Sargent - Caring for Children with Cancer
Cliftonville Community Centre
Cliftonville Community Regeneration Forum
Cloona Oasis Centre
Colin Glen Trust
College of Occupational Therapists
Colleges of Further and Higher Education
Commissioner for Children and Young People
Committee on the Administration of Justice
Common Purpose
Community Change
Community Connections
Community Development and Health Network NI
Community Evaluation NI
Community Relations Council
Community Relations Network and Training
Consortium
Community Resource South Belfast
Community Safety Unit
Community Transport Association
Community Work Education and Training Network
Confederation of British Industry (CBI)
Confederation of Community Groups
Conservation Volunteers Northern Ireland
Contact a Family Northern Ireland
Contact Youth
Co-operation Ireland
Corpus Christi Parent/Teachers Association
Council for Catholic Maintained Schools (CCMS)
Council for the Homeless
Counteract
CPHVA
Credit Unions Ltd
Criminal Justice Department, PSNI
Crossroads Caring for Carers (NI) Ltd
Cruse Bereavement Care Northern Ireland
Cystic Fibrosis Trust
Dad’s Matter Project (Shankill Surestart)
Datalink Reprographics Ltd
Deaf Answers
Deaf Association of Northern Ireland
Deaf Talkabout (Belfast Telegraph)
DELTA Parenting Partnership Service
Department of Education Northern Ireland
Department of Nursing UUJ
Derg Valley Healthy Living Project
DHSSPS
Diabetes UK
Disability Action
Disability Drivers Northern Ireland
Disability Network Scheme
Disability Sports Northern Ireland
Disabled Drivers Association Northern Ireland
District Childcare Partnership
Domestic Violence Forum
Donegall Pass Community Forum
Dunlewey Substance Advice Centre NI Ltd
E E T P U
Early Years
East Belfast Alternatives
East Belfast Community Development Agency
East Belfast Independent Advice Centre
East Belfast Sure Start
Eastern Drugs & Alcohol Co-ordination Team (EDACT)
Education Guidance Service for Adults (EGDSA)
Egyptian Association
Elim Pentecostal Church
Employers for Child Care
Employers For Disability
Employers Forum on Disability
Enable Northern Ireland
Enbarc Programme
Engage with Age
EPIC
Epilepsy Action
Equality Coalition
Equality Commission Northern Ireland
Equality Forum Northern Ireland
Extern
Extra Care for Elderly People
Falls Community Council
Families Need Fathers Northern Ireland
Family Care Society Northern Ireland
Family Mediation Northern Ireland
Family Ministry Commission (Down & Connor)
Family Planning Association Northern Ireland
Farmers Have Hearts
Farset Youth & Community Development Ltd
FASA (Forum for Action on Substance Abuse and Suicide Awareness)
Fathers’ Legal Research
Federation of Clinical Scientists
Fibromyalgia Support Northern Ireland
Filipino Association Northern Ireland
Filor Housing Association
First Class Care Ltd
First Key (Northern Ireland)
First Steps Playgroup
Flax Trust
Fold Housing Association
Footprints Women’s Centre
Foras na Gaeilge
Forever Fathers
Forthspring Intercommunity Group Ltd
Fostering Forum Belfast Trust
Fostering Network
Free Presbyterian Church of Ulster
Friendship Centre Federation
Gateway Club
Gay and Lesbian Group Northern Ireland
Gay and Lesbian Youth Northern Ireland
Gender and Sexual Orientation Equality Unit
General & Municipal, Boiler Makers & Allied Trades
General Municipal Boilermakers Union
General Practitioners
Gingerbread Northern Ireland
Girls Brigade Northern Ireland
Give and Take Scheme
Glasvey Residents Association
Glen Parent & Youth Group
Glenavy Community Association
Glenavy Community Support Group
Glenbrook Sure Start
GMB
Greater Shankill Alternatives
Greater Shankill Community Council
Greater Shankill Partnership Board
Greater Twinbrook and Poleglass Community Forum
Greater Village Regeneration Trust
Greenway Women’s Group
Greenwood House Assessment Centre
GROW
Guardian ad Litem Agency
Guide Dogs for the Blind Association
Guild of Hospital Pharmacists
Guru Nanak Ji Sikh Community
Habinteg Housing Association [Ulster] Limited
Habitat for Humanity Northern Ireland
Haemophilia Society Group
Hare Krishna Community
Hare Krishna Temple
Harrogate Senior Citizens Club
Headway Belfast
Health & Healthcare Research Unit
Health and Social Care Board Headquarters
Health Promotion Agency
Health Service Executive
Health Visitors Association (MSF)
Hearing Concern
Hearing Dogs for the Deaf
Helm Housing
Help the Aged Northern Ireland
Hill Street Residents Association
HIV Support Centre
Holy Trinity Monday Club
Home Accident & Prevention Council Northern Ireland
Home Start East Belfast
Home Start Northern Ireland
Home Start North Belfast
Home Start UK
Homecare Northern Ireland
Hospital Chaplins
Housing Rights Service
Hungarian Community Association
Huntington's Disease Association
IA Support Group
ICPD (Institute for Counselling & Personal Development Trust)
IMAGO
Impact Training
IMTAC Inclusive Mobility and Transport Advisory Committee
Include Youth
Indian Community Centre
Industrial Therapy Organisation
Information Commissioner
Inner City South Belfast Sure Start
Inner South Belfast Partnership Board
Institute for Conflict Research
Institute of Public Health
Investing for Health
Irish Advocacy Network
Irish Congress of Trade Unions
Islamic Centre
Islamic Student's Society of Northern Ireland
Japan Society of Northern Ireland
Jehovah's Witnesses
Jigsaw Northern Ireland
Joanmount Open Door Ltd

Job Assist Centre
Karen Mortlock Trust
Knock Child Contact Centre
Knock Parent & Toddler Group
La Societa Italiana Irlanda Del Nord
LACUNA
LaLeche League
LAMP - Life After Mental Health
LASI
Latin America Unida
Law Centre Northern Ireland
Learning Disability Team
Leitrim Development Company
Lenadoon Women's Group
Leonard Cheshire Disability, Domiciliary & Day Care Supported Housing
Lesbian Line
Liberal and Progressive Jewish Movement
Lifestart Foundation Northern Ireland
Ligoneill Community Centre Committee
Link Centre
Local Government Staff Commission for Northern Ireland
LORAG
Louth African Women Support Group
Lower Andersonstown Mothers Support Group
Lower Oldpark Community Association
Lower Ormeau & Markets Community Forum
M Care
Macmillan Cancer Relief
Mandarin Speakers Association
Manufacturing, Science and Finance Union
Marie Curie Cancer Care
Markets Development Association
Martyrs Memorial Free Presbyterian Church
Mater Community Forum
Maureen Sheehan Centre
ME Association
Mediation Northern Ireland
Men to Men
Men’s Action Network
Men’s Advisory Project
Men’s Council of Ireland
Men’s Development Network
Men’s Network Resource Centre
Menaware
MENCAP
Men’s Advisory Group
Menswork
Mental Health Alliance
Mental Health Commission for Northern Ireland
Methodist Church
Mevagh’s Men’s Group
Mid Ulster Child Contact Centre
Midland SCC
Milltown Community Trust
Mindwise
Miscarriage Association
Mobilise
Model Farm Regeneration Group
Morton Community Centre
Multi Cultural Resource Centre Northern Ireland
Multi-Cultural Group
Multiple Sclerosis Society
Muscular Dystrophy Group
National Association for Colitis and Crohns Disease
National Autistic Society
National Board for Nursing, Midwifery and Health
Visiting Northern Ireland
National Children’s Homes
National Deaf Children’s Society
National Disability Authority
National Federation of Gateway Clubs
National Foundation for Educational Research
National Organisation Circumcision
National Schizophrenia Fellowship, Belfast
Natural Law Party
NCB Northern Ireland (National Children's Bureau)
New Beginnings Lone Parent Group
New Horizons
New Life Counselling Service
New Lodge & Duncairn Community Health Partnership
Newhill Youth & Community Association
Newington Day Centre
Nexus Institute
NHS Confederation on Learning Disability
Northern Ireland African Cultural Centre
Northern Ireland Agoraphobia and Anxiety Society
Northern Ireland Anti Poverty Network
Northern Ireland Association for Mental Health (NIAMH)
Northern Ireland Association for the Care and Resettlement of Offenders
Northern Ireland Association of Citizen’s Advice Bureau
Northern Ireland Association of Homeopaths
Northern Ireland Blood Transfusion Service
Northern Ireland Board Chartered Society of Physiotherapy
Northern Ireland Cancer Fund for Children
Northern Ireland Cancer Registry, QUB
Northern Ireland Centre for Trauma and Transfiguration Service
Northern Ireland Chest, Heart and Stroke Association
Northern Ireland Childminding Association
Northern Ireland Children's Hospice
Northern Ireland Commissioner for Children & Young People (NICCY)
Northern Ireland Committee for Refugees & Asylum Seekers
Northern Ireland Committee, ICTU

Northern Ireland Community Addiction Service
Northern Ireland Confederation of Mental Health
Northern Ireland Council for Ethnic Minorities (NICEM)
Northern Ireland Council for Integrated Education
Northern Ireland Council for Post Graduate Medical Education
Northern Ireland Council for Voluntary Action (NICVA)
Northern Ireland Deaf Education Access Foundation
Northern Ireland Deaf Youth Association
Northern Ireland Dyslexia Association
Northern Ireland Federation of Housing Associations (NIFHA)
Northern Ireland Filipino Association
Northern Ireland Fire and Rescue Service
Northern Ireland Gay Rights Association
Northern Ireland Health Visitors Association
Northern Ireland Hindu Cultural Centre and Temple
Northern Ireland Hospice
Northern Ireland Hospice Care Children’s Service
Northern Ireland Hospital Advisory Service
Northern Ireland Housing Executive
Northern Ireland Human Rights Commission
Northern Ireland Inter Faith Forum
Northern Ireland Itinerants Committee
Northern Ireland Kidney Patient's Association (NIKPA)
Northern Ireland Lupas Group  
Northern Ireland Medical and Dental Training Agency  
Northern Ireland Music Therapy Trust  
Northern Ireland Muslin Family Association (Chairperson)  
Northern Ireland Office  
Northern Ireland Office Human Rights and Equality  
Northern Ireland Ombudsman  
Northern Ireland Ombudsman for Health  
Northern Ireland Orthoptic Society (BIOS)  
Northern Ireland PakistaNorthern Ireland Cultural Association  
Northern Ireland Policing Board  
Northern Ireland Polio Fellowship  
Northern Ireland Practice & Education Council for Nursing & Midwifery NIPEC  
Northern Ireland Rural Women's Network  
Northern Ireland Sikh Cultural and Community Centre  
Northern Ireland Social Care Council  
Northern Ireland Social Security Agency  
Northern Ireland Statistics & Research Agency (NISRA)  
Northern Ireland Union of Supported Employment  
Northern Ireland Voluntary Development Agency  
Northern Ireland Voluntary Trust  
Northern Ireland Women’s European Platform  
Northern Ireland Women’s Aid Federation  

Northern Ireland Youth Forum  
NIACRO  
NICAS  
NICEM  
NICMA The Childminding Association  
NICVA  
NIGRA NI (Gay Rights Association)  
NIHE  
NIPEC  
NIPPA The Early Years Organisation  
NIPSA  
North & West Belfast Victim Support  
North Belfast Cancer Lifeline  
North Belfast Employment Centre  
North Belfast Health & Social Well Being Forum  
North Belfast Health Forum, 174 Trust  
North Belfast Senior Citizens Forum  
North Belfast Women's Initiative and Support Project (NBWISP)  
North Queen Street Community Centre  
North West Community Network  
North West Forum of People with Disabilities  
Northern Health and Social Care Trust  
Northern Ireland Filipino Association Community in Action  
Northern Ireland ME Association  
Northern Ireland Pakistani Cultural Association  
NOW Project
NPC Northern Ireland Region
NSPCC
NUS USI
Oaklee Housing Association
Oesophageal Patients Association Northern Ireland
Office of the First Minister & Deputy First Minister - Equality Unit
OFMDFM
Oi Kwan Chinese Women's Group
Oi Yin Women's Group
Older People's Advocate Northern Ireland
Ombudsman
Open Your Mind
Opportunity Youth
Orchardville Society
Pakistani Community Association
PAPA Resource Centre
Parenting Forum Northern Ireland
Parenting Matters Project
Parents Advice Centre
Parkinson's Disease Society Northern Ireland
Patient & Client Council
People for People Northern Ireland
PHAB (NI) - York Road, Belfast
Pharmaceutical Contractors' Committee (NI) Ltd
Pharmaceutical Society for Northern Ireland
PIPS Public Initiative to Prevent Suicide & Self Harm
Playboard Northern Ireland Ltd
POBAL Development Office
Polish Association Northern Ireland
Positive Futures
Praxis Care Group
Presbyterian Church in Ireland - Social Witness
Presbyterian Church in Ireland (PCI)
Presbyterian Women
Press for Change
Primecare Services
Probation Board Northern Ireland
Progress – Belfast Metropolitan College
Promoting Fatherhood
Prospects for People with Learning Disability
PSNI Headquarters
Public Health Authority
Putting Children First
Quaker Cottage
Quaker Service
Quality Care Services Ltd
Queen’s University Belfast
Queer Space
Rainbow Club for the Blind
Rainbow Project
Regina Coeli House
Regulation & Improvement Authority (RQIA)
Relate
Remember our Child
Resident’s Groups
Resolute Health
Respond
Rethink Severe Mental Illness
Rev. M McGinty, Family Ministry Commission
Roman Catholic Church
ROSPA
Royal British Legion
Royal College of General Practitioners
Royal College of Midwives
Royal College of Nursing (NI) Board
Royal College of Psychiatrists
Royal College of Speech & Language Therapists
Northern Ireland
Royal Liver Support Group
Royal National Institute for Deaf People (RNID)
Northern Ireland
Royal National Institute for the Blind
Rural Community Network
Sacred Heart Pensioners Club
Sai Pak Chinese Community Association
Salvation Army
Samaritans
SANDS
Sandy Row Community Forum
Sandy Row Community Health & Wellbeing Group
Save the Children
Secondary Care Directorate DHSSPS
SENAC
Sense Northern Ireland
Sexual Health Team
Shankill Sure Start & Early Years Project
Shankill Women’s Centre
Shopmobility Belfast
Short Strand Community Forum
Short Strand Partnership
Signature
Sikh Community Association
Sikh Cultural Centre
Sikh Women & Children's Association
Simon Community Northern Ireland
Sinn Fein
Social Security Agency
Society for the Protection of the Unborn Child (SPUC)
Society of Chiropodists
Society of Podiatrists
Society of Radiographers
Society Parents & Friends of Muckamore Abbey
Somerton Evergreen Club
Somerton Road Childrens Home
South Belfast Highway to Health
South Belfast Round Table on Racism
South Eastern Health and Social Care Trust
South Link Fellowship
Southcity Resource & Development Centre
Southern Health and Social Care Trust
Speech Matters
Sport Northern Ireland
St Anne’s Resource Centre
St Columbas Church
St Dympna’s Residents Association
St Gerard’s Friendship Club
St John of God Brothers
St Luke’s Family Centre
St Luke’s Women’s Group
St Oliver Plunkett Lunch Club
St Vincent de Paul
Staff Commission for Education and Library Board
Staff Side Representatives
Star Neighbourhood Centre
Steer Mental Health
Stewartstown Road Regeneration Project
Stoma Care Support Group
Stroke Association Northern Ireland
Suicide Awareness & Support Group
Survivors of Trauma
Tar Anall
Tar Isteach
Tashi Khyil Trust
TGWU
The 1825 Project
The Association of Clinical Biochemistry
The Belfast Hebrew Congregation/Community
The Big Lottery Fund
The Bytes Project
The Cedar Foundation
The CODA Project
The Dry Arch Children’s Centre
The Egyptian Society of Northern Ireland
The Food Standards Agency
The Heart Project
The Local Government Staff Commission For NI (LGSC)
The Long Term Advocacy Service
The Men’s Project
The Omnibus Partnership
The Prince’s Trust
The Rainbow Project
The Relatives Association Northern Ireland
The Royal Society for the Prevention of Accidents (ROSPA)
The Society and College of Radiographers
The Society of Chiropodists & Podiatrists
The Stroke Association Northern Ireland
The Union of Students in Ireland (NUSUSI)
The Welcome Organisation (Chair)
The Wider Circle
The Women’s Centre
Third Age Foundation – Men’s Health Initiative
Threshold - Richmond Fellowship Northern Ireland
Tiny Life
Top of the Rock - Community Health Project
<table>
<thead>
<tr>
<th>Traveller and Gay (TAG)</th>
<th>Voluntary Services Bureau</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveller Movement Northern Ireland</td>
<td>Volunteer Development Agency</td>
</tr>
<tr>
<td>Travellers Support Group</td>
<td>W Club</td>
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<tr>
<td>Treetops Childhood Bereavement</td>
<td>WAVE Trauma Centre</td>
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<td>Treoir</td>
<td>Welcome Trust Ltd</td>
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<tr>
<td>Triangle Housing</td>
<td>West Belfast Area Project</td>
</tr>
<tr>
<td>Trinity Housing</td>
<td>West Belfast Economic Forum</td>
</tr>
<tr>
<td>Twins &amp; Multiple Births Association (TAMBA)</td>
<td>West Kirk Presbyterian Women's Association</td>
</tr>
<tr>
<td>UCAT &amp; T&amp;G</td>
<td>Western Health and Social Care Trust</td>
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<tr>
<td>Ulidia Housing Association Ltd</td>
<td>Wheelchair Bowls Northern Ireland</td>
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<tr>
<td>Ulster Cancer Foundation</td>
<td>Wheelchair Users Group</td>
</tr>
<tr>
<td>Ulster Chemists Association</td>
<td>William Keown Trust</td>
</tr>
<tr>
<td>Ulster Scots Community Network</td>
<td>Willowfield Parish Church</td>
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<tr>
<td>Ulster Scots Heritage Council</td>
<td>Windsor Womans Centre</td>
</tr>
<tr>
<td>Union of Construction, Allied Trades and</td>
<td>Wise Men of the East Network</td>
</tr>
<tr>
<td>Technicians</td>
<td>Women in Sport &amp; Physical Activity (WISPA)</td>
</tr>
<tr>
<td>UNISON</td>
<td>Women's Aid</td>
</tr>
<tr>
<td>UNITE Amicus Section</td>
<td>Women's Forum Northern Ireland</td>
</tr>
<tr>
<td>Unite the Union</td>
<td>Women's Information Centre</td>
</tr>
<tr>
<td>United Response NI Ltd</td>
<td>Women's Information Group</td>
</tr>
<tr>
<td>University of Ulster</td>
<td>Women's Resource and Development Agency (WRDA)</td>
</tr>
<tr>
<td>Upfront Group</td>
<td>Women's Support Network</td>
</tr>
<tr>
<td>Upper Andersonstown Community Forum</td>
<td>Women's Forum Northern Ireland</td>
</tr>
<tr>
<td>VAST</td>
<td>Women's Information Group</td>
</tr>
<tr>
<td>Venture International</td>
<td>Women's Resource and Development Agency (WRDA)</td>
</tr>
<tr>
<td>Victim Support</td>
<td>Women's Support Network</td>
</tr>
<tr>
<td>Vine Centre</td>
<td>Women's Forum Northern Ireland</td>
</tr>
<tr>
<td>Voice of Young People in Care (VOYPIC)</td>
<td>Women's Information Group</td>
</tr>
<tr>
<td>Voices Forum National Schizophrenia Fellowship</td>
<td>Women's Resource and Development Agency (WRDA)</td>
</tr>
<tr>
<td></td>
<td>Women's Support Network</td>
</tr>
</tbody>
</table>
Woodvale CC Women’s Group  
Worker’s Educational Association  
Workforce Training Services  
Worldwide Women  
YMCA  
Young Parents Network  
Youth Action Northern Ireland  
Youth Council for Northern Ireland  
Youth Initiatives  
Youth Justice of Northern Ireland  
Youth Work Curriculum Development Unit  
Youthnet

All NI Political Representatives including MLAs and Councillors will be included.
Chief Executives of Health & Social Care Trusts
Chairs of Medical Staff (BCH, Mater, RVH, RJMS, RBHSC, MPH)
## Appendix 4  
**Timetable for measures proposed within the Scheme**
(Schedule 9 4.(3) (b))

<table>
<thead>
<tr>
<th>Measure</th>
<th>Action Taken/To Be Taken</th>
<th>Lead responsibility</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arrangements for assessing our compliance with S75 duties</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have in place appropriate structures and reporting mechanisms [Intro]</td>
<td>Structures and reporting mechanisms established</td>
<td>Chief Executive, Executive Team</td>
<td>Structures in place</td>
</tr>
<tr>
<td>Ensure S75 duties are mainstreamed within the Trust [Intro]</td>
<td>S75 objectives and targets will be integrated into strategic and operational business plans [2.5]</td>
<td>Chief Executive, Director of Human Resources, Director of Planning, Co Director of Equality Health &amp; Social Inequalities Manager</td>
<td>In line with corporate planning cycle</td>
</tr>
<tr>
<td>Employees’ job descriptions and performance plans reflect S75 duties [2.6]</td>
<td>Already included in job descriptions and Post Outlines as part of the Trust’s KSF (Knowledge &amp; Skills Framework)</td>
<td>Co Director of Equality Senior HR Manager</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
| Prepare Section 75 Annual Progress Report (APR) and include section in Trust’s own Annual Report [2.7] | Information collated throughout year for inclusion in APR  
Article written for inclusion in Trust’s Annual Report | Health & Social Inequalities Manager | 31 August (annually)  
Annually |
| (Regular/quarterly) reports to Trust’s Senior Management Team and Trust Board [2.10] | As above – information provided to Director of HR to bring to Executive Team and Trust Board. | Director of Human Resources  
Co Director of Equality Health & Social Inequalities Manager | Each quarter |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Action Plan</strong></td>
<td></td>
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</tr>
<tr>
<td>Development of Action Based Plan to include performance indicators and timescales. Aligned to corporate and business planning cycle [2.11]</td>
<td>Literature review and audit of health inequalities undertaken along with pre-consultation with voluntary/community sector. Consultation with Service Directorates to identify inequalities and actions required for same.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>March 2014</td>
</tr>
<tr>
<td>Consultation on draft action plan [2.15]</td>
<td>Consult with stakeholders before submission to Equality Commission.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>In line with consultation on equality scheme March 2014.</td>
</tr>
<tr>
<td>Finalised action plan published [2.18]</td>
<td>Publish on Trust’s internet and intranet and advise of its availability and take account of alternative formats etc.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>May 2014</td>
</tr>
<tr>
<td>Arrangements for monitoring progress in place [2.16]</td>
<td>Identify whether targets have been met – update plan as necessary.</td>
<td>Health &amp; Social Inequalities Manager in conjunction with service Directors.</td>
<td>Every August in line with Annual Progress Report</td>
</tr>
<tr>
<td><strong>Arrangements for consulting</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation list reviewed and updated [3.4]</td>
<td>All current consultees written to and contact details and preferred method/format of communication updated on central consultation list.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Annually</td>
</tr>
<tr>
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</tr>
<tr>
<td>Training re. Consultation [3.2.4]</td>
<td>Specific training provided for those conducting consultations.</td>
<td>Health &amp; Social Inequalities Manager, Personal &amp; Public Involvement Manager</td>
<td>Ongoing.</td>
</tr>
</tbody>
</table>
| Equality Scheme and Action Plan consulted upon taking account of various methods, accessible venues and alternative formats etc [3.2.] | Conduct as appropriate:  
  - Public meetings  
  - Face-to-face meetings  
  - Specialist meetings  
  - Opinion surveys/questionnaires  
  - Internet discussions | Health & Social Inequalities Manager | March 2014 |
| Undertake programme of awareness raising to ensure effective consultation with consultees [3.2.5] | Develop pack for dissemination via PPI Leads/Liaison Panels. | Health & Social Inequalities Manager | Ongoing         |
| Take account of any assessment and consultation before decisions are taken regarding policies [3.2.10] | Outcome of impact assessment and analysis all consultation responses received.            | Lead policy author                                      | Ongoing         |
| Provide feedback report to consultees in timely manner in formats suited to consultees [3.2.11] | As per consultation list update exercise we will provide feedback to consultees in their preferred format. | Lead policy author(s)                                   | Ongoing         |

**Screening**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Action Taken/To Be Taken</th>
<th>Lead responsibility</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise screening template and accompanying guidance notes.</td>
<td>Both revised to take account of new ECNI guidance and 3 screening outcomes.</td>
<td>HSC Equality Leads</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Measure</td>
<td>Action Taken/ To Be Taken</td>
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</tr>
<tr>
<td>Publish screening report quarterly in accessible formats [4.15]</td>
<td>Report will be published quarterly on internet with links to each screening template. Will be issued to consultees as appropriate in their preferred format.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Developed and reviewed in line with legislative developments</td>
</tr>
<tr>
<td>EQIA timetable [4.16]</td>
<td>We will give advance notice to consultees of forthcoming EQIAs and the consultation periods associated with each.</td>
<td>Lead policy author(s)</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Publishing of EQIA reports [4.22]</td>
<td>EQIA reports and outcomes of consultation will be published on the internet and issued to consultees as appropriate in their preferred format. The reports will include all information as per 4.22 of this Scheme.</td>
<td>Lead policy author(s)</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revision of policies as a result of monitoring [4.30]</td>
<td>We will collect and analyse qualitative and quantitative data in order to monitor any adverse impact of policies we have adopted and to identify opportunities to better promote equality of opportunity and good relations and will do so in line with the Office of the Information Commissioner and the ECNI.</td>
<td>Lead policy author(s)</td>
<td>Ongoing</td>
</tr>
<tr>
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<td>Timetable</td>
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</tr>
<tr>
<td>Review of monitoring information [4.31]</td>
<td>To ensure it is relevant and up-to-date in relation to the policy.</td>
<td>Lead policy author(s)</td>
<td>Over a one year period from implementing the policy.</td>
</tr>
<tr>
<td>Publication of monitoring information</td>
<td>We will publish monitoring information in our S75 Annual Progress Report and also on our website and it will be made available in alternative formats on request.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Ongoing and annually.</td>
</tr>
<tr>
<td>Staff Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draw up a detailed training plan [5.3]</td>
<td>To cover all aspects i.e. awareness of scheme, focused training for staff involved in data collection, policy development, service design, conducting consultations and EQIAs, monitoring and evaluation, complaints.</td>
<td>Health &amp; Social Inequalities Manager/ Senior HR Manager.</td>
<td>Review on an ongoing basis and annually via the Section 75 Annual Progress Report</td>
</tr>
<tr>
<td>Development of summary scheme [5.4]</td>
<td>Summary Scheme currently being revised and will be issued to all staff.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>(Within 3 months of approval of new/revised Scheme)</td>
</tr>
<tr>
<td>Provide access to full copy of Scheme to all staff [5.4]</td>
<td>Full Scheme will be published on intranet and internet and made available in alternative formats on request.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Within 3 months of approval of new/revised Scheme</td>
</tr>
<tr>
<td>Measure</td>
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</tr>
<tr>
<td>Development of overall training programme in conjunction with S75 categories [5.5]</td>
<td>All staff will receive briefing on Equality Scheme once approved via Trust E-brief, email, intranet etc.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Awareness raising on the Section 75 statutory duties via PPI [3.2.5]</td>
<td>S75 awareness included in Induction Training and E-learning Diversity Training as well as other current diversity training initiatives.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>April 2011</td>
</tr>
<tr>
<td>Focussed training i.e. those involved in research and data collection, policy development, service design, conducting equality impact assessments, consultation, monitoring and evaluation [5.4]</td>
<td>Pack developed for PPI panels.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Update training [5.4]</td>
<td>Series of Screening and EQIA master classes previously held for policy authors and arranged as necessary.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Evaluation of training [5.6]</td>
<td>Training will be kept up to date in line with ECNI guidance and staff will be advised accordingly.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Review mechanisms in place to keep training up-to-date, and ongoing</td>
</tr>
<tr>
<td></td>
<td>Assess the extent to which those being trained have acquired the necessary skills and knowledge to e.g. undertake screening, conduct EQIAs etc.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Mechanisms in place ie Policy Leads undertake screening and EQIAs.</td>
</tr>
<tr>
<td></td>
<td>Provide Refresher training as required.</td>
<td>Health &amp; Social Inequalities</td>
<td>At least annually</td>
</tr>
<tr>
<td>Measure</td>
<td>Action Taken/To Be Taken</td>
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<td>Timetable</td>
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<tr>
<td></td>
<td>Conduct management reports on uptake of E-learning diversity training.</td>
<td>Manager</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

**Arrangements for ensuring and assessing public access to information and services we provide**

| Ensure information we disseminate and services we provide are fully accessible to all parts of the community in Northern Ireland [6.1] | Update of S75 consultation list will ask for preferred methods and formats of communication. | Health & Social Inequalities Manager | Mechanisms in place |
| Trust Access Groups include service users who advise the Trust accordingly e.g. Sensory Impairment Group. |                                                                                             | Heads of Relevant Service Areas      | Mechanisms in place |

| We will use the media and advertise in press where appropriate.       |                                                                                             | Health & Social Inequalities Manager | As required         |
| We will also use our website, corporate plan, staff magazine, annual progress report etc. |                                                                                             | Health & Social Inequalities Manager | Website used to disseminate information |
| Continue participation on Regional Accessible Information Group.       |                                                                                             | Health & Social Inequalities Manager | Meetings held bi-monthly |

| Provide information in alternative formats on request [6.3] | Trust routinely translates information into various languages to meet the needs of those not fluent in English via Regional HSC Contract with four translation companies. | All staff                          | Information provided on request |

<p>| | | | |
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<thead>
<tr>
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<th>Action Taken/ To Be Taken</th>
<th>Lead responsibility</th>
<th>Timetable</th>
</tr>
</thead>
</table>
| Provides information in disk, easy-read, large print etc. on request. | Provides information in disk, easy-read, large print etc. on request.  
Will seek advice from those with specialist knowledge on how best to communicate with children and young people and also those with learning disabilities, older persons and those with mental illness. We will use the ECNI’s ‘Let’s Talk, Let’s Listen Guidance for public authorities on consulting and involving children and young people’. | Health & Social Inequalities Manager  
Health & Social Inequalities Manager | Information provided on request  
Information sought from specialists |
<p>| Provide interpreters and sign language interpreters [6.7] | Trust provides interpreters via the NIHSC Interpreting Services which is supported by a subsidiary contract with STEP and the Big Word for Telephone Interpreting. The Trust procures sign language interpreters through Action on Hearing Loss | Health &amp; Social Inequalities Manager | As requested |
| Ensure buildings are accessible [6.7] | Access audits have been conducted and remedial works undertaken where buildings were not found to be accessible to include more loop systems, touch-pad doors, talking lifts etc. New builds take account of all access requirements. | Estates Services Department. | Further works undertaken as required |
| Assessing access to information and services [6.8] | We will monitor uptake of interpreting services and requests for translations and alternative formats. | Health &amp; Social Inequalities Manager | Quarterly reports produced |</p>
<table>
<thead>
<tr>
<th>Measure</th>
<th>Action Taken/To Be Taken</th>
<th>Lead responsibility</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide reasonable adjustments [6.9]</td>
<td>As above, buildings are accessible to all service users, using reasonable adjustments where necessary for both service users and staff members.</td>
<td>Health &amp; Social Inequalities Manager/Estates Services Department.</td>
<td>Reasonable adjustments provided when required by service users and staff</td>
</tr>
<tr>
<td>Monitor complaints [6.9]</td>
<td>We will monitor complaints received to identify areas where equality of opportunity and good relations could be improved.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Analyse quarterly to identify any trends</td>
</tr>
</tbody>
</table>

### Complaints Procedure

| How complaints are raised, timetable for responding etc.[8.1] | HSC have a regional complaints procedure and information has been made available in alternative formats e.g. various languages. Complaints regarding failure to adhere to our Equality Scheme are acknowledged within 2 days and responded to within 20 working days of receipt of letter. | Regional Complaints Group. | Ongoing |
| Complaints Team Manager, Health & Social Inequalities Manager | | All complaints dealt with according to prescribed timescales |

### Publication of our Equality Scheme

<p>| Current Equality Scheme on internet [2.8] | Current Scheme and Annual Progress Report on our website. | Health &amp; Social Inequalities Manager | Revised Scheme uploaded May 2014May 2014 Annual Progress Reports uploaded each August |</p>
<table>
<thead>
<tr>
<th>Measure</th>
<th>Action Taken/ To Be Taken</th>
<th>Lead responsibility</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication of equality scheme and notification of consultees [9.3]</td>
<td>Once approved we will communicate the new equality scheme via press releases, adverts, internet, mailshots to all consultees on our consultation list and link to internet.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>May 2014)</td>
</tr>
<tr>
<td>Produce Scheme in alternative formats on request [9.3]</td>
<td>We will produce the Scheme in alternative formats on request as per 9.3 of this Scheme.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Review of equality scheme</td>
<td>We will conduct a thorough review of the scheme in line with the corporate planning cycle i.e. three years after approval.</td>
<td>Health &amp; Social Inequalities Manager and Heads of Service</td>
<td>May 2017</td>
</tr>
<tr>
<td>Any other measures proposed in equality scheme</td>
<td>Maintain already established links with other Trusts and HSC Organisations in order to maximise on collaborative working.</td>
<td>Health &amp; Social Inequalities Manager and other Health &amp; Social Inequalities Managers</td>
<td>Continue with collaborative work</td>
</tr>
<tr>
<td>Work closely with other public authorities to exchange learning and best practice [2.3.2]</td>
<td>Maintain already established links with other Trusts and HSC Organisations in order to maximise on collaborative working.</td>
<td>Health &amp; Social Inequalities Manager and other Health &amp; Social Inequalities Managers</td>
<td>Continue with collaborative work</td>
</tr>
<tr>
<td>Liaise closely with the ECNI to ensure that progress on the implementation of our Equality Scheme is maintained [2.0]</td>
<td>Continue communication with the ECNI.</td>
<td>Health &amp; Social Inequalities Manager</td>
<td>Communication with ECNI continues</td>
</tr>
<tr>
<td>Measure</td>
<td>Action Taken/To Be Taken</td>
<td>Lead responsibility</td>
<td>Timetable</td>
</tr>
<tr>
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</tr>
<tr>
<td><em>Work with Trade Unions in the effective discharge of our equality duties.</em></td>
<td><em>Maintain already established links with Trade Unions via the Trust Joint Negotiation and Consultation Forum (TJNCF).</em></td>
<td>Director of Human Resources, Co-Director of Modernisation, Learning &amp; Development, Equality &amp; Workforce Planning, Health and Social Inequalities Manager.</td>
<td>Meetings held quarterly with frequent communication in the interim</td>
</tr>
</tbody>
</table>
Appendix 5  Glossary of terms

Action plan
A plan, which sets out actions a public authority, will take to implement its Section 75 statutory duties. It is a mechanism for the realisation of measures to achieve equality outcomes for the Section 75 equality and good relations categories.

Action measures and outcomes
Specific measures to promote equality and good relations for the relevant Section 75 and good relations categories, linked to achievable outcomes, which should be realistic and timely.

Adverse impact
Where a Section 75 category has been affected differently by a policy and the effect is less favourable, it is known as adverse impact. If a policy has an adverse impact on a Section 75 category, a public authority must consider whether or not the adverse impact is unlawfully discriminatory. In either case a public authority must take measures to redress the adverse impact, by considering mitigating measures and/or alternative ways of delivering the policy.

Affirmative action
In general terms, affirmative action can be defined as being anything consistent with the legislation which is necessary to bring about positive change. It is a phrase used in the Fair Employment and Treatment Order (NI) 1998 to describe lawful action that is aimed at promoting equality of opportunity and fair participation in employment between members of the Protestant and Roman Catholic communities in Northern Ireland.

Article 55 Review
Under the Fair Employment and Treatment (NI) Order 1998, all registered employers must conduct periodic reviews of the composition of their workforces and of their employment practices for the purposes of determining whether members of the Protestant and Roman Catholic communities are enjoying, and are likely to continue to enjoy, fair participation in employment in each employer’s concern.

These reviews, which are commonly known as Article 55 Reviews, must be conducted at least once every three years.
Audit of inequalities
An audit of inequalities is a systematic review and analysis of inequalities which exist for service users and those affected by a public authority’s policies. An audit can be used by a public authority to inform its work in relation to the Section 75 equality and good relations duties. It can also enable public authorities to assess progress on the implementation of the Section 75 statutory duties, as it provides baseline information on existing inequalities relevant to a public authority’s functions.

Consultation
In the context of Section 75, consultation is the process of asking those affected by a policy (ie, service users, staff, and the general public) for their views on how the policy could be implemented more effectively to promote equality of opportunity across the nine categories. Different circumstances will call for different types of consultation. Consultations could, for example, include meetings, focus groups, surveys and questionnaires.

Differential impact
Differential impact occurs where a Section 75 group has been affected differently by a policy. This effect could either be positive, neutral or negative. A public authority must make a judgment as to whether a policy has a differential impact and then it must determine whether the impact is adverse, based on a systematic appraisal of the accumulated information.

Discrimination
The anti-discrimination laws prohibit the following forms of discrimination:

- Direct discrimination
- Indirect Discrimination
- Disability Discrimination
- Victimisation
- Harassment.
Brief descriptions of these above terms follow:

**Direct discrimination**
This generally occurs where a public authority treats a person less favourably than it treats (or, would treat) another person, in the same or similar circumstances, on one or more of the statutory nondiscrimination grounds. A decision or action that is directly discriminatory will normally be unlawful unless:

(a) In an age discrimination case, the decision can be objectively justified
   Or

(b) In any other case, the public authority can rely on a statutory exception that permits it – such as a *genuine occupational requirement exception*
   Or

(c) *A positive action exception* which permits an employer to use “welcoming statements” or to take other lawful positive action to encourage participation by under-represented or otherwise disadvantaged groups.

**Indirect discrimination**
The definition of this term varies across some of the anti-discrimination laws, but indirect discrimination generally occurs where a public authority applies to all persons a particular provision, criterion or practice, but which is one that has the effect of placing people who share a particular equality characteristic (e.g. the same sex, or religious belief, or race) at a particular disadvantage compared to other people. A provision, criterion or practice that is indirectly discriminatory will normally be unlawful unless:

(a) It can be objectively justified
   Or

(b) The public authority can rely on a statutory exception that permits it.

**Disability discrimination**
In addition to direct discrimination and victimisation and harassment, discrimination against disabled people may also occur in two other ways:
namely, (a) disability-related discrimination, and (b) failure to comply with a duty to make reasonable adjustments.

(a) Disability-related discrimination generally occurs where a public authority, without lawful justification, and for a reason which relates to a disabled person’s disability, treats that person less favourably than it treats (or, would treat) other people to whom that reason does not (or, would not) apply.

(b) Failure to comply with a duty to make reasonable adjustments:

One of the most notable features of the disability discrimination legislation is that in prescribed circumstances it imposes a duty on employers, service providers and public authorities to take such steps as are reasonable to remove or reduce particular disadvantages experienced by disabled people in those circumstances.

Victimisation
This form of discrimination generally occurs where a public authority treats a person less favourably than it treats (or, would treat) another person, in the same or similar circumstances, because the person has previously exercised his/her rights under the anti-discrimination laws, or has assisted another person to do so. Victimisation cannot be justified and is always unlawful.

Harassment
Harassment generally occurs where a person is subjected to unwanted conduct that is related to a non-discrimination ground with the purpose, or which has the effect, of violating their dignity or of creating for them an intimidating, hostile, degrading, humiliating or offensive environment. Harassment cannot be justified and is always unlawful.

Equality Impact Assessment
The mechanism underpinning Section 75, where existing and proposed policies are assessed in order to determine whether they have an adverse impact on equality of opportunity for the relevant Section 75 categories. Equality Impact Assessments require the analysis of both quantitative and qualitative data.

Equality of opportunity
The prevention, elimination or regulation of discrimination between people on grounds of characteristics including sex, marital status, age,
disability, religious belief, political opinion, dependants, race and sexual orientation.

The promotion of equality of opportunity entails more than the elimination of discrimination. It requires proactive measures to be taken to secure equality of opportunity between the categories identified under Section 75.

**Equality Scheme**
A document which outlines a public authority’s arrangements for complying with its Section 75 obligations. An Equality Scheme must include an outline of the public authority’s arrangements for carrying out consultations, screening, Equality Impact Assessments, monitoring, training and arrangements for ensuring access to information and services.

**Good relations**
Although not defined in the legislation, the Commission has agreed the following working definition of good relations: ‘the growth of relations and structures for Northern Ireland that acknowledge the religious, political and racial context of this society, and that seek to promote respect, equity and trust, and embrace diversity in all its forms’.

**Mainstreaming equality**
The integration of equal opportunities principles, strategies and practices into the every day work of public authorities from the outset. In other words, mainstreaming is the process of ensuring that equality considerations are built into the policy development process from the beginning, rather than being bolted on at the end. Mainstreaming can help improve methods of working by increasing a public authority’s accountability, responsiveness to need and relations with the public. It can bring added value at many levels.

**Mitigation of adverse impact**
Where an Equality Impact Assessment reveals that a particular policy has an adverse impact on equality of opportunity, a public authority must consider ways of delivering the policy outcomes which have a less adverse effect on the relevant Section 75 categories; this is known as mitigating adverse impact.

**Monitoring**
Monitoring consists of continuously scrutinising and evaluating a policy to assess its impact on the Section 75 categories. Monitoring must be
sensitive to the issues associated with human rights and privacy. Public authorities should seek advice from consultees and Section 75 representative groups when setting up monitoring systems. Monitoring consists of the collection of relevant information and evaluation of policies. It is not solely about the collection of data, it can also take the form of regular meetings and reporting of research undertaken. Monitoring is not an end in itself but provides the data for the next cycle of policy screening.

**Northern Ireland Act**
The Northern Ireland Act, implementing the Good Friday Agreement, received Royal Assent on 19 November 1998. Section 75 of the Act created the statutory equality duties.

**Northern Ireland Human Rights Commission**
A statutory body established under Section 68 of the Northern Ireland Act 1998, which works to ensure that the human rights of everyone in Northern Ireland are fully protected in law, policy and practice.

**Northern Ireland Statistics & Research Agency (NISRA)**
The Northern Ireland Statistics and Research Agency (NISRA) is an Executive Agency within the Department of Finance and Personnel (DFP).

They provide statistical and research information regarding Northern Ireland issues and provide registration services to the public in the most effective and efficient way.

**OFMDFM**
The Office of the First Minister and Deputy First Minister is responsible for providing advice, guidance, challenge and support to other NI Civil Service Departments on Section 75 issues.

**Policy**
The formal and informal decisions a public authority makes in relation to carrying out its duties. Defined in the New Oxford English Dictionary as ‘a course or principle of action adopted or proposed by a government party, business or individual’. In the context of Section 75, the term **policies** covers all the ways in which a public authority carries out or proposes to carry out its functions relating to Northern Ireland. Policies include unwritten as well as written policies.
Positive action
This phrase is not defined in any statute, but the Equality Commission understands it to mean any lawful action that a public authority might take for the purpose of promoting equality of opportunity for all persons in relation to employment or in accessing goods, facilities or services (such as health services, housing, education, justice, policing). It may involve adopting new policies, practices, or procedures; or changing or abandoning old ones.

Positive action is not the same as positive discrimination.

Positive discrimination differs from positive action in that positive action involves the taking of lawful actions whereas positive discrimination involves the taking of unlawful actions. Consequently, positive action is by definition lawful whereas positive discrimination is unlawful.

Qualitative data
Qualitative data refers to the experiences of individuals from their perspective, most often with less emphasis on numbers or statistical analysis. Consultations are more likely to yield qualitative than quantitative data.

Quantitative data
Quantitative data refers to numbers, typically derived from either a population in general or samples of that population. This information is often analysed by either using descriptive statistics, which consider general profiles, distributions and trends in the data, or inferential statistics, which are used to determine ‘significance’ either in relationships or differences in the data.

Screening
The procedure for identifying which policies will be subject to Equality Impact Assessment, and how these Equality Impact Assessments will be prioritised.

The purpose of screening is to identify the policies which are likely to have a minor/major impact on equality of opportunity so that greatest resources can be devoted to improving these policies. Screening requires a systematic review of existing and proposed policies.
**Schedule 9**

Schedule 9 of the Northern Ireland Act 1998 sets out detailed provisions for the enforcement of the Section 75 statutory duties, including an outline of what should be included in an Equality Scheme.

**Section 75**

Section 75 of the Northern Ireland Act provides that each public authority is required, in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity between:

- Persons of different religious belief, political opinion, racial group, age, marital status and sexual orientation
- Men and women generally
- Persons with a disability and persons without; and
- Persons with dependants and persons without.

Without prejudice to these obligations, each public authority in carrying out its functions relating to Northern Ireland must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

**Section 75 investigation**

An investigation carried out by the Equality Commission, under Schedule 9 of the NI Act 1998, arising from the failure of a public authority to comply with the commitments set out in its approved Equality Scheme.

There are two types of Commission investigation, these are as follows:

1. An investigation of a complaint by an individual who claims to have been directly affected by the failure of a public authority to comply with its approved Equality Scheme

2. An investigation initiated by the Commission, where it believes that a public authority may have failed to comply with its approved Equality Scheme.
Appendix 6  Action plan/action measures - (Under separate cover)
Appendix 7 Useful Weblinks


http://www.officefordisability.gov.uk - Government website to help staff learn about alternative formats and inclusive engagement with people with disabilities.