Equality and Disability Action Plans

Consultation Report

by

March 2018

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Introduction

This is a report of the consultation we carried out on our new Equality and Disability Action Plans. They are plans for the next five years – from April 2018 to March 2023.

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)
- 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.

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.

How we consulted

Eight health and social care organisations listed in Table 1, with help from the Equality Unit in the Business Services Organisation, worked together in the development of their Equality and Disability Action Plans.

Table 1: List of organisations

Blood Transfusion Service	www.nibts.org
Business Services Organisation	www.hscbusiness.hscni.net
NI Guardian Ad Litem Agency	www.nigala.hscni.net
NI Practice and Education Council for Nursing and Midwifery	www.nipec.hscni.net
Northern Ireland Social Care Council	www.niscc.info
Patient and Client Council	www.patientclientcouncil.hscni.net
Regulation and Quality Improvement Authority	www.rqia.org.uk
NI Medical and Dental Training Agency	www.nimdta.gov.uk

From previous work we have done we know that consultees are busy people. To avoid duplication therefore the eight organisations listed in Table 1 consulted together on their plans. This exercise ran for 13 weeks between October and December 2017.

When we started the consultation we informed all consultees on our consultation list of the details of the consultation and how people could

engage with us directly or respond in writing. We invited consultees to attend one of two consultation events, one in Belfast and one in Derry/Londonderry. In addition, we offered to meet in person with anyone preferring to do so.

We engaged closely with Tapestry, our Disability Staff Network, in the development of our Disability Action Plans. We likewise drew on our learning from a survey that we carried out with staff who have a disability or who care for somebody who has a disability. The survey focused on what would make an organisation an Employer of Choice for them.

Range of responses received

Table 2 below outlines the organisations and individuals who responded. Table 3 presents the comments received and our responses. These relate to all eight Health and Social Care organisations, unless specified otherwise. We hope this reflects the views and comments raised and that our responses provide the necessary detail to better understand how we have considered any issues raised.

Table 2: Organisations who responded

Name of organisation	**Type of response**
Action on Hearing Loss	Written
Alzheimer's Society	Meeting
Cedar Foundation	Focus group and Written
Coalition on Deafness Partnership	Written
Department of Justice – Peter Grant	Focus Group
DUP MLA – Paula Bradley	Focus Group
Equality Commission for NI	Written
Focus the Identity Trust/ Gender Identity Panel	Focus Group
Lisburn and Castlereagh City Council	Written
Mencap	Focus Group
RNIB	Written
Individual Response – Charlie Warnock	Written
Individual Response – Paula O'Brien (Guardian Ad Litem)	Written
Individual Response –David Petticrew (HSCB)	Written

We would like to take this opportunity to say a sincere thank you to all consultees for taking time to provide comments and feedback.

Table 3 Equality Action Plans - Comments made by consultees and responses

Consultee Comment	Response
Action on Hearing Loss (report by Coalition on Deafness)	
Organisations need to set aside a realistic budget for communication support, provide information in alternative formats, and provide training and support on how to engage and participate effectively.	We have in place an approved Accessible Formats Policy, which outlines our commitment to provision of appropriate accessible formats, and the budgetary arrangements thereof. Arrangements in relation to participation are addressed under our Patient and Public Involvement (PPI) Strategy, for those organisations subject to the relevant duties. Please also see the section 'How people can be involved in our work' in our Action Plans. NISCC: Arrangements in relation to participation are addressed under our Patient and Public Involvement Strategy, our Participation Partnership Council Sub Committee and our Annual Participation Action Plan. RQIA: Arrangements in relation to participation are addressed in RQIA's annual Business Plans and in the Communications and Engagement Strategy aligned to HSC PPI Standards.
Organisations also need to measure the effectiveness of their inclusion and participation activities, and devise ways of reaching out to individuals who are deemed 'hard to reach'.	Arrangements in relation to participation are addressed under our Patient and Public Involvement Strategy. NISCC: Arrangements in relation to participation are addressed under our Patient and Public Involvement Strategy, our Participation Partnership Council Sub Committee and our Annual Participation Action Plan.

	NIBTS: NIBTS will consider further ways to include individuals who are hard to reach in their Patient and Public Involvement engagement activities. RQIA: Arrangements in relation to participation are addressed in RQIA's annual Business Plans and in the Communications and Engagement Strategy aligned to HSC PPI Standards.
When planning new developments or writing policy, the needs of people who are deaf, deafblind, have a hearing loss or tinnitus have to be considered from the outset and their needs 'designed into' the service, rather than being seen as an awkward add on after the rest of society's needs are met.	The equality screening commitments within our Equality Scheme put in place a process where the needs of all nine equality groups are taken into consideration as an integral part of the policy development process.
People involved in design, planning and management of services need to be trained to consider the needs of people with hearing loss and to involve them in their planning and reviewing processes. All frontline staff working in public services should be aware of how to communicate with people with hearing loss.	Screening training, which is aimed at those who are policy and decision makers in our organisation, includes scrutiny of the policy from the perspective of all nine equality groups, one of which is disability, which will include hearing loss. Our new equality training, which is mandatory for all staff, includes the needs of people with hearing loss. Where the need is identified we will provide bespoke training on hearing loss.
Services must provide a range of appropriate communication support and communication professionals where needed. Services should recognise the right of a deafblind person to have appropriate and timely support.	We have in place an approved Accessible Formats Policy, which outlines our commitment to provision of appropriate accessible formats. We are committed to provision of appropriate and timely support for deafblind person.

Public services should ensure that all interpreters and deafblind communicators booked through agencies are registered with a professional body such as NRCPD (National Register of Communication Professionals working with Deaf and Deafblind People).	Interpreters and deafblind communicators used by our organisation are registered with NRCPD.
Public services should carry out regular compliance checks of language professionals they employ.	Noted.
Organisations should take steps to create a culture that supports people with hearing loss through training, procedures and information for all staff.	Our new equality training, which is mandatory for all staff, includes the needs of people with hearing loss. We hold two awareness days per year for staff on particular disabilities. Hearing loss has been the focus of one of these days. We will continue to provide information for staff on hearing loss, through the website of our Disability Staff network.
Employers should ensure their recruitment practices are accessible, by ensuring that reasonable adjustments are made at the application and interview stage and that interview panellists are deaf aware.	We are committed to making reasonable adjustments in our processes. We ask any candidates who advise us that they have hearing loss specific questions relating to their needs. To date, we have made reasonable adjustments such as providing sign language interpreters at interview stage and providing additional time to candidates for aptitude tests.
Social workers should be trained in carrying out assessments of the needs of deafblind people.	NISCC: The Standards of Conduct & Practice for Social Workers require them to assess needs, circumstances, rights, strengths and risks in partnership with those involved and respond appropriately. The Standards also require Social Workers to identify learning and development needs arising out of their work.

Mental Health Generic Mental Health workers should be trained in the psychological, sociological and psychiatric aspects of deafness. During an admission period, appropriate and accessible communication support must be provided within a maximum of 24 hours. All deaf service users should be enabled to give fully informed consent for their treatment, which includes the provision of qualified communication support.	RQIA: Refresher training for RQIA mental health inspection staff will be arranged. RQIA notes this comment, but this is for Trust staff in mental health services. This is reviewed by RQIA on inspection i.e. measures are in place to ensure that staff consider that fully informed consent is obtained.
Long Term Conditions Services for people with dementia, cardiovascular disease, diabetes and sight loss must take into account the needs of people with hearing loss and deaf people.	NISCC: Social Workers are required to carry out a comprehensive assessment of need across all service user groups which should form part of all assessment practice. RQIA: RQIA report on communication mechanisms for people with hearing loss and deaf people in our inspection reports.
Action on Hearing Loss ('Hearing Matters' report)	
It is essential to ensure that audiology-quality standards are enforced and better tinnitus services are developed.	RQIA: There are no specific Department of Health audiology quality standards. As part of RQIA's inspections we review whether the premises and grounds are suitable for people with sensory impairments (Standard 27(3) of Residential Standards).
The DEL must actively promote the Access to Work scheme to people with hearing loss and employers.	The promotion of Access to Work and other employment support programmes to both staff and line managers across all the consulting organisations is a key action that BSO Human Resources will progress with support by our Disability Staff Network and the Equality Unit.

Employers and service providers must make sure their policies and practices do not discriminate against people with hearing loss. For example, people with hearing loss may not be able to use the telephone and services should offer alternative contact methods such as email or video-relay services.	We will review the contact methods we offer across all parts of our organisations to ensure that we do not restrict these to telephone contact.
Employers must also take steps to ensure recruitment and selection processes are accessible for people with hearing loss.	We are committed to making reasonable adjustments in our processes. We ask any candidates who advise us that they have hearing loss specific questions relating to their needs. To date, we have made reasonable adjustments such as providing sign language interpreters at interview stage and providing additional time to candidates for aptitude tests.
Alzheimer's Society	
Re. Business Services Organisation Procurement and Logistics Service action on delivery of appliances: 1. key is to ensure that appropriate training on use of appliances is provided when items are delivered 2. procurement of items should involve input from service users (example of furniture having clinical appearance when it may not be necessary)	1. It is important that necessary training on the use of an appliance is carried out by a member of the Trust's professional care team. BSO PaLS leave instructions for use of equipment where appropriate but are not qualified to train in its use. 2. BSO PaLS will consider how service user involvement might be achieved within the constraints of the regulations and will pass on the comments regarding product appearance to the Trust representatives involved in specifying the equipment to be procured.

Re. Regulation and Quality Improvement Authority Actions relating to inspections: • RQIA should promote a better understanding of its role amongst patients; Patient Information materials on the role of RQIA must be in plain English • RQIA inspections of care for people with dementia focus too much on the medical side of care with too little attention paid to the social side • People with experience of dementia (ie. what it is like to be living with dementia as service user or as a carer) should undertake inspections • All inspectors should be trained on dementia – Alzheimer's Society willing to provide training	RQIA: • RQIA is developing a programme of engagement with the general public to improve the overall understanding of the role and functions of the Authority. It is our intention to launch an initiative to work directly with relatives and carers of people living in nursing and residential care homes to co-design and produce a range of materials and information in formats suitable to them that will help them understand the various aspects of regulation and quality improvement in the system. • The Regulations and Standards developed by the Department of Health refer specifically to the care of people with dementia in a social care setting. A Dementia Learning and Development Framework was launched in 2016 to support staff development and training. A number of free resources have been developed and RQIA have distributed these resources to care homes across NI. • RQIA has a programme to use lay assessors from a range of different backgrounds to assist us on inspections and reviews. Lay assessors bring their own experience, fresh insight and a public focus to our inspections and reviews. • RQIA has an annual 'Learning Together' programme for all our staff and we have provided Dementia awareness from the Dementia Together NI Project. RQIA would welcome input from the Alzheimer's Society for our next event and will contact the Alzheimer's Society to discuss such input.

• RQIA should inspect and enforce that all staff working in dementia units have been appropriately trained on dementia.	• This already forms part of the care standards used by RQIA as part of the inspection process.
Alzheimer's Society would be interested in engaging further with RQIA, NIMDTA and NISCC in the future	RQIA, NIMDTA and NISCC will arrange to meet with Alzheimer's Society.
Department of Justice, Peter Grant	
Re. Patient and Client Council Do PCC seek feedback from prisoners in view of significant physical and mental health issues within the prison population? Ensuring that their views are considered, for example, on issues about monitoring and administering medication.	PCC: The PCC offer free, confidential, support and advice to prisoners through the complaints support service. Prisoners have access to a Freephone helpline. Collective themes/issues arising from prisoners are shared with the Prison Director of Healthcare. PCC staff also participate in health promotion events in building up relations and acting a prisoner advocate on healthcare matters. PCC Personal and Public Involvement Staff have also visited prisons and held information stands to raise awareness of our role. In the past year focus groups with prisoners have been conducted jointly by the South Eastern Health and Social Care Trust and the PCC to hear from prisoners on the topic of prison healthcare.
Re. NI Blood Transfusion Service Has BTS ever considered blood donation from prisoners?	NIBTS: NIBTS ceased collecting blood donations from prison inmates from 1989. Our last collection event was June 1989 in Crumlin Road Gaol. A prison population is considered a high risk group for donation because of life style factors and information in relation to detection of infectious diseases which may be transmissible. None of the 28 countries which comply with the EU Directive 2002/98 transposed into UK law Statutory Instrument 2005/50 permit blood collection

	from prison inmates. As Medical Director for the service my opinion is that this is correct and should continue. Please note the recent Penrose enquiry which was a judicial review into a number of aspects of the Scottish National Blood Transfusion Service and contamination of blood products leading to transmissible infection in haemophilia patients and others was critical of the service for continuing to collect blood from prison population inmates up until 1993. The rationale is that testing of blood donations is not full proof and there is a documented low risk of window period transmission i.e. donation is potentially infectious but infectious agent is not detectable in the assay. The other relevant factor is NIBTS is applying a retraction model to its whole blood collection program as clinical demand for blood component transfusion has reduced and this is likely to continue. If there is anything Mr. Martin wishes to discuss with me I may be accessed kieran.morris@nibts.hscni.net or mobile telephone: 07721 891398.
Re. Business Services Organisation In relation to BSO's action to develop protocols across HSC for changing gender identity on IT systems, suggest that the Information Commissioner could be contacted for their guidance/advice.	Following extensive engagement with relevant stakeholders the BSO are in the process of drafting guidance and protocols pertaining to the management and recording of Transgender demographics on HSCNI clinical and information systems. When this process has been completed the BSO will engage with the Information Commissioner to seek their advice and guidance to ensure that it meets all the Information Commissioner's requirements.

DUP MLA Paula Bradley	
• Clear communication is vital particularly with regards to signposting for those who might be less familiar with HSC.	We will share this comment with equality colleagues in HSC Trusts; HSC Trusts are frontline service providers.
• Lack of joined up responses e.g. during a life event can be bombarded with information and signposting when some of this could be held back until a later stage – information overload. • Advantage if you know the system, e.g. worked in NISCC previously or as a social worker – otherwise the system can be daunting.	We will share this comment with equality colleagues in HSC Trusts; HSC Trusts are frontline service providers.
• Welcome the example Cedar Foundation has given, of training members of their service user forums to sit on interview panels - shows the need for everybody's voice to be heard; a good example of coproduction.	Noted.
Re. Regulation and Quality Improvement Authority In relation to action on increasing the number of lay assessors, in particular those with a disability • RQIA are dealing with some of the most vulnerable people in society;	RQIA: RQIA notes these comments. We are committed to increasing the use of lay assessors as an integral part of our work.

• Welcome the action; utilising lay assessors is a key asset of RQIA's work; demonstrates the value of coproduction; at times feedback from service users differs from that of others.	
Re. Business Services Organisation In relation to action on changing gender identity on IT systems: • Digitisation will allow restricting and tracking access to information by staff – own experience as a social worker of having had access to information that nurses did not have access to when they should have.	Noted
Equality Commission for NI	
Re. NI Blood Transfusion Service We note from NIBTS's draft Action Plan, that you have included two actions relating to increasing ethnic minority participation in blood donation sessions. We welcome these actions, however, we are concerned about the scope and the proposed timeline for the actions. From the information presented in the draft Action Plan it is not clear how comprehensive the two proposed action measures will be in addressing the access issues in the complete blood donation journey, in addition it appears	NIBTS: NIBTS note the comments and have updated the actions accordingly.

that the actions may not be implemented until as late as 2019-2020.	
Focus: the Identity Trust	
General Points • There is no such thing as the transgender 'constituency', these are all individuals. • Issues relating to transgender people must be considered as gender identity issues, must not be conflated with sexual orientation – hence need to separate out T from LGB (Lesbian, Gay and Bisexual); T added to LGB is confusing and unhelpful • Managers need to have an understanding that transgender people are extremely resilient and a highly valuable resource to draw on • Having policies in place is not sufficient in itself – they have to be real and staff need to be aware of them. • Transgender people want to become invisible after transition, they wish to be treated just like anybody else.	We note these comments. We will advise our staff of these fundamental points as part of any awareness raising initiatives relating to the gender identity policy and any ongoing training.
Training • Everybody needs to receive mandatory training on gender identity	As part of the roll-out of our newly developed Gender Identity Employment Policy we will work with our colleagues in the Health and Social Care Trusts to devise an awareness and training

• Training requirements should be extended to third party contractors, not just cover own staff. • Important to consult transgender people when designing and delivering training on transgender issues. • Focus has developed a 1 day Institute of Leadership and Management accredited training package. To meet the needs of staff with very limited time for training, the training has been delivered as a 30 minute presentation alongside a 30 minute question and answer session – suitable for lunchtime learning. • Transgender people who are parents have historically been less likely to be granted custody of children. There is a need for training of staff involved in the courts processes, including guardians and the judiciary. • There is a particular need for awareness training for staff working with people with dementia, if the person regresses to a time before they transitioned; this will be particularly important for older men who have not had full surgery.	programme for our staff. We will take these comments into account as we do so. NIGALA: The focus for NIGALA to date has been on considering LGBT issues from the perspective of young people involved in court proceedings. A group of staff recently attended a conference hosted by The Independent Guardian Ad Litem Agency 'Getting it Right-caring for LGBT children in care'. The Agency will engage with FOCUS to facilitate an input for staff to support Guardians understanding of parents' perspective. NIMDTA: NIMDTA will consider this in awareness training. NISCC: NISCC has been centrally involved in the development of the Dementia Learning and development framework which was part of the work of the NI Dementia Strategy and we have been instrumental in its ongoing dissemination into the sector including the development of an App for Domiciliary Care workers RQIA: RQIA will ensure appropriate training is provided for inspection staff dealing with service users with dementia.

Service Provision • In relation to healthcare, including end of life care, transgender people do not want separate services. Transgender people are part of the community and do not want gender status to define them or their healthcare. Key is awareness of all mainstream service providers of transgender issues. • Needs of siblings of transgender children – siblings tend to be ignored as transgender child is the focus of attention. Siblings of transgender children, along with the transgender child themselves tend to be bullied. • Some transgender people have had a poor experience when accessing PCC's complaints support service. We would welcome working together to improve the experience for transgender people. • Only staff who really need to know should have access to information on gender change.	We note these comments. We will advise staff who are involved in the planning or delivery of services of these fundamental points as part of any awareness raising initiatives relating to gender identity. PCC: The PCC have arrangements in place to train complaints and personal and public involvement staff to improve the experience of transgender people in using PCC services. This underlines the importance of the work relating to the roll out of our newly developed Gender Identity Employment Policy as well as the work we plan to progress regarding the recording of gender identity and changes to it on Health and Social Care IT systems. Confidentiality issues are also highlighted in Making a Difference, our new eLearning resource. All staff are bound by confidentiality requirements, and in some organisations this is stipulated in an Code of Confidentiality.

Domestic violence • Important to review who identifies and provides advice on best practice. This should not be restricted, for example, to Women's Aid. • Key is awareness of support providers (Inspire is endorsed as a sensitive and good practice provider). • Need to look at both victims and perpetrators and both male and female. • In the main, it is transgender women who are the victim of domestic violence. Perpetrators are often former partners especially when children are involved. These are at times used as a weapon (withdrawing access to them is used as a threat). In the past, few trans men would have had children. Victims are extremely vulnerable and crimes are often not reported.	We will take these key points into account as we progress work on developing support mechanisms for staff.
Employment Monitoring • While there may be a positive rationale for wanting to monitor on gender identity organisations have to be mindful that transgender people identify as male or female after they have completed transition so they do not wish to be identified as transgender.	This is an important point that we will keep in mind when we review how we monitor gender identity in our organisations.

Regional HSC organisations using their influence • should influence PHA contracts for support for LGB&T people – the need to separate out services for transgender people from services for LGB people; currently the impact is that transgender people are poorly served by these services	We will share this comment with the Public Health Agency (PHA).
Other • 2014 Trans Manifesto should be included in all policies and training (Derry and Strabane Council as good practice example) • Appointment of a diversity champion (to include transgender) at Director level is key – to ensure that all policies are looked at through the equality lens including transgender and to commit sufficient resources (Derry and Strabane Council as good practice example).	We note these comments.
Lisburn and Castlereagh DC	
Virtually all of the background/introductory text identical across all organisations. The breadth of organisations would indicate that they will be required to do things differently in order to function effectively.	Comment noted. To avoid duplication, and to streamline the consultation process, the eight organisations listed in Table 1 worked together to launch our consultation exercise on each of our plans. Relevant sections in the introduction ('Who we are and what we do') provide information about the specific functions of each organisation.

Little explanation why emphasis is placed on staff with a disability not disclosing that disability and/or a staff member caring for a person with a disability is core across all the organisations plans.	Our staff monitoring data and our staff survey on disability shows that individuals are reluctant to formally declare they have a disability. This however, is essential for staff members with a disability to access the range of support and policies available. It is equally important for the organisation to devise appropriate support measures.
Little explanation why staff who may have experienced domestic violence and providing support to them is prioritised for some organisations.	The emphasis on domestic violence reflects a regional work stream, collaboration across Health and Social Care organisations.
One organisation notes that one of the Health & Social Care Trusts they facilitate differs in their approach to the supply of appliances to service users in that service users must collect any appliance as opposed to this being delivered to them. This is noted as having a particular impact upon elderly and disabled service users.	Noted.
Organisations have identified various groups that they need to target in the future to ensure “equitable” service delivery. These include – ethnic groups, men, young people, the travelling community, those with learning disability, those with visual impairment and those for whom English is not their first language.	Noted.
Most of the organisations note the importance of accessible information and appropriate communications being available to service users, and have plans in place to improve these	Noted.

Gender Identity Policy is referenced across all organisations, although emphasis is on staff.	Noted.
It is disappointing that there are no quantifiable and measureable outcomes given in any plan.	Action Plans have been reviewed and updated where possible to reflect more quantifiable and measurable outcomes.
Mencap	
In relation to accessibility of information, Mencap suggests use of easy-read hyperlinks in or alongside public documents.	We will add hyperlinks to easy read versions of all relevant public documents.
Commends organisations as leaders in Health and Social Care, showing the way	Noted.
Leadership should include paying people for placements as best practice; recognition is important. Placements are also an opportunity for the organisation, namely to get work done, so organisations should consider going that bit further.	The scheme is intended as a stepping stone to paid employment, providing opportunities for people with a disability to gain meaningful work experience. It includes a number of non-monetary benefits, including eligibility to apply for posts that are otherwise restricted to internal applicants, training on How to get that Job in Health and Social Care, mock interviews and references. The scheme includes cover of travel costs for participants from their home to the workplace, based on the principle that no one should be worse off for participating.
Disability training needs to be compulsory for all staff How will plans be monitored?	Disability training is mandatory for all staff. Our new e-learning module, Making a Difference, which incorporates disability, is mandatory for all staff. [Delete/amend as appropriate] Progress on Plans is monitored through the annual reporting process to the Equality Commission for NI. Further monitoring arrangements vary depending on specific actions, both qualitative and quantitative. For example, in relation to the

	action on Carers, monitoring will take the form of a survey with staff who are carers. In relation to our Placement Scheme, we evaluate the scheme each year; this evaluation is informed by focus groups with placement participants and their Employment Support Officers, and with placement managers. Learning from the evaluation is incorporated into the Placement Scheme for the following year.
Re. Regulation and Quality Improvement Authority RQIA should consider payment of lay assessors beyond just their expenses, as an acknowledgement of the contribution they are making.	RQIA: RQIA's payment of Lay Assessors is set out in the "Interim Service User, Carer and Stakeholder Reimbursement Guidelines & Procedures" (July 2015) based on regional DoH guidelines. These guidelines do not make provision for payment of lay assessors.
Re. NI Social Care Council Currently domiciliary care workers are paid at a similar rate to supermarket workers, but their role requires very specific skills and competencies to provide services to very vulnerable people in our society. How does NISCC ensure the domiciliary care workforce remains valued? Mencap have concerns regarding the duration of home visits. Fifteen minutes for a home visit is particularly short for someone with a learning disability.	NISCC have a statutory responsibility to register the social care workforce and working directly with Employers, Councils and the Department to raise the profile of the social care workforce. Engagement is underway with Community Planners in ensuring that the social care services provided in council areas feature in all action plans. NISCC are also part of the Departments workstreams in putting in place actions associated with the "Power to People Report – Rebooting Adult Social Care". Finally NISCC have oversight of the entire social care sector and are actively working with Employers and Stakeholders to ensure the delivery of a sustainable social care service in Northern Ireland. A December 2017 symposium held by NISCC raised the issue of 15 minute home visits and it was clear that this issue required further investigation as to the effectiveness of this control. It is anticipated that the work streams associated with the "Power to People" report will include this issue.

RNIB	
All 8 organisations should consider the RNIB Accessible Information campaign In July 2016, the NHS Accessible Information Standard came into force in England. It mandates that all healthcare providers must provide information in a format their patients can read. RNIB calls for the introduction of such a Standard in Northern Ireland. It would ensure a consistent and specific approach to identifying, recording, flagging and sharing accessible information needs.	While the 8 organisations are not healthcare providers – in the main they are one step removed from the provision of healthcare – they fully recognise the importance of the provision of information in accessible formats. Most consulting organisations have therefore put in place an Accessible Formats Policy and associated guidance materials for staff. In theory all information that is provided to the public should be made available in accessible formats. However given the quantity of information that is produced by the organisations on a daily basis and the fact that there are limited resources this is not possible or practical to do so. It is therefore necessary to ensure a robust decision making process is in place, for prioritising information provision in accessible formats. The policy thus includes criteria that are applied to decide which information materials should be produced in alternative formats. Ultimately, the introduction of such a Standard would fall under the remit of the Department of Health.
Individual Response – Charlie Warnock	
Re. NI Blood Transfusion Service Having read the plans put forward for this consultation period, I am just thrilled. However I remain sceptical about the reduction of the deferral period for MSM blood donations. (that is to say that I fear it may not be reduced sufficiently, I wholeheartedly believe that it must	Thank you for your query. The other three UK blood services implemented a reduced deferral period for MSM of three months from date of occurrence on 27 November 2107. NIBTS still applies a 12 months deferral period. Any change here requires a ministerial decision and Department of

be reduced). Could you please advise to what extent this deferral period will be reduced?	Health policy approval.
Individual response – David Petticrew (Health and Social Care Board)	
Staff who are carers – awareness and promotion of existing policies/rights There are a number of policies already in place across the HSC to promote employee/ carers in terms of flexible working and provision for urgent absences from the workplace. The issue may be more about awareness and promotion of existing policies/ rights rather than the development of new material.	
Use of the intranet and other media (including internal notice boards) for the posting of information is important in terms of reaching carers.	We will seek to disseminate this information through a range of media, including intranets, notice boards, emails and 'pop ups'.
In an organisation that is going through change, it can be difficult for carers to communicate their specific needs because of uncertainty about job role, location etc and this needs to be considered in planning. In that context, proactive engagement with staff/ staff who are carers is particularly important.	This points to important training, awareness and information needs of both senior and line managers which we will consider in a further step.
An additional Key Performance Indicator could relate to a survey or other engagement (focus	We have amended the indicators accordingly.

groups) with staff who are carers, specifically in terms of how well supported and informed they feel. The suggested KPIs are sufficient, but focus upon the negative aspect of carer contributions (ie number of days lost). The number of staff retained cannot be easily measured without directly engaging with and directly asking staff if they were planning to leave the organisation, but then decided to remain because of the employer support available.	

Table 4 Disability Action Plans - Comments made by consultees and responses

Consultee Comment	Response
Alzheimer's Society	
Disclosing a disability/condition or status as a carer • overall, the culture of the organisation is essential in encouraging staff to disclose • highlighting the benefits of disclosing is important ie. access to support from line manager and the organisation • at times, concerns about privacy and the level of information that may have to be revealed act as a barrier – perception that line manager will want to know too much • reassuring staff that they only need to disclose that they have a disability or that they are providing care is important • line managers should make it easier for staff o to disclose by asking open question at supervision meetings about wellbeing of the individual o to identify appropriate reasonable adjustments by referring to practical examples in conversations with the	We will incorporate these very useful suggestions as we take action to • review our existing guidance for line managers on reasonable adjustments • build a central source on practical examples of reasonable adjustments and • encourage staff to disclose that they have a disability or that they care for a person who has a disability or is elderly.

individual Language: • many people don't self-identify with the term of 'carer' or 'informal carer' – seen as too functional and as taking away from the relationship with the person cared for • terms 'caring role' or 'looking after' may be more helpful	
Training for staff working in auxiliary health services • HSC organisations should take learning from good practice by companies such as Specsavers as well as community pharmacies in providing services to people with dementia	We will look into this further as individual teams in our organisations identify training needs of any staff who may provide services to people with dementia.
Re. NI Medical and Dental Training Agency • CPD for dentists should include mandatory training on dementia – patients and carers often report negative experiences	NIMDTA cannot mandate the requirements for CPD for dentists this needs to be a requirement of the General Medical Council.
Cedar Foundation	
• Clear communication is vital particularly with regards to signposting for those who might be less familiar with HSC	Our Accessible Formats Policy emphasises, to those managers and staff who are involved in the provision of information, the need to meet the information needs of individuals. This includes the need to produce information that is clear.

• When accessing services reflect on those who have speech and/or hearing difficulties; consider good practice in supporting these service users such as (hospital) passports which give information about a patient to staff	Our new equality e-learning resource for all staff includes consideration of the needs of service users who are deaf or hard of hearing. In 2015 we held an Awareness Day for all staff focussing on hearing loss. This involved information stands and speakers on the day, and an information leaflet on hearing loss was shared with all staff by email. We will consider further means of raising this issue with staff. We will share the suggestion to consider good practice such as hospital passports in the area of learning disabilities with colleagues in the Health and Social Care Board.
• Importance of respect	Respect is a key theme in our new equality e-learning resource, Making a Difference, which is mandatory for all staff.
• Stigma around mental health conditions e.g. bipolar – need to do more to address this • Lack of understanding by staff around mental health and employing people with mental health conditions	We refer to the action in our Disability Action Plan relating to our commitment to sign up to the Mental Health Charter, which will include commitments to: 1. Create an open and inclusive workplace culture which displays respect for those with mental ill health 2. To promote equality of opportunity and challenge discrimination in the workplace 3. To promote equality of opportunity in recruitment and selection for those with mental ill health 4. To identify and provide sources of information and support regarding mental ill health
• Cedar Foundation has trained members of its service user forums to sit on interview panels; very effective approach, brings a	Noted. We will engage with Cedar to learn further from this approach should an opportunity to adopt a similar approach arise in future.

totally different perspective to the process, often views differ between panel members (staff vs. service users)	
Lisburn and Castlereagh District Council	
While disability is noted in many of the action plans of these organisations, from the identification and removal of barriers faced by those with a disability to undertaking outreach work through to "reserving contracts" so that those in "sheltered employment type organisations" can apply for contracts, there is no detail provided in any of the above as to why they are prioritised.	Noted. In developing the plans, staff looked at equality issues across all the functions of our organisations. Staff were tasked with developing these equality issues and prioritise those that will have greatest impact.
It is disappointing that there are no quantifiable and measureable outcomes given in any plan.	Action Plans have been reviewed and updated where possible to reflect more quantifiable and measurable outcomes.
Paula O'Brien (Guardian ad litem)	
Work placements for people with disabilities: A laudable goal but not sure that the practice reflects what is actually required. For example, 14% of all adults with a diagnosis of ASD are in full time employment. This is not to do with a lack of ability or skill but with a lack of flexibility on the part of HSC employers to provide appropriate support and to "think outside the box" as to how they could provide gainful employment for an individual with this	We fully recognise that the work placement scheme by itself will not address the underrepresentation of people with a disability in HSC workplaces. With regards to employment support, we intend to build on the relationships we have developed with NOW and the six other voluntary sector organisations involved in Supported Employment Solutions in order to promote the use of Employment Support Programmes. This relates to support for both our staff who have a disability and line managers, such as through Workable NI and Access to Work.

disability. People with ASD have huge strengths and could contribute significantly but too often the lack of opportunity to provide a supported work environment means that these opportunities are missed. Many organisations can support an individual with disabilities within a work placement, e.g. Stepping Stones/NOW. HSC organisations should be more proactive about promoting a truly equal work environment for those with disabilities, rather than pay lip service to this as a goal	Thereby, we want to increase the number of staff with a disability who remain in work and those gaining employment.

Conclusion

This report reflects the consultation exercise undertaken to capture feedback on the content of the organisations' Equality and Disability Action Plans. Senior Management Team and Board and Committee 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 on 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.