

**DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC
SAFETY**

**SECTION 75, NORTHERN IRELAND ACT 1998
EQUALITY AND GOOD RELATIONS DUTIES**

**ANNUAL PROGRESS REPORT
FOR THE PERIOD 1 APRIL 2004 TO 31 MARCH 2005**

September 2005

Department of Health, Social Services and Public Safety

**Section 75, Northern Ireland Act 1998
equality and good relations duties**

**Annual Progress Report
for the period 1 April 2004 to 31 March 2005**

September 2005

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PREFACE

The Department of Health, Social Services and Public Safety (DHSSPS) each year reports to the Equality Commission the steps it has taken to promote equality of opportunity, in accordance with the statutory equality duty of section 75 of the Northern Ireland Act 1998 and the Department's Equality Scheme.

This annual statement has been produced by the Department's Evaluation and Equality Unit using the Commission's template.

This is a public document. Those bodies on the Department's consultation list will be advised by 14 October 2005 that this report has been produced and that copies are available on request. The report is also available on the Department's website at www.dhsspsni.gov.uk.

The Department will make the report available in large print, Irish and Chinese on request, and the Department will consider requests for other formats or translation into other minority ethnic languages.

The Department will continue to work closely with the Equality Commission and others to promote equality of opportunity and good relations.

SECTION 1: EXECUTIVE SUMMARY.

Corporate and Business Plans

- 1.1 Objectives and targets relating to section 75 obligations are integrated into the Department's strategic and operational plans and the annual business plans of Directorates and Branches.

Policy Review

- 1.2 The Department's Evaluation and Equality Unit provides advice and guidance to colleagues throughout the Department who are planning and undertaking reviews and evaluations of programmes, services and policies, and provides guidance and information to support the policy-making processes. In carrying out this function the Unit has continued to help colleagues to mainstream^{1 2} equality considerations into decision-making, reviews and evaluations from the earliest stages of these processes.
- 1.3 All the Department's nascent and developing policy proposals are equality-screened in line with the Equality Commission's guidelines. The following paragraphs illustrate how the Department has mainstreamed equality into key processes.

“A Healthier Future” - the 20-year regional strategy for health and wellbeing

- 1.4 In December 2004 the Department launched for public consultation *A Healthier Future* – a vision for health and wellbeing in Northern Ireland 2005-2025. *A Healthier Future* highlights the need to ensure equality of access to health and social services for all groups in society, and reaffirms the commitment to *Investing for Health* as the key inter-departmental and inter-agency strategy for promoting population health and wellbeing and reducing health inequalities.

¹ Throughout this report the term 'mainstreaming' is used in the sense adopted by the Equality Commission for its Guide to the Statutory Duties, i.e. 'the (re)organisation, improvement, development and evaluation of policy processes, so that a[n]...equality perspective is incorporated in all policies at all levels and at all stages, by the actors normally involved in policy-making'.

² In its 2004 report the Department referred to an inevitable evidence gap in relation to mainstreaming. In a working environment in which consideration of equality issues is part of the everyday thinking habits and discourse, ideas are routinely equality-screened as soon as they begin to take shape, and policy proposals which are likely to have adverse impacts on equality of opportunity will tend to be rejected or modified before they are elaborated into detailed proposals. Whenever effective screening is done at an early stage in the generation of ideas, the results will be largely counterfactual, i.e. the adverse impacts that do not happen because of the policy mistakes that have been avoided. Because the routine screening of nascent ideas creates a notional body of evidence, a complete account of the successes of mainstreaming is not possible.

1.5 *A Healthier Future* seeks to tackle health inequalities and make services more responsive to the needs of individuals and the community as a whole. Because of the purpose and nature of health and social care, *A Healthier Future* naturally highlights the importance of addressing the needs of particular groups of people. A key element of the implementation of the section 75 equality obligation is meaningful and inclusive consultation with the public and with particular stakeholder groups. Not only does the strategy commit the HPSS to continuing and improved public engagement, but the development of the strategy itself has been an example of mainstreaming in action. Approximately 3,000 people were involved in the development of the strategy; about half of these took part in organised events and the rest took part in a telephone survey. The Department held public meetings from an early stage in the process and used focus groups to explore particular sets of issues, e.g. mental health, physical disability, learning disability, sexual orientation, issues affecting children and young people, issues affecting older people, rural issues. The main purpose of this public engagement process was to bring in the widest possible range of perspectives.

1.6 The input of these key stakeholder groups is evident throughout the text. For example:

- the Ministerial Foreword and the Preface by the Permanent Secretary include explicit commitments to tackling the inequalities in society which give rise to poor health;
- the Strategic Theme *Investing for health and wellbeing* reaffirms the primacy of *Investing for Health* as the framework for tackling health inequalities;
- the Strategic Theme *Involving people* sets out a commitment to inclusive dialogue with communities, including those groups who are hard to reach, as a necessary and beneficial element of the process of service development, management and improvement;
- the Strategic Theme *Responsive and integrated services* focuses on the specific needs of different groups of people, and it is worth noting that the groups specified correspond directly with several of the section 75 equality dimensions: men and women, carers (“persons with dependants”); older people, children and young people (“persons of different age”); people with physical and sensory disability; learning disability);
- the Strategic Theme *Teams which deliver* includes a commitment that the HPSS will continue to proactively seek to employ those who have most difficulty accessing the labour market because of illness, disability or any factor which leads them to be excluded;

- also in this section the document states that the HPSS as an employer and provider of services will not tolerate any discrimination or harassment of our staff from any quarter or for any reason, and as Northern Ireland's largest employer the HPSS will be at the forefront of efforts to eradicate racism, and
 - the strategy highlights many linkages between poverty and poor health and social wellbeing.
- 1.7 Many of the important interventions mentioned in the text are inherently about equality, inequalities and equity, for example the Health Action Zones, Sure Start and the Bamford review of mental health and learning disability. This attention to equality is no accident. Historically equality has always been part of the ethos and values of the health and social services. The National Health Service was established in response to unfair inequalities, and this continues to be an essential part of the rationale of the HPSS in Northern Ireland.
- 1.8 The December 2004 – March 2005 consultation was used to inform the section 75 screening of the regional strategy.
- 1.9 The strategy was used as one of two pilot exercises to test the Integrated Impact Assessment (IIA) developed by OFMDFM. The Department's assessment of the suitability and utility of the IIA tool for a complex, multi-strand, overarching strategy such as *A Healthier Future* has been fed into an evaluation of the IIA tool.

HPSS Strategy and Action Plan to Promote Equality and Human Rights

- 1.10 Work continued throughout 2004/05 to develop a strategy and action plan for the HPSS to promote equality and human rights. The strategy reflects the commitment on the part of the Department and the wider HPSS to be proactive in promoting equality, and to determine priority actions above and beyond complying with statutory duties. Given the Council of Europe definition of mainstreaming (above), it is unsurprising, and proper, that until now much of the work relating to section 75 has focused on processes, including learning new ways to consult and carrying out EQIAs. The main reason why the HPSS organisations began work on an equality and human rights strategy in early 2004 is that, in addition to establishing and maintaining the section 75 processes, we now want to focus more clearly on the experience of service users, patients, carers and those who do not have the access to health and social services that they are entitled to expect. The Department and HPSS partners decided at the outset that the scope of the strategy should reflect the inter-relatedness of the section 75 equality dimensions with human rights and socio-economic and geographical inequalities. Much of the initial work has been devoted to a major stock-take, to identify the key problems that people are currently facing. As part of this work the Department carried out a literature

review of all available relevant research published since March 2001, and, with HPSS colleagues, held a series of initial pre-consultation meetings with stakeholder groups. The HPSS Equality and Human Rights Steering Group is aiming to begin consultation on the draft strategy in spring 2006.

Capitation formula

- 1.11 The Capitation Formula is unique in the British Isles as a mechanism for mainstreaming equality and fairness at the highest strategic level of resource allocation, and skewing resource allocations according to need, measured objectively and rigorously. The capitation formula used by the Department to allocate resources to the HSS Boards is much more sophisticated than purely area-based allocation methods, and relates directly to two of the section 75 dimensions: age and gender. It recognises that needs will differ even across deprived areas and, informed by an extensive programme of evidence-based research, takes this differential need fully into account. The formula takes account of factors such as population size and age profile, the higher cost of delivering services in rural areas, and additional (usually deprivation-related) need, and is periodically reviewed to refine or update some of the individual Programme formulae. The fourth Capitation Formula Review Group report was published for consultation in August 2004 and incorporates improvements to the Family & Child Care, Physical Disability and Learning Disability Programme of Care (PoC) components. During 2004-05, models for these PoCs were completed and quality assured. A locality model was also developed to inform the development of HSS Boards' local equity strategies. An equality analysis of the revised formula was carried out comparing the overall results at small-area level with other measures of need and examining the redistributive effects of implementing the formula.
- 1.12 The latest available information regarding redistributive effects at small-area level shows that £243 million is redistributed due to the formula with £99 million and £144 million being redistributed because of age-gender and additional need factors respectively. The revised formula is redistributing a higher percentage of the budget due to need when compared to the previous formula.

Investing for Health

- 1.13 Work continued on implementing *Investing for Health* (see paragraphs 1.4 and 1.7 above). It is based on partnership working amongst Departments, public bodies, local communities, voluntary bodies, District Councils and the social partners. An Investing for Health Partnership has been established in each HSS Board area. These Partnerships have developed long-term Health Improvement Plans to address the identified health and wellbeing needs of people in their areas. *Investing for Health* is also the context for cross-departmental strategies and action plans which have been and are being produced in a range of areas

including drugs and alcohol misuse, food and nutrition, home accident prevention, mental health promotion, physical activity, sexual health, tobacco and teenage parenthood.

Development of care standards

- 1.14 During the year the Department published for consultation a series of fifteen sets of draft care standards, ranging from early years services to domiciliary services and nursing agencies. As part of the development of each set of standards, a reference group was formed at an early stage in the process. The reference groups included representatives of agencies and NGOs who could bring user perspectives and insights from relevant sectors, some of which correlated with certain section 75 equality dimensions (e.g. disability, age, dependants). Each set of draft standards was subject to a wider pre-consultation before being published for general consultation, and each general consultation was used to inform the section 75 screening of that set of proposed standards. In addition, the Department's Care Standards Branch discussed this area of work and the processes used with the HPSS Equality and Human Rights Steering Group.
- 1.15 Two points are worth noting. Firstly, the processes used to develop and refine the standards could serve as an example of best practice in user involvement and inclusive, meaningful, face-to-face consultation as an integral part of a policy development process. Secondly, Care Standards Branch took responsibility for the equality dimensions of this work from the outset, without being prompted by the Evaluation and Equality Unit (EEU), and carried this through with minimal guidance on section 75 from EEU. These two observations together indicate some measure of success in mainstreaming the section 75 duties.

Age-related legislation in the field of employment and vocational training

- 1.16 As part of the cross-government preparation for the legislation to implement the EU Employment Framework Directive, in early 2005 each of the Department's business areas conducted a trawl of all legislation with a view to repealing or amending any age-based criteria affecting access to employment or vocational training which could not be objectively justified. Two provisions were identified for amendment or repeal, one to remove the compulsory retirement age for firefighters and the other to allow HSS Boards to keep dentists on their lists beyond the age of 70.

Employment of children

- 1.17 In taking forward implementation of amendments to the Employment of Children Regulations (NI) 1996, DHSSPS undertook an assessment of equality implications that this amendment to the policy may have. A consultation

exercise, undertaken with internal and external stakeholders, did not reveal any significant impact in terms of any of the nine s75 equality dimensions.

Sure Start

- 1.18 The Department's 2004 s75 report included a section on Sure Start. In 2004/05 the Department provided funding for a Barnardos worker to work with Traveller children in Clan Mór Sure Start in west Belfast.

New General Medical Services (GMS) Contract

- 1.19 The New General Medical Services (GMS) Contract formula promotes equity, recognises practice circumstances and ensures that resources flow according to patient need. The overall aim of the formula is to ensure equal resource for equal need and in doing so takes account of six key determinants of practice workload: (i) age and gender of practice population; (ii) age and gender of nursing/residential patients; (iii) additional needs relating to mortality, morbidity and socio-economic circumstances; (iv) unavoidable costs due to delivering services in rural areas; (v) unavoidable costs due to market forces and (vi) the higher workload associated with newly registered patients. Following extensive mapping exercises exploring differences between the UK formula and a formula proposed for NI, and having conducted an EQIA, the Department decided to adopt NI-specific provisions for age/gender, additional need and rurality. The NI-specific formula was implemented on 1 April 2004 and is now used to calculate *global sum* allocations to practices.

Sexual health issues

- 1.20 Work continued during the year on the development of a five-year Sexual Health Promotion Strategy and Action Plan. Having taken account of the responses to a public consultation, the Department is planning to issue the Strategy before the end of 2005. One of the key actions identified is for HSS Boards and Trusts, in partnership with the voluntary and community sectors, to provide specialised training for health and social care professionals including primary care professionals, to enable them to deal effectively with sexual health issues facing lesbian, gay and bisexual men and women, as well as other section 75 groupings.

Primary Care Strategic Framework

- 1.21 The Primary Care Strategic Framework, as well as being screened for s75 purposes, was rural-proofed and particular consideration given to the needs of vulnerable and socially excluded people in line with New TSN policy.

SECTION 2: STRATEGIC IMPLEMENTATION OF THE SECTION 75 DUTIES

Corporate and Business Plans

- 2.1 The Department's Equality Scheme makes explicit the Minister's and top management's commitment to fulfil the statutory duties. This commitment is integrated into the Department's work and clearly seen in its planning processes. Objectives and targets relating to section 75 obligations feature in the Department's strategic and operational plans, and the annual business plans of Directorates and Branches. Officials, where appropriate, include specific equality related targets or actions in their personal objectives which are subject to appraisal in the annual performance review.
- 2.2 Equality objectives and targets have been built into the main planning documents of the Department and the Health and Personal Social Services (HPSS) family of organisations: *Priorities for Action*, HSS Boards' Health and Wellbeing Investment Plans, and HSS Trust Delivery Plans. The Department monitors progress against these targets. Every issue of *Priorities for Action* includes a section on equality, New TSN and human rights.

Board and Senior Management Team

- 2.3 The Departmental Board meets twice each month to discuss key issues. Papers presented for consideration during the year included the proposal to develop an equality and human rights strategy and action plan, and proposals for tackling racism in the HPSS. It should be noted also that each s 75 annual statement is submitted to the Departmental Board for approval. Equality issues are also covered in all key planning and policy papers appearing before the Board, including the Departmental Corporate and Business Plans and its Service Delivery Agreement.

HPSS Equality and Human Rights Steering Group

- 2.4 The HPSS family of organisations now has a well-established collaborative approach to equality matters generally and s 75 matters in particular, including the region-wide programme of EQIAs. To facilitate cooperation, coordination and the sharing of good practice, the HPSS has an Equality and Human Rights Steering Group (EHRSG)³ comprising representatives from the Department, HSS Boards, Trusts and agencies. The EHRSG is chaired by the Head of the Department's Strategic Planning and Public Safety Directorate. The EHRSG has no executive functions of its own but is an important forum for considering emerging equality issues and ideas, and for taking forward initiatives such as

³ Formerly Equality Steering Group (ESG)

the Accessible Formats Project which was developed during the year in the context of the equality and human rights strategy and action plan. The EHRSG agenda has grown considerably in the past two years and the group now meets approximately every 6 weeks.

- 2.5 During the year, the EHRSG continued to have oversight of the development of the HPSS strategy to promote equality and human rights.

Regional Equality Liaison Panel

- 2.6 The Regional Equality Liaison Panel (RELP) is made up of officials of the Department and representatives of some of the key section 75 stakeholder NGOs. RELP met on three occasions in 2004/05.

Departmental Organisation

Staff resources dedicated to equality issues

Two caveats

- 2.7 In discussing the resources allocated to the promotion of equality in the DHSSPS or in the wider HPSS family, it should be borne in mind that in DHSSPS, and in the wider HPSS family, the section 75 equality duty is not discrete from the core business. The boundaries are fuzzy between functions that are specific to section 75 and functions which are part and parcel of the ordinary work of a range of business areas and which are designed to promote equality, e.g. resources dedicated to improving the lives and life chances of people with physical, sensory or learning disabilities. Similarly, measures to improve access to childcare help to improve equality of opportunity for people with dependants. Such functions would be carried out even if there were no s75. It is probably not possible to quantify in a robust way the true financial or human resources dedicated to promoting equality in any period.
- 2.8 Furthermore, the more successful an organisation has been in mainstreaming equality, the more difficult it is to separate and quantify the equality ingredient. If equality is part of the everyday discourse in an organisation it is not possible to add up all the moments of time that people throughout the Department devote to s75 training, screening, EQIAs, discussions, reading, thinking, etc. over any period of time. Hopefully, though, this report taken as a whole gives a rounded account of the resources directed at promoting equality and fairness.

Evaluation and Equality Unit

- 2.9 The primary role of the Department's Evaluation and Equality Unit is to enable the rest of the Department to meet the Department's equality commitments,

including the section 75 obligations. The Unit plans and coordinates the region-wide EQIA programme and provides support and advice to the Department's business areas. Whilst much of the work of the Unit is proactive, there is a daily flow of requests for advice from colleagues. The fact that many colleagues approach the Unit of their own initiative is a further indication of progress in mainstreaming equality.

- 2.10 The Unit is the secretariat for the EHRSG and also for the Regional Equality Liaison Panel (RELP).
- 2.11 As its title suggests, the Evaluation and Equality Unit's area of responsibility is wider than the implementation of section 75. The Unit also commissions evaluations of services, initiatives and strategies; carries out follow-up reviews of the implementation of recommendations from evaluations, and provides advice and guidance to the rest of the Department on policy-making. The Unit has lead responsibility for New TSN and human rights. Co-locating these responsibilities helps to ensure that evaluations and advice on policy-making reflect the current knowledge of and thinking on equality issues.
- 2.12 The Unit is headed by a Grade 7 official who devotes about 90% of his time to equality matters. He is supported by two Deputy Principals dedicated to equality issues; two Deputy Principals who spend about 50% of their time on equality; one Staff Officer dedicated to equality work and one Staff Officer who spends about a quarter of her time on equality, and supporting clerical staff who are involved in equality issues for about two thirds of their time.

Staff appraisal system

- 2.13 The Department, through its staff appraisal system, continues to promote the need for unbiased behaviour, fair treatment in all aspects of employment and a culture which values equality of opportunity and diversity.

Other initiatives

Travellers

- 2.14 During the year the Department decided to mainstream two Traveller health initiatives which had been set up as pilot project using time-limited resources from the Executive Programme Funds.

Regional Interpreting Service

- 2.15 The Eastern Health and Social Services Board, working on behalf of the Department, established, on a pilot basis, the HPSS Regional Interpreting Service. This came into operation in June 2004. The pilot has been evaluated and the Department is now considering how best to support the provision or

procurement of interpreting services in the future. In the meantime the Department is continuing to fund the service that has been established.

Guidance and Advice

- 2.16 During the year the Evaluation and Equality Unit continued to provide advice and guidance on section 75 to management across the Department, both as part of the planned programme of policy reviews and on an ad hoc basis.
- 2.17 The Department's Information and Analysis Directorate (IAD) makes an important contribution to equality screening and impact assessment work. The production and dissemination of relevant data sources by IAD have assisted departmental colleagues in their considerations.
- 2.18 The HPSS Equality and Human Rights Steering Group continues to oversee and provide direction on the Region-Wide EQIA programme.
- 2.19 During the year the Evaluation and Equality Unit completely reconfigured and re-wrote the Department's website pages on equality. The Unit maintains and updates these web pages.
- 2.20 The Department's EQIA Guidance Framework, produced in May 2003, continues to inform staff throughout the HPSS family in carrying out EQIAs.
- 2.21 The Evaluation and Equality Unit each year coordinates and reports on the Department's rolling programme of policy reviews and evaluations. The process of updating this programme includes a round of bilaterals and correspondence with senior managers, and the Unit uses this process as an opportunity to discuss section 75 with each Director and Board member. The 2005/06 programme of policy reviews and evaluations was drawn up in February/March 2005.

Representation

- 2.22 The Evaluation and Equality Unit continued to represent the Department on the inter-departmental group taking forward work on the EU Framework Directive on age discrimination, coordinating the Department's input to the process and worked closely with OFMDFM colleagues.

Training

- 2.23 An equality awareness leaflet is now included in the Department's Induction Course materials, and equality training needs are trawled for as part of the six-monthly progress monitoring process.

- 2.24 The Evaluation and Equality Unit makes information on equality available to all staff through the Department's intranet and Departmental team briefing system.
- 2.25 See paragraph 4.13 re EQIA training and paragraph 4.10 re the use of the Department's Team Briefing system as a means of raising and maintaining awareness of equality issues among staff.

SECTION 3: SCREENING AND EQUALITY IMPACT ASSESSMENT (EQIA)

Region-Wide EQIA Programme

- 3.1 The Department's Equality Scheme includes a commitment to carry out EQIAs over a 5-year period on all its current and proposed policies which significantly impact on the promotion of equality of opportunity and good relations. New and existing policies are routinely screened for equality implications and if appropriate are added to the region-wide EQIA programme.
- 3.2 While the Department takes the lead in each of the EQIAs, the policies concerned are implemented by the Department and its associated bodies including Health and Social Services Boards and Trusts and the assessments are therefore taken forward collaboratively.

Review

- 3.3 During the year a review of the region-wide EQIA programme was carried out with the aim of improving the way it is managed and operated, and in order to achieve a clearer focus on outcomes for citizens. The outcome of the review was a report which made seventeen recommendations that were endorsed by the Equality Steering Group and the Regional Equality Liaison Panel. Some of the key ones involved taking action to ensure:
- a greater focus on the positive impacts and outcomes of EQIAs as opposed to the process and activities;
 - a more robust and effective approach to screening;
 - that more information about the programme be made available via the Department's website.

Most of the recommendations have now been implemented.

- 3.4 One key recommendation was to take steps to inject renewed impetus into completing outstanding EQIAs. To this end, members of the Department's Equality Unit organised a series of meetings with policy leads responsible for EQIAs on the programme. The meetings provided an opportunity for policy leads to raise any problems or obstacles that might be impeding progress and to obtain advice and guidance on the EQIA process. The meetings also proved useful for identifying training needs. Feedback from the meetings was very positive and it is likely that this exercise will be repeated.

- 3.5 Most importantly, the meetings resulted in a critical review of the policies listed on the programme and the development of proposals for revising it and rolling it the forward to 2005/07.
- 3.6 Details of EQIAs ongoing and completed during 2004/05 are set out in Appendix 1.

SECTION 4: TRAINING

General

- 4.1 As part of the development of a Strategy and Action Plan for Equality and Human Rights, which began in early 2004, the Department continues to address equality issues in its approach to training.

Induction training

- 4.2 The Department has made awareness of the statutory equality duties an integral part of its induction training for new staff. This emphasises the Department's commitment to equality and the duty that each official of the Department has to contribute to meeting the s75 requirements, ranging from being aware of the needs of different groups to undertaking equality impact assessments. Induction also covers the role of the Equality Commission and sources of relevant information.
- 4.3 During 2004/05, 148 people were given this induction material on joining the Department. Plans are well advanced for the development of a new online induction package and the induction information will be made available online during 2005/06.

Training relevant to specific equality dimensions

- 4.4 The Department continues to identify training relevant to specific equality dimensions. In 2004/05, it facilitated training in Deaf Awareness for 47 staff. This training raises awareness and understanding of the communication needs of people who are deaf or hard of hearing; of the culture of deaf people and the different methods of communication used.
- 4.5 The Department also facilitated a further seminar on religious diversity, developed by the Northern Ireland Inter-Faith Forum. This was attended by 21 staff. This training raises awareness of the need to recognise different faiths in the workplace and the importance of building good relations between people of different faiths and beliefs. It examined the main belief systems, future patterns in Northern Ireland and the value of diversity in the workplace.

Diversity input to leadership and management development training

- 4.6 During the year the Department continued to ensure that diversity is an integral part of all of its management development programmes.

‘Protecting Dignity at Work’ training

- 4.7 During the year ‘Protecting Dignity at Work’ training was developed to ensure awareness and understanding of the Department’s new policy on harassment and of our equal opportunities obligations. This training will be delivered to all staff in the Department during 2005/06.

Awareness Raising

- 4.8 In June 2004 a training session on section 75 was delivered to a group of project team members from Health and Social Services Boards and Trusts involved in the service improvement projects. The Service Improvement Programme aims to improve access for patients and clients by engaging clinical teams in redesign to reduce waits and delays at all stages of the care pathway. It invariably means making changes to processes and practices and it was therefore important for those involved to be aware of the requirements of section 75 and the implications for specific service improvement projects.
- 4.9 In December 2004 a new Equality, Diversity and Human Rights section of the Department’s website <http://www.dhsspsni.gov.uk/equality/index.asp> was created to provide a source of information and guidance for staff covering each of these areas. It covers the Department’s obligations under section 75 and offers a range of information, statistics, guidance and links to help those involved in screening and EQIAs. Feedback has shown a high level of interest in and satisfaction with the new sections.
- 4.10 The Department now uses its monthly Team Briefing system to raise and maintain awareness of equality issues in general and section 75 issues in particular, and to promote equality initiatives and developments. During the year the Team Brief included articles on:
- section 75 including links to associated guidance;
 - the Department’s efforts to confront racist abuse of HPSS staff, including the “No room for racism” media campaign and the launch of *Embracing Diversity*, a good practice guide for HPSS employers;
 - the launch of the HPSS Regional Interpreting Service;
 - the new Equality, Diversity and Human Rights section of the Department’s website;
 - OFMDFM’s Gender Impact Assessment Handbook;
 - the development work on the strategy and action plan to promote equality and human rights;

- the launch of the new *Working with Diversity* website, and
 - the Department's 2004 annual statement to the Equality Commission.
- 4.11 As part of the review of progress on our programme of EQIAs, meetings were arranged with the policy leads concerned. During the course of the meetings training needs were discussed and identified and as a result the Department has decided to develop a section 75 training strategy which will be ready for implementation during 2005/2006. The overall aim of the strategy will be to refresh the commitment given in the Department's Equality Scheme in 2001 so that appropriate Departmental staff are suitably trained to enable the Department to continue to meet its statutory obligations and that equal opportunities is promoted in practices, policies, and actions.
- 4.12 Training issues have also been discussed by the Regional Equality Liaison Panel.

EQIA Training

- 4.13 Training was provided for staff from across the health and social services sector who were nominated to participate in the region-wide EQIA working groups. 70 people attended four half-day courses held in September 2004. The feedback from the training was very positive and it equipped EQIA team members with the knowledge necessary to contribute effectively to EQIAs.

SECTION 5: COMMUNICATION

- 5.1 As indicated in sections 1 and 2, the Department's commitment to the statutory duties permeates its business planning and policy development processes. Staff and the public are made aware of this commitment through published plans and consultation documents which appear both in print and on the Department's website.
- 5.2 The Department's website includes a section devoted to equality, which was revamped during the year. This affirms the Department's commitment to promoting equality, and includes the Department's 2004 Annual Report to the Equality Commission.
- 5.3 The 9 Equality Information Guides issued by the Department's Information and Analysis Unit in 2002 continue to be available to policy makers and others on the Department's website. These guides contain a description of available information and where it can be sourced. The Department will update them as new sources of information become available.
- 5.4 The website also contains sections on:
 - Equality Guidance, including the Equality Impact Assessment Framework;
 - Complaints Procedures;
 - User Involvement;
 - Access to Information
 - Promoting Positive Staff Attitudes to Diversity.

The last four items in this list are the outputs of the Equality Good Practice Reviews which were reported on in the Department's 2004 s75 report to the Commission.

SECTION 6: DATA COLLECTION AND ANALYSIS

DHSSPS publication: *Equality and Inequalities in Health and Social Care in Northern Ireland - A Statistical Overview*

- 6.1 In May 2004 the Department published a comprehensive overview of equality and inequalities in health and social care in Northern Ireland. This major statistical report focuses on diversity and variations within Northern Ireland that are relevant to health and social care.
- 6.2 The overview includes results on the impact of conflict on the population's health and wellbeing; stress, mental health and suicide; general health and social well being; lifestyle; and the use of health and social care services. It also includes the first report of the Department's new Inequalities Monitoring System (see below).
- 6.3 The overview includes comparisons that are relevant to a number of 75 equality dimensions and also between data for people in rural and urban areas.
- 6.4 Some of the information has been previously published but the most of the findings, produced by DHSSPS Information and Analysis Directorate, are new.

Inequalities Monitoring System

- 6.5 The Department's Inequalities Monitoring System, comprising a range of indicators related to morbidity, utilisation and service access, was updated and further enhanced during 2004/05. The system monitors area inequalities on both an affluent/deprived and urban/rural dimension. A number of new indicators were incorporated during the year and, for the first time, an equality group analysis was extended to cover the existing accessibility indicators.
- 6.6 The update publication "Health and Social Care Inequalities Monitoring System: First Update Bulletin 2004" was released in December 2004.

Dental treatment need and dental service provision for learning disabled adolescents and adults

- 6.7 In 2004/05 the Department commissioned a service review to establish levels of dental treatment need and dental service provision for learning disabled adolescents and adults in Northern Ireland. The review will provide data to inform future health planning and development decisions. The outcome of the review is expected in autumn 2005.

Development of the new Primary Care Strategic Framework

- 6.8 During the development of the new Primary Care Strategic Framework, a series of Workshops was undertaken to glean data from professionals, administrators, community groups and service users. Research was also commissioned on the types of primary care models employed internationally. The Department's 'Equality and Inequalities in Health and Social Care in Northern Ireland: Statistical Overview, 2004' was useful as a source of s75 data.

Statistical analysis, general advice and monitoring in support of EQIAs

- 6.9 The Department's Information and Analysis Directorate continued to provide statistical analyses and general advice in support of screening and EQIAs.
- 6.10 The Department will continue to monitor the Oral Health Strategy and the General Dental Services policy. Monitoring of registration levels and the provision of treatments by age and gender will continue, based on the data available from the General Dental Services payment system. Further work will be carried out by the Department's Information and Analysis Directorate based on a dataset at Electoral Ward/Local Government District level which allows monitoring of information in terms of equality. (This analysis also forms part of the New Targeting Social Need Inequalities Monitoring System).

SECTION 7: INFORMATION PROVISION, ACCESS TO INFORMATION AND SERVICES

The Department's Publication Scheme

- 7.1 The Department's Publication Scheme, produced under the Freedom of Information Act, gives details of the classes of information which are available to the public and how to find that information. The Department makes available its key documents, including the Publication Scheme, on audio tape and in Braille, Irish and Chinese. The Department also considers requests for translations of the publication scheme into other minority ethnic languages.
- 7.2 Information available through the Publication Scheme is available in hard copy and, where possible, also in electronic format, e.g. word processing files, or portable document format files which can be downloaded from the Department's web site.
- 7.3 Major documents will be provided in large print or translated where there is a specific demand for this. Arrangements are in place which give access to a wide range of translators through the Department of Culture, Arts and Leisure.

Translation of Consent Forms and Information

- 7.4 Translations of the adult consent form and information leaflet have been made available in Chinese and Irish on the Department's website. Guides for adults and parents are also available in Chinese on the website. Other translations of any of the consent documents obtained by HSS Trusts or Boards for use with groups in their area will also be placed on the DHSSPS website, allowing co-ordination and making them widely available.

Data Protection Issues

- 7.5 During the year the Department and HPSS representatives met with the Information Commissioner for Northern Ireland to discuss data protection issues that were seen as a barrier to central access to patient level data that would allow analysis of service usage for equality monitoring.

New GMS Contract

- 7.6 The Central Services Agency information staff implemented part of the new payment calculations for GPs from April 2004. The new GMS contract was geared to improving services for all including access to practitioners. The funding formula skewed resources to practices providing care to patients from deprived areas and to older patients.

Primary Care Strategic Framework

- 7.7 Workshop/seminars were arranged through Local Health and Social Care Groups (LHSCGs), drawing on voluntary groups, community groups, and service users. These forums were used to gather information and explain steps being taken by Department and to encourage participants to provide their views.
- 7.8 Consultation documents were distributed to the target audience. This was supported by advertising through local/community papers to encourage people to become involved.
- 7.9 Consultation materials were also available via the Department's website. Alternative formats and means of providing consultation materials were offered. The consultation document was translated into Urdu for a group of people living in the Lurgan area.

Equality Good Practice Review on access to information

- 7.10 The HPSS Equality Good Practice Reviews included the review on access to information. This review provided the basis for guidance which the Department issued to all HSS bodies in February 2004 and which will assist the wider HSSPS to address information issues across the section 75 dimensions. The Department continues to make available on request all key documents in large print and Chinese, and considers requests for other formats or translation into other minority ethnic languages. It also takes account of the Guide to Consultation Methods, issued by OFMDFM. LEAD's guidance *A Fair Chance* on how to consult with people with learning disabilities, is also helping to address these communication issues.

Guidance on carrying out EQIAs and guidance on consultation

- 7.11 The guidance on carrying out EQIAs and the guidance on consultation, which issued during 2003/04, both deal with access to information.

Accessing Services

- 7.12 In recognition of both its obligations to comply with the duties of the Disability Discrimination Act 1995 (DDA) and the need to improve the quality of access to its services for disabled people, the Department set a target of 31 March 2004 for the completion of a programme of access audits across the HPSS family of organisations. Remedial work identified has been factored into planned maintenance schedules and DDA action plans.
- 7.13 Also during the year the Department commissioned Disability Action to carry out a major audit of the health and social care infrastructure across Northern

Ireland. The primary aim of this is to assess the level of compliance with the DDA provisions regarding access to services, but the survey is also intended as a means of identifying and sharing good practice.

SECTION 8: COMPLAINTS

- 8.1 During 2004-2005 the Department received three section 75 complaints. The Evaluation and Equality Unit investigated the complaints in accordance with the Equality Scheme, and notified the complainants of the outcomes. No subsequent contact was made by any of the complainants and no follow-up investigations were initiated by the Equality Commission.
- 8.2 As reported in 2004, the Department has drawn on the main outcomes of the Equality Good Practice Review on complaints procedures to provide a set of guidance notes on its implementation. These are designed to assist front line staff dealing with complaints, staff undertaking complaints investigations and staff responsible for complaints management.

SECTION 9: SCHEME TIMETABLE

- 9.1 During the year the Department continued to carry out a review of progress in the implementation of the 2003-05 Region-wide EQIA Programme.

SECTION 10: CONSULTATION, PARTICIPATION AND ENGAGEMENT

Management of Consultation

- 10.1 The Department's Equality Scheme, section 5, sets out proposals on how it will conduct consultations in a timely, open and inclusive way that accords with the Equality Commission's Guiding Principles. The Department wishes to consult with any organisation or group which has a particular interest in its work and the likely impact of policies on the promotion of equality of opportunity and good relations.
- 10.2 The Department's *Guidance on Consultation Methods for Managers within the HSSPS Family* (published in May 2003) was developed to provide a common framework for use across the HSSPS family of organisations. It is designed to assist those with a responsibility to undertake consultation, to provide practical ways of delivering effective consultation, and to help business units to meet their statutory obligations. The aim is to make consultation more meaningful and effective and to open up decision-making in the HSSPS to as wide a range of people and organisations as possible. The guidance reflects guidance produced by the Equality Commission and guidance from OFMDFM. It also draws on good practice and relevant experience from across the HSSPS and other organisations.
- 10.3 In line with the Department's commitments work has been undertaken to develop and improve arrangements to communicate and engage with people, groups and organisations across the section 75 dimensions. All organisations from the wider HSSPS are encouraged to adopt and adapt communication and consultation approaches that will meet people's different needs.
- 10.4 Conscious of the demands being placed on the voluntary and community sector to respond to consultation documents, a collaborative approach has been adopted by the HSSPS family. This approach has been widely welcomed.

Timescales and methods

- 10.5 The Department adheres to the Equality Commission's guidance of formally consulting for a minimum period of eight weeks. It also encourages its management to consult for 12 weeks where possible and build in extra time for periods of recognised holidays. The Department seeks to begin consultation at the earliest possible stage in the policy development process. In addition to disseminating consultation documents to organisations on the Department's consultation list and inviting comments through local press advertisements, other forms of consultation are encouraged including face to face meetings, advisory groups and consultative panels. (See, above, accounts of the

development of the 20-year regional strategy for health and wellbeing and the development of care standards.)

Policy Linkages

- 10.6 The Department acknowledges in its Equality Scheme that there are difficulties in defining policies. In particular, it is recognised that some policies cut across different functions and different departments and agencies; a programme or service may serve more than one policy; no policy is discrete; every policy is affected by and affects other policies; there are different levels of policy. Where this Department had lead responsibility for a policy which requires close co-operation with, or is operationalised by, other Departments, it will ensure that those other Departments actively participate in any equality impact assessment which may be necessary.

Primary Care Strategic Framework

- 10.7 A participative approach and an intensive consultation process were central also to the development of the Primary Care Strategic Framework. This involved a series of pre-consultation meetings and consultative workshops to give all key stakeholders the opportunity to shape the strategy. A variety of methods of engagement were employed to ensure as broad a base of involvement as possible. Use was made of the regional strategy contacts, community forums and other established community and voluntary networks as well as service user representative organisations such as the HSS Councils.
- 10.8 A range of approaches were adopted in the process of developing the Strategic Framework:
- workshops for professionals, Board and Trust representatives, voluntary and community groups, and users;
 - expert groups set up to provide objective input to development process;
 - informal consultation with workshop delegates, expert groups, voluntary and community groups and users;
 - formal consultation undertaken through distribution of documents, supported by advertisements in the press; and
 - formal consultation supported by public engagement meetings organised through LHSCGs on a geographical/local basis.

The 20 events were advertised in local press and well attended, ranging in attendance from 40 to 150 people.

Child protection

- 10.11 On issues relating to child protection, written documents are widely issued and where appropriate workshops/seminars are used to focus on specific stakeholders.

SECTION 11: THE GOOD RELATIONS DUTY

General Comments

- 11.1 DHSSPS takes the view that equality of opportunity is a necessary condition for good relations between communities, and that the progress we make in promoting equality underpins the development of good relations between communities.
- 11.2 The nature of the Department's business, in delivering health and personal social services, means that it is providing its services to the highest standards to all members of the community. The process of achieving this results in many day-to-day examples in which different sections of the community are brought together by common circumstances or interests. By fostering an ethos of equality among its staff and mainstreaming equality in its activities, the Department and its associated bodies can contribute in these circumstances to promoting good relations.
- 11.3 There are also a number of specific examples of activities which promote good relations.

Sure Start

- 11.4 Sure Start projects are committed to designing and delivering flexible, responsive services to families with young children, with a particular emphasis on preventing problems before they arise. There are 25 Sure Start projects of which some are single identity and others cross-community.
- 11.5 Sure Start aims to improve outcomes on a number of levels, including communities and it is anticipated that this may have a long-term effect on inter-community relations.
- 11.6 There are a number of examples of projects in cross-community/interface areas and, at local level, many projects report that they bring together parents from both sides of the community.

Grant aid to voluntary and community organisations

- 11.7 The Department provides grant aid to voluntary and community organisations in Northern Ireland to assist in attaining its policy objectives in the health and personal social services field. These objectives include: delivering health and social services, promoting health and well-being; targeting social need and promoting social inclusion. In 2004/05 the Department has made available £6.3m revenue grant aid to about 90 regional voluntary and community organisations which assist in the delivery of health or personal social services

across many disciplines relevant to s75, including childcare, disability, elderly care and family policy. Although the funding is focused on supporting organisational infrastructure to enable service delivery, there is in the case of some of the funded organisations very clear added value in respect of promoting good relations, e.g. women's groups working across community and ethnic boundaries; community development work being taken forward on a cross-community basis; Traveller health projects, and cross-community elements to respite care and youth work for vulnerable and challenging young people.

Other Activities

- 11.8 The Department and its associated bodies have continued to develop diversity training, raise staff awareness of the issues involved, develop good practice guidelines as appropriate and promote community involvement in achieving full engagement with people in improving their health. They have continued existing initiatives, including further development of a diversity website and taking forward work through Health Action Zones to improve relations in interface areas and promote community involvement throughout the HAZs.
- 11.9 Community involvement is crucial to achieving full engagement with people in improving their health and is therefore critical to the future success of *Investing for Health*. Health Action Zones are taking forward work to improve relations in interface areas in two areas in particular - North and West Belfast's HAZ through Shankill 21, developed as a result of the loyalist feud, and Northern Neighbourhood's HAZ work in housing estates. The Investing for Healthier Communities grant programme and Investing for Health Partnerships also contribute.
- 11.10 The Department is involved in the introduction of a good practice guide for the HPSS on meeting the spiritual needs of citizens and staff in hospitals on the basis of a multi-faith approach.
- 11.11 It has also developed Policy Guidance on Access to Health and Social Services for Asylum Seekers and Refugees. The guidance is for HPSS staff and aims to help ensure equitable access to services for asylum seekers and refugees under current legislation and to provide a culturally competent service.

Racism against HPSS staff

- 11.12 In response to a growing number of reports of racist abuse and violence against internationally recruited staff, the Department worked in partnership with staff representative organisations, internationally recruited staff and the NI Council for Ethnic Minorities, to put together an action plan. Following a workshop in June 2004 the Department:

- produced *Embracing Diversity*, a good practice guide to help HPSS employers to support staff who are victims of racism or who are at risk;
- ran a poster and radio campaign using the theme “No room for racism”, to promote the message that internationally recruited staff, and other black and minority ethnic staff, are an essential part of the HPSS professional team, and
- commissioned the Institute for Conflict Research to carry out a survey to assess the extent and nature of racist abuse not only in the HPSS but also in the private health care sector.

SECTION 12: ADDITIONAL COMMENTS ON MAINSTREAMING

Priorities for Action 2004-2005

- 12.1 *Priorities for Action* sets out the Minister's expectations for the Health and Social Services for the coming year. This includes the statutory equality duties and the document emphasises that equality is a theme which should be integral to the development of policy and delivery of services across all aspects of the HPSS. For 2004-05, it also noted that, having achieved the initial priorities for mainstreaming section 75 which were largely about establishing effective processes, the focus has now moved to mainstreaming and implementation with a particular emphasis on making services more responsive to service users' needs.
- 12.2 For 2004/05, key actions set out for HPSS bodies included the following.
- At 30 September 2004 and 31 March 2005, each HPSS organisation should report on progress in implementing the guidance issued on the basis of the four Equality Good Practice Reviews on: access to information, the handling of complaints, service user involvement and promoting positive staff attitudes to diversity. This report should make specific reference to the numbers of people trained in diversity.
 - By 31 December 2004, HSS Boards should consider the impact of the results of the 4th Report from the Capitation Formula Review Group on their equity strategies. By 31 March 2005, Boards should have revised their plans for implementation of these strategies in 2005/06.
- 12.3 HSS Boards were asked to produce for Ministerial approval Health and Wellbeing Investment Plans (HWIPs), setting out how they intend to take forward their overarching responsibilities to secure effective health and social services for their local populations, improve health and social wellbeing and reduce inequalities and deliver on the targets set in *Priorities for Action*. Specifically, Boards were asked to engage with their Investing for Health Partnerships in order to develop specific proposals as to the allocation of Investing for Health Partnership resources aimed at improving the health status of their local communities and reducing health inequalities with a view to achieving the *Investing for Health* targets by 2010.
- 12.4 Similarly, Trusts were asked to produce for Ministerial approval, Trust Delivery Plans (TDPs) demonstrating how they intend to effectively use the totality of available resources in pursuit of planning goals set in *Priorities for Action*.

- 12.5 As part of the Department's monitoring and accountability arrangements HSS Boards are asked to report on a quarterly basis to the Department on the progress they make towards meeting the objectives (including equality issues) contained in Priorities for Action. These quarterly reports form the basis of Progress Review meetings between each of the HSS Boards and senior officials from the Department at which the Department is able to scrutinise performance. During the period of this report the HSS Boards made clear progress in the delivery of agreed equality objectives.

Independent Element of the Operational Review of section 75

- 12.6 During the year the Head of the Evaluation and Equality Unit served, by ministerial invitation, as a member of the advisory group for the Independent Element of Operational Review of Section 75, co-chaired by Eithne McLaughlin and Neil Faris. The Review assessed how successful public authorities have been in mainstreaming equality since section 75 came into force. Being a member of this advisory group afforded a unique learning opportunity, particularly with regard to various, sometimes conflicting, approaches to section 75 and what mainstreaming means in practice. The review was discussed at meetings of the Equality Steering Group, and the conference papers presented in June 2004 by Chris McCrudden, Terri Rees and Paul Chaney have stimulated fresh thinking. One particular learning point from the review is worth highlighting here: DHSSPS and the wider HPSS have been able to develop a clearer understanding of the importance of rigorous and transparent equality screening.

SECTION 13: CONCLUDING QUESTIONS

13.1 The following is the Department's response to the Commission's questionnaire on the overall view of the effectiveness of the statutory duties for the Department.

QUESTION A

Does the authority believe its work to date on implementing the statutory duties has produced positive benefits for the organisation? (Please tick)

YES NO

If you answered yes to QUESTION A, please tick appropriate boxes below to what extent the duties have:

	Very noticeably	Noticeably	No real Change
Increased awareness of equality issues in policy making	✓		
Increased ability to ensure policies are designed and targeted to reflect equal opportunities objectives	✓		
Increased awareness of good relations issues in policy making			✓
Increased ability to ensure policies are designed and targeted to reflect good relations objectives			✓
Increased awareness of equality issues in service delivery	✓		
Increased ability to ensure services are designed and targeted to reflect section 75 requirements	✓		

QUESTION B

Does the authority believe its work to date on implementing the statutory duties has produced positive benefits for groups within the section 75 categories? (Please tick) YES NO

If you answered yes to QUESTION B, please tick appropriate boxes below on what extent the authority's implementation of the statutory duties has increased equality of opportunity for

	Very noticeably	Noticeably	No real change
Persons of different religious belief		✓	
Persons of different political opinion			✓
Persons of different racial groups	✓		
Persons of different age		✓	
Persons with different marital status		✓	
Persons of different sexual orientation		✓	
Men and women generally		✓	
Persons with and without a disability		✓	
Persons with and without dependents		✓	

Screening & EQIA Update

Please enter details relating to the authority's progress using the following matrices.

i) EQIA Timetable – 2004-05

Title of policy EQIA underway during April 2004-March 2005	Stage (as per Steps 1-7 of EQIA Process) As at end March 2005	If joint-EQIA please state partner authorities	Outline any adjustments to policy intended to benefit individuals from the nine equality categories and outline the relevant categories affected.	Were adjustments to policy a result of Assessment of adverse impact/ feedback from Consultation, or Both <i>Please enter A, C or Both</i>	If EQIA decision making stage completed, is amended policy being implemented? Yes/No
1. Annual allocation of resources (capitation formula)	6		Responses have helped inform decisions on future research to refine the formula, and have led to the Department and Capitation Formula review group prioritizing work on the Acute and Elderly Programmes of Care in the next work programme.	B	
2. Domestic Violence Strategy	5				
3. Sexual Health Strategy	5				

4. Home Accident Prevention	7				
5. ICT Strategy	6				
6. Cancer services	5				
7. Future development of Lymphoedema Services	7		A potential adverse impact was identified under the category of “community background/religion”. In relation to this the recommendation was made that action be taken to develop the specialist lymphoedema network to provide easier access for people living in Fermanagh, South Tyrone and parts of South Down and North Antrim in particular		
8.					
9.					
10.					

ii) Ongoing Screening Activities 2004-05

Title of policy subject to screening during April 2004- March 2005	If joint policy please state partner authorities	Was initial screening decision changed following consultation? <u>Yes/No</u>	If Screening completed is policy being subject to EQIA?<u>Yes/No</u>	If EQIA planned indicate year for assessment
1. Regional Human Resources Strategy			N	
2. Child Protection			N	
3. Respiratory Disease Framework			N	
4. Information & Statistics Policy, and Research Policy			N	
5. Waiting list management				
6. Regional Strategy – A healthier future			N	
7. Regional Ophthalmology Centre				
8. A strategic framework for Primary care – Caring for people beyond tomorrow			N	
9. Post Mortem examinations: good practice in consent and care of the bereaved				

iii) Ongoing EQIA Monitoring Activities 2004-05

Title of EQIA subject to Stage 7 monitoring during April 2004- March 2005	If joint policy please state partner authorities	Indicate if differential impacts previously identified have reduced or increased	Indicate if adverse impacts previously identified have reduced or increased
1. Home accident prevention			
2. Review of Occupational Health Service in the HPSS			

3. Making it better – A strategy for pharmacy in the community			
4. Future development of Lymphoedema services			

iv) 2005-06 EQIA Time-table

Title of EQIAs due to be commenced during April 2005 – March 2006	Existing or New policy? Please enter E or N below.	If joint-EQIA please state partner authorities	Please indicate expected date of completion of EQIA Stage 6 i.e Decision making stage
1. Sexual health strategy	N		
2. Cancer services	N		
3. Adoption strategy	N		
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SECTION 75 IN FULL

75. – (1) A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity-

- (a) between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- (b) between men and women generally;
- (c) between persons with a disability and persons without; and
- (d) between persons with dependants and persons without.

(2) Without prejudice to its obligations under subsection (1), a public authority shall in carrying out its functions relating to Northern Ireland have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

(3) In this section “public authority” means-

- (a) any department, corporation or body listed in Schedule 2 to the Parliamentary Commissioner Act 1967 (departments, corporations and bodies subject to investigation) and designated for the purposes of the section by order made by the Secretary of State;
- (b) any body (other than the Equality Commission) listed in Schedule 2 to the Commissioner for Complaints (Northern Ireland) Order 1996 (bodies subject to investigation);
- (c) any department or other authority listed in Schedule 2 to the Ombudsman (Northern Ireland) Order 1996 (departments and other authorities subject to investigation);
- (d) any other person designated for the purposes of this section by order made by the Secretary of State.

(4) Schedule 9 (which makes provision for the enforcement of the duties under this section) shall have effect.

(5) In this section-

“disability” has the same meaning as in the Disability Discrimination Act 1995; and

“racial group” has the same meaning as in the Race Relations (Northern Ireland) Order 1997.

Appendix 3

List of abbreviations

DDA	Disability Discrimination Act
DHSSPS	Department of Health, Social Services and Public Safety
ECNI	Equality Commission for Northern Ireland
EFQM	European Foundation for Quality Management
EQIA	Equality Impact Assessment
EHRSG (ESG)	Equality and human Rights Steering Group (of the HPSS family of organisations) (formerly Equality Steering Group)
GMS	General Medical Services
HAZ	Health Action Zone
HPSS	Health and Personal Social Services
HSS	Health and Social Services
HSSPS	Health, Social Services and Public Safety (including the ambulance service and the fire service)
HWIP	Health and Well-being Investment Plan
IAD	Information and Analysis Directorate
IfH	Investing for Health
New TSN	New Targeting Social Need
NGO	Non-governmental organisation
OFMDFM	Office of the First Minister and Deputy First Minister
REL P	Regional Equality Liaison Panel (DHSSPS & NGOs)
SIP	Service Improvement Programme
TDP	Trust Delivery Plan