



Health and
Social Care

Equality and Disability Action Plans 2024-2029

Consultation Feedback Report



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Acknowledgement

We would like to extend our sincere appreciation to everyone who participated in our listening events and to all those who provided considered responses during the public consultation. Your valuable contributions have helped to shape our plans.

In the true spirit of partnership working, co-production and co-design we look forward to working with the Section 75 groups and disabled people in seeking to implement the measures in our plans.

Alternative Formats

If you require this information in a different format for example, a minority language, Easyread, large print, Braille or electronic formats please contact your Trust Equality Unit (page 32).



1 Introduction and background

The five Health and Social Care (HSC) Trusts and the Northern Ireland Ambulance Service (NIAS) have concluded their public consultation on their draft regional equality and disability action plans. These plans set out the actions we proposed to take forward collaboratively over the next five years.

This consultation ran for sixteen weeks and five days commencing on 5 June 2023 and closing on 30 September 2023. During the consultation period, consultees were invited to respond to the draft plans to ensure that the measures identified impact positively on the lives of service users, carers and staff.

Pre-engagement

The draft plans were shaped and developed with input from a range of stakeholders during three pre-consultation online listening events on 28th June, 1st July and 25th October 2022, the latter facilitated by Disability Action. The purpose of these events was to engage with key stakeholders regarding development of our new 5-year Equality Action Plan (EAP) and Disability Action Plan (DAP). The feedback received helped to shape our plans. Our draft actions were also informed by our broader research and audit of inequalities.

Consultation Process

On 5 June 2023 we commenced a public consultation on the draft Equality Action Plan and draft Disability Action Plan. The consultation closed on 30 September 2023. We extended the length of the consultation given that summer holidays fell during the consultation period. The consultation was an opportunity for members of the public and interested parties to comment on the proposed content of the plans and to share ideas, knowledge or experiences to help inform and shape the final plans.

We used several different methods of engagement, detailed below, to encourage interested groups and individuals to provide feedback.



Requesting responses from individuals and representative organisations

To raise awareness of the consultation process we publicised the consultation documents through our regional consultation list, made up of 445 organisations and representative groups and in addition through local groups and organisations including service user and carer groups.

A letter was also sent to consultees reminding them of the closing date for consultation. Consultation documents were made available to the public on all the Trusts websites. We made all attempts to ensure the consultation was easy to understand. Plans were available in British and Irish Sign Language and Easy Read format and other formats on request.

An online proforma, hosted on Citizen Space, was available to complete. We are mindful that to engage through Citizen Space individuals need to have access to a suitable device, broadband, and knowledge to complete an online proforma. In recognition that some people may prefer to respond in a different way, we welcomed responses in other formats including hard copies of written or typed responses, sent in by post, or email, by means of face to face meetings and responses provided over the telephone.

Listening events

We held two consultation listening events on 25th and 26th of September 2023. The in person listening event on 25 September was held in a central geographic location and participation was enabled through accessible facilities and communication support. Communication support was also available at the online listening event on 26 September.

Participants had the opportunity to view the draft plans and to provide feedback.

We would like to thank everyone who attended the listening events. It allowed us to hear some very memorable testimonies and to hear about local dimensions and lived experiences.



Feedback received

A total of 12 responses were received during the formal consultation period. These responses, along with feedback from listening events, have been collated into key themes relating to the EAP and to the DAP and are detailed below.

The Plans have been amended to reflect the feedback we have received.

Our Trust Boards have considered this report and the amended plans at their public meetings. This report and all amended plans are available on all Trust websites and all individuals and organisations we have engaged with and those listed on the consultation database have been notified.

Outcome of consultation and engagement



We received a total of 12 responses via Citizen Space and directly. In addition, the feedback received at the two engagement events held during the consultation period has been collated. Given the different forms of responses we have categorised the feedback we have received into key messages in relation to the EAP and the DAP.



These key messages are reflected in this report for our Trust Boards and for information purposes for interested stakeholders. Plans have been amended to reflect the feedback we have received.

On approval, this report and all amended plans will be available on all Trust websites and all individuals and organisations we have engaged with and those listed on the consultation database will be notified.

Working in Partnership

We are committed to working in partnership with service users and carers and representative organisations to realise our plans. Building on the good practice that already exists across health and social care we will adopt creative and innovative ways to maximise involvement in the challenging times ahead. We will continue to work with individuals, representative groups and our trade unions to make sure that our actions make a real difference both for our service users and for our staff. In the spirit of true partnership working we will continue to participate in the Joint Consultative Forum so that we, as HSC Trusts, continue to work closely with the Equality Commission for NI, the Community Relations Council and the Northern Ireland Human Rights Commission in taking forward our Plans.

The pre-election period restrictions caused a delay to the consultation process and as a result, the timeframe for the Equality Action Plan and Disability Action Plan have been revised. Please note many actions within both Plans are in progress and updates will be provided in the Trusts' 2023/2024 Annual Progress Report.

2 Consultation feedback

As previously referenced, the feedback received has been themed into emerging key messages relating to the EAP and to the DAP as detailed below. There is also a general comments section included for both the EAP and DAP, where comments received did not align to any of the thematic areas of the plans.



Equality Action Plan (EAP)

The EAP has allocated actions to five main themes:

- Improving the data we use to support decision making
- Addressing barriers to accessing health and social care
- Supporting our staff
- Supporting informal/family carers
- Partnership working

Feedback received that relates to these themes is detailed below.

Section 1 Improving the data we use to support decision making

The introduction to this section acknowledges that “we need to improve the data we collect”. During consultation, specific feedback was given, with detailed examples, indicating where data collection could be improved.

In respect of the action to encourage staff to update their equality monitoring information, it was suggested that this data could be seen as sensitive information in Northern Ireland and that many staff members may wish to continue to opt out of providing their personal information. It was further noted that staff should not feel pressured to complete this data. There was concern that this could especially be an issue for minority groups of staff who felt they could be identified by their personal data. It was further noted that if data relating to the Section 75 categories is not being collected from employees, for example in relation to disability, dependent status, ethnicity or sexual orientation, then it will lessen the ability of Trusts to properly assess the impact of action measures/policies on the promotion of equality of opportunity.

Questions were raised in respect of data collection procedures in this area, particularly the uniformity of data collection across the Trusts, whether staff will be given training and dedicated time in respect of input of data, whether there is support available if required to help staff input data, whether staff will be assured of the value of providing equality data and also that data shared in this way will not lead to negative consequences for individual staff members.



It was noted that ENCOMPASS will introduce a digital integrated care record to Northern Ireland and that collaborative working will be applied to ensure that the system monitors ethnicity, first language and communication support needs of patients and service users. It was suggested that involvement and consultation with all Section 75 groups in the design stage of this system is viewed as very important. It was recommended that the needs of transgender people are also incorporated into the system on a need-to-know basis, depending on the type of service being accessed by the patient. It was suggested that patients could be given access to add information about communication and mobility needs directly to their record. The counter view was also expressed that patients should not feel compelled to provide data that is not necessary for their care if they prefer not to.

In respect of the action relating to the Integrated Care System and the proposed partnership working to develop population health plans, the view was expressed that an ability by health and social care organisations and third sector charity organisations to access this information could help support their service delivery direction and activities.

The view was expressed that the new Integrated Care System (ICS), and the process to develop of population health plans, needs to ensure that population data is accurate and the data used should be made public. It was stated that, if population plans are open and transparent, inequalities can be assessed and ironed out at design stage.

It was felt that more information is required about how the development of population health plans will work in practice. It was suggested that data/information should be independently collated by professional statisticians and standardised, official data should be used.

There was also a suggestion that the data used in an Equality Impact Assessments should be accurate and gathered from an independent source such as the Northern Ireland Statistics and Research Agency (NISRA).

Trust response

It is important to provide assurance that all equality information gathered is anonymised and all information is stored/retained in compliance with data protection requirements.



While staff will always have the option of not completing this data it is important to clarify that through the collection and analysis of this data allows the Trust to put in positive programmes to support staff within the nine equality categories.

Each Trust gathers information about staff equality categories using a standardised information system and the Trusts are holding clinics to support staff to input their data.

The Trusts will continue to work with Encompass to ensure that Section 75 groups are involved in its implementation. Encompass has established an Encompass Engagement Council and each Trust will continue ongoing communication with Encompass to ensure the needs of Section 75 groups is reflective in its ongoing implementation.

Encompass allows patients to input information about their communication needs in the 'My Care' portal.

The Trusts are committed to gathering accurate, timely information when carrying out Section 75 screenings, Equality Impact Assessments and Rural Needs Impact Assessments. The Trusts are also committed to being open and honest about the source of information and to making all information available to the public.

Section 2 Addressing barriers to accessing health and social care

The Trusts duty to promote good relations between persons of different religious belief, political opinion or racial group was endorsed. It was suggested that this means that no one will be forced to adapt an opinion if they do not believe in it, for example, people who believe in "scientific biology".

Positive feedback was received in respect of the Good Relations poster acting as a visible sign that diverse representation and participation matters. The action, that includes a commitment to extend the Belfast Trust Good Relations Strategy to all Trusts, was positively received.

There was a query around the consistency of approach across Trusts to providing accessibility information on Trust services to disabled people



prior to their hospital appointment. Examples given include disabled staff and visitors requiring information on building access, room access, toilet/changing places access and treatments available. It was suggested that this could be provided online or provided in leaflet format prior to their appointment. An example was given of a woman with an acquired brain injury, who is also a wheelchair user, attending for a smear test, and whether they can identify in advance such as access into the room and a height adjustable bed.

A further example of difficulty in accessing service was given relating to a service user with sight loss who stated that they continuously receive letters advising of appointments, a method that is not able to be utilised by them.

A specific example was also given in respect of a person with a brain injury attending an appointment and whether additional time will be taken to facilitate their sensory or information processing needs. A suggestion was made that they (if desired) have a card similar to the interpreting card, so that their unique needs can be considered when booking an appointment. There was a query raised over the use of appointment reminders and whether support can be provided during the appointment by family members.

It was suggested that consideration should be given to making disability guidance and interpreter information easier for staff to access.

The Regional Communication Support Service for people who are Deaf or Hard of Hearing was seen as a positive development, which should be fully resourced and available in all regions. The Trust Wi-Fi service was noted a problematic for some users and a particular issue for sign language interpreters.

There was a query if NIAS is aware of the remote sign language interpreting app which can provide sign language communication support in the case of an emergency.

There was concern whether disabled people can be fairly included in social prescribing, perceived to be an up and coming treatment approach. It was suggested that Trusts consider having Disability Access Champions or provide specific information on access needs within the online communications hub.



Regarding the two new models of more accessible facemasks for people who have hearing loss, are Deaf/deaf and lip read it was commented that, when information about these is rolled out, it must be fully accessible to the deaf community.

Additional comments relate to the use of the Loop system for communication with deaf/Deaf and hard of hearing service users and ensuring staff are aware and know how to operate it. It was also suggested that Trusts should examine where loop systems need to be installed in Trust premises.

A comment, in relation to adequate resourcing to meet demand and availability, was made in relation to the Northern Ireland Health and Social Care Interpreting Service (NIHSCIS). It was suggested that the interpreter card should be digitized in Encompass and the patient portal to ensure that it will then not be lost or forgotten by the patient and always available. A further suggestion related to the creation of visual displays around facilities promoting interpreting services.

A query was raised in respect of capacity of interpretation services at points of high demand, which may adversely impact availability at the patient's appointment time, and how this is addressed particularly for on-site/ treatment support rather than by phone.

It was noted that it was positive that neuro-diverse conditions such as ASD, ADHD, Dyslexia, Dyspraxia, ADD etc. have been recognised and included in the proposed Equality Action Plan. Respondents asked to be involved in delivery of this action. It was proposed that more information could be provided regarding specific services, interventions, treatments and reasonable adjustments available. It was also highlighted that neurodiversity is an issue for staff as well as patients and, on a practical level, providing quiet places or sensory rooms for both staff and patients to take time out if needed would be useful. This is particularly important in busy departments such as emergency departments. A further comment suggested the inclusion of service users with physical brain damage, as well as developmental, in the neuro divergence actions and outcomes.

Other comments include the inclusion of more suggestions of reasonable adjustments for individuals with a neurodiversity such as alternative ways to engage with services, make appointments etc. other than the standardised telephone call. Email, letters, texting or live chat



options should be included. In addition, it was stated that, individuals with neuro-diverse conditions can struggle to process, understand, retain and recall information, especially when overwhelmed or overstimulated, so reasonable adjustments could include allowing audio recording of appointments or providing written information on the topics discussed during the appointments. Appointments should be made during the least busy/more quiet times of day, minimised light and/or sound where possible, quiet spaces offered outside of the general waiting rooms, advance warning of appointments to give the individual time to prepare and reminder email/text/letters if possible. Test results could be sent via post instead of making the individual telephone to receive them.

Further detail was requested on the Rural Needs Toolkit for Health and Social Care and what it covers. It was further noted that disabled people, as well as older people, have challenges around transport and that the use of the Rural Needs Toolkit for Health and Social Care and completing Rural Needs Impact Assessments to include this group, as well as older people, could be beneficial. The issue of suitable and timely transport for older and disabled people for appointments was raised in the context of centralisation of services across Trusts.

Questions were raised in respect of the adoption of the rainbow symbol by Health Trusts. The feedback related to the perceived promotion of gay rights specifically and not the promotion of others related to, for example, different religious views such as the Muslim faith or the Jewish faith. Additional queries were raised in respect of the rainbow badge specifically whether, if staff choose not to wear a badge, it is not a sign of not being inclusive and should not be interpreted as such. It was further asserted that the Trust should be advertised as an inclusive environment where everyone is treated equally rather than catering to specific staff groups which could encourage segregation.

The development of a resource for staff comprising guidance produced by professional bodies in terms of best practice for inclusion for people who are LGBT+, was welcomed.

Trust response

The Trusts are committed to working with disabled people to ensure accessible information is provided prior to appointments in healthcare settings.



The Trusts are aware of the continued use of appointment letters that are inaccessible for disabled people. It is anticipated that the ongoing implementation of Encompass will result in recording of service user communication requirements and communication about appointments.

The Trusts are 'Just A Minute' (JAM) card friendly. The JAM Card supports autistic people and those with communication difficulties. The JAM Card logo and materials are displayed in public areas where all visitors entering the building will see it.

The Trusts will work with their IT Departments to explore how all information about interpreting is available on Trust devices.

Trust staff have access to Remote Sign Language Interpreting Services and can download the SignVideo app on their devices.

The Trusts will ensure that up-to-date guidance on disability equality information and interpreter information on their intranet systems and that this is continually communicated across the organisation.

The Trusts will ensure that any social prescribing programmes include access for disabled people. It is important to note the development of new Trust services are subject to Section 75 screening and through the screening process access issues will be identified.

Sign Language Interactions offer a full range of communication supports including, face to face interpreting, remote sign language interpreting, relay interpreters, interpreters for deafblind people, lip speakers, electronic notetakers and speech to text reporting.

A number of HSC Trusts are working with AccessAble to produce online access guides to trust facilities particularly for disabled people when planning and navigating their journey.

The Trusts will work with the Northern Ireland Health and Social Care Regional Interpreting Service (NHHSCIS) to ensure access to interpreting support is promoted. The Trust will continue to provide staff training on the best use of interpreting services whether face to face or telephone interpreting.

The Trust is committed to working in partnership with service users and carers to take forward Action 14 and 15.



The Rural Needs Toolkit is available on all Trust websites.

We will amend Action 17 to include disabled people.

All reform of services will be subject to Section 75 Screening, Equality Impact Assessment if appropriate and Rural Needs Impact Assessment where transport and travel times will be examined in detail and appropriate mitigation identified.

In terms of promotion of other faiths or minorities, the Trusts are all adopting a consistent good relations strategy to promote good relations amongst people of different religious belief, racial group or political opinion. We have co-produced a regionally consistent HSC good relations statement, which is printed on posters across our facilities. This is our visible commitment that we will actively challenge racism and sectarianism, we will treat each other fairly with respect and dignity and we will make sure our spaces are shared, welcoming and safe. All Trusts seek to promote an inclusive environment for all and seek to address inequalities.

Section 3 Supporting Our Staff

The ethnically diverse staff networks were welcomed as a positive development. However it was queried whether there are, or should be, equivalent staff networks available in respect of other Section 75 categories such as age, disability, gender or sexual orientation.

Respondents welcomed flexible working, work life balance and special leave policies as positive developments. It was also suggested that flexible working for staff could reduce the need for locum staff and associated issues.

Comments were made in respect of the implementation and widespread use of the disability passport for staff. It was queried whether there will be an equivalent disability passport for service users with communication support needs.

The commitment within the EAP to review employability schemes to enhance employment opportunities for marginalised Section 75 groups was viewed as positive. It was suggested that the Trusts, as major



employers in Northern Ireland, could set more specific and ambitious objectives and targets in terms of employability initiatives, to improve outcomes in terms of placements and paid employment opportunities for under-represented people, in different job groups and grades, in the Section 75 groups. It was further suggested that this work could be aligned to the work undertaken by Trusts as part of their Fair Employment Annual Monitoring and 3 year Article 55 Reviews.

It was suggested that the wording in relation to health inequalities for staff could be changed from the wording “gender” to “sex” for clarity although it was further acknowledged that the “gender pay gap” has been traditionally used to refer to the gap in pay between men and women. It was stated that there may be preparatory work that the Trusts could undertake in advance of the planned “Gender Pay Regulations” becoming law with reference made to the Equality Commission guidance on undertaking an equal pay audit.

The view was also expressed that, in recent times a new meaning for the word “gender” has emerged (as in “gender expression” or “gender identity”), and in this context it is important to recognise that the protected characteristic in Section 75 of the NI Act 1998 is “men and women generally” and that “gender reassignment” is addressed under separate regulations.

It was suggested that inclusive pregnancy status is a current issue for staff groups who work with any form of radiation, including those who are transgender, and a Trust or region wide approach or guidance on this would be welcome.

Trust response

The regional HSC LGBTQ+ HSC Staff Forum work collaboratively and have been instrumental in delivering the HSC wide participation in the 2023 Belfast Pride Celebrations and disseminating the Rainbow Badge initiative.

As part of the April 2022 review of HSC terms and conditions of employment, each HSC Trust actively promotes flexible working and that includes applicants and all Trust staff from day one of employment. We continue to promote this via HR training events and highlighting best practice across a range of services.



We are currently developing a reasonable adjustment plan approach for staff with a disability. This document will record the reasonable adjustment(s) relating to a specific job role. This will improve communication and awareness, provide increased assurance for disabled staff and avoid any lack of continuity when there is a change of management. Each HSC Trust will implement this by end March 2024 and we will incorporate into our regional Attendance Management Policies.

Regional HSC Trusts will continue to consider employability schemes and continue to work collaboratively to increase recruitment opportunities for disabled people.

HSC Trust including Payroll Services are continuing to work collaboratively in readiness for the implementation of the planned “Gender Pay Regulations”. We have included this work stream in our EQUIP working groups (the replacement of our current HSC wide HR, Payroll & Travel information system)

HSC NI is currently developing a new HR system that will eventually replace the existing HSC Jobs website. We acknowledge the challenges experienced by disabled applicants and work is underway to improve accessibility of the website. The HSC application process and the support that can be offered to applicants is currently under review. Our links to this support within the HSC Jobs website and landing page will have increased visibility for ease of reference for disabled applicants who require adjustments or support with their application.

We will work with disabled people to develop, review and benchmark our progress with regards the application process.

Reviews of policies including our “Family Packs” Maternity Information Sessions” have included updating terminology and language to be more inclusive and reflective of equality, diversity and the wide range of parents and family networks.

Each of the HSC Trusts are committed to improving employment opportunities for disabled applicants and ensuring our disabled staff are supported, enabled and empowered to develop their careers within the HSC across a diverse range of roles and specialties.



Each HSC Trust has committed to review, update and implement our Disability Toolkit. This Toolkit will be utilised by managers and colleagues to provide guidance, support and signposting to disability services both within each HSC organisation and/or externally.

We are currently reviewing our Making a Difference Equality Training, which is mandatory for all HSC staff and managers. This training includes disability awareness and we aim to implement this across the HSC Trusts by end March 2024. In addition, we will review and update disability awareness training by March 2024.

We will continue to work in partnership with our respective Disability Steering Groups within HSC Trusts comprising representatives from disability groups and Trade Union colleagues to ensure our focus and commitment to disability awareness, improved opportunities for disabled staff and improving accessibility and equality in employment generally for disabled people. Our groups will meet regularly, report to our respective Trust Boards and update the Equality Commission as part of our annual progress reports.

We will continue to work with disability organisations to coordinate unpaid work experience placements for disabled people to increase their experience and improve their ability to apply for posts via open recruitment.

Each HSC Trust will continue to collate data and statistics in accordance with General Data Protection Regulations (GDPR) and Equality Commission guidance and best practice regarding our workforce and our staff with disabilities. We will utilise this data in our Section 75 screening and planning processes to ensure we meet the diverse needs of our staff.

We will continue to raise awareness among our workforce of the importance of staff declaring this information and we will ensure psychological safety and a culture of equality, diversity and inclusion to encourage staff sharing information regarding their disability.



Section 4 Supporting informal/family carers

Actions relating to Carer's Rights Day received positive feedback as did the action related to facilitating conversations between carers and their named worker.

Queries were raised in respect of the carer supports including whether these are available regionally and held at times that support carers who are employed. It was suggested they should be both face-to-face and virtual to facilitate attendance and the methods of promotion or marketing of the supports was queried.

There was a concern about accessing a carer assessment if the carer does not have a social worker.

It was queried if carer supports are open to all family members who provide care or whether there any similar groups that support the whole family including parents, carers and siblings. It was asked, where no support is available, whether the Trust signposts to supportive/charitable organisations.

Clarification was sought whether unpaid carers can be assured they will have the same considerations as paid workers i.e., those who received direct payments or Self Directed Support (SDS) to support their family member.

It was stated that increased provision of 'respite' for carers needs to be considered.

Trust response

The Carer Co-ordinator's in each Trust area work collaboratively and with carers to develop an accessible carer support and short break programme. Young carers receive addition support through contracts with the voluntary sector. The Trusts work with a number of community and voluntary organisations to ensure carers can be signposted to support in their local area.



General comments

There was agreement that a unified approach is key and the documents are clear and well written and mostly adhere to a focus on S75 groups. There was also feedback that the documents need to contain to a lot less jargon and be written in Plain English.

It was highlighted that procurement functions and equality screening processes should be included in the EAP.

There was a view that actions in the Plan should be prioritised and be clear and outcome focussed.

Positive feedback was also received in relation to the provision of the EAP in different languages.

Comments were received in respect of the Audit of Inequalities, the document used to inform the draft EAP and for future equality screening and assessments. Suggestions were given in respect of useful publications that could be considered.

Concerns were raised about the omission of the issue of deprivation in the EAP, specifically in relation to NISRA deprivation data.

It was suggested that the EAP could include a section on how health authorities ensure meaningful public consultation and that this should be standardised across Trusts. It was also suggested that equality impact assessments and rural needs impact assessments need to be part of the process.

It was suggested that the EAP could include a new section introducing and explaining the procedures in place if Trusts fails to comply with equality and rural needs legislation.

Support of gender critical (GC) people and women's groups who are protecting women's sex based rights was suggested as an additional area to consider in the EAP.

Suggestions include outlining on the plan the process for greater communication and stakeholder involvement to deliver the actions on the agreed final EAP.



In respect of past achievements detailed in the introduction to the EAP, respondents welcomed and valued the guide covering Making Communication Accessible for All but noted that all staff should have some way of being made aware of this including the suggestion of provision of training by webinar delivery.

A query was raised about the recording of completion of equality training at staff level so that if a difficulty arises relating to Equality, Good Relations, Disability and Human Rights, signposting can be made back to a staff member's training.

Positive comments were also made in relation to the co-production of the Disability Equality Training Resource and Disability Toolkit, the inclusion of “experts by experience” and the decision to engage with external experts and representative organisations to provide specialist training for employees.

It was suggested the prevention measure should be included in the EAP to raise awareness and change attitudes towards diversity.

It was suggested that the EAP should include actions that address the known health inequalities among ethnically diverse communities and ensure equality of access to facilities and services.

In addition it was suggested staff should be trained in anti-racism and cultural awareness.

Trust response

The Trusts are committed to creating accessible versions of the Plans.

The Trusts are committed to mainstreaming Section 75 and Rural Needs in the procurement of services, in accordance with statutory responsibilities.

It is important to note that if the Trusts are consulting on any change to service, Section 75 screening or Equality Impact Assessment and Rural Needs Impact Assessments, when required, are completed and available as part of the consultation process.



It is important to note the actions in the Equality Action Plan were developed from our Audit of Inequalities and engagement with key stakeholders. The Trusts' have now reflected on the feedback received during the consultation and have combined some of the actions and prioritised the timescales accordingly.

As public authorities, the Trusts will ensure that their consultation are meaningful and comply with legally binding principles.

The Trusts' Equality Schemes detail the process to follow if there is a concern of non-compliance.

The Trusts' equality training, which includes the promotion of equality of opportunity for people from different racial groups is mandatory for all health and social care staff. Completion of mandatory training is recorded and compliance is monitored.

Specialist Cultural Awareness Training is provided for staff.

The Trust is committed to working with representative organisations to ensure that they use the appropriate language in the documentation.



Disability Action Plan



Disability Action Plan (DAP)

Feedback received has been aligned to the themes in our draft Plan in Section 1 and Section 2 below. Any further feedback has been allocated to the 'general comments' section.

Section 1 Actions to promote positive attitudes towards people with a disability

The measure to produce and place a Directory of Advocacy and Support Services on each Trust website was positively received by a number of respondents. Queries were raised in respect of the process of review and maintenance of this resource to ensure information is current and complete. There was a concern that there may be differences in service provision between Trust areas and questions were raised about what would be recommended in the event of this. The remit of the directory was queried with a specific question as to whether the support available will be expanded to include the voluntary sector and specifically opportunities for community rehabilitation. Promotion and marketing of this resource was considered very important with the use of social media, posters and leaflets where possible.

It was acknowledged that there is a need for visibility of disabled people and the promotion of disability equality with comments made that 1 in 4 people have a disability, including Trust staff as well as the people the Trust supports.

It was noted that a DAP action commits the Trusts to using pictures of 'Disabled people using services', it was suggested to also use pictures of 'employees' with disabilities, this would help to improve attitudes towards disabled people, i.e. to highlight that disabled people are not only in receipt of services, they are employees and potential employees also.

There was support for the proposal to have a calendar of events to promote visibility of disabled people. There was a suggestion that there should be consultation and working together to identify and agree what events should be highlighted by the Trust.

There was support for the promotion of the social model of disability. It was noted that this should include the use of images which reinforce a positive image of disabled people accessing Trust services, as well as



the increased promotion of disability related events on Trust websites, local intranets and social media. It was further noted that consideration should be given to the use of images of people with hidden disabilities.

Positive feedback was received in relation to the rollout of the regional sign language service. It was noted that it is the responsibility of staff to book the interpreter for an appointment and to keep the service user informed. It was also noted that there needs to be better access to Sign Video within hospitals using computers and phones accessing the Trust Wi-Fi.

It was suggested that alternative methods of communication could be considered, for example text or email to confirm appointments and this could be incorporated as a commitment into the action plan.

There was support for the inclusion of the action promoting early involvement of, and co-production with, disabled persons in developments and changes to services.

It was recommended that working with voluntary groups should be mandatory. It was further noted that disability steering groups already include members from the community and voluntary sector.

It was also noted that involvement activity needs to be accessible for people who work out of hours and are deaf. It was further noted that these groups are often held during working hours and therefore not allowing the younger disabled people to have their say in how improvements could be made.

It was suggested that maximising and publicising opportunities for involvement could be achieved by the appointment of a disability champion in each Trust. This person either has lived experience themselves or liaises regularly with a diverse group of disabled people or disabled people's organisations. In this way, the richness of disability is always reflected and represented.

There was support for the commitment to ensure that the DAP is accessible, available in Plain English and in Easy Read versions. There was also support for the proactive dissemination of the Disability Action Plan to key stakeholders and all those who support disabled people.



There was support for the actions relating to help and support for disabled staff to remain in the workplace and feel adequately supported at all times to enable them to carry out their role at work. There was feedback reminding that not every staff member will wish to disclose all disabilities to numerous people and departments.

Suggestions made, specifically for deaf/Deaf staff, include the creation of a peer group or forum to provide support and advice to each other and the provision of information to newly appointed deaf/Deaf staff in respect of access to work, ensuring managers are aware of this.

There was strong and positive support for the need for all health and social care staff to be trained on disability duties and disability equality and that such training could positively contribute to working well with disabled people. Positive feedback was received in respect of the action detailing the intention to review the training Guide and associated toolkits. It was further stated that disability training should include all nuances of disability and be seen as a training event that promotes the value of disabled people, their skills, and the unique perspectives they can bring to Trust working. Department specific training was suggested for consideration, for example, how to accommodate for the person with the disability within the department by demonstrating through a walk-through or mock scenario. A further example given in relation to encouraging others actions is that the action plan for example will extend disability awareness training requirement to private domiciliary care workers.

Training being facilitated by disabled people was seen as ideal. It was recommended that the Oliver McGowan training should be included as an action within the plan.

It was queried whether diverse lived experiences covering physical, intellectual and hidden disabilities were currently represented within the Disability Equality Training Resource as well as experiences from disabled people themselves and their families/carers.

A further question was raised in respect of "experts by experience" and whether they were involved throughout in the design, implementation and review of disability training. It was suggested that regular liaison or co-production of processes alongside third sector stakeholders would be ideal.



A suggestion was made that staff undertake deaf awareness training to ensure easier communication with deaf/Deaf service users.

There was positive feedback received from a number of respondents in support of the development of employability schemes and enhancement of increased employment opportunities. It was cautioned that, in the implementation of these actions, there needs to be an assurance that disabled people will not feel disadvantaged by disclosing their disability or when using employability schemes. It was suggested that inclusion of disabled people within recruitment of staff or to employment schemes could help ensure this process is fair and inclusive. Recruitment processes should also take reasonable adjustments required into account. It was also noted that, from personal experience, it is perceived that there needs to be more support after employment is secured to ensure reasonable adjustments are put in place and access to work is provided. Feedback by other participants noted that their experience of work experience was excellent as was the facilitation of communication by use of sign language.

Trust Response

The Trusts will consider the feedback received when developing the directory of advocacy and support services and will ensure the directory is coproduced with representative organisations.

The Trusts will ensure that disabled employees are represented in images to contribute to positive attitudes. We are currently reviewing the development of a regional HSC staff network for disabled staff.

The Trusts will coproduce the calendar of events to promote the visibility of disabled people and ensure social model of disability is promoted.

The Trusts are currently working to promote access to SignVideo within hospitals using Trust devices and Trust Wi-Fi. The Trust will amend the actions to reflect this.

The Trusts will continue to coproduce all disability equality training resources including deaf awareness training.

Trusts are currently scoping the adoption of the Oliver McGowan training.



The Disability Equality Training resource has been coproduced and includes the range of disabilities referred to above.

Each of the HSC Trusts are committed to improving employment opportunities for disabled applicants and ensuring our disabled staff are supported, enabled and empowered to develop their careers within the HSC across a diverse range of roles and specialities.

We will continue to work with disability organisations to coordinate unpaid work experience placements for disabled people to increase their experience and improve their ability to apply for posts via open recruitment.

Section 2 Actions to encourage participation by disabled people in public life

It was suggested that disability legislation in Northern Ireland is very complex and not accessible. It was further commented that provision of documents in other languages should be considered a vital part of accessibility along with plain English and Easy Read. It was suggested that there could be an element of co-production and involvement in the creation of Easy Read versions.

In respect of the need to improve visibility and awareness of jobs for anyone who is disabled, there was a query raised in relation to the mechanism to ensuring that disability organisations are made aware of available jobs in HSC organisations.

The inclusion of disabled people working in partnership during the planning and design stage for new buildings was viewed as positive. Mapping of existing facilities and a review of estates was suggested as a good starting point. Additional outcomes were suggested that, in respect of improving accessibility to services for disabled people consideration be given to the installation of Changing Places toilets in all hospitals in Northern Ireland, particularly for out-patient departments along with increasing the number of accessible toilets in Trust buildings. It was also noted that there could also be greater availability of disabled parking spaces particularly in Children's at Royal Victoria Hospital, Belfast.



Further comments included the need to ensure all work areas are accessible for people with disabilities, including wheelchair users, implementation of this may include increased use of auto-door openers for fire doors in office spaces.

The new information system, ENCOMPASS, was viewed as a positive development by a number of respondents. Feedback indicated that this system should ideally include the ability for service users to add information relating to mobility and communication support needs, cover all Section 75 groups including multiple identities and have a form of red flag alert for those with disabilities. It was also suggested that disabled people could work in partnership to help develop elements of the system and that a sign language representative should be part of the design group for this system. Staff training on the final system was highlighted as being very important. The requirement to equality screen implementation of the system was highlighted.

Disability placement schemes in partnership with the community sector were viewed as a positive development by a number of respondents, validating and recognising the value of a diverse workforce and a proactive approach to improving access to health and social care employment for those who face health inequalities. Comments were made highlighting the recently introduced Disability Positive Accreditation Scheme which recognises local employers who put their commitment to employment of disabled people into practice. Elements to consider include job descriptions, reasonable adjustments, the ring fencing of posts for people with particular disabilities and employability in general including impact upon benefits. It was suggested that, given the status of the Trusts as major employers within Northern Ireland, there could be outcome focused disability employability targets included in the DAP.

Trust Response

The Trusts' final Disability Action Plan will be available in Easy Read and people with a learning disability will be involved with the development of the Easy Read versions.

Each Trust will scope availability of Changing Places and new facilities will be added in accordance with legislation.



The Trusts will ensure compliance with Disability Discrimination Act in relation to work areas for disabled staff who require reasonable adjustments.

A carers action has now been included in the Trusts' Equality Action Plan and this includes young carers.

AccessAble will improve navigation to Trust facilities.

Trusts' will include scoping Disability Positive Accreditation Scheme in Action 20.

General comments

The inclusion of progress and outcomes from previous DAPs was highlighted as being useful to include in the new DAP i.e. outline any key learning points going forward from the 2018-2023.

There was a view that actions in the Plan should be prioritised and be clear and outcome-focussed.

It was also noted that the DAP for 2024-2029 was developed on a regional basis, a good way of pooling resources, expertise and learning. It was suggested that consideration should also be given as to whether there is a need for any local action measures relating to specific Trust issues or areas of development.

It was noted that descriptor language used in the draft DAP moves between "people with a disability" and "disabled people". While acknowledging the importance of personal choice, it was suggested that a clarifying statement at the beginning of the plan in relation to language could be helpful to include and to guide the reader.

It was noted that the current DAP extends its current remit, in draft form, beyond the two disability duties and that it may be appropriate to concentrate on the disability duties alone.

A question was raised as to whether the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD) guide for staff could be acknowledged and incorporated throughout the plan as it was asserted that considering this as a starting point is often invaluable.



A comment was made that all information shared at consultation events should be fully accessible to the deaf community and that adequate communication support should be provided.

Feedback received related to the large deficits in social care support and the impact on a disabled person's welling and quality of life. It was suggested that these need to be acknowledged within this plan citing long waiting lists to access social worker support and also to access carers as examples. Suggestions were made for an action to ensure female service users with disabilities to be provided with intimate care by females only.

It was suggested that cross departmental working should be increased within Trusts to reflect the fact that disability spans all nine Section 75 categories. It was also suggested that a central point of contact within each Trust would help with signposting to services.

Trusts were cautioned to be mindful that not all people have access to smart phones and that documents should be accessible to all.

Trust Response

The new DAP now includes a summary of progress from 2018-2023 DAP.

The Trusts have amended the DAP to describe the language used throughout.

The Trusts have amended DAP to incorporate UNCRPD guide for staff.

The Trusts are committed to working with disabled people to ensure accessibility to hospitals and Trust services.

The Trusts are committed to working in partnership with disabled people to ensure all communication is accessible.

The Trusts acknowledge the current challenges within health and social care. It is important to note that the DAP actions are reflective of the relevant legislation and the Plan cannot address the challenges the system is currently under.



Monitoring and review

We commit to keeping our plans as living documents which may be added to or amended over their lifespan of the next 5 years, as more information becomes available or priorities change.

Progress in implementing the measures contained in all the Plans will be reported on via annual Section 75 Progress Reports to Trust Boards and the Equality Commission. Copies of the progress reports will be made available on the Trusts websites.



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