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Chief Executive, Northern Ireland Regional Medical Physics Agency  
Chief Executive, Northern Ireland Blood Transfusion Service  
Chief Executive, Health Promotion Agency  
Chief Executive, Northern Ireland Ambulance Service  
Chief Fire Officer, Fire Authority for Northern Ireland  
Chief Executive, Northern Ireland Guardian Ad Litem Agency  
Chief Executive, Northern Social Care Council

2 February 2004

Dear Colleague

## **GUIDANCE NOTE – IMPLEMENTING THE EQUALITY GOOD PRACTICE REVIEWS ON:**

### **ACCESS TO INFORMATION THE HANDLING OF COMPLAINTS SERVICE USER INVOLVEMENT AND PROMOTING POSITIVE STAFF ATTITUDES TO DIVERSITY**

#### **Background to the Equality Good Practice Reviews**

1. The Health, Social Services and Public Safety (HSSPS) family of organisations<sup>1</sup> has made clear its commitment to take positive steps to promote equality and good relations in line with the

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<sup>1</sup> The HSSPS family of organisations comprises the Department of Health, Social Services and Public Safety, Health and Social Services Boards; the HSS Trusts; the Central Services Agency; the NI Regional Medical Physics Agency; the NI Blood Transfusion Service; HSS Councils; the Fire Authority for Northern Ireland; the NI Ambulance Service and other Executive Non-Departmental Public Bodies.

statutory equality obligations contained in Section 75 of the Northern Ireland Act 1998. To do this the HSSPS family, working through its Equality Steering Group, undertook a series of four Equality Good Practice Reviews (GPRs). These were designed to provide recommendations and practical actions that can be implemented promptly to address the specific needs of patients, clients, service users and carers.

2. Each Review examined a major theme extending across the full range of HSSPS services. The Reviews identified and highlighted good practice and principles. Copies of the full reports of the Reviews, as well as this circular, are available at [www.dhsspsni.gov.uk/econsultation/practice.html](http://www.dhsspsni.gov.uk/econsultation/practice.html) or they can be obtained from Theresa Martin of DHSSPS Evaluation and Equality Unit at [theresa.martyn@dhsspsni.gov.uk](mailto:theresa.martyn@dhsspsni.gov.uk)
3. Each of the four Health and Social Services Boards took the lead on one of the four Reviews, as follows:
  - Access to Information Eastern Board
  - Handling Complaints Southern Board
  - User Involvement Western Board
  - Promoting Positive Staff Attitudes to Diversity Northern Board
4. In doing so, they used a highly consultative approach. In particular, the four Boards involved a range of equality representative and advocacy groups, including the Regional Equality Liaison Panel for HSSPS, which includes broad representation from across the equality groupings. This circular was the subject of a further, three-month consultation during July to September 2003.
5. Annexes A to D set out the key principles and guidance which have come out of each of the GPRs. It should be noted that, for the most part, these are above and beyond the existing commitments which the HSSPS bodies have set out in their Equality Schemes. This guidance should therefore be read in conjunction with those Schemes. It should be noted also that the

four Annexes are closely inter-related. For example, the principles on the provision of information (Annex A) apply equally to the provision of information for the purposes of handling complaints (Annex B), user involvement (Annex C) and promoting positive staff attitudes to diversity (Annex D). There is no detailed cross-referencing in the Annexes as this could complicate them unnecessarily.

## **Purpose of the guidance**

6. Each of the Reviews produced a series of recommendations, some of which can only be implemented over the medium to longer term. These were on issues such as: capacity building among service user and equality advocacy groups; the development of the regional interpreting service for health and social services; policy and strategy development in line with the principles of the Reviews, and the promotion of diversity at all levels in the HSSPS workforce. These medium to longer term recommendations are being considered by the HSSPS Equality Steering Group.
7. A number of other recommendations, however, can be addressed in the shorter term and the purpose of this guidance is to begin the process of implementing these recommendations across the service. The guidance sets out for managers across the HSSPS family of organisations how they should implement key recommendations as soon as possible in their respective organisations.
8. In many cases, the measures outlined here will already have been implemented. However, the guidance should help to ensure a consistent approach across the HSSPS family, with better results in terms of access and care. All HSSPS organisations should ensure that this guidance is applied.

## **Organisational commitment and strategic planning**

9. In line with their commitment to promote equality, HSSPS organisations' management boards should take direct

responsibility for implementing the good practice set out in the review reports and summarised in this guidance, for monitoring implementation and outcomes, and for reporting progress to the Department.

10. In preparing Health and Wellbeing Investment Plans and Trust Delivery Plans, HSS Boards and Trusts should state how they intend to mainstream implementation of the Review outcomes into their work programmes and how they will monitor progress. The Central Services Agency, the NI Blood Transfusion Service, the NI Regional Medical Physics Agency, the Fire Authority, the NI Ambulance Service and other Non-Departmental Public Bodies and HSS Councils should also include specific references in their business plans.

### **Training and development**

11. The successful implementation of the Good Practice Reviews will depend on the provision of training and the development of staff. The HSSPS family, together with professional organisations, staff representatives and members of Section 75 groups will be involved in developing a regional training strategy, specific training programmes and related materials. This strategy will be developed by the HSSPS Equality Steering Group.
12. This programme will not be cost neutral and the Department will seek to provide the necessary allocations. However, it should be noted that under Section 75 every public authority is responsible for ensuring that the necessary resources are provided to enable the mainstreaming of equality. Until such times as any additional resources are secured centrally by the Department, each HSSPS organisation should ensure that its training and development programmes enable the implementation of the recommendations of the Good Practice Reviews.

### **General review of complaints procedures**

13. The four Equality Good Practice Reviews were concerned specifically with promoting equality, using the Section 75 statutory

duties as a frame of reference. The guidance in this circular has the same focus and scope, and is for immediate implementation. The handling of complaints more generally is currently under review. The general review will take account of the Equality GPR on complaints. Any new complaints procedures which are put in place in due course will be consistent with our equality policies and with the Section 75 duties.

## **Making a difference**

14. All HSSPS organisations will be expected to monitor actions and outcomes arising from the Reviews and to report on the impacts as far as they are experienced by service users. Currently HSS Trusts provide regular reports to the Department on complaints. The importance of this area is reflected in the Management Improvement Target on compliance with complaints procedures. Currently HPSS organisations are working towards ensuring that at least 72% of all complaints are responded to within 20 days of receipt. Analysis of the nature of complaints indicate that access to services or information, and staff attitudes are two of the main causes behind complaints. All HSSPS organisations will be expected to demonstrate how they are resolving complaints of this nature or how they plan to resolve such complaints.
15. The HSSPS should also monitor and report on the steps they have taken to increase user involvement and indicate how users are participating in the development and management of services. Community forums should be involved in quality assuring as far as possible communications with service users.
16. The Department will be undertaking regular surveys of public attitudes to the health and personal social services which will seek views on the performance of the health and social services organisations generally and, more specifically, in the areas of the four Good Practice Reviews. The Fire Authority also carries out a regular customer satisfaction survey and should seek to adapt this in order to assess progress on the Good Practice Reviews.

17. The Department will monitor implementation across the HSSPS family on an ongoing basis and will include a progress report on the Good Practice Reviews in its annual statements to the Equality Commission in 2004 and 2005.

### **Acknowledgements**

18. The Good Practice Reviews are the product of the investment of a great deal of time and effort by a number of people. I wish to place on record my thanks to all those who led the Reviews and who contributed to them, including all who contributed to the initial consultations on each Review. I would also like to thank those who provided comments on the first draft of this circular. The many favourable comments which were received are a reflection of the quality of work that went into the Reviews. The suggestions for changes have prompted numerous improvements on the original draft.

**DENIS McMAHON**

## **ACCESS TO INFORMATION**

### **Purpose of the Review**

The purpose of this Good Practice Review was to identify and develop good practice guidance on communication and the provision of information, on the premise that by helping all HSSPS staff and customers to understand and think about information and its provision, standards will improve and help to meet the needs of service users.

### **Principles**

- Access to information is not a privilege but the right of all citizens.
- Information needs to be accessible, timely, accurate, appropriate, clear and provided in formats which suit people's needs at particular times.
- Recognising that different people have different information needs at different times underlines the need to target information.

### **Implementation of the Review**

As a result of this Review, the team led by the Eastern HSS Board prepared a detailed manual entitled **“Guidance to crack the**

**information barrier in Health, Social Services and Public Safety – the 5 C’s of Information Provision’.** This manual and a two-page aide-mémoire on the 5 C’s are available online at:

[http://www.dhsspsni.gov.uk/econsultation/Good\\_practice](http://www.dhsspsni.gov.uk/econsultation/Good_practice).

The guidance includes recommendations on how to produce and supply information regarding services, procedures, treatments, facilities, conditions, legislation, duties and entitlements. The guidance is not definitive, or a substitute for consulting with communications and public relations specialists within your organisation. Rather, it is a starting point, promoting the basics, and reflects our intention to more effectively meet the needs of those we serve.

Whilst the guidance focuses on written communications, many of the key points of the GPR apply also to non-written communications.

The GPR on positive attitudes to diversity includes recommendations which are relevant to this area.

## **Actions**

- All managers and staff responsible for producing information and forms of communication should, as a minimum standard, apply the ‘5 Cs’ guidance referred to above.
- All HSSPS organisations should ensure that written or visual communications with users undergo a readability test. The purpose of a readability test is to ensure that the meaning of a text

will be easily understood by the intended readers. Choosing the most appropriate forms of readability test will depend on the target readership, the information to be conveyed, the medium and the format. Existing formulae for testing texts<sup>2</sup> may be very useful but it should be remembered that such tests are essentially for screening texts and can do no more than predict that a text is appropriate for a particular group of people. Such tests, if used, should be used as a supplement or an aid to human tests, as applied by service users, professional healthcare communicators, lay persons, the Plain English Campaign, members of community sector bodies or other people.

## **The 5 Cs of Information Provision**

The following is a summary of the 5Cs of Information Provision.

### **1. Consider                      Why are you doing it?**

Information should only be produced or provided when there is a clear reason and a clearly identified target audience.

As with any process, planning is important. You must know why the information is being produced and who it is for. You should at an early stage identify who else should be involved and the sources of funding. Check if someone else has already done this as you can often use their ideas.

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<sup>2</sup> e.g. the SMOG Readability Formula, The Gunning-Fog Index, Flesch Reading Ease or Flesch-Kincaid Grade Level

## **2. Content                      What is in it?**

Information in any format needs to contain certain key items. Key components of all publications are, who it is for, what is it about who produced it and when they did so. It should tell people where to go and what to do next. It should include any other sources of information, services or advice. It should tell people of their rights and eligibility criteria and other formats available and how to obtain them.

## **3. Composition                      How is it presented?**

Information must be accessible, easy to understand, relevant and acceptable to target audiences.

When providing information for patients, clients, carers or the public, consider the issue from their point of view. If people cannot get it, read it or hear it, your information is of little value.

There is a danger of simplifying the message too much, appearing patronising or reducing the quality of the content. What you produce needs to be of a quality that is fit for purpose and acceptable to the target audience. Involving your audience in a two way process is the best means of ensuring acceptability.

**4. Circulate                      Where should it go?**

The key components of any circulation strategy should ensure that you get the message out. When developing a strategy consideration should be given to other circulation channels which reach your target audience. You may be able to use these and so draw on other ideas.

**5. Check                              Does it work?**

An integral part of information provision is to develop a plan to measure if it achieved its objective.

## **HANDLING COMPLAINTS**

### **Rationale and purpose of the Review**

The quality and type of services provided by the HSSPS family of organisations is very important. People who have experienced or observed the services provided can make useful comments and suggestions on how to improve our services. Complaints by service users, clients, patients, carers and advocates should be regarded as a prompt for potential service improvements.

The aim of this Equality Good Practice Review was to assess the current mechanisms in the health and personal social services for complaints management and to appraise issues such as the accessibility and user friendliness of current procedures. It also considered how lessons learned from complaints could be applied throughout the wider HSSPS family including the Fire Authority.

A National Review of the NHS Complaints Procedure was concluded in March 2001 and consultation on changes required to the procedures within Northern Ireland is planned. The work and findings of the Equality Good Practice Review have been designed to complement the National Review.

### **Actions**

The Review has produced a series of principles of good practice for:

- a. front-line staff dealing with complaints;
- b. staff undertaking complaints investigations, and
- c. staff undertaking complaints management.

“Front line staff” means people at all levels and in all job-roles across the HSSPS family of organisations who have direct contact with service users, patients, carers and visitors.

Managers in each HSSPS organisation with responsibility for complaints should ensure that the following principles of good practice are adopted and immediately put into operation. They should also seek to ensure that their staff in their organisation have the necessary training, including induction training, in the handling of complaints.

**a. Good practice principles for front-line staff in dealing with complaints**

- Ensure that, as far as possible, the complainant’s immediate health and social care needs are met.
- Identify yourself to the complainant.
- Afford all complainants due courtesy, and respect confidentiality at all times.

- Be aware of the individual needs of the complainant, paying particular attention to culture, language, access etc, and make suitable arrangements.
- Attempt to resolve complaint at point it is received. If this is not possible advise the complainant accordingly.
- Know who handles complaints within your organisation and how to contact them.
- Ensure that your training and your knowledge of your organisation's complaints procedures are up to date.
- Be aware of alternative forms of assistance and support, such as Citizens Advice Bureaux, and in particular the Health & Social Services Councils.
- Be aware of support mechanisms available to you and other staff, e.g. line manager, peer support, staff side organisation, the Occupational Health Service.
- Be aware of timescales for processing complaints.
- Complete all relevant documentation and forward to appropriate person.
- Ensure that information on complaints procedures is prominently displayed for patients, service users, clients and carers.

**b. Good practice principles for staff undertaking complaints investigations**

- Give priority to investigation.
- Ensure that, as far as possible, on-going health and social care needs are met.
- Treat all people involved with respect and dignity.
- Provide a response on every aspect included in the complaint.
- Comply with internal timescales.
- Keep a written record of all action taken.
- If unfamiliar terminology or abbreviations are used ensure that they are explained.
- Ensure that information provided relates specifically and is relevant to the complaint.
- Check information provided in response to the complaint to ensure that it is accurate and verified against relevant documentation.

- Advise the Complaints Manager of any delay in responding and the reason for it.

- Identify and meet staff support needs.

**c. Good practice principles for staff undertaking complaints management**

- Actively find out if the complainant has any communication requirements, e.g. interpreter, alternative formats.
- Make sure the complainant is aware of assistance available to them, e.g. Health and Social Services Councils, Citizen's Advice Bureaux, elected representatives, voluntary / support groups.
- Ensure that you comply with consent requirements<sup>3</sup> and other relevant legislation.
- Provide the complainant with information, in leaflet or other form, on the complaints procedure.
- During the investigation keep lines of communication open with the complainant, using the most appropriate methods, e.g. phone, face to face meetings.

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<sup>3</sup> Please see CMO Circular HSS(MD)7/2003 of 13 March 2003 and <http://www.dhsspsni.gov.uk/publications/2003/consent/consent>

- If a delay occurs, explain and advise the complainant of the reason. Record this in the complaint file.
- Use jargon-free language, and if unfamiliar terminology or abbreviations are used ensure that the complainant understands them.
- Consider the most appropriate method of response to the complaint, e.g. letter or meeting. Remember, though, that a complaint must be concluded in writing.
- Consider venue arrangements, including the accessibility of the venue and the timing of meetings, and be sensitive to the personal circumstances of the complainant and staff when arranging meetings
- Ensure that all aspects of the complaint are addressed.
- Avoid impersonal or standard responses.
- Provide staff with up-to-date information on the progress of the complaint and the outcome.
- Identify and report on trends and information in accordance with internal arrangements. Staff newsletters may be a useful means of updating staff and exploring potential service improvements in response to complaints.

## USER INVOLVEMENT

### Rationale

It is now widely recognised that one of the most effective ways to ensure the provision of high quality, effective and appropriate services is to involve people who use those services. In the wider HSSPS various strategies and documents have commended user involvement approaches as effective mechanisms which will support and secure improvements in this sector. *Quality Standards – Consumer Involvement in Community Care Services* (DHSS, April 1999) is available from the Social Services Inspectorate. User involvement will be a major theme in the new Regional Strategy.

It is recognised that engagement with service users at an early stage may help to prevent difficulties arising as a result of communication errors or unresponsive service design. Ongoing engagement with stakeholders also assists in the development of meaningful and focused communication and can reduce the consultation burden on the voluntary and community sector. User involvement techniques, appropriately applied, can also assist in the management of specific consultation processes. More importantly, for the purposes of this guidance, effective user involvement is a vehicle for addressing equality issues.

Across the HSSPS, the most effective means of community involvement will be direct engagement between service users, other key stakeholders and decision-makers.

Acknowledging the advantages that can be achieved through user involvement, this Review focused on developing practical guidance to assist managers across the HSSPS to engage service users and implement the User Involvement GPR at a local level.

## **Actions**

The following guidelines should be adopted and implemented by all staff, in particular management who have a role in the development, planning and evaluation of services. The guidelines have been set out under specific headings that relate to particular staff, issues or areas of user involvement.

Each HSSPS organization should develop a clear policy on user involvement if they have not done so already. This should be tailored to local needs and formulated in collaboration with service users, carers, staff and other key stakeholders. These policies should be widely disseminated, monitored on a regular basis and evaluated. Service users and other stakeholders should have a direct input into the reports on progress against the GPRs.

In taking this work forward, partnerships should be established with other organisations to prevent duplication of effort. HSSPS organisations should use those community engagement structures which are already in place and which have demonstrably involved users, particularly in relation to community and voluntary sector.

## **Guidelines relating to user panels**

- Service user panels should be used to ensure user involvement that covers each of the nine Section 75 equality dimensions in decision-making, and to share information both on good practice and on areas for improvement.
- The following issues should be carefully considered and agreed with users when developing such panels: representation and membership; appointment mechanisms; openness; accountability and structures.
- When users are asked to join other groups to inform decisions about services, at least 2 members should be users, carers or clients, so that the service users do not feel isolated.
- In some instances it may be necessary to form a specific user group to focus on the needs of a particular Section 75 group.
- The extent of involvement and participation (time commitment etc.) should be agreed with user panel members at the outset.
- Service users, carers and clients should be consulted on two levels: both as a group with needs which are common, and as individuals with specific needs.

## **Guidelines relating to information and communication**

- When involving service users, the recommendations from the GPR on access to information (Annex A) should be adhered to. At the same time, individual patients' and service users' right to confidentiality and the provisions of the Data Protection Act should be borne in mind.
- When gathering information a multi-method approach is recommended. In particular, greater use should be made of qualitative methods and steps taken to help ensure that all client groups have the opportunity to contribute. Useful tools include: surveys, questionnaires, open days, discussions, focus groups, one-to-one contacts, feedback cards, direct contact, complaints forms and electronic information exchange (which may be particularly useful for some users with sight disabilities).
- Acknowledgements should be sent to all consultation participants and feedback should be provided to consultees indicating what changes have been made as a result.

## **Guidelines relating to the accessibility of meetings which users are to attend**

- People attending meetings should be given clear instructions, minutes, agendas and any papers in a timely manner so that everyone can meaningfully be involved in discussions. The

timescales and methods for sharing this information should be agreed with the users.

### **Guidelines relating to advocacy**

- Advocacy is important to enable the views of those who cannot participate to be heard. As far as possible, advocacy should be provided as a method of user involvement. Such advocacy must be seen to be independent. Where possible people from the same Section 75 category should be used as advocates.

### **Guidelines relating to capacity-building**

- Capacity-building programmes should be provided to ensure that users can fully participate. Such capacity-building should include training on confidence building, how to chair and accept positions of responsibility at meetings, negotiating skills, how to contribute to consultation. Users should be involved in gauging user needs and developing such capacity building programmes.

### **Guidelines relating to staff awareness training**

- In line with the GPR at Annex D, cultural awareness training relating to Section 75 categories should be provided to staff, in particular those responsible for delivering and developing services. This should make reference to the 'Racial Equality in Health and Social Care Good Practice Guide' published by DHSSPS and the Equality Commission in 2003. This is available at

[www.dhsspsni.gov.uk/publications/2003ReqHealth.taf](http://www.dhsspsni.gov.uk/publications/2003ReqHealth.taf). Copies can also be obtained from DHSSPS Evaluation and Equality Unit.

## **Guidelines for engaging with service users from specific Section 75 groups**

- To recruit and encourage the engagement of people who have difficulty engaging with HSSPS bodies, use should be made of advocates, families and other trusted parties. For example this might involve representative groups for older people, youth councils, community and voluntary sector groups, and staff side organizations.
- Individual service users can provide important information and insights, e.g. regarding the customs and religious beliefs of a particular community, or specific barriers encountered by people with a particular disability. Whilst such information and insights are valuable, it should not be assumed that any one person represents the views and experience of any category of people.
- More careful planning and preparation are necessary to facilitate the participation of certain groups. The following should be considered.
  - ❖ When planning meetings, consideration should be given to the needs of specific user groups regarding venue, area, time and accessibility. For example young people and children attend school during the day and do not drive; users with disabilities

need appropriate access to venues; many people from minority ethnic communities are unable to attend evening meetings because of evening working commitments; carers have commitments to the people they care for and may have difficulty in making alternative arrangements.

- ❖ Protection and safety of potentially vulnerable people such as children or those with a learning disability is of paramount importance, particularly in relation to travel arrangements for meetings. One way to reduce risk is to ensure Pre-Employment Consultancy Services screening of taxi drivers.
- ❖ Different methods of involvement should be considered and agreed with the people concerned, e.g. face-to-face interviews, small discussion groups, workshops or conferences. Some people may not want to be identified as belonging to a particular category.
- ❖ With particular groups some venues for consultation sessions may be more conducive to open discussion than others, and some modes of interaction may work better than others. For example, a community setting may be the most appropriate venue for a meeting, and a presentation or the use of electronic methods may work better than written materials. In all engagements it is important to ensure that the language style is appropriate for the group.

- ❖ Specific steps should be taken to cater for the full spectrum of disability, to promote effective participation. This can involve the use of audio and visual aids, and ensuring that appropriate physical access is provided. There must be a careful balance between providing information in understandable formats and not patronising people because they belong to a particular category.
- ❖ Some members of minority ethnic communities will need an interpreting service and translation of written material. People with visual or hearing impairments may need audio or sign support. Information should be provided in language that is accessible to people of all ages and abilities to allow them to participate.
- ❖ Where there is potential for identity-related tensions within a user group, it may be advisable to draw up and agree a protocol to ensure that diversity is respected within the group and to enable the group to work effectively.

### **Key principle**

More detailed suggestions are included in the GPR report but the overarching rule in every case is to design processes in conjunction with representative groups and with their specific needs in mind.

## **PROMOTING POSITIVE STAFF ATTITUDES TO DIVERSITY**

### **Rationale**

We live in a diverse community and staff working in the wider HSSPS are commissioning and delivering services for a wide range of people from different backgrounds and with various needs and expectations. Increasingly, the HSSPS is becoming more multicultural and staff need to have the information and training to be able to respond appropriately and sensitively to diversity both in the community and in the workforce. That is a challenge to us all, and especially to those at the forefront of service delivery who are often called upon in difficult circumstances to provide a quality service.

The views of consultees confirmed that, although many people were largely content with staff attitudes and acknowledged the considerable pressures under which staff operated, there was a need to find new ways to support staff to recognise and respond appropriately to diversity. The accessibility of services can very much depend on the skills of staff in dealing with service users and carers. In particular, how a person is treated and how individual needs are accommodated can have a major impact on the likelihood of service users seeking preventative or early treatment.

Recognising that we live in an increasingly diverse community, it is important to create and maintain an environment where difference is

valued and where staff are comfortable and confident responding to the diversity in our community.

The range of services available and quality of care received by service users depends upon the people who work in the service. Investing in staff and equipping them with the skills necessary to do their job is the basis of effective management.

The focus of this Good Practice Review is therefore very much on encouraging staff to recognise and respond to the rich differences in people. This Review seeks to develop the support necessary to help staff in their dealings with service users, carers and with each other. The following actions go some way towards supporting staff in delivering our everyday business across the HSSPS.

## **Actions**

The way to address potential problems regarding staff attitudes to service users – or for that matter the broader issue of relationships between service users and professionals – is providing staff with the knowledge and skills to recognise and deal with the diverse needs of individual service users.

### **A diversity internet site**

The HSSPS family, led by the Department, will set up an interactive diversity internet site. HSSPS staff need information and access to diversity initiatives to help them work effectively within a diverse

workforce and community. The website will provide part of a core of resource material, managed by the Equality Steering Group, to be used in training and development. This material could also make a contribution to the development of pathfinder projects to improve interactions between staff and service users in potentially difficult settings (e.g. in some particularly busy primary care practices or in Accident and Emergency Departments).

In the meantime, however, managers should ensure that staff are encouraged to access information that they need to deal with particular situations and to share learning and good practice. A good starting point is the Guide to Racial Equality in Health and Social Care published jointly by DHSSPS and the Equality Commission in 2003. There are many other sources of information and advice, and some of these are signposted in the Guide to Racial Equality. Copies of this document can be obtained from the Equality and Evaluation Unit or from the web at [www.dhsspsni.gov.uk/publications/2003ReqHealth.taf](http://www.dhsspsni.gov.uk/publications/2003ReqHealth.taf).

### **Presenting Positive Images**

Managers should ensure that any visual and written images issuing from their departments project positive images and reflect the diversity of the community. Images and words can contribute to stereotyping of groups or communities and managers should attempt to ensure that they do not unwittingly add to negative stereotyping. Again, community forums can play a key role in ensuring that communications reflect and respect diversity.

## **Training**

The HSSPS, with the professional organisations, staff representatives and members of Section 75 groups, will develop a training strategy and materials for the whole of the HSSPS. Training will:

- cover all nine Section 75 categories;
- raise awareness;
- challenge stereotypes by providing information;
- help staff develop their skills in working with service users, carers and clients with different value systems, cultures and beliefs.