

Reporting Template

EQUALITY COMMISSION FOR NORTHERN IRELAND

Public Authority Five Year Review Report

This report template includes a number of self assessment questions under the twelve key elements of an equality scheme. Please enter information at the relevant part of each Section in the template and ensure that it is submitted to the Commission electronically (by completing this template) **and** in writing, with a signed cover letter from the Chief Executive or, in his/her absence, the Deputy Chief Executive (or equivalent).

Name of public authority (Enter details below)

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Executive Summary

Please provide some main conclusions in terms of:

a) To what extent has your public authority's approved scheme provided a workable basis for mainstreaming the need

to promote equality of opportunity and good relations into policy-making over the past five years?

(Enter text below)

- I. The Department, like other public authorities, has learned much about mainstreaming since writing its first Equality Scheme, and the learning curve in prospect was acknowledged at the outset by the Minister and the Permanent Secretary in their joint Foreword. This states explicitly that although the Scheme would be reviewed formally in five years, it would be treated in the meantime as a live document and would be kept under review. In the Foreword the Minister and Permanent Secretary invited comments on how the Department might best promote equality and good relations.
- II. The five-year review has shown that, overall, the Department's Scheme has provided a good framework for mainstreaming equality of opportunity and good relations, not least in signaling the Department's readiness to continue to learn the techniques and habits of mainstreaming.

b) What key lessons have been learnt over the past five years in terms of effectively implementing the approved equality scheme?

(Enter text below)

- I. A major lesson which has emerged over the past five years is that s75 has brought about a degree of participative democracy that may not have been foreseen by many in 1998. In particular it is now more clearly understood by policy-makers that Government can no longer take key policy decisions without first having conversations with people who will be affected by those decisions. There is a growing appreciation on the part of policy-makers that s75 and equality schemes offer tools and techniques for making the most of this engagement, and that the s75 framework is a valuable means of testing policy proposals for possible unintended consequences.
- II. Another important lesson concerns the value and potential benefits of rigorous and transparent screening, particularly with regard to nascent (as opposed to existing) policies. Although the primary purpose of screening is to determine whether an Equality Impact Assessment is necessary, this need not be the sole purpose, and indeed real benefits accrue when screening is approached as a *quasi* Equality Impact Assessment. With nascent policies clearly there are opportunities to

amend policy proposals before they are elaborated and finalised. The value of effective screening was highlighted during the 2004 independent review of s75 chaired by Neil Faris and Eithne McLaughlin under the terms of the 2003 British-Irish Joint Declaration.

- III. Equality screening works best if (a) it begins as soon as policy proposals begin to take shape, and (b) it is done in a continuous and iterative manner, so that possible adverse impacts are detected early and can more easily be averted. (Recently the Health Development Directorate in the Department took the early screening principle a step further: when developing a new strategy for drugs and alcohol the Directorate used the s75 screening template as an aid to scoping the problems, i.e. even before new policy proposals were being considered.)
- IV. Within the HPSS the value of working in teams to carry out screening, EQIAs, good practice reviews and equality projects, such as the Accessible Formats Project, has been demonstrated.
- V. Finally, given the nature of health and social care and the priority given to meeting the needs of disadvantaged and vulnerable groups, it has become increasingly evident that there is an overlap between the boundaries of the s75 equality duty and many of the core functions of the HPSS.

c) What more needs to be done to achieve outcomes for individuals from the nine equality categories?

(Enter text below)

- I. Continue to raise and maintain awareness among policy-makers not just of the duties but also of the associated benefits, as well as emerging good practice and methods.
- II. Ensure that lessons learned and experience gained to date are not lost in the process of restructuring the HPSS.
- III. Continue to take a proactive, strategic and creative approach to the promotion of equality and good relations.
- IV. Develop more effective and wider-ranging monitoring and data collection arrangements.

V. Most importantly, continue meaningful engagement with affected groups and communities and strengthen the feedback loops.

1. A general introductory statement specifying the purpose of the scheme and the public authority's commitment to the statutory duties.

1a) To what extent were senior management involved in ensuring scheme compliance over the 5 year period and what further steps could be undertaken to ensure effective internal arrangements?

Prompts - Identify any changes to arrangements for managing scheme implementation, and what were the lessons learnt in terms of enablers and impediments to monitoring scheme implementation?

(Enter text below)

(i) involvement of senior management in ensuring Scheme compliance

- I. The establishment of the Region-Wide EQIA Programme in 2001 was led by a Grade 3 (Deputy Secretary) and the process of screening existing policies and agreeing a timetable for each EQIA involved the participation of almost all managers at Deputy Principal and Grade 7 levels in the Department.
- II. During the first year of the Department's Equality Scheme, the Department and the Health and Personal Social Services (HPSS) family established the HPSS Equality Steering Group, later renamed the Equality and Human Rights Steering Group (EHRSG), initially to plan and manage the Region-Wide EQIA Programme. EHRSG, which meets approximately six times per year, is chaired by a Grade 5 official of the Department (Assistant Secretary).
- III. Evaluation, Equality and Strategic Planning Branch (EESP) holds an annual round of bilateral meetings with Chief Professional Officers and Directors. The focus of these meetings is to update the Department's rolling programme of evaluations and policy reviews, which necessarily include screening and consideration of equality issues. Locating the evaluation and equality functions in one branch helps EESP to use these meetings as an opportunity to examine emerging issues that are relevant to s75.

- IV. Policy leads (mainly at Grade 7) are frequently invited to attend meetings of EHRSG, or ask to attend, to discuss equality issues arising in their business areas.
- V. The Regional Equality Liaison Panel, which brings together on a regular basis Department officials and key s75 umbrella groups (NICEM, Age Sector Reference Group, the Men's Project, Women's Resource & Development Agency etc.) is normally chaired by the Grade 5 official who chairs EHRSG.
- VI. Senior managers (often at Grade 7, Grade 5 and Grade 3) frequently approach EESPB of their own initiative for advice on new policy and strategy proposals, or reviews of specific policies. There is a clear trend in recent years which suggests that the level of awareness and understanding of the requirements of s75 is growing.
- VII. Submissions to Ministers recommending policy proposals cover s75 considerations and are cleared, as appropriate, by members of the Departmental Board.
- VIII. EESPB has, by virtue of its role in advising on s75 implementation, acquired a degree of authority within the Department on approaches to public consultation, including methods of consultation with excluded or vulnerable groups.
- IX. Public consultations conducted by the Department now routinely include prompts and questions to help the Department to screen the policy proposals concerned. EESPB has developed a template which business areas include in their consultation documents.
- X. The development process for *A Healthier Future*, the 20-year regional strategy for health & wellbeing, involved all senior managers including Departmental Board members. The regional strategy is a working example of mainstreaming, as equality underpins the whole strategy and is evident throughout, not at as an add-on but as part of the ethos and raison d'être for many of the interventions which are part of the core business of health and social care.

(ii) What further steps could be taken to ensure effective internal arrangements?

- I. The Department is ensuring that the statutory equality duty is taken fully into consideration during the restructuring process to implement the outcome of the Review of Public Administration.
- II. EESPB will continue to update and refresh the equality pages of the Department's website, and advise senior management accordingly with each update.
- III. EESPB is planning periodic seminars for senior management on equality matters in general and s75 in particular.
- IV. EESPB is planning to provide written updates to senior management on s75 issues as they emerge, including the Commission's review of the effectiveness of s75, and any case studies that are relevant to DHSSPS or the wider HPSS.

1b) Outline annual **direct** expenditure of resources to ensure that the statutory duties were complied with, in terms of staff and money over the past 5 years, and comment on the extent that all necessary resources were allocated.

Prompts - Identify costs related to equality unit staff, use of consultants, allocation of budgets to training/publications/ research, extent of in-year bids and/or reallocation of resources. What were the lessons learnt in terms of enablers and impediments to monitoring resourcing? What could the public authority do in future to ensure effective allocation and monitoring of necessary resources?

YEAR	FULL TIME EQUIVALENT STAFF	£
2001/02	8	319,773
2002/03	9	311,228
2003/04	9	298,184
2004/05	9	297,377
2005/06	9	(205,018 to 31/12/05) 317,582 (average salary costs for 2005-2006)

- I. Expenditure on staffing in the Evaluation, Equality and Strategic Planning Branch (EESPB, which was formed by the merging of the Evaluation and Equality Unit and Strategic Planning Branch) has the advantage of being discrete and therefore countable. However this would be an incomplete and misleading account of the resources (even of “direct expenditure”) allocated to ensuring compliance with the statutory duties, for the following key reasons.
- (1) Over the period of this report, staff in other parts of the Department, in particular the Information and Analysis Directorate, have, at various times, been deployed full-time on equality issues such as the evidence base, Travellers’ health and measures to promote racial equality in health and social care (including the production of the good practice guide published jointly by the Department and the Equality Commission in 2003). Much of this work has been directly concerned with meeting the s75 duties.
 - (2) “Direct expenditure” could arguably include the sum total of the amounts of time spent by officials throughout the Department, at all grades, over the past five years, on ensuring that they meet the requirements of section 75, i.e. on screening, EQIAs, consultations, s75 training etc. Theoretically it is possible to calculate the total salary costs devoted *directly* to compliance with s75 over a given period, but this is not practical. Indeed, the more successful an organisation has been at mainstreaming equality, i.e. making equality an integral part of everyday thinking and business processes throughout the organisation, the more difficult and nugatory it becomes to try to separate out, and cost, the many pieces of work concerned with equality by many people within an organisation. Mainstreaming is not cost-free.
 - (3) The direct non-salary costs of s75 compliance are real but to try to calculate them with any degree of accuracy would require an effort vastly disproportionate to the usefulness of the answer.
 - (4) There are no neat boundaries between - on the one hand - the specific requirements of s75 and the commitments given in Equality Schemes, and - on the other hand - the generality of work that is done to promote equality, equity, fairness, social justice, respect for diversity etc. e.g. setting up an interpreting service, or the work that goes into reviewing the Capitation

Formula to ensure that, at the most strategic level, health and social care resources are allocated fairly according to need. The interpreting service and the continuous review of the Capitation Formula are just two examples of work that arguably would have been done even in the absence of s75, yet they are completely in the spirit of s75. The latest available information regarding the redistributive effect of the formula shows that in 2006-07 around £35m will be redistributed between the four HSS Boards which represents the net effect of £36m being skewed because of age/gender differences and £32m skewed because of deprivation related need. The redistributive impact at electoral ward level is much greater, as the areas are much more distinct and differ in their age/gender profile and relative affluence or deprivation. At electoral ward level the formula will move around £222m gross between electoral wards because of needs arising from age/gender differences, while £324m gross will be redistributed because of social disadvantage. The revisions to the Formula resulting from the latest research will further increase its sensitivity to need and will skew even more resource toward the most disadvantaged areas. In the field of health and wellbeing equality is not discrete. For example, resources allocated to improving the lives of people with physical, sensory or learning disabilities are clearly promoting equality of opportunity. The current comprehensive review of learning disability and mental health has been a major undertaking, which would also have happened in the absence of s75. This is a reminder of the origins and ethos of taxation-funded health and social care services in the UK: the NHS was founded in 1948 precisely because of inequalities in health care.

What were the lessons learnt in terms of enablers and impediments to monitoring resourcing? What could the public authority do in future to ensure effective allocation and monitoring of necessary resources?

- I. Monitoring resourcing has not been an issue. Overall the experience of successive heads of the Evaluation and Equality Unit (now part of EESPB) is that resources have been adequate for meeting the requirements of s75 and have also allowed the Unit to do additional, more proactive work such as the Equality Good Practice Reviews (2002-2004); establishing, and providing secretariat for, the Equality and Human Rights Steering Group and the Regional Equality Liaison Panel since 2001; work on the strategy and action plan to promote

equality and human rights; work on interpreting services; research on racism; responding to requests to contribute to conferences and other events, etc.

- II. One way to assess whether the resources allocated to meeting the Department's s75 commitments are adequate is to look at the extent to which those commitments are being met, i.e. the results, such as the degree of success in mainstreaming equality; how well specific policy developments or reviews reflect the commitments in the Scheme; how many or how few s75 complaints the Department receives, etc.
- III. The Department has no plans to alter the resources allocated to the mainstreaming of equality.

2. An outline of how the public authority intends to assess its compliance with the Section 75 duties and for consulting on matters to which a duty under that section is likely to be relevant.

2a) Outline impacts and outcomes (for the public authority and/or individuals from the nine equality categories) over the past five years and what further steps could be undertaken to build on these or address underreporting?

Prompt - Were outcomes delivered for all of the nine equality categories? Were annual progress reports critically reviewed before or after submission to the Commission? What examples of good practice from other public authorities could be adopted?

(Enter text below)

- I. It has to be acknowledged that a complete account of outcomes associated with compliance with s75 is not possible, for the following reasons. The intention of s75 is to mainstream equality (as per the definition of "mainstreaming" in the Commission's Guide to the Statutory Duties, March 2000), i.e. that a culture change comes about whereby consideration of equality issues becomes part of the normal thinking habits in an organisation. If within such an environment, as ideas are generated for policies, interventions, service modifications etc. they are routinely equality-screened or tested at the point where they begin to take shape, then ideas which are likely to have adverse impacts on equality of opportunity will tend to be rejected before they are elaborated into detailed policy options.

- II. Whenever effective screening is done at an early stage in the creation of ideas, the results will be largely counterfactual, i.e. the adverse impacts that do not happen. It will never of course be possible to write a comprehensive list of all the ideas that are nipped in the bud over a given period in a large organization. However, it is important to acknowledge the notional body of evidence of policy mistakes not made, and to acknowledge therefore that any list of policy changes made as a result of screening or EQIAs would be an incomplete account of progress.
- III. Section 75 and mainstreaming are concerned primarily with processes. The Council of Europe definition which the Commission quotes in the Guide to the Statutory Duties illustrates this point: "the (re-)organisation, improvement, development and evaluation of policy processes, [our emphasis] 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", i.e. "policy processes" is the object of all five verbs used in this definition. It is unsurprising, and right, that until now much of the work relating to s75 has focused on processes, e.g. the screening of nascent policies, or developing more effective ways to consult. The value of this should not be underestimated: in the EFQM business improvement model, 'processes' are one of the key elements on the 'enablers' side of the model, and this reflects a consensus that getting the right results depends to a large extent on getting the processes right.
- IV. The principal reason why the HPSS organisations began work on an equality and human rights strategy in 2004 is that in addition to establishing and maintaining the s75 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. This strategy will be in addition to meeting the statutory duties, and is a natural extension of the work which we have done to date in taking forward the equality agenda.
- V. The Department has not carried out a survey to ascertain whether s75 has delivered outcomes in terms of all nine equality distinctions.
 - 2b) Outline the number of equality scheme related consultation exercises undertaken by your authority over the past five years. Set out the number and percentage related to screening exercises and to EQIAs and indicate the extent that your scheme helped you to engage with external stakeholders.

Prompt - Identify your authority's most and least successful means of consultation in relation to s75 categories. Why were some means of consultation more or less successful in relation to particular equality categories?

(Enter text below)

- I. There is no single comprehensive register held by the Department continuously since 2001 for Equality Scheme-related consultations. The Department was not required to monitor this centrally. However, since we added screenings to the Region-wide EQIA Programme in 2005, the Department can track all consultations associated with the Programme. Regarding historic data, we can confirm that consultations were carried out on 20 completed EQIAs. There have also been in the region of 30 mainstream policy consultation documents since 2004 which have explicitly invited consultees to consider the possibility of adverse impacts in terms of the s75 dimensions, and to provide indications or evidence (qualitative as well as quantitative) of potential adverse impacts. The responses to these s75 questions have been used to inform the screening of the policies in question. In 2002 and 2003 the Department also consulted stakeholders as part of the annual review of the Region-wide EQIA Programme.

- II. Possibly the most successful consultation carried out in recent years by this Department was the development process that was used for the 20-year regional strategy for health and wellbeing – *A Healthier Future*. Approximately 1,500 people - both within the HPSS and external stakeholders - took part in person in engagement events which scoped the issues and from which the vision, themes, policy directions and structure of the strategy emerged. A further 1,500 people were interviewed by telephone survey as part of the HPSS Public Attitudes Survey 2004, which included a series of focus groups to capture perspectives from equality groups e.g. a Lesbian, Gay, Bisexual & Transgender focus group facilitated by CoSO, a focus groups on disability issues and a one on issues affecting older people. The formal consultation which ran between December 2004 and March 2005 received 76 responses, many of which were substantial. This consultation included prompts and questions to help the Department to screen the strategy. Overall the responses were positive and supportive and it is the Department's view that this consensus resulted from the level of stakeholder engagement that went into developing the strategy.

2c) Indicate if your list of consultees was amended during the 5 year period and what further steps could be taken to develop your level of engagement and consultation?

Prompt - Outline the extent your authority did or did not move away from formal consultation and on what criteria was any such consultation targeted? To what extent were requests to be included and/or objections from those not included in the consultation process received and how were these addressed?

(Enter text below)

- I. Since the Scheme came in to operation the Department has updated its list of consultees continuously in response to telephone and written requests and information shared between HPSS bodies.
- II. Specific target groups have been consulted using a variety of different methods e.g. Q&A sessions, public meetings, use of websites, citizen juries, focus groups, service user forums, area/neighbourhood forums.
- III. Work was undertaken during 2003 in partnership with the HPSS family to rationalise the consultation list. This was primarily to address the difficulties experienced by the voluntary and community sector in trying to respond to the large volume of consultations. For example, the review of the Region-wide EQIA Programme in 2002 involved each HPSS organisation undertaking consultation with organisations on its own consultation list, which resulted in duplication of effort and resources and avoidable difficulties for the NGOs. To address this the Department, through the HSSPS Equality Steering Group, agreed to centrally coordinate the process via a single consultation list. The rationalised consultation list was used in 2003 to issue letters of interest to some 3,500 potential consultees regarding the 2003 – 2005 EQIA programme, eliminating approximately 2000 duplicate pieces of correspondence.
- IV. The four HPSS Equality Good Practice Reviews which were carried out during 2002-2004 included a review of user involvement. Each of the four reviews produced a new set of guidance which the Department issued to HPSS Chief Executives in February 2004.
- V. These equality-specific measures have been in addition to a range of mechanisms and bodies that are in place to promote and enable patient and user involvement, e.g. HSS Councils.

2d) To what extent did your authority consult directly with directly affected individuals as well as with representative groups, particularly in relation to young people and those with learning disabilities, and was this sufficient?

Prompt - How effective was your authority at providing feedback to consultees as a result of consultation exercises? What were the lessons learnt in terms of enablers and impediments to consulting directly with affected individuals? What could your authority do in future to provide effective consultee feedback?

(Enter text below)

- I. The Department when consulting tries to target relevant individuals and groups. For example in October 2005 the Department through engagement with the Children's Law Centre NI sought the views of children and young people on a proposed amendment to the Employment of Children Regulations (Northern Ireland) 1996 No. 477 to implement the provisions of Article 8.1 of EC Directive 84/33. Plans are in place for the Department to engage with sample groups of children and young people on the Strategic Framework for Children, Young People and Families before it goes out for public consultation later this year. Also, in August 2004 the *Fit Futures* steering group began a wide-ranging engagement process by asking for views from children and young people themselves and from parents. The reports from this stage of the engagement process can be found at www.investingforhealthni.gov.uk/fitfutures.asp .
- II. The Department's Scheme acknowledges the risk that some sections of the community, including people with sensory and learning disabilities, do not enjoy equality of opportunity as regards accessing information provided by the Department. To address this, work was initiated in 2001 to develop and improve our arrangements to communicate with people requiring special attention. This was undertaken with LEAD, the Northern Ireland Coalition on Learning Disability. The work jointly undertaken with LEAD resulted in the publication of guidance *A Fair Chance* on how to consult with people with learning disabilities. This is groundbreaking work which will significantly improve consultation and communication with s75 groups.
- III. The then Evaluation and Equality Unit ensured that specific reference to the LEAD guidance, as a best practice tool, was incorporated into the Department's Guidance published in 2003 on Consultation Methods and Equality Impact Assessments for Managers within the

HPSS family. In addition, OFMDFM have recognised the significance of this guidance, and included reference to the LEAD guidance in its Guide to Consultation Methods for Northern Ireland Public Authorities published in 2003.

- IV. The 2003 Guidance on Consultation highlights the importance of responding to the concerns and ideas of consultees and ensuring that effective feedback mechanisms are in place. Whilst there is anecdotal evidence that for the most part this is happening, the Department does not maintain central records of feedback provided. There is scope therefore for the Department to be more systematic in ensuring that this happens with each consultation.

3. The authority's arrangements for assessing and consulting on the impact of policies adopted or proposed to be adopted on the promotion of equality of opportunity.

3a) Outline and discuss the number of policies your authority subject to screening over the past five years, setting out the number and percentage of 'policies screened in' on the basis of equality considerations and the percentage 'screened in' on the basis of the good relations duty.

Prompt - What were the lessons learnt in terms of enablers and impediments to screening in terms of, screening criteria and priority factors? Are there any other criteria which could usefully be included? What lessons are there regarding responsibility for screening at regional level and subsequent screening of local policy? What could your authority do in future to ensure effective screening arrangements? Set out in an appendix a list of all policies screened out during scheme implementation.

(Enter text below)

DHSSPS Equality Scheme commitments on screening

- I. The following commitments are set out in the Scheme:
- *The Department will assess the equality implications of all new policies as they are being developed (para 3. 20).*
 - *In identifying policies to be subject to equality impact assessment, the Department has both considered its ongoing policies and*

looked forward to new policies which will be proposed for adoption during the term of the scheme (para 4.1).

Number of policies screened

- II. In terms of meeting the above commitments the Department routinely screens new policies and strategies as they are being developed. Our records show that 135 policies have been screened over the past 5 years. Most of these were screened in the lead up to the publication of the Scheme in March 2001. Over half (77) of these were “screened in” for Equality Impact Assessments (EQIAs). Other than addressing the criteria referring to promoting better community relations, there is nothing in our records to indicate that any of 77 policy areas were specifically “screened in” on the basis of the good relations duty. A list of policies “screened out” during the last 5 years is at Appendix A.

Lessons learnt and action taken

- III. In its 2002/2003 report on the Implementation of the s75 duties, the Commission expressed surprise at the high number of DHSSPS EQIAs reporting no adverse impact. The Commission questioned whether the Department was properly applying screening as a mechanism for identifying those policies that have the greatest potential for equality impacts. Subsequent discussions with policy leads within the Department, combined with the evidence available on the early screening exercises, indicated that there had been a tendency towards ‘screening in’ as the default mode. When we reviewed the Region-wide EQIA Programme in 2005 it became apparent that this was due to a number of factors including:
- the newness of section 75;
 - inexperience of screening;
 - the absence of any structured training on screening;
 - the absence of authoritative detailed guidance on the screening processes;
 - the strong commitment within DHSSPS to ensure effective implementation of the s75 duties;
 - a preference for erring on the side of ‘screening in’ rather than risk screening a policy out inappropriately;
 - the wording of the 4 standard screening questions;
 - the internal nature of screening; and
 - the heavy emphasis placed on EQIAs as opposed to screening in the early days of s75.

- IV. The need to prioritise EQIAs has receded considerably as progress has been made on the original programme of EQIAs and as the number of policies being ‘screened in’ has diminished.
- V. The Department has been discouraging a ‘tick-box’ approach to screening by advocating the production of screening reports as opposed to the completion of screening templates. The template has nevertheless been retained for guidance purposes.
- VI. The Department has produced its own guidance on screening.
- VII. In addition to addressing the four established screening criteria which are primarily for internal consideration, the Department now invites consultees [see paragraph IX, page 5] to consider questions such as :
 - a. Are the different needs of the different Section 75 groups of people adequately addressed?
 - b. Are you aware of any evidence – qualitative or quantitative – that the policy proposals may have an adverse impact on equality of opportunity or on good relations? If so, please provide details. Can you suggest any ways of reducing or eradicating such adverse impact?
 - c. Could the policy better promote equality of opportunity or good relations? If so, how?
 - d. Please provide details if you are aware of any other equality implications likely to arise from the policy?
- VIII. Stakeholders have advised the Department that screening had “tailed off” following the initial focus on it when schemes were first developed. This is particularly felt in relation to new policies and subsequent changes to those already screened. In recognition that screening should not be treated as a ‘one off’, exercise, the Department, in keeping with its mainstreaming approach, has taken steps to ensure that screening is embedded into its policy review programme. EESPB has continued to reinforce the message that equality screening is an integral part of any policy review.
- IX. Following a recent consultation exercise, the Department now includes policies to be screened with its programme of EQIAs – now

referred to as the “Region-wide Screening and EQIA Programme”. This will also help to address concerns expressed by stakeholders that Departments were not always making information on the extent of their screenings readily available.

Screening: regional & local

- X. Local screening is carried out by associated bodies of the Department (Health and Social Services Boards and Trusts) which are designated public authorities in their own right for s75 purposes. Problems were identified concerning the availability of information on the outcome of regional (Department-led) screening exercises. Such information is useful to those conducting screening exercises at sub-regional levels when implementing policies related to those screened at Departmental level. The Department has taken steps to address this by reminding policy leads of the importance of ensuring that screening considerations and decisions are formally recorded and that screening reports are readily available on request.

EU & UK policies

- XI. The Department has given a commitment in paragraph 3.26 of its equality scheme to:

make the sponsoring UK Department fully aware of its obligations under Section 75, including the sponsoring Department’s role in relation to the equality implications arising from EU policy development. In addition, the Department will use its best endeavours in the time available to identify any adverse impact on equality of opportunity or good relations and will advise the sponsoring British Government Department or the European Commission of its findings.

- XII. Stakeholders are keen for equality considerations to continue to be taken into account on EU/UK policies even if the scope for influencing such policies is limited.

Future screening

- XIII. The following initiatives have also been introduced to enable more effective future screening arrangements:

- closer monitoring of progress on screening;

- greater emphasis on screening;
- publicising plans for screening in the interests of openness and accountability as well as facilitating public involvement in the process (see IX above);
- providing training on screening, as a priority (see Section 7);
- reviewing our existing screening processes to ensure that robust and effective screening takes place in accordance with the Commission’s guidance;
- development of a screening feedback form to capture information about experiences of the process so that lessons can be learnt for the future.

3b) To what extent did your authority’s consideration of the screening criteria **not** identify equal opportunity implications on any of s75 categories, but for which consultees then highlighted problems?

Prompt -Identify the extent the collection of quantitative and qualitative data informed screening processes. Outline the extent consultations with representative groups produced data to inform the screening process which was not otherwise available to your authority. Outline any difficulties in identifying policies and equality implications using the definition of policy set out in the Guide to the Statutory Duties.

(Enter text below)

Screening criteria – identifying implications for equality of opportunity

- I. As already mentioned under Section 3a) paragraph III, in the early days of the Scheme there was a tendency to “screen in” as a result of considering the screening criteria through an internal process. While this suggested that, for the majority of policies screened at the time, equal opportunity implications on s75 categories were identified, subsequent EQIAs almost invariably detected no adverse impact.
- II. Consultation on the results of the initial screening exercise carried out in 2001 on existing policies, which determined the Department’s Region-wide EQIA Programme for 2001-2003, did not reveal any

equal opportunity implications for the small number (7) of policy areas initially screened out.

- III. Interestingly, there is a perception among some stakeholders that the real problems and issues highlighted in responses to consultations have, in some instances, been overshadowed by the need for Government Departments to address the four screening questions.
- IV. EESPB carried out a survey of DHSSPS staff as part of this review. This revealed that over half the respondents who had been involved in a screening exercise experienced difficulty answering the screening criteria.
- V. Stakeholders feel that they should be afforded early opportunities to contribute to and influence screening decisions; it is commonly perceived that they are consulted after the decision is made.

Collection of quantitative and qualitative data

- VI. The internal, largely desk-based, nature of the initial screening exercise combined with the interpretation that we placed on the screening criteria at the time (i.e. “evidence” taken as meaning “indication” regardless of whether it was supported by hard data) limited efforts to search for quantitative and qualitative data to inform screening processes.
- VII. Quantitative and qualitative data were not forthcoming from consultees because they were not being asked for it, primarily because screening exercises had already been carried out internally and consultation was taking place on the outcomes – i.e. on the lists of policies “screened in” and “screened out”. This accords with the view from stakeholders that they are often consulted after the screening decision is made.
- VIII. The situation within DHSSPS has changed with the shift in emphasis to screening for the reasons described under Section 3a) above. More effort is now being made to gain quantitative and qualitative data to inform screening processes e.g. by inviting consultees to provide such information (see paragraph VII (b) under Section 3a) above).
- IX. While stakeholders felt that the collection and use of high level data had improved, there were concerns about the availability of more reliable and detailed data.

- X. Stakeholders believed that policies were sometimes “screened out” even when evidence was presented of adverse impact on one or more of the s75 categories.
- XI. In the survey of DHSSPS staff the majority of respondents (two-thirds) considered a lack of data on various categories presented problems during the screening process.

Definition of ‘policy’

- XII. A multitude of actions and decisions are proposed and made every day in the Department, and it is not always clear which of these decisions constitute a ‘new policy’ for the purposes of section 75 of the Northern Ireland Act 1998, using the New Oxford Dictionary of English (NODE) definition which the Commission adopted for the Guide to the Statutory Duties: “a course or principle of action adopted or proposed by a government, business or individual”. Between the key strategic decisions which indisputably require equality screening and those day-to-day decisions which clearly do not require equality screening, there are levels of decision-making which are not self-evidently new policies, and which require a judgment as to whether equality screening is necessary or appropriate. These are the grey areas which have caused difficulties, uncertainty and confusion not just within the Department but also across stakeholder organisations. There have been calls from stakeholders for clarity around the definition of ‘a policy’. Some consider the NODE definition too broad for the purposes of s75.
- XIII. Some stakeholders have stated that screening should be focused more on the major policy/strategic issues rather than on the lower level policies.

3c) Outline over the past five years how many EQIAs your authority commenced as a result of i) initial screening and ii) as a result of screening new/revised policies subsequently, and discuss the extent that your authority has become more effective at identifying equality of opportunity dimensions in its policies.

Prompt - Were changes made to the screening process? Outline any examples of any changes made to policies to better promote equality of opportunity and/or good relations, rather than to address any perceived

differential impact, as a result of screening policies that were 'screened out'?

(Enter text below)

EQIAs commenced

I. The following commitment is given in the Scheme:

The Department will carry out impact assessments over a 5 year period on all of its current and proposed policies, which significantly impact on the promotion of equality of opportunity and the promotion of good relations within the terms of Section 75 of the Act. (para 3.17).

- II. The Department was unable to completely fulfill this commitment primarily because of the ambitious EQIA timetable generated by the high number of policy areas initially “screened in” and the reasons for this are listed at paragraph III under Section 3a) above. At the time a total of 63 “current” policies were listed for EQIA over the five year life-span of the scheme. A further 12 proposed new policies were identified for screening.
- III. As time has passed and lessons have been learnt, there is now a more robust approach to screening and this has reduced the number of policy areas being identified as appropriate for EQIAs.
- IV. Because policies are not static and because of changing circumstances and other factors, some of the original policies listed on the EQIA programme were removed, prioritised out, or in the case of 14, re-screened.
- V. The above commitment also gave the impression that EQIAs would automatically be carried out on all proposed policies notwithstanding the fact that the outcome of screening exercises determined whether or not EQIAs were appropriate.
- VI. In the event the Department has completed 12 EQIAs on existing policies over the past five years as result of its initial screening exercise. A further 8 new/revised policies have been EQIA'd. At the time of writing this report EQIAs are being carried out on a further 5 policies.

Changes to screening processes

- VII. For details of the changes made to the screening process see Section 3a) paragraphs V – IX above.

Equality of opportunity

- VIII. There is limited evidence available to indicate that the early screening exercises resulted in any changes to policies to better promote equality of opportunity although our staff survey revealed that approximately half of the respondents considered that the screening process had improved policy making. The Department recognised the need to capture more detailed information on the experiences and impacts of screening and consequently developed a screening feedback form for this purpose as already highlighted at Section 3(a) XIII above.
- IX. In the following recent examples, policies were screened out but the screening process highlighted opportunities to better promote equality of opportunity.

Primary Care Strategic Framework: *“The equality screening process helped to consolidate research findings, which informed the development of the Strategic Framework. For example, it ensured that particular emphasis was placed on elderly care services, increased access to service provision, and that New TSN policy is further advanced in targeting the most vulnerable in our society”.*

Strategy for the Prevention and Control of Healthcare Associated Infections: *“The Department does recognise that the patient and staff education proposals will need careful consideration by Trusts at the implementation phase so that people who do not speak English as a first language and those with a disability are fully included in the process”.*

Good relations

- X. While the good relations duty has not been neglected there is no evidence to indicate changes to policies to promote good relations resulting from screenings or EQIAs. The Department gave a commitment in its Scheme (paragraph 4.11) to proactively develop its

promotion of good relations. The most notable examples of this commitment being honoured were the publication of the *Racial Equality in Health – A Good Practice Guide* produced in partnership with the Equality Commission; the HPSS good practice guide (February 2004) on *Promoting Positive Staff Attitudes to Diversity* and the Department’s efforts to confront racist abuse of HPSS staff, including the “No room for racism” media campaign and the publication of *Embracing Diversity*, a good practice guide for HPSS employers.

XI. Day-to-day discussions with policy leads around the Department and the increase in the volume of screening indicates a growing awareness of the need to factor equality and good relations considerations into the decision-making and policy development processes. This is also evidenced by improved quality of screening and EQIA reports. EESPB is encouraged by the staff survey results which showed that almost three-quarters of staff who responded said they understood how the Scheme affected their work.

XII. The Department’s key contributions to the promotion of good relations are listed in the first Triennial Action Plan (2006) for *A Shared Future*.

3d) Outline over the past five year period the percentage of your authority’s initial EQIA timetable that reached i) stage 6 of the EQIA process i.e. decision making, and ii) stage 7 of the EQIA process i.e. annual monitoring & publication of results, and indicate the extent that your authority has become more effective at progressing EQIAs.

Prompt - Explain any slippage that occurred and what was done to rectify it. To what extent did you notify representative groups of this slippage and what was their reaction? What were the lessons learnt in terms of enablers and impediments to monitoring EQIAs?

(Enter text below)

EQIA timetable

I. Only 11% of the initial EQIA timetable has been achieved (i.e. stage 6), however this is not a balanced reflection of the progress made. Subsequent reviews of the timetable and other factors, as described in Section 3c) paragraph IV above, resulted in ongoing changes to the

programme of EQIAs. Also, a number of new policies were added to the programme.

- II. Of the 66 policy areas that have featured on the rolling EQIA programme over the last 5 years, a total of 17 EQIAs (just under 26%) have in fact been completed (i.e. reached stage 6). A further 3 EQIAs that were completed represented new policy areas not included in the programme.
- III. Two annual reviews of the timetable involved consultations with stakeholders. Stakeholders were therefore given information about progress and afforded the opportunity to influence the timetable. The Department has recently concluded a consultation exercise on proposals for revising its EQIA programme and for rolling it forward to 2005-2007 (see Section 3a paragraph IX). Consultees were also provided with an update on progress on the 2003-2005 programme.
- IV. A series of bilateral meetings were held with those within the Department responsible for leading on the EQIAs listed on the programme. The meetings proved very useful in terms of addressing barriers to progress and led to a comprehensive review of the policy areas listed and the development of the revised programme. Among the barriers cited were uncertainty about the policies listed for EQIA; changes to some of the policies since they were originally “screened in”; changing circumstances including changes in personnel, and in some cases a lack of understanding about how to get started on an EQIA.

Monitoring

- V. While directions were given to monitor for future adverse impact in relation to policies EQIA'd and some monitoring arrangements have been put in place, no reports have been published yet setting out the results. Monitoring is an aspect of the EQIA process that needs to be developed and the forthcoming guidance from the Equality Commission should help in this regard.
- VII. Stakeholders felt that the development of robust monitoring systems was essential to the success of Section 75. They pointed to work being done in Scotland and Wales to develop monitoring systems. Stakeholders also stressed the importance of monitoring the usage of HPSS services and the attitudes of staff delivering services e.g. towards older people in hospital.

4. The authority's arrangements for monitoring any adverse impact of policies adopted by the authority on the promotion of equality of opportunity.

4a) To what extent were sufficient arrangements put in place to collect data relating to the nine equality categories to monitor the impact of policies and what could your authority do in future to develop monitoring arrangements?

Prompt - What were the lessons learnt in terms of enablers and impediments to monitoring and developing new/additional quantitative data over the past five years? Did your authority consult its own employees or collaborate with other authorities to collect data? Did your authority engage with representative groups to develop monitoring arrangements?

(Enter text below)

- I. From the outset DHSSPS recognised the importance of a good information base for policy screening, EQIAs and monitoring progress towards equality of opportunity. In 2000, following a workshop involving the Department and the HPSS, an Equality Information Steering Group (EISG) was set up, chaired by a Deputy Secretary. EISG had representatives from across the HPSS family of organisations as well as s75 representative groups. The original terms of reference were to:
 - consult with equality groupings, and agree and oversee a work programme designed to secure the required 'equality' data for the DHSS&PS and the HPSS including agreeing an action plan and agreeing priorities;
 - agree the scope of the information systems and sources being covered by the project;
 - oversee a detailed assessment of the availability and quality of existing equality information;
 - establish specific working sub-groups, made up of staff with specialist knowledge of HPSS information and IT systems and representatives of interested equality groupings to take forward a work programme designed to identify gaps in equality information and data quality issues concerning equality data;
 - consider and agree proposals from the sub-groups, including costs and timescales, designed to address both data quality issues and information gaps and taking account of data confidentiality and data protection issues;

- commission, in consultation with interested equality groupings, research and surveys designed to fill gaps in equality information and
- secure the required resources needed to undertake the programme of work.

EISG last met in spring 2005.

- II. In February 2001 the Department's Information and Analysis Directorate produced an overview paper "HPSS & HPSS Statutory Equality Obligations - Information Requirements: Data Availability, Quality and Deficits". This paper examined critically the extent to which the range of HPSS data collection systems, registries and research functions would enable the Department and HPSS to meet the requirements of s75. The paper is explicitly a working paper or evolving document, and is available at:
http://www.dhsspsni.gov.uk/index/stats_research/stats-equality/eisg_info_req.pdf
- III. In 2001 EISG drew up a workplan, details of which are on the Department's website. One of its most important outputs was a series of nine guides to the availability of equality information – one for each of the s75 equality dimension. These are available at
http://www.dhsspsni.gov.uk/index/stats_research/stats-equality/index/stats_research/stats-equality/stats-guides.htm
- IV. Not surprisingly, a proportion of the projects commissioned by the Departmental Surveys, Registries and Research Group are directly relevant to one or more of the equality dimensions, e.g. research on how well dental care services are meeting the needs of learning-disabled adults; research on racism experienced by minority ethnic HPSS staff; a study currently being carried out on the use of hospital services analysed by socio-economic group.
- V. Mention has already been made of the Inequalities Monitoring System and the 2004 report *Equality and Inequalities in Health and Social Care in Northern Ireland*, available at
http://www.dhsspsni.gov.uk/index/stats_research/stats-equality/stats-inequalities.htm

A further update will be published in 2006.

- VI. This is in addition to the qualitative information and feedback obtained through the various forms and many instances of direct engagement with users and NGOs.
- VII. The Information and Analysis Directorate is represented on the HPSS Equality and Human Rights Steering Group, as well as on the inter-departmental Equality and Social Need Research and Information Group (ESNRIG).
- VIII. Notwithstanding the very substantial amount of work that the Department and the HPSS have put into this area, one general problem persists in relation to the s75 equality duty: how to collect the quantitative data which might elucidate possible adverse impacts attributable to specific policies. In 2004 the Department discussed this problem with Dr Tony Dignan in the course of the research which has been commissioned to carry out on equality monitoring, and the Department is awaiting guidance on this from the Commission and OFMDFM.

5. The authority's arrangements for publishing the results of equality impact assessments and of monitoring any adverse impact of policies adopted by the authority on the promotion of equality of opportunity.

5a) Indicate the number of reports published outlining the results of EQIAs and monitoring over the past five years, and outline what your authority could do in future in relation to improving the publication of EQIA results and monitoring.

Prompt - Identify the number of reports that were provided in alternative formats. What were the lessons learnt in terms of enablers and impediments to publishing the results of EQIAs and monitoring?

(Enter text below)

Publication of EQIA and monitoring reports

- I. The Department has given the following commitments in its Scheme:

The Department will make publicly available the outcome of any equality impact assessment and of any monitoring undertaken in relation to section 6 above. This material will be accessible on the Department's Internet website at www.dhsspsni.gov.uk. It will also be available in printed form and in accessible formats from DHSS&PS

Equality Unit, Room C.4.1, Castle Buildings, Stormont, Belfast BT4 3SJ. (para 7.1)

The Department will inform the general public about the availability of this material through press releases and press publications. It will also directly inform bodies listed in Annex 4 when this material is available and it will place information in specialist publications associated with the Section 75 categories. (para 7.2)

- II. Stakeholders have called for better efforts to be made to publish the outcomes of EQIAs. A total of 20 EQIA reports have been published and to facilitate ready access, all but one can be viewed on a dedicated page of the Equality section of the Department's website.
- III. No records were maintained on the number of these reports that were provided in alternative formats, however, an undertaking is given in publications that the Department will consider requests for them to be provided in alternative formats and languages. A high profile 72 page detailed equality screening report covering the reconfiguration of hospital services within the Sperrin Lakeland Trust was recently issued for consultation and no requests were made for it to be provided in any other format or language, even though the report offered this facility.
- IV. There is no information readily available to indicate the extent to which the Department places information about EQIAs in specialist publications associated with the Section 75 categories.
- V. The content and quality of EQIA reports have improved with experience and stakeholders commented that, as time has passed, there has been a noticeable improvement in how EQIAs are carried out.

Monitoring reports

- VI. For monitoring see paragraph V of Section 3(d) above and Section 4(a).

6. A commitment that in making any decision with respect to a policy adopted or proposed to be adopted by it, that the public authority shall take into account any equality impact assessment and consultation carried out in relation to the policy.

6a) In terms of the number of EQIAs that reached stage 6 i.e. decision making to what extent were mitigation measures and alternative policies adopted?

*Prompt - Outline the extent to which your authority produced EQIAs that did **not** identify adverse impact on any of s75 categories, but which consultees then gave an indication of adverse impact of s75 category and/or proposed mitigation measures or alternative policies.*

(Enter text below)

- I. While most of the EQIAs undertaken by the Department have generated some positive actions that otherwise may not have occurred, none of the policies concerned have had to be abandoned. In some cases (see examples below) the EQIA process has prompted changes and improvements to better promote equality of opportunity. Our staff survey showed that just over a quarter of people considered that policies had changed as a result of EQIAs. It could therefore be concluded that the EQIA process has, to some degree, improved standards of policy- and strategy-making and decision-making. It has certainly enhanced the opportunities for stakeholders to participate in the policy development process.
- II. Apart from the first example below, there is little evidence in the EQIA reports to indicate that consultees identified specific adverse impacts and/or proposed mitigation measures or alternative policies. Stakeholders have called for more engagement on the question of mitigation and alternative policies.

Oral Health Strategy and General Dental Services: While there was no evidence that the policies would have an adverse impact, the assessments recognised that qualitative evidence obtained from discussions with the voluntary sector suggested that in the delivery of the policies some groups may have difficulty accessing services, information and advice. A commitment was given to address the issues raised during the consultation exercise and to adopt any appropriate recommendations arising from the Good Practice Review on Access to Information.

Acute Hospitals Review/Developing Better Services: This EQIA showed that the new model of hospital services would not have a significant differential impact on the s75 equality groups. The Department

recognised, however, that dispersed rural communities have particular difficulties in accessing acute hospital services. To mitigate the effects of distance from acute hospital services, a commitment was given to put in place a number of supporting measures. The development of Local Hospitals will ensure that more services will be provided closer to home for most people.

Strategic Review of the Ambulance Service: This EQIA led to a number of changes in the organisation. Amongst these was the introduction of Language Line to ensure that the service is accessible to those whose first language is not English. The Trust worked with the RNID to address issues in relation to communication with people who are deaf, hard of hearing and speech-impaired. The Service now makes use of text phones and the Type Talk interpreting service offered by the RNID.

Promoting Mental Health: The EQIA identified that more specific recognition needed to be given to the needs of particular vulnerable groups (e.g. a greater focus on young males in relation to suicide). This was taken into account in the further development of the strategy and action plan.

Cardiac Surgery and Cardiology Joint Action Plan: This EQIA identified potential equality implications in the teaching of resuscitation skills in schools and the workplace. Accordingly, the action plan was amended to recommend that the teaching of such programmes should also take place in alternative settings.

Sure Start: This EQIA indicated that Traveller children and children with a disability did not have adequate access to Sure Start. The Department and its agencies took steps to address these problems by putting an additional £1.5 million into the programme.

Centralisation of Belfast Maternity Unit: The EQIA did not identify significant adverse impacts for any of the s75 equality groups resulting from the proposals. The EQIA did, however, conclude that the proposals may have a differential impact on a number of groups of people. In order to minimise any potential impact, it was recommended that equality issues, with particular regard to access, should be further considered in the development of the service. The EQIA also recommended a collaborative approach between the two Trusts involved and the voluntary and community sector in order to promote good relations.

6b) To what extent did consideration of EQIAs and consultations contribute to a change in policy, as opposed to policy decisions which would probably have been made in any event by your authority?

Prompt - Set out any key examples. What were the lessons learnt in terms of enablers and impediments to making a decision and taking into account an EQIA and consultation? What could your authority do in future to ensure decision making effectively takes these issues into account?

(Enter text below)

See response to Section 6(a) above and the examples cited.

7. The authority's arrangements for training staff on issues relevant to the duties.

7a) To what extent were sufficient arrangements put in place to develop and deliver a training programme in accordance with scheme commitments?

Prompt - Was the training programme focused on the initial period of scheme implementation or did it effectively cover all five years? To what extent were outside trainers from representative groups used in designing or delivering training? Was focused training for staff in management and roles associated with aspects of scheme implementation provided on an ongoing basis?

(Enter text below)

DHSSPS Equality Scheme commitments on training

- I. The Scheme provided that the Department would draw up a detailed training plan for all its staff over the 5-year period of the Scheme, which aimed to achieve the following objectives:
 - to raise awareness of current anti-discrimination legislation, including the provisions of s75, Schedule 9 and s76 of the Northern Ireland Act 1998, and explain the duties and their implications for all employees;
 - to provide those employees involved in the screening of policies with the necessary skills and knowledge to do this work effectively;
 - to provide those employees involved in EQIAs with the necessary skills and knowledge to do this work effectively;

- to equip those staff who deal with complaints in relation to the implementation of the Scheme with the necessary skills and knowledge to investigate and monitor complaints effectively;
 - to provide those employees involved in the consultation processes with the necessary skills and knowledge to do this work effectively;
 - to provide those employees involved in the implementation and monitoring of the effective implementation of the Scheme to do this work effectively; and
 - to evaluate the extent to which participants in this training programme have acquired the necessary skills and knowledge to achieve each of the above objectives.
- II. The Scheme gave a commitment that within one year of the approval of the Scheme, all staff at Staff Officer grade and above would be trained. All remaining staff would be trained in the following year. All new staff would be trained on the requirements of s75 and the Scheme at induction stage.
- III. It also provided that specialist staff, such as solicitors and researchers, from all functions within the Department and for whom a need has been identified, would receive more focused training and specific training would be provided for staff engaged in consultation exercises.
- IV. The Department is also committed to assessing the need for specialized training in communicating with, and understanding the needs of groups who have traditionally been marginalised. Such training would include input from appropriate external specialists.
- V. Stakeholders felt that training must be reviewed and updated to include the good and bad practice and equality learning over the last five years.

Meeting the commitments of the Scheme

- VI. To meet the commitments outlined in the Scheme, a training strategy was developed to meet the training and development needs of staff throughout the life of the Scheme. Appendix B gives details of training packages that have been delivered in line with this strategy.
- VII. As the table in Appendix B highlights, the training programme did not just focus on the initial period of scheme implementation but was delivered over the five year period.

VIII. In terms of meeting the objectives outlined in the Scheme a number of issues can be highlighted:

- During the Department's induction process, all new staff are made aware of the Department's statutory equality duties and the implications for all employees. An online induction package is now provided to all new staff and, as well as giving information on equality, diversity and human rights, it includes links to the Equality, Diversity & Human Rights Section on DHSSPS website which is a source of information and guidance to staff. The Department's 'Dignity at Work' training is mandatory for all staff and ensures awareness and understanding of the Department's policy on harassment and on equal opportunity obligations.
- All staff at Staff Officer grade and above received training on s75 during the first year of implementation of the Scheme. EQIA training was also provided to appropriate staff and is available to staff on request. The Department recognises that a more proactive approach to identifying staff requiring EQIA training should be adopted to ensure that all staff involved in the EQIA process, especially staff who are new to the policy-making functions, have the skills and knowledge to do this work effectively. 58% of respondents to the recent staff survey were uncertain about the EQIA process. Proposals on how the Department will deal with this challenge are outlined in 7b.
- One of the objectives outlined in the Scheme is to provide those employees involved in the screening of policies with the necessary skills and knowledge to do this work effectively. Until recently training focused on the preparation of EQIAs. Response to the recent survey of DHSSPS staff indicated that almost half of the respondents expressed uncertainty over the screening process. As a result the Department has now organised screening training for staff. The first four half-day seminars on screening, delivered in March and April 2006, were well attended and feedback from participants has been very positive.
- Guidance and training on effective consultation has been provided to staff in the past. However the Department recognises that this training and guidance now needs to be updated and delivered on a more continuous basis. The Department acknowledges that information overload and consultation fatigue is still a problem for

voluntary/community stakeholders, and recognises that updated guidance on consultation should include the need for more targeted consultation and more creative methods of consultation.

- Training on communicating with and understanding the needs of traditionally marginalised groups has been provided by the Department on an ongoing basis, as required, with input from appropriate representative groups and external specialists e.g. deaf awareness, Traveller health issues and religious diversity.
- From 2003 all internal and external providers of management training have been asked to ensure that diversity is included as an integral part of all management development programmes.
- The Scheme commits the Department to providing employees who deal with complaints about implementation of the Scheme with the necessary skills and knowledge to investigate and monitor complaints effectively. However, complaints about the Department's adherence to the Scheme have been infrequent and are investigated by EESPB, so the need for such training for staff outside EESPB has not materialised.
- In relation to evaluating the extent to which all participants in the training programme have acquired the necessary skills and knowledge, the Department has held discussions with policy leads to identify gaps in knowledge and expertise. The recent staff survey indicated that 77% of respondents felt that their level of knowledge of s75 is adequate for their own job. Proposals on how to tackle the deficit of understanding in the remaining staff are outlined in the response to question 7(b).

Use of outside trainers from representative groups

- IX. Stakeholders have said they would like to see all Departments utilising representative bodies from the s75 categories in training, as long as the bodies are resourced to deliver such training. The table at Appendix B shows the extent to which outside trainers from relevant NGOs have been used in designing or delivering training. The training courses were delivered by a range of internal and external providers. A number of the training courses were developed or delivered on a partnership basis which provided an opportunity for shared learning. Where appropriate, external providers were commissioned to deliver specialist training.

- X. The Department continues to proactively monitor and seek out relevant equality training and development sources including training developed by representative groups and other HPSS delivery agents.

7b) Have all staff received awareness training and what could your authority do in future to deliver an effective training programme?

Prompt - Does the authority have evidence that over the past five years staff understood their role in implementing the scheme? What were the lessons learnt in terms of enablers and impediments to communication and training?

(Enter text below)

Awareness training

- I. All staff have received awareness training. See response at 7(a).

Evidence

- II. Stakeholders have expressed concern that the message of s75 is lost at the lower levels of administration/service delivery. There is a perception that strategic level managers are aware of s75 but as this filters down the system, people who work on the ground are either unaware of the legislation, or do not relate it to what they are doing on a daily basis.
- III. As a result of the various training programmes staff are more aware of the Department's statutory duties relating to equality, and the role that individual employees play. This is evidenced by the screening and impact assessments carried out by the Department and by the mainstreaming of equality of opportunity in policy formulation. As indicated above, in the recent survey 77% of staff said they regarded their level of knowledge of s75 as adequate for their own job.

Lessons learnt and future delivery

- IV. While considerable progress has been made in meeting the objectives outlined in the Scheme, a number of challenges and gaps have been identified (See 7a).
- V. As part of the Review of the Region-wide EQIA Programme carried out in 2004/05, discussions took place with policy staff within the

Department. A number of staff felt that they still did not understand s75 well enough and had insufficient knowledge to carry out screening and EQIAs.

- VI. To address this deficit, the Department is in the process of developing a new s75 Learning and Development Plan. The overall aim of this plan is to ensure that appropriate Departmental staff have the necessary skills and knowledge to enable the Department to continue to meet its statutory obligations and to achieve the objectives outlined in the Scheme.
- VII. In preparing the plan the Department will focus on:
- how to identify Section 75 and equality training needs;
 - the most appropriate mechanisms for delivering the training;
 - working in partnership to deliver training;
 - how to evaluate training programmes and ensure that they are delivered on an ongoing basis to meet the changing needs of staff.
- VIII. One element of the development of this plan is to ensure that training is delivered in a timely manner. The training seminars on screening, delivered in March/April 2006, were a direct response to recent staff survey which showed that 54% of respondents did not know what screening was about. EESPB and Personnel Development Branch will continue to consider staff training needs in relation to the s75 requirements.

8. The authority's arrangements for ensuring and assessing public access to information and to services provided by the authority.

8a) To what extent were sufficient arrangements put in place to ensure and assess public access to information and to services provided by the authority?

Prompt - Was an audit of information provision undertaken? To what extent did you provide accessible formats without specific requests? What were the lessons learnt in terms of enablers and impediments to ensuring and assessing public access to information and to services? What could your authority do in future to ensure equality of opportunity in public access to information and to services?

(Enter text below)

Access to information and services

- I. The Scheme sets out the Department's intention to assess its arrangements for providing information in Braille, large print, audio cassette, and minority ethnic language formats.
- II. Under the auspices of Promoting Social Inclusion 'Better Services' initiative, an audit was carried out in March 2001 to establish the effectiveness of departmental systems and policies for making information accessible to socially excluded groups. The Department followed this up with an equality Good Practice Review on access to information. A product of the review was good practice guidance which the Department issued in February 2004 to all HPSS Chief Executives, on communication and the provision of information. The guidance includes recommendations on how to produce and supply information regarding services, procedures, treatments, facilities, conditions, legislation, duties and entitlements.
- III. A feature of the HPSS Equality and Human Rights Strategy and Action Plan, due to be published in spring 2006, is the decision taken early in the development process that action points would not be put on hold until the strategy document is ready. One strand of action is the Accessible Formats Project which aims to make written information produced by HPSS organisations more accessible to people who do not have a sufficient command of English and to people with sensory disabilities. In March 2006, after an extensive audit and a tendering process, the Project launched a call-off list of best value providers of translations. The Project, which involves members of the HPSS Equality and Human Rights Steering Group and the Association of Healthcare Communicators, is working on an information booklet on HPSS services which will be produced in a range of languages for migrant worker and minority ethnic communities.
- IV. Translations of the adult consent form have been made available on the Department's website in Mandarin, Cantonese, Lithuanian, Polish, Portuguese and Romanian. The Consent Guides for adults and parents and the Patient Information Leaflet are also available on the website in a range of languages, as is the form for parental agreement for a child or young person. This range will be kept under review and will be extended in the light of evolving need. Posting these on the

website enables better coordination and greater availability across the HPSS.

- V. The Department's Publication Scheme, produced for the purposes of the Freedom of Information Act, sets out to facilitate greater public access to information held by the Department. It gives details of the classes of information which are available to the public and how to find that information.
- VI. The Department makes available on request its key documents in alternative formats and languages.
- VII. The Department's website is a key source of information for the public. It has been redesigned recently to make it more user-friendly.
- VIII. The Regional Interpreting Service came into operation in June 2004 to improve access to Health and Social Services for members of black and minority ethnic communities in Northern Ireland who do not speak English either as a first or competent second language. The Department is currently considering possible future models for the procurement and/or provision of interpreting services.
- IX. In recognition of both its obligations to comply with the requirements 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. Also during 2004 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 was to assess the level of compliance with the DDA provisions regarding access to services and to identify and share good practice. A detailed report was produced with a number of recommendations to improve access.
- X. In 2003 a good practice guide *Racial Equality in Health and Social Care* was produced in partnership with the Equality Commission to help ensure that services provided by the HPSS meet the needs of all sections of the community, including people from minority ethnic and Traveller communities. The Department and the Commission have agreed to prepare a second edition of this guide with the aim of publishing it by March 2007.

- XI. As part of the work on developing the HPSS Equality and Human Rights Strategy and Action Plan (see III above), an audit of equality issues was carried out. A key element of this was a major literature review which explored inequities and barriers to accessing health and social services experienced by various groups of people and identified recommendations for action. The findings and recommendations were shared with policy leads across the Department and the wider HPSS and have informed the action plan element of the strategy which is currently being drafted.
- XII. An annual Public Attitudes Survey is carried out to gauge the level of satisfaction with Health and Social Services in Northern Ireland and to indicate those areas in which the public would like to see changes and improvements. Access to information and services is a key feature of the surveys.
- XIII. The report published in May 2004 entitled "*Equality and Inequalities in Health and Social Care in Northern Ireland – A Statistical Overview*" brought together in a single document for the first time the full range of information that is being collected by the Department's Inequalities Monitoring System. A follow-up bulletin in December 2004 highlighted a number of issues which could be attributed to access problems.
- XIV. Issues of access are being addressed through a range of major HPSS strategies such as Developing Better Services; the New General Medical Services (GMS) Contract, and the Primary Care Strategic Framework – *Caring for People Beyond Tomorrow* - (which has access targets).

9. The authority's timetable for measures proposed in the scheme.

9a) Outline the extent to which measures set out in the original timetable have been implemented. Any detailed information should be included as an appendix to the report.

Prompt - Update any progress previously reported as underway or delayed. Has a mechanism been developed to report by exception i.e. on specific issues that have not been progressed?

(Enter text below)

I. The “Provisional summary timetable” in the Scheme is as follows

Year 1:	Assessment of monitoring arrangements
	Assessment of arrangements for providing information to the public
	Awareness training for staff at Staff Officer level and above
	Preparation of annual report on steps taken to promote equality of opportunity
Year 2:	Awareness training for all other staff
	Preparation of annual report on steps taken to promote equality of opportunity
Year 3:	Preparation of annual report on steps taken to promote equality of opportunity
Year 4:	Preparation of annual report on steps taken to promote equality of opportunity
Year 5:	Preparation of annual report on steps taken to promote equality of opportunity
	Comprehensive review of the Equality Scheme

The Department has met these commitments. Details are given throughout this report.

9b) If your authority was to be reconstituted in the next five years what would be the main scheme actions/equality considerations that an incoming authority should address? Any detailed information should be included as an appendix to the report.

Prompt - Outline what arrangements could be put in place to transfer equality scheme knowledge.

(Enter text below)

- I. There are no plans at present to reconstitute the Department in the next five years, however as part of the post-RPA some of the functions currently carried out by the Department will transfer to the Health and Social Services Authority. The overall effect of these changes on the Department will be a significant reduction in the

number of people working in the Department, and a stronger focus within the Department on setting policy and strategy. This will not entail a significant change in terms of mainstreaming equality into policy-making and planning.

- II. At present the precise roles and functions of the new structures are still under consideration so it would be premature to try to answer this question for these bodies at this stage. However a high-level inter-departmental committee has been convened to ensure that equality considerations are factored into the post-RPA restructuring.

10. Details of how the scheme will be published.

10a) Were scheme commitments in this section delivered and what evidence supports this view?

(Enter text below)

The commitments in this section of the Scheme have been delivered. Evidence is available in printed publications and on the Department's website.

11. The authority's arrangements for dealing with complaints arising from a failure to comply with the scheme.

11a) Outline the number and nature of complaints received by your authority, and what your authority could do in future to develop its complaints handling process and learn from complaints.

Prompt - Outline the nature of complaints and scheme element e.g. screening, consultation. What effect did complaints have on the operation of your scheme?

(Enter text below)

- I. Since 2001 the Department has received a total of 13 complaints alleging non-compliance with its Scheme. The complaints have largely been about the screening, EQIAs or consultation.
- II. All complaints were dealt with in accordance with the procedures set out in section 10 of the Scheme. Complaints received are investigated rigorously by EESPB. Whenever the Department has fallen short of its commitments in any respect this has been acknowledged and remedial steps have been taken.

- III. As indicated above, the Joint Foreword by the Minister and Permanent Secretary refers to the need to learn from experience of the implementation of the s75 duties. The Department regards complaints as a valuable aid to learning. In particular the complaints received have underlined the need to ensure that screening processes and decisions on whether to move to EQIA are fully documented. EESPB has sought to ensure that such learning is shared throughout the Department.

12. A commitment to conducting a review of the scheme within five years of its submission to the Equality Commission and to forwarding a report of this review to the Equality Commission.

12a) What has been your authority's experience of conducting this review? To what extent has the Commission's guidance been useful in undertaking the review?

(Enter text below)

- I. Elements of the Scheme clearly reflect how we understood s75 in 2000/01. Also, much of the content of the Scheme is time-bounded and is now out of date, e.g. the plans for EQIAs, so the Department would have wished to use the 5-year review as an opportunity to write a new Scheme, and in the process focus the review on producing an improved Scheme that reflects the key lessons learned since 2001. However, the Department has noted the Commission's advice to public authorities not to write new schemes at this stage.
- II. The Department believes it is appropriate to structure the review according to the provisions of Schedule 9 of the NI Act 1998 regarding schemes. However there are mismatches between, on the one hand, the headings borrowed from Schedule 9 and, on the other hand, the questions which the Commission has added to these headings.
- III. The review prompted EESPB to carry out the survey within the Department to ascertain people's knowledge and understanding of s75 in general and the Scheme in particular. This survey has provided a very valuable snapshot which EESPB is now factoring into plans for the next phase of equality training and awareness.
- IV. In some respects the review has been a matter of consolidation, in that EESPB staff had already initiated actions to address difficulties associated with the Scheme, e.g. revising the Region-wide EQIA Programme; placing greater emphasis on screening, and achieving greater clarity and transparency regarding screening and EQIAs.

- V. Overall, however, the review has been useful by helping the Department to identify areas requiring closer attention and renewed action.

DHSSPS
May 2006

Policies considered as not needing an Equality Impact Assessment, i.e. “screened out”

1. Pharmaceutical Services (dispensing of drugs and medicines)
2. GP Fundholding
3. Primary Care Commissioning Pilot Initiative
4. Personal Medical Services Pilots
5. Well into 2000. Health and Wellbeing into the Next Millennium (The Regional Strategy)
6. Annual Allocation of Resources
7. General Medical Services - Audit Issues
8. The Carers and Direct Payments Act
9. Good Practice in Consent – Consent for examination, Treatment or Care
10. Home childcarers scheme
11. Secure childcare accommodation
12. Children leaving care
13. Pre-employment Consultancy service
14. Personal data – confidentiality policy
15. Public /private partnerships in NHS
16. Developing diagnostic and treatment centres
17. Facilities for rehabilitation services
18. Regional Human Resources Strategy
19. Child Protection
20. *A Healthier Future* – a Strategic Framework for Respiratory Conditions
21. Information & Statistics Policy, and Research Policy
22. 20-year Regional Strategy for Health and Wellbeing – *A Healthier Future*
23. Regional Ophthalmology Centre
24. A strategic framework for Primary care – Caring for beyond tomorrow
25. Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland
26. Waiting list Management
27. Draft Guidance on Restraint and Seclusion in health and Personal Social Services
28. Care Management and Assessment
29. Proposals for Making Services Safer in Sperrin Lakeland Trust

Appendix B

Type of Training	Period	Participants	Provider	Achievement
Equality Impact Assessment Training	April 2001- March 2002	Relevant DHSSPS staff involved in undertaking equality impact assessments Training continued to be available on request	Central Services Agency	Staff involved in preparing EQIAs have a greater understanding of the process involved.
Human Rights and Equality Introductory Briefing	April 2001-March2002	172 staff at SO and above	Developed in conjunction with Central Services Agency	Raised awareness of Section 75 and its implications
Effective Consultation for Central Government	April 2001-March2002	20 DHSSPS staff	Information to follow.	Developed to meet a new need among key staff arising from the introduction of equality legislation. Relevant to business needs and provided a firm basis for mainstreaming equality when engaging in consultation.
Induction Training	April 2002 – Date	All new DHSSPS staff	In house	New staff are made aware of the Department's section 75 obligations. The role of the Equality Commission and sources of relevant information are also covered.
Diversity Excellence Model	April 2002-March 2003	17 staff	Centre for Management and Policy Studies (CPMPS)	Awareness and understanding of one systematic approach to promoting and monitoring respect for diversity.

Deaf Awareness Training	April 2002-Date	Available to DHSSPS staff	External	Raised awareness and understanding of communication needs of people who are deaf or hard of hearing.
Travellers' Issues	April 2002-March 2003	15 DHSSPS staff	Belfast Travellers Education and Development Group	Awareness and understanding of Travellers' way of life and marginalisation from the settled community.
Equality Awareness Brief	April 2002-2003	All DHSSPS staff via email, March 2003	In house	Provided a 'refresher' on equality obligations and encouraged managers to identify more formal equality training needs
Team Briefing System	April 2002 – date	All DHSSPS staff	In house	Used to raise and maintain awareness of equality & section 75 issues and to promote initiatives and developments
Deaf Awareness Training	April 2001 to present	94 DHSSPS staff to date	External	Understanding of BSL and ISL as languages, and introduction to signing.
Traveller Issues/Cultural Awareness	April 2003- March 2004	11 DHSSPS Staff	Belfast Travellers Education & Development Group	Built on work already being carried out by Dept and HPSS on Traveller health issues
Religious Diversity Seminar	April 2003- March 2004 April 2004- March 2005	48 DHSSPS Staff 21 DHSSPS Staff	Developed and delivered by the NI Inter-Faith Forum	Raised awareness of the need to recognise different faiths in the workplace. It examined the value of diversity in the workplace.

Management Development Training	April 2003-Date	Relevant DHSSPS management staff	Internal and external providers	Training providers asked to ensure that diversity is included as an integral part of all management development programmes
Protecting Dignity at Work	April 2004- Date	All DHSSPS staff	In-house	Ensures awareness and understanding of the Department's new policy on harassment and on equal opportunity obligations
Section 75 Awareness Raising	June 2004	Project Team Members from HSS Boards and Trusts	In- house	Created awareness of the requirements of section 75 and the implications for specific service improvement projects.
EQIA Training	September 2004	70 nominated staff from the HPSS	Delivered by Down Lisburn Trust	Equipped participants with knowledge necessary to contribute effectively to EQIAs
Equality, Diversity & Human Rights Section on DHSSPS website	December 2004-date	All staff with access to the internet	In house	Provided a source of information and guidance to staff.
Equality Screening training	March 2006	Approximately 80 DHSSPS policy staff	External equality specialist - Dr John Kremer	Staff now equipped with the skills and knowledge to confidently carry out the screening of policies.