

Equality and Disability Action Plans 2023-2028

Consultation Report

By

Business Services Organisation (BSO)

Blood Transfusion Service (NIBTS)

Children's Court Guardian Agency for Northern Ireland (CCGANI)

Northern Ireland Medical and Dental Training Agency (NIMDTA)

NI Practice & Education Council for Nursing and Midwifery (NIPEC)

Northern Ireland Social Care Council

Patient and Client Council (PCC)

Public Health Agency (PHA)

Regulation and Quality Improvement Authority (RQIA)

Safeguarding Board for Northern Ireland (SBNI)

September 2023

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1. Introduction

This is a report of the consultation we carried out on our new Equality and Disability Action Plans. These are plans for the next five years – from October 2023 to March 2028.

Our Equality Action Plans relate to our duties under **Section 75 of the Northern Ireland Act 1998**. These are our equality duties. The law says that in our work we have to promote equality and good relations. We have to treat people fairly and based on their needs and to make things better for staff and people who use our services. It also says that we have to build better relationships between different groups of people.

There are nine different equality groups that the law requires us to look at:

- Gender (and gender identities)¹
- Age
- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependants or not.

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity.

The Disability Action Plans relate to our disability duties. They arise from the **Disability Discrimination (Northern Ireland) Order 2006**. It says that we have to:

- promote positive attitudes towards disabled people and
- encourage participation by disabled people in public life.

¹ We follow the Commission's recommended interpretation of the term 'men and women generally' (used in the legislation) to include, for example transgender people.

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities; autism; learning disabilities; mental health conditions; or conditions that are long-term. Some of these disabilities may be hidden, others may be visible.

Our Equality and Disability Action Plans do not list everything we will do under our duties. Rather, they contain some key actions that we will take forward. Information on other pieces of work is contained in our yearly report to the Equality Commission. This is called the ‘Annual Progress Report to the Equality Commission’ on implementation of Section 75 and the Disability Duties.

2. How we consulted

10 Health and Social Care organisations listed in Table 1 below, with help from the Equality Unit in the Business Services Organisation (BSO), worked together in the development of their Equality and Disability Action Plans.

Table 1: List of organisations

Blood Transfusion Service (NIBTS)	www.nibts.org
Business Services Organisation (BSO)	https://bso.hscni.net/
Children’s Court Guardian Agency for Northern Ireland (CCGANI)	www.nigala.hscni.net
NI Practice & Education Council for Nursing and Midwifery (NIPEC)	www.nipec.hscni.net
Northern Ireland Social Care Council	www.niscc.info
Patient and Client Council (PCC)	www.pcc-ni.net
Public Health Agency (PHA)	www.publichealth.hscni.net
Regulation and Quality Improvement Authority (RQIA)	www.rqia.org.uk
NI Medical and Dental Training Agency (NIMDTA)	www.nimdta.gov.uk
Safeguarding Board for Northern Ireland (SBNI)	www.safeguardingni.org

From previous work we have done we know that resources of consultees for engaging with us are limited. To avoid duplication therefore the 10 organisations listed in Table 1 consulted together on their plans. This exercise ran for 13 weeks between April and July 2023.

When we started the consultation, we informed all consultees on our consultation list by email of the details of the consultation and how people could engage with us. We reminded them again of the deadline a few days before the end of the consultation. We also advertised details of our consultation on our websites and made the public aware via Social Media. Each organisation likewise sent communication on the consultation to all their staff.

We offered the following ways of participating in the consultation:

- completing a short questionnaire ('proforma') on Survey Mechanics
- downloading and completing the proforma and emailing it to us
- providing comments to us in writing without using the proforma
- meeting with us in person or over the phone to share their views
- attending a consultation event.

We invited consultees to attend one of two public consultation events held online. In addition, we held a dedicated consultation event for BSO staff and two dedicated meetings with the British Deaf Association in response to their request.

We also spoke with Tapestry, our Disability Staff Network, in the development of our Disability Action Plans. We asked them what actions they think should be in our Plans.

We met with Tapestry members to find out how we could make our consultation as accessible and inclusive as possible. We followed their advice including on what accessible standards we should use as we were formatting our documents. We also produced the documents in alternative formats that they recommended. These were Easy Read, large print, and audio.

Some respondents chose more than one method to engage with the BSO and partner organisations.

- Survey Mechanics n=19 submissions were received
- Written responses n=9 submissions were received
- Events/Meetings n=5 events were held (2 public events, 1 BSO staff event, 2 meetings with the British Deaf Association); n=23 individuals participated in these in total
- Discussion with Tapestry members.

Whilst some consultees directed their comments to all 10 consulting organisations, others chose to address individual organisations. Of those, most were directed either at the BSO or the PHA.

3. Consultation outcomes

The following key themes emerged from the consultation:

1. Accessible Communication
2. Accessible IT Systems
3. Equality Data Collection and the Use of Equality Data
4. Performance Indicators and Targets / SMART actions
5. Staff / Human Resources issues including training.

In the following, this report seeks to firstly provide a summary of positive comments received ('What people liked about our draft Plans') before outlining key messages consultees conveyed to the organisations about gaps and what they want to see going forward. The final section presents the outcome of the consideration of these by the organisations ('What we will do as a result of the consultation').

The Appendix provides an itemised list of comments received from consultees and the organisations' specific responses to these. We hope this provides transparency and the necessary detail to better understand how we have considered the issues raised by consultees. We would like to take this opportunity to say a sincere thank you to all consultees for taking time to provide comments, feedback and suggestions.

3.1 What people liked about our draft Plans

In the main, the following aspects of the draft Plans were highlighted by consultees in a positive way:

- The inclusion of actions on neurodiversity.
- The inclusion of actions on ethnicity.
- The recognition of the need to improve the quality of equality data relating to the organisations' functions and the organisations as an employer.
- The intention to involve people with a disability in the delivery of training and in the review of recruitment processes.
- Actions relating to Tapestry, our disability staff network, Disability Awareness Days, and our Disability Placement Scheme.

Some respondents variously commented on the Plans saying that

- "It's a good place to start; a good next step in the right direction to build on as we go along."
- "One would hope that this would lead on to the consideration for disabled people and their carers to not have to fit into 'one size fits all' policies and attitudes designed by and for those without disabilities."
- "It gives confidence and reassurance to know their employer is going to be understanding of their needs and will be educated so therefore less likely to make assumptions or judgements."
- "Anything that raises awareness and increases opportunities for disabled people is a positive step forward."
- "Even to highlight the areas covered in the Plans helps."
- "We are pleased to note that easy read, Audio and large print versions of the Plans have been provided for consultation, and that other formats including translations to other languages are available on request."

With reference to specific actions included in the PHA Plans, several consultees commented:

- "The work PHA are doing regards children with Special Educational Needs will benefit themselves and their families. If these children can access Allied Health Professions support more readily it will make a big impact to their overall wellbeing."

- “We support the PHA plan that a woman receiving maternity care who is positive for HIV is not discriminated against.”

It is important to acknowledge that some pessimistic views were likewise expressed as to the potential for the Plans to make a difference. One respondent did not think the Plans would make a difference at all, referring to a lack of progress in the past despite ‘a lot of talk’.

3.2 Key messages and what consultees want to see going forward

In the following, key messages emerging from the consultation about gaps are outlined.

(1) Accessible Communication

The organisations need to do better to ensure that their communication is accessible and inclusive.

Consultees pointed to a lack of actions relating to the Communications functions (in the BSO in particular). Others highlighted the absence of any information on websites provided in a format that is accessible for British and Irish Sign Language users (such as signed videos).

Consultees underlined that raising awareness amongst staff (including through campaigns) as well as training on accessible communication and how staff can access communication support are essential requirements for moving forward.

Consultees moreover identified a lack of provision of sign language interpreters in some social care settings, for example supervised contact between children and birth families where the child has been removed, and related meetings. Similarly, letters relating to Looked After Children are often not accessible given that English is not the first language of a lot of D/deaf people.

(2) Accessible Systems

The organisations need to do better to ensure that IT systems are fully accessible for both staff and external users, in particular for people with a disability.

This related to systems that the organisations develop themselves or are involved in developing and procuring. Consultees posed the question to the BSO directly how the organisation will ensure that new IT systems will be user tested with people with disabilities, given that this is essential before release of the systems, and how the BSO can support other HSC organisations in moving forward in this regard in light of its support functions.

In turn, staff working in IT services were keen to find better ways to ensure that their work is compliant with accessibility requirements, especially in terms of new systems and websites.

Consultees likewise emphasised that the new encompass system needs to have the capacity to record the communication support needs of patients to ensure that these are known to relevant staff across health and social care services.

(3) Equality Data Collection and the Use of Equality Data

The organisations need to develop their equality evidence base – and to actively use it to identify and address inequalities.

Consultees clearly want to see more actions that will be taken to address identified gaps in equality data. They likewise emphasised the need to actively analyse and use the equality data to inform policy- and decision-making in order to address inequalities. In turn, the Equality and Disability Action Plans should present relevant equality data to underpin the rationale for the development of actions.

(4) Performance Indicators and Targets / SMART actions

Linked to the equality evidence base, organisations should develop measurable performance indicators and set themselves challenging targets.

Consultees recommended that organisations establish robust baselines, and then develop measurable and challenging targets, focusing on outcomes for people in the Section 75 categories. In turn, organisations should monitor progress against these targets to assess whether their actions are effective in addressing inequalities. This should be approached with an honest and open mindset, seeking to identify lessons learned.

(5) Staff / Human Resources issues including training.

The organisations should undertake proactive outreach work and actively promote existing policies and support to increase the diversity of their workforce.

The organisations should consider designing targeted leadership development programmes for specific underrepresented equality groupings.

The organisations need to do more on disability equality training, especially for line managers.

There needs to be a real desire to assist disabled people in staying in work.

Some consultees, whilst welcoming actions relating to the review of recruitment processes to identify and address barriers, urged organisations to likewise examine and address workplace barriers. Specific reference was made herein to flexible working, working from home/ hybrid working, as well as mentoring and support.

The organisations should draw up a clear policy for people with caring responsibilities.

(6) Other Comments

Coproduction – the organisations need to commit to taking forward any work together with, rather than for, people in the equality groupings

Scope of actions – the organisations should consider some more externally focused actions, specific to their functions and services.

It was noted that many of the measures in the Disability Action Plans in particular are internally/staff focused. In relation to the BSO, some consultees moreover commented that the draft Plans are not representative of the breadth of the organisation's functions.

Mainstreaming and strategic level actions – the organisations should do more to integrate equality/diversity elements at strategic as well as operational level.

Consultees argued that genuine change requires action at strategic in addition to operational levels.

Some consultees thought that whilst the proposed BSO Action Plans contained many useful practical actions by some BSO business areas, they also wanted to see a strategic element to the Action Plans that will ensure that i) all business areas are bound into the agenda and ii) equality/diversity principles are reflected in Strategic/Corporate as well as Operational Plans.

- “The message that equality and diversity are everyone's business does not come across in the action plan.”

Likewise, consultees underlined that:

- “In theory the Plans are fantastic, but it will remain theory only unless there is a seismic shift in workplace cultures.”
- “A transformation of workplace culture is an essential requirement for actions to be effective.”
- “The message needs to be repeated, repeated, repeated from the top of the pyramid down to the bottom.”

3.3 What we will do as a result of the consultation

Having considered what we heard during the consultation, we have done the following:

(1) We have made changes and additions to our Plans.

We have included new actions in our Plans, in particular in relation to the themes of Accessible Communication, Accessible IT Systems, and Equality Data Collection and the Use of Equality Data, but also to other points brought to our attention. This includes the following:

- (BSO) new actions by the BSO Communications and Engagement team relating to accessible and inclusive communication across the organisation (including the development of a style guide; and awareness campaign for staff);
- (BSO, NIBTS, CCGANI, SBNI, Social Care Council, PHA, RQIA): new action to undertake an audit of our websites to identify key information to be made available in signed video format;
- (BSO) new governance actions relating to the mainstreaming of equality considerations in the development and procurement of IT systems (including a checklist for business cases; an accountability matrix and guidance for staff representing the BSO

on regional groups; and SMT requiring assurance that evidence thereof has been produced);

- (CCGANI) establishing baseline in year 1 and commence annual evaluation of use of carers leave; (BSO) analysing and sharing equality monitoring data with staff on the uptake of flexible working from day 1 and hybrid working by equality category; (PHA) new action to collect additional equality data and outlining planned analysis to be carried out on specific data that will be collected;
- (All organisations) Coproduction - actions to strengthen the role for Tapestry in working with Human Resources and other teams (including on disability equality training; reviewing line manager training and guidance; examining the need for a dedicated carers policy as well as targeted leadership development programmes)
- (PHA) new action to establish a PHA Equality Working Group.

(2)We are making additional commitments

Beyond changes to our Plans, we are making further commitments. This includes, for example:

- (BSO) to integrate equality/diversity at the strategic level, including in strategic and corporate plans.
- (BSO) to aim to progressively reflect a broader range of inequalities relating to our functions/business areas in the Equality and Disability Action Plans over the five-year span.
- (All organisations) to set quantified targets when we have made progress in filling the gaps in our equality data to make the setting of targets more meaningful.

The Appendix provides an itemised list of comments received from consultees and the organisations' specific responses to these.

4. Conclusion

This report reflects the consultation exercise undertaken to capture feedback on the content of the organisations' Equality and Disability Action Plans 2023-28. Senior Management Teams and Board members have considered the submissions from each of the consultees and acknowledge the commitment of all those who responded.

Where it has been possible we have addressed comments raised and revised our Equality and Disability Action Plans. In other instances, we

feel that some comments raised can be better addressed by other methods.

In some instances, we will attempt to bring comments raised to the attention of other organisations where they can be dealt with more appropriately.

The Equality and Disability Action Plans for each of the organisations named in Table 1 will be available on their websites. We will report progress on delivering the actions in the plans every year, as part of our Annual Progress Report to the Equality Commission. This report will also be available on our websites.

Appendix: Equality and Disability Action Plans - Comments made by consultees and responses

Organisation the Comment Relates To	Consultee Comment	Response Wording
(1) Accessible Communication		
BSO Human Resources	Royal College of Speech and Language Therapists: need to ensure that managers are supported through appropriate training to be able to manage a diverse workforce and to ensure that communication is inclusive. British Deaf Association	BSO: We agree that training for line managers is important. We will review and augment our existing training in this area.
BSO Communications and Engagement	Royal College of Speech and Language Therapists: need to ensure that communication is inclusive. Survey: These actions seem mostly based in Human Resources, however the outward communications of BSO also affect disabled people. The comms team appears to be missing in this document.	BSO: An action relating to the BSO Comms team has been added.

ALL	<p>Royal College of Speech and Language Therapists, also British Deaf Association: need to ensure that managers are supported through appropriate training to be able to manage a diverse workforce and to ensure that communication is inclusive.</p>	<p>BSO: We have added an action to our Plan on this. NIBTS already has an action in its Disability Action Plan to provide this. CCGANI: An action has been added to the Disability Action Plan. Manager-specific training regarding disability will be included in the training plan to assist in managing a diverse workforce and ensure that communication is inclusive. This to be achieved by end of year 2 (March 2025) (Action 4 DAP) SBNI: The SBNI staff are employees of the PHA and as such will avail of PHA training to ensure that communication is inclusive. NIPEC: We have reviewed our Plans accordingly and we are content that we have included appropriate actions. In addition, all NIPEC staff complete the 'Making a Difference' e-learning programme and refresh this every three years. There is also a section for managers (part two) which is completed by NIPEC managers/SMT. PHA: We have not added an action but will engage with any additional training opportunities that arise from the BSO action relating to this comment.</p>
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		<p>RQIA: added to objective 1, p.12: ensure that managers are supported through appropriate training to be able to manage a diverse workforce and to ensure that communication is inclusive.</p>
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ALL	British Deaf Association: All staff should know how to book a sign language interpreter, whether through staff training or other communication means	<p>BSO/NIBTS/ NIPEC/ Social Care Council/ PHA: We will add a section to our intranet detailing how to book a sign language interpreter for both service user (Sign Language Interactions contract) and staff/workplace settings.</p> <p>CCGANI: Already in place. The Children's Court Guardian Agency has this information included on its intranet under the tab Interpreting/Translations. Details/guidance and relevant links regarding how to book sign language interpreter is available.</p> <p>SBNI: As above, compliance will be by the PHA. No action added.</p> <p>RQIA: We have added a section to our intranet detailing how to book a sign language interpreter for both service user (Sign Language Interactions contract) and staff/workplace settings.</p>
BSO Human Resources	British Deaf Association: All staff should know how to book a sign language interpreter, whether through staff training or other communication means	BSO: We will include how to book a Sign Language interpreter in training for line managers.

BSO Communications and Engagement	British Deaf Association: All staff should know how to book a sign language interpreter, whether through staff training or other communication means	BSO: We have added a new action to our Equality Action Plan to hold a Communication campaign for staff on inclusive communication. This will include how to book a Sign Language interpreter.
RQIA/Social Care Council/SBNI/CCGANI	British Deaf Association: British Deaf Association advocacy staff have found a lack of provision of sign language interpreters in some social care settings, for example supervised contact between children and birth families where the child has been removed, and related meetings. Similarly Letters relating to Looked After Children: a lot of D/deaf people do not understand these letters as a lot of English led language and Jargon is used. English is not the first language of a lot of D/deaf people.	CCGANI: The Children’s Court Guardian Agency for NI will undertake an audit of its website with a view to identifying key information to be made available in signed video format and ensure relevant contact details are available and up to date. The aim would be to provide this by year 2 (March 2025). An action relating to communication in the Agency’s equality action plan has been amended to include the above. SBNI: The SBNI is not a service delivery organisation. It is the strategic leadership and partnership organisation consisting of all the statutory and major voluntary agencies responsible for the safeguarding and child protection system in Northern Ireland. In addition, the Board will share with its members that letters to service users that contain English-led language and jargon may be an inappropriate method of communication as English is not a first language of D/Deaf

		<p>people. The SBNI was already aware of this issue and had actioned this prior to the commencement of the consultation.</p> <p>RQIA: The role of sign language interpreters in care settings will be developed in the more detailed action plans we develop to support delivery of the main action. We are currently developing plans in a co-designed and co-produced approach with young people and advocates about our inspections of children's services and as part of that process we will be considering how information about these can be designed to meet the needs of young people, and of families, and we will also consider issues of disability including sensory disabilities.</p>
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ALL	<p>British Deaf Association Key information on public authorities' websites, and any important documents for staff/patients/service users etc should be made available as a Signed BSL/ISL video so that people who are D/deaf are receiving the same information as others. For BSL/ISL sign language users, English is not their first language. As advocates, we often need to contact staff in HSC, and find difficulties reaching the correct person. Would be helpful if websites could be updated with appropriate structural information, description of what the team functions are and contact details to assist those outside the organisation to identify and reach the correct person.</p>	<p>BSO/NIBTS /CCGANI /SBNI/ SCC/ PHA/ RQIA: We have added an action to our Disability Action Plan to undertake an audit of our websites to: 1) identify key information to be made available in signed video format and 2) Ensure relevant contact details are available and up to date.</p> <p>NIPEC: We currently have an action contained within our Disability Action Plan to carry out an accessibility audit of both of NIPEC's websites to include disability testing for users. NIPEC will link with Tapestry in relation to user testing.</p>
(2) Accessible Systems		
BSO Encompass	<p>British Deaf Association: The new encompass system should record if a person is D/deaf, what the communication needs are (e.g. BSL/ISL Interpreter), and if the individual has a preferred interpreter.</p>	<p>BSO: The system will capture whether a person is 'Hard of Hearing' and will record whether an interpreter is required. This captures the need for the interpreter, the preferred language and the written language. Preference for a particular interpreter could be added to an open text box.</p>

BSO IT Services	How can ITS staff ensure that their work is compliant with accessibility requirements, especially in terms of new systems and websites? How will the BSO ensure that new systems will be user tested with people with disabilities? This is essential before release of the systems.	BSO: We will strengthen our governance processes relating to the development and procurement of new systems to include the following: We will develop a checklist to sit alongside the Business Case template to include equality screening and user testing by people with a range of disabilities; we will develop an accountability matrix and guidance for staff representing BSO on regional groups to use our influence to ensure consideration of equality issues including user testing by people with a range of disabilities is mainstreamed. We have added a new action to convene a roundtable with disability organisations and Tapestry members to agree how ITS can best mainstream this in their processes.
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(3) Data Collection / Performance Indicators and Targets / SMART		
Clients	<p>Royal College of Occupational Therapists: Could there be more robust data collection going forward? We would like to see more actions that will be taken to address identified gaps in equality data.</p>	<p>BSO/ NIBTS/ CCGANI/ NIPEC: We have reviewed and updated our Action Plans to improve our equality data. SBNI: The SBNI does not collect or hold equality data, it makes use of equality data collected by our member agencies, which includes the DoH - (SPPG). PHA: We have added an action to our Equality Action Plan to: Commit to collect additional equality data and outline planned analysis to be carried out on specific data that will be collected. RQIA: We added this to action 4 p14 of our Plans.</p>
BSO Human Resources	<p>Royal College of Occupational Therapists: Could there be more robust data collection going forward? We would like to see more actions that will be taken to address identified gaps in equality data.</p>	<p>BSO: We will analyse and share data with staff on uptake of flexible working from day 1 and hybrid working, by equality category (by end Mar 2024).</p>

Clients	<p>Royal College of Occupational Therapists: The focus should be more substantial and far reaching and the actions, whilst many are positive, need to be part of a complete culture change. These are some of our suggestions. Much better data collection and disaggregation and why it is collected and analyzed and what are the measurable outcomes of doing this. We would suggest that all the organisations have performance indicators that accurately measure whether they are meeting their targets for their Equality and Disability Action Plans</p>	<p>BSO/NIBTS/ NIPEC/ Social Care Council: We have reviewed and updated our Action Plans to improve the analysis of our equality monitoring data. CCGANI: Action added to establish baseline in year 1 and commence annual evaluation of use of carers leave. Audit to review other policies/processes where data can be collected and analysed by year 2. SBNI: The SBNI has reviewed its performance indicators and considers these to be SMART. PHA: We have added an action to our Equality Action Plan to: Commit to collect additional equality data and outline planned analysis to be carried out on specific data that will be collected. RQIA: We added this to action 4 p14 of our Plans.</p>
ALL	<p>Survey: I think you are focusing on the right equality categories. I do not think awareness, visibility and inclusion are effective areas of focus. This is because, for example, it is possible for people to be aware of trans issues, to work with a visible trans person, for that trans person to be included in workplace activities, yet for that</p>	<p>We note the concern. We recognise that in order to bring about change actions in all areas highlighted will need to be taken. We think that robust equality screening and monitoring are the key processes to identify and address unfair treatment and unmet needs.</p>

	trans person to still be subject to unfair treatment and their needs to not be met.	
ALL	Survey: As well as people with disabilities, people with deformities or differences ie. birthmarks, skin conditions, missing limbs. Mainly things which are visible to others, but may not particularly hinder the individual in their quality of work they are capable of. But the fear and anxiety of being "different" and "judged" as less able due to others' misconceptions.	We will take this into consideration as we progress actions in our Plans.
BSO	Survey: It's unclear in the draft document how we performed against our last plan - I would expect an appendix against each item in the prior plan, and a narrative/status as to whether it was achieved.	ALL: we commit to do so for our 2023-28 Plans.

BSO	<p>Survey: The actions in this year's plan seem less practical than the outcomes documented in section 6 of the document - for example, there's lots of focus on "promoting" things, rather than specific outcomes.</p>	<p>BSO: We have reviewed our Plans accordingly and added a number of practical actions and specific outcomes. We recognise that at this point, many of our actions do not refer to specific practical outcomes yet. Within the five-year span of our Plans, we want to move to more practical actions in the second phase, once we have undertaken essential work to identify what the key issues are and what we can do to address these in the first phase. We will update our Plans every year to reflect this.</p>
PHA	<p>Royal College of Occupational Therapists: Data collection - Organisations should collect data on different racial groups and the effect COVID has had on them, as well as negative effects in accessing healthcare. Has data on the effects of healthcare and the access to healthcare for different groups been collected and will it be analysed? Organisations should be collecting more data and evidence to show why more people die in certain groups or are not accessing and receiving the best healthcare and consider whether they</p>	<p>PHA: We have added an action to our Equality Action Plan to: Commitment to collect additional equality data and outline planned analysis to be carried out on specific data that will be collected.</p>

	<p>should be receiving different types of healthcare.</p>	
<p>Clients</p>	<p>Royal College of Occupational Therapists: There needs to be more substance and an understanding of the impact of Human Resources processes on people in equality categories and people with disabilities in relation to workforce; and which also ultimately affect those people receiving services from those groups. Look at the baseline of how many people with disabilities /equality categories are working in the organisations and set an ambitious target to employ more, including in leadership positions.</p>	<p>BSO/NIBTS/ CCGANI/ NIPEC/ Social Care Council/ PHA: We will set quantified targets when we have made progress in filling the gaps in our equality data to make the setting of targets more meaningful. SBNI: The SBNI is corporately hosted for its HR functions by the PHA. It is not appropriate for the SBNI, due to the small staff complement (7), to look at baselining this information separately. The SBNI will be guided by the PHA on this matter. RQIA: Already covered in action 1 p12.</p>

BSO	<p>Royal College of Occupational Therapists: There needs to be more substance and an understanding of the impact of Human Resources processes on people in equality categories and people with disabilities in relation to workforce; and which also ultimately affect those people receiving services from those groups.</p> <p>Look at the baseline of how many people with disabilities /equality categories are working in the organisations and set an ambitious target to employ more, including in leadership positions.</p>	<p>BSO: We will set quantified targets when we have made progress in filling the gaps in our equality data to make the setting of targets more meaningful.</p>
ALL	<p>Equality Commission NI: We would recommend that before finalising Equality Action Plan action measures, BSO & the health organisations consider the impact of the cost of living increases and budget cuts on existing inequalities experienced by Section 75 categories.</p>	<p>BSO/ NIBTS/ CCGANI/ SBNI/ NIPEC/ PHA: We will take this into consideration and will evidence this through screening of decisions relating to budget cuts and decisions involving financial impacts on service users or staff.</p> <p>RQIA: We referenced this in section 9 p.11 : We are mindful of the current economic climate and its impact on funding.</p>

Clients	Equality Commission NI: We advise that Equality Action Plan action measures should be SMART i.e. specific, measurable, linked to achievable outcomes, realistic and timely. They should include performance indicators which focus on outcomes rather than outputs, as this makes for more effective monitoring of progress on the delivery of the measures and their impact on S75 categories.	BSO/ NIBTS/ CCGANI/ SBNI/ NIPEC/ Social Care Council/ PHA/ RQIA: We have reviewed our Plans to ensure they are SMART and performance indicators focus on outcomes rather than outputs.
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BSO	<p>Equality Commission NI: We advise that Equality Action Plan action measures should be SMART i.e. specific, measurable, linked to achievable outcomes, realistic and timely. They should include performance indicators which focus on outcomes rather than outputs, as this makes for more effective monitoring of progress on the delivery of the measures and their impact on S75 categories.</p>	<p>BSO: We have reviewed our Plans to ensure they are as SMART as possible at this point and that performance indicators focus on outcomes rather than outputs.</p>
Clients	<p>Royal College of Occupational Therapists: We would suggest that it may be worth considering a more transformative and complete change in culture which goes to the heart of the organisations and the work they do which will require a more strategic approach and include reviewing policies and processes. (...) Develop clear policies and procedures as well as embed principles in strategy to develop a more encompassing approach to both the equality and disability legislation.</p>	<p>BSO/NIBTS /CCGANI/ SBNI/ Social Care Council: We commit to integrating equality and diversity principles in the development of our Strategic/Corporate and Operational Plans. NIPEC: In both NIPEC's current Corporate Plan and Business Plan 23/24 we have integrated equality and diversity principles in the development of our Strategic/Corporate and Professional work Plans. PHA: We commit to integrating equality and diversity principles across the organisation and have added an action to our Equality Action Plan to: Establish a PHA Equality Working Group. RQIA: Added at section 6 p.8: We have also integrated equality and diversity principles in</p>

		<p>the development of RQIA’s Strategic Plan 2022-28, and its associated Annual Management Plans.</p>
<p>BSO Strategic Performance and Customer Engagement</p>	<p>Royal College of Occupational Therapists: We would suggest that it may be worth considering a more transformative and complete change in culture which goes to the heart of the organisations and the work they do which will require a more strategic approach and include reviewing policies and processes. Develop clear policies and procedures as well as embed principles in strategy to develop a more encompassing approach to both the equality and disability legislation</p>	<p>BSO: We will review our governance arrangements to strengthen mainstreaming of our equality and disability duties. We commit to integrating equality and diversity principles in the development of our Strategic/Corporate and Operational Plans.</p>

BSO Leadership Centre	Survey: There are some tight deadlines supplied in the Equality Action Plans. For example, Page 15, Ethnicity, Disability, Sexual Orientation, Gender has a timescale of '1 April 2023' which has already passed. It may be prudent to re-check specified deadlines to ensure reasonable time is given to activities in the action plan.	BSO: We have reviewed and updated the timelines accordingly and will do so each year as we implement our Plans.
BSO	Survey: Where there has been a challenging target, show where lessons have been learnt and what is going to be done in the future to address issues	BSO: We commit to do so for our 2023-28 Plans.

(4) Staff Issues / Human Resources		
BSO	Royal College of Occupational Therapists: How much are schemes such as Access to Work or the Condition Management Programme in Northern Ireland utilised at BSO or in other organisations mentioned.	BSO: We will raise awareness of programmes with staff and line managers.
Clients	Royal College of Occupational Therapists: How much are schemes such as Access to Work or the Condition Management Programme in Northern Ireland utilised at BSO or in other organisations mentioned.	BSO/ NIBTS/ CCGANI/ NIPEC/ Social Care Council/ PHA/ RQIA: We will raise awareness of programmes with staff and line managers. SBNI: As per the PHA application and roll out of this awareness raising.
ALL	Royal College of Occupational Therapists: wonder if there is data on staff turnover. Are exit interviews happening, to better understand why staff are leaving.	BSO/ NIBTS/ CCGANI/ NIPEC/ PHA: Staff turnover data is produced regularly. A new Exit Interview process has been put in place. We will look at equality data in relation to this. NIBTS: An Exit Interview analysis is completed 6 monthly. SBNI: As per the PHA application and roll out of this awareness raising. RQIA: added to objective 1, p.12: When staff leave the organisation we will conduct exit interviews to better understand why staff are leaving us.
ALL	Royal College of Occupational Therapists: Could there be more specific actions. For example, 'a clear policy to be drawn up for	BSO/NIBTS/ NIPEC/ Social Care Council/ PHA/ RQIA: We will take this to our staff network for staff with a disability and those who

	people with caring responsibilities', as a performance indicator.	care for someone with a disability, for their steer on how to take this forward.
ALL	NIPEC Board member: Important that staff realise that disclosing this information won't lead to any difficulties for them. The best way to encourage people to provide this information is to assure them that it is in their best interest and it is to make their work life balance or their work experience applicable to and suitable to their needs. The consultee queried whether organisations have thought about how they will assure staff that there will be no difficulties or stigma arising from disclosing this information.	ALL: facilitated by BSO HR, we took steps over the last year in particular to improve monitoring data, and to explain to staff how their data will be used and assure them of confidentiality; we will continue to do this during 2023-28. BSO: we welcome this suggestion, and have included an action in our Equality Action Plan in this regard.
BSO Human Resources	Survey: naming management inaction on relevant HR literature as a misconduct - relating to cliques related behaviour	BSO: we will take this into consideration as we review our policies along with Tapestry.
ALL	Royal College of Occupational Therapists: Ensure Tapestry/ Global Majority Community members, have a strong voice as people with disabilities or from equality categories and/or develop a forum which is given a clear position from leadership down.	A Forum for staff with disabilities is in place; this forum has Chief Executives support in all participating organisations. We want this forum to have more input in our policy-making and have developed an action accordingly in our Plans.

BSO Human Resources	Survey: There needs to be a real desire to assist disabled people in staying in work i.e through flexible working/ working from home/ mentoring and support/ recognition of obstacles disabled people face in work.	BSO: we welcome this suggestion, and have included an action in our Equality Action Plan in this regard.
BSO Human Resources	Survey: extend action on review of recruitment to reflect a workplace with removed barriers	BSO: We recognise that it is vital that we also review our employment practices and identify barriers that staff with a disability who are already in post experience. We commit to do so when we have made progress in relation to making the way we recruit people more accessible. We will reflect this in our Plans at that point accordingly.
BSO Human Resources	Survey: clearly state in the specification or job description which accommodations may be available to those with disabilities	BSO: We will add a generic statement to all Job Descriptions to say we welcome applicants with a disability and will make every effort to make appropriate reasonable adjustments, including potentially working from home.
BSO Human Resources	Survey: Implement 360 degree appraisals for staff	BSO: At this stage this is not operationally feasible, as we don't have the resources to implement this.
BSO Human Resources	Survey: Consider an actively anti-racist approach to equality work. (...) This could also involve employing full-time Equality and Diversity Officers in each department.	BSO: We have senior representation from each business area on our Equality Forum who are the Equality Leads for these areas. We also have Mental Health First Aider based in business areas.

BSO Human Resources	Survey: positive action initiatives regarding recruitment / open days to speak with people in senior roles, reciprocal mentoring, specific leadership development initiatives to encourage Women, people with disabilities and people from minority ethnic backgrounds in senior positions.	BSO: We are currently recruiting a new post of Talent Management Coordinator. This work will be part of their role. The HSC Leadership Centre (which is part of BSO) have developed a new leadership development programme specifically for global majority staff or those with a minority ethnic heritage.
BSO Human Resources	Survey: It would be great to see more support for at home working and more advertising for at home working for roles	BSO: We will add a generic statement to all Job Descriptions to say we welcome applicants with a disability and will make every effort to make appropriate reasonable adjustments, including potentially working from home.
BSO Human Resources	Survey: could the BSO proactively approach organisations in order to achieve a greater diversity of applicants? could the BSO proactively encourage individuals from BME communities to sign up with relevant recruitment agencies?	BSO: We will approach global majority and ethnic minority organisations to undertake outreach - to encourage them to apply for posts with us and consider signing up with recruitment agencies.
BSO Human Resources	Survey: could BSO provide training to individuals on how to apply?	BSO: We are currently recruiting a new post of Talent Management Coordinator. This work will become part of their role.
BSO Human Resources	Survey: suggestion to take learning from Trusts' ethnic minority forum, as numbers increase in BSO suggestion to draw on any information in the Plans of the HSC Trusts	BSO: We engage regularly with Trusts through the regional employment equality network.

BSO Human Resources	Survey: Staff witnessing poor attitudes towards differences should (...) have a simple way to report such behaviours (similar to whistleblowing).	We will engage with Tapestry to seek advice on such reporting.
BSO Human Resources	Equality Commission NI: The Commission recommends that the health organisations provide more detail on the training which they intend to deliver over the course of the disability action plan and consider in more detail how monitoring and evaluation could measure the impact of training on both the duties.	BSO: We have added a new action to work together with Tapestry to coproduce, commission, deliver and evaluate a training plan for staff on disability equality.
Clients	Equality Commission NI: The Commission recommends that the health organisations provide more detail on the training which they intend to deliver over the course of the disability action plan and consider in more detail how monitoring and evaluation could measure the impact of training on both the duties.	NIBTS/ CCGANI/ Social Care Council/ PHA/ RQIA: We will work together with Tapestry to coproduce, commission, deliver and evaluate a training plan for staff on disability equality and will encourage our staff to participate. NIPEC: We will seek advice from Tapestry on a disability training plan and will encourage our staff to participate. SBNI: The SBNI will be guided as to how the PHA takes this forward.

Clients	Royal College of Midwives and Staff: HR action on autism - The action should be widened to 'neurodiversity', to include dyslexia.	BSO/ CCGANI/ SBNI/ NIPEC/ Social Care Council: We have expanded the scope of relevant actions to 'neurodiversity', which includes dyslexia. NIBTS: This does not apply to NIBTS. PHA: We have no actions that reference autism so do not need to expand the scope of relevant actions to 'neurodiversity', which includes dyslexia. RQIA: p6 in our Plans, changed autism to neurodiversity.
Other Comments		
BSO	Equality Commission NI: Your disability action plans should focus specifically on the two disability duties, and not on disability issues generally.	BSO: We have reviewed whether there are any actions that should be moved from our Disability Action Plan to our Equality Action Plan.
Clients	Equality Commission NI: Your disability action plans should focus specifically on the two disability duties, and not on disability issues generally.	BSO/NIBTS/ SBNI/ NIPEC/ Social Care Council/ PHA/ RQIA: We have reviewed whether there are any actions that should be moved from Disability Action Plans to Equality Action Plans and moved these accordingly. CCGANI: We have moved one action from Disability Action Plan in relation to the analysis of disability data in relation to service users and added this to the Equality Action Plan.

Clients	<p>Equality Commission NI: consider the specific functions and services of their organisations and develop action measures specific to all these functions and services, including actions they can take to encourage other organisations within their sphere of influence to promote positive attitudes / encourage disabled people's participation in public life. Many of the measures are internally/staff focused, organisations could perhaps consider some more externally focused action measures where appropriate.</p>	<p>NIBTS/ CCGANI/ SBNI/ NIPEC/ Social Care Council/ PHA/ RQIA: We have reviewed our Plans and are content that our Action Plans reflect actions specific to our functions and are outward facing, including encouraging others.</p>
BSO	<p>Equality Commission NI: consider the specific functions and services of their organisations and develop action measures specific to all these functions and services, including actions they can take to encourage other organisations within their sphere of influence to promote positive attitudes / encourage disabled people's participation in public life. Many of the measures are internally/staff focused, organisations could perhaps consider some more externally focused action measures where appropriate.</p>	<p>BSO: We commit to revisiting the scope for new actions after we have delivered on the actions relating to our regional recruitment functions. Also, we have added a new action to our Equality Action Plan which ultimately aims to encourage the participation of people with a disability in the development of new IT systems.</p>

<p>RQIA</p>	<p>Equality Commission NI: RQIA in relation to their work within the care sector – consider point made above.</p>	<p>RQIA: In terms of using our influence to encourage other organisations within their sphere of influence to promote positive attitudes / encourage disabled people’s participation in public life.</p> <p>RQIA’s Strategic Plan 2022-28 sets our 4 priorities, and one of these is developing relationships and partnerships with other organisations. We can use the development of these relationships to promote positive attitudes to supporting people with disability in public – sharing actions we are taking ourselves in this regards, with partners and via networks, will be one way this can be promoted.</p> <p>We will replicate the Governance Action from RQIA Equality Action Plan (p13) is replicated in Disability Action Plan:</p> <p>Action: “Review all RQIA policies to ensure they have taken account of Section 75 requirements and opportunities for good relations, and ensure that all new polices are developed and screened for equality implications and opportunities.”</p>
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		What we are trying to achieve: To ensure all policies take account of disability and create opportunities for developing good relations.”
BSO Procurement and Logistics Service	Royal College of Occupational Therapists: A Review of Community Equipment and Assistive Technology Services is ongoing at present, we would suggest BSO has involvement with the Housing and Health Lead, Department of Health/Northern Ireland Housing Executive to consider the functions that are carried out by BSO or where they crossover.	BSO: Our Procurement professionals have been extended an invite to the Assistive Technology Review Steering Group and we have linked with the Department of Health lead to align our future direction on Community Equipment and Continence Service.
BSO Human Resources	Royal College of Occupational Therapists: Employ an occupational therapist or see how to access their knowledge and skills to see how to better support people with disabilities in the workplace.	BSO: We will continue to use the Occupational Health resource from the Belfast HSC Trust. We are not aware of whether this service in turn draws on occupational therapists employed by the Trust.

BSO	<p>Royal College of Occupational Therapists: Disability Placement Scheme and support at work.</p> <p>We would like to know if there is any involvement of occupational therapists in terms of supporting any of these schemes.</p>	<p>Occupational therapists are not involved by default. Participants are supported by Employment Support Officers from the participating disability organisations. They lead on identifying reasonable adjustments, together with participants and managers from the HSC organisations. In turn, the Support Officers draw on further support and advice available to them from within their own organisations. None of the consulting HSC organisations are employers of Occupational Therapists (in contrast to the HSC Trusts).</p>
ALL	<p>British Deaf Association: The British Deaf Association Advocacy team work with adults only, however through this work we are aware of the lack of a similar service for children.</p>	<p>We have brought this to the attention of colleagues in the Strategic Planning and Performance Group of the Department of Health.</p>
BSO Human Resources	<p>Survey: I believe that all your actions should have been structured to show how much involvement people from the equality category have in the process. (...) I was particularly concerned with the design of the following: -Mandatory equality training - Disability Raising awareness and guidance These are historically poor across HSC (...). These will only be effective if they are co-designed .</p>	<p>We have reviewed our action plans to include references to our co-production commitment. We will likewise engage with Tapestry to explore and/or coproduce: input to all new and revised policies; other line manager training and guidance; the need for coaching or mentoring; the need for dedicated leadership development programmes for staff with a disability.</p>

Clients	Survey: I believe that all your actions should have been structured to show how much involvement people from the equality category have in the process. (...) I was particularly concerned with the design of the following: -Mandatory equality training - Disability Raising awareness and guidance. These are historically poor across HSC (...). These will only be effective if they are co-designed .	NIBTS/ CCGANI/ Social Care Council/ PHA/ RQIA: We have reviewed our action plans to include references to co-production commitment. Working together with Tapestry we will coproduce, commission and deliver, and evaluate a disability training plan and will encourage our staff to participate. NIPEC: We have reviewed our Plans accordingly and are content that we have included appropriate actions. SBNI: Co-production is an integral component of SBNI operations and as mandated by our statutory functions.
BSO	Survey: It's unclear in the draft document how we performed against our last plan - I would expect an appendix against each item in the prior plan, and a narrative/status as to whether it was achieved.	BSO: We commit to do so for our 2023-28 Plans.
BSO	Tapestry: accessibility should be a theme considered throughout the plans, both in relation to the content and actions but also the accessibility of the actual documents	BSO: We have reviewed our Plans and added a new action relating to the accessibility of new IT systems. We will produce the final Plans in a range of accessible formats.

Clients	Tapestry: accessibility should be a theme considered throughout the plans, both in relation to the content and actions but also the accessibility of the actual documents	BSO/NIBTS/ SBNI/ NIPEC/ Social Care Council/ PHA/ RQIA: We have reviewed our Plans accordingly and are content that we have included appropriate actions. We will develop a screen reader friendly version of our Plans, with free text rather than table format. CCGANI: In relation to the plan itself, we have applied the Microsoft Word Accessibility Checker throughout the document and tables have been removed. Plan formatted as per guidance provided by Accessibility Checker. SBNI: Additionally, we will enhance the accessibility arrangements in relation to our equality and disability action plans.
ALL	Royal College of Occupational Therapists, Royal College of Speech and Language Therapists, The Allied Health Professions Federation Northern Ireland Board: Please note that overall, this consultation has been a complex one to navigate and respond to. The lay out is not accessible and I am unsure if the process of consultation has been accessible to the general public. This is largely due to the number of plans included and that each one is different.	We recognise that 10 organisations consulting together will mean consultees having to consider all 10 consultation documents, given the diversity of functions of the organisations. It is hoped however that consultees will benefit from the opportunity to only respond to the organisations they have a specific interest in, or to provide a general response to ALL organisations, rather than having to respond separately to 10 organisations. We will consider asking our consultees for their suggestions on how we could best conduct our consultations in future.

ALL	<p>Royal College of Occupational Therapists: Accessibility of Buildings/Environment Occupational therapy models and frameworks recognize that environmental factors are deeply important for the ability of individuals to participate in occupations. We cannot see much in this plan about 'physical' or 'environmental' accessibility to ensure no one is disadvantaged or disabled by the environment. The Disability Code of Practice says that 'The concept of discrimination in the Act reflects an understanding that it is often environmental factors (such as the structure of a building) or an employer's working practices, rather than limitations arising from a person's disability, which unnecessarily restrict a disabled person's ability to participate fully in society.'</p>	<p>Accessibility of buildings and premises falls under the Disability Discrimination Act 1995, which is addressed separately in all 10 organisations. This Disability Action Plan relates specifically to the Disability Discrimination (NI) Order 2006, which says that we have to:</p> <ul style="list-style-type: none"> • promote positive attitudes towards disabled people and • encourage participation by disabled people in public life.
BSO Human Resources	Survey: Include in social media more	BSO: We will link with our Communications team to promote ourselves as an inclusive employer more via social media.

Organisation Specific Comments		
BSO Corporate Services	Survey: Have a trained disability support worker in each department and location to assess and support access. Create accessibility manuals for each location and publicly display these.	BSO: We will consider how to best provide essential information on accessibility of BSO locations for staff and visitors, including the merits of developing accessibility manuals for each location.
BSO Human Resources	Royal College of Speech and Language Therapists: Regional Recruitment - In summary, we believe the process is inaccessible to all who would wish to apply and is not serving the trusts as required. The DoH Workforce Review 2019 outlined the need for a review of the regional recruit process and the Royal College of Speech and Language Therapists NI would welcome an update of progress.	Recruitment Shared Services will respond directly to consultee.
BSO Human Resources	Allied Health Professions Federation NI: Regional Recruitment - We have significant issues with BSO's annual regional recruitment process for band 5/ newly qualified AHPs	Recruitment Shared Services will respond directly to consultee.

BSO IT Services	Staff: ITS action on women in senior roles: focus on women is likely to exacerbate the existing inequalities experienced by men in the HSC (more women are in senior roles than men in the HSC); there seems to be an objective to achieve equality of outcome (rather than equality of opportunity) which is the aim of Section 75. The upskilling of the female workforce in Digital technology is very good if they are under-represented; are the non-binary workforce also included/ offered the same opportunity.	BSO: Thank you for your comments. We will gather and analyse relevant data and develop an action and target based on this evidence.
BSO	Survey: Disability Action Plan Additional suggestions: For staff with first-hand experience to speak of how bullying on the grounds of disability has affected them.	BSO: Together with Tapestry we will review all line manager training.
BSO	Survey: Disability Action Plan Additional suggestions: Use a senior member of staff (with a disability) as a champion to promote what is being done (i.e. if I can do this, then so can you).	BSO: We agree that role models are key and will continue to encourage senior staff with a disability to share their stories to this end, to add to those already featured on our Tapestry website.

BSO	<p>Survey: Disability Action Plan</p> <p>Additional suggestions: Increase the awareness of hidden disabilities, not everyone disabled can appear to be at first glance. Having a hidden disability can leave that disabled person with a sense of not being really disabled in comparison to others despite the fact that the debilitating factors can have a massive impact but not just be publicly obvious or witnessed.</p>	<p>BSO: We recognise the importance of this message to staff and will continue to emphasise it in any of our communication relating to disabilities.</p>
BSO	<p>Staff: Given the activities outlined in the plan will be publicly funded (by virtue of being a tax payer funded organisation) the Equality Action Plan is missing supporting evidence to support the case for application of resources to achieve best outcomes for public funds. It is difficult to understand clearly what data has been used to identify these focus areas other than "opinion" from specific focus groups which will naturally advocate for their specific issues (many of which will be quite valid).</p>	<p>BSO: Equality evidence consists of both quantitative and qualitative data. The latter includes data that captures the lived experience of people in the range of equality groupings. In some areas, such data is not readily available. In others, its quality is limited and can be difficult to obtain because not all people declare their equality data. In these circumstances, public authorities need to consider secondary sources and it is important to follow good practice.</p>

BSO	Staff: There does not seem to be any actions relating to "good relations". What efforts does BSO plan to undertake to identify and/or address tensions which are or could develop as "rights" of some groups are promoted or impact on other protected characteristics?	BSO: The main action relating to good relations focuses on the category of race (engaging with staff from a range of racial groups to understand their experience of working in BSO and to identify their support needs; providing awareness to managers about understanding unconscious bias and how to overcome it in recruitment). We want to specifically explore the experience of racism in this context.
BSO SMT	Survey: Without a general action implemented across the whole of BSO, such as seeking an equality review from outside bodies (e.g. Stonewall, Transgender NI) or an Equality Impact Assessment, these specific and targeted actions will be unlikely to make a lasting or impactful change.	BSO: We agree that actions at a corporate and strategic level are essential alongside those taken at Business Area and operational level. As a starting point, we have built equality into our corporate business planning process. All Business Areas are required to identify the need for equality screenings for the coming year. We will seek to progress this further during the next 5 years.

BSO SMT	<p>Survey: In general, the message that equality and diversity are everyone's business does not come across in the action plan. Some departments do not appear to have contributed any actions at all. This plan does not appear to be organisation-wide.</p>	<p>BSO: We recognise this deficiency in our Plans. In a first step, we have now added actions relating to the BSO Communications function to our Plans. We will continue to engage with all BSO business areas over the five-year span of the Plans with the aim to widen the number of business areas reflected in the Plans.</p>
PHA	<p>Royal College of Occupational Therapists: It is good to see some clearer and specific actions in this plan including a specific action in relation to Allied Health Professions. A recent 'Independent Review of Special Educational Needs Services and Processes (March 23)' includes that occupational therapy is one of the services which schools report their children and young people as requiring.</p> <p>The Royal College of Occupational Therapists carried out a survey of occupational therapists across the UK and this included Northern Ireland. We would like to see how our key recommendations can be integrated into the PHA action plan. More occupational therapists are needed so that children and young people have early access to services.</p>	<p>PHA: We will take this into consideration when carrying out the 'Allied Health Professions' action on our Equality Action Plan.</p>

PHA	Royal College of Occupational Therapists: The Public Health Agency could look at trends and plan for services for children with special educational needs. They need to improve data and identify children with SEN much earlier to improve forward planning in terms of what services, including sufficient staff and accommodation. The need for further teacher training in relation to SEN is needed as well as accommodation for these classes.	PHA: We will take this into consideration when carrying out the 'Allied Health Professions' action on our Equality Action Plan.
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<p>PHA</p>	<p>Royal College of Occupational Therapists: It is very positive the PHA 'plan to create and promote opportunities for people with disabilities to participate in PHA's strategic planning process... when setting commissioning priorities.' We hope that people in care homes and other hard to reach people are included in this. We have heard however, there are occupational therapists going into care homes in certain Trusts and to varying degrees in others (including not at all). Health inequalities and a postcode lottery of services need to stop, and services commissioned equitably across Northern Ireland, and this should be reflected here. We would like to see PHA develop clearer policies and a more encompassing approach in relation to people in equality categories and people with disabilities.</p>	<p>PHA: We will take this into consideration when carrying out the action on our Disability Action Plan to: Create and promote opportunities for people with disabilities to participate in PHA's strategic planning process to ensure the needs of people with disabilities are appropriately reflected when setting commissioning priorities.</p>
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PHA	Royal College of Psychiatrists in NI Devolved Council: Strategic Planning Teams: The involvement of people with a learning disability should also be included.	PHA: We will take this into consideration when carrying out the action on our Disability Action Plan to: Create and promote opportunities for people with disabilities to participate in PHA's strategic planning process to ensure the needs of people with disabilities are appropriately reflected when setting commissioning priorities.
PHA	Royal College of Psychiatrists in NI Devolved Council: These actions seem reasonable, but it is important that the short term and long term outcomes are published for these actions, taking into consideration any confidentiality issues.	PHA: We will publish the outcomes for these actions in line with the reporting structures currently in place and facilitated by the BSO Equality Unit.
PHA	Royal College of Psychiatrists in NI Devolved Council: What else we could do to promote positive attitudes towards people with a disability? By using programmes on local radio and TV.	PHA: We will take appropriate steps to use inclusive language and promote a positive depiction of people with a disability in our media activity.
PHA	Survey: I always worry about health statistics in relation to ethnic minority groups and wonder is there more could be done to improve these.	PHA: We have added an action to our Equality Action Plan to: Commitment to collect additional equality data and outline planned analysis to be carried out on specific data that will be collected.

PHA	<p>Royal College of Speech and Language Therapists: We support the PHA's inclusion of Allied Health Professions as an integral part of partnership working for children and young people with special educational needs. To ensure true equality and inclusion, all school staff should be provided with training on how to recognise and respond to speech, language and communication needs in the classroom setting, including how to seek specialist help and strategies to put in place. The Royal College of Speech and Language Therapists NI believe that meaningful collaboration between health and education departments and colleagues is fundamental to better meeting the needs of children with special educational needs.</p>	<p>PHA: We will take this into consideration when carrying out the 'Allied Health Professions' action on our Equality Action Plan.</p>
PHA	<p>Survey: There needs to be a better focus on pregnant women and ensuring they receive access to health and support when needed.</p>	<p>PHA: We have added an action to our Equality Action Plan in relation to Infectious diseases in pregnancy screening (IDPS).</p>

PHA	Survey: There needs to be more parent involvement in mental health issues.	PHA: We are committed to involving service users and carers, including parents in how we plan and commissioning those mental health services that fall under our areas of responsibility. This will be addressed under the action in our Disability Action Plan relating to Strategic Planning Teams We will also provide opportunities for parental involvement in a number of projects we are supporting e.g. Special School Partnership Pilot, expansion of RISE into KS2, Sure Start and the Children and Young People's Emotional Health & Wellbeing Framework in Health.
Social Care Council	Social Care Council Participation Partnership 14/09/2023 Welcomed the draft Plans and wanted to be kept informed about Tapestry.	Social Care Council: We will share this with the Participation Partnership.

PCC	<p>Member of public: There seems to be a massive ignorance of chronic disability, mental health and autism that has led directly to victimisation and inadequate support for many families. This has a horrific impact on the life of individuals as well as their children. There is so much more that could be done by services and management that could be insultingly simple for these services to do. The impacts of this ignorance has a direct correlation with future illnesses, mental health issues, employability, and definitely isolation, vulnerability to abuse and suicidality of service users and their families which has a knock-on effect on communities and strain on the social care and health system. This cycle can be partially broken by proper input from service users.</p>	PCC will respond directly to the consultee.
BTS	<p>Survey: Completing an anonymized survey may help to identify any gap or inequality, or concerns raised by affected member of staff, donor, or public user.</p>	NIBTS will incorporate questions in and around this topic it's in annual staff survey.

BTS	Survey: Agree BTS are focussing on the right actions in relation to tackling complaints and incidents, addressing gaps and lesson learning process. Suggest: Looking for incident trends and addressing them.	NIBTS: As part of our strategic Donor Services review we have committed to analyse complaints and develop quarterly reports to address any identified issues.
BTS	Survey: Additional suggestions: Easy access to raise or share concerns.	NIBTS will incorporate this as part of its strategic review of Donor Services.

RQIA/ Social Care Council/ NIPEC

British Deaf Association: There are significant issues with the treatment of D/deaf people in social services settings such as care homes. Staff are not appropriately trained in D/deaf culture and can wrongly assume that a D/deaf person is being aggressive when in reality they are simply trying to gain the attention of a staff member. This leads to a deterioration of care. Recommend relevant Deaf awareness Training for Social care staff/Home care staff.

NIPEC: This response would not be within NIPEC's remit to progress as NIPEC do not deliver front line social care services/training nor does our remit cover social care staff. Social Care Council: We will include this in our action plan.

RQIA: RQIA welcomes the focus on the needs of deaf people in all communities and a particular focus on deaf people in the settings that RQIA regulate and inspect. We regularly review the training needs of staff who carry out work in these settings and we will ensure that communications needs explicitly include consideration of communication with deaf people, and develop appropriate actions and associated training for those staff who require this. A range of communication needs have been identified as part of our staff training including tools and approaches for engaging with and listening to people living with dementia for example, and other mental health needs. Skills and knowledge to enable us to engage with people with sensory disabilities is clearly another key aspect of this which we will ensure is included.

RQIA/ Social Care Council/ NIPEC/ NIMDTA

British Deaf Association: There are barriers for D/deaf people joining the HSC workforce. Often D/deaf people are not shortlisted for jobs. There are no D/deaf Social Workers employed in Northern Ireland. There are deaf advocates and social service advocates but there should be a greater push to recruit D/deaf social workers.

NIMDTA will respond directly to the consultee.

NIPEC: NIPEC embraces diversity in the recruitment of staff. However, we do not believe as an organisation we could solely take this forward and therefore would propose that this is a joint BSO/ALBs action to raise with Recruitment Shared Services.

Social Care Council: We will include this in our action plan.

RQIA: We do recognise the need for RQIA to develop greater opportunities for people living with disability including deaf people to be welcomed and supported as part of the RQIA workforce. We are developing our workforce recruitment programme and over the 5-year period we aim to attract and retain staff reflective of the communities very much inclusive of people with a disability.

In order to do so we are aware of our need to build networks with other groups and organisations that can help us reach out to communities to raise awareness of RQIA as a potential place of employment or career choice; and we need to develop the support mechanisms that will enable people with disability to access employment within RQIA. We will develop the detailed actions that are required to effect these outcomes including: engagement; offering opportunities to find out about working within RQIA; and through positive active recruitment welcoming a diverse skilled workforce, over the period of the Action Plan.

RQIA will replicate “Workforce” Action in Equality Action Plan (p.12) in its Disability Plan: “In developing the staff recruitment programme, over the five-year period, we will give consideration to ways to attract and retain staff reflective of the communities we serve in respect of people with a disability. When staff leave the organisation we will conduct exit interviews to better understand why staff are leaving us.”

<p>RQIA/ Social Care Council/ NIPEC/ NIMDTA</p>	<p>British Deaf Association: How do those who provide / regulate degree courses take into account issues/barriers for D/deaf students. Could NIPEC/NI Social Care Council/NIMDTA/ RQIA become more proactive in asking for and validating relevant information from providers, for example through Mystery Shoppers?</p>	<p>NIMDTA will respond directly to the consultee.</p> <p>NIPEC: The NIPEC Quality Assurance Framework (2023) for the validation of post registration training courses, contains a clause which states that “local policy/protocol to ensure all students/participants have their diverse needs respected and considered across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice.” NIPEC consider these requirements as part of their statutory role to annually quality assure relevant programmes and therefore we believe that we cannot progress this response further.</p> <p>Social Care Council: We will work with the other organisations and include this in our action plan.</p> <p>RQIA: RQIA will continue to develop our relationships and collaboration with education bodies and academia and seek wider engagement with other bodies including and in partnership with NISCC enquiring into what actions are being taken to encourage and support deaf students.</p>
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CCGANI

Anonymous: The organisation has noted “gender” and “gender identities” as part of the protected characteristics in Section 75. This is not the case. The Equality Commission for NI states the protected characteristics are as follows (...)

- men and women generally

“Sex” and “gender” are not interchangeable here. “Sex” exists under law (“men and women generally”) as defined in the protected characteristics. Use of “gender” is not recognised in this context. It brings us into the fraught and difficult territory of “gender politics” which you will note from the recent issues with the convicted rapist in Scotland is controversial and far from accepted either under law or in general usage. There is no section 75 protection for “gender identity” at all (in England there is protection for “those undergoing a process of gender reassignment” but again this does not apply here and is a very specific group and only at a particular stage in their lives.

Advice provided to the Children’s Court Guardian Agency regarding the feedback received is as follows:

- In Northern Ireland there is protection under specific legislation, the Sex Discrimination (Northern Ireland) Order 1976, in relation to potential direct/indirect discrimination on the grounds of gender reassignment which applies in particular circumstances. There is also a Genuine Occupational Exception included in the Act.
- The S75 statutory duties cover broad groups of people who may fall under one or more of the S75 equality categories. As detailed above in the legislation, these could be different groups of people who fall under the S75 equality categories, for example ‘marital status’ could include people who are - unmarried, married, divorced, widowed, civil partnership etc.
- In relation to S75 (1) (b) between men and women generally – we would advise that the Equality Commission’s interpretation of this duty incorporates a broader gender group, as advised by the Commission in advice to designated public authorities on the development of their Model Equality Schemes.

• Equality Commission’s Model Equality Scheme, Appendix 2, in which the Commission provided “Example groups relevant to the Section 75 categories for Northern Ireland purposes (Please note, this list is for illustration purposes only, it is not exhaustive)”.

Category: Men and women generally: Men (including boys); Trans-gendered people; Transsexual people; women (including girls).

BSO	Royal College of Occupational Therapists: We cannot see much in this plan about 'physical' or 'environmental' accessibility to ensure no one is disadvantaged or disabled by the environment.	We note the comment and will take this into consideration as we implement our Plans.
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September 2023



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