



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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an Fowk Siccar**



A STRATEGY AND ACTION PLAN TO PROMOTE EQUALITY, GOOD RELATIONS AND HUMAN RIGHTS

**CONSULTATION REPORT
December 2007**

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Section 1: Introduction

- 1.1 On the 5th October 2006 the then Minister for Health, Social Services and Public Safety, Paul Goggins, announced the launch of a consultation document entitled [Strategy and Action Plan to Promote Equality, Good Relations and Human Rights](#). This report provides a general summary of the responses received to this consultation.
- 1.2 The strategy and action plan was developed by the Department in collaboration with its associated bodies and a wide range of stakeholders. The three key strategic priorities identified for action in the strategy are about improving people's experiences and access to information and services; mainstreaming equality and human rights; and promoting an equality and human rights culture across the Health and Personal Social Services, now referred to as Health and Social Care (HSC).
- 1.3 The consultation phase of the development process began with a workshop which provided key interests with an early opportunity to help shape the strategy and action plan. This was followed by the wider consultation exercise announced by the Minister which was extended beyond the end of December 2006 to accommodate requests for meetings and for more time to consider the strategy document. Follow-up telephone discussions also took place with a number of organisations to facilitate their responses.
- 1.4 Separate consultation meetings were held with a gathering of local interests facilitated by the Fermanagh Rural Community Network, with members of the South Armagh Rural Women's Network and with representatives of the Northern Ireland Human Rights Commission and the Community Relations Council.
- 1.5 The Department would like to thank all those who attended the meetings to discuss the strategy and action plan, and to all those who took the time to consider and respond to the consultation document. In total 28 responses were received, all of which were carefully considered. A complete list of those who responded can be found at Annex A.
- 1.6 The next section of the report provides an overview of the key messages which emerged from the consultation. Thereafter, each section of the report deals with the responses to the specific questions raised in the consultation.

Section 2: Overview of Key Messages

- 2.1 While there were mixed views expressed, it is fair to conclude from the responses that the strategy and action plan was generally welcomed with many expressing unequivocal support for it.
- 2.2 There were some who felt that it did not go far enough, particularly in terms of saying more about the social determinants of health and in tackling the root causes of health inequalities such as poverty, social exclusion, housing and educational attainment. Some questioned whether the strategy had the capacity to make any real difference to front line service delivery.
- 2.3 There were calls for the aim to be strengthened and suggestions about how the wording might be changed to achieve this. While there was common agreement on the guiding principles and positive feedback on the three strategic priorities and supporting objectives, many found the success factors and associated key indicators confusing and repetitive.
- 2.4 There were calls for measurable targets to be included and for a greater focus on outcomes. A number of respondents stressed the importance of establishing effective progress monitoring arrangements and for sufficient resources to be attributed to implementation of the strategy and action plan.
- 2.5 Commenting on the action plan itself, a number of respondents agreed that it represented a useful starting point for implementing the strategy. Some singled out particular actions for their support with many suggestions for additional actions and amendments. There were others who believed that it did not go far enough particularly in terms of specific actions to promote good relations or to tackle health inequalities.

Section 3: Summary of Responses to Consultation Questions

Scope

- 3.1 The scope of the strategy was described as covering equality, good relations and human rights, encompassing not only the nine distinctions in Section 75 but also socio-economic and geographical inequalities, including rurality. Views were sought on the scope and whether it was clearly explained.
- 3.2 While there were no concerns expressed about the way the scope was expressed, several respondents did suggest that it should be widened to address social and other contributors to health inequalities such as poverty, and social exclusion. Others believed that it was important to include other determinants of health relating to e.g. lifestyle, housing and unemployment.
- 3.3 One organisation suggested that community development approaches should be included in the scope, while another believed that it should not only consider equality of access, but also specialised and enhanced access to services where this is necessary.
- 3.4 One respondent wanted to know if the health inequalities of older people would be addressed.
- 3.5 The fact that human rights had been included in the scope was generally welcomed.

Aim

- 3.6 Those consulted were asked if they agreed with the overall aim of the strategy which was:

To promote equality, good relations and human rights within a health and social care system that accommodates diversity and is accessible to all those who need it.
- 3.7 While those who responded to this question were in the main supportive of the aim, there were a number of suggestions for rewording with several respondents suggesting that it should refer to “*mainstreaming*” equality, good relations and human rights, rather than “*promoting*”.
- 3.8 It was also suggested that the phrase “*values diversity*” would be a stronger statement than “*accommodates diversity*”.

- 3.9 One organisation described the wording of the aim as weak and wanted it changed to be outcome focused. Another believed that there should have been a reference to challenging inequalities.

Guiding Principles

- 3.10 The guiding principles set out in the consultation document included operating in an open, inclusive and accessible way, building trust and partnerships between HSC and communities and individuals through a process of engagement, learning from the experience of carers and service users in order to reduce inequalities in health and social care, and taking a community development approach.
- 3.11 There was common agreement on the guiding principles with a few respondents expressing particular support for the one referring to “*taking a community development approach*”. A Health and Social Care Trust commented that the principles would help to integrate an equality perspective into its everyday work.
- 3.12 Another organisation expressed their support for the guiding principles being short and to the point while suggesting that providing an explanatory section may help the reader to better understand the processes involved and also encourage their participation in its implementation.
- 3.13 One respondent felt that the principles raised some questions and suggested that they should be expanded. Another suggested that the social determinants of health should be included as one of the guiding principles.

Development Process

- 3.14 Chapter 2 explained that key interests had been involved in the strategy development process from the earliest stages through a series of meetings, followed up with a consultation workshop. The process also involved a stock-take exercise of equality and human rights issues identified from published literature and action being taken on a number of fronts to address issues which warranted early intervention.
- 3.15 While there weren't any major concerns expressed about the development process, one organisation, in welcoming the inclusive and comprehensive nature of it, did question the extent of user groups' involvement.
- 3.16 Another organisation expressed concern at the omission of references to the Sexual Orientation Strategy and Action Plan and the Ageing in an

Inclusive Society document and wished this to be addressed in the final document.

- 3.17 As regards the projects that were initiated during the development process to improve access to information and services, they were generally described as important and helpful. Commenting specifically on the Accessible Formats Project, one respondent suggested that it needed to also address the needs of disabled people in relation to accessibility of information in terms of, for example, the provision of easy to read versions of published material.
- 3.18 Another respondent, while believing that the projects had laudable aims, expressed concerns about how the DHSSPS will assess impact and progress against measurable outcomes.

Strategic Priorities & Objectives

- 3.19 Views were sought on the three key strategic priorities and associated objectives which were presented as a driving force for the strategy and action plan. They were about improving people's experiences and access to information and services as well as mainstreaming and promoting a culture of equality & human rights across the Health and Social Care sector.
- 3.20 Feedback was generally positive, although one respondent expressed concerns about the ability of the supporting objectives to achieve the strategic priorities. Several stressed the importance of having measurable objectives to monitor delivery and secure change. Some respondents referred to the importance of training and there was one call for the strategic priorities and objectives to be rural-proofed.

Success factors and key Indicators

- 3.21 Comments were sought on six success factors and associated indicators which were considered important to the delivery of the strategy and action plan. The success factors included leadership and accountability for delivering the strategy and action plan, effective involvement of people through the development of meaningful internal and external partnerships and continuous monitoring, evaluation, feedback and evidence of results.
- 3.22 There were many concerns raised about the success factors and indicators with some describing them as being repetitive, vague and confusing. There were suggestions that they should be replaced with measurable targets or objectives and that some of them should be moved to the action plan.

3.23 One responded called for fewer but more meaningful and robust indicators.

Action Plan

3.24 Chapter 4 set out the proposed action plan, explaining how it was derived, the resource implications and the monitoring and review arrangements. Consultees were asked if it represented a useful starting point for implementing the strategy, if the actions went far enough to promote equality, good relations and human rights and if not what more could be done.

3.25 This chapter generated most interest and comment. A number of respondents agreed that the action plan represented a useful starting point for implementing the strategy with some singling out particular actions for their support. There were others who believed that it did not go far enough particularly in terms of specific actions to promote good relations or to tackle health inequalities.

3.26 There were many suggestions for additional actions and amendments including, for example, adding the requirement to produce Disability Action Plans, additional actions to tackle health inequalities in rural areas and diversity training. One respondent felt that care services for people who suffer from disabilities, mental health problems and older people needed to be addressed in the actions. Another commented on the absence of any actions in the strategy to improve the life chances of disadvantaged children. Another felt it was important that culturally competent services and associated actions were not confined exclusively to Black and Minority Ethnic groups. Two respondents highlighted the risk of establishing a hierarchy of categories particularly as the strategy seeks to promote equality of opportunity among all groups.

3.27 There were calls for measurable targets and outcomes to be included and for clear processes to be put in place for robust monitoring of progress.

3.28 Several respondents referred to the importance of funding the strategy and action plan.

3.29 A few organisations expressed a desire to be actively involved in taking forward implementation of the strategy.

Equality Screening

3.30 Comments were invited on the outcome of the equality screening exercise which concluded that an Equality Impact Assessment (EQIA) of the strategy was not appropriate.

3.31 Only two respondents were concerned that the strategy did not undergo an EQIA. One believed that an EQIA would tease out the impact of procurement policies on employees, clients and wider society. The other didn't give a reason why they felt an EQIA should have been carried out. No respondents identified any potential adverse impact.

Section 4: General Comments

- 4.1 This section of the report reflects some of the more general comments received which did not readily align with any of the questions posed in the consultation questionnaire.
- 4.2 Several respondents believed that some people would have difficulty understanding the strategy and what it would mean in practice.
- 4.3 A few questioned whether it had the capacity to make a real difference to front line services. Another suggested that it had “*nothing new, innovative or radical*” to offer. However, another described it as “*thoughtful and comprehensive*”.
- 4.4 One organisation believed that, as currently constituted, the strategy would “*fail to deliver solutions to the health problems faced by excluded groups and communities in our society*”. Another considered it “*a welcome move to improve access for all*”.
- 4.5 It was criticised by one respondent for “*not targeting resources to reduce existing health inequalities or other social-economic inequalities*” that impact on health. It was praised by another for providing a useful mechanism to mainstream equality, good relations and human rights.
- 4.6 Another suggested that the Department and HSC consider formulating a separate strategy for human rights.
- 4.7 In commenting on the good relations aspect, one organisation felt it was important to set the strategy in the context of the Northern Ireland situation by, for example, acknowledging that conflict happened and that we are now in peace process and need to address the legacy of the past and our growing multi cultural society.
- 4.8 Finally, one respondent commented that the success of this strategy depends on cultural changes and that these will take some time to develop.

Section 5: Next Steps

- 5.1 The strategy and action plan has been revised to take account of the comments and suggestions made in the consultation responses.
- 5.2 While at this stage it has not been possible to accommodate all of the comments and changes suggested, the strategy has been developed as a working document capable of being developed and adapted on an ongoing basis in response to changing circumstances. The consultation responses will therefore be revisited as the strategy and action plan is further developed.

Further Information

- 5.3 A copy of any response on the list in Annex A may be obtained by contacting the address, telephone number or E-mail address below. Copies of this report can be provided in alternative formats and languages and is accessible on the Department's website at <http://www.dhsspsni.gov.uk/index/hss/equality/equality-strategy.htm>

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Annex A

Consultation responses were received from:

Age Concern, Northern Ireland
ANIMATE
Anne Gallagher
Armagh City & District Council
Causeway Health and Social Services Trust (HSST)
Citizens Advice, Northern Ireland
Community Relations Council
Disability Action
Down District Council
Down Lisburn HSST
Equality Commission for Northern Ireland
Eastern Health & Social Services Board
Homefirst HSST
Institute of Public Health
Law Centre (NI)
Northern Health & Social Services Board
NI Judicial Appointments Commission
Northern Ireland Council for Voluntary Action
North & West Belfast HSST
Northern Ireland Human Rights Commission
Pharmaceutical Society of Northern Ireland
Royal College of Physicians of Edinburgh.
Royal College of Nursing
Southern Health & Social Services Board
South Armagh Rural Women's Network
The British Psychological Society
UNISON
Western Equality & Human Rights Forum