

**Feedback report following Health and Social Care engagement on
Equality and Disability Action Plans**

19th January 2017



Alternative Formats: Some people may need this information in a different format for example, Easy Read, Large Print, Braille or electronic formats. We can produce this so please let us know if you need it and what format would be best for you. Email Orla Barron on orla.barron@belfasttrust.hscni.net or SMS text 0782 514 6432.

Context

Health and Social Care (HSC) Trusts wanted to engage with a wide range key stakeholders regarding development of their new 5-year Section 75 Inequalities Action Plan and Disability Action Plan which will span the 5-year period from 2017-2022. These HSC Trusts are namely Belfast, Northern, South Eastern, Southern, Western and the Northern Ireland Ambulance Service. Partnership working has been key and proved effective in developing these plans in previous planning cycles.

A pre-consultation engagement event was held on Thursday 19th January 2017. Colleagues from the Department of Health, Health and Social Care Board and Public Health Agency, whilst at different cycles in terms of their equality and disability action plans, also took the opportunity for us to come together as a sector and meet with representatives from across the voluntary and community sector and staff and Trade Unions to share ideas to help inform their future plans.

The HSC sector came to the event with the clear intent of starting with a “blank canvas” and co-designing the proposed actions within their respective plans in partnership with a wide range of participants. This is in keeping with the clear direction set out by the Health Minister in her Health and Wellbeing: 2026 Delivering Together strategy. The purpose of working in this way is that plans will be designed for and with people and communities rather than by organisations and services.

[Click here to download a transcript of the above film](#)

Why develop these plans?

When disability discrimination legislation was amended in 2006, public authorities such as HSC Trusts were required to demonstrate how they would fulfil their duties to promote positive attitudes towards disabled people and to encourage participation by disabled people in public life.

In 2010 the Equality Commission for Northern Ireland recommended that, in addition to Equality Schemes, Action Based Plans should be developed to tackle S75 inequalities and that such Plans should be informed by an inequalities audit.

These plans are taken forward to help address existing inequalities experienced by people from across the Section 75 categories including Disabled Persons and multiple identities. These actions are in addition to the measures Health and Social Care have committed to ensure effective mainstreaming of the S75 equality duties.

Pre-Engagement Event

The event on the 19th January was opened by Anne O Reilly, Non-Executive Director of the Belfast Trust, who set the scene for the morning and told participants of how important the programme of equality, disability and human rights is to our core business of improving health and wellbeing and reducing inequalities within the Health and Social Care Sector



Patrice Hardy from the Equality Commission for Northern Ireland provided a very clear, concise and plain English overview of the law and the reason for public authorities being asked to develop equality action plans and disability action plan, reminding us all that inequalities still exist.



Torie Tennant, a service user and co-chair of the Northern Trust's Disability Panel spoke and provided her own personal account of the changes and improvements in her experience in health and social care. She highlighted the importance of working together to deliver successful outcomes and gave examples of how her input had made the difference in terms of accessibility.

Seizing the opportunity!






With so many interesting and knowledgeable people into the room, we wanted to seize the opportunity to engage and get everyone involved in a variety of ways. We used a series of café style conversations to foster an environment where good and authentic conversations could develop.



When we talk, we are only repeating what we know. But when we listen, we may learn something new....

Each round of the café conversations was prefaced with questions designed for the specific context and desired purpose of the sessions. So in the five different rounds, we discussed: -
What has worked well, What areas that need to be improved, What actions could address and Who ought to be involved:

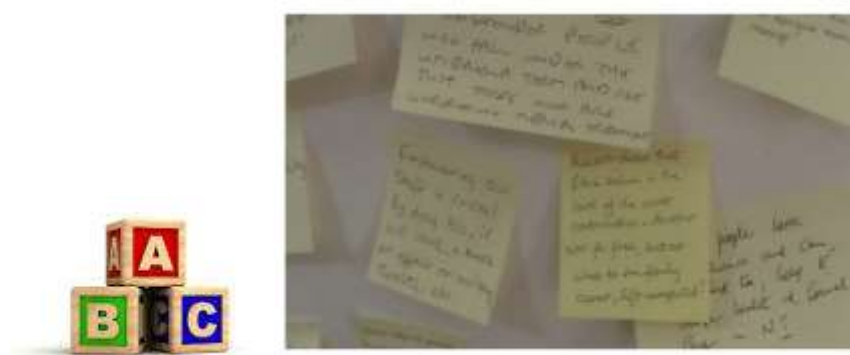
To inform our equality, disability and good relations action plans, we focussed on the following 5 topic areas:

-  Health and Social Care Simplifying our Section 75 processes
-  Health and Social Care Promoting equality
-  Health and Social Care Our Staff
-  Health and Social Care Disability Duties
-  Health and Social Care Promoting good relations

Participants could also make use of the Big Brother style Diary Room, the Graffiti Wall and the Postcards on Post-boxes to maximise opportunities for providing their views and being involved.



Graffiti wall and Postcard Feedback



Comments provided on the graffiti wall and postcards were collated and broadly fell into the following themes:

- ❖ Autism
- ❖ Staff
- ❖ Age
- ❖ Carers
- ❖ Disability
- ❖ Gender
- ❖ Barriers

Graffiti Wall



Autism

Rapid intervention is crucial. Autism diagnosis waiting list can be up to 2 years. No support unless diagnosis is given

Early investment will cost less in future!

No/little post diagnosis services for children/adults with autism

Mental health service access for autism

CAMHS – many children getting re-referred to autism services rather than recognising that people with autism have mental health problems/ difficulties too. Need more joined up working between ASD and mental health services

All staff and managers need autism specific training - GPs HSC staff, dentists, emergency services & not just clinicians

Better access for adults re diagnosis of autism. People with autism need more support

Autism report – mental health difficulties is one of the leading causes of death in autism – 16 years' life expectancy difference for individuals with autism.

Staff

Empowering staff is crucial. By doing this, it will have a knock on effect on involvement and equality

Make information easy/accessible to HSC staff. Simplify what we produce make it easy for them to understand

Staff in wards too busy with patients to read and understand the policies on equality

Health professionals need to be aware of what lip speakers do to help deaf people.

Long waiting times for an OT appointment are affecting my ability to work

Beneficial of having deaf professionals within HSC – social worker – equality officer – mental health worker

Important to listen to our frontline staff. Many are the only people that some of 'hard to reach' groups will meet.

Staff too busy to read and consult the documents and toolkits and policies.

Staff attitudes

Age

Older people have life experience and can if listened to help to shape HSC in NI

No regional budgets to support Women's Aid work with children and young people

Tackle health inequalities and discrimination experienced by older people.

Inquiry into health inequalities and discrimination experienced by older people.

Celebrate our ageing population & ageing workforce

Older women with a range of difficulties accessing mental health trauma – access to services

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Carers

Many organisations are not aware that 'those with dependents' is not just about parents – promote this group's needs – equality of esteem

Carer involvement crucial

Research shows that £4.6 billion is the level of the carer contribution. Another NHS for free, but at what to the family carers, left unsupported?

More needs to be done for carers in terms of financial / short breaks as the health service would collapse without them!

Work across departments – carers and children with disabilities – work with Department of Education and Communities

Family carers are not mentioned in the expert panel report summary

Involve service users, carers and the public in planning of services
EARLY

ECNI PfG budget recommendation booklet ignores carers

Disability

If you want to know how shoes fit – do you ask the person who made them or the person who is wearing them?” Need to look at IMPACT of service for disabled people. Ask Service user not provider

Promotion of abortion for fatal foetal abnormality will lead to screening out a multitude of disabilities initially pre-birth but eventually at or after-birth

District councils currently drafting their community plans. How can local government structures help in employment opportunities for people with disabilities?

Making health care appointments accessible for those with disabilities

Need to examine outcomes of service for disabled people

Having HSC material disability friendly

Make all spaces disability friendly

Gender

Support for women and children with disability and homeless due to domestic abuse

Women with undiagnosed mental health issues claiming help

Equality legislation needs to cover all transgender people who fall under the umbrella term and not just those who are undergoing medical treatment.

Gender equality still an issue to be addressed.

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Barriers

I have yet to see a screening that actually means anything

Lack of understanding of the difficulties for Travellers families that have been confused

There is a real need for a regional 'media drive' around equality, good relations – including all stat orgs and c&v sector

Power differentials between people is elephant in the room

Lack of information translated in BSL / ISL sign language

How do we engage with those who are at home receiving domiciliary care?

Barriers to accessing health promotion in particular screening programmes

Communication

Language Barriers

Often S75 groups work themselves in silos and relationships aren't always formed. resulting in different people asking same things for specifics...needs to be more effort to work together to understand collective needs.

Close the PPI consultation loop!

What is the 'Equality Unit' in each Trust? Need to raise awareness of who you are, what you do and how to access you.

These comments have greatly helped us in how we have shaped our plan – in the first instance, where Equality teams cannot directly carry out actions to rectify or overcome these inequalities, we commit to sharing these with our colleagues in Health and Social Care so that there is system-wide and shared learning from our engagement event.

The following sections detail what was discussed during the café style conversations: both what was said and what our actions will focus on.

Simplifying our Section 75 Processes

You told us....

- ❖ There should be a greater emphasis on early engagement in processes such as Equality Screening
- ❖ Section 75 processes are too complex and jargonistic- not engaging
- ❖ Processes should not rely so heavily on long, complicated documents
- ❖ Be more innovative in our approach and look at new and emerging best practice in how we communicate e.g. greater use of social media, jam cards, smiley faces
- ❖ Have greater focus on outcomes and 'making a difference' in our processes
- ❖ Make it easier for people to become involved in these processes
- ❖ Increase awareness of S75
- ❖ Engagement and consultation must be meaningful and not a 'tick box exercise'
- ❖ Train staff and service users participating in these processes
- ❖ Section 75 should have good links to Personal and Public Involvement (PPI) duties
- ❖ Notify in advance of upcoming consultative processes

- ❖ Formats used should be adaptable to enable wider sharing by other groups

Screening and Equality Impact Assessments

- ❖ Consultees have limited awareness of the Section 75 screening and Equality Impact Assessment processes.
- ❖ Screenings need to be carried out on the bigger decisions
- ❖ Screenings do not include evidence – decisions need to be informed by evidence.
- ❖ Equality needs to be embedded into the beginning of decision making processes

Consultation/Engagement

- ❖ Consultations processes rely on written information and documents are 'wordy' and difficult to understand.
- ❖ HSC Consultations need to be less bureaucratic, less tokenistic and engage better.
- ❖ Co-design will adjust the context in which HSC consults
- ❖ Co-design the co design!
- ❖ Good examples of engagement need to be replicated across the organisation.
- ❖ HSC should work with community grass roots to ensure proper engagement so that those making decision are aware of issues
- ❖ Need to be more innovative in approach and look at new and emerging best practice in how we communicate e.g. greater use of social media

Based on what you told us, our actions will include:

More innovative, accessible, engaging communications and consultative processes

- ❖ We will produce a toolkit with the Equality Commission for those leading Section 75 processes such as Screening and Equality Impact Assessments (EQIA). This will include a good practice on engagement and consultation to reflect new and emerging best practice in the methods of communications e.g. use of social media.

Training for staff leading Section 75 processes

- ❖ We will review existing training and amend as necessary to ensure up to date, effective training for those charged with leading these processes.

Better linkages with PPI and more engaging screening processes with better involvement

- ❖ We will ensure new toolkit and related training includes linkages to Personal and Public Involvement and focuses on the importance of early involvement. This will include a particular focus on screening and engagement processes in relation to screening outcomes.
- ❖ Work collaboratively to raise awareness externally on how groups and individuals can be involved in Screening and Equality Impact Assessment processes.
- ❖ Develop a communication strategy to ensure that representative organisations and individuals are aware of Trust Equality Units and their functions and to ensure effective ongoing communication.
- ❖ Develop good practice guidance on consulting, engaging, co-design and co-production in partnership with representative groups and Trust Personal and Public Involvement Leads.
- ❖ Develop training programme and resources on Section 75 processes for both staff and representative organisations.
- ❖ Establish a Regional Consultative Forum and work in partnership with the Equality Commission and Human Rights Commission

- ❖ Work with the Department of Health and other relevant stakeholders to make sure we are ready for the introduction of Age Discrimination Regulations and organise a regional event to raise awareness of potential implications of the new legislation on health and social care provision.

Better focus on Outcomes

- ❖ We will ensure our action plan and toolkits focus on outcomes and making improvements for people.

Promoting Equality

You told us....

- ❖ The fact that we have Section 75 is a positive
- ❖ Letters, information, signage and all communication to service users, including sign language, needs to be in the appropriate format to make services accessible
- ❖ Need for a Directory of Services which is kept up to date
- ❖ Issues with regard to GP Gateway to services - ease of access to information
- ❖ Suitable, accessible, appropriate transport e.g. shuttle buses, is essential to get to and from services
- ❖ Location of Trust buildings, car parking and associated costs, transport – potential impact on patients, service users and family
- ❖ Provision of 'meeters and greeters' to ease access
- ❖ Staff training and awareness raising should be co-delivered with service users and advocates e.g. transgender and disability advocates
- ❖ Involve services users and carers in all plans for service users
- ❖ Education and awareness raising on equality are required for the general public

- ❖ User friendly websites with accessible information that is easy to find and easier for service users to feed back through
- ❖ Use all available media to provide accessible information e.g. Facebook forums, internet
- ❖ Staff should be available outside traditional working hours e.g. 9-5 and Monday to Friday
- ❖ Continue to promote equality on all agenda including at highest levels e.g. EMT/SMT/Trust Board
- ❖ Consideration of the Health and Wellbeing of HSC Staff
- ❖ No punishments for whistle blowing or lessons learned or negative feedback from service users and staff
- ❖ Embrace the cultural change and encourage diversity

Based on what you told us, our actions will include:

Staff Training

- ❖ We will work with service users and their advocates to explore new training and awareness raising opportunities for staff including co-production, co-delivery and evaluation.

Compassionate Caring DVD

- ❖ We will develop an online educational resource to help to raise awareness of the lived experiences of people with a range of disabilities when accessing Health and Social Care

Accessibility

- ❖ We will work with staff and service users to review how information is produced in alternative formats.
- ❖ We will create an accessible welcome pack with information which will potentially enhance the patient experience. This will include arrangements for interpreting including different spoken languages

and sign language; provision of auxiliary aids e.g. induction loop systems and written translation arrangements.

Accessibility of our Buildings

- ❖ We will work with staff and community groups to review our acute and community facilities and to ensure that they are considered accessible spaces for all, including access to disabled car parking spaces, access to buildings, appointment timings outside normal working hours etc.

Accessible user Friendly Websites

- ❖ We will work with Trust Communication Teams to review Trust Websites to ensure they are user friendly, accessible and contain up to date information. We will investigate potential methods of feedback through our websites.

Communication methods

- ❖ We will investigate new methods of communication e.g. social media forums, virtual consultation methods (Citizen Space)
- ❖ We will engage with the Regional HSC Interpreting Service to support access to interpreting services when HSC practitioners refer into the voluntary sector.

Our Staff

You told us....

Training

- ❖ 'Age' specific training/diversity training should be delivered to staff.
- ❖ Specific staff training –particularly for those providing domiciliary/personal care in early detection of cancer
- ❖ Further training is required for staff on 'delivering diagnosis' to service users so that staff discuss a diagnosis compassionately with the service users and their family and in an appropriate setting, recognising that this is a 'key' moment in the person's life.

- ❖ Deliver awareness programme to community groups and staff settings including early detection/signs of breast cancer
- ❖ Staff should understand accessible information needs for a range of disabilities and how to access alternative formats

Recruitment and Selection

- ❖ Successful recruitment model for Looked after Children by Department of Health should be extended to include all S75 groups.
- ❖ Simplify recruitment and selection processes to encourage disabled people to apply - online application process can be confusing for and deter application by some disabled people
- ❖ Need to address under-representation of disabled staff – particularly at more senior levels. HSC organisations should promote themselves as disability friendly employers. Liaison with schools and work placement provision could help address the imbalance. Need to publicise jobs at careers conventions to attract applicants with a disability.
- ❖ Introduce targeted employability programmes
- ❖ Deaf people don't use English as their first language and are therefore not as competent or confident in applying via the 'normal' recruitment process. HSC should refer to best practice by British Deaf Association policies on 'online applications'.
- ❖ Adopt best practice guidelines on recruitment and selection processes which are accessible to disabled people. Consider accessibility of literature, websites and written guidance to include bright colours, pictorials, white space and bordering.

Staff

- ❖ Staff attitudes sometimes present difficulties. Baseline of staff attitudes should be conducted to include any negative behaviour based on assumptions

- ❖ Lack of evidence based research into 'Carers' needs' in NI. Impact on carers who work
- ❖ Staff need to focus on getting to know their patient despite pressures such as targets, time constraints and efficiencies
- ❖ More complex cases need longer appointment times
- ❖ Empower staff and service users to be partners and equal in care provision through a collective leadership model
- ❖ Organisational development policies and culture need to ensure staff feel safe and valued to keep them healthy and resilient
- ❖ Workforce planning needs to recognise growing pressures on staff, particularly nurses and social workers,
- ❖ Change and movement of staff can lead to 'expertise' being lost and the need for replacement
- ❖ Need to recognise that everyone has right to work and workforce must be inclusive and welcoming to all

Based on what you told us, our actions will include:

Employer of Choice

- ❖ We will simplify our Recruitment and Selection Process through development of an easy-to-follow information leaflet i.e. overview of process, tips re successful application form and interview preparation

Retention

- ❖ Work together with Occupational Health Services and the ECNI to develop best practice on reasonable adjustments in the work place.

Employability Schemes

- ❖ Work in collaboration with relevant stakeholders to extend the remit of our Employability Schemes to enhance employment opportunities for other marginalised S75

- ❖ Continue to work with stakeholders to seek to enhance the experiential and employment opportunities of marginalised groups.

Providing Support to our Staff

- ❖ Collaborate to develop best practice around Domestic Violence.
- ❖ Develop a consistent Regional Policy together with support mechanisms for staff experiencing Domestic Violence in partnership with relevant organisations and Trade Unions.

Reconciling work and other Caring Commitments

- ❖ We will make sure that our staff who are carers are supported in the workplace so that they can continue with their caring role

Promoting Inclusive Workplaces

- ❖ Finalise our Gender Identity and Expression Policy promoting an inclusive work place for staff who are transgender or non-binary and will develop supporting guidance and training materials

Promoting a Good and Harmonious Working Environment

- ❖ We will review our harmonious working environment advice in light of any new findings and recommendations from the work conducted by the Commission on Flags, Identity, Culture and Traditions

Staff Training

- ❖ Launch our new Discovering Diversity E-Learning Module and encourage staff uptake. This will be complemented by the new HSC Equality and Diversity Staff Training Manual which will be disseminated to all Health and Social Care staff.
- ❖ Mainstream age-specific training into programmes and resources.

Gender Pay Gap Reporting

- ❖ Work to ensure compliance with any new legislation governing gender pay reporting and address any inequalities identified.

Health and Wellbeing

- ❖ Sign up to the Mental Health Charter - a consortium of mental health organisations and Equality Commission for NI in support of our staff who have and who may develop mental health problems.

Promoting Best Practice

- ❖ Convene annual event to showcase best practice in equality and diversity within the HSC – to promote/ share across HSC and beyond

Promoting Diversity in the Workplace

- ❖ We will investigate further potential for flexible working arrangements for staff to facilitate those e.g. with caring responsibilities, those with disabilities, to promote diversity in the workplace and address the Health and Wellbeing of staff.

Disability Duties

You told us....

Re: Staff Training

- ❖ Disabled People portrayed as 'cripples' / medicalised in attitudes – emphasis on what I cannot do by some staff
- ❖ Health service very negative, no understanding of disabled person's ability to look after self
- ❖ What training do GPs get?
- ❖ Medics need trained re values of respect
- ❖ Improve knowledge of hidden disabilities like Crohns
- ❖ Autism is rarely portrayed – hidden disabilities
- ❖ Training should ensure staff recognise and value disabled people's expertise.

- ❖ Recognise functional experts – involve disabled people as experts by experience.
- ❖ Use representative groups for support, e.g. Cedar Foundation.
- ❖ Focus on what people can do, not what they can't.

Co-Design

- ❖ Involve service users in care planning
- ❖ Co-design buildings from the start and not just physical disabilities considered – include autism / mental health in design
- ❖ Building design must be accessible – not only getting into them but getting around them
- ❖ All services should be designed with ALL (including disabled people) in mind.
- ❖ Recognise that most disabled people are older people – who may not always see themselves as disabled

Participation

- ❖ Disability champion on Trust Boards needed and more disabled people are needed in senior positions in HSC
- ❖ Government to incentivise employers to employ disabled people
- ❖ Disability champions should be paid
- ❖ People with disabilities must be represented on any issues not just disability issues
- ❖ Numbers of disabled people in employment are not improving.
- ❖ HSC should recognise the assets that disabled people bring.

Disability Action Plan

- ❖ Need more emphasis on outcomes for clients

- ❖ System not working - need to listen more
- ❖ Need to go out to housebound patients for their view
- ❖ Better communication / consistency
- ❖ Need to cross reference with activity in other Government departments e.g. community planning
- ❖ Need to future proof services – service users getting older – more disabled – need to ensure accessible.

Staff Disclosure

- ❖ Staff with a disability - particularly hidden one - have a fear of disclosure lest managers are not understanding
- ❖ Difficulty finding opportunity to disclose
- ❖ Taboo subject – staff having a disability
- ❖ Need to create confidential medium to disclose when working for HSC – Occupational Health (OH) is a barrier (perception)
- ❖ Stigma going to OH or being referred to OH – seen as not confidential – staff worry about what will happen and who will know – fear of managers finding out and their attitudes.
- ❖ Need to educate staff about benefits of going to OH...

Communication

- ❖ Speaker Service: Make sure staff and potential service users know about the service. Should be resourced by HSC and Sign Language contract should be extended to cover Speaker Service.
- ❖ GPs can add information on a patient's disability including communication needs to some referrals. Extend to all referrals.
- ❖ Text reminders of appointments works well.
- ❖ Ensure confidentiality relating to the individual's disability.

Based on what you told us, our actions will include:

Enhanced Training

- ❖ Development of autism friendly health service training
- ❖ Review disability training so that it reflects all disabilities e.g. hidden and sensory,
- ❖ More training and awareness raising for all staff not just front line
- ❖ Masterclass re Managing disability in the workplace training
- ❖ Mandatory disability training for all staff every 5 years
- ❖ Trust Board members to undergo disability awareness training
- ❖ Co-delivery of disability training with disabled people essential
- ❖ Make use of e-learning.
- ❖ Training should challenge stereotyping and should recognise the contribution that disabled people can make to inform decision making in HSC. Include awareness, attitudes and challenge negative attitudes of others.

Better Co-Design

- ❖ We will work to increase positive visibility in HSC re transgender issues – leaflet & posters welcoming transgender service users & disseminated throughout sector. We will work with service users
- ❖ We will co design our training
- ❖ We will seek to involve service users and carers at every level – design, development, delivery and evaluation – service and buildings

Greater Participation

- ❖ More HSC employment opportunities for disabled people, including uptake of government incentives

- ❖ We will explore how best to secure a disability champion on each Trust Board (be it quotas or positive discrimination re disability and recruitment of non-executive directors)
- ❖ In relation to learning disability, work experience options beyond HSC should be considered; collaboration with other public sector and private sector - social clause contracts.
- ❖ Day opportunities – with peers – supported and resourced.
- ❖ Undertake work to enable disabled people to participate more fully
- ❖ Ensure accessibility information (relating to venues) is included in all promotional materials and literature

DAP reviewed

- ❖ We will develop a disability action plan based on tangible Outcomes
- ❖ We will further outreach to engage with hard to reach groups-
- ❖ We will ensure that people know their feedback will be heard and actioned
- ❖ We need to integrate reference community planning needs
- ❖ We will communicate better with people about what proactive initiatives are already underway to improve positive attitudes towards people with a disability and encourage their full participation in public life
- ❖ Cross reference plan with older people's needs

Improved staff Disclosure framework

- ❖ We will develop partnership working with Occupational Health – bespoke equality and human rights training and produce a training pack

- ❖ We will deliver an awareness campaign to highlight benefits of referral to Occupational Health - for staff and for managers, with change of emphasis from conflict to one of working together (values)

Good Relations

You told us....

Promoting Good Relations

- ❖ All HSC bodies should have a good relations strategy and an associated working group
- ❖ A lot of people don't understand what good relations mean
- ❖ You didn't know about our good relations work
- ❖ Given the current global political situation in terms of Protectionism e.g. Brexit and the change in US Presidency, vital that HSC lead by example in terms of promoting diversity and challenging racism of any kind
- ❖ HSC needs to be a role model- engage in a media campaign to promote good relations
- ❖ Trusts need to promote positive images of migrant workers and how important they are
- ❖ There should be a regional good relations strategy with local action plans – a regional approach would allow for more consistency
- ❖ People need to feel valued and included
- ❖ Vital for the survival of the HSC that we have international staff
- ❖ Need to promote the international recruitment drive
- ❖ Artwork in health and well-being centres is effective in creating a shared and welcoming environment
- ❖ As a sizeable employer and service provider, the HSC should share its good relations statements or strategies with the community

groups to encourage them to adopt it

- ❖ When procuring goods and services, HSC organisations should request that the groups adopt a good relations statement

Linkage between equality and good relations

- ❖ Why does Good Relations not apply to all 9 Section 75 groups – particularly to sexual orientation and disability related hate crime?
- ❖ What is the difference between equality and good relations?
- ❖ Important to remember multi-identity: i.e. that the people protected by the good relations duty i.e. those from racial groups, religious beliefs and political opinions also span 9 equality categories e.g. age, gender

Targeted groups

- ❖ To promote good relations, address intergenerational issues – younger people more willing to travel to what would have been considered single identity areas than their parents/ grandparents.
- ❖ There needs to be grassroots cross community engagement with different religious and political groups and also with Black, minority ethnic groups
- ❖ Women have traditionally been more receptive to good relations – it would be good to target men – particularly younger men in outreach projects
- ❖ The Trusts should not provide the same clinics e.g. Family Planning currently provided at two Health and Well Being Centres in close proximity thus not encouraging cross community access

Communication and training

- ❖ More translated materials about health and social care
- ❖ Staff need to be aware of reasons why an interpreter is essential for people who aren't proficient in English

- ❖ Those not proficient in English should have access to English language classes
- ❖ Need mandatory training on good relations
- ❖ Training should be about cultural competence, not just diversity – link it to values and patient experience standards
- ❖ People are often afraid to offend other people
- ❖ Need for guidance on how to have difficult conversations on how not to be discriminatory
- ❖ Monitoring could be better- fear of asking sensitive questions, concern as to who will access the information
- ❖ Staff should not make assumptions

Access to services

- ❖ Help newly arrived communities to integrate in settled communities
- ❖ There should be access to healthcare for everyone – there are barriers to accessing services depending on your immigration status
- ❖ Need for newly arrived communities to understand how health and social care works in Northern Ireland

Based on what you told us, our actions will include:

Promoting Good Relations

- ❖ We will develop a communications strategy to better promote HSC work to promote both equality and good relations: including definition, terminology and good practice examples
- ❖ We will work collaboratively to promote good relations and share best practice across the regional HSC family
- ❖ We will seek to proactively promote the inherent benefits of international recruitment and migrant workers

- ❖ We will develop cultural competency training including the importance of accessible information and communication and responsive service provision
- ❖ We will consider ways to share best practice/good relations statements with other organisations in the community or those from whom we procure services in terms of good relations
- ❖ We will actively promote the Access to Health and Social Care booklet which was developed last year and translated into Arabic, Farsi, Lithuanian, Polish, Romanian, Somali and Portuguese.
- ❖ We will develop good relations outreach initiatives targeted at young people, men and cross community initiatives
- ❖ We will work with staff and community groups to ensure that our facilities and workplaces are considered shared and accessible spaces for all
- ❖ We will actively roll out the ethnic monitoring across service users and equally ensure that our staff feel comfortable and equipped to ask for the information and the reasons why.

Next steps



We will commit to drafting action plans in terms of disability, equality and good relations based on what we have been told at this event and in other forums. Our actions will also be informed by our broader research and literature review into the inequalities that still exist in health and social care.

We are however aware that our plans may be issued prior to the publication of the Equality Commission's key statement on inequalities in health and social care and as such, commit to keeping these plans as living documents which may be added to or amended over their lifespan

of the next 5 years, as more information becomes available or priorities change.

Before these plans are published for formal consultation, each HSC organisation will present them to their Executive Team and Trust Board for consideration and endorsement.

Subject to this approval, we will formally consult on these plans in June 2017 for a 12-week period.

As previously indicated, this really is the start of the journey and we will work with you to deliver on these plans and ensure that they are produced in unison.

DRAFT

Feedback

Overall a well organised and inclusive event

Very useful... just need to make sure it is followed through in meaningful way

Don't use cymbals to signal end of session... not good for people with sensory issues

More opportunities and to continue and have regular ongoing feedback from all and carers

Have the café conversations first so people could go and participate interactively

Thank you for listening – do email us back on progress made!

More space between tables for wheelchair users

More time for café conversations

What is the 'Equality Unit' in each Trust? Need to raise awareness of who you are, what you do and how to access you.

Fabulous start... this is a long and exciting road to travel

List of participants

Regional Equality & Disability Action Planning Workshop:

19th January 2017

Alastair Long	Unison
Alice Johnston	British Deaf Association
Alison Irwin Equality Lead	Northern Trust
Alison Simpson Head of HR & Training	Extra Care
Angela Thompson Executive Director	Reconnect
Anne Basten	Business Services Organisation
Anne O'Reilly Non-Exec Director	Belfast Trust
Anne Speed	Unison
Anne Straghan	Cedar Foundation
Arthur Templeton	Service Champion with Diabetes UK
Bill Foster	Blind Sports Network
Breedagh Hughes Director	RCM NI
Brian Hutchinson CEO	Extra Care
Carmel Costello (Vice Chair)	Ballynahinch Support Group

Carolyn Forster	Women's Forum NI
Chris Smyth	Fermanagh & Omagh District Council,
Christine English Development Officer	Autism NI
David Babington Chief Executive	Action Mental Health
David McDonald	The Omnibus Partnership
Diane Keys Lead Occupational Therapy Clinical Specialist	Occupational Health Department Belfast Trust
Ellen Murray	SAIL NI
Emma Gray Training & Development Outreach Worker	Women's Resource & Development Agency
Estella Dorrian Equality Manager	Belfast Trust
Fiona Cole	Campaigns & Policy Officer, Mencap,
Garrett Martin Deputy Director	RCN NI
Gavin Boyd Policy & Advocacy Manager	The Rainbow Project Belfast LGBT Centre
Graham Press	Cedar Foundation
Helen Smyth	Department of Health
Helena Laverty	Action on Hearing Loss
Jan Dinsdale MBE (Chair)	Blind Sports Network (NI)
Janet Benham	Action on Hearing Loss
Jayne McStay	NOW Group
Jayne Wright Director of Human Resources	Mindwise

Joe McCusker	Unison
Jonna Monaghan Health & Wellbeing Manager	Belfast Healthy Cities
Josephine Deehan	Fermanagh & Omagh District Council,
Judith Tener	Department of Health
Kelly Maxwell Family Support Manager	Autism NI
Kerry Boyd	Autism NI
Laura Collins	Belfast Trust Carer's Reference Group East Belfast Integrated Care Partnership,
Lesley Jamieson Health & Social Inequalities	Belfast Trust
Lindsay Wallace NI Manager	Contact A Family
Lynda Gordon Equality Lead	Southern Trust
Margaret Cameron Director	Inspire Wellbeing
Marie Brown Director	Foyle Women's Aid
Marion Ritchie	Unison
Mark Dyer NI Manager	Epilepsy Action
Maura McKenna	Unison
Mervyn Garrett	Assistant Director, Inspire
Michael Steven	Belfast Butterfly Club
Michelle Lemon Equality Lead	Northern Ireland Ambulance Service Trust
Naomi Fujitani	British Deaf Association
Orla Barron Health & Social Inequalities Manager	Belfast Trust

Pamela Davis NICHI Project Officer	South Antrim Community Network Ltd,
Paschal McKeown Head of Policy & Influencing	Age NI
Patrice Hardy	Equality Commission NI
Pauline Fitzsimons	NOW Group
Phyllis Graham	Association Talking Newspapers
Ray Rafferty	Unison
Rhonda Lusty	Men's Advisory Project
Roisin Campbell	NI Medical & Dental Training Agency,
Rosemary Dilworth Director	Independent Health & Care Providers
Sandra Pollock Equality Officer	Northern Trust
Simon Stewart	SAIL NI (Support Acceptance Information & Learning)
Sinead Bailie Development Manager	Quaker Service
Siobhan O'Donnell Equality Manager	Western Trust
Stephen Long	Belfast Health & Social Care Trust
Susan Thompson Equality Manager	South Eastern Trust
Tony Damoglou	Civil Service Pensioners Allowance
Torie Tennant	Co-chair – Northern Trust Disability Consultation Panel
Trisha McMaster	Action on Hearing Loss
Veronica McEaney Equality Manager	Belfast Trust

Sandra Rafferty	Business Services Organisation
Julie Ann Eccles	South Eastern Trust
Michelle Morris	Belfast Trust
Clare Hughes	South Eastern Trust
Sinead Hughes	Southern Trust
Martin Walls	Guide Dogs NI
Matt Thompson	Mindwise
Wendy McKinnie	Action for Children
Stanley Booth	Mindwise
Chris Ruddy	HNI
Leandre Archer	Society of Radiography
Colin Flynn	HNI
Raymond Nicholas	Primecare
Kim Warke	Physio, SEHSCT
Caroline McCourt	Women's Info NI
John Creaney	Unison