Health and Social Care Trusts' consultation on Equality & Disability Action Plans 2023 - 2028

Equality Commission for Northern Ireland Consultation Response

29 September 2023

The Commission welcomes the six Health and Social Care Trusts' consultations on their revised Equality Action Plans (EAPs) and Disability Action Plans (DAPs).

Commission advice is provided below, in two parts:

Part 1: **Advice and Compliance advice relating to anti-discrimination legislation, Disability Duties legislation and Section 75**. (Pages 2-10 and Appendix1 Pages15-18 of this response). Separate advice is provided in this section on both the EAP and DAP consultations.

If you have any queries relating to this advice, please contact Brenda Hodkinson, Equality Officer, bhodkinson@equalityni.org

Part 2: **Policy advice highlighting key Commission policy advice and key inequalities, which the Trusts may have the potential to impact upon**. (Pages 10-14 of this response). This policy advice should be taken into account relating to both the EAP and DAP and the advice is not separated out.

If you have any queries relating to this advice, please contact Paul Noonan, Policy Manager, pnoonan@equalityni.org

This Commission consultation response / advice should be used along with all other consultee feedback when reviewing and finalising Trust EAPs and DAPs, following consultation.

Part 1: Advice and Compliance advice relating to anti-discrimination legislation, Disability Duties legislation and Section 75

Consultation methods

The Commission notes and welcomes the extent, over a period of time, of the Trusts' pre-consultation and engagement with a wide variety of consultees. We note and welcome that the Trusts have used a variety of consultation methods to involve stakeholders, representative groups and individuals in the development of its DAPs and EAPs, and have produced consultation materials in a variety of formats including ISL and BSL consultation videos, large font, DAISY and in a number of minority ethnic languages.

Consultation 1: Disability Action Plans

The Disability Duties were introduced within the legislative framework of the Disability Discrimination (NI) Order 2006 as part of a series of changes to the Disability Discrimination Act 1995 (DDA).

The DDA is primarily focused on eliminating discrimination against disabled people in the fields of employment, the provision of goods, facilities and services, education and transport. The *'disability duties'* are positive mainstreaming duties which focus on proactive implementation of a range of measures which contribute to improving the way in which public authorities work in order:

- to better promote positive attitudes towards disabled people; and
- to improve the level of disabled peoples' participation in public life.

The Commission welcomes the action measures included in the Trusts' Disability Action Plans, including for example: the commitment to reviewing disability equality training at the Trusts; developing and promoting a directory of advocacy and support services; the commitment to reviewing employability schemes and opportunities at the Trusts and regional sign language and interpreting services. In order to assist the Trusts to prioritise actions within their DAPS, we provide the following advice.

ECNI Recommendations: Some Commission recommendations that Health Trusts should consider when they are finalising their Disability Action Plans, are as follows:

1. Outcomes from previous DAPs: It would be useful if the Health Trusts could highlight in their 2023-2028 DAPs the progress and outcomes achieved for the Section 75 groups from the action measures carried out during the previous DAPs, i.e. the 2018-2023 DAPs, and outline any key learning points going forward. Trusts should consider and summarise in its revised DAPs what

difference the 2018-2023 action measures made, i.e. what improvements were achieved for the Section 75 groups as a result of the action measures?

2. Commission DAP advice: The Equality Commission recently issued guidance which provides a range of examples of action measures to promote positive attitudes towards disabled people and to encourage disabled people's participation in public life:
   - **Disability Action Plan Example Action Measures**
   - **Encouraging the participation of disabled people in public life**

   Trusts may find it useful to review draft DAPs against these example action measures and consider which may be relevant to the range of functions and services the HSC Trusts and NI Ambulance Service provide.

3. Some actions in the draft DAPS are DDA compliance with Part II (Employment) and Part III (Access to Goods, Facilities and Services) of the DDA, not specifically related to the two DDO duties. The Commission recommends that Health Trusts' disability action plans (DAPs) focus specifically on these two duties and not disability work more generally. If other disability related work is included in the DAPs, the actions to meet the 'disability duties' specifically should be highlighted or differentiated in some way for ease of reference to consultees.

   An example of an appropriate action measure relating to access to Goods Facilities and Services that builds upon 'compliance' with the DDA is concerning 'services easier to use' - would be having all new building meeting higher standard building regulations i.e. BS8300, rather than simply meeting Part R of the Building regulations. Any actions that build on compliance with other part of the DDA would be appropriate.

4. Local actions as well as regional actions**:** The Commission notes that the Trusts have developed the DAPs on a regional basis and acknowledges that this is good in terms of pooling resources, expertise and learning. In addition to this the Commission recommends that each Trust considers the need for any local action measures relating to specific Trust issues or areas of development relevant to the duties.

5. 'Encouraging others' to promote the duties: Health Trusts should also consider what actions they can take to encourage other organisations within the Trusts' sphere of influence to promote positive attitudes / encourage disabled people's participation in public life, for example, within procurement and Service Level Agreements or funding with third sector organisations.

An example of encouraging others actions is, we note and welcome, that the action plan for example will extend disability awareness training requirement to private domiciliary care workers, which we know was raised at one of the consultation events.

6. Clear and outcome focused action and performance indicators**:** Some of the actions in the DAP are unclear in terms of what the intended outcome(s) is/are and how Trusts will be able to measure these. The Commission advises that the Trusts include clear and measureable Performance Indicators linked to action measures, to ensure Trusts can assess progress and what difference the action measures are making in relation to achieving progress with the two specific disability duties. (See Appendix 1 of this response for further advice on DAP/EAP Performance Indicators)

   For example, the action: '*review employability schemes'* is not a SMART action measure. Trusts should include more specific, outcome-focused actions and performance indicators, for example, include a target to provide x number of work placements within a certain time, or ring-fence x number of employed posts for disabled people within a timeframe. More specific and measured actions will assist monitoring the impact of individual actions.

7. Working in partnership with stakeholders: We note, at action measure 21 of the DAP, the Trusts' commitment to work with stakeholders, including the Equality Commission, to ensure the Disability Discrimination Act and its relevance to health and social care is made easier to understand. We recommend that the any action measures included in the Trusts' action plans, which involve working with stakeholders, are agreed with the relevant stakeholders before they are included in plans.

8. More challenging and outcome-focused actions relating to employment of disabled people: The Commission welcome the Trusts' commitment in the draft 2023-2028 DAPs *'to review employability schemes at the Trusts to enhance employment opportunities for those with disabilities'* and '*to partner with the community sector to support disability placement schemes for people with disabilities.'* As advised by the Equality Commission in the Trusts' previous DAPs, given the size of the Trusts as an employer, collectively with almost 60,000 staff, the Commission would recommend that the Trusts include more ambitious and outcome-focused disability employability targets in their DAPs.

   Evidence shows that people with disabilities are much less likely to be in employment than people without a disability, and furthermore that disabled people were more adversely affected by the impact of Covid in recent years. As

referenced in point 6 above, in relation to performance indicators/targets, we advise setting targets and performance indicators for disability employability schemes in the Trusts, to ensure an outcomes focus for these commitments.

9. Equality proof new Patient Record System - 'Encompass': The Commission welcomes the Trusts' commitment in their DAPs to *'ensure that the new digital integrated care record (Encompass) facilitates mandatory fields relating to the communication support of service users who are disabled'* to help ensure that communication support needs are recorded for service users. However, the Commission would recommend that commitments broader than the communication needs of disabled people are considered, for the purposes of the DAP. In addition, the equality impacts across all of the Section 75 groups/multiple identities at the design stage (BSO, Department of Health and Trusts) must be assessed using screening and/or equality impact assessment (EQIA). Any implementation of the systems must also be equality assessed by Trusts and this should be included in the DAP and EAP.

   In addition, consultees at the Trusts' consultation event on 26th September 2023 raised about patients being able to add information to the Encompass, for example, relating to communication or mobility needs.

10. Positive attitudes towards disabled people: the Commission notes and welcomes that the Trust is reviewing Training Guide/Toolkits. A DAP action commits the Trusts to using pictures of '*Disabled people using services'*, the Commission recommends also using pictures of 'employees' with disabilities, this would help to improve attitudes towards disabled people, i.e. to highlight that disabled people are not only in receipt of services, they are employees and potential employees also.

Consultation 2: Audit of inequalities & Equality Action Plans

The purpose of a *Section 75 equality and good relations action plan* is to assist public authorities to prioritise actions to address persistent inequalities.

The aim of the Trusts' '*audit of inequalities'*, is for the Trusts to produce a strategic picture of the inequalities that regionally or locally that Trusts may be in a position to influence, depending on their functions and remit. The Trusts can use their audit to develop a 'Section 75 equality action plan' (EAP) to help to address inequalities relative to their functions.

The Commission appreciates the breadth of functions the Trusts have, and the potential they have to promote equality of opportunity and good relations. We welcome the varied initiatives and work the Trusts have undertaken to ensure that

equality and good relations are at the centre of its policy development and service delivery roles. In order to assist the Trusts to prioritise actions for EAPs we provide the following advice:

ECNI Section 75 EAP Recommendations: Some Commission recommendations that Health Trusts should consider when they are finalising their S75 Equality Action Plans are as follows:

1. In carrying out its audit of inequalities and developing and prioritising action measures, the Commission recommends that the Health Trusts consider data and actions in the following key organisations functional areas:
   - employment;
   - service delivery and exercise of public functions;
   - procurement;
   - promoting good relations and tackling prejudice;
   - participation in public life.

   The Commission understands that the Trusts have approached the structure of their DAPS and EAPs differently. We recommend inclusions of actions that cover each of the above functional areas, within whatever structure a public authority decides to undertake. The Commission has research and policy advice on key inequalities in all these functional areas.

   For example: *Procurement* does not appear to be covered in the EAP but is a significant function across the Trusts. The Commission would highlight the importance of ensuring staff involved in procurement are aware of the Trusts' statutory equality duties, ensuing procurement procedures are equality screened at the earliest opportunity, and that the Trusts consider ways in which they can better promote equality of opportunity with regard to procurement Equality of opportunity and Sustainable Development in Public Sector Procurement Guidance. Enclosed also is an article relating to Social Value that Trusts may find useful. ECNI - Adding social value in tendering processes (equalityni.org)

2. Commission Policy positions - useful source of data for audit of inequalities: The Equality Commission has a number of useful publications and updated policy positions which the Health Trusts should/could consider as part of its audit of inequalities, including:
   - *ECNI Programme for Government Paper*
   - *Equal access to all at work 2023 briefing paper*
   - *https://www.equalityni.org/SexualOrientation*
   - *https://www.equalityni.org/Disability*
   - *ECNI - Delivering Race Equality in Northern Ireland (equalityni.org)*

- *ECNI - Delivering Gender Equality in Northern Ireland (equalityni.org)*
- *ECNI - Delivering Age Equality in Northern Ireland (equalityni.org)*

3. Commission advice to Department of Health on its 2023-2024 Budget/Spending Plans Trusts may also find it useful to consider the policy advice regarding key inequalities in health contained in the Equality Commission's response to the Department of Health's Budget EQIA - ECNI consultation response: Department of Health Budget 2023-24 Equality Impact Assessment (equalityni.org)

   In addition, the Commission has developed a webpage of information around the 'cumulative impacts' of Departmental spending plans which you may find a useful information for consideration in Trust 'audit of inequalities' document Briefing Note: Concerns regarding cumulative equality impacts of proposed Departmental Budget allocations for 2023-24

4. Local actions as well as regional actions**:** The Commission notes that the Trusts have developed the EAPs & DAPs, as noted above, on a regional basis and acknowledges that this is good in terms of pooling resources, expertise and learning. Previous Trust equality action plans included 'local' action measures as well as regional action measures; however, we note that there are no local action measures included in the Trusts' 2023-2028 EAPs. The Commission would encourage each Trust to include local measures to address key/persistent inequalities across the Section 75 groups specific to their region.

5. What key inequalities have been prioritised? There is a wide range of equality data and information in the Trusts 'audits of inequalities'. It may however be difficult for consultees to 'see the wood for the trees', i.e. is not clear in the EAP what key inequalities identified in the audit have been prioritised into associated action measures.

   The Commission recommends that the Trusts set out why the areas for actions in the EAP have been prioritised over other areas identified in the audit. The Commission recommends that public authorities prioritise areas where the greatest inequality exists, or where the greatest impact can be made.

6. We note the Trusts outline in their draft EAP a brief summary of achievements from previous EAPs, including: the development of a good relations statement, the establishment of ethnically diverse staff networks, the development of the Disability Toolkit for managers and staff. The Commission would recommend that the Trusts could expand on this section by outlining/summarising the improved outcomes that these action measures achieved for the Section 75 groups.

7. Section 75 data collection & Equality Scheme commitments: We note the action measures included in the Trusts' equality action plan relating to data collection, i.e. from EAP theme '*Improving the data we use to support decision-making.'* This is a positive and much needed action. If data relating to the Section 75 categories is not being collected from employees and service users when policies are adopted (e.g. in relation to disability, dependent status, ethnicity, or sexual orientation, etc.) it will lessen the ability of Trusts to properly assess the impact of action measures/policies on the promotion of equality of opportunity.

   To that end, the Commission recommends that the Trusts should ensure that all Section *75 equality scheme monitoring and publishing commitments* are effectively implemented and reported upon.

   Gathering data also relates to the Encompass system noted below. We welcome that the Trusts will work with others to ensure that communication and other needs of patients are recorded and met using this system. The Commission recommends that the needs of Transgender people are also incorporated into the Encompass system on a need to know basis, i.e. depending on the type of service being accessed by the patient.

8. Clear and outcome focused Actions and Performance indicators**:** Some of the actions in the EAP are unclear in terms of what the intended outcome(s) is/are and how Trusts will be able to measure this. The Commission advises that the action measures included in the EAP are specific, measurable, realistic, and have a clear timeframe. They should include clear and measureable performance indicators, which focus on outcomes for the Section 75 groups rather than outputs, as this makes for more effective monitoring of progress on the delivery of the measures and their impact on S75 categories. See Appendix 1 for further information on performance indicators.

9. More challenging and outcome-focused actions relating to employment of under-represented Section 75 groups: We welcome the Trusts' commitment in their Equality Action Plans to review their employability schemes to enhance employment opportunities for marginalised Section 75 groups.

   The Commission recommends that the Trusts, as a major employer in Northern Ireland, set more specific and ambitious objectives and targets in terms of employability initiatives, to improve outcomes in terms of placements and paid employment opportunities for under-represented people in different job groups and grades, in the Section 75 groups. This work could be aligned to the work undertaken by Trusts as part of their Fair Employment annual monitoring and 3 year Article 55 reviews. This link below highlights the Commission's assessment

of inequalities in employment faced by the Section 75 equality groups ECNI - Key Inequalities in Employment in Northern Ireland - Research and statement

10. Equality proof new Patient Record System - 'Encompass': The Commission welcomes in the Trusts' commitment in its Equality Action Plan to ensure the new Encompass system (which will introduce a digital integrated care record for patients and service users) monitors ethnicity and communication support needs effectively. The Commission would highlight the importance of ensuring involvement and consultation with all Section 75 groups in the design stage of Encompass, to ensure the needs of all Section 75 groups are taken in to account. As previously advised, this can best be assessed, by whatever public authorities are responsible for making the decisions, using the tools of screening and EQIA to assess the potential equality impacts of Encompass at the design and implementation stages. As noted above consultees raised patients having access to add information about communication and mobility needs to encompass.

11. Miscellaneous Advice:
    - Belfast HSC Trust *Good Relations Strategy*: the Commission welcomes that the actions in the BHSCT Good Relations Strategy are being extended to all Trusts.
    - With the centralisation of services across Trusts for variety of reasons, the issue of *suitable and timely transport for older and disabled people* for appointments was raised at a consultation event
    - The Commission welcomes the inclusion of a number of new policies including, for example, *Menopause Policy*/Guidance
    - *Equal Pay* is referenced in the Trusts' EAP: The Commission's guidance and toolkits on undertaking an Equal Pay audit are here: ECNI - Delivering Gender Equality in Northern Ireland (equalityni.org) There may be preparatory work that the Trusts could undertake in advance of the planned '*Gender Pay Regulations'* becoming law.

Part 2: **Policy advice highlighting key Commission policy advice and key inequalities which the Trusts may have the potential to impact upon.**

Health inequalities policy ECNI

The Equality Commission has set out its recommendations regarding actions relating to health and social care, that Health and Social Care bodies should:

- identify and remove barriers to health and social care and wellbeing experienced by particular Section 75 equality groups, including older people; lesbian, gay, bisexual people; trans people; Irish Travellers and other minority ethnic communities; and people with disabilities;
- ensure investment in health care to address the specific needs of equality groups, including the health care needs of people with disabilities; and young people's mental health needs.

Barriers to access

We have raised concerns regarding barriers to accessing health and social care, including those faced by children and young people in accessing age -appropriate health care; as well as ageist attitudes experienced by older people, and stereotypes that portray older people as cared for, rather than care givers.

We are also concerned about:

- Access to health and social care services for migrant workers and new residents
- Accessibility of health and social care services to older and disabled people
- Attitudes of professional medical staff
- Inequalities in investment in mental health and learning disability
- Gender inequalities in access to health care
- Poor levels of health experienced by Travellers
- The impact of caring on health outcomes

People with disabilities

The UNCRPD Committee, in its (2017) concluding observations, highlighted the following concerns with respect to Article 25, Health:

- uneven access to healthcare;
- systemic, physical, attitudinal, and communicative barriers which prevent d/Deaf and disabled people from accessing mainstream health services;
- barriers to privacy for d/Deaf and disabled people regarding the management of personal health related data;
- multiple barriers to accessing sexual and reproductive healthcare services and insufficient information and education on family planning in accessible formats for d/Deaf and disabled people and especially women and girls;

- reports of cases in which no attempt was made to resuscitate persons with intellectual or psychosocial disabilities;
- the suicide rate of d/Deaf and disabled people, particularly in NI.[1]

Disability Action have highlighted that d/Deaf and disabled people are more likely to experience health inequalities, major health problems and have a lower life expectancy in comparison with their non-disabled counterparts.[2]

Mencap have highlighted specific barriers in accessing healthcare faced by people with learning disabilities in Northern Ireland, including a lack of accessible information, insufficient support for the person to make a decision, a lack of staff training or understanding of learning disability, failure to recognise that a person with a learning disability is ill or in pain, for example, by focusing on their disability.[3]

People of different racial or ethnic group

Independent research commissioned by ECNI on 'The impact of Brexit on Minority Ethnic and Migrant People in Northern Ireland' found that 'Many participants said that they did not think public service providers (for example education, housing, health) took sufficient action to address racism, despite having anti-racism policies in place. The Northern Ireland Executive, relevant NI departments and other service providers in the public sector should undertake actions to address racism in the delivery of public services. This should include ensuring effective anti-racist training for frontline staff, training on equality and diversity and combatting prejudicial attitudes, and ensuring anti-racism policies are rigorously implemented'.[4]

The Commission has raised concerns about the differential health status of Irish Travellers in its response to the consultation on the Final Report of the Promoting Social Inclusion Working Group on Travellers[5] and in its most recent submission to the UN Committee on the Elimination of all forms of Racial Discrimination (CERD)[6].

[1] UN Committee on the Rights of Persons with Disabilities (2017): Concluding observations on the initial report of the United Kingdom of Great Britain and Northern Ireland, CRPD/C/GBR/CO/1, paragraphs 54 and 55.
[2] Disability Action (2017): Alternative Report on the Implementation of the Convention on the Rights of Persons with Disabilities in Northern Ireland, paragraph 2.19.1, p.24.
[3] Mencap (2016): Treat me right
[4] Pivotal (2023): The impact of Brexit on minority ethnic and migrant people in Northern Ireland, p.9.
[5] Equality Commission for Northern Ireland (2001): Response from the Equality Commission for Northern Ireland to the consultation on 'The Final Report of the Promoting Social Inclusion Working Group on Travellers
[6] ECNI (2011): Shadow Report to the UN Committee on the Elimination of Racial Discrimination on the UK Government's 18th Periodic Report; ECNI (2016): Shadow Report to the UN Committee on the Elimination of All Forms of Racial Discrimination n

The 2010 All Ireland Traveller Health Study[7] highlighted that:

- average life expectancy for Traveller men has decreased since 1987;
- life expectancy of Traveller women is still 11.5 years lower than women in the general population;
- suicide rates are almost seven times higher for Traveller men than in the general population;
- mortality rates are considerably higher than the general population at all age ranges for both men and women;
- Traveller infants are 3.6 times more likely to die than their counterparts, a deterioration on comparable figures since 1987[8].

The Department of Health and Social Services and Public Safety's S75 Action Plan (2011) has also highlighted that maternal and infant mortality are higher among BME groups. BME women are also more likely to access services late (e.g. antenatal appointments) and to have complications[9].

The limited evidence that is available suggests that health outcomes are generally worse for Roma than for majority population. Factors that impact on their health status include poverty, low levels of education, poor housing and sanitary conditions, low levels of health screening and late presentation for medical assistance[10].

Our 2011 submission to CERD also highlighted difficulties for black and minority ethnic communities in obtaining access to healthcare provision. The submission also highlighted the need for training for Healthcare staff and recommended the development of single points of access to health and social care service provision to reduce bureaucracy[11].

Research[12] into migrant health and wellbeing in Belfast identified a number of difficulties experienced by all migrant and BME groups when accessing any of the public services. While most difficulties centre on language barriers, there are a range of other issues, including:

- lack of awareness and lack of appropriate information of the services available; • low levels of registration with GPs amongst certain groups[13];

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[7] Kelleher, C. et al, (2010): All-Ireland Traveller Health Study, University College Dublin (Department of Health and Children & DHSSPS).
[8] Ibid, p.96.
[9] DHSSPS (2011): Equality Action Plan for the Department of Health Social Services and Public Safety.
[10] Wright, D. (undated): Roma Health and Wellbeing in Northern Ireland
[11] ECNI (2011): Shadow Report to the UN Committee on the Elimination of Racial Discrimination on the UK Government's 18th Periodic Report.
[12] Belfast Health Development Unit (2010): Barriers to Health - Migrant Health and Wellbeing in Northern Ireland.
[13] Particularly those with no permanent address, a requirement for registration in Northern Ireland.

- fears about entitlements to health care;
- lack of confidence, frustration and stress reported by the process of accessing the healthcare system, often a system different to their country of origin;
- failure to meet basic cultural needs e.g. dietary requirements and religious observance;
- institutional racism and the negative attitudes of some healthcare staff;
- immigration restrictions;[14]
- healthcare officials are also 'restricted by or unsure of the level of responsibility in light of limited rights and entitlements'[15].

The Refugee Action Group have stated their view that, across the UK, that the 'vast majority of refused asylum seekers are destitute. They are homeless, have no income or no means of supporting themselves and would not have any money to pay fees to the NHS'[16].

A2 nationals including Roma have been able to access free health care since 1st January 2014. However, anecdotal evidence from those working within the healthcare sector suggests that some A2, especially Roma, continue to experience difficulties in registering with a GP.
In relation to asylum seekers and refugees, research (2012) on the experiences of the Horn of Africa community in Belfast found 'striking' evidence of the 'impact of the experience of conflict, displacement and migration on mental health and low uptake of mental health services'[17].

The mental health organisation MIND, has also identified that the language barrier, cultural differences, a lack of clarity around health care entitlements and gaps in service provision, can exacerbate existing mental health conditions and can often lead to asylum seekers and refugees becoming further excluded and marginalised within society[18].

There has been evidence that the COVID-19 pandemic has affected some sections of the population more than others, and there are concerns that minority ethnic groups are overrepresented in hospitalisations and deaths from the virus[19].

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[14] Belfast Health Development Unit (2010): Op. Cit., page 31.
[15] Wright, D. (undated): Roma Health and Wellbeing in Northern Ireland.
[16] Refugee Action Group: Asylum seekers should not be restricted access to Healthcare says Refugee Charity.
[17] Institute of Conflict Research (2012): The Horn of Africa Community in Belfast - a needs assessment, page 22.
[18] MIND (2009): A civilised society - Mental Health for Refugees and Asylum Seekers in England and Wales.
[19] Guardian (12 May 2020): Equality watchdog urged to investigate Covid-19 impact on BAME people; Institute for Fiscal Studies (1 May 2020): Are some ethnic groups more vulnerable to Covid-19 than others?, page 3.

However, in Northern Ireland the Department of Health and the Northern Ireland Statistics and Research Agency have disclosed that data on infection and mortality rates relating to Covid-19 among ethnic minorities is not held[20].

ECNI Policy Division Recommendations

The Commission recommends that the Executive, the Department of Health and Health & Social Care Trusts co-ordinate actions to address the known health inequalities amongst BME, newcomer and Traveller population, ensuring that all policies result in measurable improvements in health outcomes for this group.

The Commission further recommends that facilities and services for BME groups are underpinned by the AAAQ[21] human rights framework.

We recommend that the Department of Health and Health & Social Care Trusts provide information and services in a way which is consistent with equality of access and that staff are trained in anti-racism and cultural awareness. It is also

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Guardian (1 May 2020): British BAME death rate 'more than twice that of whites'.
Office for National Statistics. Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 - 10 April 2020 Updated 7 May 2020; Sky News (30 April 2020): Coronavirus - BAME health workers should be removed from danger says Royal College of Surgeons Guardian (22 April 2020): Ethnic minorities dying of Covid-19 at higher rate, analysis shows ; Guardian (16 April): Failure to publish data on BME deaths could put more lives at risk, MPs warn; Guardian (16 April): Inquiry launched into disproportionate impact of Coronavirus on BAME communities; Butcher, B, & Massey, J. (BBC news 19 June 2020): Why are more people from BAME backgrounds dying from coronavirus?; Guardian (7 April 2020): BAME groups hit harder by Covid-19 than white people, UK study suggests; United Nations Working Group of Experts on People of African Descent (6 April 2020): Racial equity and equality must guide state action in Covid-19 response, says UN experts; Race Equality Foundation (2 April 2020): What we know about Covid-19 and the risk factors relating to it; NHS Confederation (April 2020): The impact of COVID-19 on BME communities and health and social care staff; Runnymede Trust (26 March 2020): Coronavirus will increase race inequalities.

[20] In correspondence with the Equality Commission, the Department of Health advised (16 May) that "NISRA Vital Statistics Branch are currently looking at country of birth information recorded on death certificates. ONS has published differential death numbers based on linking Census and death registration information. Given that migration to Northern Ireland peaked more recently than 2011 when the last Census was taken, NISRA feel that country of birth from death registrations will be more meaningful in the Northern Ireland context. This work is currently at an early stage but we would hope to be able to make such stats available in the next 4-6 weeks'. Country of birth data will not, however, capture Covid 19 infection and mortality rates for members of minority ethnic groups who were born in Northern Ireland. On 25 June 2020, NISRA advised the Commission that 'In terms of further plans to analyse deaths based on the death certificate, we are constrained by the variables collected at the point of death registration and there are no current plans to enhance the data collected which would likely require legislation. Place of birth (country) was also analysed in the new monthly bulletin, although this obviously does not equate with 'ethnicity'…the Administrative Data Research Centre in Northern Ireland, in which NISRA is a partner (ADR UK Initiative), is planning to work with a national consortium of BAME researchers and organisations to understand COVID-19's disproportionate impact on different ethnic groups. This work is in its infancy but is of a high priority. Although NISRA holds ethnicity details for the population as at 2011 in the Census record, given the elapsed time, the post2011 immigration and the comparatively small numbers of COVID-19 deaths in Northern Ireland, the methodology used by ONS (imputing ethnicity from the last Census) will not work for us here. In short, we plan to address this gap.

[21] AAAQ: Available, Accessible, Acceptable, Appropriate and of good quality. Further information available here

recommended that HSC Trusts work with BME, newcomer and Traveller populations to increase knowledge and confidence around access to services.

We continue to recommend the development of a system for monitoring health inequalities experienced by ethnic minorities, including the comprehensive collection and review of data also by S75 category so that any adverse impacts of access outcomes can be identified and addressed.

As part of a Refugee Integration Strategy, we also recommend that the Department of Health:

- identifies and addresses the specific disadvantages faced by refugees in obtaining and accessing appropriate services (including mental health services);
- ensures that the needs of asylum seekers and refugees are taken into account in the planning, commissioning and delivery of services; and
- supports asylum seekers and refugees to understand their rights and entitlements to healthcare.

The Commission recommend that Government, including the NI Executive, the Department of Health and Health & Social Care Trusts, take steps to mitigate the disproportionate impact of Covid-19 infection and mortality on minority ethnic groups. The Commission recommend that data on Covid-19 infection rate and mortality rates are kept for equality categories, including persons of different racial group.

Monitoring access to services
There is also the need to ensure the collection by Health and Social Care bodies, of system wide data across the Section 75 grounds; and that appropriate account is taken of people's multiple identities.

Appendix 1

Drafting Disability Action Plans

Developing Performance Indicators / Targets

The Commission's Disability Duties' Guide states: [22] *'Public authorities **must** include in their disability action plans meaningful and outcome focused performance indicators or targets'.*

Setting specific targets can play a useful role in ensuring that due regard is paid to the disability duties. They also ensure that the implementation of the disability duties becomes outcome focused. Clear targets can encourage staff at all organisational levels within a public authority to take ownership and allocate resources appropriately.

A disability action plan should be aimed at making practical improvements to equality for disabled people (as regards their participation in public life and the promotion of positive attitudes) and therefore **specific outcomes** must be clearly identified, where it is appropriate to do so.

It is important to recognise that there **may not be a separate performance indicator or target for every individual action measure**, as a range of action measures can contribute to the same performance indicator or target.

Collecting and analysing **monitoring information** is important and can assist public authorities assess whether performance indicators or targets have been met, help review the effectiveness of the actions taken and to determine what they need to do differently in terms of actions, to achieve tangible outcomes for disabled people.

Example 1: A Government Department with responsibility for a large number of public appointments sets a target in its disability action plan to increase the number of public appointments held by disabled people by a certain percentage over a 12-month period.

[22] A Guide for Public Authorities - Promoting positive attitudes towards disabled people and encouraging the participation of disabled people in public life, ECNI, March 2007, page 39.

The government department already monitors the number of disabled people who apply for and are appointed to public appointments. Its target is based on its starting point and the nature of appointments it makes and the number of vacancies likely to arise during the twelve-month period. N.B. This type of target can apply to any public life position, not simply public appointments.

Example 2: An Institution of Further and Higher Education, sets performance indicators in its disability action plan. In addition to specific targets on individual measures, it also includes the following wider indicators/targets:-

- A % increase in the display of positive attitudes towards disabled students amongst its student population over a specific period. It monitors progress towards this target by carrying out staff and student surveys, exit interviews and a survey of the experiences of disabled students.
- A numerical target for reduction in feedback/complaints regarding the display of negative attitudes, including complaints of disability harassment over a specific period. It monitors progress towards this target by monitoring the number of feedback/complaints made over that period.

Example 3: A public authority sets a specific target in its disability action plan to provide effective disability equality training and guidance (to include disability awareness and the promotion of positive attitudes) to all of its employees within a specified timescale. It also sets a target for the provision of similar training for all office holders within a specified timescale. The target reflects the fact that such training will take place on a phased basis.

The disability action plan indicates that the training is prioritised for recruitment and selection panel members, personnel staff, managers and supervisory staff, front line staff and staff who play a key role in the employment/retention of disabled people. The plan also reflects the public authority's commitment to ensure that such training is relevant, regular and up-to-date (refresher training). The training will also be evaluated to determine if there has been a change in attitudes towards disabled people.

In summary example Performance Indicator's / Targets are:

1. Positive attitudes: Display of more positive attitudes by staff, service users towards disabled people over a set time period demonstrated by e.g.:
    - Staff attitude survey
    - Exit interviews
    - Survey of experiences of disabled employees
2. Positive attitudes: Reduction in negative feedback from disabled customers or employees measured by e.g. reduction in number of disability harassment complaints

3. Public Life: x % increase of disabled people in public life positions over a specific period timescale (insert base line figure i.e. picture as its as well as a target number or percentage increase).

4. Training: If training of staff and office holders is an action measure, the performance Indicator could include the following elements:
    - Timescale/phasing of training including dates
    - Numbers to be trained
    - How you are going to evaluate the effectiveness and quality of training
    - What training and for who prioritised