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Note

An earlier version of this paper was presented at the Statistics Users Council Annual Conference on 15 November 2001, when the overall theme was Health and Care Statistics.

Overview

This paper considers two recent initiatives in Northern Ireland relating to targeting social need and inequalities. While the paper deals with each separately they should be seen as complementary. Therefore, many of the points made in relation to one are also pertinent to the other.

The first initiative is a legislative duty found in Section 75 of the 1998 Northern Ireland Act, which followed the 'Good Friday (or Belfast) Agreement'. This requires public authorities to pay due regard to the promotion of equality of opportunity for nine categories of people. In brief, the nine equality categories relate to: gender, age, marital status, disability, with/without dependants, religious belief, political opinion, racial group, and sexual orientation. The Northern Ireland Act also requires public bodies to promote good relations between people of different religious belief, political opinion or racial group.

The second initiative is a cross Departmental policy New Targeting Social Need (New TSN) which aims to tackle social need and social exclusion. While unique to Northern Ireland, New TSN has features similar to other strategies in Great Britain that are designed to combat deprivation, disadvantage, poverty and social exclusion.

New TSN is a theme running through a range of policies and programmes administered by the Northern Ireland Departments and the Northern Ireland Office. The policy requires efforts and available resources to be targeted towards people, groups and areas objectively shown to be in greatest social need. New TSN comprises three complementary elements: it has a particular focus on tackling the problems of unemployment and increasing employability; it is concerned with social need in other policy areas, including health and social care; and includes Promoting Social Inclusion (PSI), a co-ordinated cross-departmental and evidence based approach to the tackling the causes of social exclusion. This paper does not address the issues concerning the PSI element of New TSN, but it noteworthy that the areas reported to date relate to teenage pregnancy and motherhood, ethnic minorities, and the Travellers.

New TSN and the statutory obligations under Section 75 are natural partners. There are socio-economic inequalities within some Section 75 groups, for example, between women and men, Catholics and Protestants, or people with and without disabilities. When objective criteria are applied to identify disadvantage, higher than average proportions of certain groups (eg women, Catholics, and people with disabilities) will be found among those in the greatest social need.

Provided the criteria used to identify people for New TSN targeting purposes are fair and objective, and provided they are applied consistently, there is no incompatibility between the principles of New TSN and the statutory obligations. Furthermore, consistent targeting on the basis of social need should, over time, help to reduce socio-economic inequalities within Section 75 categories.

Due to the cross-cutting nature of both initiatives and the pre-eminence of statistics and research to their implementation, monitoring and evaluation, the Northern Ireland Statistics and Research Agency (NISRA) - which is the professional body for all statisticians and researchers in Northern Ireland Government Departments - has played an active role in bringing together the professional staff from across the Northern Ireland Civil Service to share and co-ordinate experience in relation to the very challenging agenda posed by the two areas. An Equality and Social Need Research and Information Group has recently been established by NISRA, with representation from all the Departments, the Equality Commission and the voluntary and community sector.

The new statutory equality duties pose a very significant challenge for all concerned – including the public, and voluntary and community sector, as well as policy makers and statisticians, economists, research and information staff in Government Departments and their associated bodies. Thinking is largely at the developmental stage, a very great deal of learning and experience is still required, but the learning curve is steep. Also, two guidance documents issued by the Equality Commission have yet to be fully tested.

A multitude of issues surround the initiatives and many of these concerning evidence are of special concern to statisticians and researchers. The issues relate, among other things, to: resources; the cost and burden on data providers; consultation (which has strong Ministerial support and is becoming a normal part of the public policy process in Northern Ireland); definitions; data availability and quality; openness and transparency; details of process and results being placed in the public domain; data protection and confidentiality; methodologies; quantitative and qualitative approaches; statistical significance versus substantiality; research and secondary analyses of survey datasets; identifying and targeting individuals versus areas; limitations of a geographical approach to measuring deprivation; geographic units of analysis; service utilisation data and unmet need.

Background

In Northern Ireland issues relating to equality – particularly concerning employment - have been the subject of debate and legislation for a number of years. Since devolution in 1999 local Ministers have taken a keen interest in the issues, and the statutory equality duties and New TSN are a high priority for the present Minister for Health, Social Services and Public Safety.

A review of employment legislation by the Standing Commission on Human Rights (now the Northern Ireland Human Rights Commission), which reported in June 1997, also made recommendations on two other Government policies Targeting Social Need (TSN) and Policy Appraisal and Fair Treatment (PAFT). As a result, TSN was strengthened and relaunched as New TSN in 1998, and PAFT was succeeded by new equality legislation as part of the Northern Ireland Act 1998 following the Good Friday agreement. In addition, the Northern Ireland Equality Commission was established to provide advice and monitor compliance with the new statutory equality duties; guidance documents have been issued on both the statutory duties and on equality impact assessments (Equality Commission for Northern Ireland, 2000, 2001). The Northern Ireland Assembly has proposed a Single Equality Bill that will consolidate existing independent statutes.

Tackling Equality

The Northern Ireland Act 1998

Definitions

Section 75 of the Northern Ireland Act 1998 has required, since 1 January 2000, each public authority in carrying out its functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity between nine categories of people:

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

In addition, and without prejudice to the above 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 nine groups are an extension of the PAFT categories, and the duties extend to categories of persons not yet covered by other Northern Ireland or UK anti-discrimination statutes. These are: persons of different sexual orientation, different ages (both the young and the old), and persons with and without dependants.

Examples of the definitions as provided by the Equality Commission are provided in appendix 1. These definitions have been the subject of debate, especially in relation to the difficulties and challenges they pose in relation to the collection of sensitive personal information.

There are also problems of consistency and incompatibility of categories used. For example, the Act and the Commission's guidelines refer to 'religious belief' but Northern Ireland Government data previously has generally used 'community background' or 'religious affiliation'. Also, 'ethnic origin' has tended to be used rather than 'racial group'. The

Commission has defined disability in terms of the Disability Discrimination Act, which states that a person has a disability if he/she has a 'physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities'. However, many other definitions have been used, and may be used by the judicial system in potential court cases. In addition, nationality is included under racial group, and the political opinion category, as illustrated, is seen as problematic. It is likely that definitions that were used in advance of the legislation will continue to be used by at least some bodies as acceptable proxies.

Screening, Impact Assessments and Monitoring of Policies – the Role of Evidence

The Act sets out a detailed procedure for the enforcement of the statutory duties. In brief, public authorities are each required to produce, and submit to the Equality Commission for approval, an Equality Scheme that conforms with the 'Guide to the Statutory Duties' issued by the Equality Commission. Key components include screening, and impact assessments which also entail the monitoring of policies. All of these are highly dependent upon the availability and analysis of evidence.

In the early part of the process a systematic review or screening of existing policies must be carried out. For each policy, four criteria must be considered; all but one of these focus on evidence:

- Is there any evidence of higher or lower participation or uptake by different groups?
- Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to the particular policy?
- Have consultations with relevant groups, organisations or individuals indicated that particular policies create problems which are specific to them?
- Is there an opportunity to better promote equality of opportunity or better community relations by altering the policy or working with others in government or in the larger community?

Similarly, new or proposed policies must be subject to screening, and those identified as having significant implications for equality of opportunity, following such a review, must be subject to a full impact assessment.

It has been said that the four screening or criteria questions are so broadly conceived that it would be virtually impossible for any policy not to respond 'positively' to at least one. Initial experience, including criticism of public authorities having wrongly 'screened out' particular policies, has led to caution and a reluctance for Departments to 'screen out' any policies.

A second key requirement concerns the conduct of equality impact assessments (EQIA) of policies. An EQIA is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal, and irrespective of the scope of that policy or the size of the public authority. The primary function of an EQIA is to determine the extent of differential impact upon the relevant groups, and whether that impact is adverse - that is, whether it has a negative impact on groups or individuals in relation to one or more of the nine equality categories. Of course, any policy which is targeted at particular groups by definition will have differential impact. The assessment of this impact must take into account whether it is unlawful and unjustifiable or whether it is intended and justified 'to address the needs of a particular group', either as a way of generally promoting equality of opportunity, or more specifically as part of a positive or affirmative action programme.

The EQIA process is highly structured and tightly defined. Seven separate elements of an EQIA have been specified by the Commission:

- Consideration of available data and research
- Assessment of impacts
- Consideration of:
 - Measures which might mitigate any adverse impact
 - Alternative policies which might better achieve the promotion of equality of opportunity
- Formal consultation
- Decision by Public Authority
- Publication of results of EQIA
- Monitoring for adverse impact in the future, and publication of the results of such monitoring.

Discussion among specialist advisors and Government statisticians and economists concluded that there was a role for such professionals in all but one of these stages – decision by the public authority.

The expectation is that equality will become mainstreamed, and equality impact assessments and monitoring will become a regular feature of policy evaluation.

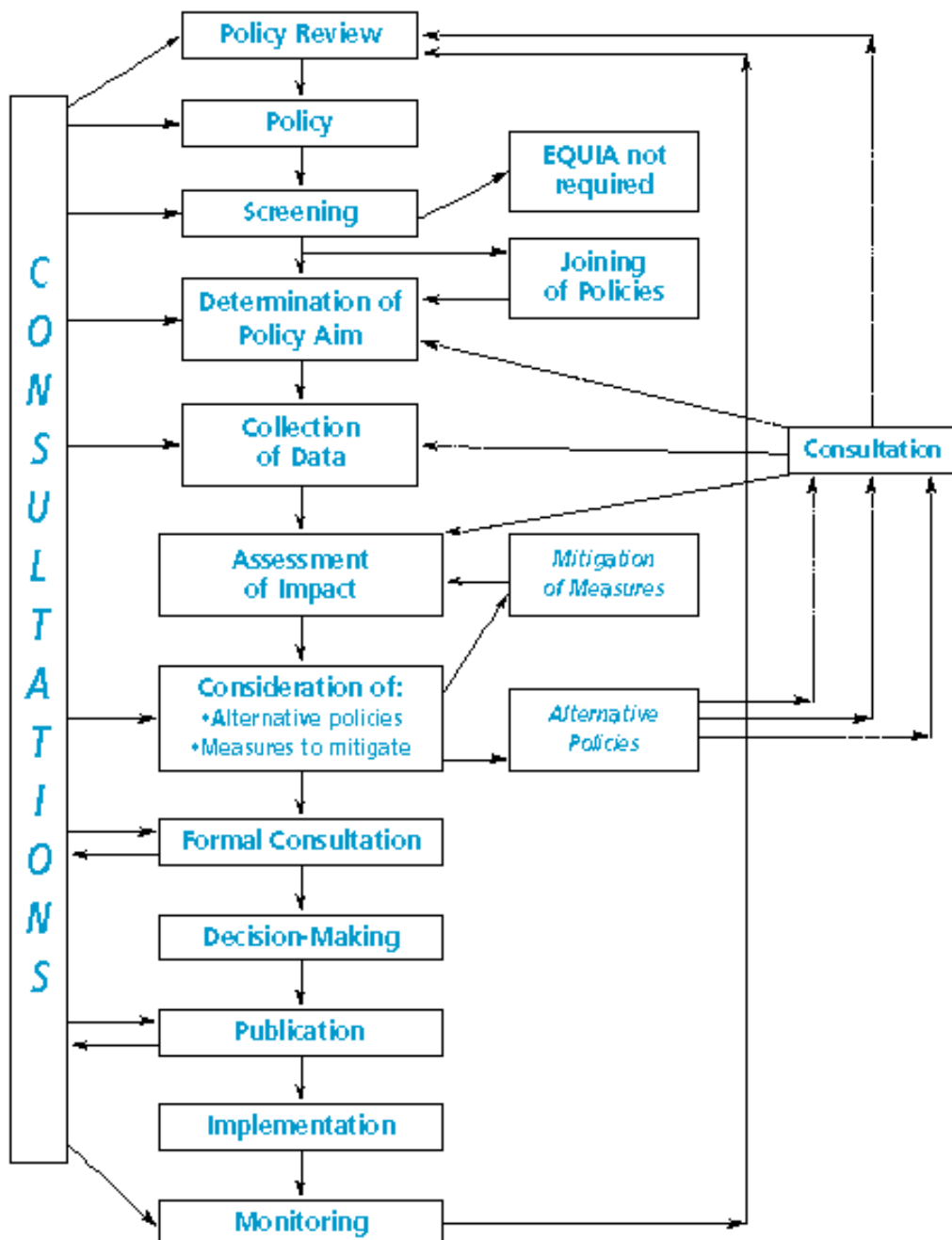
Consultation

Throughout the different stages in the process of fulfilling the statutory duty, there is a requirement to consult fully with the equality groups.

Figure 1

Source: Equality Commission for NI Practical Guidance on Equality Impact Assessment 2001

Assessment 2001



Experience indicates that consultation is a double-edged sword. The positive result is greater consultation in the public policy debate, with those directly affected by issues becoming more involved in influencing government decisions. Undoubtedly, Government policies, programmes and services will be improved by those responsible for them listening to service users, voluntary and community groups and the public, and keeping an open mind about what can be achieved. It is expected that the way things are done will change to better meet patient and client needs. However, there is clear evidence of consultation fatigue or overload. This is particularly the case in the voluntary and community sector, where groups do not have the capacity or resources to respond to a plethora of different consultation exercises by the large number of public bodies involved.

In addition to the burden and cost on consultees, there are huge resource implications on the public authorities themselves, and evidence of a marked slowing down of the decision making process. The Commission Guidance states that public authorities in their equality schemes must make 'a commitment to the allocation of necessary resources (in terms of people, time and money) to ensure that the statutory duties are complied with', but as yet guidance is not available on the 'necessary resources'. There is concern that there is a lack of consistency across and within Departments, and that some Departments can commit a greater amount of time and effort to equality impact assessments than others. The debate is not simply restricted to the costs associated with collecting information, but also processing the data and putting it, as required, into the public domain.

In addition, questions arise as to how groups will be convinced or assured that their efforts have influenced the decision making process. The maintenance of an audit trail throughout the entire process will be of crucial importance – particularly given the likelihood of judicial challenge.

Furthermore, there are issues relating to how the results of consultation are analysed. Statisticians and researchers in Northern Ireland Departments have concentrated on quantitative methods; enhanced qualitative skills are now also required. Through experience, consultation methods and analyses will improve; the statisticians in NISRA and the different Government Departments have been sharing their experiences and working to develop common approaches.

Availability of Data and Research Findings

A key consideration relates to how the information will be collected to enable a judgement to be made of the extent of impact on the included groups.

The following approach is suggested by the Commission:

- Collect and analyse existing quantitative data by relevant characteristics as a minimum base from which to judge outcomes
- Use qualitative or evaluative research or information gathered by government and bodies such as voluntary, community and trade union organisations
- Identify where more detailed data are needed in order to have the optimum information on which to base decisions
- If necessary, commission new data (qualitative or quantitative).

Where data do not exist, questions have been asked about the setting of a ceiling on the costs of new data collection. Affordability and burden on data providers are key concerns and constraints. Indeed, it is possible that there will never be enough information available to be definitive. A crucial point relates to the issue of proportionate effort - what can public authorities 'reasonably' be expected to do in terms of providing information and at what cost. In time perhaps, the Commission will give guidance on standard examples (or what could reasonably be expected in certain cases) to avoid legal challenge on the appropriate level of detail or information required by public or authorities. The answer may become clearer as more EQIAs are completed, and in time, case law may also help.

The Commission's Guidance asks public authorities to 'collect and analyse existing quantitative data by relevant characteristics as a minimum base from which to judge outcomes'. This raises the question as to precisely what existing quantitative data are currently available, how accessible they are, what is the most appropriate source of data for the information sought, and its quality and coverage etc. Specialist statisticians and economists have a good feel for data relevant to the functions of their own organisations, especially their own indigenous or in-house data sources, but they may not be familiar with other sources.

It has become clear that there is a need to establish a detailed 'register' of data sources, not just containing government statistics but also statistics gathered by other organisations and groups who may have databases, survey material, qualitative information etc which could usefully inform some equality considerations. Getting access to these data sources is

important. The Review of the Literature on Equality of Opportunity Issues (Bunting, 2001), commissioned by the Department of Health, Social Services and Public Safety (DHSSPS), is a valuable resource.

Obviously, one-off data gathering exercises may be necessary but these are subject to the constraints of time and resources. They are also not a substitute for putting in place procedures which allow data to be gathered at regular intervals to inform current and future EQIAs, and subsequent monitoring.

The Commission considers that while relevant, reliable and up-to-date information is essential, statistics alone do not provide reasons or explanations for differences, and that a system of information gathering should be instituted to supplement available statistical and qualitative research.

It is widely recognised that, while the collection of relevant data is important, particular issues of sensitivity and confidentiality arise in relation to some of the categories such as religious belief, political opinion, disability and sexual orientation. In the absence of extensive data, for instance about recipients of services, the approach being adopted is discussion and information gathering with representative groups. However, accessing representatives of certain 'voiceless' minorities is difficult. For example, people with disabilities, ethnic minorities, sexual orientation minorities, and those with dependants may not attend public consultations. There are also serious concerns about the readiness of the public and service users to supply some of the information, and reluctance on the part of service providers to seek it. Also, the view is that particular difficulties would be posed in population surveys, particularly in face-to-face interviews in the presence of other people.

Furthermore, careful attention needs to be paid to human rights. The Human Rights Act 1998, came into force on 2 October 2000. Article 8 (1) states that 'everyone has the right to respect for his private and family life, his home and his correspondence.' The implications of this article need to be considered in collecting personal information from individuals in order to see which categories they fit into - particularly when it is not directly related to the reason for the contact, such as health care intervention.

Legal advice from the Office of First Minister and Deputy Minister (Communication from Human Rights Unit, OFMDFM, 13 October 2000) confirms that in general under the Human Rights Act, public authorities must not disclose or pry into matters which are confidential to an individual. Consequently, for example personal questions in a compulsory questionnaire may infringe the right to respect for private and family life.

Article 8 (1) of the Convention which enshrines this right, however, is subject to a qualification in Article 8 (2) providing for restrictions in accordance with the law and which are necessary in a democratic society. Therefore, even if there is failure to respect the rights contained in Article 8 (1), it can probably be justified under Article 8 (2).

In addition, data confidentiality and data protection issues must be addressed. The Health and Personal Social Services (HPSS) is currently taking steps to ensure that it complies with the 1998 Data Protection Act, but at present there is debate on the issue of consent. Furthermore, the Act requires that data collected should not be excessive and must be held and used for a specified purpose(s). There are likely to be difficulties with holding sensitive data on individuals which may or may not be used to support an Equality Scheme. The Commission has recommended that if in doubt representatives of affected groups or relevant agencies should be consulted before authorities embark on data collection, and that it should always be made clear that an individual has the right to decline to provide information and s/he should be made aware of how resulting data will be processed.

Having said this, Government has a responsibility to ensure that its programmes and services are delivered on the basis of equality of opportunity. Monitoring of uptake of services assists Departments and their associated bodies to keep a check on performance.

As a first step to gauge general public opinion on the collection of monitoring information the Department of Employment and Learning (Bradley, Thompson and Rogers, 2001) commissioned two questions in the Social Omnibus Survey, run by Research and Evaluation Services (sample size was c 1,000 adults). Half the sample of working age were asked a general question about public attitudes to whether government should carry out equality monitoring on each of the Section 75 equality dimensions, and the other half of the sample of working age were asked more directly if respondents would be prepared to supply monitoring information to government on each of the Section 75 dimensions, if requested. (The rationale for splitting the sample in this way was to ensure that answers to one question could not influence how the other would be answered.)

Some caution should be exercised when considering the results, as the total number of respondents for each question was in the region of 300 – 350. Despite the small samples and the associated sampling error, the findings are noteworthy.

At least 60% of those asked agreed that Government should monitor participation on programmes by religion, gender, marital status, age, disability and whether or not people have dependants. Just over half (52%) also agreed that Government should monitor participation on its programmes by racial group, although a substantial minority (more than 40%) disagreed. In terms of political opinion and sexual orientation, 64% and 53% respectively felt that Government should not monitor the political opinion or sexual orientation of participants on training programmes. This suggests that there is a degree of public unease about extending monitoring – the fairly narrow margin of those approving of monitoring by race (and, to a lesser extent, religion) also merits attention.

The opinions expressed about Government monitoring generally are not surprising and are in line with previous experience. For example, 77% of respondents said that they would be willing to provide information on their religion for monitoring purposes. At least 70% of those asked said they would definitely or would probably provide information on their religion, racial group, gender, marital status, age, disability and whether or not they have dependants. Political opinion, however, remained contentious as only 40% said they would provide this information if they were asked. Perhaps the most surprising results were for sexual orientation. The majority (60%) of those asked said that they would provide monitoring information on their sexual orientation, if asked.

On the basis of the survey findings, Bradley et al (2001) consider that, if Departments were to include a question on political opinion in their monitoring forms, it is likely that there would be a high refusal rate and a risk that other information normally gained from the monitoring form could be lost. They also conclude that, although people do not feel that it is necessary to monitor for sexual orientation, if they were asked to provide the information a majority of people would. The authors recommend that it will be necessary to tease out what may lie behind these responses before any movement could be taken on monitoring sexual orientation, especially given the finding that the majority of respondents do not think that monitoring in this context is appropriate.

In the light of the above public opinions, it is notable that information on the nine equality categories is now being sought by some organisations for monitoring purposes. For example, the New Opportunities Fund now asks job applicants (from Northern Ireland) to complete questions relating to all nine categories. Similarly, the on-line applications and on-line monitoring to the Peace Programme II, which is part of the EC Structural Funds, ask about all nine dimensions in relation to the intended beneficiaries. In time therefore, sensitivities may reduce, and one might encounter more frequent

routine administrative requests for this personal information, particularly when – in a different context - almost everyone in a recent study responded to questions across all the nine dimensions.

It is notable that the Northern Ireland Life and Times Survey - which is a constituent part of the Northern Ireland Social and Political Archive (ARK) – and is run jointly by The Queens’ University of Belfast and the University of Ulster, asks respondents in face to face interviews for personal information across all nine categories. In the 2000 sweep of the survey (of 1800 adults), it is significant that there was only a 1% or less non - response rate to questions about religion, racial group, dependants, and disability, as well as age, gender and marital status. Also, only five percent refused to identify their sexual orientation. In this survey a battery of questions relate to political opinion: less than 1% refused to answer directly the question about party identification, but 14% said that they supported no political party and 15% said they did not know – both entirely valid answers. Information about the survey is available on the web: www.ark.ac.uk.

Where data from Northern Ireland are not available the Commission proposes that bodies may find it useful to consider comparative data and in particular that originating from elsewhere, for example within Europe, Great Britain, or the Republic of Ireland. Although it may be inappropriate to draw direct inferences from these international datasets, comparative analyses may highlight interesting or significant issues for particular categories, or matters that warrant further local research.

Before in-house databases and other systems of data collection have become well established, the gathering of data to inform an EQIA is likely to be time consuming, and it may be costly or even cost prohibitive. The Commission’s clear view is that in all cases, lack of data is not an excuse for doing nothing.

The Health and Care Position

The Commission encourages public authorities to work collectively in the view that a general partnership approach is likely to be the most efficient and effective. This sound advice is being acted upon by the Department of Health, Social Services and Public Safety (DHSSPS) and its associated bodies in the Health and Personal Social Services (HPSS), but is not easy to implement given that appropriate structures and mechanisms have not previously existed. A regional Equality Liaison Group is also being established. A series of Good Practice Guides is being produced, with the Health and Social Services Boards taking the lead. These Guides relate to Access to Information, User Involvement, Promoting Positive Staff Attitudes to Diversity and Complaints Procedures.

The HPSS 'Business Family' is committed to a programme entailing 28 EQIAs (plus any new policies) during this year and next. Information and Analysis Unit in DHSSPS has been involved in a number of these (see appendix 2).

In anticipation of a workshop involving the Department and HPSS bodies in August 2000, an audit was undertaken by Information and Analysis Unit of the quantum and quality of equality related information available to the Department. Among other things, the paper reported the extent to which the nine equality groups are able to be separately identified and analysed in various data sets - administrative, population surveys and research. Included in the audit were two items, geographical identifier and social class, that were of interest to the New Targeting Social Need agenda. (The paper by Liz McWhirter 'Information Requirements: Data Availability, Quality and Deficits' is available on the Unit's website www.dhsspsni.gov.uk/iau/index.html). The work was well received and was extended to all the other Northern Ireland Departments. A tabulated summary is included in the Practical Guidance on EQIAs by the Equality Commission.

The audit of the administrative operational systems used by HSS Boards and Trusts has since been extended by three working subgroups of the recently established Equality Information Steering Group (which is comprised of representatives from DHSSPS, HSS Boards and Trusts, and representatives of the Equality Groups).

In brief, age and gender were the only two equality categories for which good quality information was readily and consistently available across the systems. In terms of the two New TSN variables, geographical identifier also tended to be available consistently and at high quality. Marital status, religion and disability were available on a reasonable number of systems but coverage and quality tended to be only fair. The other categories of racial group, dependants, political opinion, sexual orientation and social class tended not to feature, and left extensive gaps across the vast majority of systems that were examined.

There is now a need to consider how these sources of data may be adapted to include new fields so as to fill help the information gaps. Time, training, resources and affordability are all key issues. Attention to alternative data sources is desirable.

Also, up to date information is not available on the total population in each of the equality categories. Such information is needed if any practical use can be made of service user data in terms of equality impact assessments. Information from the 2001 Census on a number of these groups will become available over the next few years. The categories of age, gender,

marital status, religion, racial group, disability and social class are covered to varying degrees in census figures. Proxy information on political opinion (first preference votes) is available via the electoral office. This leaves only the category of sexual orientation where there is no denominator data available.

Existing databases can be used only to provide demographic information on the population that an authority serves. In some cases, information relating to the nine equality categories will be available. In such cases, authorities will be able to ascertain the proportions of their service population in particular sectoral groups and, where possible, compare these with the expected population proportions.

DHSSPS currently has a Unique Patient Client Identifier (UPCI) project underway for the development of a new Health and Care Number index for the population of Northern Ireland (similar to the new NHS number for the population of England). This unique number will contain no embedded personal information but will relate to an index that will hold data for individuals. The demographic dataset will include surname, forename, title, sex, address, postcode, date of birth, registered GP, and date of death. The creation of this new index, which is expected to be implemented from late 2002, will enable linkages to be made at individual level across different HPSS operational data systems, and also longitudinally for the same individuals over time. It also expected that use of the new index will help to overcome some of the problems relating to data confidentiality and data protection.

Methodological Issues

Further methodological issues that warrant attention relate to statistical significance versus substantiality, quantitative versus qualitative approaches, and the assessment of differential and adverse impacts. The Commission's Guidance seems to focus more on qualitative rather than quantitative analyses and steers away from tests of statistical significance. Consensus of opinion among the statisticians and researchers in Northern Ireland Departments was that some guidance would be helpful on a common approach and methodology.

In terms of quantifying differential impact on groups, for example, how large does the differential have to be before it is significant and before mitigation, alternative policies etc need to be considered? Statistical significance does not always mean importance or practical significance. Furthermore, with some of the categories in particular, there is likely to be the problem of small numbers.

When gathering and analysing data, it is also necessary to examine and consider those occasions where there is an interaction between two or more categories. For example, a policy may adversely impact on disabled women but not on women or on people with disabilities generally – as illustrated below.

	<i>Women</i>	<i>Men</i>	<i>Total</i>
<i>Disabled</i>	+2%	-2%	0%
<i>Not disabled</i>	-2%	+2%	0%
<i>Total</i>	0%	0%	0%

The above table shows that the policy has no linear gender or disabled/not disabled effect. However, there is an interaction effect which links disabled females with males who are not disabled and disabled males with females who are not disabled.

In systematically appraising accumulated information, the extent to which a process of logical reasoning or deductive thinking has been used in arriving at a judgement on the impact of policies (rather than it always being underpinned by ‘evidence’) is of keen interest. Experience to date suggests that it is likely to be influenced by the quantity and quality of data available.

The quality of data gathered from other sources is also an important issue, and one which is not fully addressed in the Commission’s Guidance. Who quality assures, for example, information gathered through the consultation process? How reliable and valid are data gathered by ‘outside’ bodies, for example, in the voluntary and community sector as the basis for decision making about screening or equality impact assessments?

Where both quantitative and qualitative data are used, a highly structured or formulaic approach to decision-making is not possible. The Commission advocates a systematic decision-making process and the careful and full recording of procedures. They suggest, for example, attaching relative weights to the various data according to their perceived significance, and describing how these weightings are reflected in the decision-making process.

Whilst triangulation is a familiar research concept, the limited experience to date with the equality process suggests that data analysis may be more of an art than science. Also, given the subjectivity inherent in the approach, process and decisions are subject to challenge – particularly with reference to the validity and reliability of the quantitative and qualitative data, and where different types of data vary in relation to the determination of whether or not there is adverse impact.

The Guidance quite rightly points out that it is important to consider the extent to which the qualitative methods have yielded valid and reliable information that accommodates adequate representation from each equality category. With regard to quantitative data the same criteria of validity and reliability must apply, but in terms of how the data are analysed the Guidance highlights different issues. 'There is likely to be a temptation to apply statistical rules of significance to particular data sets in order to 'prove' adverse impact. While statistical 'rules of thumb' may be useful in determining whether there is indirect discrimination, their application is not likely to be helpful when drawing conclusions regarding adverse impact of policies in the context of promoting equality of opportunity.' This view has provoked some debate among statisticians.

The Commission's Practical Guidance for EQIAs, states that there is no statistical test available for making a judgement of adverse impact, and that such a test would be inappropriate. Rather it 'is a question of common-sense'. In line with the judicial approach, the Commission stresses the importance of reaching 'a reasonable judgement'.

Making Data Available

The Commission's view is that information available within the public sector should be made available to those likely to be affected by policies to enable them to be fully informed of the basis on which decisions are made. Also, the information used by the public authority in assessing the impact of the policy must be made available on request to those consulted. It is recommended that data be presented in a manner which is easily accessible and understandable and which gives sufficient detail of procedures to allow for replication. Also, where reasonable and practicable, raw data should be made available for inspection on request, with summary statistics included in the published report.

Whilst this open approach has been welcomed by many groups, there are obvious challenges for professionals in providing user friendly and non-technical information which, at the same time, does justice to the data collection, analyses and results, and also maintains confidentiality and anonymity.

Targeting Social Need

The Policy

New Targeting Social Need (New TSN) and the statutory obligations under Section 75 of the Northern Ireland Act complement each other. New TSN is a priority for the Northern Ireland Assembly. It is the main policy of the Executive on poverty and social need, and is integrated into the Programme for Government, the Executive Programme Funds, and the Spending Review Process. It is being built into policy development, and the Minister for Health, Social Services and Public Safety takes a very keen interest.

New TSN is a long term strategy which aims to tackle social need and social exclusion by targeting both efforts and available resources within existing Departmental programmes towards people, groups and areas in greatest social need. Those in greatest need must be identified objectively and targeted fairly regardless of attributes such as age, gender, religion or race. New TSN therefore does not discriminate against any section of the community, but should, however, contribute to the reduction of inequalities among different sections of society. The policy is about making the best use of available money, and changing the way things are done so that programmes and services are organised and delivered in ways that are more helpful to disadvantaged people. This includes, for example, better communication, consultation and involvement of those outside Government, and making services more accessible.

New TSN is not a programme with its own budget, rather it is a collection of policies running through all relevant existing spending programmes, across all Northern Ireland Departments. Every Northern Ireland Government Department has prepared a New TSN Action Plan showing how it will implement New TSN through its existing programmes. These rolling three year plans identify the social needs that Departments are tackling and the desired outcomes. They cover the culture, plans and programmes of organisations, and include monitoring and evaluation. They are living or working documents that are subject to revision.

Immediately prior to devolution in December 1999, draft Departmental Action Plans, showing how each Department would implement New TSN over a three year period, were published for consultation in 'Vision into Practice: the First New TSN Annual Report' (1999). Following the consultation process, Departmental Action Plans were amended to take account of responses to the consultation process, and to reflect the re-organisation of Northern Ireland Government Departments from six to 11 Departments. Departmental Action Plans were published in 'Making it

Work: the New TSN Action Plans Report' (2001) (available on the internet at: <http://www.newtsni.gov.uk>). The DHSSPS Action Plan for 2001-2003 has been revised and published in March 2002; it will be available on the Department's internet website at www.dhsspsni.gov.uk. The second Annual Report was also published by OFMDFM in March 2002.

The DHSSPS New TSN Action Plan contains 60 targets or actions covering a wide and varied range of issues and objectives (selected ones are provided in appendix 3). The targets represent a formidable agenda for action and a challenging role for statistics and research. Fifteen of the targets (numbers 5e and f, 6a to h, and 8a to e) are of special relevance in the context of this paper. As with the statutory equality duties (and also other policy areas), the process involves extensive consultation.

A key feature of the New TSN policy is the production of Action Plans by relevant Non-Departmental Public Bodies. Within the health and social care area, DHSSPS, HSS Boards, HSS Councils, the Health Promotion Agency, the Fire Authority and the Food Safety Promotion Board have developed New TSN Action Plans. The plans, which have been effective from 1 April 2001, highlight the commitment of these organisations to implement the New TSN initiative by working with partners, both statutory and in the community, to identify and tackle the needs of disadvantaged people. The consultation process used by the 19 HSS Trusts to develop their New TSN Action Plans, that are effective from 1 April 2002, has been facilitated by the existence of a range of service user liaison groups, fora and networks.

Structures are in place to facilitate a co-ordinated approach across different Departments, and collaborative development, implementation, monitoring and evaluation of New TSN related policies, within the 'HPSS business family'. For example, membership of the DHSSPS New TSN Co-ordinating Committee includes senior representation from the Department (including the Information and Analysis Unit), the HSS Boards, HSS Trusts, the Institute of Public Health in Ireland and the voluntary and community sector (the Community Development and Health Network).

Research

An audit of research conducted between 1990 and 2000 relevant to targeting health and social need (Lazenbatt and Fullerton, 2001) confirms that this is a very active area. However, despite the greater disadvantage of Northern Ireland compared to the rest of the United Kingdom, there has been a paucity of research on health inequalities in Northern Ireland relative to other parts of the UK. There is also little information on ethnic minorities in Northern Ireland, and very few longitudinal studies that are rich data sources and powerful analytical tools for examining cause and effect

relationships and outcomes. There also has been inadequate secondary analyses of existing datasets, particularly the large scale Government funded population surveys. The report of social variations in health and health service use in Northern Ireland, as evidenced by the Northern Ireland Survey of Health and Social Wellbeing (O'Reilly and Browne, 2001), is therefore especially welcome. The DHSSPS publications will be available on the Information and Analysis Unit website.

The programme of research related to New TSN and equality that is being commissioned by the Research Branch of the Office of the First Minister and Deputy First Minister is also of relevance to the health and care areas. The Branch's website contains copies of the reports that can be downloaded free. The address is www.research.ofmdfmi.gov.uk and there is a link from the main OFMDFM website at: www.ofmdfmi.gov.uk/equality/index.html.

In order to inform the development of a New TSN relevant research programme a workshop was held on 28 September with a wide range of academic researchers, the statutory, and voluntary and community sectors from both Northern Ireland and the Republic of Ireland. Organised by DHSSPS and its Research and Development Office for the HPSS (R&D Office), the debate was facilitated by experts from Northern Ireland, Great Britain and the Republic of Ireland. It was reassuring to discover that many of the issues identified and recommendations made were included in the June 1999 Final Report to the (then) Department of Health and Social Services of the Targeting Health and Social Need Research and Development Research and Development Working Group, chaired by McWhirter. (THSN was the predecessor of New TSN.) On the basis of the priority areas identified at the workshop, research proposals have been invited by the R&D Office that will provide evidence for decision making on tackling inequalities, and tackling disadvantage and poor health and wellbeing among disadvantaged people, groups, and areas.

Identifying People Versus Identifying Areas

In tackling equality and targeting social need a number of issues arise in identifying people, groups and areas, and some of these, relating particularly to collecting information at the individual level, have been already considered. However, there are additional geographical issues which surrounding area based policies, and area based approaches to resource allocation.

Some areas suffer from acute multiple deprivation and in such cases geographical targeting is clearly appropriate. The identification of relatively deprived areas within Northern Ireland, and their subsequent targeting by

programmes and projects aimed at socio-economic need, date back to the 1970s. However, as Beatty, McCoy and Power (2001) have pointed out, care needs to be exercised in using a geographically based indicator.

It is to be expected that policies which target social need should address people in need, and even those which are targeted at geographical areas are designed to benefit defined groups of people. However, the targeting of policies on geographical areas can never result in perfect targeting on the target group of people. There are two types of error in this approach: deprived people not living in geographically defined areas of deprivation are missed (false negatives); and, people who are not deprived, but who live in a geographically defined area of deprivation, are wrongly included (false positives). The 'ecological fallacy' is to assume that deprived areas contain only deprived people.

Of course, not all policies are targeted solely at deprived people; the provision of health and social care services is aimed more widely. If a policy is intended to deliver a service to a specific target group (that is, those who need the service), but geographical targeting is used to focus the service on deprived areas, further anomalies can arise. This would lead to targeting of those who live in deprived areas, some of whom will be in need of the service, so scoring a correct 'hit'. However, it will score an incorrect 'hit' on those who live in a deprived area but who do not need the service, and will 'miss' those not living in deprived areas who are deprived or do need the service. Those that it is capable of 'hitting' need to be defined and quantified if possible; as do those that it is capable of 'missing'. Other ways must then be found to deal with these incorrect hits and misses.

An example is the targeting of people requiring acute hospital care. DHSSPS skews resources towards areas where there is 'additional need' for healthcare over and above that determined by population size and gender/age structure. Preliminary work by Power (Beatty, McCoy and Power, 2001) to quantify the 'hits' and 'misses', using various assumptions, concludes that up to one half of the Northern Ireland population can be 'mis-targeted', depending on the particular geographical deprivation index used. Most of these are 'false positives', which implies that geographical targeting errs on the side of caution.

In spite of the difficulties in an area based approach, because of the paucity of individual level data, it is likely that area based information will be used as proxy information for individuals' characteristics not only in fulfilling the statutory equality agenda but also New TSN. For example, Information and Analysis Unit in DHSSPS is currently assessing the feasibility of establishing a monitoring system to review on a regular basis inequalities experienced in the utilisation of and access to services.

Spatial Units of Analysis

As Beatty et al (2001) have indicated, a geographic approach poses difficulties in terms of the unit of analysis. Ideally, the population of a geographic unit should be as socio-economically homogeneous as possible. In practice, this is rarely achieved and the distribution of deprivation within a geographical unit will differ; one area might display a fairly homogeneous level of deprivation unit while in another area there might be a small pocket of severe deprivation within an area of relative affluence. Ideally an analysis should be able to identify areas of deprivation irrespective of the level of deprivation in surrounding areas.

In practice, for reasons of data availability, administrative units are often used, although it is highly unlikely that geographical deprivation patterns follow precisely those of administrative boundaries. It is possible that the mismatch of administrative boundaries (used for analysis purposes) and unobserved deprivation boundaries could lead to an area of relative deprivation not being identified.

It has been pointed out by researchers (Moore et al, 2001) that the geography of deprivation (residential segregation) is such that deprived people living in cities are far more likely to live in an area recognised as deprived compared to deprived people in rural areas or small settlements. Area based policies based on conventional deprivation analysis and 'administrative geography' may thus by-pass most of the deprived living in small settlements and the countryside.

The size of the unit of analysis is also important. Theoretically, the smaller the unit the better since small units are more likely to be homogeneous and pockets of deprivation less likely to be missed. Indeed, the theoretical optimal is analysis based on single individuals. The size of the geographic unit should reflect the objective of the analysis. Thus, for small community projects, targeting would usually be at the level of electoral ward rather than district council areas. In the application of deprivation measures in Northern Ireland, electoral wards have tended to be the geographical units used most frequently. A typical Northern Ireland electoral ward has a population of about 3,000 individuals living in about 1,000 households.

In addition to its optimal size, wards have a built-in element of socio-economic homogeneity in that one criterion to be taken into account when ward boundaries are defined by the periodic reviews of local government boundaries in Northern Ireland is a 'sense of local community'. However, administrative boundaries are reviewed periodically; since their creation in 1972 (526 wards), Local Government Boundaries in Northern Ireland have been reviewed in 1984 (566 wards) and 1992 (582 wards).

The difficulty with area based approaches to targeting, rather than targeting at the individual level, is especially notable in the light of new and ongoing Northern Ireland research based at the University of Ulster that examines the relationship between settlement size, deprivation and health on the incidence of breast cancer (McQuillan and Moore, 2000; McQuillan, 2001; Moore et al, 2001). For example, affluent women on aggregate have the greatest risk of breast cancer, but women from deprived rural areas experience similar rates to women from affluent urban areas, and women from affluent rural areas face even higher risks. Similar results have been found in other studies on the incidence of Cerebral Palsy and Perthes' Disease (Kealey et al, 2000).

Monitoring and Evaluation

Implicit within the development of any policy is the implementation of effective monitoring and evaluation arrangements. Given the considerable number of objectives in the New TSN Action Plans, the Office of First Minister and Deputy First Minister (OFMDFM), which is the Department that has central responsibility for the policy, asked Departments to identify and report on a quarterly basis progress made on all targets and action points. In addition, a high level summary report detailing progress in respect of four themes covering the main components the policy; one of these is statistical information. The process involves Departments reporting to their Boards, Committees and Minister, and Ministers submitting summary reports to the Executive Committee of the Northern Ireland Assembly.

The Programme for Government commits to the completion of an evaluation of the New TSN policy by December 2002. The Research Branch in OFMDFM is presently developing a consultation document on the evaluation. This is expected to be pitched at a macro (Northern Ireland-wide) level, and to focus more on outcomes than processes. Each Department has also been asked to evaluate its own Action Plan and processes.

Evaluation of interventions, programmes and policies is not easy, particularly when they are complex. The new comprehensive handbook on evaluation for health policy and health practice within the area of inequalities (Lazenbatt, 2002) is therefore to be welcomed.

Measuring Deprivation

The compilation of relevant and robust macro social, economic and health related indicators are required in order to establish baselines and monitor progress over time – although it will not be possible, of course, to attribute any changes identified solely to New TSN. Sub-Northern Ireland data are needed to reflect local geography or group level data, and individual level measures are also required. Measures ideally should be readily updatable.

The selection of indicators under consideration is determined largely by those measures that are presently available. It is likely that available indicators may be supplemented or amended in future dependent on their utility, and as newer and more relevant sources of data become available.

The newly published Annual Report for 2000-2001 of the Director of Public Health in the Eastern Health and Social Services Board, the largest of the four HSS Boards, includes an information profile of key disease areas and risk behaviours. The profile clarifies the range of information available in Northern Ireland and to what level of population it can be measured, - for example – Board, Trust, smaller locality level. This information is useful in identifying significant inequalities, and in showing where more work needs to be done to develop better information.

New Measures of Deprivation for Northern Ireland were published by the Northern Ireland Statistics and Research Agency (NISRA) in July 2001. The measures, which comprise robust and readily updatable data, including data from administrative operational systems, were developed on behalf of NISRA by a research team led by Mike Noble from the Social Disadvantage Research Group at Oxford University, following wide consultation with the statutory, and voluntary and community sectors in Northern Ireland. The Department of the Environment, Transport and the Regions (DETR) and the National Assembly for Wales have recently adopted a similar approach to identify relatively deprived areas in England and Wales respectively.

As with all the previous Northern Ireland composite deprivation measures, all but two of the Noble indices are of relative deprivation, that is relative to some 'average' for Northern Ireland at that point in time. The measures cannot be used to identify changes in absolute levels of deprivation, because like most, if not all, composite measures of deprivation, the indices are not ratio measures. Thus if area A has a score of X, and area B a score of 2X, all that can be inferred is that area B is more deprived than area A. One cannot conclude either that area B has twice the amount or level of deprivation of area A, or that area B should receive twice the resources of area A. However, the income and employment domains are based on absolute values and as such can be treated as ratio scales.

The measures are structured around 51 separate indicators of deprivation which are combined to form seven individual 'domains', each representing a specific form of deprivation. The domains are: income; employment; health and disability; education, skills and training; geographical access; social environment; and, housing. The domains in turn have been combined to form a ward-based Multiple Deprivation Measure on which all 566 Electoral Wards in Northern Ireland can be ranked. In addition to the income deprivation measure, a child poverty measure has been constructed at ward level using available income information.

The measures are likely to be used principally at ward level but may also be aggregated to District Council level. Finally, pockets of deprivation at sub-ward level (Enumeration District) can be identified, drawing on the Income and Employment domains. A full report on the new Measures is available on the Northern Ireland Statistics and Research Agency (NISRA) website: www.nisra.gov.uk.

The set of indicators used to develop the health deprivation and disability domain are:

- Standardised Mortality Ratios for men and women at ages under 75
- Disabled people receiving social security benefits – Attendance Allowance, Disability Living Allowance, Incapacity Benefit or Severe Disablement Allowance
- People registered as having cancer (excluding non-melanoma skin cancers)
- Proportion of all 12 –17 year olds with extractions and registered with a dentist, and those not registered with a dentist
- Drugs prescribed for depression or anxiety.

Other health related indicators that are relevant to New TSN and which may be used for targeting and monitoring at area level include:

- Life expectancy
- Infant mortality rates
- Suicide rates
- The number of births to mothers aged under 16
- The number of children aged under 16 in residential care, and
- A range of service utilisation indices.

The use of utilisation data as a proxy for morbidity and health care need is problematic. For example, the influence of supply on demand, where

proximity to a service increases the likelihood of an individual using it, must be taken into account. Also, there is the difficult question of under-utilisation and hence unmet needs which contribute to health inequalities – particularly in more deprived areas, in rural populations, and among ethnic minority groups. Examination, including analysis of post-codes, of 'did not attend' data and uptake of services, including preventative measures such as screening and immunisation could be informative, especially in terms of the accessibility of services, and more generally targeting those most in need.

Conclusion

The new statutory equality duties and the New TSN policy provide very powerful systems and mechanisms to change policies, programmes and practices in Northern Ireland to tackle inequalities and target social need. The outcomes and long term impact are not yet known. However, it is hoped that the drive produced by the equality legislation and New TSN policy, combined with the personal commitment of the DHSSPS Minister to both, will make a difference, will lead to enhanced health and well being for the people of Northern Ireland generally, and will lead to the reduction of inequalities and a more equal society in particular. It is expected that in time the statutory duties, New TSN, and also consultation, will become mainstreamed into the normal business planning and delivery processes. At present, however, the initiatives pose many challenges and, while much has been achieved, much remains to be learned.

References

- Beatty R, McCoy D, and Power T (2001) *Targeting areas of social need in Northern Ireland*. NISRA Occasional Paper No. 16. Northern Ireland Statistics and Research Agency.
- Bradley L, Thompson C, and Rogers D. (2001) *Equality Monitoring in DEL*. Skills Bulletin, Department of Learning and Employment.
- Bunting V. (2001) *Review of the Literature on Equality of Opportunity Issues in the Health and Social Services*. Department of Health, Social Services and Public Safety.
- Equality Commission for Northern Ireland (2000) *Guide to the statutory duties. A guide to the implementation of the statutory duties on public authorities arising from Section 75 of the Northern Ireland Act 1998*.
- Equality Commission for Northern Ireland (2001) *Section 75 of the Northern Ireland Act 1998. Practical Guidance on Equality Impact Assessment*.
- Kealey D, Moore A J, Cook S, and Cosgrove A (2000) *Deprivation, urbanisation and Perthes' Disease in Northern Ireland*. Journal of Bone and Joint Surgery, 82B(2), 167-171.
- Lazenbatt A (2002) *Evaluation Handbook for Health Care Professionals*. Routledge.
- Lazenbatt A, and Fullerton D (2001) *An Audit of Commissioned Targeting Health and Social Need Research in Northern Ireland January 1990- August 2000*. Department of Health, Social Services and Public Safety, website.
- McQuillan C (2001) *Incidence and Staging of Breast Cancer in Northern Ireland*. PhD Thesis at University of Ulster.
- McQuillan C and Moore A (2000) *A small area investigation of rural-urban variations in breast cancer incidence in Northern Ireland*. Paper presented at the United Kingdom Association of Cancer Registries Annual Conference, Belfast, November 2000.
- Moore A, Cook S, Fullerton D, and Gray, AM (2001) *Health Related Inequalities*. Presentation at Workshop on 28 September 2001 organised by DHSSPS and the R&D Office for the HPSS.
- Office of First Minister and Deputy First Minister (2001) *Making it Work: the New TSN Action Plans Report*.
- O'Reilly D and Browne S (2001) *Health and Health Service Use in Northern Ireland: Social Variations*. Department of Health, Social Services and Public Safety.

Appendix 1

Examples Provided by The Equality Commission of Groups by Equality Categories

Category	Examples of Groups
Religious belief	Protestant; Catholic; Hindu; Jewish; Islam / Muslim; Sikh; Buddhist; other religion ; people of no religious belief
Political opinion	Unionists generally; Nationalists generally; members/ supporters of any political party; other
Racial group	White; White other; Chinese; Irish Travellers; Indian; Pakistani; Bangladeshi; Black African; Black Caribbean; Black European; mixed ethnic group; other
'Men and women generally'	Men (including boys); women (including girls); transgendered people; transsexual people
Sexual orientation	Gay; lesbian; bisexual; heterosexual
Marital status	Married people; unmarried people; divorced or separated people; widowed people
Age	For most purposes, the main categories are: those under 18; people aged between 18 and 65; and people over 65. However, the definition of age groups will need to be sensitive to the policy under consideration. For example, (i) in relation to employment policies the middle aged are often a vulnerable group, pensionable age is different for men and women and legal ages for working, voting and smoking vary; (ii) in relation to policies concerning young people then narrower age bands are likely to be more appropriate
'Persons with a disability'	Persons with a disability as defined in Section 1 and 2 and Schedules 1 and 2 of the Disability Discrimination Act 1995
'Persons with dependants'	Persons with primary responsibility for the care of a child; persons with personal responsibility for the care of a person with a disability; persons with primary responsibility for the care of a dependant elderly person

Appendix 2

Some EQIAS in which IAU has been involved

Information and Analysis Unit has been, and is currently, involved in a number of Equality Impact Assessments. These include the following:

Oral Health Strategy/General Dental Services – Data from the Dental Payments System and the Dental Registration System were analysed to show age/gender differences in patients receiving treatment from a dentist or those registered with a dentist. It was not possible to obtain quantitative data on any of the other nine groups. Preliminary consultation has taken place. Consultants have been employed to conduct focus groups meetings with relevant community and voluntary groups to obtain qualitative information on any problems experienced by members of the nine groups.

HSS Board Capitation Formula – Each of the major adjustments which comprise the DHSSPS Board capitation formula were carefully scrutinized by the Capitation Formula Review Group (CFRG) for potential adverse impact in respect of each of the nine equality groups. The preliminary conclusions of the CFRG were then tested by an independent consultant and a consensus report was produced. These findings then formed part of the preliminary and full consultation exercises which were wide-ranging and included representatives of the various equality groups. The Equality Commission commended the DHSSPS for its inclusive approach.

Prescribing Formula – This EQIA has just been initiated with the aim of identifying and assessing any equality impacts which may arise from the capitation formula for the allocation of primary care prescribing resources. This is an existing formula, which has been refined over a number of years but will be assessed prior to the 2002/03 allocation round. A consultant will be employed, to work closely with the Northern Ireland Prescribing Formula Working Group, to identify potential differential and adverse impacts arising from the existing policy. The results of this work will form part of the public consultation exercise.

Strategic Review of the Northern Ireland Ambulance Service (NIAS) – An EQIA has examined any differential and potentially adverse impacts on the nine equality groups arising from implementation of recommendations contained in the NIAS Strategic Review. The areas investigated relate to differential improvement in Emergency Ambulance response times and the possible introduction of protocols to reduce inappropriate use of Patient Care Services. The approach taken has been to map current and predicted future activity data to electoral wards and to then examine these wards in terms of their equality group profile (a ward based dataset has been assembled for seven of the nine equality groups – the exceptions being sexual orientation and racial group).

Department of Health, Social Services and Public Safety

Extract from New TSN Action Plan – Selected Targets

1 April 2001 – 31 March 2003

Business Areas:	<i>Public Safety, Strategic Planning and Information and Analysis Unit (PSSPIAU)</i> <i>Directorate of Information Systems (DIS)</i> <i>Finance Directorate (FD)</i> <i>Primary Care Directorate (PCD)</i>
Social need to be tackled:	<i>Poor health and social well-being experienced by disadvantaged people, groups and areas</i>
Desired outcome:	<i>a. Clearer identification of people, groups and areas with greatest health and social need</i> <i>b. Efforts effectively targeted and necessary resources skewed to disadvantaged people, groups and areas with the greatest health and social care needs</i> <i>c. Increased capacity to determine whether the actions being taken by the DHSSPS and its associated bodies are effectively reducing the inequalities experienced by disadvantaged people, groups and areas</i>

New TSN Objectives

Targets or Actions or Timescales

DHSSPS 6

To identify those in greatest health and social need

- a. By December 2001, ensure that New TSN is fully addressed throughout the conduct of the Department's Review of Business Information Needs (ROBIN); and by March 2002, consider ways to address any New TSN-related information gaps that are identified in the ROBIN. (PSSPIAU)*

- b. By September 2001, investigate, through the three sub groups of the Equality Information Steering Group, the possibility of improving occupation/social class information across the broad range of HPSS administrative systems used by HSS Boards, Trusts and Agencies. (PSSPIAU)
- c. By September 2002, implement a Unique Patient and Client Identifier which will lead to improved accuracy and reliability of information and enable more detailed analysis relating to inequalities in health. (DIS)
- d. By March 2003, prepare and publish a "state of the region" report based on findings of the Health and Social Well-being Survey and other sources. (PSSPIAU)
- e. By March 2003, refine the general indicator of need for health and social care services in line with revisions to the HSS Board Capitation Formula. (PSSPIAU)
- f. From June 2001, consider the application of Noble Indices of relative deprivation on a case by case basis, along with other indicators of health and social need, in targeting the Department's programmes and resources. (PSSPIAU)
- g. By September 2001, investigate, through the recently established sub-groups of the Equality Information Steering Group, the possibility of improving geographical identifiers across the broad range of HPSS administrative information systems used by HSS Boards, HSS Trusts and Agencies and make recommendations for addressing gaps and deficiencies identified. (PSSPIAU)

- h. By September 2001, map community pharmacies to areas of relative deprivation; and by March 2002, identify the nature of community pharmacy services in these areas and how services could be best oriented to address health inequality needs. (PSSPIAU)

DHSSPS 8

To provide evidence which supports informed decision making on tackling inequalities

- a. By December 2001 put in place an agreed programme of New TSN-related research which will support informed decision-making in tackling health and social need. (Key milestones: By October 2001, hold a workshop to identify key priorities for research; and by December 2001, have an agreed programme for research. (PSSPIAU)
- b. By October 2001, arrange the first of a series of annual workshops with Departmental business areas, associated bodies and the Research and Development Office for the HPSS to obtain agreement for the Department and its associated bodies to report the impact on inequalities of New TSN-related interventions, relevant research and evaluations and to participate in annual workshops to update knowledge and co-ordinate activities. (PSSPIAU)