



South Eastern Health
and Social Care Trust

DISABILITY ACTION PLAN

Consultation Feedback Report June – October 2012

December 2012

Acknowledgements

The five Health and Social Care Trusts would like to take this opportunity to thank all those who participated in the regional DAP consultation process – both those who attended consultation events or attended one-to-one meetings and those who responded in writing. This invaluable input and expertise has helped to shape the final DAP.

Alternative Formats

This report is available in alternative formats on request.
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1. Introduction

Under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), the Trusts are required, when carrying out their functions, to have due regard to the need to:

- Promote positive attitudes towards disabled people; and
- Encourage participation by disabled people in public life ('the Disability Duties').

The Disability Duties came into force on 1st January 2007.

Under Section 49B of the DDA 1995, Trusts are also required to submit to the Equality Commission a Plan showing how they propose to fulfil these duties in relation to their functions. This is known as a Disability Action Plan (DAP) and it demonstrates how the Trusts will fulfil their duties to promote positive attitudes towards disabled people and to encourage participation by disabled people in public life.

Health and Social Care Trusts took this opportunity to forge stronger collaborative partnerships with disability organisations and acknowledge the value of these ongoing joint working arrangements. The first DAP was created and developed in partnership with disabled people and representative organisations and ran from 2007 – 2012. These partnerships were instrumental in helping to achieve the successful outcomes obtained in the first DAP and HSC Trusts propose to continue with a similar approach in taking forward their second DAPs.

Common priorities have been identified and the Trusts agreed that it would increase the effectiveness of their DAPs if, where possible, key actions are taken forward on a regional and collaborative basis. This collaborative approach is intended to maximise the impact on disabled people living and working in all five Trust areas and ensure consistency and equity across the region.

The Trusts met with the Equality Commission for Northern Ireland (ECNI) and the Chief Executive of Disability Action to discuss how

the DAP would be developed and proposed measures. A pre-consultation event was also held on 30 May 2012 with a number of disabled people and representative groups. Feedback from these events helped to shape the draft DAP before going out for full public consultation (see Appendix 1 for attendance list at the event and Appendix 2 for the summary of outcomes).

In June 2012, the HSC Trusts informed some 700 stakeholders about the regional consultation process. All those listed in the HSC Trusts' Consultation Databases received a letter informing them of the consultation arrangements. Consultation documents were made available on the Trusts' websites (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in hard copy or in different formats on request.

The Trusts consulted widely on their DAP over a 12 week period beginning June 2012 to October 2012. A full copy of the consultation documents can be found on the Trust's website as follows:

www.setrust.hscni.net

The purpose of this report is to summarise feedback received during the consultation and demonstrate how it influenced the final document. For ease of reference, Appendix 3 provides a snapshot of amendments made to the DAP in light of feedback received.

2. Consultation

A key feature in the Trusts' consultation process and formulation of the DAPs was the collaboration between the five Health and Social Care Trusts and also the partnership working with people with disabilities and the voluntary and community sector. This collaborative approach will be central to the effective implementation of the DAP. In addition to the formal 12 week consultation period, the Trusts carried out extensive pre-consultation with a wide range of stakeholders and service users, which helped to shape and influence the content of the draft DAP. This proved to be an invaluable mechanism and was welcomed by key stakeholders who engaged at this early stage in the process.

The pre-consultation event held on 30 May 2012 was attended by a large number of key stakeholders. This gave service users and their representatives the opportunity to directly engage with Trust staff and provide feedback on the proposed measures.

3. Summary of Feedback

The following provides a summary of the responses received during the consultation process. The Trusts are grateful to those who contributed in writing during this formal consultation process as detailed in Appendix 4.

The Trusts' Approach / Process – Consultee Responses

- Evaluations from the pre-consultation workshop provided positive feedback and welcomed the approach taken.
- Recognition that leadership by Senior Managers and members of the Medical Profession is important to ensure a top level commitment to the mainstreaming of Disability Equality.
- Welcomed the emphasis placed on the need for ongoing engagement with people with disabilities and those who support them and recognition that outcomes achieved in first DAP would not have been possible without this collaborative working.
- Support for the following outcomes of the Trusts' Five Year Review of the first DAP (December 2007) particularly in the following areas:
 - High level on-going involvement by people with disability and Disability Groups in this work stream.
 - Improved networking and building of relationships with disabled people and representative organisations.
- Welcomed the commitment of the Trusts to communicate, consult and engage with staff, service users and partners.

- The DAP embraces working in partnership with disability groups to enhance participation in public life positions.
- Mainstreaming the Disability Duties and robust monitoring is necessary to ensure ongoing effective implementation of the DAP.
- Some technical difficulties in accessing the consultation documents online.

Trust Response

The Trusts are highly committed to their Statutory Duties and the DAPs have been presented and endorsed by Trust Board. The Chief Executive and Chair of each Trust have committed to the organisation fulfilling its Disability Duties.

Trusts have reporting mechanisms in place to ensure the Disability Duties are mainstreamed across the organisations and that appropriate levels of strategic commitment are afforded to the promotion and fulfilment of these duties.

The Trusts will continue to work in close collaboration with other HSC bodies and key stakeholders in the ongoing implementation and review of their DAPs.

It is important that everyone can readily access documents in a timely fashion. This commitment is promoted in Trust accessibility statements and contact information.

Content of the DAP endorsed by Consultees

- Welcome the proposals to promote positive attitudes toward individuals with disabilities that can further promote participation in public life.
- Agreement with proposals for staff training and the recognition of the UN Convention on the Rights of Persons with Disabilities and Section 75 of the Northern Ireland Act 1998.
- Believe proposals can have a significant impact in providing guidance to those working at the front line of service delivery.
- Commend the development of the disability equality E-learning package based on the social model of disability.
- Welcome inclusion of the needs of those who have both physical and learning disabilities.
- Acknowledge and welcome inclusion of mental health guidance and support.
- Welcome the inclusion of 'hidden disabilities'.

Issues Raised by Consultees

- Need for a Human Rights Based Approach so decisions at all levels comply with the United Nations Convention on the Rights of Persons with Disabilities; the United Nations Convention on the Rights of the Child and the Northern Ireland Act 1998, Section 75.
- Disability training programs should acknowledge that those who have disabilities as a result of a rare disease may face additional challenges and inequalities.
- DAP should recognise that appropriate and effective communication is paramount and staff need to be trained in disability equality and etiquette. This should also be included in undergraduate and postgraduate medical training. Trusts

should ensure that doctors receive ongoing training on the needs of patients with disabilities.

- There should be recognition that not all people with a disability will choose to be represented by disability groups and engagement should also be with individuals, families and carers and can be achieved through the range of Trust engagement processes.
- Concern that whilst the DAP is reasonable, measuring success may be difficult.
- Need to review DAP in light of Autism Act (NI) 2011.
- There should be correlation with the forthcoming Rare Disease Plan and other measures to ensure those with rare diseases are included.
- Welcome launch of the Disability Etiquette Guide but there is a need for it to be disseminated widely and updated regularly.
- People with disabilities are not homogenous, and some may be vulnerable to discrimination - this should be considered when launching any awareness campaigns.
- The DAPs must have the individual at the heart of them and pathways should be developed to deal with long term conditions holistically (health, care, employment, education, benefits and housing).
- Hidden and fluctuating conditions should be included and staff should be aware that long-term medical conditions (such as epilepsy) are protected by the Disability Discrimination Act.
- DAP should be cognisant of barriers to services and facilities for those with Autistic Spectrum Disorder.
- Potential Mentoring opportunities for people with a disability incorporating a 360 degree dimension to address under

representation of people with disability on Boards of public bodies.

- Interim Service User and Carer Reimbursement Guidance in relation to Personal and Public Involvement (PPI) should form the basis of this specific action.
- A regional event and UNCRPD training should be extended to include Trust volunteers and stakeholders within the community and voluntary sector and independent sectors as appropriate.
- Support network for staff with disabilities should be established and should include volunteers and staff who have caring responsibilities for relatives with a disability.
- Under the Key Area '*Encouraging Participation*' the action should include a means of addressing communication and accessibility issues rather than simply identifying them.

Trust Response

The Trusts have mainstreamed human rights across their day to day activities, decision making, service provision and employment. Equality and Human Rights training is mandatory for all staff.

The Trusts have included human rights questions and considerations as well as 'disability duty' questions to its Screening Template to ensure strategic importance for these duties.

The Trusts recognise the need for appropriate Disability Equality Training and currently provide regular training in this area which incorporates the full spectrum of disabilities. The training addresses stereotypical attitudes towards disability and provides examples of best practice. Disability equality training is available on a regular basis and is open to all staff to attend. In light of the valuable feedback received about training, the Trusts will review the training delivered to ensure the issues raised during this consultation process are included.

The disability module of the Discovering Diversity E-Learning package provides further awareness raising and training. The

newly launched REAL (Rights, Empowerment, Action and Lobbying) Network's DVD will now be included in Disability and Equality/Human Rights Training.

Trusts acknowledge the importance of communication and have developed an Accessible Communication Guide.

The Trusts will inform the appropriate bodies that undergraduate and postgraduate medic training should include Disability Equality training.

The Trusts recognise that not all people with a disability will choose to be represented by disability groups and by only involving those individuals or groups who regularly respond to consultation, the views of harder-to-reach groups can be overlooked. We are committed to supporting the sustained engagement of hard-to-reach groups and individuals in taking forward this DAP.

The Trusts welcome the opportunity to engage with Autism representative organisations to ensure that the needs of those with ASD are fully considered.

The DAP consultation received a number of responses in relation to the importance of the inclusion of rare diseases. The lifespan of this DAP is relatively short to facilitate synchronisation of reporting arrangements; however the Trusts look forward to working with the Northern Ireland Rare Disease Partnership and associated individuals in the future to ensure DAPs include the issue of rare diseases.

Trusts will explore mentoring opportunities for people with a disability with Senior staff and Non-Executive Directors which will incorporate a 360 degree dimension.

All Trusts have adopted the Reimbursement Guidance.

Trusts will continue to work in partnership with community and voluntary groups and volunteers and recognises the importance of providing training opportunities for these groups and individuals.

The Trusts are committed to identifying and addressing any barriers to communication on an ongoing basis.

Measures to Promote Participation and Inclusion – Consultee Responses

- It is important to consider the specific needs of those communities who for linguistic, cultural, or reasons of sexual orientation or identity may have specific unmet healthcare needs.

Trust Response

The Trusts take their duties to promote equality of opportunity very seriously. Under Section 75 of the Northern Ireland Act (1998), Trusts have a duty to promote equality of opportunity: between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without and between persons with dependants and persons without.

Each Trust has outlined their commitment and steps to promote equality of opportunity in their respective Equality Schemes. Each year the Trusts produce Annual Progress Reports which detail initiatives that promote diversity. Trusts continue to engage in ongoing community outreach initiatives in partnership with key stakeholders.

In order to assist staff to provide culturally-sensitive services, a Multi-Cultural and Faith Handbook has been produced.

The Northern Ireland Health and Social Care Interpreting Service (NIHSCIS) has handled more than 300,000 requests for interpreters since its inception in 2004 and continues to train professional interpreters so that those not proficient in English can readily access services and understand the proposed treatment or care.

Monitoring – Consultee Responses

- Monitoring is an essential component of effective promotion of equality of opportunity. Unless an organisation is aware of the composition of its workforce, it is difficult to ensure that disabled employees are treated equally.

- The Trust must continue to collect and monitor the data it receives regarding disabled persons living within the Trust area in order to maximise the impact of the DAP.

Trust Response

Staff are monitored against all Section 75 groups and the Trust has undertaken a comprehensive re-monitoring of all its staff in 2012.

The Trust will continue to liaise with Section 75 representative groups to ensure that their information is up to date and relevant.

Employment Related Issues – Consultee Responses

- It is essential that disabled people are provided with a level playing field and are represented in the medical profession.
- Education is needed to ensure that staff understand the benefits of declaring health conditions. Also disclosure is voluntary, so some staff (particularly those who don't view their condition as an issue or a disability) may continue to choose not to disclose their condition.

Trust Response

Through high level ongoing involvement with people with disability and disability groups the Trusts have developed a Regional Framework on the Employment of People with a Disability which draws on best practice across the HSC and is underpinned by ECNI best practice guidance.

Trusts have carried out a base line audit to ascertain the prevalence of disability amongst the existing workforce and will effectively monitor progress on employment issues.

4. Action Taken by the Trust

The Trusts considered all the written responses and feedback provided throughout the consultation process in full. The DAP has been amended to reflect consultee feedback where it has been appropriate.

5. Recommendations

This amended DAP is now recommended for Trust Board approval.

Subject to Board approval, the Trust will submit the DAP to the Equality Commission for Northern Ireland and publish the final DAP on their website.

The Trust would like to thank all of those individuals and organisations who contributed to this consultation.

Attendee list – Pre consultation event, 30 May 2012

Alan Sheeran, Director, National Deaf Children's Society
Alison Irwin, Equality, NHSCT
Andrew Martin, Southern Trust PPI Panel
Angela Crocker, Speech & Language, BHSCT
Brenda Russell, NIAMH
Caroline Avery-Cunningham - Unison
Cath Friel, Unison
Catherine McCrory and Peter Donnelly - Willowbank Community Resource Centre (<i>will attend on behalf of Ann McGlone</i>)
Catriona Patton, Artability
Ciara O'Hanlon, CAWT, Southern HSC Trust
Clare Lagan, Manager, Jigsaw NI
Colette McMahon, British Deaf Association (BDA)
Damian Horisk, Estates, BHSCT
Damien Coyle, Deputy Director, Head of Operations, Stroke Association.
Disability Action
ECNI
Emma Magill, Hands that Talk
Gwyneth Witherow, Mindwise
Jeff Crum, USEL (Ulster Supported Employment Ltd)
John Carberry, Action on Hearing Loss
John Gow, Equality & Personal & Public Involvement Officer, NIAS
Kate Lesslar, College of Occupational Therapists
Kathryn Robinson, Adult Services Manager, SENSE
Kelly Armstrong, Community Transport Association
Louise Beckett, Senior HR Manager, BHSCT
Lynda Gordon, Equality, SHSCT
Michelle McElhinney, Senior Human Resources Advisor, Western Health & Social Care Trust.
Noeleen Byrne, Clanrye Group
Orla Barron, Health & Social Inequalities Manager, BHSCT
Pat Hamilton, Day Support Northern Ireland

Association for Mental Health
Pauline Doherty, Hands That Talk
Roy McMullan, Windsor Baptist Church
Seamus Doherty, Head of Physiotherapy Services, Western Health & Social Care Trust
Siobhan McKeever, Hands That Talk
Susan Miller, HR Manager, BHSCT
Susan Thompson, Equality, SEHSCT
Suzanne McCartney, Equality, SEHSCT
Tom Adams, Northern Ireland Association for Mental Health (NIAMH)
Tricia McMaster (<i>BSL Interpreter booked through British Deaf Association</i>)
Wayne Crowe, (Chair), Disabled Employees Network, BHSCT

Summary of Draft DAP Pre-consultation Session 30 May 2012

Issues Raised	Trusts' Response
Participation in Public Life	
General support for measure regarding under representation of disabled persons in public appointment.	Noted
Issue raised regarding recruitment processes.	Noted and action measure modified to incorporate reference to selection and recruitment process
Impact on benefits from attending training and involvement in public life appointments.	Implications discussed – remit beyond HSC
Reimbursement policy – speed of process and level of travel expense. Procurement and transport providers.	Trusts to check rates and procurement arrangements
Involvement of children with a disability	Action measure to be incorporated in subsequent DAP
Easy-read – suggestions regarding central unit good practice initiatives from England, Scotland and local groups – social enterprise initiatives.	DAP adjusted to reflect this
Support for work placements and volunteer placement schemes	Noted

Promoting Positive Attitudes	
<p>UNCRPD – new standards. Impact on policies and practice, for example, Reasonable Adjustments Guidance</p>	<p>Action measure modified to reflect</p>
<p>Training and UNCRPD and Disability Module. Query regarding levels of staff to be trained.</p>	<p>Action measure modified to reflect</p>
<p>Staff attitudes and environmental accessibility. Want v must do – TAB (Temporarily Abled Bodied)</p>	<p>Noted for training purposes</p>

Amendments to the DAP as a result of the consultation process.

A significant period of pre-consultation was instrumental to the development of this DAP and as such, this impacted on the level of response during the formal consultation period.

The following points refer only to written feedback received.

1. DAP now explicitly reflects that Trusts will engage with hard to reach groups and individuals.
2. A DVD produced by the REAL Network in 2012 will be included as part of Trust Disability training.
3. Trusts will continually liaise with Section 75 equality groups to ensure there is relevant and up-to-date information for the effective implementation and monitoring of the DAP.
4. Trusts will engage with all individuals and organisations who have responded to the consultation.
5. Trusts will explore the opportunity for people with a disability to take part in mentoring opportunities with senior staff such as Non-Executive Directors which will incorporate a 360 degree aspect.
6. Trusts will carry out a review of Disability Equality Training currently provided to ensure it covers the full spectrum of disabilities, addresses stereotypical attitudes and provides examples of best practice.
7. Recognition that outcomes achieved in the first DAP would not have been possible without ongoing collaborative working.

Written responses received during consultation:

- Autism NI
- Individuals
- Northern Ireland Rare Disease Partnership (NIRDP)
- BMA
- Epilepsy Action
- Trust Staff.