



Belfast Health and  
Social Care Trust

# Equality Scheme

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Equality Scheme for the Belfast Health & Social Care Trust Consultation  
in Accordance with Section 75 and Schedule 9 of the Northern Ireland Act 1998  
April 2011

# EQUALITY SCHEME

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

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The Equality Scheme will be subject to approval by the Equality Commission of Northern Ireland on or before 1 May 2011.

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<sup>1</sup>.

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 their interactions with service users, staff and other organisations and individuals.

In developing the Scheme, the Trust fully adopted the model Scheme 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.

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 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 programme of awareness raising for our consultees on the Section 75 statutory duties and our commitments in our Equality Scheme.

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<sup>1</sup> See section 1.1 of our Equality Scheme.

As Chairman 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 European Convention on Human Rights.

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 Pat McCartan**  
**Chairman**



April 2011



**Mr Colm Donaghy**  
**Chief Executive**



## *Background*

This document represents the first original scheme for Belfast Health and Social Care Trust, nevertheless it is in fact a second generation Equality Scheme for the organisation. Further to the Review of Public Administration when the Trust was formed from six legacy Trusts, Belfast Trust adopted one of the legacy Trust's Equality Schemes. This was to provide the framework for the implementation of the statutory duties until such times as the Effectiveness Review of Section 75 was completed and new guidance for public authorities was devised and issued by the Equality Commission for Northern Ireland in 2010.

Legacy Trusts Equality Schemes were produced in 2000, in response to the introduction of the dual statutory duties under Section 75 of the Northern Ireland Act 1998. These Schemes provided the framework for implementation of their Section 75 statutory duties until such times as either a Trust wished to revise its Equality Scheme or the Equality Commission of Northern Ireland requested a Trust to revise it. Legacy Trusts previously conducted a review their schemes in 2006. Since the inception of the Equality Schemes, much has been achieved in terms of achieving and mainstreaming equality of opportunity and good relations.

The recently issued Section 75 Guidance for public authorities<sup>2</sup> 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.

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<sup>2</sup> <http://www.equalityni.org/archive/word/S75GuideforPublicAuthoritiesApril2010.doc>

## 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.<sup>3</sup> 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 it 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 their 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.<sup>4</sup>

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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<sup>3</sup> <http://www.equalityni.org/archive/word/S75GuideforPublicAuthoritiesApril2010.doc>

<sup>4</sup> 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 (2005):

- Belfast is the most deprived out of the 26 Local Government Districts (LGDs)
- Belfast has eight of the 10 most deprived wards in Northern Ireland
- Belfast has nine of the 10 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 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**

The last decade has been one of significant political, economic and social change. The ten year period between the drafting of the first and second generation Equality Schemes for public authorities has also witnessed a considerable demographic change in Belfast and indeed all over Northern Ireland. The 2011 Census will no doubt highlight this.

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 to the promotion of diversity and

integration.<sup>5</sup> Belfast had been largely perceived home to the ‘two traditional communities’ – Protestants and Catholics – all of whom were almost exclusively white. Members of the Chinese Community began to arrive in Belfast in the 1960’s. 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 and live and work in Northern Ireland or anywhere in Europe.

Northern Ireland Health and Social Care Interpreting Statistics for 2010 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. 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.<sup>6</sup>

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

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.<sup>8</sup>

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

One in five people in Northern Ireland has a disability. 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.

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<sup>5</sup> Promoting Good Relations – A guide for public authorities 2007

<sup>6</sup> [www.ark.ac.uk/nilt/2007/Political\\_Attitudes](http://www.ark.ac.uk/nilt/2007/Political_Attitudes)

<sup>7</sup> Divided by Health: A city profile November 2008

<sup>8</sup> Womens Health In Ireland, Women in Disadvantaged Communities

Members of the Lesbian, Gay, Bisexual and Transgender community are fourth most likely to be treated unfairly after members of a different racial or ethnic community, Travellers, and Older People.<sup>9</sup>

There are 185,000 carers in Northern Ireland, providing care for ill, frail or disabled family members, friends and partners.

The Belfast Trust employs over 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.

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<sup>9</sup> Attitudes and Awareness of Equality Issues amongst the General Public in NI, 2006

## **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<sup>10</sup>. 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.

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<sup>10</sup> 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*

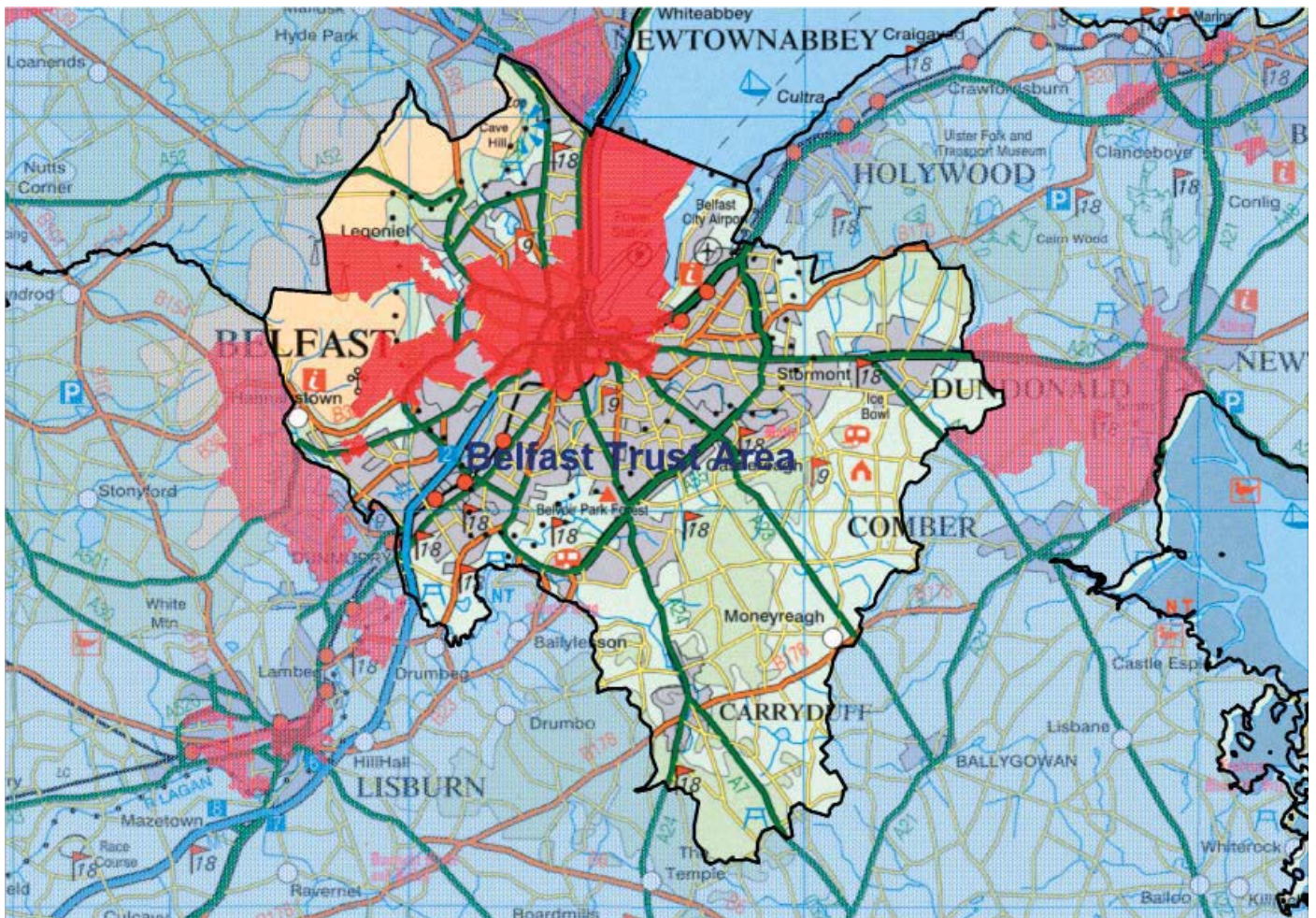
Belfast Health and Social Care Trust (the Trust) was established on the 1st April 2007 under the Belfast Health and Social Services (Establishment) Order (Northern Ireland) 2006.

The Headquarters of Belfast Health and Social Care Trust, is located at Roe Centre, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH. (But will move to BCH)

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**



## **Purpose**

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

## **Values**

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

- Treat everyone with respect and dignity – our colleagues, our patients and clients
- Be open and transparent
- Be personally and professionally accountable for all the resources
- Be a learning and developing organisation.

### **Strategic Objectives**

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

- **Safety** – work continuously to provide safe care and quality outcomes
- **Modernisation** – commitment to reform and improve our services
- **Partnership** – to improve health and well being through partnerships with individuals, representatives and community and voluntary organisations
- **Resources** – to make best use of resources by improving performance and productivity
- **Staff** – respect and ongoing communication and provides opportunity for learning and development.

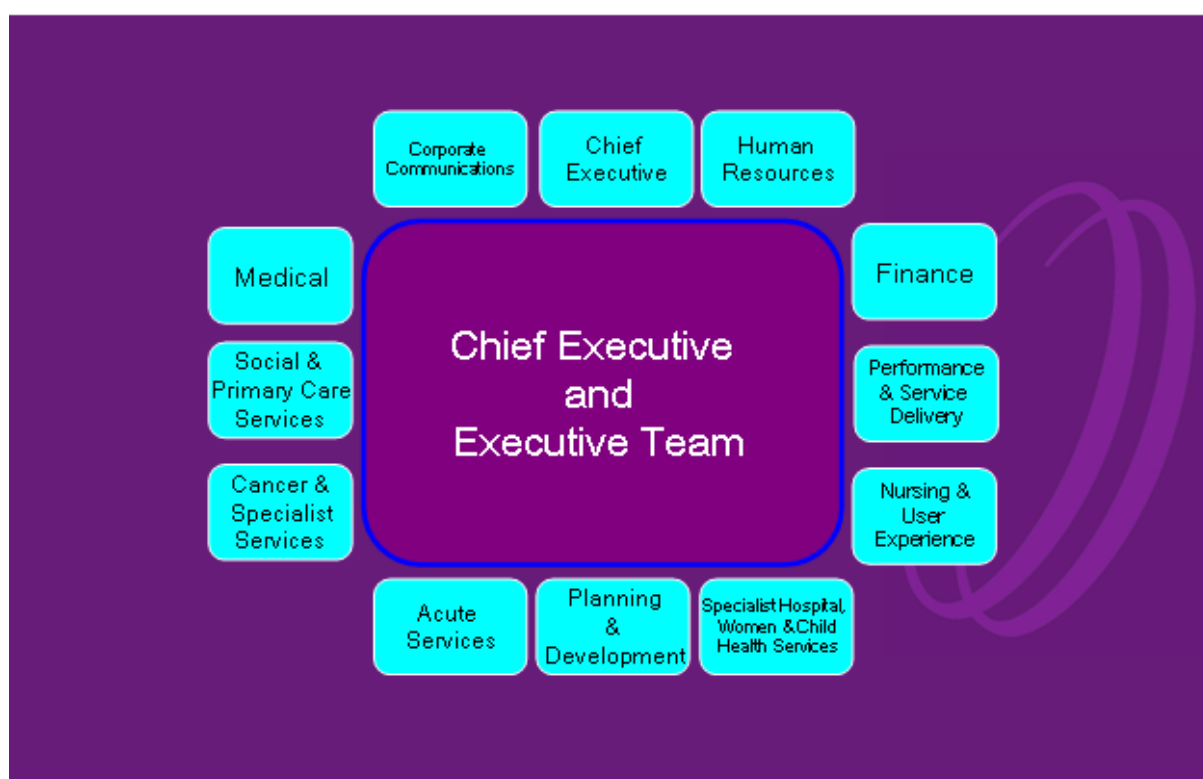
### **Budget**

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 four key Service Groups which are then supported by six Corporate Services.

**Table 2: Trust Structure**



**Table 3: Service Groups within Belfast HSC Trust**

Belfast Health and Social Care Trust			
Service Groups			
<p><b>Acute Services</b></p> <ul style="list-style-type: none"> <li>Scheduled Care</li> <li>Trauma, Orthopaedics, Outpatients and Neuro</li> <li>Anaesthetics, Critical Care, Theatres &amp; Sterile Services Imaging</li> <li>Unscheduled Care</li> </ul>	<p><b>Cancer and Specialist Services</b></p> <ul style="list-style-type: none"> <li>Cancer and Specialist Services</li> <li>Therapy and Therapeutics</li> <li>Laboratories</li> </ul>	<p><b>Specialist Hospitals, Women and Child Health Services</b></p> <ul style="list-style-type: none"> <li>Women's and Maternity</li> <li>Child Health and Dental Services</li> <li>Community Child Health</li> </ul>	<p><b>Social and Primary Care Services</b></p> <ul style="list-style-type: none"> <li>Social Work Care</li> <li>Family and Childcare</li> <li>Children and Adolescent Mental Health Services, Children's Disability</li> <li>Learning Disability</li> <li>Mental Health</li> <li>Older People's Services and Physical Disability</li> <li>Psychological Services</li> </ul>

**Table 4: Corporate Groups within Belfast HSC Trust**

<b>Corporate Groups</b>			
<b>Medical</b>	<b>Finance</b>	<b>Corporate Communications</b>	<b>Planning and Redevelopment</b>
<ul style="list-style-type: none"> <li>• Medical Directors Office</li> <li>• Medical Education</li> <li>• Risk/ Governance/ Litigation</li> <li>• Research</li> <li>• Public and Occupational Health</li> </ul>	<ul style="list-style-type: none"> <li>• Accounting and Financial Services</li> <li>• Financial Management</li> <li>• Commissioning</li> <li>• Capital and Investment</li> <li>• Resource Utilisation</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders, Events, Media, Web</li> <li>• Design Services, Communication Resources and Information</li> </ul>	<ul style="list-style-type: none"> <li>• Capital Development</li> <li>• Information Communication Technology</li> <li>• Strategic Change</li> <li>• Estates Management</li> </ul>
<b>Performance and Service Delivery</b>	<b>Human Resources</b>	<b>Nursing and User Experience</b>	
<ul style="list-style-type: none"> <li>• Performance Management</li> <li>• Operations</li> <li>• Information Management</li> <li>• Patient Pathway Reform</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce Modernisation, Employment Equality and Improving Working Lives</li> <li>• Learning and Development and Governance</li> <li>• Resourcing, Utilisation and Productivity</li> <li>• Partnership, Pay and Employment</li> <li>• Medical Human Resources</li> <li>• Health and Social Inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing, Governance, Infection Control</li> <li>• Research Development</li> <li>• Workforce Planning and Development</li> <li>• Education and Learning</li> <li>• Patient and Client Support Services               <ul style="list-style-type: none"> <li>○ Patient &amp; Client Support Services RVH</li> <li>○ Patient &amp; Client Support Services BCH</li> <li>○ Patient &amp; Client Support Services Musgrave</li> </ul> </li> </ul>	

## 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 5: Staff breakdown by professional group (including bank staff)**

<b>Staff group</b>	<b>Totals</b>
<b>Administrative and clerical</b>	<b>3630</b>
<b>Nursing and Midwifery</b>	<b>8502</b>
<b>Professional and Technical</b>	<b>2788</b>
<b>Medical and Dental</b>	<b>1671</b>
<b>Support Services</b>	<b>2605</b>
<b>Social Services</b>	<b>3200</b>
<b>Estate Services</b>	<b>201</b>
<b>Cumulative Total</b>	<b>22597 *</b>

\*This includes all persons who have a contract with the Trust.

### 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

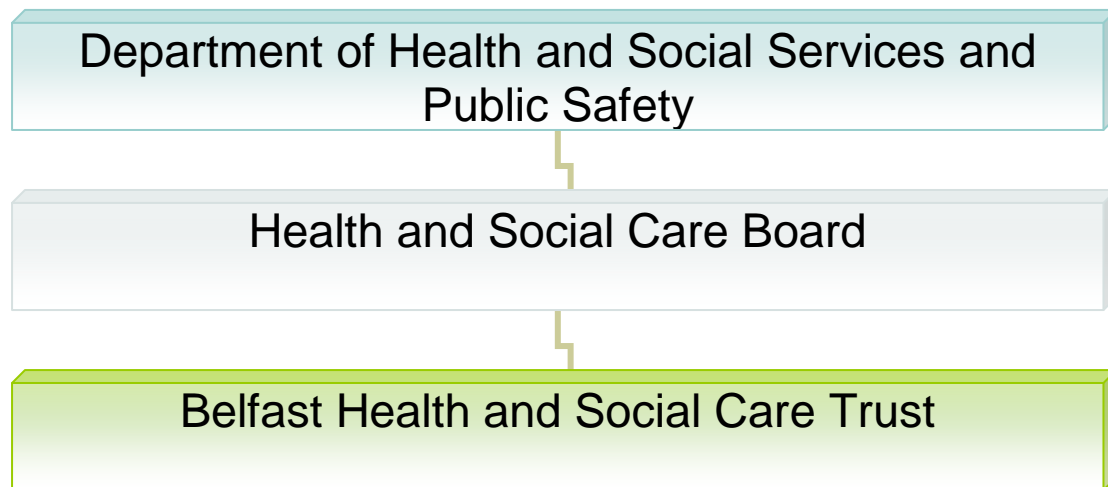
- (b) To provide community based health and personal social services
- (c) To exercise, on behalf of the Health and Social Care Board, such relevant functions as are so exercisable by the Trust.

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 6: Accountability Structure**



**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 meet the needs of everyone.

This section illustrates the arrangements for assessing fulfilment and compliance with the Section 75 statutory duties and are further outlined in other relevant parts of this Equality Scheme. Belfast Trust has committed to and completed an action-based plan<sup>11</sup>. 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 2011 and May 2014 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<sup>12</sup> 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. The Trust established a multi-disciplinary working group to ensure corporate ownership and effective mainstreaming of the work. Health and Social Inequalities convened one to one meetings with managers across the Services and Corporate Groups to present the literature review and establish how this related to each of their functions. 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.

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<sup>11</sup> [http://www.belfasttrust.hscni.net/pdf/BHSCT\\_Generic\\_Action\\_plan.pdf](http://www.belfasttrust.hscni.net/pdf/BHSCT_Generic_Action_plan.pdf)

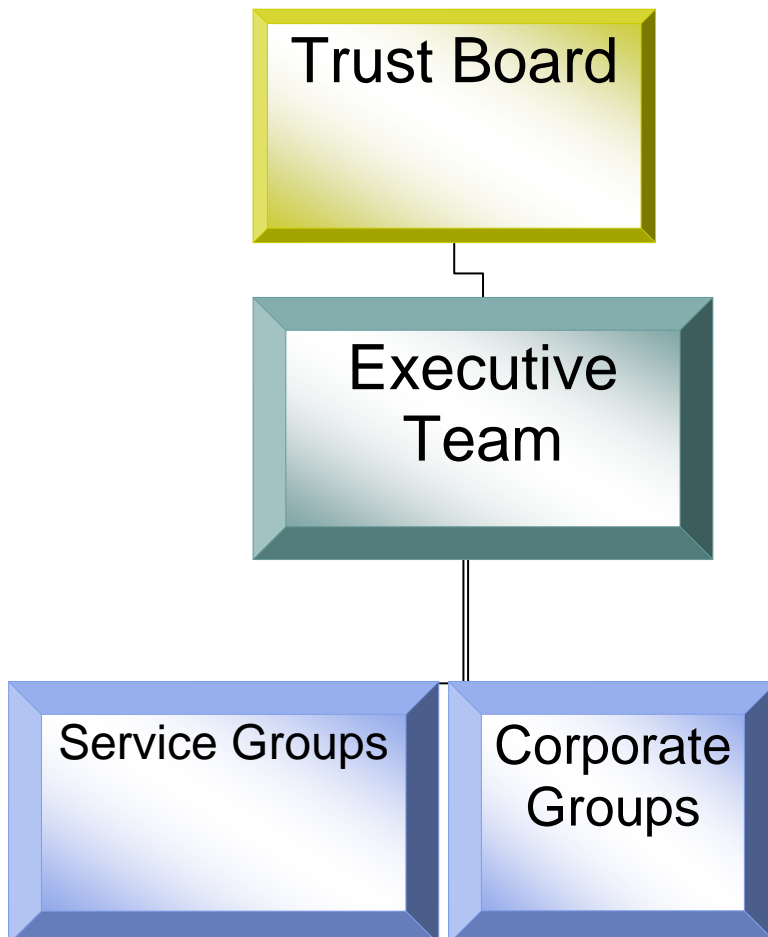
<sup>12</sup>

[http://www.belfasttrust.hscni.net/pdf/Equality\\_Action\\_Plans\\_Audit\\_of\\_Inequalities.pdf](http://www.belfasttrust.hscni.net/pdf/Equality_Action_Plans_Audit_of_Inequalities.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 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) Chairman**

The Chairman 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 Chairman 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 Acute Services
- Director of Social and Primary Care Services
- Director of Cancer and Specialist Services
- Director of Specialist Hospitals Women and Child Health Services
- Medical Director
- Director of Nursing & User Experience
- Director of Planning and Redevelopment
- Director of Performance and Service Delivery
- Director of Human Resources

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 Equality, Improving Working Lives and Workforce Modernisation**

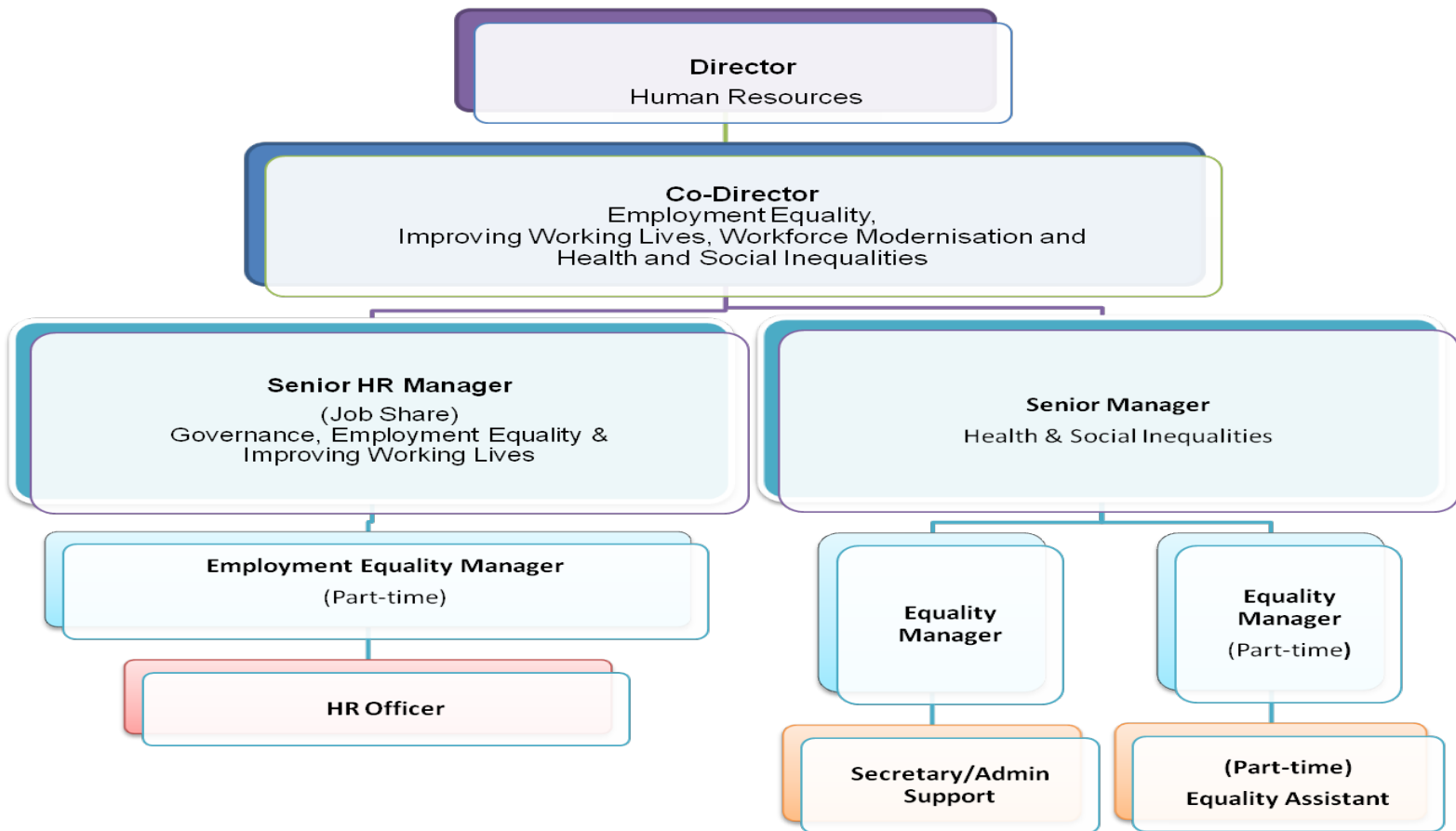
The Co-Director of Equality, Improving Working Lives and Workforce Modernisation ensures plans are in place to address health and social inequalities consistent with the functions of the Belfast HSC Trust. The postholder is required to ensure compliance with the requirements of Northern Ireland Act 1998, 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 Equality, Improving Working Lives and Workforce Modernisation. The postholder 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 lead programmes of work to implement action plans for Disability, Good Relations and Human Rights. This individual will be 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 postholder 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.

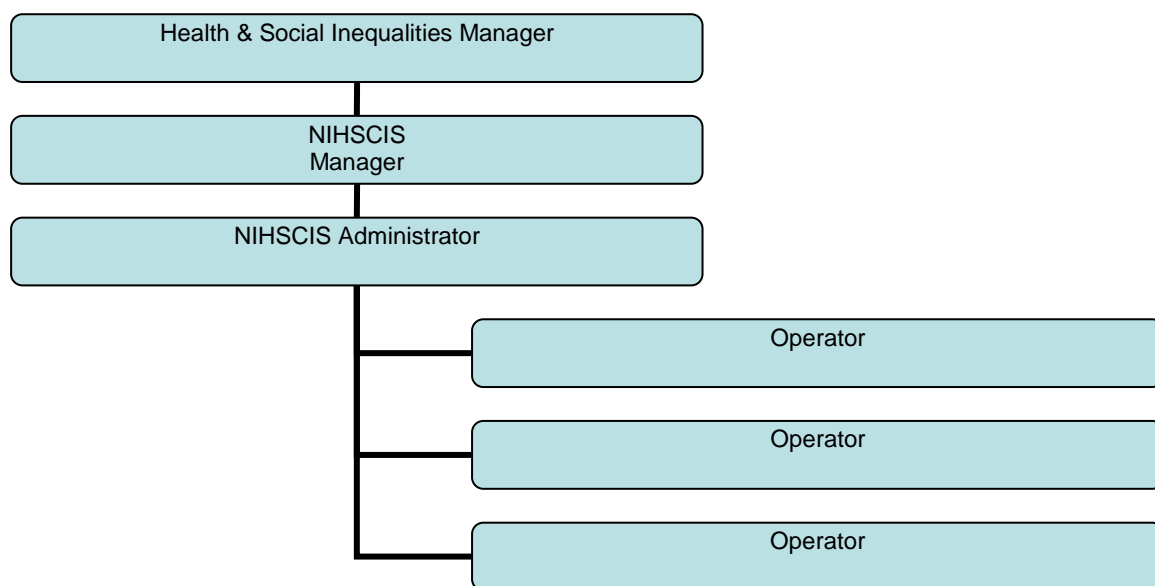
**Table 7: Human Resources Structure:**



## 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 patients who are not fully competent in English. There are currently 36 different languages provided by over 300 interpreters. (For further detail, please see NIHSIC Annual Report)<sup>13</sup>.

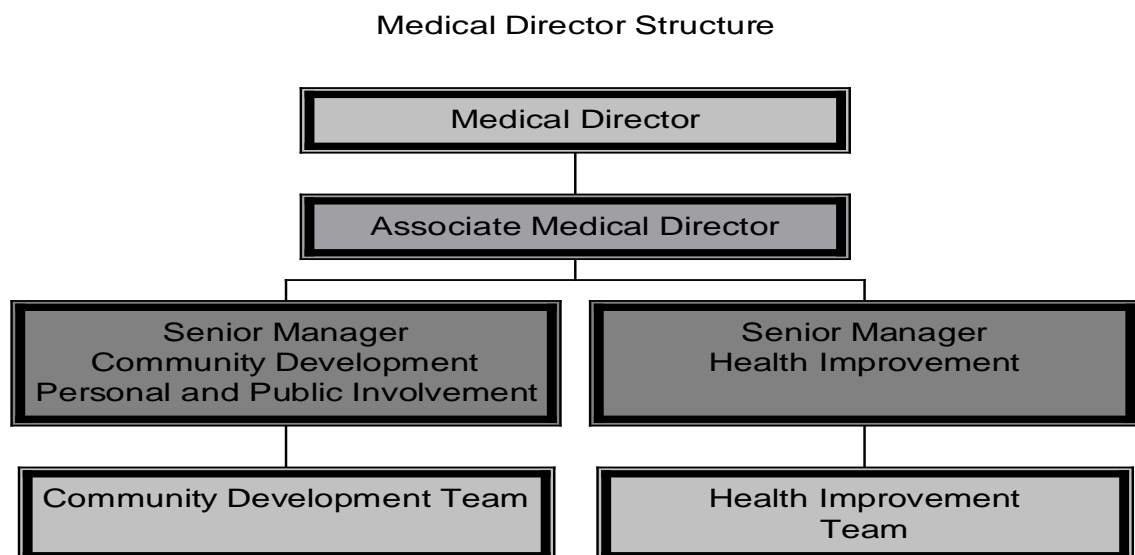
**Table 8: Northern Ireland Health and Social Care Interpreting Service**



<sup>13</sup> [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net)

## 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's 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.



## 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, 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](mailto:orla.barron@belfasttrust.hscni.net)  
028 90 960069

Textphone: 028 90 566755  
Fax number: 028 90566701

**2.5** Objectives and targets relating to the statutory duties will be integrated into our strategic and operational business plans<sup>14</sup>.

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<sup>14</sup> See Appendix 4 'Timetable for measures proposed' and section 2.11 of this equality scheme.

**2.6** 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.

**2.7** 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.

**2.8** The latest Section 75 annual progress report is available on our website: [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net) or by contacting:

Orla Barron  
Health and Social Inequalities Manager  
[orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)  
028 90 960069  
Textphone: 028 90 566755

**2.9** The Trust liaises closely with the Equality Commission to ensure that progress on the implementation of our Equality Scheme is maintained.

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

### ***Action plan/action measures***

**2.11** The Trust has developed an action plan to promote equality of opportunity and good relations. This action plan is set out in Appendix 6 to this Equality Scheme.

**2.12** 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<sup>15</sup> to identify the inequalities that exist for our service users and those affected by our policies<sup>16</sup>. The Audit of inequalities will be a living document and will be revised and extended on an ongoing basis.

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

**2.14** 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.

**2.15** 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.

**2.16** 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.

**2.17** 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.

**2.18** Once finalised, our action plan will be available:

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

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<sup>15</sup> See section 1.1 of this equality scheme for a list of these categories.

<sup>16</sup> See section 4.1 of this equality scheme for a definition of policies.

Orla Barron  
Health and Social Inequalities Manager  
Belfast Health and Social Care Trust  
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[orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)  
028 90 960069  
Textphone: 028 90 566755  
Fax number: 029 90566701

## 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 5 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)*')<sup>17</sup> and the Trust's document *A Guide to Public Consultation in the Belfast Trust*<sup>18</sup> and the *Belfast Trust Consultation Scheme*.<sup>19</sup>

**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 trades 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.

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<sup>17</sup> <http://www.equalityni.org/archive/pdf/S75GuideforPublicAuthoritiesApril2010.pdf>

<sup>18</sup> <http://www.belfasttrust.hscni.net>

<sup>19</sup> <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)*<sup>20</sup> and the Belfast Trust's Guide to Public Consultation.

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<sup>20</sup> [http://www.equalityni.org/archive/LetsTalkLetsListen\(Final\).pdf](http://www.equalityni.org/archive/LetsTalkLetsListen(Final).pdf)

Information will be made available, on request, in alternative formats<sup>21</sup>, 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.

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

**3.2.5** To ensure effective consultation with consultees<sup>22</sup> 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.

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<sup>21</sup> See Chapter 6 of our equality scheme for further information on alternative formats of information we provide.

<sup>22</sup> Please see Appendix 3 for a list of our consultees.

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

**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<sup>23</sup>.

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. (As per the 13 week consultation period on the draft of this Equality Scheme).

**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.

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<sup>23</sup> Please see below at 4.27 to 4.31 for details on monitoring.

**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-intensive for our 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](http://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](mailto:orla.barron@belfasttrust.hscni.net)

028 90 960069

Textphone: 028 90566755

Fax number: 029 90566701

**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)*'<sup>24</sup> and
- On undertaking an Equality Impact Assessment as detailed in the Commission's guidance '*Practical guidance on Equality Impact Assessment (February 2005)*'.<sup>25</sup>

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<sup>24</sup> <http://www.equalityni.org/archive/pdf/S75GuideforPublicAuthoritiesApril2010.pdf>

<sup>25</sup> <http://www.equalityni.org/archive/pdf/PracticalGuidanceEQIA0205.pdf>

## ***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<sup>26</sup> 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, 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 good relations, we will give details of the reasons for the decision taken.

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<sup>26</sup> 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.

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](http://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].

# SCREENING FLOWCHART

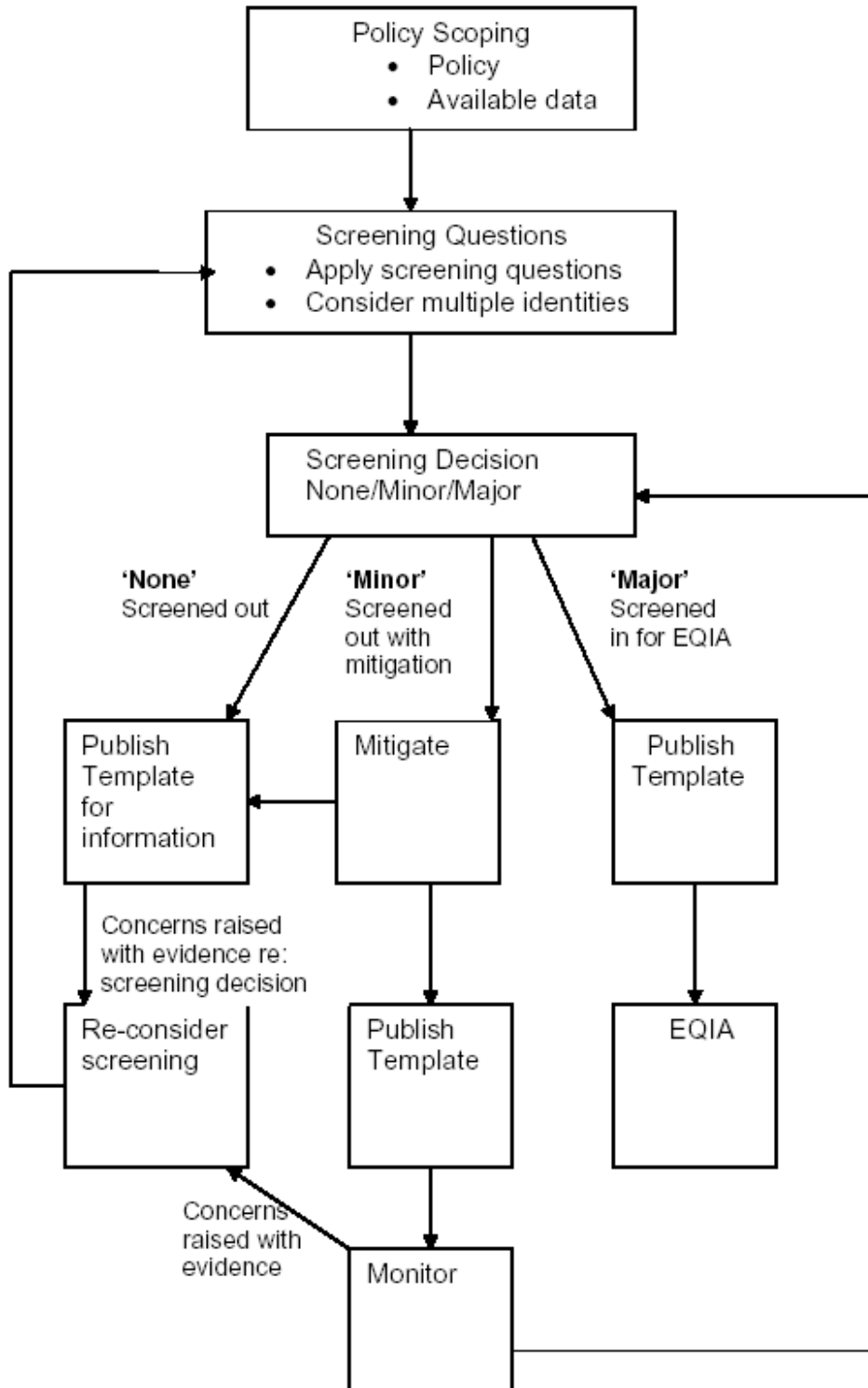


Figure 1

## ***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:
  - Whether the policy has been ‘screened in’ for Equality Impact Assessment
  - Whether the policy has been ‘screened out’ with mitigation or an alternative policy proposed to be adopted
  - 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  
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Textphone: 028 90 566755  
Fax number: 029 90566701

**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 3 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.

## **Chapter 5            Staff training (Schedule 9 4.(2) (e))**

### **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. 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.

### *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.

- Further to the approval of the Scheme by the Equality Commission NI, we will develop a summary of this Equality Scheme and raise awareness of this via a variety of means e.g. Chief Executive

Briefing, Team Briefing, Intranet etc. A copy of this will be issued to all staff by end of June 2011 (Subject to ECNI approval)

- 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 were disseminated at a specially convened event in April 2010 which was opened by the Permanent Secretary and included the Chief Commissioners from the Equality Commission NI and Northern Ireland Human Rights Commission respectively. 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 following approval of the Scheme
- The Section 75 statutory duties form part of induction training for new staff
- 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
- 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 parts of the community in Northern Ireland. This commitment is underpinned by some of the 4 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 printed 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 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.

**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.

**Chapter 7**      ***Timetable for measures we propose in this Equality Scheme (Schedule 9 4. (3) (b))***

**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 it 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 Procedure<sup>27</sup>)

**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. 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:

The Complaints Team  
Manager  
6<sup>th</sup> Floor, McKinney House  
Musgrave Park Hospital,  
Stockmans Lane

Health and Social Inequalities  
Manager  
First Floor, Graham House  
or/  
Knockbracken Healthcare Park  
Saintfield Road

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<sup>27</sup> <http://www.belfasttrust.hscni.net>

Belfast, BT9 7JB  
Telephone: 028 90 630023  
Textphone: 028 90 566755  
**Email:** [complaints@belfasttrust.hscni.net](mailto:complaints@belfasttrust.hscni.net)  
[orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)  
**Website:** [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net)

Belfast BT 8 8BH  
Telephone: 028 90 960069

**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 2 working days.

**8.7** The Complaints Officer will carry out an internal investigation of the complaint and will respond substantively to the complainant within 20 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 15 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](http://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](mailto: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.

## **Chapter 9**      **Publication of our Equality Scheme** **(Schedule 9 4. (3) (c))**

**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 90960069  
Textphone: 028 90566755  
E-mail: [orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)

The Trust will respond promptly to requests for alternative formats, 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. 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](http://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 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.
- 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.

**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](http://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 90960069  
 Textphone: 028 90566755  
 E-mail: [orla.barron@belfasttrust.hscni.net](mailto: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.

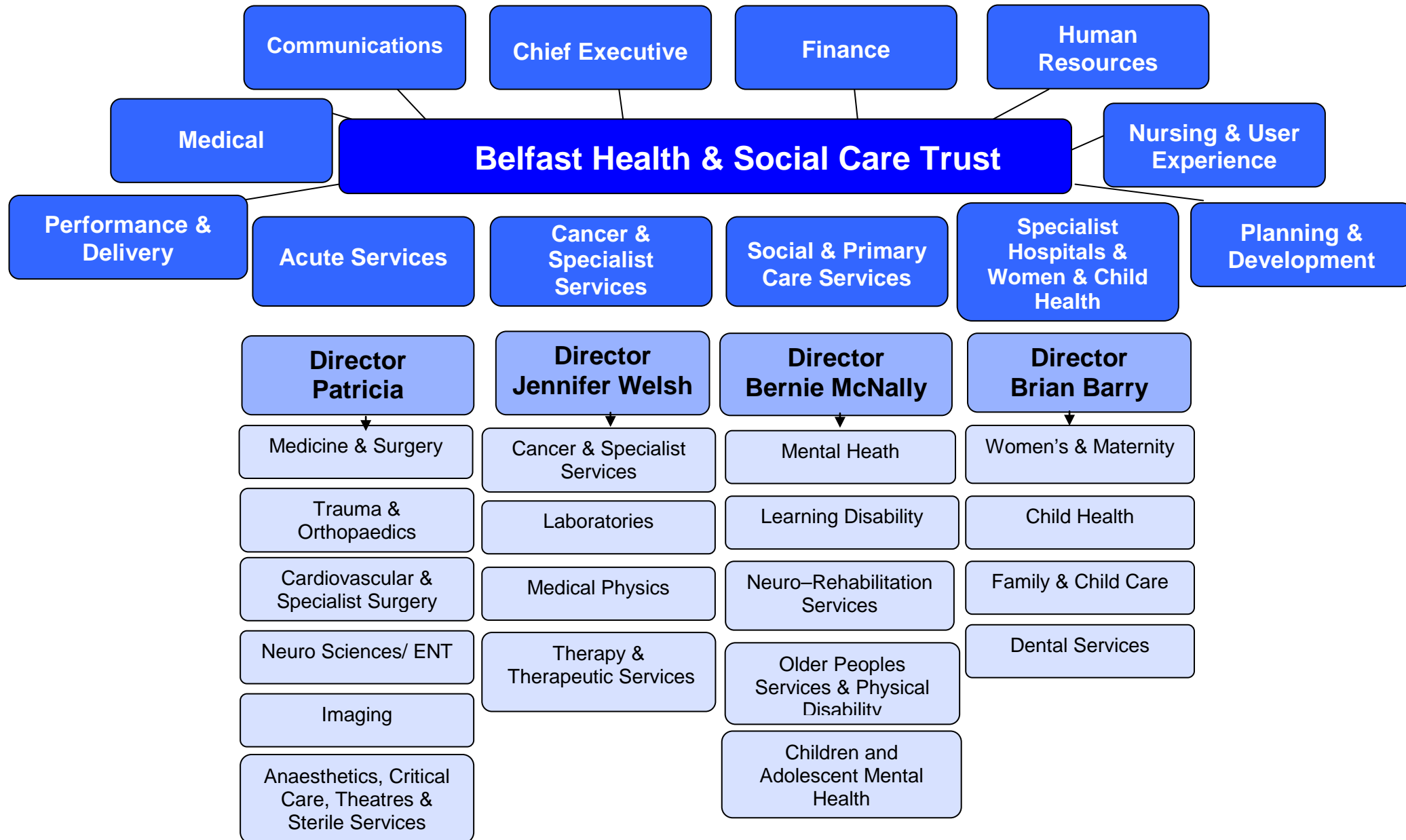
The review will evaluate the effectiveness of our scheme in relation to the implementation of the Section 75 statutory duties relevant to our functions in Northern Ireland.

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

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

Appendix 1: Organisational Chart



Service Groups (nb: The following tables provide an overview of the services and specialties delivered within each area.) For further detail please go to [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net)

<p><b>Acute Services</b></p> <p>Hospital based services locally and regionally</p>	<ul style="list-style-type: none"> <li>• Cardiovascular and Specialist Surgery</li> <li>• Trauma and Orthopaedics</li> <li>• Imaging</li> <li>• Neurosciences and ENT</li> <li>• Medicine and Surgery</li> </ul>
<p><b>Social and Primary Care Services</b></p>	<ul style="list-style-type: none"> <li>• Mental Health services for young people, adults and older people.</li> <li>• Learning Disability: they include Day Support Services, Day Centres, Supported Living as well as inpatient assessment at Muckamore Abbey Hospital.</li> <li>• Physical Disability Services which include Sensory Support and Day Care Centres</li> <li>• Older peoples services including services for people with dementia, Community Nursing Services and residential care</li> <li>• Family and Childcare Services, including children's social work services, residential care, and Child Protection services</li> </ul>
<p><b>Specialist Hospital and Child Health Services</b></p>	<ul style="list-style-type: none"> <li>• Women's &amp; maternity services range from Community midwifery, sexual &amp; reproductive health services, to hospital-based maternity, &amp; gynaecology services</li> <li>• Child Health services are provided in the children's hospital, local health centres and your own home.</li> <li>• Dental Services are also provided in the Specialist Dental Hospital and in a community setting.</li> </ul>
<p><b>Cancer Therapy and Specialist Services</b></p> <p>Local and regional service</p>	<ul style="list-style-type: none"> <li>• Cancer Treatment and Management</li> <li>• Specialist Medical services such as rheumatology, dermatology and the Cancer Centre and Chemotherapy Day Hospital.</li> <li>• Allied Health Professions such as Physiotherapy and Occupational Therapy who work in both hospital and community settings.</li> <li>• Laboratory, Genetics and Mortuary Services</li> </ul>

### Corporate Services within Belfast Health and Social Care Trust

<b>Communications</b>	<b>Includes Media, Public Liaison, Design, events, and e-communications</b>
<b>Human Resources</b>	Employment relations, resourcing, utilisation and productivity, learning and development and employment equality. The Health and Social Inequalities team dedicated resource for Section 75 is also part of this group.
<b>Finance</b>	Includes all aspects of finance including accounting and financial management, commissioning, capital and investment for the Trust.
<b>Medical Directors Group</b>	Includes responsibility for safety, quality and standards, public and occupational health, research, complaints and litigation. This group also comprises Community Development, Health Improvement, User involvement Personal and Public Involvement – all of whom work together to address health inequalities.
<b>Nursing and User Experience</b>	Patient and Public Involvement, nurse education, workforce modernisation, nursing governance and nursing research. Patient and Client Support Services
<b>Performance and Delivery</b>	service planning, performance management, reform and service improvement
<b>Planning and Redevelopment</b>	capital planning and business cases, capital redevelopment, PFI information management, information technology (IT) and estates.

**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.

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

<sup>28</sup> 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*.”

<sup>29</sup> *ibid*

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Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.

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*Appendix 3: List of Consultees*

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

'DA' – Young Father's Project  
Abbeyfield 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 UUU  
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 Chaplains  
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 Womens' Aid Federation

Northern Ireland Youth Forum  
NIACRO  
NICAS  
NICEM  
NICMAThe 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 Dymphna'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

Traveller and Gay (TAG)  
Traveller Movement Northern Ireland  
Travellers Support Group  
Treetops Childhood Bereavement  
Treoir  
Triangle Housing  
Trinity Housing  
Twins & Multiple Births Association (TAMBA)  
UCAT & T&G  
Ulidia Housing Association Ltd  
Ulster Cancer Foundation  
Ulster Chemists Association  
Ulster Scots Community Network  
Ulster Scots Heritage Council  
Union of Construction, Allied Trades and Technicians  
UNISON  
UNITE Amicus Section  
Unite the Union  
United Response NI Ltd  
University of Ulster  
Upfront Group  
Upper Andersonstown Community Forum  
VAST  
Venture International  
Victim Support  
Vine Centre  
Voice of Young People in Care (VOYPIC)  
Voices Forum National Schizophrenia Fellowship

Voluntary Services Bureau  
Volunteer Development Agency  
W Club  
WAVE Trauma Centre  
Welcome Trust Ltd  
West Belfast Area Project  
West Belfast Economic Forum  
West Kirk Presbyterian Women's Association  
Western Health and Social Care Trust  
Wheelchair Bowls Northern Ireland  
Wheelchair Users Group  
William Keown Trust  
Willowfield Parish Church  
Windsor Womans Centre  
Wise Men of the East Network  
Women in Sport & Physical Activity (WISPA)  
Women's Aid  
Women's Forum Northern Ireland  
Women's Information Centre  
Women's Information Group  
Women's Resource and Development Agency (WRDA)  
Women's Support Network  
Women's Forum Northern Ireland  
Women's Information Group  
Women's Resource and Development Agency (WRDA)  
Women's Support Network

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))**

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
<b>Arrangements for assessing our compliance with S75 duties</b>			
<i>Have in place appropriate structures and reporting mechanisms [Intro]</i>	<i>Structures and reporting mechanisms established</i>	<i>Chief Executive, Executive Team</i>	<i>Structures in place</i>
<i>Ensure S75 duties are mainstreamed within the Trust [Intro]</i>	<i>S75 objectives and targets will be integrated into strategic and operational business plans [2.5]</i>	<i>Chief Executive, Director of Human Resources, Director of Planning, Co Director of Equality Health &amp; Social Inequalities Manager</i>	<i>In line with corporate planning cycle i.e. May 2011</i>
<i>Employees' job descriptions and performance plans reflect S75 duties [2.6]</i>	<i>Already included in job descriptions and Post Outlines as part of the Trust's KSF (Knowledge &amp; Skills Framework)</i>	<i>Co Director of Equality Senior HR Manager</i>	<i>Ongoing</i>
<i>Prepare Section 75 Annual Progress Report (APR) and include section in Trust's own Annual Report [2.7]</i>	<i>Information collated throughout year for inclusion in APR</i>  <i>Article written for inclusion in Trust's Annual Report</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>31 August (annually)</i>  <i>Annually</i>
<i>(Regular/quarterly) reports to Trust's Senior Management Team and Trust Board [2.10]</i>	<i>As above – information provided to Director of HR to bring to Executive Team and Trust Board.</i>	<i>Director of Human Resources Co Director of Equality Health &amp; Social Inequalities Manager</i>	<i>Each quarter</i>

Measure	Action Taken/ To Be Taken	Lead responsibility	Timetable
<b>Action Plan</b>			
<p><i>Development of Action Based Plan to include performance indicators and timescales. Aligned to corporate and business planning cycle [2.11]</i></p>	<p><i>Literature review and audit of health inequalities undertaken along with pre-consultation with voluntary/community sector.</i></p> <p><i>Consultation with Service Directorates to identify inequalities and actions required for same.</i></p>	<p><i>Health &amp; Social Inequalities Manager</i></p> <p><i>Health &amp; Social Inequalities Manager and Operational Heads of Service.</i></p>	<p><i>November 2010</i></p>
<p><i>Consultation on draft action plan [2.15]</i></p>	<p><i>Consult with stakeholders before submission to Equality Commission.</i></p>	<p><i>Health &amp; Social Inequalities Manager</i></p>	<p><i>In line with consultation on equality scheme Jan-March 2011.</i></p>
<p><i>Finalised action plan published [2.18]</i></p>	<p><i>Publish on Trust's internet and intranet and advise of its availability and take account of alternative formats etc .</i></p>	<p><i>Health &amp; Social Inequalities Manager</i></p>	<p><i>May 2011</i></p>
<p><i>Arrangements for monitoring progress in place [2.16]</i></p>	<p><i>Identify whether targets have been met – update plan as necessary.</i></p>	<p><i>Health &amp; Social Inequalities Manager in conjunction with service Directors.</i></p>	<p><i>Every August in line with Annual Progress Report</i></p>
<b>Arrangements for consulting</b>			
<p><i>Consultation list reviewed and updated [3.4]</i></p>	<p><i>All current consultees written to and contact details and preferred method/format of communication updated on central consultation list.</i></p>	<p><i>Health &amp; Social Inequalities Manager</i></p>	<p><i>November 2010 and then annually</i></p>

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
<i>Training re. Consultation [3.2.4]</i>	<i>Specific training provided for those conducting consultations.</i>	<i>Health &amp; Social Inequalities Manager, Personal &amp; Public Involvement Manager</i>	<i>Ongoing.</i>
<i>Equality Scheme and Action Plan consulted upon taking account of various methods, accessible venues and alternative formats etc [3.2.</i>	<i>Conduct as appropriate:</i> <ul style="list-style-type: none"> <li>▪ <i>Public meetings</i></li> <li>▪ <i>Face-to-face meetings</i></li> <li>▪ <i>Specialist meetings</i></li> <li>▪ <i>Opinion surveys/questionnaires</i></li> <li>▪ <i>Internet discussions</i></li> </ul>	<i>Health &amp; Social Inequalities Manager</i>	<i>Jan-Mar 2011</i>
<i>Undertake programme of awareness raising to ensure effective consultation with consultees [3.2.5]</i>	<i>Develop pack for dissemination via PPI Leads/Liaison Panels.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>January 2011</i>
<i>Take account of any assessment and consultation before decisions are taken regarding policies [3.2.10]</i>	<i>Outcome of impact assessment and analysis all consultation responses received.</i>	<i>Lead policy author</i>	<i>Ongoing</i>
<i>Provide feedback report to consultees in timely manner in formats suited to consultees [3.2.11]</i>	<i>As per consultation list update exercise we will provide feedback to consultees in their preferred format.</i>	<i>Lead policy author(s)</i>	<i>Ongoing</i>
<b>Screening</b>			
<i>Revise screening template and accompanying guidance notes.</i>	<i>Both revised to take account of new ECNI guidance and 3 screening outcomes.</i>	<i>HSC Equality Leads</i>	<i>September 2011</i>

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
<i>Develop screening report template and publish quarterly in accessible formats [4.15]</i>	<p><i>Template developed which includes policy aims, consideration of mitigation, alternative policies, screening decision, timetable for EQIA.</i></p> <p><i>Report will be published quarterly on internet with links to each screening template. Will be issued to consultees as appropriate in their preferred format.</i></p>	<p><i>Health &amp; Social Inequalities Manager</i></p> <p><i>Health &amp; Social Inequalities Manager</i></p>	<p><i>November 2011</i></p> <p><i>Quarterly</i></p>
<i>EQIA timetable [4.16]</i>	<i>We will give advance notice to consultees of forthcoming EQIAs and the consultation periods associated with each.</i>	<i>Lead policy author(s)</i>	<i>Ongoing</i>
<i>Publishing of EQIA reports [4.22]</i>	<p><i>EQIA reports and outcomes of consultation will be published on the internet and issued to consultees as appropriate in their preferred format.</i></p> <p><i>The reports will include all information as per 4.22 of this Scheme.</i></p>	<p><i>Lead policy author(s)</i></p> <p><i>Health &amp; Social Inequalities Manager</i></p>	<p><i>Ongoing</i></p> <p><i>Ongoing</i></p>
<b>Monitoring</b>			

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
<i>Revision of policies as a result of monitoring [4.30]</i>	<i>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.</i>	<i>Lead policy author(s)</i>	<i>Ongoing</i>
<i>Review of monitoring information [4.31]</i>	<i>To ensure it is relevant and up-to-date in relation to the policy.</i>	<i>Lead policy author(s)</i>	<i>Over a one year period from implementing the policy.</i>
<i>Publication of monitoring information [4.33;4.34]</i>	<i>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.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>Ongoing and annually.</i>
<b>Staff Training</b>			
<i>Draw up a detailed training plan [5.3]</i>	<i>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.</i>	<i>Health &amp; Social Inequalities Manager/ Senior HR Manager.</i>	<i>June 2011</i>

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
<i>Development of summary scheme [5.4]</i>	<i>Summary Scheme currently being revised and will be issued to all staff.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>June 2011(subject to ECNI approval)</i>
<i>Provide access to full copy of Scheme to all staff [5.4]</i>	<i>Full Scheme will be published on intranet and internet and made available in alternative formats on request.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>June 2011(subject to ECNI approval)</i>
<i>Development of overall training programme in conjunction with S75 categories [5.5]</i>	<i>All staff will receive briefing on Equality Scheme once approved via Trust E-brief, email, intranet etc.</i>  <i>S75 awareness included in Induction Training and E-learning Diversity Training as well as other current diversity training initiatives.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>May 2011</i>
<i>Awareness raising on the Section 75 statutory duties via PPI [3.2.5]</i>	<i>Pack developed for PPI panels.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>April 2011</i>
<i>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]</i>	<i>Series of Screening and EQIA master classes previously held for policy authors and arranged as necessary.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>Screening and EQIA Master Classes planned for September 2011 and ongoing.</i>
<i>Update training [5.4]</i>	<i>Training will be kept up to date in line with ECNI guidance and staff will be advised accordingly.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>Review mechanisms in place to keep training up-to-</i>

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
			<i>date. and ongoing</i>
<i>Evaluation of training [5.6]</i>	<p><i>Assess the extent to which those being trained have acquired the necessary skills and knowledge to e.g undertake screening, conduct EQIAs etc.</i></p> <p><i>Provider Refresher training as required.</i></p> <p><i>Conduct management reports on uptake of E-learning diversity training.</i></p>	<p><i>Health &amp; Social Inequalities Manager</i></p> <p><i>Health &amp; Social Inequalities Manager</i></p> <p><i>Health &amp; Social Inequalities Manager</i></p>	<p><i>Mechanisms in place ie Policy Leads undertake screening and EQIA's.</i></p> <p><i>At least annually</i></p> <p><i>Quarterly</i></p>
<b>Arrangements for ensuring and assessing public access to information and services we provide</b>			
<i>Ensure information we disseminate and services we provide are fully accessible to all parts of the community in Northern Ireland [6.1]</i>	<p><i>Update of S75 consultation list will ask for preferred methods and formats of communication.</i></p> <p><i>Trust Access Groups include service users who advise the Trust accordingly e.g. Sensory Impairment Group.</i></p>	<p><i>Health &amp; Social Inequalities Manager</i></p> <p><i>Heads of Relevant Service Areas</i></p>	<p><i>Mechanisms in place</i></p> <p><i>Mechanisms in place</i></p>
	<p><i>We will use the media and advertise in press where appropriate.</i></p> <p><i>We will also use our website, corporate plan, staff magazine, annual progress report etc.</i></p>	<p><i>Health &amp; Social Inequalities Manager</i></p> <p><i>Health &amp; Social Inequalities Manager</i></p>	<p><i>As required</i></p> <p><i>Website used to disseminate information</i></p>

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
	<i>Continue participation on Regional Accessible Information Group.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>Meetings held bi-monthly</i>
<i>Provide information in alternative formats on request [6.3]</i>	<p><i>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.</i></p> <p><i>Provides information in disk, easy-read, large print etc. on request.</i></p> <p><i>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'.</i></p>	<p><i>All staff</i></p> <p><i>Health &amp; Social Inequalities Manager</i></p> <p><i>Health &amp; Social Inequalities Manager</i></p>	<p><i>Information provided on request</i></p> <p><i>Information provided on request</i></p> <p><i>Information sought from specialists</i></p>
<i>Provide interpreters and sign language interpreters [6.7]</i>	<i>Trust provides interpreters via the NIHSC Interpreting Services within the Belfast Trust which is supported by a subsidiary contract with STEP and FLEX.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>As requested</i>

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
<i>Ensure buildings are accessible [6.7]</i>	<i>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.</i>	<i>Estates Services Department.</i>	<i>Further works undertaken as required</i>
<i>Assessing access to information and services [6.8]</i>	<i>We will monitor uptake of interpreting services and requests for translations and alternative formats.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>Quarterly reports produced</i>
<i>Provide reasonable adjustments [6.9]</i>	<i>As above, buildings are accessible to all service users, using reasonable adjustments where necessary for both service users and staff members.</i>	<i>Health &amp; Social Inequalities Manager/Estates Services Department.</i>	<i>Reasonable adjustments provided when required by service users and staff</i>
<i>Monitor complaints [6.9]</i>	<i>We will monitor complaints received to identify areas where equality of opportunity and good relations could be improved.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>Analyse quarterly to identify any trends</i>
<b>Complaints Procedure</b>			
<i>How complaints are raised, timetable for responding etc.[8.1]</i>	<i>HSC have a regional complaints procedure and information has been made available in alternative formats e.g. various languages.</i>  <i>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.</i>	<i>Regional Complaints Group.</i>  <i>Complaints Team Manager, Health &amp; Social Inequalities Manager</i>	<i>May 2010</i>  <i>All complaints dealt with according to prescribed timescales</i>

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
<b>Publication of our Equality Scheme</b>			
<i>Current Equality Scheme on internet [2.8]</i>	<i>Current Scheme and Annual Progress Report on our website.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>Draft scheme uploaded by 10 December 2010. Annual Progress Reports uploaded each August</i>
<i>Communication of equality scheme and notification of consultees [9.3]</i>	<i>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.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>May 2011(subject to ECNI approval)</i>
<i>Produce Scheme in alternative formats on request [9.3]</i>	<i>We will produce the Scheme in alternative formats on request as per 9.3 of this Scheme.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>May 2011 and ongoing</i>
<b>Review of equality scheme</b>			
<i>Scheme will be reviewed within five years of submission to the Equality Commission or within a shorter timescale to allow alignment with the review of other planning cycles [10.1]</i>	<i>We will conduct a thorough review of the scheme in line with the corporate planning cycle i.e. three years after approval.</i>	<i>Health &amp; Social Inequalities Manager and Heads of Service</i>	<i>May 2014</i>
<b>Any other measures proposed in equality scheme</b>			
<i>Work closely with other public authorities to exchange learning and best practice [2.3.2]</i>	<i>Maintain already established links with other Trusts and HSC Organisations in order to maximise on collaborative working.</i>	<i>Health &amp; Social Inequalities Manager and other Health &amp; Social Inequalities</i>	<i>Continue with collaborative work</i>

<b>Measure</b>	<b>Action Taken/ To Be Taken</b>	<b>Lead responsibility</b>	<b>Timetable</b>
		<i>Managers.</i>	
<i>Liaise closely with the ECNI to ensure that progress on the implementation of our Equality Scheme is maintained [2.0]</i>	<i>Continue communication with the ECNI.</i>	<i>Health &amp; Social Inequalities Manager</i>	<i>Communication with ECNI continues</i>
<i>Work with Trade Unions in the effective discharge of our equality duties.</i>	<i>Maintain already established links with Trade Unions via the Trust Joint Negotiation and Consultation Forum (TJNCF).</i>	<i>Director of Human Resources, Co-Director of Workforce Monitoring, Equality and Improving Working Lives, Health and Social Inequalities Manager.</i>	<i>Meetings held quarterly with frequent communication in the interim</i>

**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 9 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 judgement 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.

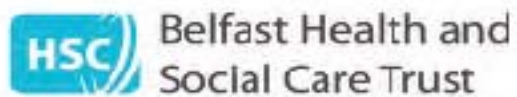
Without prejudice to these obligations, each public authority in carrying out its functions relating to Northern Ireland must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

## **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.



# Action Plan

## *Appendix 7 Useful Weblinks*

[www.equalityni.org](http://www.equalityni.org) - Equality Commission for Northern Ireland.

[www.nihrc.org](http://www.nihrc.org)- Northern Ireland Human Rights Commission.

[www.workingwithdiversity.org](http://www.workingwithdiversity.org)- Designed specifically for HSC staff in NI - provides useful information and contact details for Section 75 groups.

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