

EQUALITY COMMISSION FOR NORTHERN IRELAND

**PUBLIC AUTHORITY PROGRESS REPORT APRIL 2006-
MARCH 2007**

WESTERN EQUALITY AND HUMAN RIGHTS FORUM

- **Western Health and Social Services Board**
- **Foyle Health and Social Services Trust**
- **Sperrin Lakeland Trust**
- **Altnagelvin Hospital Health and Social Services Trust**
- **Western Health and Social Services Council**

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EQUALITY COMMISSION FOR NORTHERN IRELAND

Public Authority Annual Progress Report 2006 - 2007

This report template includes a number of self assessment questions regarding implementation of the Section 75 statutory duties from **1 April 2006 to 31 March 2007**. Please enter information at the relevant part of each section and ensure that it is submitted electronically (by completing this template) and in writing, with a signed cover letter from the Chief Executive or, in his/her absence, the Deputy Chief Executive to the Commission by **31 August 2007**.

Name of public authority (Enter details below)

As already noted in previous reports, HPSS organizations in the Western Board area established the **Western Equality and Human Rights Forum**. The purpose of the Forum was to ensure a collaborative approach in progressing the commitments made in all member organisations Equality Schemes. The Forum facilitates joint learning, sharing of expertise, and enables a consistent approach across HPSS organisations in the Western area.

The member organisations of the WEHRF are:

- The Western Health and Social Services Board
- Altnagelvin Hospitals Trust
- Foyle Health and Social Services Trust (including Westcare Business Services)
- Sperrin Lakeland Trust
- Western Health and Social Services Council

This is a collaborative progress report submitted on behalf of the above organisations.

Equality Officer (Enter name and contact details below)

Hilary Sidwell
Western Equality and Human Rights Coordinator,
Tyrone and Fermanagh Hospital,
Omagh, BT79 0NS

Executive Summary

- What were the key policy/service developments made by the authority during this reporting period to better promote equality of opportunity and good relations?

The Western Equality and Human Rights Forum are pleased to report significant progress in all areas and across all Western H & SS organisations.

The 4 areas that we wish to highlight are:

- Ø Developing increased awareness of Equality Screening EQIA's;
- Ø Increasing staff Awareness of Equality;
- Ø Continuing to improve Consultation methods and User engagement;
- Ø Continuing to improve Accessibility to Information and Services.

1. Developing increased awareness of Equality Screening EQIA's

Increasing awareness of our legal obligations to Equality Screen all policies, decisions, strategies etc has been a priority area of work. The WEHRF unit provided a programme of six Screening Master Classes and six Screening clinics. These were attended by 149 Senior managers.

2. Increasing staff Awareness of Equality:

Existing work in this area has been consolidated and in addition a number of imaginative new initiatives have been developed including:

- **Equality and Diversity module for ward managers (ALT):** This was part of a Leadership training programme: It was a one-day workshop developed and delivered in partnership with MENCAP. (Section 1.2)
- **“Promoting Equality” Fund (all Western H & SS):** The fund was introduced by WEHRF to support the development of ideas and new

initiatives that promote equality of opportunity, good relations and/or human rights throughout all health care organisations in the west. (Section 1.2)

- **Mental Health First Aid Training Programme (Westcare):** The HPD developed and delivered this 2 day programme in partnership with Aware: Defeat Depression. It is an imaginative and innovative programme that challenges stereotypes around mental illness and increases capacity to provide support. The programme is open to anybody to attend, including health staff and mental health users. (Section 4)
- **Equality, Diversity and Health: A one day conference (Westcare):** The Health Promotion Department organised a conference, targeting health staff and s75 groups. (Section 10)
- **Health, Migrant workers and Minority ethnic communities (WEHRF):** a half-day seminar organised by WEHR Unit to highlight health issues for migrant workers and minority ethnic communities. (Section 10)

3. Continuing to improve Consultation methods and User engagement

We have continued to strengthen existing work in this area, and there are also new initiatives that we wish to underline:

- **Protocols for user engagement (WHSSB):** The Board's Community Development Unit has developed guidance and protocols for user engagement when developing policies, strategic planning and/or service reviews. (Section 9.1)
- **Altnagelvin Patients Forum (ALT):** The Forum was established following public calls for nominations. Meetings are held on a regular basis and the group are consulted on a range of issues. (Section 9.1)
- **Public Participation Panel (FHSST):** The Panel was formally launched in September 2006. Approximately 150 users are now members. They are regularly consulted on a range of issues. (Section 9.1)
- **Health and Well being Consortium (SLT):** This includes Omagh District Community and Voluntary Sector organisations and health staff (Section 9.1).
- **Spectrum for Change Conference: April 2006 (WHSSB):** The conference was a key element in engaging with people with autism, their parents and carers, to hear their views for the Autism strategy. The

Board invited Roz Blackman, a woman with autism, to speak at the conference on Autism. Roz was an inspiring speaker who challenged many people's assumptions about autism. (Section 9.3)

4. Improving Accessibility to Information and Services

There is a greater awareness, by staff at all levels, of the need to respond in different ways to the diverse needs of our patients and clients. This is both a direct (through equality impact assessments) and indirect (increased general awareness) consequence of S75.

The increased awareness is reflected in a process of continuing improvement in increasing accessibility to our services and information provision. New initiatives that we particularly wish to highlight are:

- Advocate for people with learning disability (ALT and WHSSB): Section 7.1
 - Support for Patients with visual impairment: Staff Booklet (ALT): Section 7.1
 - Children's Unit in Accident and emergency (ALT): Section 7.2
 - Passport for children with learning disability (ALT): Section 7.2
 - "Health and Social Care in Northern Ireland": (All Western H &SS organisations): This is a Regional Information Booklet for ethnic minorities, migrant workers and refugees. It has been translated into 12 languages: Section 7.4
 - Interpreting Services: increased awareness by staff of the need to provide an interpreter (All Western H &SS organisations) Section 7.4
 - Language Line: emergency interpreting provision: (SLT) Section 7.4
 - Partnership with Hands that Talk: signer provision for GP appointments: (FHSST) Section 7.1
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- What are the main initiatives planned in the coming year to ensure the authority improves outcomes in terms of equality of opportunity and good relations for individuals from the nine categories covered by Section 75?

The establishment of the new WHSCT on the 1st April 2007 has provided the organisation and the Forum with the opportunity to reprioritise actions in terms of progressing commitments under our Equality Schemes.

WEHRF will continue as a Forum for health organisation in the west including the WHSSB and WHSSC. The priorities of WEHRF for the year ahead are:

- To provide effective training and information to the new CMT executive and non-executive directors to enable them to promote and enforce the equality duties in the new WHSCT;
- To ensure that WHSCT continues to progress the mainstreaming work that began in the legacy Trusts;
- Work with other health organisations on a regional basis to produce new screening toolkit;
- Provide a wide range of training including screening master classes and clinics and disability awareness;
- Progress actions relating to the good relations duty;
- Develop the Trust Disability Action Plan.

Section 1: Strategic Implementation of the Section 75 Duties

- Outline evidence of progress made in developing and meeting equality and good relations objectives, performance indicators and targets in corporate and annual operating plans during 2006-07.

The key areas of work that the Western H & SS organisations Equality have made maximum progress on, during this reporting period are:

Ø Developing increased awareness of Equality Screening and EQIAs

An initial review of Equality Screening was conducted in 2005 and recommendations were made and actioned.

The Forum agreed that Equality and Human Rights staff should focus on providing additional support and training for managers and policy makers on Equality screening.

A series of six Screening Master classes were provided in different locations, across the Board area, delivered by John Kremer (QUB). Six Screening clinics were provided to staff teams. Unit staff also provided hands on support to managers wishing to screen policies, service reviews, strategies/planning decisions.

In March 2007 a further review of progress was carried out. It was evident by the increased number of managers conducting equality screening that some progress had been made. However there remained a number of issues to be addressed. Revised actions included:

- Continued Support for Senior Management and policy makers during the Screening/EQIA process;
- Master classes to be provided for all relevant staff groups within the Western Health and Social Care Trust;
- Community Relations Week event to highlight the issue of Religious Belief and Political Opinion and how these can be best addressed during Equality Screening;
- Continue to monitor Screening and identify any trends that may arise or gaps in information;
- Establish a system, in the new Trust, for consulting on screening decisions.

Ø **Developing Training and Awareness Provision**

A range of equality training modules were developed. These included:

- Induction training was reviewed and new materials used e.g. Eastern areas DVD "Equality Vision";
- NVQ Level 2 and 3 diversity module;
- Equality and Diversity module for Ward Managers Leadership training programme: This was developed and delivered in partnership with MENCAP;
- Good Relations workshop: Delivered in partnership with Trademark as part of the Community Relations Week Programme 2006.

"Promoting Equality" Fund: To increase awareness and capacity of staff to develop their own initiatives, a budget of £20,000 was ringfenced by

WEHRF to support the Equality Fund. This has encourage the development, across all Western Area H & SS, of new ideas and initiatives that promote equality of opportunity, good relations and/or human rights. The fund provided an opportunity for individual staff members or departments to progress projects that promote a more accessible health service.

6 Projects were funded:

- § Equality, Diversity and Health Conference (HPD, WBS)
- § The Family view of disability: staff training (ALT)
- § Whose rights are they anyway? Carers and Human Rights Act: staff training (SLT)
- § Study visit to USA: good practice re autism (FHSST)
- § Translation of Health visitor leaflets: (FHSST)
- § Welcome Booklets: translation costs (WHSSB)

Disability Mapping Reports: To fulfil our obligations under the new Disability Duties the 3 legacy Trusts pulled together a wide range of information on actions that currently contribute to progressing the new duties. Staff found the exercise very helpful in highlighting the considerable work that is already being undertaken and also as a means of highlighting and increasing awareness of the issues and gaps within the 3 Trusts.

Ø Improving Accessibility of Information and Services

The WEHRF unit prioritised improving accessibility of services for ethnic minority groups and migrant workers. In particular:

Staff Information on interpreting services: NIHSSIS interpreting posters with contact details for the service were circulated. The Red Cross booklet containing key phrases for health care staff in a number of different languages has been distributed to every GP surgery in the WHSSB area and every ward in Altnagelvin, Tyrone County and the Erne Hospitals.

Language Line: In order to meet the growing demand for Interpreting Services in the WHSSB area, a pilot of language line was introduced in 2006 in both the SLT area and across all pharmacy services in the Board area. This has been evaluated and staff response was very positive. It is

now being considered whether or not to extend telephone interpreting services.

Regional HPSS booklet for ethnic minorities, migrant workers and refugees 'Health and Social Care in Northern Ireland': As a member of the Regional Accessible formats working group the WEHRF unit made a significant contribution to the development and production of the booklet.

The booklet provides ethnic minorities and migrant workers across the region with basic information of how to access health services including GP's, Hospitals, Specialised services, Pharmacy services, Dentist, Opticians etc. To date 12 languages have been translated Chinese complex, Polish, Lithuanian, Slovak, Portuguese, Hindi, Latvian, Czech, Russian, Romanian, Bulgarian, Urdu.

Ethnic Minorities Steering Group: The Western Health Action Zone (WHAZ) have organised the "Ethnic Minorities" Steering group. The group consist of representatives from the Health Service and other statutory agencies as well as representatives from Ethnic minority communities.

Ø **Continuing to improve Consultation methods and User engagement**

A wide range of consultation and user engagement initiatives have been undertaken by the health care organisations in the west. These are detailed in section nine. Some examples include the introduction of the WHSSB user engagement protocol and the review of the WEHRF consultation database. Altnagelvin established a Patients Forum; Foyle Health and Social Services Trust established a Patients Participation Panel and Sperrin Lakeland Trust established a Health and Well Being Consortium. The WHSSB continues to maintain its service level agreement with 5 Community Development Networks to assist in consultations.

Ø **Monitoring Progress and developing new Actions:** WEHRF regularly monitor progress against agreed actions (see Progress Report on Action plan April 2005 - Dec 2006 - Appendix 1).

WEHRF members and all SMT's reviewed the progress of the Forum and agreed the WEHRF Action Plan for 2006-08. This incorporated the PFA targets and areas of work that were recommended from the 5 Year Review.

The action plan was fully screened for equality issues and approved by Forum Members (Appendix 2).

For more detailed examples of progress see Sections 4,7 and 9.

1.4 Direct Resources: Central Budget

Each member organisation of WEHRF contributes to a central budget to support the work of WEHRF and the Equality and Human Rights team. The total budget for 2006-2007 £142.924 and was managed on behalf of WEHRF by the Equality and Human Rights Coordinator.

The WEHRF team consists of the following staff:

- Equality and Human Rights Coordinator (Senior manager);
- Equality and Human Rights Support Officer (A&C Grade 5);
- Personal Secretary (A&C Grade 3).

Member organisations also provide appropriate staff time and other additional support as necessary.

WHSSB contributes to the core costs of the Regional Interpretive Services and all western HPSS organisations are committing resources to improve the accessibility of information and services to patients and clients (see examples throughout the report).

Section 2: Screening

- Provide an update of new/proposed/revised policies screened during the year.

| Title of policy subject to screening | Was the <u>F</u> ull Screening | Was initial screening | Is policy being |
|--------------------------------------|--------------------------------|-----------------------|-----------------|
|--------------------------------------|--------------------------------|-----------------------|-----------------|

| | Report or the <u>Result</u> of initial screening issued for consultation? Please enter <u>F</u> or <u>R</u> | decision changed following consultation? <u>Yes/No</u> | subject to EQIA? <u>Yes/No</u>? If yes indicate year for assessment. |
|--|--|---|---|
| Derry Play Strategy/ WHSSB | N/A | No | No |
| Acute Services – PCCI/ WHSSB | F | Ongoing | |
| Family Support and Early Years/ SLT | N/A | | No |
| Carers Strategy/ SLT | N/A | No | No |
| Advertising Staff Vacancies / SLT | N/A | No | No |
| Operational Policy 4 Oaks/ SLT | N/A | No | No |
| Integrated Children’s Services Project /SLT | N/A | No | No |
| Review of Information for Services Users/SLT | N/A | No | No |
| Omagh Hospital-DBS/ SLT | N/A | No | No |
| SDM10 DBS/SLT | N/A | No | yes |
| Social Services – Clinical Policies / SLT | N/A | No | No |
| Mental Health admin Policies/ SLT | N/A | No | No |
| Nursing – Training and corporate policies/ SLT | N/A | | No |
| Mental Health Strategy Implementation FHSST | N/A | No | No |
| Older People’s SCT – Integrated service | N/A | No | No |

| | | | |
|--|-----|----|----|
| Delivery / WHSSB | | | |
| Bereavement pathway /ALT-SLT | N/A | No | No |
| Day opportunities for Young people with Learning Disabilities /WHSSB | N/A | No | No |
| Review of Sensory support service / FHSST | N/A | No | No |
| NI Suicide Prevention Strategy – Project life / HPD – WHSSB | N/A | No | No |
| Child Protection policy /SLT | N/A | No | No |

It is recognised that within the Western area systems for consulting on Screening decisions have not been established. It is intended that this will be rectified in the new WHSCT as well as for the WHSSB and WHSSC.

Section 3: Equality Impact Assessment (EQIA)

- Provide an update of policies subject to EQIA during 2006/07, stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2007-08.

EQIA Timetable – April 2006 - March 2007

| Title of Policy EQIA | EQIA Stage at end March 07 (Steps 1-6) | Outline adjustments to policy intended to benefit individuals, and the relevant equality & good relations categories due to be affected. |
|-----------------------------|---|---|
| SLT Mental Health Strategy | 6 | Recommendations and amendments are currently being considered |
| | | |
| | | |
| | | |

Ongoing EQIA Monitoring Activities April 2006- March 2007

| Title of EQIA subject to Stage 7 monitoring | Indicate if differential impacts previously identified have reduced or increased | Indicate if adverse impacts previously identified have reduced or increased |
|--|---|--|
| | | |
| | | |
| | | |
| | | |

2007-08 EQIA Time-table

| Title of EQIAs due to be commenced during April 2007 – March 2008 | Existing or New policy? | Please indicate expected timescale of Decision Making stage i.e. Stage 6 |
|--|--------------------------------|---|
| SDM10 DBS - WHSCT | New | March 2008 |

| | | |
|--|--|--|
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| | | |

- Where the EQIA timetable for 2006/07 (as detailed in the previous annual S75 progress report to the Commission) has not been met, please provide details of the factors responsible for delay and details of the timetable for re-scheduling the EQIA/s in question.

Timetable for EQIAs was met

Section 4: Training

- Outline training provision during the year associated with the Section 75 Duties/Equality Scheme requirements including types of training provision, numbers attending, and conclusions from any training evaluations.

There has been a noticeable rise in awareness by policy makers and Senior Management of their obligation to include evidence that all policies have been Equality Screened. This is evident in the increased number of requests to the Equality and Human Rights Unit for Screening Support and Training.

To ensure that progress in this area is sustained, the Equality and Human Rights Co-ordinator will be meeting with the new Trust Board to raise awareness of s75 and outline their roles and responsibilities for integrating the EQIA/Screening process into the work of the new Trust.

To ensure that the Equality Screening process became more robust a range of training was provided to increase manager’s awareness. A programme of six Screening Master Classes were provided, facilitated by John Kremer (QUB) and six Screening Clinics, provided by Unit staff. This programme was enhanced by a number of other training initiatives to raise awareness of issues relating to our equality duties, including diversity, disability, interpreting and translation and age awareness training.

The table below provides a full breakdown of training provision for the reporting year.

| Trust | Dept | Focus | Length | Numbers |
|-------------------|-----------------------------|---|-----------------|----------------|
| ALT | ALL | Induction | 45 min | 125 |
| FHSST /WBS | ALL | Induction | 45 min | 170 |
| SLT | ALL | Induction | 30 min | 150 |
| WHSSB | ALL | Induction | | 25 |
| ALT/FHSST | Nursing | Equality and Diversity: NVQ Level 2 and 3 | | 30 |
| SLT | Available free to all staff | Irish Sign Language Training Level 2 | 2 hrs 35 weeks | 50 |
| SLT | Available free to all staff | British Sign Language Training Level 2 | 2 hrs 35 weeks | 46 |
| FHSST | All staff | Sensory Support Awareness Sessions | 30 – 40 minutes | 40 |
| SLT | ALL | Visual Awareness Training | | 45 |
| WHSSB/ GP surgery | Castlederg GP surgery | Interpreting and Translation Service | 1 hour | 25 |
| WBS | Social Services Team | Equality and Diversity | 2 hours | 17 |
| FHSST | ALL | Screening Master class | 2 hours | 18 |
| WBS | Health Promotion | Screening Clinic | 2 hours | 11 |
| SLT | ALL | Screening | 2 hours | 9 |

| | | | | |
|-------|--------------------------------|--------------------------------------|-----------|-----|
| | | Master class | | |
| ALL | ALL | 5-year Review Workshop | 2 ½ hours | 12 |
| ALT | ALL | Screening Master class | 2 hours | 15 |
| WHSSB | IFH | Screening Clinic | 1 ½ hour | 19 |
| FHSST | Mental Health | Screening Clinic | 2 hours | 12 |
| FHSST | Sensory Support Services | Screening Clinic | 2 hours | 8 |
| FHSST | Learning Disability Team | Screening Clinic | 2 hours | 13 |
| ALL | ALL | Screening Master class | 2 hours | 19 |
| ALL | ALL | Human Rights Seminar | ½ day | 11 |
| All | ALL | Screening Master class | 2 hrs | 11 |
| ALT | Children and Women Directorate | Screening Clinic | 2 hrs | 14 |
| SLT | ALL | User Engagement training | ½ day | 35 |
| ALL | ALL | Deaf Awareness | Ongoing | 150 |
| SLT | ALL | ESOL Classes | Ongoing | |
| ALL | ALL | Age Discrimination Law in Employment | ½ day | 25 |
| ALT | Ward | Managing | 1 day | 35 |

| | | | | |
|-------------------|--|---|--------------------------|-----------------|
| | Managers | diversity | | |
| ALT/ FHSST | Nursing Auxiliaries and Care Assistants | NVQ level 2 & 3 Equality and Diversity | ½ day | 50 |
| ALL | ALL | Good Relations Duty | ½ Day | 20 |
| ALL | ALL | Health and Migrant Workers and minority ethnic groups | ½ day | 50 |
| ALL | ALL | Mental Health First Aid training | 4 x 2 day sessions | 64 |
| ALL | ALL | Health and Human Rights | ½ day | 25 |
| SLT | Consultants | Equality and Diversity | 1hr | 20 |
| General Public | | Mental Health First Aid Programme x 6 | 2 days | 96 |
| | | | TOTAL Trained | 1,465.00 |

New areas of training provision developed included the following:

Equality and Diversity for Ward Managers: This was a one day programme developed and delivered by the E and HR Unit in partnership with MENCAP.

User Engagement Training: Developed and delivered by the Community Development Unit.

Human Rights and Health Seminar: Delivered by Equality and Human Rights Unit in partnership with Human Rights commission.

Age Discrimination Seminar: Delivered by the Equality and Human Rights unit in partnership with the ECNI.

Consultants Training: A module in Equality and diversity was developed and delivered by the E and HR Unit.

Mental Health First Aid Training Programme: The Health Promotion Department ran a pilot of 6 programmes during 2006 – 2007. It is an innovative programme developed initially in New Zealand.

The programme was developed and delivered, locally in partnership, with Aware: Defeat Depression, and is open to anybody to attend, including mental health users. Each training programme has 16 participants.

It is a 2 day programme that aims to:

- i. promote better understanding of mental health,
- ii. challenge stigma and discrimination;
- iii. provide participants with the skills to be mental health first aiders in the community, schools, churches work place etc. I.e. to identify symptoms of mental health illness, have knowledge to provide support and have information to help person access appropriate mental health services.

This programme is to be continued in 2007-8.

Training evaluation and monitoring

Evaluation sheets are completed at the end of all training and feedback has been very positive. Evidence that the Training on equality screening has been effective is in the increased number of policies now being screened. However it is recognised that further work needs to be done in this area to maintain progress.

The Unit also began to monitor attendance re staff's s75 background. An analysis of this indicated that there was a lower than expected uptake of training provision in some areas e.g. people with disability, staff from

minority ethnic background and men. Strategies for addressing this will be included when developing a training strategy.

Additional awareness raising initiatives

Information days on interpreting services (ALT): 2 information days were provided in September by WEHRF and the Altnagelvin Communications Department. Information on accessing and using interpreters were provided from a stand located in the main entrance foyer of the hospital. Staff from the NIHSS Interpreting services were available throughout both days to answer any questions. Feedback from staff was positive.

“Access to Services” (SLT): All new staff receive information on improving access to services for the blind or those with sight problems.

“Check Up!” (all Western H & SS): This booklet provides information on special healthcare needs of ethnic-minority communities. It has been made available to key staff.

Regional Diversity Elearning Tool: This initiative is led by the Equality Unit in CSA and WEHRF are supporting the project. A very imaginative e learning tool is being developed, that will be used by staff at all levels, across all health organisations. It is hoped that it will give insight into how better to deal with difference and diversity in our both staff teams and when providing services to patients/clients. A firm has been appointed to take the project forward.

Presentations on Disability (WHSSC): The Council has used its Meetings for members, which are also open to the general public, to increase awareness of disability issues. Over the past year the Council has received presentations from parents of children requiring speech and language therapy, parents of children with cancer and parents of children with autism.

Section 5: Communication

- Outline how the authority communicated progress on delivery of the statutory duties during the year and evidence of the impact/success of such activities.

The Forum has endeavoured to consolidate and develop existing mechanisms for reporting progress. These include the following:

The Western Equality and Human Rights Forum: The Forum meets on a monthly basis and is the key mechanism for monitoring progress. Senior Management of all health organisations are represented on the Forum. The Equality and Human Rights Coordinator provides monthly reports. (Example Appendix 3)

Trust/Board/Council SMT meetings: Lead Managers, who are Members of the Equality and Human Rights Forum, include Equality and Human Rights as a regular agenda item and provide an update on progress.

Quarterly reports to DHSSPS: The Equality and Human Rights Coordinator provides quarterly reports of work being progressed in all Trusts, Board and WHSSC. Initially the reports were based on the 4 areas specified by the Department of Health under equality in Priorities for Action:

- Promoting positive staff attitudes to diversity;
- Accessible information;
- Handling complaints;
- Improving Service user involvement

However when these headings were made more general by the Department it was agreed to base reporting on the 5 areas of our Equality Schemes. (Example Appendix 4)

Annual Progress Report to ECNI: This is presented by the Equality and Human Rights Coordinator to the Boards of all Western HPSS organisations. Key areas of progress and priorities for the coming year are highlighted.

Reporting Template: An Equality, good relations and human rights reporting template was piloted in January 2007 in Foyle Trust and Sperrin Lakeland Trust. It was circulated to all senior managers in each Trust and

was reasonably successful in increasing the information to the Unit on initiatives being taken in each Department/Directorate. It has been recommended for use in the new Trust. It will be evaluated for effectiveness in January 2008. (Appendix 5)

Staff updates: Articles providing information on the ongoing work and progress of WEHRF are regularly included in staff newsletters and team briefs as well as the internal intranet systems.

Steering Groups: Both Foyle Health and Social Services Trust and Altnagelvin Trust have Equality and Human Rights steering groups. Both groups are used to inform staff in each organisation of overall progress, as well as examples of good practice from other organisations. They also assist the Forum to identify areas of need specific to Altnagelvin and Foyle Trusts e.g. increasing staff awareness of their duty to provide interpreters.

Annual Reports: All Annual reports include an update of Equality and Human Rights progress throughout the year.

Although reporting processes are improving, it is recognised that there still needs to be progress in this area to capture the full range of work that is being done to promote equality of opportunity and good relations within Western Health organisations.

Section 6: Data Collection & Analysis

- Outline any systems that were established during the year to supplement available statistical and qualitative research.
- Outline any research undertaken/commissioned to obtain information on the needs and experiences of individuals from the nine categories covered by Section 75.

“Maternity services and the needs of women - including women from ethnic minorities communities, Traveller women, younger women.”(ALT)

“Mothers Voice” the maternity liaison committee for Altnagelvin Trust, appointed a researcher from University of Ulster to conduct an independent evaluation on the needs and views of maternity service users. The bulk of the research has been completed. It is currently at the analysis stage.

Section 7: Information Provision, Access to Information and Services

- Detail any initiatives/steps taken during the year to improve access to services including provision of information in accessible formats.

The Forum has improved methods for enabling Managers to report on actions that improve access to services and information, undertaken by staff in their Directorates/Departments/Units.

Our reporting systems are still not as robust as we would like but, as the following information shows, they have enabled the Forum to have a better sense of the wide range of initiatives and developments that have been successfully implemented over the past year across all Trusts, the Board and Council.

7.1 Examples of Improving services for people with disability

Universal Accessibility Group (ALT): The group has developed a very challenging action plan focusing on the following areas:

- **Doors:** e.g. door release buttons to be relocated;
- **Car Parking:** e.g. improved management of parking for users with disabilities;
- **Signage:** e.g. signage to meet the standards required for people with disabilities;
- **Portable loops:** e.g. staff trained on use of equipment;
- **Staff training:** e.g. how to support a patient or visitor with a disability;
- **Mystery shopper:** approach to be adopted;
- **Pilot of Pagers for Patients:** to be extended to other Departments;
- **Disability Action audit:** recommendations to be taken forward;
- **Services for Children with disability:** Recommendations from SSI Inspection of services to be taken forward.
- **Services for those with visual impairment:** subgroup to be established;
- **Promoting access:** recommendations to be taken forward.

Progress on this action plan is closely monitored by the Disability Access group.

Eye Clinic Liaison Officer (ALT): The proposed development of this service in conjunction with the RNIB, will be an important development for people who have lost their sight, to access additional support services and rebuild their lives.

Staff Booklet – assisting patients with visual difficulties (ALT): The Communication Dept., in consultation with RNIB, has produced a staff booklet designed to provide tips and techniques for assisting patients with visual difficulties.

In Patient Information Book in Braille (ALT): Altnagelvin's Communication Department has made this booklet available in Braille format.

Partnership with Hands that Talk (FHSST): FHSST has established a partnership with Hands that Talk, a Dungiven based deaf association. Members of the deaf community who live in the Foyle area and require signing support to attend appointments with their GP, can now book a signer through Hands that Talk.

“Cook It” Programme (WHSSB): As part of the programme “Cook it” WHAZ staff worked with members of the Blind Centre in Omagh to develop appropriate materials for people with visual impairment e.g. producing leaflets in large print. A specific module in microwave cooking was also developed to suit people with brain injuries.

“Information for Parents” Disability services data base (WHSSB): The Family Information Group was commissioned by the Board to produce an information booklet for parents on a range of statutory service for children with disability. The booklet was made available in large print, on disc, audiocassette, Braille, and some minority languages.

Information leaflets for people with Autism (WHSSB): Leaflets have been purchased for people with autism and their families, from Autism NI. They have information on accessing benefits and contacting their GP etc. They are provided in a variety of formats.

Information DVDs and videos for people with Autism (WHSSB): The Board has produced information videos and DVDs in association with Autism NI. These are made available for parents and carers.

BeeSafe Programme(Westcare): The delivery style of the BeeSafe initiative has been adapted, by health promotion, staff to suit children with Learning disabilities.

Physical Activity training (Westcare): The training was designed for physically disabled children and was delivered to people who work with this group in the community, voluntary and statutory sector.

Oral Health (Westcare): HPD is currently developing an oral health and nutrition training course specifically for use with children and adults with learning disabilities.

Tooth Brushing programme (Westcare): The Oral Health Promotion Officer has facilitated the implementation of the tooth-brushing programme in special needs schools.

Advocate for people with learning disability (WHSSB and ALT): The Board is providing support for the post of an advocate for patients with a learning disability using Altnagelvin Hospital. This will help ensure that the views and needs of those patients are appropriately taken into account during their stay in the hospital.

7.2 Examples of Improving services for children and young people

Children's Unit in Accident and Emergency (ALT): This is an imaginative initiative that will provide a significantly improved service for children attending A and E. There is now a ring fenced area from which children can be treated separately from adults.

Passport for Children with Disability: This is a method for fast tracking children with disabilities through the A and E Department of Altnagelvin Hospital. Children with disability were fully engaged in developing this project.

7.3 Examples of improving services for older people

Accident prevention (Westcare): Health Promotion ensured that transport was provided to the Home Safe event so that infirm older people could attend the training.

Oral health training (Westcare): Health Promotion delivered training in oral health to care workers in residential homes for use while caring for older and dependant people.

7.4 Examples of improving services for different racial group and religion

Regional HPSS booklet for ethnic minorities, migrant workers and refugees 'Health and Social Care in Northern Ireland': The booklet was produced by the Regional Accessible Formats working group which included membership from the WEHRF. The booklet is available in 12 different languages and was officially launched by the Health Minister in June 2007.

Interpreting Posters/ Welcome posters (All organisations): WEHRF have circulated two posters that are designed to increase staff awareness of both diversity and also the legal duty of staff to provide interpreters

Language Line (SLT): WEHRF agreed to provide the budget to pilot Language Line for 6 months in key areas of SLT. The pilot was highly successful and was extended for a further period. Language Line provides staff with instant access to interpreters in emergency situations.

Red Cross Emergency Multi Lingual Phrasebook (All Western HPSS): WEHRF provided copies of this phrase book for each ward in Altnagelvin, Erne Hospital and Tyrone County.

Translations of in Patient information book (ALT): Altnagelvin's Communication Department is intending to provide translations of this booklet into Mandarin, Cantonese, and Polish. These are the languages of the largest ethnic minority populations in the Altnagelvin catchment area.

Making Out of Hours Accessible (SLT): A chart has been drawn up in Eastern European Languages to help people access "out of hours" Doctors.

Comprehensive Guide for Internationally Recruited Staff in the South West (SLT): The Guide was designed to help new staff, recruited from other countries, settle into the area. A public launch took place at

Fermanagh and Omagh District Council Offices August 2006. The Guide is also available on CD.

Information Leaflets translated (WHSSC): The Council's information leaflets have been made available in English, Irish, Latvian, Lithuanian, Mandarin, Polish, Portuguese, Russian, Ukrainian, Urdu and Braille.

Health Fairs (WHSSB): Information on topics, including mental health, sexual health and stress management, have been provided to the Chinese community at health fairs.

Translated documents (Westcare): Health Promotion have translated a range of information for the Polish community on topics such as weaning and nutrition for young children.

Accident Prevention Leaflets (Westcare): Health Promotion ran focus groups for traveller women in L'Derry and Omagh to check if the Accident Prevention Leaflets were suitable for the traveller communities.

Irish Accident Prevention poster (Westcare): Health Promotion translated the accident prevention poster into Irish to meet the needs of children within the Irish speaking schools in the Western Area.

7.5 Examples of improving access to services for people of different sexual orientation

Mental Health Resource (Westcare): The Mental Health promotion officer is currently working with the Rainbow project to develop a Mental Health resource designed specifically for use by Gay and Bisexual men.

Suicide Strategy implementation plan (Westcare): When running a newspaper campaign for raising awareness of suicide support services, Health Promotion staff proactively sought out organisations and contacts for minority groups such as Gay/Bisexual Men, Lesbian women, those affected by HIV/AIDs, those impacted by Mental Ill Health/Depression.

Section 8: Complaints

- Identify the number of Section 75 related complaints:
 - Ø received by the authority;
 - Ø resolved by the authority (including how this achieved);

- Ø which were not resolved to the satisfaction of the complainant;
- Ø which were referred to the Equality Commission.

The WHSS Board received a complaint, under s75, from the British Medical Association. It was in relation to the decision made under Agenda for Change to no longer recognise July 13th as a Public Holiday. All other Health Boards also received the complaint. The issue was discussed with our local Medical committee in the Western area and it was agreed that the WHSSB should follow the process that had been put in place in previous years. There have been no complaints from any G.P's in the Western area.

Section 9: Consultation and Engagement

- Provide details of the measures taken to enhance the level of engagement with individuals and representative groups during the year.

This is an area that all Western Health organisations have been very proactive on. There have been some major innovations over the reporting period as well as a lot of work to consolidate existing mechanisms.

9.1 New Initiatives:

Altnagelvin Patients Forum (ALT): Altnagelvin advertised widely on local press and radio for nominations to be submitted for consideration. They also held a public information seminar. The nominations were carefully considered and the selection process ensured a diverse group of members was chosen. Meetings are held on a regular basis and the group are regularly consulted on a range of issues.

Public Participation Panel (FHSST): Foyle Trust contacted 3,000 users, inviting them to be part of a user bank for the Trust. Respondents were asked to identify areas of interest and their preferred method of consultation. The Panel was formally launched in September 2006. Approximately 150 users are now members of the Public Participation Panel and have undertaken an induction programme. They are regularly consulted on a range of issues.

Health and Well Being Consortium (SLT): The Consortium includes Omagh District Community and Voluntary sector organizations and staff

from SLT. The purpose is to support the development of community led health and well being programmes and activities that will make a positive impact on the health and well being of local people. The group meets quarterly and meetings rotate between the Community House in Omagh and Cedar Villa in the Tyrone and Fermanagh Hospital.

User Involvement in Hospital design and development (SLT): The Developing Better Services team have established two user Forums to ensure user input to the design of the new hospital facilities. **The Community Liaison Forum** is made up of representatives from the Community and Voluntary sectors within the Trust area and its role is to inform the design and to actively improve the design of facilities taking into account the physical and other needs of a diverse range of public/patients. **The Community Design Evaluation Forum** will provide the mechanisms for users to work with staff and design specialists to test design concepts. This Forum will apply recognised design testing methodologies to inform the evaluation process.

Protocols for user engagement (WHSSB): The Board's Community Development Unit developed guidance and protocols for user engagement when developing policies, strategic planning and/or service reviews. It is intended that the protocol will be used by all health staff in the Western area.

Care providers Forum (SLT): Over 100 groups were invited to attend the Forum which will provide an opportunity to meet senior managers and discuss current issues e.g. RPA, Integrated Service Delivery.

User/Client feedback (SLT): User views are now assessed via feedback/suggestion boxes at ward level. Specialist Nurse's and the Patient advocate are available for users and clients to discuss any matters they wish to discuss in both Acute and Mental Health Services.

Lets Talk Booklet (WHSSC): This was produced by the Council in partnership with the other four Health Councils and the NI Clinical and Social Care Governance Support team. It is a guide for patients to becoming more actively involved in discussions and consultations on Health and Social care issues.

9.2 Actions to consolidate existing consultation/user engagement processes

Updating Consultee database (all western HPSS): The WEHRF Unit circulated all Consultees to update the Consultee list. A new database has been developed which will facilitate staff being able to identify Consultees under, either the s75 headings or in the different localities in the Western Board area. The list will be regularly updated through the WEHRF Unit.

Service Level Agreement with Community Development Networks (WHSSB): To assist with the Board's consultation processes a Service & Budget Agreement was made with the five Community Networks across the Board's area. Through these agreements the Board has been able to hold meaningful targeted and well-attended consultation events, in local areas, on a number of issues during 2006/07. These include:

- Out of Hours GP Services Provision
- PCCI
- Autism Strategy
- DHSSPS Equality and Human Rights Strategy

These events have been facilitated and written up by the Networks and have proved to be a very useful method of engagement.

DHSSPS Guidance for the WHSSC: The DHSSPS, in collaboration with the Health and Social Services Councils, are currently developing guidance for the HPSS to promote and enhance personal and public involvement in decision making.

To facilitate the consultation process in the west, the WHSSC organised a workshop. All s75 groups were invited to attend the workshop, including people with a disability with whom the WHSSC currently work or have supported in their advocacy role.

The purpose of the workshop was to seek the views of service users and the public in terms of useful engagement with the HPSS, to test the principles of personal and public involvement and to seek active contribution in order to shape the final guidance. This guidance will be published early in 2007. It will build on best practice and complement the

Quality Standards for Health and Social Care (March 2006), which have at their heart the principle of personal and public involvement.

Consulting with children and Young People (Westcare): Health promotion invited over 300 people to take part in the Life-skills consultation. 99 people from relevant statutory, community and voluntary sectors provided contributions through attending workshops and completing questionnaires.

The views of Children and parents were actively sought through those working with these groups.

38 Children/Young people completed questionnaires and **19 parents** completed questionnaires. This collaborative approach ensured that the people and organisations for which the life skills programme was being developed played a key role in shaping the end product.

Children with disability sub group (WHSSB): The Board has an established children with disability subgroup. This has a wide range of voluntary sector groups as members. The group is tasked with developing plans for services for children with disability.

Involving Carers of People with Learning Disability (WHSSB): The Service planner for mental health and learning disability meets on a quarterly basis with representatives of local parent's organisations or equivalent. Updates on progress made by the Board are provided and parents have an opportunity to raise issues and needs. It provides an additional monitoring mechanism for services provided for learning disability in the Board's area.

Autism advocacy group (WHSSB): The Board provides ongoing support for this group.

Youth Participation Project and Children with Disability (WHSSB): This innovative cross border programme continues to develop new methods to engage with young people. The project includes disability as one of its key themes. They have worked closely with the Cedar Foundation. As part of the project "Young Movers", an innovative group from England was invited over to share ideas and methods for engaging with young people with disabilities.

The project has also produced a DVD/Video that highlights different methods for encouraging young people with disability to participate in consultations. Young people with disability were centrally involved in the DVD's production.

Disability Subgroups (WHSSC): The Council has subgroups for Autism and Speech and Language therapy. The Council has facilitated very successful meetings for both these groups between parents and Trust/Board staff where parents were given the opportunity to speak directly to directors, managers and professionals. The feedback from parents has been very positive and they feel they have been listened to.

Mystery Shopper (ALT): Altnagelvin hospital has already used mystery shoppers with hearing impairment to assess access to hospital services, staff attitudes etc. This year the Access group asked a group of nine people with visual impairment to visit different areas of the hospital and complete an assessment audit. The findings were compiled by the Communications Department and reported to the Universal access group. It is a highly effective way of identifying areas that require improvement. The Access group then monitors that appropriate actions are taken.

9.3: Specific Consultations: We also wish to highlight the following consultations that were particularly successful in involving more marginalized groups/communities.

Autism Strategy: Involving Carers and People with Autism: Conference: Spectrum for Change: April 2006 (WHSSB): The conference was a key element in engaging with people with autism, their parents and carers, to hear their views for the Autism strategy. The Board invited Roz Blackman, a woman with autism, to speak at the conference on Autism. She also met with local parent groups. Staff spent months of preparation to enable her visit. Roz was an inspiring speaker who challenged many people's assumptions about autism.

The Autism Strategy was imaginatively launched as part of The Foyle Film Festival. The film "Snowcake" was shown as part of its programme. "Snowcake" is a film about a woman with Autism. On the first night the film was shown, people with autism, their parents and carers were invited. The Autism strategy was launched as part of that evening's programme.

Rural Medicine Workshop (WHSSC): A pre-consultation workshop was held in 2007 which was facilitated by the four Health Councils and included representatives from the rural community associations and groups from a rural area.

Suicide Strategy Implementation Group (Westcare): The Western Suicide Implementation Strategy Group has been proactive in ensuring representation in an ongoing way, from those who are bereaved by suicide.

Strategy for Children with disability (WHSSB): The Board worked with all the significant disability advocacy groups to help consultation with their constituencies.

Older People's Strategy (WHSSB): WHAZ was very careful in ensuring that the needs of people with disability are catered for when consulting on this strategy e.g. 200 older people, with a variety of disabilities, attended focus groups. People were asked to identify their needs before the meetings. All venues were wheelchair accessible, signers were provided, handouts were provided in large print and loop systems were available.

Review of Care and Accommodation for the Elderly (WHSSB): Summaries of the review were provided for Consultees in an easy read format. Board staff attended meetings of the Senior Citizens Consortium and worked with the Consortium to organise focus groups in different parts of the Board's area. Organisers ensured that the venues were wheel chair accessible and that the needs of people with disability who wished to attend were fully met.

Day Services for People with a learning disability: Board staff put a great deal of thought and care into how to consult with people with learning disability on day service provision. A booklet written in "Easy Read" language with user friendly graphics was produced to support the consultation process. Staff met with people with learning disability in Day Centres in 5 different areas. They also met with parents and carers.

As well as a written report of the consultation, a DVD was produced that provided direct comments from people with learning disability, their parents and carers and professionals.

Wheelchair Pathway: The pathway to getting a wheelchair i.e. being assessed, ordering the wheelchair, maintaining the wheelchair, was developed in very close consultation with wheelchair users.

Section 10: The Good Relations Duty

Provide details of additional steps taken to implement or progress the good relations duty during the year. Please indicate any findings or expected outcomes from this work.

Health organisations recognise that the main thrust of our focus has been on the race category within the second duty. As can be seen under Section 7 a considerable amount of work has gone into improving accessibility to services and information for people of different religion and race. Also within our training provision we have highlighted issues regarding race.

However less has been done in the area of anti sectarianism. To assist us to improving in this area, Health organisations have established a regional Good Relations working group. This includes the Department, Trusts, Boards and CSA. The group intends to focus on how to improve health organisations capacity to develop a more robust response to the second duty.

Never the less, in the Western Area, although we recognise that further progress needs to be made, we have also supported and/or initiated some significant projects, as detailed below.

Promoting Equality, Good Relations and Human Rights: Strategy and Action Plan” (DHSSPS): To support the Department’s consultation process the Equality and Human Rights Unit organised two community based focus groups. A joint response, on behalf of all Western HPSS, was prepared and has been submitted to the Department. Feedback from consultations is currently being considered.

Equality, Diversity and Health: A one day conference (Westcare): The Health Promotion Department organised a conference, targeting health staff and s75 groups. Speakers included Bob Collins (ECNI), Hilary Sidwell (WEHRF), Michael Doherty (Peace and Reconciliation Group), Mark Breslin (FPA) and Yvonne Blair (Glasgow Health Trust). Workshops focused on Race; Disability; Mental Health and Sexual Orientation; Young

people and homelessness. The conference was well attended and evaluations were very positive. The conference was funded from the “Promoting Equality” Fund (WEHRF) and the Health Promotion Commissioner.

“Promoting Equality” Fund (all Western HPSS): A small budget has been allocated by WEHRF to support the development of ideas and new initiatives that promote equality of opportunity, good relations and/or human rights.

Engagement with Protestant/Unionist Communities: It has been identified that there is an under representation of people from the Protestant/Unionist community attending many of our consultation events. In order to address this, funding has been made available by the Community Development Unit and WEHRF, to support research that will identify the barriers and make recommendations for addressing this issue. Healthy Cities have been engaged to conduct this work.

Health promoting Home Programmes (WHSSB): Through the programme Health Promoting homes, the Investing For Health partnership have supported the healthy living centre in the Bogside area, to work with groups from Protestant communities in the Waterside to ensure that they have access and support to the programme.

Community Relations Week Events (WEHRF): The Western Equality and Human Rights Unit worked in partnership with the Junction to deliver a range of events during Community Relations week. These included:

- **Good Relations workshop:** A half-day workshop examining good practice and barriers to anti sectarian work. Presentations were provided by the Equality and Human Rights Coordinator, Community Relations Officer of Derry City Council and Training officer from The Holywell Trust.

- **Health, Migrant workers and BME Communities:** A half day seminar highlighting health issues for migrant workers and minority ethnic communities. Key note speakers included staff from the National Resource Centre for Ethnic Minority Health, NHS Scotland.
- **Sarah and the Wammi:** A children's workshop on diversity held in children's wards in Altnagelvin and the Erne hospitals.

Anti Sectarian Training (Westcare): The Social Services Training Team have developed and deliver a module on anti oppressive good practice. This includes a significant section on anti sectarianism relating to the professional practice of social work. This module is part of the Professional development programme for Social workers and is delivered across Northern Ireland.

Gransha Light (FHSST): For the second year the Trust held a special ceremony at the Gransha light at Christmas and the New Year. The beacon shines across the River Foyle to connect with a beacon on the other side, which shines from the top of the Tower museum. It is a powerful symbol of connecting the two sides of the City. The base of the Gransha Light includes poems written by patients with different disabilities based in the three hospitals on the Gransha site. The ceremony also publicly promotes the art work of people with different disabilities.

Section 11: Additional Comments

- Please provide any additional information/comments

Additional areas of work

English Language Classes for the International Staff recruited to TCH and Erne (SLT): SLT are working in partnership with Fermanagh College of Further Education and Omagh College of Further Education to make English language classes available to staff. Participants have advised that they have found these classes an invaluable resource for themselves and their families

Equality and Human Rights Bookmark (all Western H &SS): we continue to use the bookmark 'Equality Human Rights everyone's responsibility'. The bookmark explains what is required, by whom etc in 5 succinct points.

Play and DVD by boys with Autism: The Board commissioned a drama programme with young boys with autism. It was designed to develop their self esteem and encourage health life choices and skills. The programme resulted in the participants producing a DVD based on their work. This was shown at the conference, “Spectrum for Change” and made its own contribution to promoting more positive attitudes and understanding of autism.

Arts Care Diary (FHSST): FHSST produced a 2007 diary that included art work designed by patients with learning disability, physical disability, mental health issues and older people. It is a very creative way to promote positive attitudes to people with disability. It also showcases patients’ art work and as well as raising funds for other arts care projects.