

**Equality Commission for Northern Ireland's Response to
the Health & Social Care Trusts & NI Ambulance Service's Consultation on
their Draft Equality Action Plans 2017-2022**

November 2017

Introduction

The Commission welcomes the opportunity to comment on the Trusts' and the Northern Ireland Ambulance Service's third Section 75 Action Plans, which cover the five-year period from 2017-2022. We acknowledge the range of initiatives that the Trusts and NIAS have undertaken over the last planning cycle, aimed at embedding the principles of equality and good relations into policy, planning and practice. The Commission was also pleased to take the opportunity to provide an input at the Trusts' pre-consultation event on the equality action plans in January 2017, where views from stakeholders were gathered to help inform the Trusts/NIAS draft equality action plans.

We welcome the decision by the five Trusts and the NI Ambulance Service to work collaboratively over the next five years to deliver a joint regional equality action plan in addition to local plans specific to each Trust area. In the Commission's view, working in partnership provides the Trusts and Ambulance Service with the opportunity to identify regional priorities, to share best practice and pool resources, complementing work at the local level.

We have reviewed the equality action plans for the five Trusts and NIAS, our response is based on a high-level assessment of the strengths and weakness of both the joint regional plan and the plans specific to each Trust area. While we have not considered each action in detail, we have identified broad areas for improvement and have made a number of recommendations aimed at encouraging the Trusts and NIAS to focus on actions which are likely to reduce health inequalities and improve health outcomes.

Audit of inequalities and Section 75 Action Plan

The purpose of an audit of inequalities is for each public authority to think about the inequalities which exist for its service-users, staff and those affected by its policies. The Commission recommends that all public authorities consider the following key areas in their audit of inequalities: employment; service delivery; promoting good relations and tackling prejudice, and participation of public life. We also recommend that public authorities, in carrying out their audit, consider the key inequalities identified by UN monitoring bodies under the range of UN Conventions relevant to the Section 75 groups, for example, the Convention on the Elimination of Discrimination Against Women (CEDAW), the UN Convention of the Rights of Persons with Disabilities (UNCRPD) and the Convention on the Elimination of Racial Discrimination (CERD).

While the Trusts/NIAS outline that its audit of inequalities informed the draft Equality Action Plans (EAPs), the draft EAPs do not outline what the key inequalities, that have been identified, are. We note that the Trusts' previous Section 75 Action Plans (2014-2017) indicated that inequalities were outlined in the audit of inequalities document entitled '*Emerging Themes : Section 75 Equality Groups.*' It is unclear if this '*Emerging Themes*' document has been revised and updated to inform the development of the 2017-2022 draft EAPs. The Commission advises that the Trusts should provide a summary in the 2017-2022 Equality Action Plans of the key inequalities that the Trusts have identified and are focussing on addressing.

Having carried out an audit of the inequalities that exist for a public authority's service-users and staff, the Commission recommends that public authorities develop a Section 75 action plan, where it sets out, and prioritises, the actions that it plans to take to help address the inequalities which it has identified. The [Commission's S75 Guide](#) advises that, 'action measures and plans to promote equality of opportunity and good relations should be informed by an analysis of the inequalities that exist for those Section 75 categories affected by the functions of the public authority'¹. The actions contained in the Section 75 action plans should be SMART (i.e. specific, measurable, attainable, realistic and timely (or tied to a deadline)), and have performance indicators and targets attached.

HSC Trusts will be aware of the main inequalities relating to the health sector, evidence and information relating to these is available from, for example, research on health and social care inequalities, the Equality Commission's key inequalities

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research and our policy position papers in relation to race, gender, etc. Trusts will also gain feedback from its service-users and staff. Based on existing evidence-based inequalities, Trusts' Section 75 action plans should highlight and prioritise the actions which they intend to take in the five year period of their plan to tackle these inequalities.

In the draft EAPs the Trusts/NIAS ask consultees to refer to their respective Annual Progress Reports (APRs) for the past three years for details of progress relating to the Trusts' previous EAPs (2014-2017). Having referred to these Annual Progress Reports as directed in the draft EAPs, it appears they only state the number of actions in the 2014-2017 action plans which were completed and the number of actions which are ongoing. However, there is no indication of what any of these actions are or what progress specifically has been made. This is quite a complex way to set out progress made by Trusts on previous action plans.

The Commission advises that there should be greater clarity in the EAP's Trusts/NIAS i.e. include at least a summary in the EAP 2017-2022 of what has been achieved/outcomes from their previous equality action plans (i.e. for 2014-2017). This would enable consultees to review more easily the progress the Trusts/NIAS have made in addressing existing inequalities to date and what priority next actions could/should be.

Recommendations

The Commission recommends, therefore, that the Trusts/NIAS make clear to consultees where its audit of inequalities can be obtained, and that Trusts/NIAS revise their 2017-2022 equality action plans to include a summary of the inequalities that have been identified and that they are aiming to tackle via the regional and local equality action plans.

The Commission also recommends that the Trusts/NIAS include a *summary of the key inequalities* the plan aims to address and a *summary of what has been achieved/outcomes from the 2014-2017* equality action plans, in the 2017-2022 EAPs.

Furthermore, we recommend that the equality action plans developed by the Trusts/NIAS include further additional information on the sources which have been used to inform the audit of inequalities and the actions identified.

Consultation

The Commission is pleased to note that the Trusts have consulted with stakeholders in the development of their equality action plans, and that BHSCT and SHSCT published an outcome report, following consultation.

While we welcome the decision taken by the Trusts to hold a pre-consultation event on the joint regional plan, the extent of what has been taken on board or addressed from that event is unclear. For example the Commission notes that a number of issues identified as priorities at the January 2017 consultation event are not included in the draft regional plan, for example, good relations issues. The EAP should set out what has been addressed by the EAP and if there are areas that the Trust cannot address at this time to explain why and how issues are prioritised.

With regard to Section 75 (2), i.e. the duty to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion, we welcome that the Belfast Trust and Northern Trust have a Good Relations strategy and action plan in place. The Commission advises that other HSC Trusts should consider developing good relations strategies and action plans in order to help demonstrate to their obligations under Section 75 (2), and that this is included in the EAP at local levels.

The [Commission's S75 Guide](#) recommends that consideration be given as to whether face-to-face meetings, focus groups, written documents with the opportunity to comment in writing, questionnaires, information/notification by email with an opportunity to opt in/opt out of the consultation, internet discussions or telephone consultations, are appropriate methods of consultation². The Guide also notes that a key aspect of effective consultation is providing feedback demonstrating how the consultees input was considered and how it affected decision-making.

Recommendations

We recommend that the EAP should set out what consultation event raised issues have been addressed by the EAP and if there are areas that the Trust cannot address at this time to explain why and how issues are prioritised.

We recommend that the Trusts identify other methods of obtaining feedback from consultees, if not already undertaken, over and above feedback from the January 2017 pre-consultation event. Other meaningful mechanisms should be utilised for

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engaging with individuals and representative organisations (including through dedicated outreach with hard-to-reach groups such as transgender people, Travellers and Roma and refugees).

Furthermore, we recommend that the Trusts and Ambulance service include in their equality action plans reference to what actions they plan to undertake to meet their obligations under Section 75 (2), i.e. the duty to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion.

Focus on outcomes

We welcome the approach taken by the Southern Trust in developing both outputs and outcomes in its plan. However, in general, the Commission is concerned that the draft EAPs appear to be process-driven and output, rather than outcome, focussed. As a result, it is unclear how many of the measures will impact on the quality of patient care, will reduce health inequalities or improve health outcomes.

As mentioned above, and set out in the [Commission's S75 Guide](#), action measures should be specific, measureable, linked to achievable outcomes, realistic and timely³. Actions that are more likely to be effective in mitigating the effects of health inequalities at an individual level may require the re-design of services to target high-risk individuals and provide intensive, tailored support for those with greatest need.

Recommendation

The Commission recommends that the EAPs are revised to include both outputs and outcomes relevant to improving patient experience; reducing health inequalities and improving health outcomes for particular Section 75 Groups. We also recommend that outcomes include actions relevant to developing a better supported and more representative workforce.

Assessment of actions

The Commission welcomes the proposals set out in the joint plan designed to improve the quality of the Trusts' and Ambulance Service's screening and EQIAs processes and, for example, its commitment to improving communication with stakeholders; showcasing best practice; enhancing patient experience and involving patients and their carers in the co-design of services.

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While the Commission does not have the information to make a detailed assessment of the actions included in the EAPs, in general we welcome proposals to ensure access to services for Section 75 groups, including:

- to simplify the HSCT recruitment and selection process through the development of an easy-to-follow information leaflet (*Joint draft equality plan*)
- to co-design a staff information booklet aimed at raising awareness and understanding of Traveller history and culture (*Joint draft equality plan*)
- to develop a regional Gender Identity and Expression Policy (*Joint draft equality plan*)
- to extend the remit of employability schemes and enhance employment opportunities for marginalised S75 groups (*Joint draft equality plan*)
- to prepare for the introduction of Age Discrimination Regulations (*Joint draft equality plan*)
- to develop best practice in supporting staff who are victims of domestic violence and abuse (*Joint draft equality plan*) and;
- to ensure compliance with new legislation governing gender pay reporting and address any inequalities identified⁴ (*Joint draft equality plan*)

Recruitment and Selection

The Commission notes and welcomes that the Trusts plan to take steps to ensure access to its recruitment and selection process, including, as mentioned above, the development of an easy-to-follow information leaflet.

In recent years, with the introduction of Shared Services, the Trusts have moved almost exclusively to online recruitment. The Commission has advised Trusts on a number of occasions that this could have the effect of discouraging or making it more difficult for people with disabilities from applying for jobs in the health sector. The Commission has advised Trusts that they must ensure that they have alternative arrangements in place to mitigate against any potential adverse impacts in this regard, including, for example, the option to submit written hard copy application forms.

We note that this issue was also raised by stakeholders at the pre-consultation event in January, where they recommended that Trusts '*simplify the recruitment and*

⁴ It is also important to note that, while still in draft, the NI the legislation goes further than GB gender pay gap reporting, to include workers within each pay band based on ethnicity and disability. The Trust action should include these additional S75 groups.

selection process to encourage disabled people to apply, as the online applications process can be confusing for and deter applications from some disabled people.'

Also of relevance regarding HSCT recruitment and selection processes, the Commission has highlighted to Trusts the importance of ensuring that HSCT recruitment and selection processes are equally accessible to external applicants as well as internal applicants, as if the recruitment and selection process favours internal candidates with more knowledge of the HSC online recruitment procedure, it could potentially perpetuate existing religious under-representations within Trust workforces. Trusts should ensure work *'to simplify the HSCT recruitment and selection process through the development of an easy-to-follow information leaflet'* takes cognizance of any recommendations resulting from Trust Article 55 Reviews.

In addition we note, that the Trusts/NIAS have committed in their action plans to, *'extending the remit of employability schemes and enhancing employment opportunities for marginalised S75 groups.'* While we welcome this commitment, we would recommend that the Trusts and NIAS provide more information in its EAPs on *how* it intends to do this, and that Trusts & NIAS set targets in order to measure the level of success in this area. We note also that one of the suggestions from stakeholders at the event in January 2017 was that Trusts *'introduce targeted employability programmes.'* HSCTs included in a previous equality action plan a target of increasing the proportion of care leavers in education, training and employment by 50%. It is not clear if this target was achieved or what progress was made in this regard. Given the size of the Trusts' workforce, we would recommend that the Trusts include targets, and ambitious targets at that, to employ a certain number of people with disabilities and care leavers in a certain time period.

The Commission also acknowledges the actions identified in the local equality action plans to improve access to services, and improve the quality of provision for particular Section 75 groups, including the following proposals:

- to make the appointment process for people with sensory and visual impairments more accessible (*WHSCT draft action plan*)
- to provide access to services for members of the prison population who are foreign nationals or who do not speak English⁵ (*SEHSCT draft action plan*)

⁵ The Commission notes, however, that the action reflects ongoing practice. The Commission encourage the Trust to identify what new or additional actions could be developed to improve patient experience and health outcomes for this population subgroup.

- to dedicate a section of the Trust website to translated materials and communications in both easy-read and sign language (*SHSCT draft action plan*)
- to review the Trusts Multi-Cultural and Beliefs Handbook (*SHSCT draft action plan*)
- to train 'I Can Cook it' facilitators to deliver programmes to adults with a learning disability (*SHSCT draft action plan*)
- to implement a Health and Wellbeing Plan for people with learning disabilities (*SHSCT draft action plan*)
- to engage with Traveller women as part of the patient-client experience initiative and create employment opportunities for Travellers (*SHSCT draft action plan*)
- to audit and improve the provision of facilities and services for service-users (*Ambulance Service NI*)

We particularly welcome the actions proposed by SHSCT to agree priorities for improving Traveller health, and improving the physical health of disabled people through the development of breast cancer screening information for people with disabilities. We would encourage other Trusts and the Ambulance Service to develop a similar process to help identify outcome actions to address health inequalities, based on their own audits of inequality.

We also welcome the action proposed by the SHSCT to promote wellbeing among refugees⁶. We have previously noted that tackling health inequalities will require action to address the wider social determinants of health. We have also recommended the need for urgent action to address poverty and social exclusion experienced by a range of Section 75 equality groups.

In developing their equality action plans, Trusts and NIAS are required to prioritise which inequalities to address. The Commission is concerned that key inequalities have been overlooked and that actions to address the inequalities experienced by Section 75 Groups have not been fully developed. For example, Northern Ireland has higher rates of mental ill health than elsewhere in the UK. However, there are few actions in any of the Trusts' plans which directly address mental health inequalities. Also, while North and West Belfast have the highest suicide rates in Northern Ireland (and in the whole of Europe), there do not appear to be any clear actions in BHSCT's action plan which address mental health and suicide.

⁶ The Commission would welcome clarification on the inclusion of 'Irish' refugees within this group.

While the Commission appreciates that the equality action plans developed by the Trusts and NIAS reflect the size and resource capabilities of the organisations, we are of the view that some of the equality action plans include a very limited number of actions. For example, the SEHST action plan includes only two actions, and the Ambulance Service equality action plan includes no specific actions in Years 3 or 4⁷.

We are also of the view that a number of actions included in the equality action plans could be strengthened. In our view actions should go *beyond establishing processes to achieve change*.

Moreover, the Commission has previously highlighted a range of inequalities across the Section 75 grounds which result in poorer health outcomes for a number of equality groups, including Irish Travellers⁸⁹; and people with learning disabilities¹⁰; barriers for older and younger people in accessing health services¹¹, including prejudicial ageist attitudes¹²¹³; and high levels of poor mental health among young gay men^{14 15}. We have further noted the disadvantage, both in terms of access to specialist healthcare and the lack of transgender awareness, in the general health care service¹⁹.

Given the availability of this evidence, we are disappointed to note that neither the regional plan nor the local equality action plans include reference to the Equality Commission's policy position papers on different equality strands (as set out below), and include only a limited number of actions to address the health and social care inequalities identified in these reports:

⁷ The Commission notes that the Service will continue to promote PRIDE across NIAS and deliver equality measures for LGBT staff in Years 1-5

⁸ ECNI(2014): [Racial Equality – Priorities and recommendations](#), para 7.2, page 28

⁹ For example: The 2010 All Ireland Traveller Health Study highlighted that average life expectancy for Traveller men has decreased since 1987

¹⁰ Independent Mechanism for Northern Ireland (May 2014): United Nations Convention on the Rights of Persons with Disabilities - Jurisdictional 'Parallel' Report on Implementation in Northern Ireland, pages 42-43. Available at: <http://www.equalityni.org/uncrpd>

¹¹ ECNI (2016): [Age Equality – Policy Priorities and recommendations \(draft\)](#), Chapter 6, pages 8-16

¹² ECNI (2016): [Age Equality – Policy Priorities and recommendations \(draft\)](#), para 5.5, page 5

¹³ See the Commission's publication [Strengthening Protection for All Ages](#)

¹⁴ ECNI (2016): [Promoting Sexual Orientation Equality – Priorities and Recommendations](#), para 6.44, page 23

¹⁵ For example, [Out on Your Own](#) found that over one third (34.4%) of respondents had been diagnosed with a mental illness at some time in their lives and over one quarter (27.1%) had attempted suicide. ¹⁹ ECNI (2016): [Gender Equality – Policy Priorities and Recommendations](#), para 11.8, page 44 ²⁰ Marmot et al (2010): [Fairer Societies, Health Lives](#), page 39.

- ECNI (2014): [Strengthening Protection for all ages from age discrimination outside the workplace](#), ICR.
- ECNI (2014): [Racial Equality: Policy priorities and recommendations](#)
- ECNI (2015): [Sexual Orientation Equality: Policy Priorities and Recommendations](#)
- ECNI (2016): [Gender Equality – Policy Priorities and Recommendations](#)
- ECNI (2016): [Age Equality – Policy Priorities and Recommendations](#)
- ECNI (2017): [Jurisdictional ‘Parallel’ Report on Implementation in Northern Ireland](#)
- PfG/ Budget policy position and recommendations (May 2016) - a [Key Point Briefing](#) and [full policy position](#).
- Response to the PfG Framework consultation (July 2016) - [Key Point Briefing](#) and [full response](#).

A summary of some of the key health inequalities the Commission has identified is set out at Annex A.

We would also draw the Trusts’ attention to the Commission’s Programme for Government¹⁶ response, which has highlighted the need to improve health outcomes across the Section 75 grounds and remove barriers to health and social care experienced by particular Section 75 equality groups, such as older people, LGB people, Irish Travellers and other minority ethnic communities. In particular, we have recommended action to:

- tackle health inequalities across Section 75 grounds;
- address barriers that people face in accessing health care;
- improve both physical and mental wellbeing and meeting the health needs of all people, including older people and disabled people, as well as supporting carers;
- ensure investment in health care so as to address the specific needs of equality groups, including the health care needs of people with disabilities; and young people’s mental health needs;

It is not immediately clear whether these priorities have been addressed, other than in a very limited way, in the equality action plans developed by a number of Trusts.

¹⁶ ECNI (2016): [Recommendations: Programme for Government \(PfG\) and Budget](#)

Recommendations

We recommend Trusts should ensure work '*to simplify the HSCT recruitment and selection process through the development of an easy-to-follow information leaflet*' takes cognizance of any recommendations resulting from Trust Article 55 Reviews.

We recommend that the Trusts' and Ambulance Service's final equality action plans take account of the Commission's policy recommendations on health and social care, and are revised to include targeted actions to improve equality outcomes for Section 75 groups. A number of the action plans could also be further developed and broadened in scope. We further recommend that actions are accompanied by more specific outputs, and that outputs and outcomes should be separately defined.

We recommend that in relation to the Trusts '*extending the remit of employability schemes and enhancing employment opportunities for marginalised S75 groups.*' that the Trusts and NIAS provide more information in its EAPs on *how* it intends to do this, and that Trusts & NIAS should set ambitious targets in order to measure the level of success in this area.

In developing actions the Trusts may wish to consider how the action is likely to contribute to draft Programme for Government indicators.

While the Commission welcomes actions included in the Trusts' plans to develop regional guidance for health and social care staff to ensure that LGBT and older people in BME communities have access to services, we recommend that the Trusts also examine a broad range of structural barriers and perceived barriers to accessing services.

We welcome the Trusts' regional proposal to prepare for the introduction of Age Discrimination Regulations. In addition to raising awareness through an event, we consider there would also be value in conducting an in-depth review to develop an evidence-base, so as to assess the level and extent of age discrimination and age equality in health and social care. We recommend that this review should cover all ages, including older people and children & young people, and all services, including mental health services.

It is worth noting that a review was carried out in Great Britain in 2009 into age equality in health and social care (*'Achieving age equality in health and social*

*care*¹⁷), prior to the introduction of legislation in relation to good, facilities and services. Carrying out a review would also be consistent with actions to achieve standards set out in the older people's service framework (including standard 2)¹⁸.

The Commission would welcome discussion on proposals to work in partnership with the health and social care sector as part of a Joint Consultative Forum.

We acknowledge that both the regional and the SHSCT equality action plans note the need to ensure that equality is at the heart of procurement. As procurement is such a large and key function in the HSC Trusts, we recommend the Trusts include a specific commitment in their action plans to *complying* with the Commission's guidance on '*Equality of Opportunity and Sustainable Development in Public Sector Procurement*'.

We understand that BHSCT has taken forward extensive and significant work to promote better health outcomes for some groups (for example, in relation to Travellers and Roma and Refugees) and that further work is planned. However, this does not appear to be referenced in the BHSCT draft action plan. We recommend that in revising their action plans, Trusts ensure that they take account of the full range of work being taken forward in their specific Trust area and, where appropriate, that the learning from this work is shared between Trusts.

Monitoring and Evaluation

While Trusts/NIAS have committed to reviewing the equality action plans and reporting to the Commission, it is otherwise unclear how the actions contained in the EAPs will be monitored and evaluated. The Commission would highlight the importance of Trusts/NIAS ensuring that it has effective equality monitoring systems in place, in order to assess if the initiatives, projects, training, programmes, etc. that they are developing and implementing are actually having the effect of reducing inequalities in the health sector.

The Commission welcomes the decision by the Southern Health and Social Care Trust to re-establish the regional ethnic monitoring project, which aims to encourage the mainstreaming of Section 75 equality monitoring in both new and planned enhancements to existing information systems in the Trust.

¹⁷ Carruthers and Ormondroyd (2009): [Achieving age equality In health and social care](#)

¹⁸ DHSSPSNI (2013): [Service Framework for Older People](#)

Recommendations

As set out in the [Commission's S75 Guide](#), the Commission would urge the Trusts/NIAS to consider what monitoring information they will need to collect in order to evaluate whether the actions/measures set out in the EAPs have been achieved, and the degree to which the outcome has been achieved¹⁹.

We recommend that the Trust also considers how both existing and new systems can be adapted to capture data on ethnicity in line with the Executive Office's Guide on Monitoring Racial Equality.

Furthermore, we recommend that Trusts ensure the development of a robust monitoring and evaluation framework to accompany each equality action plan that will inform progress towards the longer-term for strategic actions. Performance indicators should be developed to measure progress over the life of the EAPs (for example, percentage of staff trained, percentage of staff with learning disabilities recruited, etc.).

The Commission emphasises the need for all measures to be disaggregated by Section 75 ground, so as to ensure that all measures are capable of tracking progress not only in aggregate terms, but across all Section 75 grounds, and for this information to be used in the development of Trust policy. Such an approach will not only assist in providing a robust evidence base to assess and advance equality of opportunity, but will also contribute to the fulfilment of the Trusts' and NIAS's statutory equality and good relations duties.

We are happy to provide further clarification on the advice set out above, or to meet collectively or individually with the Trusts' Equality Leads to discuss the Commission's policy and Section 75 recommendations.

6 November 2017

Brenda Hodkinson - Equality Officer

Kevin Oakes – Equality Officer

Claire McKeown – ECNI Policy Officer

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1 Annex A

- 1.1 **Age:** action is required to address lacking of funding for Children and Adolescent Mental health services, the inappropriate detainment of children on adult psychiatric wards; problems for younger people in transitioning to adult services; lack of protection against unlawful age discrimination in health and social care for people of all ages; lack of access to treatment for young trans people; the inadequacy of domiciliary for some older people; and the need for adequate support for older people to both manage their own care and use assistive technologies. For further information see [Age Equality – Policy Priorities and Recommendations](#)
- 1.2 **Ethnicity:** action is required to address poor health outcomes for minority ethnic groups (in particular, Traveller, Roma, asylum seekers and refugees); problems for migrants in accessing health services; specialist services to address the needs of asylum seekers and refugees with mental health issues and women who have experienced Female Genital Mutilation (FGM). For further information see [Racial Equality – Policy Priorities and Recommendations](#)
- 1.3 **Gender:** action is required to address the particular needs of women and men, trans people and those with multiple identities; men’s lower life expectancy, higher suicide rates and health risks for men in relation to alcohol, drug and substance abuse; address barriers to women accessing reproductive health care; raise understanding amongst health / social care professionals of gender equality, including gender identity; and address gaps in research as regards the experiences of trans people. For further information see [Gender Equality – Policy Priorities and Recommendations](#)
- 1.4 **Sexual Orientation:** action is required to address significant barriers to accessing health care experienced by lesbian and bisexual women; discriminatory behaviour experienced by LGB people in receiving health care; lack of access to healthcare experienced by same –sex couples in terms of their ability to access IVF fertility treatment and high levels of mental ill-health experienced by young gay men. [Promoting Sexual Orientation Equality – Priorities and Recommendations](#)

1.5 **Disability:** action is required to address access to sexual health and maternity services for disabled women; health inequalities (including the poor physical health outcomes for people with learning disabilities); lack of accessibility of health information for people with a learning disability; high rates of suicide and mental ill-health as well as issues around the adequacy and funding of mental health care; issues for prisoners in accessing mental health services; issues around the treatment of disabled people in nursing homes; problems around the availability and accessibility of services for individuals with a learning disability living in the community; access to a range of in-home, residential and other community support services; transportation for people with disabilities in Northern Ireland; and issues regarding meeting the health, care and social needs of persons who would have hitherto been eligible for ILF funding. *UNCRPD - Jurisdictional 'Parallel' Report on Implementation in Northern Ireland (Working Paper)*