Equality, Good Relations and Human Rights Screening

This organisation is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

What is the likely impact on equality of opportunity for those affected by this policy, for each of the section 75 equality categories? (minor, major or none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

For advice on screening please contact: staff in the Equality Unit Business Services Organisation, equality.unit@hscni.net or Telephone 028 9536 3961

As part of the audit trail documentation needs to be made available for all policies as decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) Information about the Policy or Decision

1.1 Title of policy or decision

Disability Action Plan 2013 -2018 – reviewed August 2015

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

This Disability Action Plan for the period 2013-2018 represents our organisation's responsibilities under the Disability Discrimination Act (1995) as amended by the Disability Order 2006. This law requires us to carry out our functions giving due regard to two specific duties. These duties are: to promote positive attitudes towards disabled people and promote the participation by disabled people in public life.

The purpose of this action plan is to outline some key actions that we are going to deliver upon to make a difference to people with disabilities including staff and people who use our services, and where relevant, their carers.

In developing the action plan we paid particular attention to:

- Physical disabilities;
- Sensory disabilities;
- Learning disabilities;
- Mental health disabilities; and,
- Other hidden disabilities.

  We also considered the equality categories as covered by Section 75 of the NI Act 1998

We have reviewed our plan and updated it accordingly. The review was triggered by feedback from the Equality Commission who, during 2014-15, had written to all HSC Organisations for the first time with advice on reviewing their

Disability Action Plans. This advice centred on the need to:

- develop quantified performance indicators in the plan
- develop actions that relate the disability duties to specific functions of individual directorates and service areas and that are owned by these and
- make actions more specific and measurable.

1.3   Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

This plan is targeted at staff with a disability or staff with a particular experience of disability through being a carer.
It is also targeted at managers in health and social care.
The action plan is targeted at people with disabilities and their carers who use our services.
Third Party Organisations who provide services on behalf of health and social care including voluntary, community and the independent sector
Service users and carers
Voluntary and Community Organisations with particular interest in the Section 75 and Human Rights including advocacy organisations
Members of the public

1.4   Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

This action plan relates specifically to the Disability Discrimination Order 2006 but in addition our Equality Scheme is important as is Equality Action Plan 2013-2018. These latter plans are important where issues in relation to disability are highlighted. In addition a wide range of health and social care human resources polices are relevant for people with a disability.

Legal requirements under the Human Rights Act 1998 and the European Convention on the Rights of People with Disabilities also have a bearing.

(2) Consideration of Equality and Good Relations Issues nd Evidence Used

2.1 Data Gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

Working Groups within a number of Health and Social Care Organisations made up of staff with disabilities and those with an interest in disabilities including carers were active in its development.

Direct engagement with a range of community and voluntary groups representing disability was a useful resource in the identification of issues – Engagement Event November 2012.

Census 2011 data.

Research Reports.

In the development of the disability action plan information from a range of previous consultations and activity were considered where issues in relation to disability issues were raised.

Previous screening and equality impact assessment analysis where disability issues were highlighted.

Previous work in relation to organisations who developed first generation Disability Action Plans.

Engagement outcomes from work on Disability Action Plans.

Reports from various disability organisations for example RNIB, Action on Hearing Loss, Disability Action, Mencap, Carers Northern Ireland. Older Person's Organisations and Children and Young People's Organisations.

Report by Equality Commission on their review of first generation Disability Action Plans

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	*What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?*
Gender	18% of all people living in private households in NI have some degree of disability. When broken down this means that 21% of adults and 6% of children have a disability. (Northern Ireland Statistics and Research Agency (NISRA) in its 2007) report on disability indicated that: There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males; - Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females; 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age. Around 21% of all people living in private households within Northern Ireland have some degree of disability. Of this figure 12% indicated that they are limited a lot by their disability and 9% indicated that they are limited (by their disability) 'a little'. Figures from the Census 2011 show that there is a higher prevalence of females whose activities are 'limited a lot' – 13% of females compared to 11% of males due to their disability. However, this is to be expected given their longer life expectancy. PHA staff data: <table><tr><td>Male</td><td>22.96%</td></tr><tr><td>Female</td><td>77.04%</td></tr></table>
Age	Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those

who are very old (85+);

As the population ages, so does the likelihood of having a disability that limits the day to day activities 'a lot'. Figures from 2011 census of people who are limited a lot by their disability are as follows within the following categories;

Male

0-15 – 3%
16-44 – 5%
45 – 64 – 16%
65 and over – 33%

Female

0 – 15 – 2%
16 – 44 – 5%
45 – 64 – 17%
65 and over – 38%

Overall there are greater proportions of older people with a disability.

PHA staff data:

16-24	0.30%
25-29	6.34%
30-34	10.57%
35-39	15.71%
40-44	17.52%
45-49	16.01%
50-54	16.01%
55-59	14.20%
60-64	2.11%
>=65	1.21%

Religion	Not available broken down by disability

PHA staff data

Perceived Protestant	6.95%
Protestant	39.88%
Perceived Roman	3.32%

	Catholic	
	Roman Catholic	43.50%
	Neither	1.81%
	Perceived Neither	0.30%
	Not assigned	4.23%

Political Opinion	Not available broken down by disability

PHA staff data

Broadly Nationalist	0.30%
Other	2.72%
Broadly Unionist	0.60%
Not assigned	93.05%
Do not wish to answer	3.32%

Marital Status	Not available broken down by disability

PHA staff data

Divorced	1.21%
Married/Civil Partnership	63.44%
Other	0.60%
Separated	1.51%
Single	21.45%
Unknown	11.48%
Widow/er	0.30%

Dependant Status

Based on the most recent information from Carer's Northern Ireland, the following facts relate to carers:
- 1 in every 8 adults is a carer
- 2% of 0-17 year olds are carers, based on the 2011 Census
- There are approximately 207,000 carers in Northern Ireland
- One quarter of all carers provide over 50 hours of care per week
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person

It may be concluded that a considerable share of people with a disability are carers themselves.

PHA staff data

Yes	5.14%	
Not assigned	91.54%	
No	3.32%	

Disability	The term disability covers a wide range and combination of conditions. Multiple needs are evident across sensory, physical and learning disability groups

It is however estimated that between 17 – 21% of our population have a physical disability or sensory impairment, affecting 37% of households.

21% adults and 6% children have a disability

1 in 7 people in Northern Ireland have some form of hearing loss

There are 5, 000 sign language users who use British Sign Language (BSL) or Irish Sign Language (ISL)

(Source: Royal National Institute for Deaf People (2005), Deaf People Missing Out on Vital Services, RNID London

There are 57, 000 blind people or people with significant visual impairment.

In Northern Ireland there are approximately 16,500 persons with a learning disability. An indication of the extent of the disability is reflected in the sub-groupings that are traditionally used; - mild, moderate, severe and profound learning disabilities (Equality Commission NI, 2006).

http://www.equalityni.org/archive/tempdocs/LiteratureRev(F)l.doc

In Northern Ireland mental health needs are 25% higher than the rest of the UK.

Over 10,000 people have the language disorder called aphasia. This usually affects both the understanding and production of spoken and written language

The 2011 Census marked the first time that the question was included focusing on a request for type of disability to be stated. This question endeavoured to align the responses in so far as possible with the list of activities and disabilities that were used in the Northern Ireland Survey of Activity and Limitation Disability |

(NISALD) 2009-2007.

The breakdown of the various long - term Disability Issues follows in the table below- as outlined in the 2011 Census.

Type of long – term condition	Percentage of population with condition %
Deafness or partial hearing loss	5.1
Blindness or partial sight loss	1.7
Communication Difficulty	1.6
Mobility of Dexterity Difficulty	11.4
Learning, intellectual, social or behavioural difficulty.	2.2
An emotional, psychological or mental health condition	5.8
Long – term pain or discomfort.	10.1
Shortness of breath or difficulty breathing	8.7
Frequent confusion or memory loss	2.0
A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy).	6.5
Other condition	5.2
No Condition	68.6

Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk / info@nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is almost 106,000 people in Northern Ireland and approximately the population of Derry/Londonderry. Yet little information on rare disease in Northern Ireland is available for the effective planning and delivery of care and support.

A disease is "rare" if it affects fewer than 5 people per 10,000. There are over 6,000 rare diseases, with others being defined all the time. These range from the very rare to relatively well-recognised conditions such as Motor Neurone Disease, Spina Bifida, or Muscular Dystrophy. While each individual's condition is rare, these are not minority issues.

	PHA staff data	
	No	86.71%
	Not assigned	12.99%
	Yes	0.30%

Ethnicity	In the general population the 2011 Census indicated that 1.8% (32, 000) of the usual resident population belonged to minority ethnic groups, this figure has more than doubled since 2001 (0.8%). This has implications for those who are from ethnic minorities or those from different racial backgrounds as they represent a greater proportion of the population since the 2011 census. Consequently assumptions have to be made in relation to an increase in the numbers with dual needs of disability and ethnicity. (see also qualitative issues in section 2.4) Figures from the 2011 Census provide the prevalance of disability among the following ethnic groups **Percentage of those whose disability limits their day to day activities a lot** All – 12% Irish Traveller – 20% White other – 12% Chinese – 3% Indian – 3% Pakistani – 6% Bangladeshi – 4% Other Asian – 2% Considering the 2011 Census figures for the ethnic composition of the General Population alongside those of People whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population. **White –** 98.21% (1, 778, 449) – 99.40% **Chinese** – 0.35% (6, 338) – 0.10% **Irish Traveller** – 0.07% (1, 268) – 0.12% **Indian –** 0.34% (6, 157) – 0.08% **Pakistani –** 0.06% (1, 087) – 0.03% **Bangladeshi** – 0.03% (543) – 0.01%

	Other Asian – 0.28% (5, 070) – 0.03% **Black Caribbean** – 0.02% (362) – 0.01% **Black African** – 0.13% (2354) – 0.03% **Black Other** – 0.05% (905) – 0.02% **Mixed** – 0.33% (5976) – 0.10% **Other** – 0.13% (2354) – 0.08% PHA staff data | Not assigned	74.02%
White	25.98%	
Sexual Orientation	Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual issue assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4) This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action. PHA staff data | Do not wish to answer	1.81%
Not assigned	93.05%
Opposite sex	4.53%
same sex	0.60%	

2.3 **(a) Qualitative Data in relation to actions in action plan**

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

This section related specifically to the actions within our disability action plan which indicates what we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

(1)   Communication

Action Measure	An identification of different needs, experiences and priorities of any of the equality categories in relation to this policy or decision and what equality issues emerge from this Specify the Section 75 equality categories where there are different needs Note if staff or service users
1. Work with disabled people to consider the diversity of images used and potential for portraying wider range of individuals when developing information materials including websites	**A critical analysis of Media representation of disabled people.** In considering the importance of images one way of viewing this is to look outside of health and social care. Evidence suggests the media is an extremely important part of our everyday life and as an industry has been critical in the dissemination of information to the mass population. However the influence that the media holds over society has not always been used to society's benefit, particularly in relation to disability, where the media has continued to add to the discrimination of disabled people. This reinforcement can happen in a number

	of ways
	- The media reinforcement of impairment and the use of the medical model of disability. - The media's creation and underpinning use of disabled stereotypes. - The role of media influences: media organisations and their employees, political agendas, the intended audience and current societal trends. - The use of images, language and terminology related to disability. - The under-representation of disabled people in the media. - The effect of media on disabled people. It is important therefore that health and social care takes opportunities to challenge, or at least counter balance, this portrayal of disability. Given its role in planning, commissioning and delivering health and social care it is imperative that organisations present disability through the use of images and messages, using these sensitively in order to portray more positive messages. But the current coverage of disability is still an area that needs careful attention within health and social care. This work also needs to extend to ensuring that the multiple identities of people with disabilities for example as carers, across different age bands, as service users, as disabled men and women and children and those from minority ethnic groups are also portrayed culturally and sensitively. Health and social care also needs to look beyond images to review the key messages portrayed ensuring their positive portrayal in mainstream materials.
2. Assess and improve accessibility of website	Direct information concerning internet usage by disabled people in the UK is scarce. Disabled people are not included as a separate group in the regular surveys on internet usage that have been carried out by the Office of National

Statistics (ONS).

Research evidence over time on disabled people's attitudes to using the internet is scarce but what there is indicates positive attitudes. (Research conducted by Joseph Rowntree Trust 2004)

There are some individual accounts of the difference that access to the internet has made in terms of choice and opportunities to be included in the social world. Cost is likely to be a greater disincentive for disabled than non-disabled people, as they generally have lower incomes, and may also have to purchase assistive devices as well as a computer.

Web accessibility

Accessibility has become a much greater issue for people with visual or motor impairments as computers are now able to handle intricate visual images – images which require subtle understanding by the computer.

The WAI advocates that accessible web design benefits all users, non-disabled as well as disabled. For example, checkpoints that support web access for people with visual disabilities also help people accessing the web from mobile phones, hand-held devices, or car-based computers (when connection speed is too slow to support viewing images or video, or when a person's eyes are 'busy' with other tasks). Checkpoints such as captions support access for people with hearing impairments but also help people who are using the web in noisy environments.

Legal aspects of web accessibility

Government guidelines, and those of other organisations, have drawn attention to the relevance of Part III of the Disability Discrimination Act (DDA) to website

accessibility making explicit reference to the provision of a website as a service which is subject to the Act. An accessible website as a 'reasonable adjustment' that might be made has not yet been tested in a UK court case.

Comparison between disabled and non-disabled people in terms of use of the internet is complicated. Access to the internet, or even to services like the World Wide Web or email, by itself does not say anything about usefulness or usability. It might be that people with disabilities do manage to use the internet, but that they are not getting an equivalent experience out of it and so are being disadvantaged. However, the little evidence there is indicates that disabled people who do use the internet have positive attitudes towards it and this is supported by individual anecdotal accounts.

There are however also issues to be considered in any future discussions about the use of websites. Evidence would also suggest that over reliance on the internet for the provision of information can cause difficulties for disabled people as a high proportion of all people who do not use the internet are disabled.

Feedback from previous consultations emphasised the importance of decreasing reliance on websites for disseminating information. The recommendation is that organisations need to consider not just the WHO do we want to read this and WHAT we are disseminating but also HOW – where are we putting our information? How can we put it in the appropriate places to ensure accessibility to disabled people? Need to make use of Disability organisations and other voluntary organisations when designing websites.

Deaf or Hard of Hearing: Persons with auditory impairments may have specific needs for content to be presented in a different format if they are sign language users. Likewise, designers have to take into consideration equivalent alternatives for auditory content and ensure that texts are not too complex and

	that they are easy to read.
3. Put in place contractual arrangements for the production of materials in alternative formats.	**Range of disabilities:** This action is very much a practical, operational arrangement but one that we feel has potential benefits across physical, sensory, physical and learning disability and literacy levels. Current lack of contractual arrangements for the production of information in accessible formats is a major curtailment for staff wishing to respond positively in the production of information appropriate for a range of needs. **Ethnic minorities:** In the contractual arrangements cognisance will also need to be taken of the additional complexities faced by people from minority ethnic groups who have disabilities, particularly those with sensory impairments. Currently minority ethnic individuals who also have sensory impairments face a multitude of barriers in accessing information due to limited arrangements. This is not a localized issue but one that will need more attention.
4. Adopt Accessible Information policy and guidance.	**Range of disabilities across service users and staff** **Learning disability:** People with a learning disability experience difficulties accessing written information from health and social care. Mainstream information provision is not in formats that suits their needs. **Parents who also have a learning disability:** According to a Social Care Institute of Excellence report (2007) entitled "Working together to support disabled parents" parents with learning disability and other disabilities are least likely to have information provided in a way that meets their particular needs. Information to be accessible needs to be in Easy Read or Makaton with use of appropriate symbols, pictures and language. Similarly if social care professionals do not adjust their communication style to meet the needs of

| | people with a learning disability this can impact on people's access to services and increase anxiety levels.

Deaf or Hard of Hearing: Inappropriate Communication Support for people with a hearing impairment also creates barriers. People who are deaf, hard of hearing or have a visual impairment encounter particular barriers when written information is the only format. Lack of availability of sign language interpreters or absence of up to date loop systems. Can cause problems. Deaf community need improved communication and access to public services.

There need to be other options for sending out information on appointments such as email or texting or SMS.

Blind or partially sighted : Those who are blind or partially sighted need information that does not rely on visual images

Other communication needs: Over 10,000 people have the language disorder called aphasia. This usually affects both the understanding and production of spoken and written language and needs to be taken into account.

Accessible communication needs to also cover language needs in relation to ethnicity based on the evidence of increased numbers of minority ethnic groups in Northern Ireland. Accessibility of information about services also needs to consider this dual need which may require translations and interpreting, where relevant. |

(2)   Awareness Raising and Training

Action Measure	An identification of different needs, experiences and priorities of any of the equality categories in relation to this policy or decision and what equality issues emerge from this. Specify the Section 75 equality categories where there are different needs Note if staff or service users
5. Encourage staff to declare that they have a disability or able to care for a person with a disability Provide guidance to staff on the importance of monitoring Improve quality of information in relation to percentage of staff with a disability from the Human Resources, Payment, Travel and Subsistence (HRPTS) system	**Disability**: **Staff:** Evidence from our local employment records indicates that the numbers of people declaring that they have a disability is low. This is in keeping with more general evidence which suggests under reporting of disability in employment. A range of issues can cause this, including for example, negative attitudes from others, fear of the perceived repercussions, fear of the perceived stigma, less than positive responses from unsympathetic managers or employers or previous negative experiences, lack of understanding of the benefits of doing so. Drawing on experience from England the Office for Disability Issues, Experiences and Expectations of Disabled People, July 2008 reported that: "Most barriers to work identified related to the need for support or understanding from a manager or colleagues (for example flexible working hours, flexibility to take time off sick, the need to manage stress or take breaks). Only one in 20 of those asked said that they required support to do the job." This is evidence that this exists across the range of disabilities but qualitative evidence indicates that this is particularly pertinent in the context of those with

	mental health issues but also other hidden disabilities. There also needs to be attention given to barriers and fears by staff in declaring disabilities when other factors such as age or ethnicity are also added to the equation. The encouragement on declaration also needs to acknowledge the importance of choice and to ensure disabled employees can be as open about their disability as they want to be either to declare or not.
6. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day)	**Across disabled groups:** Negative attitudes or anticipation of negative attitudes can act as a barrier to people seeking support from social services. Parents with mental health problems, drug or alcohol or learning disabilities are reluctant to seek help for fear of having their children taken into care. (Working together to support disabled parents, Social Care Institute of Excellence (2007) **Multiple needs:** There is also a need to work with other community and voluntary groups such as black and minority ethnic groups, carers groups, and groups of and representing gay lesbian and bisexual and transgender issues.
7. In collaboration with people with a disability review current guidance and produce revised guidance on support for staff with a disability	The Equality and Human Rights Commission's first Triennial Review: *How Fair is Britain*? (2010) mapped progress on equality in Britain for people with protected characteristics. The report identified those issues most urgently in need of resolution and 'Closing the employment gap for disabled people' was identified as one of the top challenges facing society today. Similar issues are relevant in the Northern Ireland context. Over one in five adults in Britain today is disabled, yet only half are likely to be in work compared to four-fifths of non-disabled adults. High numbers of disabled people continue to be excluded from work opportunities that open the

		door to wealth, worth and wellbeing.
8.	**Mental Health and Learning Disability:** Raise awareness of carers supports and help identify need to support employees of PHA who also hold the role as carer to someone with a disability	Staff who have caring responsibilities for a person with a disability may have particular needs in the workplace, such as for empathy and flexibility to respond to domestic emergencies. Likewise, they will benefit from information on support available in the community.
9.	In collaboration with disabled people design, deliver and evaluate training for staff on disability equality.	People with disabilities face many barriers every day–from physical obstacles in buildings to systemic barriers in employment and civic programs. Yet, often, the most difficult barriers to overcome are attitudes other people carry regarding people with disabilities. Whether born from ignorance, fear, misunderstanding or hate, these attitudes keep people from appreciating and experiencing the full potential a person with a disability can achieve. The most pervasive negative attitude is focusing on a person's disability rather than on an individual's abilities. The disability equality training will need to take account therefore of the social model of disability developed by disabled people themselves.(See also action point below also for further expansion) Northern Ireland Rare Diseases Partnership (NIRDP) 2013 in responses to Equality Action Plans consultation exercise (2012-2013) suggested that the revision of Disability Awareness Training should include recognition of specific difficulties encountered by those who have a disability caused by rare disease and their families; including raising awareness of the isolation and stigma associated with rare disease, which impacts strongly on mental health.

(3)   Getting people involved in our work, Participation and Engagement

Action Measure	An identification of different needs, experiences and priorities of any of the equality categories in relation to this policy or decision and what equality issues emerge from this? Specify the Section 75 equality categories where there are different needs Note if staff or service users
10. Develop checklist and guidance for the involvement of people with a disability and their carers.	**Across disabled groups:** The checklist and guidance will need to take account of the social model of disability which says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. It also needs, where relevant, to address the needs of carers. When barriers are removed, disabled people can be independent and equal in society, and have choice and control over their own lives. Disabled people developed the social model of disability because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living. The social model of disability says that disability is caused by the way society is organised. The medical model of disability says people are disabled by their impairments or difference. The checklist and guidance will need to consider a wide range of disabilities.
11. Identify, provide and promote opportunities for	Participation in work is a key tenet not only of equality but of a human rights based approach. Those with disabilities have faced barriers in decision making

more engagement for people with a disability in key work areas	processes. This affects all disabled people but there are issues in relation to sensory impairment and learning disability that create additional barriers.
12. Explore scope and interest in the establishment of a forum for staff on disability	**Across disabled groups: Staff:** In the United Kingdom over the last decade there has the growth of Disabled Employee Networks (DENs) across all sectors. According to Kate Nash Associates (2009) www.katenashassociates.com Disabled Employee Networks - a practical guide - "this is partly because organisations are becoming more disability and diversity confident but also because disabled people are becoming more comfortable about expressing their needs at work and feel more able to come together in networks of support. Disabled people are also increasingly aware of their economic influence as employees, as customers, as shareholders, as voters and as citizens. To become employers of choice for talented disabled people, organisations need to demonstrate a good track record in accommodating the needs of disabled employees in more sophisticated ways. Now the challenge is for employers to foster new thinking and practice, from and between employees of different sector strands, to build, as the Equality and Human Rights Commission suggest, "a Britain that is at ease with its diversity". **Multiple needs:** In this action it is important that the scope is widened .People are not one-dimensional. Given our multi-faceted identities, it is important for every employee network to embody the principal that all human difference is to be valued and all discrimination to be challenged. Networks make an important contribution to the organisation's ability to anticipate, accommodate and celebrate human difference.

	Any staff forum will need to be accessible to people with a range of disabilities, including sensory disabilities and learning disabilities who may have particular needs as to the way the forum operates.
13. Nominate a champion at senior level	**Multiple needs:** It is concluded that this particular proposal to nominate a Disability Champion has an important, and positive, impact for the disability protected equality category. In nominating a Disability Champion some of the other protected equality groups may feel disadvantaged. However the particular requirements of the disability duties are as such that such an initiative is considered good practice in promoting positive attitudes and in encouraging the participation of disabled people in public life. In addition the multiple identities of people with disabilities are acknowledged and will be promoted throughout. Should a need arise for a similar initiative for other groups arise consideration will be given to this.
14. Explore the scope for developing a shadowing scheme for Board and Council members and other key public life positions in engagement with the Public Appointments Unit and with people with a disability.	**Across disabled groups**: Work needs to commence on exploring the scope. As part of this initial dialogue it will be necessary to acknowledge the diversity of needs within disability and how a shadowing scheme could accommodate the range of needs over time including learning disability, mental health, physical disability and sensory impairment. Training initiatives will be key in delivery of this action
15. Involve disabled people in delivery and review of this plan	**Across disabled groups:** As part of the development of this part a range of staff with a disability were engaged in the process. In the process of review of the disability action plan it will be necessary to

	ensure that the process is made accessible including the provision of information in a range of alternative formats. This is particular important in relation to sensory impairments and learning disability.
	Multiple needs: Consideration needs to be also given as to how those with multiple needs including older and younger disabled people can be involved in a meaningful way.

(4) Recruitment and Retention

Action Measure	An identification of different needs, experiences and priorities of any of the equality categories in relation to this policy or decision and what equality issues emerge from this. Specify the Section 75 equality categories where there are different needs Note if staff or service users
16. Explore the feasibility of providing an advocacy or specialist service within workforce with role to support and advise staff on disability issues	**Staff with a range of disabilities:** The first few years of having a disability can be challenging in terms of making sense of how you may have to do life differently. For someone acquiring a disability or long-term health condition for the first time an advocate may be the first opportunity that the individual really has to speak about disability and how it affects them. An advocate or someone with specialist knowledge can offer an important opportunity to staff who are less inclined to be open to colleagues or their line manager. **Multiple needs:** Equally importantly as staff who have a long term disability changing needs in relation to, for example, their age or gender or their caring responsibilities may benefit from the support of someone who is a specialist in this issue or who has the skill and knowledge of knowing from where else to seek support.
17. Offer mentoring opportunities for young adults and older adults with disabilities as appropriate.	**Multiple needs:** This action relates specifically to disability and age in particular where consideration of differing needs of young adults and older adults need consideration in terms of appropriateness of mentoring opportunities. Multiple needs across the spectrum of disability will also need to be considered.
18. Create and promote	**Across disabled groups:** Though drawn from England, Wales and Scotland the

meaningful placement opportunities for people with disabilities in line with good practice and commitments of Section 75 equality duties, and making use of voluntary expertise in this area.	Equality and Human Rights Commission's first Triennial Review: *How Fair is Britain*? (2010) mapped progress on equality in Britain for people with protected characteristics. The report identified those issues most urgently in need of resolution and 'closing the employment gap for disabled people' was identified as one of the top challenges facing society today. Over one in five adults in Britain today is disabled, yet only half are likely to be in work compared to four-fifths of non-disabled adults. High numbers of disabled people continue to be excluded from work opportunities that open the door to wealth, worth and wellbeing.
Produce practical guidance on process and external support available	See report by Equality and Human Rights Commission http://www.equalityhumanrights.com/uploaded_files/Employers/wb_approved_lo.pdf The shift in recent years towards a high qualification, high skill economy to compete globally, has meant that the employment penalty for those with low or no skills has increased dramatically over time. It is estimated that the employment rate for disabled men without qualifications halved between the mid1970s to the early 2000s (EHRC, 2010). Disabled people with qualifications still face barriers to work. At every qualification level, disabled people are more than three times more likely than non-disabled people to be without a job but want to work (Palmer et al, 2005). Any placement scheme will need to take account of the range of disabilities, to ensure fair access to the scheme.
19. Encourage disabled people to apply for employment opportunities and remain in the workforce (for example attend career fairs, include welcoming	Similar issues as those identified under in Action Point 17. **Making a difference: opening up work** Previous research (Williams et al, 2008) has indicated that 27 per cent of disabled people who had left a job for reasons connected with their impairment felt they could

statement and issue job adverts to local disability organisations and more flexible working arrangements and review job descriptions)	have stayed with appropriate support, adjustments or adaptations – those at the top of the list were simple and low or no cost. Evidence from our research with individuals shows that a radical change in attitudes and practices is required to really improve the working lives of disabled people. http://www.equalityhumanrights.com/uploaded_files/Employers/wb_approved_lo.pdf

Category	Needs and Experiences
	The detail of the plan is an attempt to address the issues raised via a number of sources including information on barriers facing people with disabilities which were collated in the development and responses to audits of inequalities and action plans carried out by organisations in 2010 and other research and information sources.
Gender	Disabled people have often been represented as *without gender,* as *asexual.* In this way it may be assumed that for disabled people gender has little bearing. Yet the image of disability may be intensified by gender.

In the public arena :

- more women than men are classified as disabled
- while disabled people are much more likely to live in poverty, women are likely to be poorer than men;
- younger disabled women achieve lower educational outcomes than men;
- disabled women are less likely to be in the paid workforce than either men with disabilities for non-disabled women, and in general have lower incomes from employment;
- women are less likely to have access to rehabilitation, and to employment outcomes when they do receive rehabilitation;
- the type of impairments are different for women and men, with women more likely to experience degenerative conditions, while men are more likely to experience injury-related events;
- women are more likely to experience public spaces as intimidating and dangerous.

In the private and familial arena
- disabled women are more likely to be living on their own, or in their parental family than men;
- disabled women are more likely to be divorced and less likely to marry than men with disabilities
- women are more likely to face medical interventions to control their fertility;
- women are more likely to experience sexual violence in relationships and in institutions.
- women experience more extreme social categorisation

	than men
	McClenaghan (2013) underlines the experience of a double marginalisation of people with a disability who identify as trans. This includes reported experiences of feeling excluded within the disability sector at times on the one hand and a lack of accessibility to events organised in the trans (or, at times, jointly by the lesbian, gay and bisexual) sector on the other.
Age	It is widely recognised that disability increases with age and therefore the demand on our services will grow significantly in the next decade and beyond. Although people are living longer, they will experience more years of ill-health, more people will need help with everyday activities and these numbers are likely to double by 2025. (See DHSSPSNI Physical and Sensory Disability Strategy and Action Plan 2012 – 2015) Linked with gender the age distribution for women is different to men (older versus younger);
Religion	No particular needs have been identified on the basis of religion.
Political Opinion	No particular needs have been identified on the basis of political opinion.
Marital Status	No particular needs have been identified on the basis of marital status.
Dependent Status	There is limited information on disabled adults who care, particularly adults with learning disability who care for their children or who care for older parents. As parents get older there is evidence that the caring role gets reversed. Parents with a learning disability are least likely to have access to accessible information about services and support. For parents with a child with a disability there is a lack of available information for parents regarding their child's disability. (Working together to support disabled parents, Social Care Institute of Excellence 2007)
Disability	The diversity of disabilities including: • Physical disabilities; • Sensory disabilities;

	- Learning disabilities; - Mental health disabilities; and, - Other hidden disabilities. requires attention to be given to differential needs in relation to services and the provision of information in a range of accessible formats. A response in relation to Equality Action plans from Northern Ireland Rare Diseases Partnership (NIRDP) 2013 indicated that currently, while many individuals do receive good health and social care, those affected by rare disease are often marginalised and disadvantaged due simply to their condition being rare and largely misunderstood. Integration of care within other groups is to be commended; however there needs to be a much greater recognition that rare disease creates different needs, experiences, issues and priorities in relation to policy and service delivery decisions.
Ethnicity	In some cultures people view disability as a family curse. Perceptions and attitudes amongst service providers towards minority ethnic groups that "they try to take care of it themselves" or "they look after their own" can lead to lack of appropriate support or indeed the provision of inappropriate support. Staff need to be informed through training and support and through the provision of guidance as to the needs of people with disabilities from across ethnic groups. Language barriers requires that responses also include the provision of interpreting and translation services Department of Works and Pensions research on diversity and disability http://research.dwp.gov.uk/asd/asd5/summ2003-2004/188summ.pdf indicated that Black Caribbean and African disabled people more readily described experiences of discrimination and prejudice than those from the other groups. There are also additional barriers facing asylum seekers generally so additional needs may exist in relation to those who also have a disability.
Sexual Orientation	White lesbian and gay or transgendered disabled people more readily described experiences of discrimination and prejudice than those from the other groups. See Department of Works and Pensions research on diversity and disability http://research.dwp.gov.uk/asd/asd5/summ2003-

2004/188summ.pdf
McClenaghan (2013) underlines the experience of a double marginalisation of people with a disability who identify as lesbian, gay or bisexual. This includes reported experiences of feeling excluded within the disability sector at times on the one hand and a lack of accessibility to events organised in the lesbian, gay or bisexual sector on the other.

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

The Disability Plan relates to the following key areas:

- Physical disabilities;
- Sensory disabilities;
- Learning disabilities;
- Mental health disabilities; and,
- Other hidden disabilities.

It also recognises that people with disabilities are impacted by other factors such as caring responsibilities, age, gender, sexual orientation, ethnicity and marital status, religion and political opinion.

Department of Works and Pensions - carried out research on diversity and disability http://research.dwp.gov.uk/asd/asd5/summ2003-2004/188summ.pdf
People varied as to whether, and how, they felt they had experienced disadvantage resulting from their disability, gender, age, ethnicity or sexuality. The causes of such discrimination were widely assumed to be ignorance, fear and a lack of awareness on the part of those responsible.
Reactions were mixed around the concept of 'multiple' disadvantage. It had the most resonance for African, Caribbean and gay and lesbian disabled people.
The extent to which people had felt able to overcome disadvantage was attributed to their access to personal, emotional, practical or financial resources.

2.5 **Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?**

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
In developing the disability action plan staff with disabilities and staff who had caring responsibilities for people with disabilities were actively involved in its development This entire disability action plan has been developed as positive action, in order to make a difference to staff and service users with a disability. It offers commitments through a number of concise actions that have specified outcomes and precise timelines. By adopting this action plan we believe that we will be in a position to make tangible differences. In recognising the importance of accessibility the disability action plan includes a specific action for adaption and adoption of an accessible formats policy. Disability Awareness Days • Work to feature specific disabilities will take into consideration the need to include a range of age groups, ethnic groups and genders when testimonials and case studies are selected.	The actions within the plan are time specific with specific outcomes highlighted. In progressing actions cognisance will be taken of the wider section 75 equality categories that are also the key characteristics of people with disabilities. Monitoring of the action plan on an ongoing basis is key as is the involvement of people with disabilities as identified as one of the actions in the plan. The following elements of the plan will be subjected to a stand alone equality screening, and where appropriate, equality impact assessment: • Work Placements • Staff Forum • Disability Awareness Days • Checklist and guidance for the involvement of people with a disability and their carers.

• Information distributed to staff will take on board the needs of both staff with a particular disability and staff who are carers. Work Placements • We will work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and age groups. Staff Forum • We will ensure that the way the forum operates allows people with a range of disabilities and from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats and choosing accessible venues).	

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	Impact	Suggestions
Religion	N/A	
Political Opinion	N/A	
Ethnicity	N/A	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Major impact	
Minor impact	X
No further impact	

Please tick:

No	

Please give reasons for your decisions.

The development of this Disability Action Plan is a statutory requirement in its own right. Actions identified all relate to good practice and positive action. We consider that the Plan takes account of the diverse needs of people with a disability and their carers identified to date, based on their multiple identities. Review of its implementation through agreed processes and through reports to Senior Management Team, Boards and the Equality Commission will keep this issue live and profiled.

(4)   Consideration of Disability Duties

4.1   In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
This plan has been developed in accordance with the requirements of the Disability Discrimination Act (DDA) (1995) amended by the Disability Discrimination (NI) Order 2006 public authorities are required when carrying out their functions to give due regard to two specific duties, that of: • promoting positive attitudes towards disabled people; and, • encouraging participation by disabled people in public life. This action plan demonstrates a commitment to the fulfilment of these duties. A number of the actions relate specifically to this duty. Through action engagement in its development, implementation and review.	Implementation of the disability action plan

4.2   In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	What else could you do to promote positive attitudes towards disabled people?
As above in relation to the legislative requirement. As above a number of the actions relate specifically to this duty Through action engagement in its development, implementation and review	Implementation of the disability action plan

(5)   Consideration of Human Rights

5.1   Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	yes
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	yes
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1st protocol Article 2 – Right of access to education	

If you have answered no to all of the above please move onto to move on to **Question 6** *on monitoring*

5.2 **If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?**

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise any legal issues?* Yes/No
	Not interference Cross cutting impact. The intent of the Disability Action Plan is the positive promotion of Human Rights.		No

* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this

5.3 **Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.**

Giving cognisance of human rights based approach in the implementation and monitoring arrangements associated with the disability action plan.

(6)   Monitoring

6.1   What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?

Equality & Good Relations	Disability Duties	Human Rights
On-going monitoring of the plan inclusive of people with disabilities Staff data to improve the information data set in relation to employment is key.	Monitoring data in relation to actions as specified within the plan	Monitoring data from review of the disability action plan to consider human rights issues.

Approved Lead Officer: Rosemary Taylor

Position: Assistant Director Planning and
                                                Operations

Policy/Decision Screened by: Anne Basten, Equality Unit, Business
                                                Services Organisation

Signed: August 2015
Date:

Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.

Any request for this document in another format or language will be considered. Please contact us at **equality.unit@hscni.net** or on 028 9536 3961 or at BSO Equality Unit, 2 Franklin Street, Belfast BT2 8DQ

HSC Organisations involved in this screening exercise
Blood Transfusion Service
Business Services Organisation
Health and Social Care Board
NI Guardian Ad Litem Agency
Northern Ireland Medical and Dental Training Agency
NI Practice and Education Council for Nursing and Midwifery
Northern Ireland Social Care Council
Patient and Client Council
Public Health Agency
Regulation and Quality Improvement Authority
Safeguarding Board for Northern Ireland