ANNEX 1

EQUALITY IMPACT ASSESSMENT

1. Introduction

Northern Ireland Act 1998

1.1 Section 75 of the Northern Ireland Act 1998 requires the Department of Health, Social Services and Public Safety (DHSSPS) in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity:

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

1.2 In addition, without prejudice to the above obligation, DHSSPS should also, in carrying out its functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

1.3 Consequently, each public authority is required to carry out Equality Impact Assessments (EQIAs) on those strategies or policies identified as having significant impacts on equality of opportunity.

1.4 An EQIA is a thorough and systematic analysis of a strategy or policy to determine the extent of differential impact upon the relevant groups and, in turn whether that impact is adverse. Adverse impact is where it has a negative impact on groups or individuals in relation to one or more of the

S75 groups.

2. Background

2.1 Sexual health is an important part of physical and mental health as well as emotional and social wellbeing. The overarching, Investing for Health Strategy, which was published in 2002, committed the Department to developing a Sexual Health Promotion Strategy and Action Plan. A draft Sexual Health Promotion Strategy and Action Plan which included an equality impact assessment was subsequently developed by an inter-sectoral working group.

2.2 A 12 week public consultation on the draft Strategy and Action Plan ended on 19 March 2004. A summary of responses to the consultation is available online on the Department of Health, Social Services and Public Safety's website www.dhsspsni.gov.uk. Particular questions were also asked about the impact of the Strategy and Action Plan with regard to the groups identified in paragraph 1.1.

2.3 In summary, the majority of respondents (87%) agreed with the EQIA although some also intimated that the limited data available restricted its validity. 56% of respondents stated that they felt there would be no adverse impacts. The main groups which respondents felt would be adversely impacted included men, the gay community, religious/ faith groups, disabled and racial groups. Issues raised included accessibility to information and services; communication difficulties; consultation with S75 groups at implementation stage to ensure S75 needs are met; ongoing monitoring during the implementation stage to ensure equality of opportunity for all and to identify adverse impacts.

2.4 Responses to the consultation have been taken into account in the revised Strategy and Action Plan and EQIA.

3. Aim of the Strategy and Action Plan

3.1 The Strategy aims to improve, protect and promote the sexual health and wellbeing of the population in Northern Ireland. The Strategy outlines its rationale, sets the current context, and provides information on rates of teenage pregnancy and sexually transmitted infections (STIs). Actions are grouped under the areas of prevention, training, services, research and monitoring and include raising awareness of sexual health issues through public information campaigns, prevention programmes, training of staff in sexual health skills and improving access to sexual health services.

3.2 The Strategy will address inequalities by targeting vulnerable groups including:

- those aged under 25 years, including those who are looked after or leaving care;
- gay and bisexual men; and
- commercial sex workers.

It will also ensure that the particular requirements of people with a disability and those from a black and minority ethnic background are taken into account and addressed.

4. Groups affected by the Policy

4.1 The Strategy and Action Plan is aimed at improving the sexual health of the entire population. It will affect all of the groups outlined in paragraph 1.1, however the revised Strategy maintains the groups most affected and as having particular requirements are age, gender, sexual orientation,

disability and racial group.

5. Consideration of Available Data and Research

5.1 Following consideration of the consultation responses, the Department has also looked at the data, information and research below:

- Sexually transmitted infections (KC60);
- HIV and STI Surveillance in Northern Ireland:2007 Communicable Diseases Surveillance Centre (Northern Ireland);
- Pupils' sexual experience - Young Person's Behaviour and Attitude Survey 2003, Central Survey Unit of the Northern Ireland Statistics and Research Agency;
- Sexual attitudes and lifestyles of young people (aged 14-25) – Towards Better Sexual Health 2002: fpaNI in association with University of Ulster;
- Legal Abortions in England and Wales on NI residents (Abortion Statistics 2006 Department of Health);
- DHSSPS Health and Social Wellbeing Survey 2001– sexual health section;
- How is it for you? A Survey into the sexual health services needs of young people in North & West Belfast, N&W Health Action Zone 2007
- Beliefs, Attitudes and Experiences about relationships and sexual education in post-primary Catholic Schools 2002 – ACCORD;
- Love for Life Survey 2002;
- Vital Statistics Ireland 2000;
- Meeting the Challenge? Young People Leaving the Care of Social Services and Training Schools in Northern Ireland, 1996;
- A Mighty Silence; A Report on the Needs of Lesbians and Bisexual

Women in Northern Ireland, 2002

- Learning to grow up: multiple identities of young lesbians, gay men and bisexual people in NI, Loudes, C - Northern Ireland Human Rights Commission, 2003;
- Disability and Sexuality: access to Family Planning Services; and
- Out of the shadows: A report of the sexual health and well-being of people with learning disabilities in Northern Ireland, fpaNI in association with University of Ulster, 2006.

A number of the data sources listed above are surveys and therefore are subject to sample error. Where differences between groups have been highlighted, the differences have been tested for statistical significance.

5.2 Data from each of these sources has been grouped under the nine equality group headings.

5.3 <u>Summary</u>

- More males than females attended GUM clinics with syphilis, gonorrhoea or HIV. More females than males were diagnosed with herpes. There was no real difference by gender for chlamydia or warts.
- A significantly higher proportion of males than females learnt about sexual matters from friends, while a significantly higher proportion of females than males learnt from lessons at school or their mother.
- There was no significant difference by gender in the proportion who said they had changed their lifestyle because of concern of catching AIDS or HIV virus (18% of males and 19% of females).
- A much higher proportion of males than females thought that sex between men was always wrong. A higher proportion of females than males

thought that sex between women was always wrong.

- A much higher proportion of females (75%) than males (46%) reported never carrying condoms.
- A higher proportion of males than females felt that staff in sexual health clinics were disapproving. A higher proportion of females than males felt that staff were supportive.
- The rates for diagnosis of new episodes at GUM clinics are generally highest in the 20-24 years age group.
- A higher proportion of people aged 16-24 reported that they had changed their lifestyle than respondents aged 35-44.
- A higher proportion of people who first had sex when they were under 16 than those aged 16-25 reported they would have liked to know more about sexual matters before they first had sex.
- A higher proportion of people aged under 16 than those aged 16-25 thought that sex between two men or women was always wrong.
- There was little difference in the proportion of people who never carried condoms between people aged under 16 (64.9%) and 16-25 (62.2%).
- 28% of NI resident females who had abortions in England or Wales were aged between 20 and 24, and 51% were aged between 20 and 29.
- A higher proportion of Protestants than Catholics thought that sex between two men or women was always wrong.
- During 2006, men who have sex with men were particularly vulnerable to syphilis (52% of total male diagnoses) and gonorrhoea (24% of total male diagnoses).
- In Northern Ireland, exactly half the gay men had tested for HIV and 7% of those were positive.
- During 2006, 53% of new HIV diagnoses were acquired through sex

between men and women.

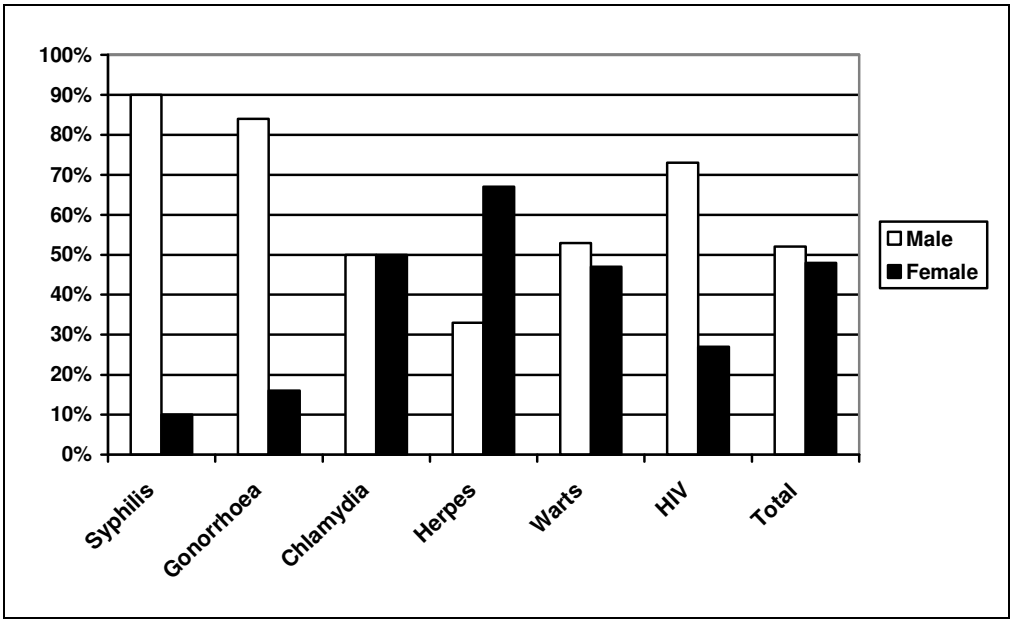
- Six months after discharge 1:5 of the young people leaving care and 2:5 of those leaving training school were, or had been, pregnant.
- 46% of lesbian or bisexual women had experienced discrimination at work and 20% had experienced violent assaults.
- Only 26% of family planning clinics could provide sex education, family planning and/or sexual health information for those with sensory and developmental/intellectual disability.

GENDER

Sexually Transmitted Infections

Figure 1 shows the percentage of new episodes of selected diagnoses made at Genitourinary Medicine (GUM) Clinics in Northern Ireland by gender.

Figure 1. New episodes of selected diagnoses made at GUM clinics by gender 2006



Source: KC60

During 2006, 90% of people diagnosed with syphilis were male and 84% of those diagnosed with gonorrhoea were male. 73% of people diagnosed with HIV were male.

More females (67%) than males were diagnosed at GUM clinics with herpes.

For chlamydia and warts, there is no real difference in terms of numbers for males and females.

Young Person's Behaviour and Attitude Survey 2003

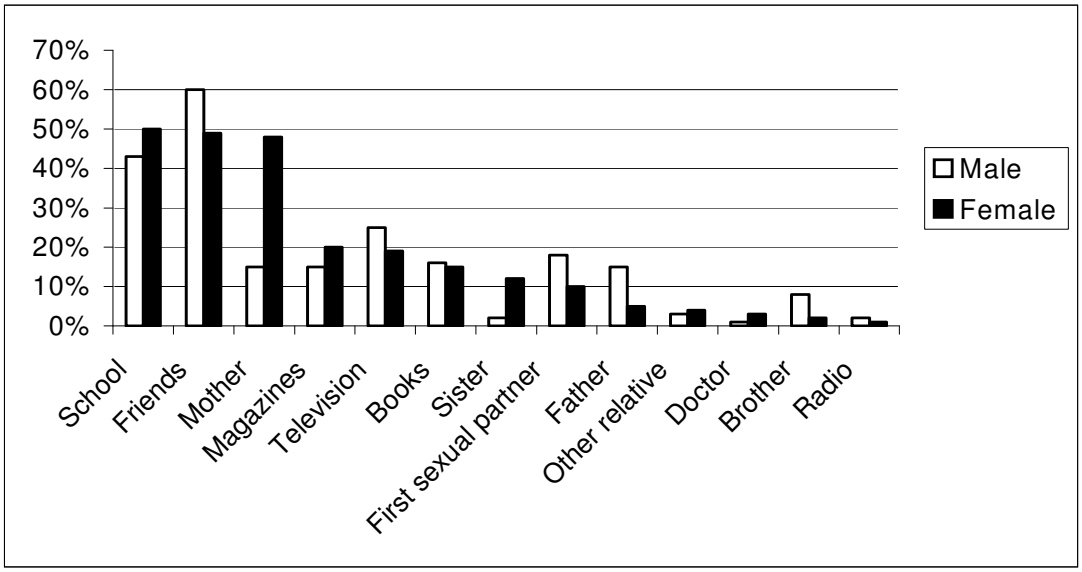
Nearly four fifths (79%) used some form of contraception the first time.

76% of boys and 81% of girls reported that either they or their partner used something to prevent getting pregnant. The percentage of boys reporting use of contraception by either themselves or their partner has risen since the last Young Person's Behaviour and Attitude survey in 2000, which found that a significantly higher proportion of girls than boys used something to prevent pregnancy when they first had intercourse.

Health and Social Wellbeing Survey 2001

Figure 2 shows the ways respondents learnt about sexual matters when they were growing up. The most common were through lessons at school or from friends and for females, from their mother.

Figure 2. How respondents learnt about sexual matters (all persons aged 16-44)



Source: Health and Social Wellbeing Survey 2001

A significantly higher proportion of males than females learnt from friends, while a significantly higher proportion of females than males learnt from lessons at school or their mother.

Respondents were asked if they had changed their sexual lifestyle because of concern of catching AIDS or HIV virus. There was no significant difference by gender in the proportion who said they had changed their lifestyle (18% of males and 19% of females).

Towards Better Sexual Health 2002

The table below shows the percentage of respondents who would have liked to know more information about particular items when they first had sex. There is little difference between males and females for each information need but a higher proportion of males than females wanted to know more about pregnancy and homosexuality and bisexuality.

Table 1. What respondents would have liked to know more about when they first had sex

	Male	Female
Safer sex techniques	42.9	39.8
STIs	37.5	35.9
Contraception	31.7	31
Pregnancy	26.8	23.5
Homosexuality & bisexuality	12.5	7.2

Source: Towards Better Sexual Health

Respondents were asked if they thought that sex between two men was wrong (Table 2). A much higher proportion of males (58.9%) than females (34%) reported that it was always wrong while a higher proportion of females (31.1%) than males (23.4%) thought it was not at all wrong.

Table 2. Attitudes towards homosexuality between two men

	Males	Females
Always	58.9	34
Mostly	3.5	8.6
Sometimes	5.5	6.4
Rarely	3.2	9.1
Not at all	23.4	31.1

Source: Towards Better Sexual Health 2002

When asked if they thought that sex between two women was wrong (Table 3), a higher proportion of females (33.6%) than males (23.6%) said that it was always wrong while a higher proportion of males (48.9%) than females (31.7%) thought it was not at all wrong.

Table 3. Attitudes towards homosexuality between two women.

	Males	Females
Always	23.6	33.6
Mostly	3.8	9.3
Sometimes	10.0	7.1
Rarely	8.3	8.3
Not at all	48.9	31.7

Source: Towards Better Sexual Health 2002

When asked if they carried condoms, 46.4% of men said that they never did and 21% said that they did when going out or on holidays. This compares to 75% of females who never carry condoms and only 6.6% who carry them when going out or on holidays.

In general, a higher proportion of females than males felt that staff in sexual health clinics were supportive. A higher proportion of males than females felt that staff were disapproving.

Table 4. Satisfaction with services at sexual health clinics.

	Males	**Females**
General Practitioner		
Supportive	44.8	60.2
Informative	34.5	28.7
Disapproving	20.6	11
Family Planning Clinic		
Supportive	53.2	70.6
Informative	25.0	21.8
Disapproving	21.9	7.5
Brook		
Supportive	53.3	80.0
Informative	20.0	16.3
Disapproving	26.7	3.8

Source: Towards Better Sexual Health 2002

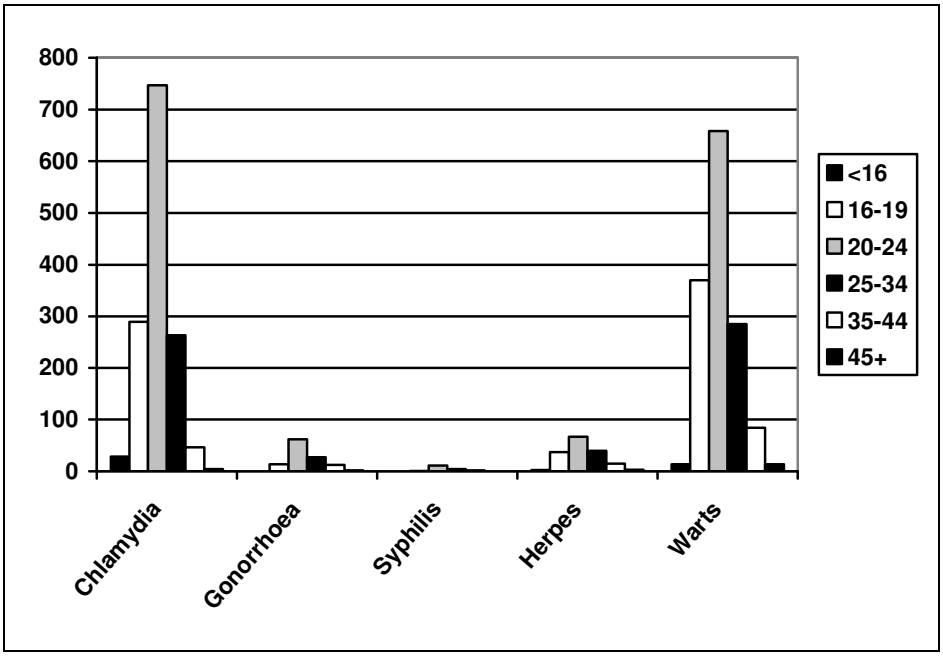
AGE

Sexually Transmitted Infections

The vast majority of people with STIs seen at GUM clinics are in the age groups 20-24 or 25-34 (combined total 70%). Those aged 15 or under diagnosed at GUM clinics make up less than 1% of the total.

The chart below shows the rates of new episodes of selected diagnoses by age group. The rates are highest in all of the selected diagnoses for people aged 20-24.

Figure 3. New episodes of selected diagnoses at GUM clinics by age group 2006



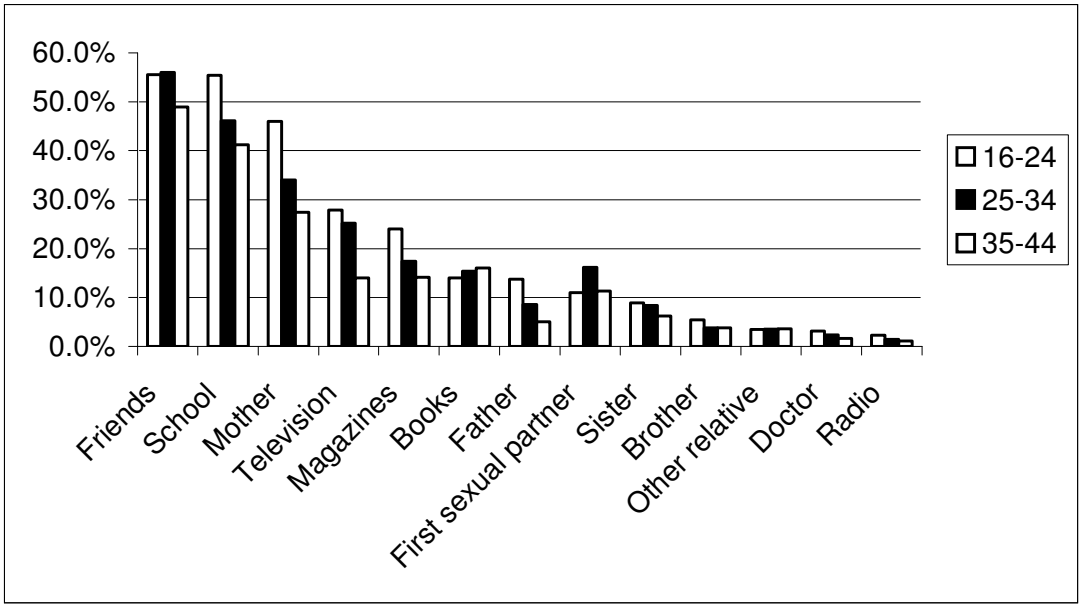
Source: KC60

Health and Social Wellbeing Survey 2001

The graph below shows the ways respondents learnt about sexual matters when they were growing up by age group. The most common for all three age groups

were through lessons at school, friends and from their mother.

Figure 4. How respondents learnt about sexual matters (aged 16-44)



Source: Health and Social Wellbeing Survey 2001

Respondents were asked if they had changed their sexual lifestyle because of concern of catching AIDS or HIV virus. A significantly higher proportion of people aged 16-24 reported that they had changed their lifestyle than respondents aged 35-44.

Towards Better Sexual Health 2002

First intercourse was most likely to occur at 15 or 16 years (20% and 18.7% of respondents respectively). About a third (36.7%) of all respondents had intercourse before 17, which is the legal age of sexual consent in Northern Ireland.

The table below shows the percentage of respondents who would have liked to know more information about particular items when they first had sex. A higher

proportion of those who first had sex when they were under 16 wanted to know more about all the aspects listed in the table than those who first had sex when they were over 16.

Table 5. What respondents would have liked to know more about when they first had sex

	Under 16	Over 16
Safer sex techniques	50.2	34.2
STIs	40.2	34.6
Contraception	37.2	26.9
Pregnancy	30.9	19.2
Homosexuality & bisexuality	13	6.1

Source: Towards Better Sexual Health 2002

Respondents were asked if they thought that sex between two men was wrong. A much higher proportion of people aged under 16 (54.5%) than those aged over 16 (35.8%) reported that it was always wrong while a higher proportion of people aged over 16 (34.8%) than those aged under 16 (19.6%) thought it was not at all wrong.

Table 6. Attitudes towards homosexuality between two men

	Under 16	Over 16
Always	54.5	35.8
Mostly	7.2	6.0
Sometimes	4.7	7.1
Rarely	6.1	7.1
Not at all	19.6	34.8

Source: Towards Better Sexual Health 2002

When asked if they thought that sex between two women was wrong, a higher proportion of people aged under 16 (34.7%) than those aged over 16 (25.1%) said that it was always wrong while a higher proportion of those aged over 16 (42.3%) than those aged under 16 (34.2%) thought it was not at all wrong.

Table 7. Attitudes towards homosexuality between two women.

	Under 16	Over 16
Always	34.7	25.1
Mostly	7.9	6.4
Sometimes	6.8	9.6
Rarely	9.2	7.5
Not at all	34.2	42.3

Source: Towards Better Sexual Health 2002

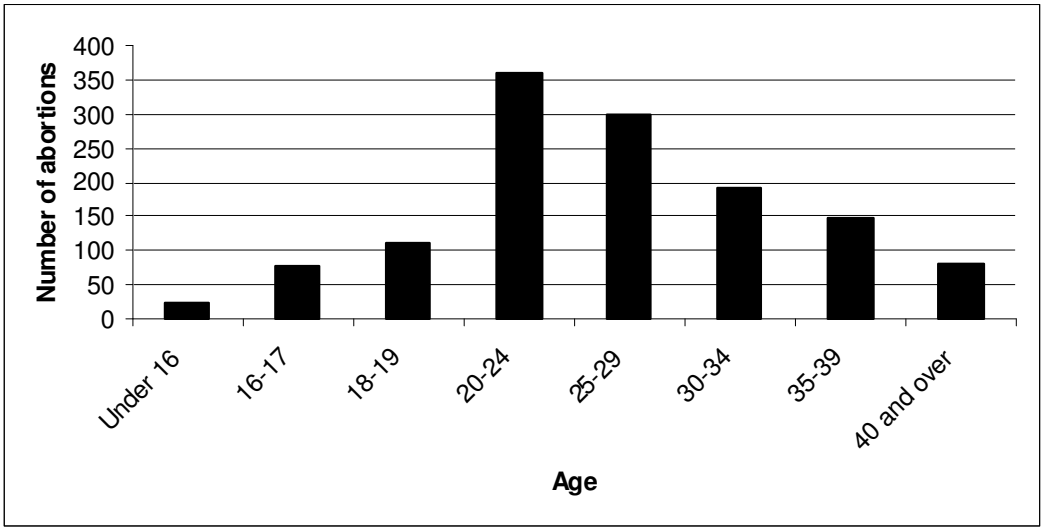
Respondents were asked whether or not they carried condoms. There was little difference in the proportion who never carried condoms between people aged under 16 (64.9%) and over 16 (62.2%).

Abortion Statistics 2006

The graph below shows the age breakdown of females from Northern Ireland who had abortions in England or Wales during 2006. 28% were aged between 20 and 24 and 51% were aged between 20 and 29.

213 teenagers resident in Northern Ireland travelled to England to have an abortion.

Figure 5. Legal abortions in England or Wales 2006 – NI residents



Source: Abortion Statistics 2006

Love for Life Survey 2002

This survey conducted in 2002 was completed by young people in schools in the Southern Education and Library Board to assess risk taking behaviour in post primary school children.

Table 8. Proportion of boys and girls in each age category answering YES to the question 'Have you ever had sexual intercourse?'

Ever had intercourse?	Age category		
	14 years	15 years	16 years plus
Males	16.4%	25.1%	37.5%
Females	11.8%	20.4%	29.1%

Source: Love for Life Survey 2002

As age increase, more boys than girls indicated that they had experienced

sexual intercourse.

Table 9. Proportion of those who had ever had sexual intercourse answering YES to 'Have you had sexual intercourse in the last month?'

Intercourse in last month?	Age category		
	14 years	15 years	16 years plus
Males and females	4.8%	9.0%	13.8%

Source: Love for Life Survey 2002

As age increases, the proportion of young people who are sexually active increases.

Meeting the Challenge? Young People Leaving the Care of Social Services and Training Schools in Northern Ireland

This research was published in 1996 and describes the experience of young people leaving the care of both social services and Training Schools. Its findings show that:

- two fifths of the young people leaving Board care and three quarters leaving Training School had received formal preparation for leaving;
- young people leaving Board care from a residential placement were the most likely to receive preparation;
- six months after discharge 1:5 of the young people leaving care and 2:5 of those leaving training school were, or had been, pregnant.

The report recommended that:

- in preparing young people for leaving state care the full range of their psycho-social needs should be addressed with particular attention to family relationships, to sex and sexuality and to education, training and employment.

RELIGIOUS BELIEF

A number of respondents to the consultation considered that the Strategy discriminated against religious groups and suggested greater prominence to the abstinence/ delayed sex behavioural approaches. Further discussion has also taken place between the Department and representatives of faith groups. Views have been taken into account and the Strategy revised to highlight that abstinence and delayed first sexual activity are positive choices.

Towards Better Sexual Health 2002

Respondents were asked if they thought that sex between two men was wrong. A much higher proportion of Protestants (56.6%) than Catholics (32.4%) or any other group reported that it was always wrong.

Table 10. Attitudes towards homosexuality between two men

	Catholics	Protestants	Atheists	Other
Always	32.4	56.6	23.1	48.6
Mostly	6.3	7.5	1.5	4.1
Sometimes	8.4	4.1	4.6	8.1
Rarely	8.1	6.4	3.1	5.4
Not at all	35.0	16.3	61.5	31.1

Source: Towards Better Sexual Health 2002

When asked if they thought that sex between two women was wrong, a higher proportion of Protestants (39.6%) than Catholics (20.2%) said that it was always wrong.

Table 11. Attitudes towards homosexuality between two women

	Catholics	Protestants	Atheists	Other
Always	20.2	39.6	10.8	35.6
Mostly	5.8	8.7	3.1	4.1
Sometimes	9.4	7.3	6.2	12.3
Rarely	9.9	8.4	3.1	4.1
Not at all	45.0	27.6	72.3	41.1

Source: Towards Better Sexual Health 2002

Beliefs, attitudes and experiences of pupils, parents and teachers – Accord

This report surveyed 746 young people aged 15(37%), 16(62%) and 17(1%) in Catholic maintained post-primary schools, of whom 29% indicated that they had experienced sexual intercourse.

SEXUAL ORIENTATION

Some respondents to the consultation highlighted the potential adverse impact on lesbian, gay, bisexual and transgender (LGBT) pupils in relation to the content and delivery of sexual orientation in relationship and sexuality (RSE) education in schools. Since the consultation, the RSE guidelines have been revised and teachers have received training.

Sexually Transmitted Infections (KC60)

During 2006, of those men attending GUM clinics diagnosed with a new episode of gonorrhoea, 24% were men who have sex with men. 52% of those men diagnosed with a new episode of syphilis were men who have sex with men.

Vital Statistics Ireland

This survey was conducted 2000 and the sample contains men who had sex with a man in the last year and those who expected to have sex with a man in the future.

In Northern Ireland, exactly half the men had tested for HIV and 7% of those were positive.

HIV and STI Surveillance in Northern Ireland

Since the previous EQIA was carried out, the prevalence of HIV/ AIDS in Northern Ireland has increased, and heterosexual transmission has assumed increasing importance. During 2006, 53% of new HIV diagnoses were acquired through sex between men and women. The previous EQIA found that HIV prevalence rates among people attending GUM clinics in Belfast are higher for homosexual or bisexual males than for heterosexual males or females.

Analysis of trends of the probable route of exposure is complicated by the small number of cases in each category and the potential for year to year variation. The table below shows the number of HIV infected individuals by year of diagnosis and probable route of infection.

Table 12. HIV infected individuals by year of diagnosis and probable route of infection, Northern Ireland.

Year of diagnosis	Sex between men	Sex between men and women
2001	11	7
2002	15	11
2003	7	24
2004	33	27
2005	22	39
2006	26	30

Source: Communicable Diseases Surveillance Centre (Northern Ireland)

A Mighty Silence: A Report on the needs of Lesbians and Bisexual Women in Northern Ireland

This report includes an assessment of the current needs and services available within the lesbian community in Northern Ireland. The findings highlight that:

- 20% of those interviewed had experienced violent assaults and none of these had reported the incident to the police;
- 46% of those interviewed state they had experienced discrimination at work;
- young lesbians and bisexual women continue to face rejection by their families, discrimination and harassment;
- experience of young women interviewed revealed that sexual orientation is largely ignored in our schools and the process of coming out can be an isolating and difficult experience;
- issues around sexual health of lesbian and bisexual women should be addressed.

Learning to grow up: multiple identities of young lesbians, gay men and bisexual people in NI

This research by NI Human Rights Commission found that young LGBT people experience isolation within society and sometimes with their families. It also highlighted the lack of information and specific health services for LGBT people within Northern Ireland.

Discussions with the voluntary sector have highlighted issues for gay and bisexual men women including:

- accessibility to GP and GUM services, particularly in rural communities;
- a perception that primary care attitudes, values and principles affect the

quality of service provided;

- a perception of a lack of privacy/ confidentiality; and
- education system not addressing the needs of gay, lesbian and bisexual young people which in turn impacts on mental health and wellbeing and can lead to other risk taking.

DISABILITY

There is limited information available on the sexual health of those with a disability. However, discussions with the voluntary sector have highlighted issues for those with a disability, including:

- a lack of recognition that a person with a disability can participate in full sexual and family relationships;
- lack of consistent sex education across Northern Ireland within schools, including special schools and day centres;
- access to sexual health services for those with a physical, mental health, sensory, learning or hidden disability e.g. ramped/flat entrances, accessible treatment rooms, tables and toilets, large print signs etc.;
- access to sexual health information and advice particularly for those with a sensory impairment or learning disability e.g. provision of information in accessible formats such as audio tape, use of plain English and pictures and provision of sign language interpreters;
- lack of recognition of the needs of gay and bisexual people with disabilities;
- potential for abuse of vulnerable adults due to lack of information and knowledge; and
- issues for those who acquire a disability during their lifetime.

Disability and Sexuality: Access to Family Planning Services

This survey, which was carried out in 1998, assessed the levels of access for disabled people to family planning, sex education and sexual health in Northern

Ireland. Questionnaires were completed by clinic staff. The findings highlighted that:

- 20-25% of family planning clinics were not accessible;
- less than half of the clinics had tactile floorways or large print signs;
- only 4 clinics had minicom systems. Of these only 2 were located in treatment rooms;
- only 26% of clinics could provide sex education, family planning and/or sexual health information for those with a sensory and development/intellectual disability;
- staff in 10 clinics had received disability awareness training, although in the majority (8) training had been to less that 25% of staff.

Out of the Shadows – sexual health and well-being of people with learning disabilities in NI

This report profiles the feelings, knowledge and experience of people with learning disabilities with regard to sex, sexuality and relationships. It found that many people with learning disabilities have limited understanding and experience of sexual health, notably sexual intercourse, pregnancy, contraception and STIs. The report recommends greater access to information, education and support for people with learning disabilities and their family carers. It also calls for clear policies and guidelines and better training and resources to help front-line staff and professionals to implement them.

RACIAL GROUP

There is no information available on the sexual health of those from an ethnic minority background living in Northern Ireland. Responses to consultation highlighted the issues of accessing services and information; awareness raising

and education; and difficulties with communication. Discussions with the voluntary sector here have also highlighted the importance of confidentiality and privacy.

6. Assessment of Impact

6.1 Consideration of responses to the consultation, discussions with voluntary organisations and the data in paragraph 5 suggests that while the Strategy will affect all of the groups outlined in paragraph 1.1, the groups most affected are considered to be the same as outlined in the original EQIA. Namely age, gender, sexual orientation, disability and racial groups are identified as having particular requirements.

6.2 The Strategy recognises that:

- sexual ill-health is not evenly distributed throughout the population;
- young people mainly account for the increase in STIs;
- there are strong links between social deprivation and teenage pregnancies;
- the particular requirements of people with a disability and those from a black and minority ethnic community e.g. access to sexual health services, information and education; and
- negative and discriminatory attitudes towards lesbian, gay, bisexual and transgender people could have an adverse impact on access to provision of services.

6.3 The Strategy and Action Plan identifies that some groups are particularly vulnerable and require particular attention. These include:

- young people aged under 25 years including those who are looked after or leaving care;
- gay and bisexual men; and
- commercial sex workers.

It also highlights the particular requirements of people with a disability and those from a black and minority ethnic community.

6.4 The specific actions contained in the Plan have been developed with these groups in mind and it is the Department's view that they should not have an adverse impact on any of the groups. The actions should promote equality of opportunity by ensuring that sexual health information and services, education initiatives, public information campaigns are developed to take account of the specific requirements of the particular groups; and that those professionals and others working in the field of sexual health receive relevant training and skills and are aware of the particular requirements of different groups. In addition the actions relating to education, training and public information campaigns will help to reduce negative attitudes and discrimination.

7. Monitoring of Impact of Policy

7.1 The Ministerial Group on Public Health (MGPH) will be responsible for the overall monitoring of the Action Plan. A multi-agency Sexual Health Promotion Network will be established to oversee and drive forward the Action Plan. The Network will report progress to MGPH annually. It will also collaborate with the Research and Development Office and DHSSPS to inform a local research programme and commission relevant research. Surveys will also be used to monitor progress.