

Equality Action Plan 2023-2028



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Please see contact details of the relevant Equality Team in each Trust on Page 35.

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Welcome

Welcome to our new draft Equality Action Plan. This Plan sets out the actions the Health and Social Care Trusts will take forward collaboratively over the next five years.

There are six Health and Social Care (HSC) Trusts in Northern Ireland. Five of whom provide integrated health and social care services. These are as follows:

- **Belfast HSC Trust,**
- **Northern HSC Trust**
- **South Eastern HSC Trust**
- **Southern HSC Trust**
- **Western HSC Trust**



The sixth Trust is the Northern Ireland Ambulance Service, which is responsible for providing emergency, urgent and primary care services across all of Northern Ireland and safely transporting patients.

The six Trusts would like to take this opportunity to invite you to engage in our consultation on our draft five year Equality Action Plan (2023-2028). This draft Equality Action Plan has been developed to tackle ongoing and

emergent inequalities experienced by people protected by the nine Section 75 groups - that is people of different ages, religious beliefs, racial groups, political opinions, marital status, sexual orientations, men and women generally, people with and without disabilities, people with and without caring responsibilities.

How we developed this Plan

Actions and priorities in this Plan have been informed by an [audit of inequalities](#). The purpose of the audit was to identify key areas of potential inequality. To ensure consistency of approach and equity across the region, the six Trusts have worked collaboratively to gather emerging themes in relation to key inequalities experienced by the nine equality categories. We have collated available research and data to identify emerging themes, which we shared at regional listening events in June and July 2022 with a range of stakeholders including service users, carers, staff and trade unions representatives. We have drafted our Equality Action Plan based on our consideration of the research and the feedback from the listening events. Our intention is to have actions that will make a real and meaningful difference to the lives of people in Northern Ireland by addressing the inequalities they experience or to better promote equality of opportunity. The audit of inequalities will also be a valuable resource for future equality screening and equality impact assessments.

Purpose of the Plan

We recognise that inequalities have regrettably worsened during the unprecedented global Covid-19 pandemic and that the health and social care family, as a whole, is working continuously and collectively to try to address the long waiting lists, waiting times and workforce challenges. Many health inequalities will be addressed through the day-to-day provision of health and social care services – for example, higher prevalence of mental ill health will be directly addressed regionally through the implementation of the Mental Health Strategy and delivery of mental health services across the Trusts.

From the outset, it is important to acknowledge that this Plan will not be able to tackle all of these systemic inequalities but will focus on those inequalities in health and social care experienced by those protected in law by the equality and good relations duties of Section 75 of the Northern Ireland Act 1998. We also know that some of the inequalities identified in our previous audit of inequalities are persistent, having not yet been fully addressed and will remain as ongoing themes, on which we will continue to focus. This action Plan goes beyond our compliance with our respective Equality Schemes but is complementary to the Schemes and seeks to address inequalities relative to our functions. We have deliberately focussed our actions to achieve better accessibility in service provision and to promote inclusion and diversity for those who work in health and social care. This five-year Plan is designed to be flexible, adaptable and responsive to changing needs, emerging inequalities and circumstances. We will also review the Plan alongside our corporate plans and any legislative changes.

Our achievements so far

The Trusts have worked collaboratively to address inequalities and to promote equality of opportunity and good relations. This collective approach has helped us achieve regional best practice and consistency and allowed us to combine our resources to maximise our efforts.

We provide updates in our annual progress reports to the Equality Commission and to our Executive Teams and Trust Boards to demonstrate the progress we have made (all of which are available on our respective websites).

For illustrative purposes, here are some details on just a few of our successful actions in our last Equality Action Plan.

Regional Health and Social Care Good Relations statement

During 2020, we engaged with service users, staff, trade unions and representatives from the community and voluntary sector, the Equality Commission for Northern Ireland, the Northern Ireland Human Rights Commission, and the Community Relations Council to develop a regional HSC good relations statement.



We have displayed this poster across Trust facilities in Northern Ireland with an unequivocal and consistent message in terms of our commitment to good relations and the behaviours we expect from our staff, service users and those with whom we engage.

Establishment of Ethnically Diverse Staff Networks

Staff networks have been established by and for staff of different ethnicities across Trusts to help promote equality, diversity and inclusion in all that we do and to focus on the needs of our ethnically diverse workforce to address and eradicate race discrimination and intolerance and to remove barriers our staff may experience.

Joint Equality, Good Relations and Human Rights Forum

The Trusts have established a joint forum in partnership with colleagues in the Equality Commission, Human Rights Commission and Community Relations Council to help facilitate joint working and the sharing of information and expertise to help address inequalities and uphold human rights and promote equality and good relations in health and social care.



Making Communication Accessible



The issue of communication has and continues to feature as a barrier – with a clear need for health and social care organisations to make improvements. The Trusts worked with disabled people and representative organisations to co-develop a [guide](#) for HSC staff on how to provide accessible communication for people with a disability.

It has been recognised as a useful and valuable resource in improving communication for people with a disability and their experience in health and social care.

Guidance for our Trust Board and Executive Team

The Trusts also worked to develop a [guidance](#) for our Trust Board and Executive Team members as an aide memoire on the legislative requirements and matters to consider in their strategic decision-making.

Making a Difference Regional HSC Online Training

Equality, Good Relations, Disability and Human Rights training is mandatory for all staff and all professions and a regional HSC online resource entitled “Making a Difference” has been developed to enable staff and managers to complete this via e-learning. To complement this, the Trusts have also developed a [guidance for staff](#) to help them refresh their knowledge or reference as needed.

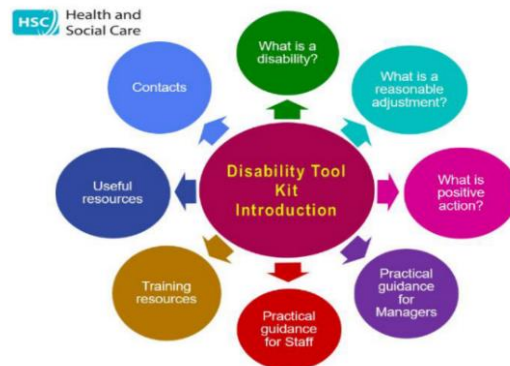
Supporting Carers

In recognition of the invaluable role that informal carers play, we held a workshop for health and social care staff who have caring responsibilities to identify how they can be supported to balance their caring responsibilities while continuing to work. The range of supports available to informal family carers includes a number of flexible working opportunities and a carer support programme.

Disability Equality Training Resource

Working in partnership with disabled people, we have co-produced a Disability Equality Training video. This video is delivered by people with a disability and is available for health and social care organisations and their partners to make sure disability people are treated with respect and dignity.

Disability Toolkit



The Disability Policy and Toolkit was co-developed by health and social care organisations and their respective trade union representatives and disability organisations. The one-stop Toolkit is available in easy-read format and a virtual, Page Tiger resource and provides a comprehensive overview of all issues related to disability for managers and staff.

Gender Identity and Expression Employment Policy

We have developed a policy that supports people who identify as transgender or non-binary in the workplace. We worked with individuals and with voluntary sector groups who represent people who identify as transgender or non-binary to inform our policy.

For more details of what we have done so far, please refer to our respective Annual Progress Reports which are available online (see link below) or by contacting the relevant Equality Team.

www.belfasttrust.hscni.net

nias.hscni.net

www.northerntrust.hscni.net

www.setrust.hscni.net

www.southerntrust.hscni.net

www.westerntrust.hscni.net

Value of co-design and collaborative working

None of this proactive work would have been possible without us engaging and working collectively with the people who face the inequality – those “experts by experience” ensure that these actions will make a real and meaningful difference. That is why we would encourage as many people as possible to take the time to review and influence the actions within our new draft Plan.

What is in our draft Plan

The following tables outline our actions for the next five years. The Plan includes actions aimed at:

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

The principles of *fairness, respect, dignity, equality and autonomy* will inform our work.

How we will measure success of the actions in our Plan

This five year Plan is designed to be flexible and responsive to changing circumstances and needs and will evolve over its lifespan. The Plan illustrates how we will adopt an outcomes-based accountability approach to the promotion of equality of opportunity and good relations.

We will report annually on our progress against the Plan via our S75 Annual Progress Report to the Equality Commission for Northern Ireland (ECNI), which is submitted at the end of August each year and available on all of our websites or by contacting the Trusts' Equality Units.

Section 1 – Improving the data we use to support decision-making

We know that high quality data plays a role in improving services and decision-making. When Trusts have good population data, they can identify areas that have worse health outcomes and target health and care resources to reduce health inequalities. Feedback from consultees has indicated that we need to improve the data we collect in relation to health and social care inequalities. The following actions are aimed at improving the data we collect to ensure the effective discharge of our S75 equality duties.

Actions	Timescale	How will we measure success
<p>The Trusts monitor staff across the 9 equality categories to ensure equality of opportunity. Staff input their own equality information on an on-line system but there are currently gaps in the data available.</p> <p>1. We will take active measures to encourage staff to update their equality monitoring information as part of Corporate Welcome/staff induction and by developing a regional and local campaign to encourage staff to update their equality profile information.</p>	<p>September 2023 and onwards</p>	<ul style="list-style-type: none"> • Regular awareness raising campaigns to encourage staff to update their equality data. • Improve the percentage of staff completing their equality monitoring data.¹ • Promotional resources/Toolkits produced and disseminated to promote inclusion of all staff. • Input into the EQUIP project to ensure the next HR IT system is fully appropriate and fit for operational purpose. Regional subgroups to

¹ n.b. Provision of equality monitoring data on our Information System is voluntary for HSC staff but staff are encouraged to complete and update.

Actions	Timescale	How will we measure success
<p>2. We will promote amongst staff the need to update their staff profile as part of corporate welcome/ staff induction.</p> <p>3. We will develop and organise regional and local campaigns with timescales for staff to update their equality profile information.</p>		<p>support its development and implementation.</p> <ul style="list-style-type: none"> • Benchmark where appropriate with examples of good practice within the wider NHS.
<p>ENCOMPASS is a new health and social care wide programme that will introduce a digital integrated care record to Northern Ireland.</p> <p>4. We will work collaboratively to influence the ENCOMPASS programme to ensure that it monitors ethnicity, first language and communication support needs of patients and service users. This will aid policy formulation, service delivery and help gather population health data.</p>	2023/24	<ul style="list-style-type: none"> • Ethnicity and communication support needs recorded on ENCOMPASS system. • Increased access to communication support in timely fashion.

Actions	Timescale	How will we measure success
<p>Under a new way of planning and commissioning services, the Integrated Care System (ICS) will bring together health and social care organisations, partners in voluntary and community sectors and local government, to develop population health plans to improve outcomes and wellbeing and reduce health inequalities.</p> <p>5. We will work with partners to ensure the inclusion and analysis of Section 75 data in the development of population health plans.</p>	<p>April 2024 onwards</p>	<ul style="list-style-type: none"> • Robust population health plans including Section 75 data. • Identification of health inequalities. • Targeted services that address identified health inequalities and improve health outcomes.



Section 2 – Addressing barriers to accessing health and social care

While much work has been done to date to promote equality of opportunity, it remains the case that there are a number of equality groups that continue to face particular and unique barriers. During the listening events, we heard many suggestions on how to improve equality of access to health and social care services. The following actions have been developed in response to what we have heard and are aimed at providing welcoming, person-centred and accessible services for everyone.

Actions	Timescale	How will we measure success
<p>Trusts have a duty to promote good relations between persons of different religious belief, political opinion or racial group. The regional HSC good relations statement provides a consistent message in terms of our commitment to good relations. Belfast Health and Social Care Trust (BHSCT) has consulted on a co-produced Good Relations Strategy, which includes actions that will promote respect, equity and trust, and embrace diversity in all its forms.</p> <p>6. All Trusts will adopt the Good Relations Strategy and work collaboratively, with our partners, to take forward the actions and ensure consistency across Northern Ireland.</p>	By April 2024	<ul style="list-style-type: none">• Co-produced Good Relations Strategy.• Strategy adopted by all Trusts.• Consistent approach to promotion of good relations in HSC Trusts.

Actions	Timescale	How will we measure success
<p>We know that there is a lot of information available on improving health and wellbeing but we need to make sure that the content is understood and accessible.</p> <p>7. We will co-develop a series of health and social care seminars with representative organisations, communities and individuals to support health and wellbeing and address inequalities.</p> <p>8. We will develop an online communication hub of best practice in accessibility for people with a disability. This will be supported with an accessible communication training programme for front line staff.</p>	<p>2023 and biannually thereafter</p>	<ul style="list-style-type: none"> • Improved inclusive health and well-being information, targeted at the effected communities. • Two regional seminars held each year. • Feedback and evaluation of seminars. • Online resource hub available for staff to improve communication. • Feedback and evaluation of communication hub.
<p>During Covid 19, the increased use of facemasks caused communication difficulties for some service users with a disability, including Deaf and hard of hearing people and people who lip-read.</p> <p>9. We will promote the two new models of facemasks, which have approved by Infection Prevention Control and are more accessible for people who have hearing loss, are Deaf/deaf and lip-read.</p>	<p>2023 and ongoing</p>	<ul style="list-style-type: none"> • Greater awareness of the importance and availability of accessible facemasks. • Improved communication and patient experience. • Reduction in complaints. • Increase in compliments/positive feedback. • Proactive and targeted use of care opinion.

Actions	Timescale	How will we measure success
<p>A regional procurement process has commenced for the provision a Health and Social Care Communication Support Service for People who are d/Deaf, d/Deafblind and Hard of Hearing. The design and development of the service reflects the RQIA Review of Sensory Support Services and subsequent extensive research, public consultation and engagement with sign language users and interpreters.</p> <p>10. We will work with our partners to secure a specialist provider to deliver a range of high quality, accessible, regionally consistent, and sustainable communication supports for people who are d/Deaf, d/Deafblind, or Hard of Hearing across all HSC services.</p> <p>11. We will ensure the effective roll out of the new communication support service.</p>	<p>1 April 2023 and ongoing</p>	<ul style="list-style-type: none"> • Regional consistency and equity of access to communication support for people who are Deaf/deaf or have hearing loss. • Improved access to communication support for people who are Deaf/deaf or have hearing loss. • Increased awareness of HSC staff of need to provide communication support. • Reduction in complaints about lack of communication support available/provided. • Improved satisfaction of service provided.
<p>The Northern Ireland Health and Social Care Interpreting Service (NIHSCIS) provides professionally trained interpreters on a face to face basis and we also have a regional contract for telephone interpreting for people, whose first language is not English, when accessing health</p>	<p>2024</p>	<ul style="list-style-type: none"> • Interpreting card for service users and patients to bring to their appointments to help support their communication needs. • Reduction in complaints about lack of interpreting support. • Staff feedback.

Actions	Timescale	How will we measure success
<p>and social care services across Northern Ireland. Feedback indicates that access to interpreting support remains a barrier for some when accessing services.</p> <p>12. We will develop an interpreting card for patients and service users to present when they are in health and social facilities. The card will indicate that the service user needs an interpreter and include contact details for NIHSCIS.</p> <p>13. We will promote this card and raise awareness with our staff in training sessions and other means.</p>		
<p>Neurodiversity is a broad term, used to describe the many and varying ways in which human brains are wired. It encompasses the wide variety of ways humans think, learn, feel and process information. Neurodiversity can include Autism, ADHD, ADD, Dyslexia, Dyscalculia and Dyspraxia. We know there is a need to raise neurodiversity awareness in the workplace and in the provision of our services.</p>	2024	<ul style="list-style-type: none"> • Increased awareness and information provision for staff in terms of people who are neuro-diverse. • Improved user experience. • Improved awareness of information and services for people who are neuro-diverse. • Dissemination and launch of guidance.

Actions	Timescale	How will we measure success
<p>14. We will draft and co-produce a neurodiversity guidance and podcast for our staff along with key stakeholders including experts by experience.</p> <p>15. We will produce an online signposting resource/service directory on how to access the appropriate neurodiversity services.</p>		
<p>We know that many homeless people face barriers when trying to access health and social care services resulting in health inequalities. Homeless people, including those made homeless because of marital breakdown, often use hospital emergency departments for treatment instead of going to see a GP. When discharged following a hospital admission, with no support, they may return to rough sleeping or sofa surfing which will not aid their recovery.</p> <p>16. We will work in partnership with Health Protection and Health Improvement, Public Health Agency, other public authorities and community and voluntary sector organisations to establish a regional working group. This multi-agency approach will aim to improve homeless patients' experiences of health and social care</p>	2025	<ul style="list-style-type: none"> • Better partnership working to enhance user experience for people who are homeless. • Shared best practice amongst practitioners when providing care to people who are homeless. • Increased use of follow up services by patients who are homeless.

Actions	Timescale	How will we measure success
<p>services, including improving hospital discharge procedures and to share best practices.</p>		
<p>We know that rurality has an impact on equality of access to services, especially for older people, due to lack of accessible transport, times of appointments and the availability of rural and/or community transport. Covid-19 has resulted in a widening of the digital divide affecting older people who may not be familiar with technology.</p> <p>17. We will work with our partners to ensure that the needs of older people, who reside in rural communities, are actively considered when planning service developments or redevelopments by promoting and monitoring the use of the Rural Needs Toolkit for Health and Social Care and completing Rural Needs Impact Assessments to identify mitigations put in place.</p>	<p>April 2023</p>	<ul style="list-style-type: none"> • Increased awareness of the needs of older people who live rurally. • Raised awareness of best practice in overcoming rural inequality and providing adequate and appropriate mitigations. • Increased number of rural needs impact assessments, where appropriate, which evidence consideration of rurality in service design and service change with reduction in any potential inequality for those living in rural areas.
<p>We know that people may be reluctant to share their sexual orientation with health professionals and are unhappy having to disclose their sexual orientation repeatedly. We have also found that some people have had a negative experience when accessing health and social care services.</p>	<p>April 2023 – March 2028</p>	<ul style="list-style-type: none"> • Adoption of Rainbow Badge initiative in each Trust to ensure regional consistency. • Monitor the number of staff taking part in the initiative in each Trust • Gather feedback from staff and service users.

Actions	Timescale	How will we measure success
<p>18. We will implement the Rainbow Badge initiative whereby staff will complete online training to gain a HSC Rainbow Badge. The badge will be used to symbolise an open, non-judgemental and inclusive place for people that identify as LGBT+.</p> <p>19. We will promote the Rainbow Badge initiative at corporate induction.</p> <p>20. We will develop a resource for staff comprising guidance produced by professional bodies in terms of best practice for inclusion for people who are LGBT+.</p>		<ul style="list-style-type: none"> • Increased staff awareness of best practice for inclusion for people who are LGBT+. • Reduction in complaints and increase in compliments.

Section 3 – Supporting our staff

We know that staff are our most valuable resource and the health and social care system in Northern Ireland is indebted to the work that they do every day and in particular, throughout the pandemic. We are committed to celebrating and embracing the diversity of our staff and to ensuring that they feel able to bring their authentic selves to work so that they feel valued and can continue to provide safe, effective and compassionate health and social care services.

Actions	Timescale	How will we measure success
<p>We have one of the most ethnically diverse workforces in the public sector and it is vital that we continue to promote the inclusion and visibility of staff who come from ethnically diverse backgrounds.</p> <p>21. We will support the ongoing work of the Trusts' ethnically diverse staff networks.</p> <p>22. We will forge stronger links across the region between our Ethnically Diverse Staff Networks.</p>	<p>April 2024</p>	<ul style="list-style-type: none"> • Ethnically diverse staff networks established in each Trust area • Strengthened relationships and consolidation of good practice across the region.
<p>We know that there are still incidents of homophobia in the workplace towards staff who are LGBT+ and we know that there is an under-</p>	<p>April 2023 and ongoing</p>	<ul style="list-style-type: none"> • Evaluation of training and resources. • Increased awareness of regional HSC LGBT+ network for staff.

Actions	Timescale	How will we measure success
<p>declaration amongst staff who record their sexual orientation as LGBT+.</p> <p>23. We will continue to work in partnership with LGBT+ representative organisations to ensure that training and awareness raising resources are consistent and up to date.</p> <p>24. We will promote the regional HSC LGBT+ network for staff across Trusts.</p>		
<p>Informal/family carers represent a significant proportion of the working population. A growing number of people working in health and social care are trying to balance their jobs and their caring responsibilities. The entitlement to carers' leave and flexible working arrangements are two of the main support measures that can help informal/familycarers to keep a balance between their work lives and caring.</p> <p>25. We will improve awareness of options for flexible working, work-life balance and special leave policies to ensure they are accessible to all our staff.</p>	<p>Obtain baseline figures – April 23</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • Establish baseline on uptake of flexible working and monitor year on year increase in staff accessing these opportunities. • Increased awareness of flexible working, work-life balance and special leave policies. • Monitoring reports produced twice a year on flexible working. • Accessible, easy to follow information available to all staff on flexible working, work-life balance and special leave policies.

Actions	Timescale	How will we measure success
<p>26. We will provide more accessible employer childcare provisions and support staff who are carers.</p>		
<p>It is important that staff who have or acquire a disability are supported in the workplace by overcoming any potential barriers to achieving their full potential. Trusts are committed to creating a safe and welcoming environment for all staff.</p> <p>27. We will scope development of Staff Disability Forums and Networks to support regional consistency.</p> <p>28. We will implement the Disability Passport within HSC Trusts.</p>	<p>March 2024</p>	<ul style="list-style-type: none"> • Effective implementation and widespread use of Disability Passport
<p>Health and social care staff must have the foundation of effective policies and relevant training to support them to provide the most inclusive and compassionate health and social care services.</p> <p>29. We will develop a regional policy framework to ensure Equality, Diversity and Inclusion (EDI) policies are reviewed in line with governance requirements.</p>	<p>Throughout the lifespan of the Plan</p>	<ul style="list-style-type: none"> • Equality, Diversity and Inclusion (EDI) policies reviewed. • Policies reflective of up to date advice and best practice from the Equality Commission and other legislative developments. • Uptake of statutory mandatory equality training monitored. • Regional HSC Making a Difference e-learning programme updated.

Actions	Timescale	How will we measure success
<p>30. We will ensure compliance with statutory mandatory equality training.</p> <p>31. We will update the regional HSC 'Making a Difference' e-learning programme further to review of best practice in E-learning and EDI training.</p> <p>32. We will identify an EDI Champion at a senior level in each Trust.</p> <p>33. We will continue to adopt a zero tolerance approach to racial harassment/ discrimination/ bullying and abuse at work – as reflected in the regional Conflict, Bullying and Harassment Policy and regional HSC Good Relations Statement.</p> <p>34. We will work in partnership with trade unions to ensure that staff who experience domestic and sexual violence are supported in the workplace.</p>		<ul style="list-style-type: none"> • Increased compliance levels with mandatory equality training. • EDI Champion at senior level identified in each Trust. • Increased awareness of zero tolerance approach to racial harassment/ discrimination/ bullying and abuse at work. • Regional consistency in EDI policies and equity for all staff across the Trusts. • Updated training incorporating best practice identified. • Identified lead on EDI at senior level. • Trust domestic and sexual violence workplace policy in place and support networks established.
<p>Personal stories can really resonate and be most impactful in terms of effectively communicating key messages. We recognise that collaborating with people with lived experience can help to</p>	<p>April 2023- March 2028</p>	<ul style="list-style-type: none"> • Training sessions developed delivered and evaluated. • Marketing and promotional strategy to increase uptake of training across all Trusts.

Actions	Timescale	How will we measure success
<p>make a difference to improve equality and to educate staff.</p> <p>35. We will engage with external experts and representative organisations to provide specialist training for employees.</p> <p>36. We will develop a human rights based training programme for staff providing care for vulnerable people living in residential settings.</p> <p>37. We will produce guidance on how to develop a human rights based approach in health and social care service provision.</p> <p>38. We will provide staff with racial and cultural competence training and associated resources co-designed by people with lived experience.</p>		<ul style="list-style-type: none"> • Increased awareness and competence in providing person centred, person led care and what a human rights based approach. • Evaluation of training and associated resources.
<p>We want to harness the talents of a diverse workforce and recognise that we need to take a proactive approach in improving access to health and social care employment for marginalised Section 75 groups.</p> <p>39. We will work in partnership with relevant stakeholders to review our employability schemes</p>	<p>March 2024 and ongoing</p>	<ul style="list-style-type: none"> • Baseline of workforce profile developed. • Increase in workforce profile for under-represented staff. (Monitored by identifying the percentage of staff in each of the Agenda for Change Bands 1-9 in comparison with the overall workforce).

Actions	Timescale	How will we measure success
<p>to enhance employment opportunities for marginalised Section 75 groups.</p> <p>40. We will develop actions in line with legislative provision to improve access to those Section 75 groups, where there is a low representation in our workforce.</p> <p>41. We will address specific health inequalities for staff, for example provide menopause information sessions and celebrate men's wealth week to promote inclusion and visibility of gender specific issues in the workforce.</p> <p>42. We will work collaboratively on the forthcoming gender pay gap legislation and determine appropriate methods of monitoring and reporting.</p>	<p>Dependant on enactment of legislation.</p>	<ul style="list-style-type: none"> • Scope in year 1 opportunities and availability of our employability schemes. • Improved access to employment for marginalised Section 75 groups. • Equality data indicating better representation. • Pay structure that ensures fairness and equity in pay and reward arrangements.

Section 4 – Supporting informal/family carers

We know that many of us are likely to become a carer at some point in life and that informal/family carers cover a great part of care needs, often called the ‘invisible workforce’. Strengthening the voice and representation of informal carers is the first step to address the challenges facing informal carers. Informal care can be physically and mentally demanding, resulting in carers often feeling exhausted, lonely, and strained.

Actions	Timescale	How will we measure success
<p>Recognition of the key role a carer plays is essential and we must provide support when the caring role is having a negative impact on the health and well-being of the informal/family carer. It is also important to make useful information and training easily accessible and available to informal carers.</p> <p>43. We will work collectively to ensure that carers across the region are aware that they can have access to a conversation with their named worker in relation to their caring role and needs The conversation is carer led and encourages both staff and carers to take time to discuss the caring role.</p>	<p>2023 Annually</p>	<ul style="list-style-type: none"> • Increased uptake of carers assessments. • Improved carer experience of the carer assessment process. • Consistent, regional approach to Carers Rights Day. • Carers across Northern Ireland receive the same information and know where to get help and support. • Increase in people who identify as carers, which will enable them to link into supports available. • Quarterly DoH monitoring.

Actions	Timescale	How will we measure success
44. We will hold an annual event on Carers Rights Day to highlight care and caring and help informal/family carers understand their rights and find out about support that may be available.		

Section 5 – Partnership Working

A new Integrated Care System (ICS) is currently being developed for Northern Ireland. This system signals a new way of planning and managing our health and social care services based on the specific needs of the population. The ICS approach harnesses the strengths in our existing partnerships and focuses on addressing the wider determinants of health and wellbeing through a population health approach.

Actions	Timescale	How will we measure success
<p>45. We will work in partnership with stakeholders and external organisations to raise awareness of key equality, diversity and inclusion (EDI) topics.</p> <p>46. We will continue to work in partnership with the Department of Health (DoH), Equality Commission for Northern Ireland (ECNI), the Northern Ireland Human Rights Commission (NIHRC) and the Community Relations Council (CRC), to allow strategic issues to be discussed and addressed at the Regional Equality and Human Rights Steering Group and the Joint</p>	<p>March 2025 -Biannual</p>	<ul style="list-style-type: none"> • Regional consistency and development of initiatives to promote equality of opportunity and protect and to promote human rights. • Improved relationships and mutual understanding between HSC and ECNI, NIHRC and CRC. • Better partnership working to address inequalities and improve physical and mental health and wellbeing.

Actions	Timescale	How will we measure success
Equality, Good Relations and Human Rights Forum. 47. We will work with representative organisations to co-develop Equality, Diversity and Inclusion initiatives.		

Contact Details

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