



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

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Equality, Good Relations and Human Rights Strategy and Action Plan

January 2008

Aim:

“To promote and mainstream equality, good relations and human rights within a health and social care system that values diversity and is accessible to all those who need it.”

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MINISTERIAL FOREWORD

It is not acceptable that the level of health enjoyed by our people can be determined by where they live, or how well off they are. It is not acceptable that people who experience social and economic disadvantage tend to be sicker and die younger than others. These health inequalities must be eradicated as people are our greatest asset and we must ensure everyone receives the health care they need.

I know that addressing health inequalities has long been part of the core business of the Department and the wider network of Health and Social Care organisations. However, despite much excellent work across the service, the reality is that health inequalities still exist.

Improving access to services is one mechanism to combat health inequalities, another is involving people in decisions surrounding their own health care and treatments and also improving people's experiences of the services we provide. Getting these right is at the heart of providing a patient-led service and ensuring that we treat people with respect, dignity and fairness.

The research carried out to inform the development of this strategy identified two important issues for people from an equality and human rights perspective - access to information and services and their relationships with health and social care staff and professionals. This strategy and action plan rightly prioritises these areas for action.

Section 75 of the Northern Ireland Act 1998 and the Human Rights Act 1998 create specific legal duties for the Department and the Health and Social Care family of organisations with regard to promoting equality, good relations and human rights. However, equality, good relations and human rights cannot be addressed through legal avenues alone. We need to build them into everything we do as an explicit commitment so that our Health and Social Care services will be characterised by openness, integrity and fair treatment for all.

This strategy will serve as a reminder of the importance of equality, good relations and human rights and will provide clear and transparent direction for moving forward in a clear and coordinated way. It will support other

efforts to reduce health inequalities and to ensure that our Health and Social Care services are accessible to the whole community.

I know that senior management within the Department and throughout Health and Social Care place a high value on equality and human rights, and so do I. I am pleased to adopt this Strategy on behalf of my Department and to commend it to colleagues working in Health and Social Care.



Michael McGimpsey MLA
Minister for Health, Social Services and Public Safety

EXECUTIVE SUMMARY

Chapter 1

Chapter 1 sets out the case for a strategy and action plan to promote equality, good relations and human rights within Health and Social Care services. It also sets out the aim and scope of the strategy, concluding with the principles which will guide its implementation and the progress of the equality and human rights agenda more generally.

The overall aim of the strategy is:

“To promote and mainstream equality, good relations and human rights within a health and social care system that values diversity and is accessible to all those who need it.”

The need for this practical strategy and action plan arises from the existence and persistence of problems in access to health and social care; by demographic changes, and by equality and human rights legislation and particularly Section 75 of the Northern Ireland Act 1998 and the Human Rights Act 1998 (**Appendix 1**). There are also problems for some people trying to access Health and Social Care services. Some black and minority ethnic people who speak little or no English experience difficulties accessing Health and Social Care services. Despite the duty of care which health and social care staff owe to patients, and which is enshrined in codes of professional conduct, negative attitudes have been displayed by some staff which, for example, make some lesbian, gay and bisexual and transgender people reluctant to access the services they require.

This strategy and action plan is also intended to complement the *Investing for Health* strategy, which tackles health inequalities. Whilst there has been real progress on this front, there are still deep-rooted, complex and persistent problems. For example, people from isolated and disadvantaged communities and from socially excluded groups die at a younger age and are likely to spend far more of their lives with ill-health. Over time, this strategy and action plan will contribute to reducing inequalities and providing equitable access to Health and Social Care services.

The strategy covers equality, good relations and human rights as all three needs to be taken into account in policy development and service delivery. It reflects a set of coordinated actions to promote equality, good relations and human rights and provides a clear sense of direction. It will make a difference to our approach and organisational culture by ensuring that equality and human rights are more clearly reflected in all that we do. The actions will be guided by a set of principles which include, for example, operating in an open and accessible way and learning from the experience of carers and service users in order to reduce inequalities.

Chapter 2

Chapter 2 explains the strategy development process which is summarised in the diagram in **Appendix 2**. The process began with a series of meetings with key interests including representatives from a number of non-government organisations which revealed broad support for developing the strategy.

An extensive stock-take of equality and human rights issues relating to policy development and service delivery was carried out. This included an in-depth literature review, a comprehensive analysis of the “Equality and Inequalities in Health and Social Care in NI: A Statistical Overview” report published in May 2004 as well as a review of the outcome of the 2004 Public Attitudes Survey commissioned by DHSSPS.

We also examined a number of existing and developing DHSSPS policies and strategies (**Appendix 3**) to determine the extent to which they were addressing the issues and problems identified through the stock-take exercise.

While the outcome of these reviews provided some reassurance about their potential to address many of the access problems identified, there were some areas that warranted intervention during the development process. Several projects were therefore initiated aimed at improving access to information and services e.g. the Accessible Formats Project and a review by Disability Action of measures taken across Health and Social Care to meet the obligations of the Disability Discrimination Act.

Chapter 3

Chapter 3 outlines the strategic priorities and objectives which will drive the strategy and action plan.

The outcome of the stock-take exercise specifically highlighted two important issues for people from an equality and human rights perspective: - access to information and services, and their relationships with health and social care staff and professionals. The strategic priorities and supporting objectives, along with the activities set out in the action plan seek to address these two areas.

The three strategic priorities identified for action are (1) improving people's experiences and access to information and services; (2) mainstreaming equality and human rights; and (3) promoting an equality and human rights culture across Health and Social Care.

Chapter 4

Chapter 4 introduces the action plan which represents the first stage in implementing the strategy. The work on promoting equality, good relations and human rights is a continuous process and as such the strategy is considered to be a working document capable of being adapted to take account of changes and other factors.

The action plan was derived from the list of problems identified through the stock-take exercise and is consistent with the strategic priorities and objectives driving the strategy as well as the Section 75 and human rights statutory obligations.

It is envisaged that this phase of the implementation of the strategy and action plan will be possible largely within existing resources.

Chapter 1- Introduction

- 1.1 This introductory chapter sets out the case for a strategy and action plan to promote equality, good relations and human rights within Health and Social Care services. It also sets out the aim and scope of the strategy, concluding with the principles which will guide its implementation and the progress of the equality and human rights agenda more generally.

Core Values

- 1.2 Equality, good relations and human rights, along with the related principle of promoting social inclusion, are among the core values which underpin and justify much of the work of the Health and Social Care services. Many of our normal functions are about promoting such values in our dealings with children, older people, and people with disabilities, people with mental ill-health or others who are marginalised from society.

Tackling health inequalities

- 1.3 [Tackling health inequalities](#)¹ is a top priority for Government and it was a key health theme for the UK Presidency of the European Union during 2005. Reducing health inequalities was one of the outcomes expressed in our Public Service Agreement (PSA) set out in [Priorities and Budget 2005-2008](#)². The PSA referred to equitable access to life-saving interventions and equitable access to high quality, modernised acute, primary and community care services on a regional and local basis.

Health Inequalities

- 1.4 While progress has been made on a number of fronts to tackle health inequalities, primarily through the [Investing for Health](#)³ strategy, the reality is that significant health inequalities still exist in Northern Ireland. The social determinants of health such as low income, unemployment, low educational attainment, poor working and housing

¹ Further information can be found at <http://www.dh.gov.uk/PolicyAndGuidance/International/EuropeanUnion/EUPresidency2005/fs/en>

² Further information can be accessed at <http://www.pfgbudgetni.gov.uk/pfg0508fulldoc.pdf>

³ Further information can be accessed at <http://www.investingforhealthni.gov.uk/>

conditions as well as lack of access to health and social care services all have a negative impact on people's health and well-being and lead to inequalities.

- 1.5 The Investing for Health strategy places emphasis on policies designed to promote inter-sectoral working, recognising that the statutory sector cannot by itself achieve the desired improvements in health but needs to work together with non-statutory, community and voluntary groups. Cross-departmental strategies and action plans have been, and are continuing to be developed in a range of areas, including drugs and alcohol misuse, food and nutrition, suicide prevention, mental health promotion, physical activity, sexual health, tobacco and teenage parenthood.
- 1.6 Health inequalities relate to population groups and the disparities in health and life expectancy between different groups in society. Health Inequalities are found across different geographical areas, between genders and different ethnic communities, and between different social and economic groups. For example, people from isolated and disadvantaged communities and from socially excluded groups die at a younger age and are likely to spend far more of their lives with ill-health. The average life expectancy of Travellers is between 11 and 15 years below that of the settled community. The death rates from coronary heart disease, cancer and stroke for the lowest socio-economic group are more than twice that of the highest socio-economic group. There is also the high rate of suicide amongst young men in Northern Ireland. There are higher levels of diabetes among people in the "unskilled" socio economic grouping. There is also a high prevalence of obesity and pre-obesity amongst children and young people in Northern Ireland.

Equality and Human Rights Issues

- 1.7 Equality and human rights issues in Health and Social Care are largely about matters such as respect for life, dignity, equality and access - how people are treated, should be treated and expect to be treated. It is about putting individuals at the heart of service provision.
- 1.8 The key articles in the European Convention on Human Rights that impact on health and social care services are:

- the right to life;
- the right not to be subjected to inhuman or degrading treatment or punishment;
- the right to liberty and security of the person;
- the right to a fair and public hearing;
- the right to respect for family and private life, home and correspondence;
- the right to freedom of thought, conscience and religion;
- the right to freedom of expression;
- the right to peaceful assembly and freedom of association;
- the right to marry and have a family; and
- the right to enjoy one's rights free from discrimination.

1.9 In addition, there are other international conventions to promote human rights, including the UN Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women.

1.10 We are aware of barriers and problems encountered by particular groups in society. For example, black and minority ethnic people who speak little or no English experience difficulties accessing Health and Social Care services. Lesbian, gay, bisexual and transgender people report negative attitudes on the part of some staff, in spite of the duty of care placed on health and social care professionals. People with mental health problems encounter difficulties accessing information, including information on diagnosis, medication, treatment options, and access to services, admissions/discharge, accommodation and social security benefits. It is reported that disabled women have particular difficulty in accessing services such as reproductive health care and screening. Inflexible opening hours make it difficult for young homeless people to access services during emergencies which occur "out of hours".⁴

⁴ All references in paragraph 1.10 originate from the DHSSPS *Access to Health and Social Services in Northern Ireland* literature review which can be viewed at <http://www.dhsspsni.gov.uk/index/hss/equality/eq-literature-review.htm>

- 1.11 The results of the [2004 survey](#)⁵ of public attitudes to Health and Personal Social Services in Northern Ireland revealed that 29% of survey respondents felt that Health and Social Care services did not treat all people fairly. Of those, almost two thirds (63%) cited elderly people as being a group treated less favourably, with one of the biggest perceived problems being attitudes of Health and Social Care staff towards older people. People from ethnic minorities, people with hearing impairments and people with learning disabilities wished to see access to information and interpreters being made easier. Respondents believed that service providers' premises should be made more disability-friendly and that there should be better out-of-hours services, especially in rural areas.
- 1.12 The paragraphs above provide just some examples of equality and human rights related issues that have implications for health and well-being and this strategy and action plan will contribute to addressing them.

Statutory Obligations

- 1.13 The need for this strategy is also driven by the continuing requirement to comply with equality legislation and particularly [Section 75 of the Northern Ireland Act \(1998\)](#)⁶, under which all public authorities including the Department and its associated bodies must have due regard to the need to promote equality of opportunity, and must have regard to the desirability of promoting good relations. The [Human Rights Act 1998](#)⁷ has brought about fundamental and far-reaching changes for the whole statute book (**Appendix 1**). We are becoming a more diverse society and our Health and Social Care services are responding to the changing times, to the changes in our population profile and to the changing needs of service users. We therefore need to do all we can to help meet the needs of all sections of our community and remove any barriers to accessing services.

⁵ Full details of the Public Attitudes Survey 2004 can be accessed at http://www.dhsspsni.gov.uk/index/stats_research/stats-pubs/stats-hpss_attitudes.htm

⁶ <http://www.opsi.gov.uk/acts/acts1998/80047--j.htm>

⁷ <http://www.opsi.gov.uk/acts/acts1998/19980042.htm>

1.14 Section 75 also creates a responsibility for the Department and its Health and Social Care partner organisations to take a pro-active, initiating approach to contributing to a shared society, rather than responding to the effects of a divided one, recognising and acknowledging the legacy of decades of sectarian conflict and challenging sectarianism and racism.

Scope and Aim of the Strategy and Action Plan

1.15 The Department and its associated bodies want to deliver a health and social care service that is characterised by openness, integrity and fair treatment for all and this strategy and action plan is designed to support this ethos. It is also about continuing to improve the responsiveness of our services taking account of societal inequalities, and ensuring that we continue to respect and promote human rights.

1.16 This practical strategy covers equality, good relations and human rights as many equality and good relations issues are also human rights issues. There is much in common between the work on promoting equality and good relations and on the promotion and protection of human rights. All three need to be taken into account in policy development and service delivery. We firmly believe that coordinated actions to promote equality, good relations and human rights will have a positive impact on the factors which underlie ill-health and social harm.

1.17 While this strategy clearly cannot address all of the equality and human rights issues prevalent in Health and Social Care services, it should help by providing a clear sense of direction for moving the equality and human rights agenda forward in a more coordinated and coherent fashion within Health and Social Care services. By ensuring that equality and human rights are at the heart of everything that we do, it will make a real difference to our approach and organisational culture.

1.18 It will serve as a framework for decisions and for securing support for equality, good relations and human rights initiatives.

- 1.19 The strategy will encompass not only the nine distinctions given in Section 75 of the Northern Ireland Act 1998 (age, disability, racial group, religious belief, political opinion, gender, sexual orientation, marital status, having or not having dependants) and the good relations duty, but also socio-economic inequalities, geographical inequalities including rurality, and human rights.
- 1.20 It will also complement and fully support the delivery of the aims and objectives of strategies such as the various strands of *Investing for Health*, designed to tackle the underlying determinants of health inequalities.
- 1.21 It will contribute to meeting targets for reducing health inequalities and to providing equitable access to Health and Social Care services.
- 1.22 It will report on the actions taken during the strategy development process to address equality, good relations and human rights issues. It will set out a range of corporate equality, good relations and human rights actions to help address some of the problems identified and to support the overall aim which is:

“To promote and mainstream equality, good relations and human rights within a health and social care system that values diversity and is accessible to all those who need it.”

Guiding Principles

- 1.23 Working to achieve this aim will mean applying the principles listed below which are already evident in many instances. They will guide the actions we take to promote equality, good relations and human rights and to tackle inequalities in health.
- operating in an open, inclusive and accessible way;
 - ensuring that equality, good relations and human rights remain a priority;
 - continuing to give practical expression to our responsibilities under equality and human rights legislation;

- building trust and partnerships between Health and Social Care organisations, communities and individuals through a process of engagement;
- working together with other Departments and organisations including voluntary and community sector bodies;
- learning from the experience of carers and service users in order to reduce inequalities in health;
- taking a community development approach; and
- making the best use of available resources to ensure effective promotion of equality of opportunity, good relations and human rights.

Chapter 2 - Development of the Strategy and Action Plan

2.1 This chapter outlines the process by which the equality, good relations and human rights strategy has been developed. It includes information about how we involved others, carried out a stock-take of equality and human rights issues and initiated action to address problems identified during the process. A chart setting out the development process can be found in **Appendix 2**.

Involving Others

2.2 From the outset steps were taken to ensure that key interests were involved in the development of the strategy. Early in the process we met with representatives from a number of non-government organisations to share our plans for developing the strategy and action plan. We also engaged with equality and human rights colleagues from across the family of Health and Social Care organisations. The feedback from both quarters indicated broad support for our proposal to develop the strategy itself and the proposed methodology.

2.3 The strategy development team was made up of equality and human rights practitioners drawn from the Equality and Human Rights Steering Group (EHRSG) which comprises representatives from across the Health and Social Care family of organisations. The project was guided and overseen by the EHRSG along with input from the Regional Equality Liaison Panel which draws its membership from regional and umbrella groups which have a particular interest in the equality group dimensions described in Section 75 of the Northern Ireland Act 1998.

2.4 Key interests were provided with periodic progress updates by letter and through information posted on the [Department's website](#)⁸. On 29th November 2005 a consultation [workshop](#)⁹ was held to share progress and to offer key stakeholders the opportunity to influence the strategy

⁸ The website can be accessed at <http://www.dhsspsni.gov.uk/index/hss/equality/equality-strategy.htm>

⁹ Further information on the workshop can be found at <http://www.dhsspsni.gov.uk/index/hss/equality/equality-strategy.htm>

and action plan. At the event participants considered a range of proposals presented for shaping the strategy and action plan in terms of its overall aim, scope, key success factors and, importantly, a series of actions offered as a starting point towards delivering on the overall aim and strategic objectives. The comments and suggestions made at the workshop prompted some changes to be made to the original proposals which have been incorporated into this draft.

Stock-take of Equality and Human Rights Issues and Action Initiated

2.5 A stock-take of equality and human rights issues was considered an essential task in the development of the strategy. It involved :

- a [literature review](#)¹⁰;
- a [review of the findings of a DHSSPS report on Equality and Inequalities](#)¹¹;
- a review of the outcome of [2004 Public Attitudes Survey](#)¹²; and
- an examination of existing and developing strategies, policies and initiatives (**Appendix 3**).

Below is a brief summary of these reviews and how they have informed the strategy development process.

Literature Review

2.6 The purpose of the [literature review](#)¹³ was to identify, from a range of academic and other publications, significant equality and human rights issues relating to service delivery and policy development in the field of Health and Social Care services. The review findings specifically highlighted inequities and barriers to accessing Health

¹⁰ Further information on the literature review can be found at

<http://www.dhsspsni.gov.uk/index/hss/equality/eq-literature-review.htm>

¹¹ Further information on the review of the findings of the DHSSPS report on Equality and Inequalities can be found at <http://www.dhsspsni.gov.uk/index/hss/equality/equality-strategy/equality-strategy-literature-review-secondary-analysis.htm>

¹² The full Public Attitudes Survey 2004 can be accessed at

http://www.dhsspsni.gov.uk/index/stats_research/stats-pubs/stats-hpss_attitudes.htm

¹³ Full details of the Literature review can be accessed at

<http://www.dhsspsni.gov.uk/index/hss/equality/eq-literature-review.htm>

and Social Care services for each of the nine dimensions set out in Section 75 of the Northern Ireland Act 1998.

Review of the Equality and Inequalities Report

- 2.7 In May 2004, the Department published a report “[Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview](#)”¹⁴, which draws together a wide range of information relating to inequalities in health and social care. Areas covered by the report include the impact of the Northern Ireland conflict on the population’s health and well-being; lifestyle; stress; mental health and suicide; and health and social care activity. The report also provides an assessment of area differences in morbidity, utilisation of, and access to, Health and Social Care services.
- 2.8 A [review](#)¹⁵ of this report was carried out for the purposes of identifying unfair access and other inequalities which were capable of being addressed.

Public Attitudes to Health and Personal Social Services in Northern Ireland, 2004

- 2.9 The [Public Attitudes Survey](#)¹⁶ sought to establish the level of satisfaction with Health and Social Care services in Northern Ireland and to provide feedback on those areas in which the public would like to see changes and improvements. The strategy development team reviewed the findings from the survey from an equality and human rights perspective and drew out a number of the problems.
- 2.10 From the information gathered from all of these reviews, the strategy development team formulated a long list of problems primarily focusing on barriers to accessing Health and Social Care services. It was decided that the best course of action was to share these

¹⁴ This report can be accessed at http://www.dhsspsni.gov.uk/index/stats_research/stats-equality/stats-inequalities.htm

¹⁵ This report is accessible at <http://www.dhsspsni.gov.uk/index/hss/equality/equality-strategy/equality-strategy-literature-review-secondary-analysis.htm>

¹⁶ The full details of the Public Attitudes Survey 2004 can be accessed at http://www.dhsspsni.gov.uk/index/stats_research/stats-pubs/stats-hpss_attitudes.htm

problems, initially within the Department and then across health and social care, so that they could be taken into account in ongoing strategy and policy development work which included, for example, the [Caring for Carers Strategy](#)¹⁷, the [Bamford Review of Mental Health and Learning Disability](#)¹⁸, the [Drugs and Alcohol strategy review](#)¹⁹ and the [Strategy for Addressing Domestic Violence and Abuse](#)²⁰.

Review of Existing and Developing Strategies, Policies and Initiatives

- 2.11 Our study of relevant existing and developing Departmental strategies, policies and initiatives (**Appendix 3**) revealed that many of them had the scope to address a wide range of the problems that had been identified through the stock take exercise. Some examples are set out on the next page to illustrate their significance in terms of addressing equality and human rights issues. The strategy and action plan will complement and fully support these strategies, policies and initiatives.
- 2.12 In the case of other relevant cross-departmental strategies, such as the [Racial Equality Strategy](#)²¹, [A Shared Future](#)²², the [Gender Equality Strategy](#)²³, [Sexual Orientation Strategy and Action Plan 2006 – 2009](#)²⁴ and the strategy for older people, [Ageing in an Inclusive Society](#),²⁵ it will copper-fasten the Department's contribution to the delivery of their aims and objectives.
- 2.13 Some of the key DHSSPS strategies, policies and initiatives directly relevant to this strategy and action plan are:

¹⁷ This document can be accessed at http://www.dhsspsni.gov.uk/caring_for_carers.pdf

¹⁸ The Review of Mental health and learning disability can be accessed at <http://www.rmhdni.gov.uk/>

¹⁹ The Review can be accessed at <http://www.dhsspsni.gov.uk/showconsultations?txtid=4071>

²⁰ This report can be accessed at http://www.nio.gov.uk/tackling_violence_at_home_-_strategy_for_addressing_domestic_violence_and_abuse_in_northern_ireland.pdf

²¹ This OFMDFM strategy can be accessed at <http://www.ofmdfmi.gov.uk/race-equality-strategy.pdf>

²² This document can be accessed at <http://www.asharedfutureni.gov.uk/>

²³ Further information on the OFMDFM led Gender Equality Strategy can be accessed at <http://www.genderequalityni.gov.uk/>

²⁴ This document can be accessed at <http://www.ofmdfmi.gov.uk/sexualorientationstrategy-5.pdf>

²⁵ Accessible at <http://www.ofmdfmi.gov.uk/age-ageing-in-an-inclusive-society.htm>

The regional strategy “[A Healthier Future](#)”²⁶ presents a vision of how our Health and Social Care services will develop in Northern Ireland over the next 20 years. The vision is that in 20 years the health and wellbeing of the people of Northern Ireland will be among the best in Europe. Levels of smoking, binge and excessive drinking and drug misuse will be at their lowest ever. People from all backgrounds will see a healthy diet and physical activity as normal. The health gap between the rich and the poor will have been substantially reduced.

The regional strategy recognises that coordinated actions to promote equality and human rights will have a powerful impact on the factors which underlie ill health and social harm.

The **[Investing for Health Strategy](#)**²⁷ was launched in March 2002 and represents a longer-term approach to tackling the factors that adversely affect health and perpetuate health inequalities. It is based on a partnership approach between Government Departments, public bodies, local communities, voluntary bodies, District Councils and the social partners.

It continues to generate action covering issues such as drugs and alcohol misuse, food and nutrition, home accident prevention, mental health promotion, physical activity, sexual health, tobacco and teenage parenthood.

It has key targets aimed at improving the levels of life expectancy here towards the best levels in EU countries. There are plans to achieve these targets by shifting the emphasis from the treatment of ill health to its prevention, and by focusing on tackling the wider determinants of ill health.

One of the targets is to improve the levels of life expectancy here towards the levels of the best EU countries, by increasing life expectancy by at least 3 years for men and 2 years for women by 2012.

²⁶ <http://mars.staging.nics.gov.uk/dhsspsstg/healthyfuture-main.pdf>

²⁷ Accessible at <http://www.investingforhealthni.gov.uk/>

The Primary Care Strategic Framework “[Caring for People Beyond Tomorrow](#)”²⁸ sets out a series of objectives with supporting actions to improve access to primary care services. Three of these objectives are:

- i To deliver to people within a minimum of 24 hours appropriate and equitable access to all primary care services.
- ii. To provide a comprehensive primary care out of hours emergency care service providing access, as appropriate, not only to general dental and community pharmacy services, but also to community nursing, mental health and other social care services.
- iii. To develop a broad range of multidisciplinary assessment and treatment services in primary care.

The Strategy “[Caring for Carers: Recognising, Valuing and Supporting the Caring Role](#)”²⁹ sets out to recognise, value and provide practical support for the important contribution that carers make to our society. It sets out a vision of what needs to be done to provide carers with the practical support they want and need to allow them to continue caring and, at the same time, to have as much access as possible to the same opportunities that the rest of us enjoy.

[Waiting lists](#)³⁰: The Minister announced the first stage of a major programme of reform to address Northern Ireland’s waiting times in July 2005. Significant progress has been made to reduce the length of time patients wait for inpatient or day case treatment, with the numbers waiting more than 12 months having fallen by almost 70% since the Minister’s announcement. In January 2006 the Minister announced the next steps in the reform programme, specifically detailing changes to the delivery of outpatient services.

²⁸ http://www.dhsspsni.gov.uk/caring_index.pdf

²⁹ http://www.dhsspsni.gov.uk/caring_for_carers.pdf

³⁰ Information on hospital waiting times <http://www.dhsspsni.gov.uk/index/waiting-lists.htm>

Smoking³¹ is a major cause of health inequality in Northern Ireland and it is the principal cause in the gap in life expectancy between the rich and poor. Smoke-free legislation was introduced from 30th April 2007 making it unlawful to smoke in most workplaces, public places and certain vehicles in Northern Ireland.

Action on suicide³² – In Northern Ireland there are around 150 suicides each year with just over 40% of these being young men under 35 years old. Towards the end of 2005 a suicide taskforce was established to develop a regional strategy for the prevention of suicide with particular reference to prevention of young male suicides. A **Suicide Prevention Strategy**³³ is being developed which contains a programme for action to reduce the suicide rate in Northern Ireland, particularly focusing on young males and those most at risk.

Proactive and collaborative approach to human rights –

Collaborative work across Health and Social Care is important in tackling specific human rights issues, raising awareness and promoting a positive approach to human rights generally. Joint Working Groups, with experts drawn from across the Health and Social Care, have produced guidance to inform the development of policy and practice on restraint and seclusion and a scoping study on clinical judgments. The Department and Health and Social Care also continue to take forward extensive work on consent which takes account of underlying human rights issues.

Community Development Framework³⁴ - The aim of the Framework is to provide a Management Board level performance management system to ensure that community development approaches are mainstreamed within Health and Social Care organisations and other statutory bodies. It enables Management Boards to measure their progress in terms of initiating, developing and sustaining community development approaches, across all areas of responsibility.

³¹ <http://www.dhsspsni.gov.uk/showconsultations?txtid=14079>

³² <http://www.dhsspsni.gov.uk/showconsultations?txtid=15454>

³³ <http://www.dhsspsni.gov.uk/showconsultations?txtid=15454>

³⁴ Accessible at <http://www.cdhn.org/documentbank/uploads/25028%20final.pdf>

These strategies and other reviews, e.g. the Bamford Review of Learning Disability and Mental Health, illustrate a fundamental fact: there are no neat boundaries between work labelled “equality” or “human rights” and the core business of the Health and Social Care family of organisations. The scope and aims of this strategy and action plan have been determined largely by these related strategies and reviews.

- 2.14 It is also worth mentioning that there are a wide range of practical steps being taken at local level by Health and Social Care Boards, Trusts and Agencies, the Investing for Health Partnerships and within the Health Action Zones to promote equality. For example, initiatives to accommodate the special religious and cultural dietary requirements of people in hospital, to provide local information booklets and leaflets in different languages, to involve young people in projects to promote good relations. This work is not just about complying with Section 75 but is integral to improving health and well-being for the whole population and fundamental to our values and purpose. The Department and its associated bodies are going further than the statutory duties under Section 75 to ensure that our commitments to promoting equality, good relations and human rights are clearly visible in our front-line services.

Actions Initiated During the Process

- 2.15 While the review of other policies, strategies and initiatives provided some reassurance about their potential to address many of the access problems identified during the stock take exercise, the strategy development team decided that certain areas warranted early intervention and they initiated actions for this purpose which are summarised below.

Accessible Formats Project

- 2.16 The [Northern Ireland Health and Social Services Interpreting Service](#)³⁵ (NIHSSIS) came into operation in June 2004 to improve access to Health and Social Care services for people who do not

³⁵ www.interpreting.n-i.nhs.uk

speak English either as a first or competent second language. While the NIHSSIS and a range of independent providers address need in relation to personal communication, meeting the need for written information to be produced in accessible formats lies beyond its remit. The strategy development team decided to initiate action to address some fundamental equality issues in relation to the provision of information in accessible formats. The Accessible Formats Project was set up to address this gap.

- 2.17 To date the Accessible Formats Project has produced two main outputs: the Regional Translations Contract and an information booklet '[Health and Social Care in Northern Ireland](#)'³⁶ published in English and thirteen other languages. The new translation arrangements³⁷ which have been established provide a standardised process which will ensure quality and professionalism in the translations procured. The booklet explains, for example, how to access services in terms of obtaining a medical card and registering with a GP practice and provide useful list of contacts.

Disability Action Project

- 2.18 While the requirements of the [Disability Discrimination Act 1995](#)³⁷, and particularly the duties which came into force in October 2004, prompted a substantial programme of access audits of premises and remedial work across Health and Social Care Boards, Trusts and Agencies to improve accessibility, the stock-take exercise revealed a range of difficulties experienced by people with disabilities in accessing Health and Social Care services.
- 2.19 The Department engaged Disability Action to review the action taken by Health and Social Care organisations and to advise on what further action was necessary to meet the obligations of the Disability Discrimination Act. Disability Action were asked to explore the effectiveness of the Boards', Trusts' and agencies' policies, practices and procedures as they related to the provision of access facilities to

³⁶ http://www.centralservicesagency.n-i.nhs.uk/display/regional_translation_contract

³⁷ Details of the Disability Discrimination Act 1995 can be viewed at <http://www.opsi.gov.uk/acts/acts1995/1995050.htm>

disabled people and to highlight any examples of good practice identified during the review.

- 2.20 Disability Action reported their findings to the Department which included a number of recommendations for action. These will be considered in conjunction with the outcome of an ongoing review of physical and sensory disability services.

Review of Region-wide Equality Impact Assessment Programme

- 2.21 Section 75 of the Northern Ireland Act 1998 requires the Department and its associated bodies, in carrying out their functions, powers and duties, to have due regard to the need to promote equality of opportunity. In complying with the provisions of Section 75 the Department routinely screens new and existing policies for equality implications in order to identify those that require an Equality Impact Assessment (EQIA).
- 2.22 The importance of an effective [screening and EQIA programme](#)³⁸ was considered fundamental to the effectiveness of Section 75 and to promoting equality of opportunity in keeping with this strategy. It was therefore decided early in the process to conduct a comprehensive review of the Department's approach to equality screening and its region-wide EQIA programme.
- 2.23 The review findings included 17 recommendations for making improvements to the way the region-wide EQIA programme operated including placing a greater emphasis on equality screening than before and providing more information about our programme and making it readily accessible. As a result we now include policies to be screened on our EQIA programme. We have produced internal guidance and organised training events to ensure more effective and robust screening. Our website now reflects more and better information about our plans for screening and EQIAs. We believe that our new emphasis on screening will help to ensure that any equality implications are identified early in the policy development process so that they can be addressed at that stage.

³⁸ <http://www.dhsspsni.gov.uk/index/hss/equality/eq-regionwide-egia.htm>

Equality, Diversity and Human Rights Webpages

- 2.24 The project team recognised the importance of providing access to reliable and up-to date information about the Department's approach to promoting equality, good relations and human rights. This would not only be for the benefit of service users but also provide a source of information, advice and guidance for staff, particularly for those involved in screening or EQIAs. To this end dedicated webpages were set up covering equality, diversity and human rights <http://www.dhsspsni.gov.uk/index/hss/equality.htm>
- 2.25 For service users they contain information about our programme of screenings and EQIAs and provide links to EQIA reports and other equality and human rights material. They also provide access to the Department's annual reports to the Equality Commission for Northern Ireland outlining progress on meeting the requirements of Section 75.

Equality and Human Rights Steering Group

- 2.27 As there is much in common between the work on promoting equality and work on promoting and protecting of human rights, it seemed natural that the remit of the then Equality Steering Group be extended to cover human rights. Before the strategy project started the Equality Steering Group focused almost exclusively on matters relating to Section 75.
- 2.28 The aim of this new Equality and Human Rights Steering Group is to provide a unified and coordinated approach to driving forward the equality and human rights agendas by supporting all Health and Social Care organisations to tackle inequalities in the delivery of services, through the promotion of equality of opportunity, good relations and human rights.

Chapter 3 – Strategic Priorities and Objectives

3.1 This chapter sets out the strategic priorities and objectives driving the strategy, explaining the reasoning behind them and how they will contribute to promoting equality, good relations and human rights.

Strategic Priorities and Objectives

3.2 The information revealed by the stock-take exercise and feedback from the consultation workshop has been used to formulate the three key strategic priorities and supporting objectives below which will be central to supporting the aim of the strategy. The outcome of the stock take exercise specifically highlighted two important issues for people from an equality and human rights perspective - access to information and services and their relationships with health and social care staff and professionals. The strategic priorities and supporting objectives below, along with the activities set out in the action plan in chapter 4 seek to address these two areas.

Strategic Priority 1: Improving people’s experiences and access to information and services

Strategic Objectives:

- ***To identify and address problems in relation to equality of opportunity and to promote and support practical actions to reduce inequalities.***
 - ***To take steps to identify and address access issues, increase respect for human rights and diversity and promote social inclusion and good relations.***
- (i) In keeping with our obligations under Section 75 of the Northern Ireland Act 1998 and human rights obligations, and in the interests of fair and just Health and Social Care services, we will pay particular attention to identifying and addressing any equality, good relations or human rights problems or unintentional adverse impact identified in the course of our work.

- (ii) Through the equality screening and EQIA processes, we will continue to look for measures to avoid or mitigate any adverse impact and consider alternative policies that might better achieve the promotion of equality of opportunity and good relations.
- (iii) We will continue to listen and respond to what people tell us about their experiences of using our services through our day to day contact and from satisfaction surveys and complaints received.

Strategic Priority 2: Mainstreaming equality and human rights

Strategic Objectives:

- ***To ensure a robust and effective implementation of our obligations to mainstream equality and human rights under both Section 75 and human rights legislation by building equality, good relations and human rights considerations into all our work and activity including strategy and policy development, legislation, spending plans, service design and delivery.***
- ***To promote a culture of involvement by continually engaging with service users/stakeholders.***
 - (i) Effective mainstreaming of equality and human rights is considered to be essential to the delivery of this strategy. It is an ongoing process to ensure that an equality and human rights perspective continues to be built into all of the work carried out by the Department and its associated bodies
 - (ii) Mainstreaming equality and human rights:
 - enables better decision-making by helping policy makers and those at the front line delivering Health and Social Care services to consider the needs of different communities and groups and to assess how decisions, policies and practices impact upon their lives;

- leads to better informed policy-making and greater transparency and openness in the policy development process;
 - is the route to achieving an equality and human rights based culture throughout an organisation;
 - promotes a culture of early engagement and pre-consultation with those likely to be affected by decisions, policies and practices affecting their lives; and
 - helps to avoid the development and implementation of policies that may be discriminatory or exacerbate existing inequalities.
- (iii) We will ensure that equality considerations feature at all stages of policy development through a continuing screening process and that action is taken to mitigate any adverse impact on an ongoing basis.

Strategic Priority 3: Promoting an equality and human rights culture across Health and Social Care

Strategic Objectives:

- ***To train our staff so that they are fully equipped to promote equality, good relations and human rights and to accommodate diversity.***

- ***To enable staff to comply with their statutory equality and human rights legal obligations.***
 - (i) Promoting equality, good relations and human rights as well as accommodating diversity is the responsibility of everyone who works in the Department and its associated bodies. Equality and human rights legislation impacts on everybody's work.
 - (ii) We want to ensure that staff and professionals understand their responsibilities under equality and human rights legislation and that the promotion of equality of opportunity, good relations and human rights, as well as respect for diversity, are adopted in practices, policies and actions.
 - (iii) Equality and diversity training will be treated as an ongoing priority. Efforts will continue on a number of fronts to raise awareness of equality and human rights legislation including the provisions of Section 75 of the Northern Ireland Act 1998 and the Human Rights Act 1998.

Chapter 4 - Action Plan

Introduction

- 4.1 This chapter introduces the action plan which will represent the first stage in implementing the strategy. The action plan is set out at the end of this chapter.
- 4.2 The work on promoting equality, good relations and human rights is a continuous process, so this is a working document capable of being adapted to take account of changes including new knowledge. For example, the outcome of the [Review of Public Administration](#)³⁹ has prompted major organisational change within Health and Social Care. The equality and human rights agenda will continue to be taken forward under the new structures being established and in keeping with the guiding principles described in paragraph 1.23. This strategy and action plan will be one vehicle for ensuring that existing models of good practice in relation to equality, good relations and human rights are carried forward into the new arrangements.

How the Action Plan was Derived

- 4.3 As explained in Chapter 2, the stock take exercise produced a long list of problems primarily focusing on barriers to accessing Health and Social Care services. The strategy development team embarked on a process of identifying those problems on the long-list that were capable of being addressed either through existing or developing strategies, policies or initiatives, taking account of the actions initiated during the process also described in Chapter 2. The action plan was derived from the shortlist of problems that remained. While there was an element of prioritising there were also areas which required further consideration and this is reflected in the commitment in the action plan to further explore specific sets of issues which affect the various Section 75 dimensions.

³⁹ Information on the Review of Public Administration can be accessed at <http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm>

Structure and Content

- 4.4 The actions incorporated in the action plan are consistent with the strategic priorities and objectives driving the strategy as well as the obligations under Section 75 of the Northern Ireland Act 1998 and human rights obligations. These priorities and objectives will provide a comprehensive framework for taking forward the work on promoting equality, good relations and human rights and help to ensure that the work is tackled through a coherent and coordinated approach.

Inter-Departmental Strategies and Action Plans

- 4.5 The Department contributes to a number of inter-departmental strategies and action plans to tackle poverty and social exclusion, to promote equality and good relations and to address inequalities e.g., ["Lifetime Opportunities" the Governments Anti-Poverty and Social Inclusion Strategy for Northern Ireland⁴⁰](#), the [Racial Equality strategy⁴¹](#), and [A Shared Future⁴²](#). There will be some overlap between this action plan and the Department's contribution to these and other inter-departmental action plans.

Resource Implications

- 4.6 While accepting the need to commit the necessary resources (in terms of people, time and money) to ensure that our statutory equality and human rights duties are complied with, this strategy has been designed to make the best use of available resources. It is therefore envisaged that implementation of the strategy and action plan can be achieved largely within existing resources. The resource position will be kept under review as implementation progresses and the strategy and action plan develops.

⁴⁰ <http://www.ofmdfmi.gov.uk/antipovertyandsocialinclusion.pdf>

⁴¹ The Race Equality Strategy can be accessed at <http://www.ofmdfmi.gov.uk/race-equality-strategy.pdf>

⁴² A Shared Future can be accessed at <http://www.asharedfutureni.gov.uk/>

Monitoring and Review

- 4.7 The delivery of the strategy and action plan will be measured against the stated key indicators and outcomes sought.
- 4.8 The Health and Social Care Equality and Human Rights Steering Group will continually monitor and review the actions in the plan identifying new ones as appropriate in order to ensure that momentum is maintained on promoting equality, good relations and human rights. Such reviews and amendments will be communicated to the wider service and stakeholders.

ACTION PLAN

Strategic Priority 1: Improving people's experiences and access to information and services

Strategic Objectives:

- *To identify and address problems in relation to equality of opportunity and to promote and support practical actions to reduce inequalities.*
- *To take steps to identify and address access issues, increase respect for human rights and diversity and promote social inclusion and good relations.*

Associated Actions	Lead Responsibility & Timescale (in brackets)	Key Indicators of Success	Outcomes Sought
<p>1. Interpreting Services</p> <p>(i) To take forward the future development and maintenance of high-quality, appropriate interpreting capacity so that interpreting provision can keep pace with the changing needs of communities.</p> <p>(ii) To maintain effective arrangements for day-to-day procurement of interpreting services.</p> <p>(iii) To promote and assist the effective use of interpreting services by Health and Social Care organisations including e.g. General Practitioners, Dentists etc.</p>	<p>Belfast Trust (Decision on future model by January 2009)</p> <p>Health and Social Care (HSC) bodies post RPA (Ongoing)</p> <p>HSC bodies post RPA (Ongoing)</p>	<p>Positive feedback from service users.</p> <p>Positive results from evaluation of service.</p> <p>Low level of complaints.</p> <p>Increases in usage by service providers.</p>	<p>A professional interpreting service through the use of competent interpreters appropriate to the needs of the service user and the service provider.</p> <p>Equality of access to Health and Social Care services for people who do not have English as a first or competent second language.</p> <p>The provision of the highest quality of care for those members of black and minority ethnic communities, migrant workers, asylum seekers and refugees, and their family members who do not have English as a first or competent second language. Better informed service users. Improved health outcomes.</p>

<p>2. Translation Services</p> <p>To maintain and develop effective translation arrangements by building on those developed by the Equality and Human Rights Steering Group's Accessible Formats Project in conjunction with the Association of Healthcare Communicators.</p>	<p>HSC bodies post RPA (Ongoing)</p>	<p>Positive feedback from service users.</p> <p>Positive results from evaluation of the service.</p> <p>Low level of complaints.</p> <p>Quality assurance indicates that translated documents are meeting the required standards.</p>	<p>A professional translation service meeting the needs of service users.</p> <p>The effective procurement of cost-effective, high-quality documents translated as required.</p> <p>Equality of access to Health and Social Care services.</p> <p>Better informed service users.</p> <p>Improved health outcomes.</p>
<p>3. Information for migrant workers and for Black, Minority Ethnic communities</p> <p>To produce a general & introductory information booklet on entitlements and access for migrant workers and minority language communities and to make arrangements for regular updating.</p>	<p>DHSSPS & HSC bodies. Booklet launched by Minister in June 2007. First edition is in English and 13 other languages.</p>	<p>Positive feedback from service users and other interests.</p> <p>High demand for booklet.</p>	<p>Equality of access to Health and Social Care information and services.</p> <p>Better informed service users.</p> <p>Improved health outcomes.</p>

<p>4. Improving disabled people's experiences of Health and Social Care Services</p> <p>(i) Implementing the actions set out in Disability Action Plans in keeping with the Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006).</p>	<p>DHSSPS & HSC bodies (Ongoing)</p>	<p>Disability Action plans developed and evidence of progress on implementing actions</p> <p>Positive feedback from services users and key interests, including the Equality and Human Rights Commission.</p>	<p>Measurable actions and outcomes to promote positive attitudes towards disabled people and encourage their participation in public life.</p> <p>Improved experiences for people with disabilities using health and social care services.</p> <p>Equality of access to services.</p>
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5. Delivering culturally competent services			
(i) To produce a 2nd edition of the 2003 good practice guide <i>Racial Equality in Health and Social Care</i> , taking into account the findings of the Centre for Cross Border Studies (CCBS) research on the provision of services to minority ethnic groups in RoI, NI and Scotland.	DHSSPS (By March 2008)	Positive feedback on guide and code of practice.	Equality of access to services. Equality of outcomes. Improved health outcomes.
(ii) To continue to ensure effective implementation of the Code of Conduct for Healthcare Chaplains on meeting the spiritual needs of patients and staff including people belonging to minority faith based groups.	DHSSPS, HSC bodies and partner agencies. (Ongoing)	Evidence that guide and code of practice are meeting their objectives. Evidence of good practices. Positive feedback from service users.	Standardised approach to service provision. Better quality services. Services users needs being met. The spiritual needs of members of all faiths are attended to and they feel included and respected.
(iii) To continue to support local Traveller health projects and ensure that learning from these projects is disseminated and developed in other health and social care organisations across NI.	DHSSPS & HSC bodies and partner agencies (Ongoing)	Traveller participation in health promoting activities.	Improvement in health status of travellers.
(iv) To contribute to the All-Ireland Traveller Health Study and consider the findings.	DHSSPS (Until June 2010)	Successful completion of all four sub-studies.	A robust evidence-base to inform future interventions to improve Travellers' health.
(v) To continue to work with LGBT organisations to consider how best to address issues in health and social care.	DHSSPS (Ongoing)	Evidence of engagement with organisations	Equality of access to services. Equality of outcomes.

		<p>representing the interests of lesbian, gay, bisexual and transgender people.</p> <p>Positive feedback from LGBT service users and organisations representing their interests.</p>	<p>Improved health outcomes.</p> <p>Standardised approach to service provision.</p> <p>Better quality services.</p> <p>LGBT services users needs being met</p>
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Strategic Priority 2: Mainstreaming Equality and Human Rights

Strategic Objectives:

- *To ensure a robust and effective implementation of our obligations to mainstream equality and human rights under both Section 75 and human rights legislation by building equality, good relations and human rights considerations into all our work and activity including strategy and policy development, legislation and spending plans, service design and delivery.*
- *To promote a culture of involvement by continually engaging with service users/stakeholders.*

Associated Actions	Lead Responsibility & Timescale (in brackets)	Key Indicators of Success	Outcomes Sought
<p>6. Identifying, maintaining and sharing good practice</p> <p>To organise a showcase event to recognise and share examples of good practice in promoting equality, good relations and human rights</p>	<p>DHSSPS (By June 2008)</p>	<p>Level of interest and attendance and positive feedback.</p>	<p>Arrangements agreed for rolling out suitable good practices across DHSSPS & HSC bodies.</p>

		Plenty of good examples shared.	
<p>7. Screening Policies</p> <p>(i) To continue to assess the impact of our policies and functions on the promotion of equality of opportunity and good relations in keeping with S75 through our rolling programmes of screenings and Equality Impact Assessments and keep stakeholders informed on progress.</p> <p>(ii) Promote the screening of policy proposals in terms of human rights and equality dimensions beyond those specified in section 75 e.g. rurality. For these purposes promote the use of the policy tool-kit⁴³ developed by OFMDFM.</p>	DHSSPS and HSC bodies and partner agencies (Ongoing)	<p>Number of Screenings and EQIAs carried out.</p> <p>Positive feedback from the Equality and Human Rights Commission</p> <p>Evidence of stakeholder involvement.</p> <p>Evidence that human rights and other equality dimensions are being taken into account.</p> <p>Low number of</p>	<p>The promotion of equality of opportunity and good relations is further mainstreamed into policy and decision-making processes.</p> <p>Improved policy and decision-making.</p> <p>Improved accessibility to services.</p> <p>Services which meet the needs of users.</p> <p>Equality of opportunity for all who use health and social care services.</p> <p>Improved health and social care outcomes.</p>

⁴³ <http://www.ofmdfmi.gov.uk/index/improving-public-services/policylink/policy-toolkit.htm>

		<p>Section 75 and human rights complaints.</p> <p>Post EQIA monitoring reports identify no adverse impacts.</p>	
<p>8. Commitment to Equality and Human Rights</p> <p>(i) To ensure and demonstrate that there is clear leadership and commitment from senior management to equality, good relations and human rights.</p> <p>(ii) To develop guidance for Board members on their equality and human rights responsibilities</p>	<p>DHSSPS and HSC bodies and partner agencies (Ongoing)</p> <p>(By March 2008)</p>	<p>Commitments to equality, good relations and human rights evident in planning and priorities documents and PSA targets.</p> <p>Evidence that adequate resources have been allocated to promoting equality, good relations and human rights.</p> <p>Guidance produced for Board members.</p> <p>Evidence that equality, good</p>	<p>Commitment at the highest level of management to equality, good relations and human rights.</p> <p>Board members understand their responsibilities towards equality, good relations and human rights.</p>

		<p>relations and human rights features in discussions at senior management meetings e.g. Board meetings.</p> <p>Senior management endorsement of this strategy and action plan.</p> <p>Senior manager job descriptions and appraisal processes reflect the need for all senior staff to contribute to the delivery of the Section 75 statutory duties and compliance with human rights obligations.</p>	
<p>9. Community engagement framework</p> <p>(i) To continue to develop mechanisms of support to facilitate the involvement of people.</p>	<p>DHSSPS and HSC bodies and partner</p>	<p>New internal guidance on personal and</p>	<p>Open and co-operative style including transparent processes.</p>

<p>(ii) To continue with the process of early engagement with people affected by policy decisions in keeping with the statutory requirements of Section 75 of the Northern Ireland Act 1998.</p>	<p>agencies (Ongoing)</p>	<p>public involvement.</p> <p>Evidence of people involvement in the planning, design and delivery of services.</p> <p>Feedback indicates a high level of satisfaction with involvement policies and practices.</p> <p>Level of involvement at stakeholder events and responses to consultations.</p> <p>Evidence of the application of good consultation practices</p> <p>Examples of good practices in public involvement.</p>	<p>Maximum involvement of people in all aspects of Health and Social Care.</p>
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(iii) To further explore specific sets of issues, identified at the stock take exercise, which affect the various equality dimensions of Section 75.	DHSSPS & HSC bodies (Ongoing)	Engagement with interest groups has taken place. Issues identified and actions agreed. Positive feedback.	Improved services. Improved access. Equality of opportunity and promotion of human rights. Promotion of good relations. Better health outcomes.
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Strategic Priority 3: Promoting an Equality and Human Rights culture across the health and social care

Strategic Objectives:

- *To train our staff so that they are fully equipped to promote equality, human rights and good relations and to respect diversity.*
- *To enable staff to comply with their statutory equality and human rights legal obligations.*

Associated Actions	Lead Responsibility	Key Indicators of Success	Outcomes Sought
<p>10. Training and awareness for staff</p> <p>(i) To review equality, diversity and human rights training requirements taking account of the Knowledge Skills Framework.</p> <p>(ii) To assess on a regional basis the current level of awareness and provision of training on equality, diversity and human rights matters, and the need for awareness raising and training.</p>	<p>DHSSPS and HSC bodies and partner agencies</p> <p>(Ongoing)</p> <p>(Ongoing)</p>	<p>Numbers of staff trained.</p> <p>Feedback indicates that staff feel that</p>	<p>Full compliance with equality and human rights legislation.</p> <p>Updated training and development</p>

<p>(iii) To explore with the NI Human Rights Commission the possibility and merits of developing human rights education, raising awareness and taking forward work on developing relevant assessment tools</p> <p>(iv) To ensure that updated training and development plans are in place so that staff are suitably trained to enable the DHSSPS and its associated bodies to continue to comply with equality and human rights legislation.</p> <p>(v) To plan and take forward agreed work on developing human rights training and awareness raising and relevant assessment tools.</p> <p>(vi) To continue to learn from and share emerging human rights case law.</p>	<p>(Ongoing)</p> <p>(Ongoing)</p> <p>(Ongoing)</p> <p>(Ongoing)</p>	<p>they are fully equipped to promote equality, human rights and good relations and to respect diversity.</p>	<p>plans in place.</p> <p>Human Rights Assessment tool in place and being routinely used.</p>
<p>11. Human Rights</p> <p>(i) To develop a Health and Social Care supplement to the human rights guide for public authorities entitled “get in on the act”.</p> <p>(ii) To continue to work with the Northern Ireland Human Rights Commission to develop further actions to promote a human rights culture in health and social care.</p>	<p>DHSSPS</p> <p>(March 2008)</p> <p>(Ongoing)</p>	<p>Supplement produced</p>	<p>Improved knowledge and understanding of Human Rights and a rights based approach to Health and Social Care.</p> <p>Policies and services that are developed and delivered in a way that is sensitive to human rights.</p>
<p>12. Promoting Good Relations</p> <p>(i) To publish a second edition of the <i>Embracing Diversity</i> good practice guide for health and social care employers incorporating the findings/recommendations of the racism research.</p>	<p>DHSSPS</p> <p>(By March 2008)</p>	<p>Positive response to guide.</p> <p>Evidence of good practices.</p>	<p>Replication of good practice by Trusts.</p> <p>Elimination of racial discrimination or any other racist behaviour towards ethnic minority health and social care staff,</p>

<p>(ii) To identify opportunities for the DHSSPS and health and social care family of organisations to promote good relations in keeping with Section 75 of the Northern Ireland Act 1998</p>	<p>Equality and Human Rights Steering Group (Ongoing)</p>	<p>Reduction in racist incidents.</p> <p>Working group in place.</p> <p>Positive feedback from the Equality Commission and others.</p>	<p>including those who may have been recruited from overseas, whether in the workplace or in the community.</p> <p>Equality of treatment for ethnic minority and overseas staff.</p> <p>Actions identified to promote good relations in carrying out health and social care functions.</p> <p>Compliance with new good relations guidance when published.</p>
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Appendix 1

Section 75 of the Northern Ireland Act 1998

Section 75 of the Northern Ireland Act 1998 (the Act) requires a public authority in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity between:-

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

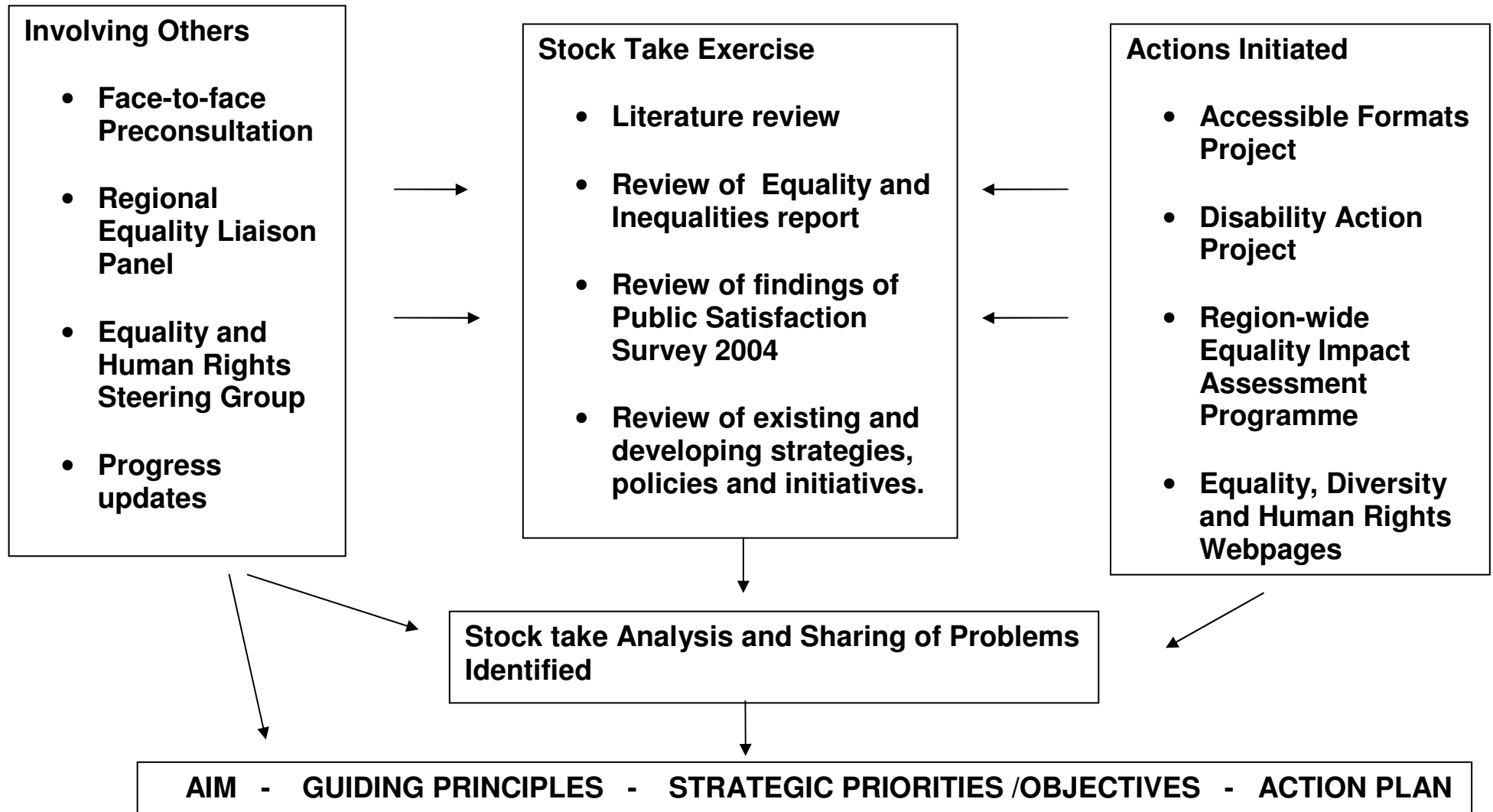
Without prejudice to these obligations, a public authority is also required, in carrying out its functions, to have regard to the desirability of **promoting good relations** between persons of different religious belief, political opinion or racial group.

The Human Rights Act 1998

The Human Rights Act came fully into force on 2 October 2000. It gives further effect in the UK to rights contained in the European Convention of Human Rights. The Act :

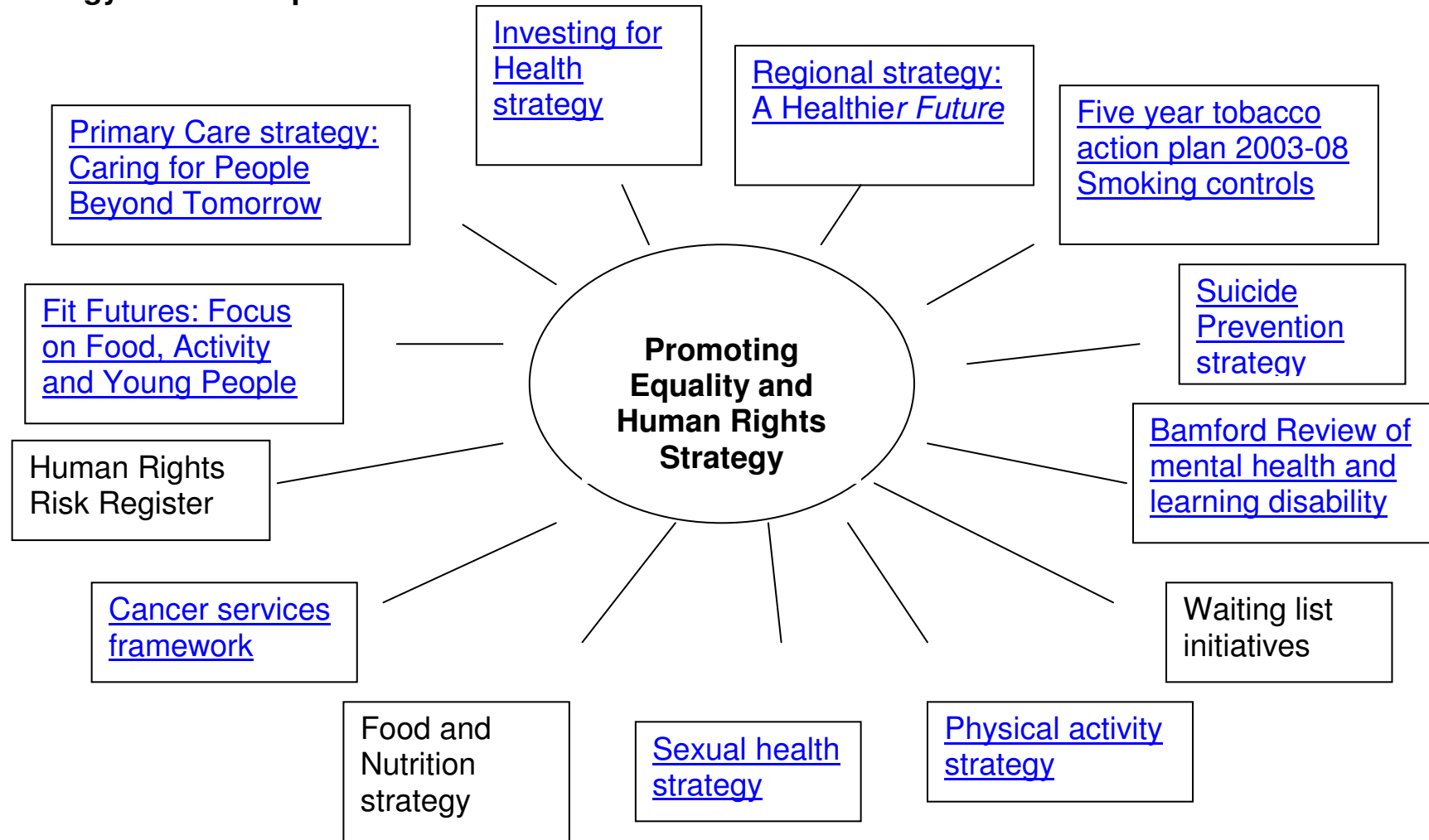
- makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently;
- means that cases can be dealt with in a UK court or tribunal; and
- says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.

Led by project team drawn from the Equality and Human Rights Steering Group



Appendix 3

Key existing and developing Departmental policies, strategies and initiatives directly relevant to this strategy and action plan



A

Adverse Impact

Where a Section 75 category of people has been affected differently by a policy and the effect is less favourable.

Access Audits

An access audit is an examination of a building, its facilities or services against pre-determined criteria to assess its ease of use by disabled people.

Associated Bodies

This term includes the Department and various organisations charged with taking forward specific operational aspects of DHSSPS business, e.g. Health and Social Care Services Boards and Trusts.

C

Community Development

Community Development is about strengthening and bringing about change in communities. It consists of a set of methods, which can broaden vision and capacity for social change, with approaches including consultation, advocacy and relationships with local groups. It is a way of working informed by certain principles which seek to encourage communities to tackle for themselves the problems which they face and identify to be important, and which aim to empower them to change things by developing their own skills, knowledge and experience and by working in 2 with other groups and statutory agencies.

Culturally Competent Services

Services which recognise and meet the diverse needs of people of different cultural backgrounds. This applies to every individual with a health and social care need. It includes, but is not limited to, making provision for religious and cultural beliefs such as worship, diet, and hygiene requirements, catering for communication and language diversity, and

involving users in service development. A key part of cultural competence is ensuring that discrimination on the basis of culture, belief, race, nationality or colour has no role in the delivery of services

D

DHSSPS Family of organizations

See definition for associated bodies above.

E

Equality

Equality is about creating a fairer society – one in which everyone can participate and has the opportunity to fulfill their potential. It is not about treating everyone the same, but making sure that no-one suffers or is disadvantaged when it comes to getting what they need.

Equality of Opportunity

The prevention, elimination or regulation of discrimination on grounds of characteristics including sex, marital status, age, disability, religious belief, political opinion, dependants, race and sexual orientation.

Equality Impact Assessment (EQIA)

A process by which existing and proposed policies are assessed in order to determine whether they have an adverse impact on equality of opportunity for particular sections of society.

G

Good Relations

The growth of relationships and structures for Northern Ireland that acknowledge the religious, political and racial context of this society, and that seek to promote respect, equity and trust, and embrace diversity in all its forms. (Working definition adopted by the Equality Commission for Northern Ireland)

H

Health inequalities

Health inequalities are differences in the health status or in the distribution of health determinants between different groups of people, e.g. differences in mortality rates between people from different social classes

M

Morbidity

The incidence of a particular disease in a specific locality.

Mortality

The ratio of deaths in an area to the population of that area; expressed per 1000 per year.

Mainstreaming equality

The integration of equal opportunities principles, strategies and practices into the everyday work of public authorities from the outset. In other words, mainstreaming is the process of ensuring that equality considerations are built into the policy development process from the beginning, rather than being considered later in the process. Mainstreaming can help improve methods of working by increasing a public authority's accountability, responsiveness to need and relations with the public. It can bring added value at many levels.

P

Primary Care

Includes family and community health services and major components of social care which are delivered outside the hospital setting and which an individual can access on his/her own behalf.

Public Service Agreement (PSA)

A public service agreement is a set of measurable targets for the Department's work – it comprises setting standards for public services and targets to be achieved.

S

Screening

The procedure for identifying which policies will be subject to a full equality impact assessment, and how these impact assessments will be prioritised. The purpose of screening is to identify the policies which are likely to have a significant impact on equality of opportunity so that the greatest resources can be devoted to improving these policies.

Social Exclusion

This is a term to describe marginalization from employment, income, social networks such as family, neighbourhood and community, decision making and from a decent quality of life.

Socio economic inequalities

This term refers to inequalities which are as a result of socio economic factors such as low income.

Stakeholder

A stakeholder can be defined as an individual or group with an interest in the success of an organization in delivering intended results and maintaining the viability of the organization's products and services.

Stock-take

Reassessment of the current situation / progress.

Appendix 5

Equality Screening

1. Section 75 of the Northern Ireland Act 1998 requires public authorities, in carrying out their 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 dependents and persons without.
2. In addition, without prejudice to the above obligations, public authorities should also, in carrying out their functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.
3. In keeping with the above statutory obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland the Department has carried out an equality screening exercise to determine if the proposed strategy and action plan is likely to create any unintentional adverse impact and if it offers the opportunity to identify how to better promote equality of opportunity and good relations.
4. In terms of the overall aim and objectives of the strategy, the Department is not aware of any evidence to indicate that adverse impact is likely to arise. Indeed, the strategy is designed to make positive contributions towards promoting equality and good relations by effectively mainstreaming equality considerations into all the work and activity of the Department and its associated bodies.
5. It will also serve as a framework for decisions and for securing support for equality initiatives. It will also complement and fully support the delivery of the aims and objectives of strategies such as the various strands of *Investing for Health*, designed to tackle the

underlying determinants of health inequalities and it will contribute to meeting targets for reducing health inequalities and to providing equitable access to Health and Social Care services.

6. Taking account of the responses to the consultation on this strategy and action plan, the Department has concluded that a full equality impact assessment of the strategy and action plan is not needed.

Appendix 6
Summary of documents and web addresses referenced in this document

Document	Web address
Tackling Health Inequalities	http://www.dh.gov.uk/PolicyAndGuidance/International/EuropeanUnion/EUPresidency2005/fs/en
Priorities and Budget 2005-2008	http://www.pfgbudgetni.gov.uk/pfg0508fulldoc.pdf
Investing for Health Strategy	http://www.investingforhealthni.gov.uk/
DHSSPS Access to Health and Social Care Services in Northern Ireland Literature Review	http://www.dhsspsni.gov.uk/index/hss/equality/eq-literature-review.htm

<p>Consultation workshop details 29 November 2005</p>	<p>http://www.dhsspsni.gov.uk/index/hss/equality/equality-strategy.htm</p>
<p>Public Attitudes Survey 2004</p>	<p>http://www.dhsspsni.gov.uk/index/stats_research/stats-pubs/stats-hpss_attitudes.htm</p>
<p>Section 75 of the Northern Ireland Act (1988)</p>	<p>http://www.opsi.gov.uk/acts/acts1998/80047--j.htm</p>
<p>Human Rights Act 1998</p>	<p>http://www.opsi.gov.uk/acts/acts1998/19980042.htm</p>
<p>Literature Review 2005</p>	<p>http://www.dhsspsni.gov.uk/index/hss/equality/eq-literature-review.htm</p>
<p>DHSSPS</p>	<p>http://www.dhsspsni.gov.uk/index/hss/equality/equality-strategy.htm</p>

Website	
Review of the findings of a DHSSPS report on Equality and Inequalities	http://www.dhsspsni.gov.uk/index/hss/equality/equality-strategy/equality-strategy-literature-review-secondary-analysis.htm
Equalities and Inequalities report 2004	http://www.dhsspsni.gov.uk/index/stats_research/stats-equality/stats-inequalities.htm
Caring for Carers Strategy: Recognising, Valuing and Supporting the Caring Role	http://www.dhsspsni.gov.uk/caring_for_carers.pdf
Review of Mental Health and Learning Disability	http://www.rmhdni.gov.uk/

<p>Drugs and Alcohol strategy review</p>	<p>http://www.dhsspsni.gov.uk/showconsultations?txtid=4071</p>
<p>Tackling Violence at home – Strategy for addressing domestic violence and abuse in Northern Ireland 2006</p>	<p>http://www.nio.gov.uk/tackling_violence_at_home_-_strategy_for_addressing_domestic_violence_and_abuse_in_northern_ireland.pdf</p>
<p>Racial Equality Strategy (OFMDFM)</p>	<p>http://www.ofmdfmni.gov.uk/race-equality-strategy.pdf</p>
<p><u>Sexual Orientation Strategy and Action Plan 2006 – 2009</u></p>	<p>http://www.ofmdfmni.gov.uk/sexualorientationstrategy-5.pdf</p>
<p><u>Ageing in an</u></p>	<p>http://www.ofmdfmni.gov.uk/age-ageing-in-an-inclusive-society.htm</p>

<u>Inclusive Society</u>	
A Shared Future	http://www.asharedfutureni.gov.uk/
Gender Equality Strategy	http://www.genderequalityni.gov.uk/
A Healthier Future	http://mars.staging.nics.gov.uk/dhsspsstg/healthyfuture-main.pdf
Caring for People Beyond Tomorrow	http://www.dhsspsni.gov.uk/caring_index.pdf
Smoking Consultation	http://www.dhsspsni.gov.uk/showconsultations?txtid=14079
Action on Suicide	http://www.dhsspsni.gov.uk/showconsultations?txtid=15454

Suicide Prevention Strategy	http://www.dhsspsni.gov.uk/showconsultations?txtid=15454
Information on hospital waiting times	http://www.dhsspsni.gov.uk/index/waiting-lists.htm
Community Development Framework	http://www.cdhn.org/documentbank/uploads/25028%20final.pdf
Disability Discrimination Act 1995	http://www.opsi.gov.uk/acts/acts1995/1995050.htm
Northern Ireland HSS Interpreting Service	www.interpreting.n-i.nhs.uk
Health and Social Care in Northern Ireland – Information booklet	http://www.centralservicesagency.n-i.nhs.uk/display/healthandsocialcareni
Translation contract details	http://www.centralservicesagency.n-i.nhs.uk/display/regional_translation_contrac

Region wide Screening and EQIA programme	http://www.dhsspsni.gov.uk/index/hss/equality/eq-regionwide-eqia.htm
Report on Good Practice Review of Complaints Procedures in the Health and Social Care	http://www.dhsspsni.gov.uk/eq-final-report-shsssb.pdf
Review of Public Administration	http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm

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January 2008

Ref: 167/07