



Eastern Health and Social Services Council

SECTION 75 NORTHERN IRELAND ACT 1998

PROGRESS REPORT

1 APRIL 2001 TO 31 MARCH 2002

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1.0 PREPARATION OF A DRAFT EQUALITY SCHEME

The Eastern Health and Social Services Council's Equality Scheme was the subject of widespread consultation during 2000/2001. The measures undertaken were reported in the previous progress report submitted to the Equality Commission in July 2001. The scheme was revised as a result of feedback from consultees and the Commission and was approved by the Commission in May 2001.

2.0 STRATEGIC IMPLEMENTATION OF THE S75 EQUALITY DUTIES

The Council's Annual Work Programme includes Equality and Good Relations objectives. In addition, it has been added to all staff job descriptions. The Council has a small staff of seven full time employees and through training, team briefings and performance reviews, the importance of working in accordance with our Equality and Good Relations objectives has been kept high on our agenda.

The Council has thirty voluntary members who act in an unpaid capacity. They also receive training on the statutory equality duties. Newly appointed staff and members have this included in their induction training.

As a partner in the Eastern Area Best Practice Group we meet on a bi-monthly basis with the Eastern Board, Trusts and Agencies to share learning and agree on the best way forward. Sub groups have been established to look at training, performance indicators and an internet project on diversity and an Access to Information on Good Practice Review.

Promoting Good Relations between political and religious groups has been slow to progress. This has not been through lack of commitment but because of uncertainty and lack of clear, authoritative guidance on the way forward. Literature has been reviewed and the Eastern Area Group intend to pursue this in a co-ordinated way next year.

The Council is also involved at a regional level with all health, social services and public safety organisations in the sharing of information and the regional programme of Equality Impact Assessments.

The four Health and Social Services Councils also meet regularly and an update on the statutory equality duties is provided on a quarterly basis.

The Chief Officer of the Council is the accountable person responsible for the implementation of the Equality Scheme. A quarterly review and annual progress report is shared with the Chairman and Council members.

3.0 SCREENING AND EQUALITY IMPACT ASSESSMENT TIMETABLE

The Council has contributed to the collaborative approach adopted by the HPSS family of organisations which resulted in a Programme of Equality Impact Assessment for the period 2001-2004. An Annual Report was submitted to the Equality Commission in June 2001 which detailed the outcome of the Stage I and Stage II screening and consultation exercise. Council members and staff are participating in a number of these EQIAs. A further report by the DHSSPS (June 2002) has been submitted to the Equality Commission which provides evidence of the future EQIA programme.

The four Councils were to carry out an EQIA on a policy in relation to liaison with community and voluntary groups within this current year. We have delayed this until the Good Practice Reviews on User Involvement and Access to Information have been completed as we believe that these will impact on this policy. A letter dated 16 April 2002 was submitted to the Equality Commission regarding this.

The Council, as a small organisation, do not devise new policies very often. Any such new policies will be assessed to ensure that it complies with our statutory equality duty.

4.0 COMMUNICATION AND TRAINING PROVISION

The Council's approved Equality Scheme was circulated to all organisations, groups and individuals on our consultation list. An advertisement was placed in the Belfast Telegraph, Irish News and Newsletter notifying the public that the scheme was approved and available on request.

All members and staff have received a copy of the full Equality Scheme and received regular updates via an Equality Bulletin. Job Descriptions and Personnel Specifications make specific reference to the role expected of all staff to actively promote Section 75 Equality Duties.

Within the Council's Equality Scheme an outline of a five year training plan was listed. This has proved to be difficult with a small number of staff and many newly appointed members. This difficulty is compounded by the fact that our members attend on an ad hoc basis with many of them having other full time commitments. However, we are aware of our responsibilities to ensure that members are fully aware of our statutory duties and will work with them to assess their training needs and arrange training as appropriate.

During 2001/2002 we worked collaboratively with the Eastern Health and Social Services Board's Human Resources Directorate on a series of Corporate Training days. This was an attempt to ensure that Equality Duties became part of the mainstream agenda. This training was mandatory and was attended by all Council staff.

In addition to this Corporate Training, specialist Equality Impact Assessment Training was provided for all staff at Grade 6 and above.

Every opportunity is taken to promote the Council's equality objectives in public statements, interviews, responses to consultation documents and representing the public interest on committees and working groups.

5.0 INFORMATION PROVISION, DATA COLLECTION AND ANALYSIS

A Regional Equality Information Group has been established within the HPSS family of organisations and a draft report entitled "Equality Data Availability, Quality and Deficits" has been produced. It has been recognised that the availability of statistical and qualitative data to enable monitoring of Section 75 duties is a major challenge.

The Council regularly undertakes satisfaction surveys and research on different issues of public interest. The information obtained is presented to the relevant organisations who either commission or provide services. This work helps to shape and revise policies being developed by other HPSS bodies. Currently we are undertaking a survey of views of older people who have been in hospital.

We regularly promote the work of the Council through media articles, meetings with community groups and the promotion of service user forums. Our Council meetings are held throughout the Eastern Board area in publicly accessible venues and times are rotated to facilitate public attendance. Notices of our meetings are circulated to 300+ community and voluntary groups and we have an agenda item which permits issues to be raised by members of the public. When planning events participants are invited to indicate any particular requirements in relation to communication, mobility or transport and diet.

We offer our documents in alternative formats and have provided a range of different media to those who require it. The Eastern Area Equality Group is undertaking a Good Practice Review on access to information. We would aim to produce recommendations on how we can ensure that the right information goes to the right people at the right time and in the right format.

6.0 COMPLAINTS

The Council has not received any Section 75 complaints during the period covered by this report. We have however, assisted a number of individuals to make complaints to other organisations within this category.

7.0 TIMETABLE

The timetable contained in our Equality Scheme is regularly reviewed to monitor progress. This is reported on a quarterly basis to the Council and is also reviewed in conjunction with the other Health and Social Services Councils. In addition, we contribute to the Regional HPSS family work programme.

8.0 ADDITIONAL INFORMATION

The Council fully accepts its responsibility under the Section 75 legislation and is committed to the implementation of its Equality Scheme. To facilitate this we have worked collaboratively with many organisations both statutory and voluntary, in a number of initiatives some of which have been listed in this report. We continue to provide assistance, guidance and support to a number of organisations in developing public involvement initiatives within health and personal social services.