



South Eastern Health
and Social Care Trust

Making Choices: Proposed Changes in the Provision of Statutory Residential Care for Older People in the South Eastern Health and Social Care Trust

D R A F T

An Equality Impact Assessment

This EQIA should be read in conjunction with the Trust's accompanying consultation document

Consultation from 28 September 2015 – 21 December 2015

This document can be made available on request in alternative formats e.g. Easy-read, electronic version, Braille, computer disc, audiocassette, large font, DAISY, and in other languages to meet the needs of those who are not fluent in English – see contact details on page 8.

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1.0 Introduction

This Equality Impact Assessment (EQIA) has been prepared by the South Eastern Health and Social Care Trust (the Trust) to assess the impact of the changes outlined within the Trust's Consultation Document – 'Proposed Changes in the Provision of Statutory Residential Care for Older People in the South Eastern Health & Social Care Trust'. This proposal relates to Northfield House in Donaghadee.

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the 9 equality categories under Section 75 of the Northern Ireland Act (1998). This EQIA also considers the human rights impacts of the proposal.

The EQIA should be read in conjunction with the Trust's accompanying consultation document on the Proposed Changes in the Provision of Statutory Residential Care for Older People in the South Eastern Health & Social Care Trust – which is also available on the Trust's website www.setrust.hscni.net or by contacting:

Amanda McVea
Strategic & Capital Development Department
South Eastern Health and Social Care Trust
Kelly House
Ulster Hospital
Dundonald
BELFAST

Telephone: 028 9055 0434
Textphone: 028 9151 0137
Email: consultation@setrust.hscni.net
Website: www.setrust.hscni.net

Alternative Formats

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Or Email: consultation@setrust.hscni.net

The Trust's EQIA stands alongside the Health and Social Care Board's previous consultation document 'Making Choices: Meeting the Current and Future Accommodation Needs of Older People' – Proposed Criteria for Change – November 2013.

2.0 Statutory Context Section 75 NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires the Trust, when carrying out its work, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

The Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Trust's Equality Scheme sets out its management arrangements for ensuring its statutory Section 75 duties, as described above, are implemented effectively and on time.

The Trust has given a commitment in its Equality Scheme to apply the tool of equality screening to all new and revised policies/proposals as an integral part of the development process and where necessary and appropriate to subject new policies/proposals to an Equality Impact Assessment (EQIA). The primary function of an EQIA is to determine the extent of any differential impact of a policy/proposal upon the 9 Section 75 categories and to determine if the differential impact is an adverse impact. An EQIA can assist in decision-making and improve policy making by adding to the evidence base available.

Disability Duties

The Trust when carrying out its function must have due regard to the need to:

- Promote positive attitudes toward disabled people; and
- Encourage participation of disabled people in public life

(The Disability Duties)

The Trust will ensure that the disability duties are reflected in the decision making process around the proposal for the future of Statutory Residential Care for Older People.

Human Rights

The Trust is committed to the promotion of Human Rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted, in so far as is possible, in a way which is compatible with the Convention Rights. The Trust is particularly mindful of Article 8 i.e. the right to respect for private and family life and Article 3 of the Human Rights Act in the context of this proposal. The Trust will ensure that consideration of Human Rights issues are core to its decision making processes.

The Trust is also mindful of its obligation under other Conventions as follows:

- The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in particular Article 19 i.e. the right to independent living. The purpose of this Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.
- The UN Principles for Older Persons outlines that in relation to 'care', older persons should benefit from family and community care protection in accordance with each society's system of cultural values and older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

The Trust will take into account the Good Practice Guidelines 2013 produced by the HSCB on the Reconfiguration of Statutory Residential Homes as well as the advice and feedback received from the Age Sector Groups and Northern Ireland Human Rights Commission in response to the HSCBs consultation on Making Choices: Meeting the Current and Future Accommodation Needs of Older People.

EQIA Process

As previously stated an EQIA is an in depth analysis of a proposal to examine the extent of any impact on the Section 75 categories and to determine if any impact identified is adverse. There are 7 distinct stages of an EQIA.

Key Stages of the EQIA

Key Stage	Description	Page
1	Defining the aims of the Policy	11
2	Consideration of available data and research	13
3	Assessment of impacts	18 &25
4	Consideration of measures that might mitigate any adverse impact and alternative policies which might better achieve the promotion of equality of opportunity	22 &29
5	Consultation	30
6	Decision/recommendation by the Public Authority and publication of report on results of Equality Impact Assessment	31
7	Monitoring for adverse impact in the future and publication of the results of such monitoring	31

Amongst the considerations listed by the ECNI in favour conducting an EQIA are:

- The policy is significant in terms of its strategic importance;
- Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy proposal about which there are concerns amongst affected individuals and representatives.

The Trust carried out an Equality and Human Rights Screening of this proposal and believes it is appropriate in this instance to conduct a full EQIA in order to fully assess the equality, good relations and human rights implications of this proposal. In so doing the Trust has adhered to the ECNI guidelines in conducting this EQIA. This EQIA relates to stages 1 to 5. Stages 6 and 7 will be completed at the end of the consultative process.

This decision is in keeping with the Trust's Equality Scheme commitments ...*"in making any decision with respect to this proposal, the Trust will take into account any assessment and consultation carried out in relation to this proposal."*

This EQIA and the accompanying consultation document are available on the Trust's website www.setrust.hscni.net

Consultation

This EQIA and accompanying consultation document are available as part of a 12 week formal Consultation process from 28 September 2015 to 21 December 2015.

The Trust recognises the importance of consultation and is committed to carrying out consultation in accordance with the principles contained in its Equality Scheme together with its arrangements detailed in its Personal Public Involvement (PPI) Strategy.

The Trust has implemented a Pre-Consultation/Engagement Plan with a wide range of stakeholders as set out below:

- A Regional pre-consultation event took place on 8 June 2015 with representation from the Trust and attendees invited to attend including:
 - Commissioner for Older People Northern Ireland
 - Age NI
 - Equality Commission
 - Patient & Client Council
 - Age Sector Platform
- The Trust circulated information from the Health and Social Care Board (HSCB) to the current permanent residents of Northfield House Statutory Residential Care Home and displayed the same information for families, carers and friends to let them know about the HSCB meeting on 19 May 2015 and advised them of an invitation to attend.
- Following the HSCB Meeting on 19 May 2015, the Trust circulated correspondence to the Manager of Northfield House Statutory Residential Care Home to advise of the decision re consultation.
- A letter from the Minister of Health, Simon Hamilton, was issued to each of the residents on 27 May 2015.
- Senior Trust staff visited Northfield House Statutory Residential Care Home on the 9 September 2015 to discuss the proposal with residents, their families, staff and Trade Union representative.

The Trust has developed a detailed Consultation/Engagement Plan and will continue to engage with stakeholders on the proposals for change at Northfield House Statutory Residential Care Home during the period of formal consultation.

Further details in relation to consultation processes are available in the accompanying consultation document.

How to Get Involved?

This EQIA and accompanying consultation document contains a lot of information. A consultation questionnaire has been developed to help you provide a response to the Trust in respect of this EQIA. You do not have to use this questionnaire but it may be of assistance – see Appendix 1.

Your views are very important to us and we welcome your comments in a variety of means e.g. using the questionnaire, which is also available on line via www.setrust.hscni.net, by writing to us, emailing or telephoning.
(This list is not intended to be exhaustive).

The Trust will carefully consider all responses received and will take the views of consultees into account in making any final recommendations/decisions regarding the proposal for the future of Northfield House.

All enquiries regarding this EQIA should be directed to:

Amanda McVea
Strategic & Capital Development Department
South Eastern Health and Social Care Trust
Kelly House
Ulster Hospital
Dundonald
BELFAST

Telephone: 028 9055 0434
Textphone: 028 9151 0137
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3.0 Background to the Proposal

Over the last number of years the Trust has been reviewing the provision of Statutory Residential Care for older people, largely in response to the publication and Minister's endorsement of Transforming Your Care 2011 (TYC).

This is part of continuous service improvement work to ensure that the Trust have a range of suitable services in place to meet the needs of the rising number of older people in the Trust area. The Trust has been reviewing how we provide services now and how we should provide them in the future. The consultation document sets out the Trust plans for our Statutory Residential Care Home at Northfield House.

In 2011, the Minister for Health, Social Services and Public Safety, Minister Poots announced a review of Health and Social Care services in Northern Ireland. TYC took account of major pressures for change including the growing number of older people in Northern Ireland, the wishes of those who might use Health and Social Care services in the future and the financial pressures on services.

In March 2013 Minister Poots announced plans for reform to the Northern Ireland Assembly. These included more support for older people who want to remain at home and changes to the care arrangements for those who are unable to do so. These plans included proposals to reduce the number of Statutory Residential Care Homes and this required Trusts to arrange to provide this type of care in other ways. A stated aim of TYC is to make home the hub of care for older people.

On 29 November 2013, the HSCB commenced a public consultation on the proposed criteria for evaluating the future role and function of Statutory Residential Care Homes for older people which incorporated an EQIA. This consultation closed on 7th March 2014. The evaluation criteria were approved by the HSCB in June 2014. At this time, Local Commissioning Groups (LCGs) were asked by the HSCB to undertake local needs assessments for older peoples' services. The Local Commissioning Group completed this Local Needs Assessment in Autumn 2014. The Trust proposals for change were set within the context of this assessment. More details in terms of this process can be found in the accompanying consultation document.

Minister Poots, on 16 April 2014, reassured current permanent residents of the Statutory Residential Care Homes affected by the public consultation that they would be allowed to remain in their existing home for as long as they wish and so long as their needs can continue to be met there. In a communication to Statutory Residential Homes on 5 September 2014 from the HSCB, it was stated that:

"The Health & Social Care Board has endorsed the Minister's announcement ensuring that current permanent residents are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met."

Only in the circumstance that there are no permanent residents and the Trust has thoroughly evaluated potential alternative uses for a home and ruled them out, could a proposal for closure be made.”

The current Health Minister, Simon Hamilton in his letter to residents at the end of May 2015 re-iterated this commitment: that any residents currently residing in Statutory Residential Care Homes would not be required to leave their home if they did not wish to, providing their current home is able to safely meet their needs.

The Trust is committed to honouring this commitment to our current permanent residents of Northfield House.

Following approval by the HSCB, the Trust completed their evaluation on the future role and function of the Statutory Residential Care Home for older people against this evaluation criteria including consideration of the Local Needs Assessments for Older Peoples' Services. The Trust recommendations in relation to Northfield House were presented at the HSCB Board meeting on 19 May 2015, and endorsed for public consultation. The consultation is running from 28 September to 21 December 2015.

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4.0 Stage 1 of EQIA - Aim of the Proposals

Current provision

The South Eastern Trust currently provides Statutory Residential Care for Older People across 6 facilities as follows:

- Ardview House, Ardglass – Frail Elderly/Specialist Dementia Facility
- Drumlough House, Lisburn – Frail Elderly/Specialist Dementia Facility
- Laurelhill House, Lisburn – Specialist Dementia Facility
- Mount Alexander, Comber – Specialist Dementia Facility
- Newcroft Lodge, Holywood – Specialist Dementia Facility
- Northfield House, Donaghadee – Frail Elderly Facility

The Regional criteria was applied only to Statutory Residential Care Homes for frail older people. As a consequence of this, Northfield House was the only Trust Statutory Residential Care Home for Older People included in the Regional Review and subject to the Local Needs Assessment by the Local Commissioning Group. More details of this process are contained in the accompanying consultation document.

The Trust proposes that Northfield House Statutory Residential Care Home will be subject to closure in the future and the continued cessation of permanent admissions to the home will remain. However, in line with the Minister for Health's statement, current permanent residents will be able to remain in Northfield House for as long as they wish and for as long as their care needs can be met.

Also the Trust believes that it needs to retain at least one Statutory Residential Care Home for Older People with dementia in each of its localities. Therefore the other 5 facilities listed above are not included in this consultation.

The underpinning policy aim of the proposal is to ensure that the Trust continue to improve and change the way services are provided to older people. Frequently people tell us that they would rather stay in their own home with the right support so that they can remain as independent as possible, for as long as possible. The Trust's strategic direction is focused on supporting older people to live independently in their own homes where possible. A range of services such as Reablement, Supported Living Initiatives, Direct Payment Schemes, Rapid Response Nursing have been developed to support older people to remain in their own homes as long as possible.

The Trust will continue to work with the current permanent residents, their families/carers and stakeholders who have a key role in supporting improved choice and access to our services.

Why do we need to change?

The main reasons for the change in demand for residential care include:

- The trend in demand for residential care is declining;
- Expectations of older people have changed over recent years;
- Alternative services are available such as: Supported Housing initiatives, investments in Domiciliary support, Reablement and Rehabilitation, Respite Care and the use of technology at home to monitor conditions.
- No new Statutory Residential Care Homes for older people have been built since the early 1980's and many require on-going maintenance works, structural repairs and refurbishment.

People are living longer and demographic data is widely available which profiles our local population and highlights the growing number of older people. The Trust needs to change the way we provide our services for older people if we are to address these changes and achieve the best possible outcomes for individuals and communities.

The Trust is committed to supporting older people to live as long as possible in their own homes, living independent lives and supporting them to ensure their needs are met.

The Trust wants to ensure that when older people need to be cared for in an alternative setting, it is because their needs cannot be met in their home or local community.

The pattern of statutory residential care has been changing for many years. In the last five years at least 11 Statutory Residential Care Homes for older people across Northern Ireland have closed. In many cases this has allowed Trusts to plan and develop other facilities that meet people's needs in a different way e.g. Supported Living Schemes.

Currently everyone in the Trust who needs residential care receives an offer of that service.

Identification of Groups Affected by this Proposal

The Trust has identified the following groups likely to be affected by this proposal:

- Potential future services users from the resident population within the South Eastern Trust area
- Current staff employed in Northfield House.

It is important to note that in line with the Minister for Health's statements, current permanent residents will be able to remain in Northfield House for as long as they wish and their care needs can be met.

5.0 Stage 2 of EQIA - Consideration of Available Data and Research Data Sources

In keeping with the ECNI Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data was drawn from a number of sources to inform this EQIA. Data on current permanent residents and staff in Northfield House was collected and analysed as was data on wider population trends.

In conducting this EQIA, the Trust took into account data and research findings from the following sources:

- ◆ Making Choices: Meeting the Current and Future Accommodation Needs of Older People in the Ards Locality within the South Eastern Health and Social Care Trust, January 2015
- ◆ Local Commissioning Group: Statutory Residential Homes Local Needs Assessment, Autumn 2014
- ◆ Health & Social Care Board: Making Choices, Meeting the Current and Future Accommodation Needs of Older People – Post Consultation Report Feedback, Responses and Final Criteria, June 2014
- ◆ Health & Social Care Board Making Choices: Proposals for Change to the Future role and function of Statutory Residential Care Homes for older people, November 2013, and associated EQIA
- ◆ Good Practice Guide: Reconfiguration of Statutory Residential Homes, 2013, HSCB
- ◆ Transforming Your Care: A Review of Health and Social Care in NI, December 2011
- ◆ South Eastern Trust Directory of Services for Older People
- ◆ NI Executive's Programme for Government 2011-15 a four year Programme published by the OFMDFM
- ◆ NI Executive Economic Strategy, NI Executive, January 2011
- ◆ Trust Delivery Plans
- ◆ Local Commissioning Plans
- ◆ A Healthier Future - Regional Strategy, 2005-2025
- ◆ Northern Ireland Statistics and Research Agency (NISRA)
- ◆ Northern Ireland Health and Personal Social Services Workforce Census 2006
- ◆ 2011 Census of Population (Northern Ireland)
- ◆ Statement of Key Inequalities, Equality Commission NI
- ◆ Equality Commission for NI – Composite Report – Emerging Workforce Trends 5 HSC Trusts
- ◆ Available data in respect of each of the Section 75 groupings for service users and staff
- ◆ Quality 2020: A 10 Year Strategy to Protect and Improve Quality in HSC in NI
- ◆ A demographic portrait of Northern Ireland: some implications for public policy Research and Library Service Research Paper, Northern Ireland Assembly 2011
- ◆ RQIA Inspection Reports
- ◆ Human Rights Act, 1998
- ◆ The Right Time, The Right Place – Donaldson Review, December 2014
- ◆ Qualitative research reports from the Community & Voluntary Sector
- ◆ NI Assembly Budget Settlement

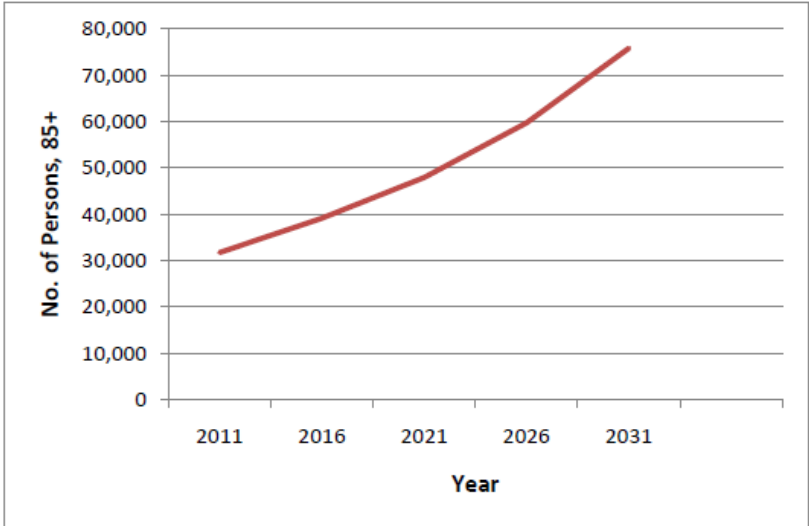
- ◆ DHSSPSNI Budget 2015/16
- ◆ DHSSPSNI - Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI, November 2014
- ◆ DHSSPS Who Cares? 'The Future of Adult Care and Support in NI'
- ◆ Equality Commission NI: Guide on Section 75 and Budgets
- ◆ Care Principles from the UN Principles for Older Persons
- ◆ UN Convention on the Rights of Persons with Disabilities
- ◆ NIHRC Investigation : 'In Defence of Dignity' - The Human Rights of Older People in Nursing Homes, March 2012
- ◆ NIHRC Enquiry into Emergency Health Care, May 2015
- ◆ Forthcoming Goods, Facilities and Services anti-discrimination in relation to age
- ◆ Rainbow Project, Age NI: Making This My Home: Making Nursing and Residential More Inclusive for Older Lesbian, Gay, Bisexual or Transgender People, 2011
- ◆ Carers NI: Facts about Carers in NI, 2011
- ◆ Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, 'See Me, Hear Me, Know Me, 2014
- ◆ Trust Equality Scheme 2014-2017
- ◆ Trust Disability Action Plan 2014-2017
- ◆ Trust Involving You – Personal and Public Involvement Strategy, 2012-2015
- ◆ Trusts' - Themed Inequalities Audit
- ◆ Trust Annual Monitoring Returns to the Equality Commission NI
- ◆ Trust Article 55 Review Report – highlighting workforce composition and trends
- ◆ Trust Human Resources Policies
- ◆ Trust Consultation on Intermediate Care Provision – North, Down and Ards Area, 2015
- ◆ Application for Judicial Review – St John's House, 2007

This list is not exhaustive.

Demographic Changes

Table 1 from Research and Library Service Research Paper, Northern Ireland Assembly, 2011

Chart 6: Northern Ireland Population Projections for those aged 85 +, 2011 – 2031.



During the period 2001 – 2011, Northern Ireland had the fastest growing population of any UK region. However, population growth over the past decade has not been evenly spread. The largest percentage increases have occurred in the pension age population (60+/65+, 17.7 %), with the number of those aged 85+ growing by over a third (35.4 %). These trends are expected to continue in the coming decades.

Between 2011– 2021, the number of persons 85+ is expected to increase by half (51.1 %) to 47,900. By 2031, the 85+ population is projected to reach 75,800, or 3.8 % of the total population. The median age is projected to reach 37.0 years in 2011, 38.8 years in 2021 and 41.9 years in 2031.

This trend has been reflected locally within the Trust. Table 2 highlights some of these local changes.

Table 2 Age Bands by LGD – 2008 Population Projections

2012				
LGD	65-74	75-84	85+	Total 65+
Ards	8,207	4,251	1,600	14,058
Down	5,771	3,425	1,512	10,708
Lisburn	9,581	5,533	1,891	17,005
North Down	8,272	4,819	2,233	15,324
South Eastern Trust	31,831	18,028	7,236	57,095

2023			
65-74	75-84	85+	Total 65+
9,250	7,001	2,473	18,724
7,296	4,801	2,435	14,532
11,431	8,064	3,413	22,908
9,223	6,934	3,098	19,255
37,200	26,800	11,419	75,419

% Change				
LGD	65-74	75-84	85+	Total 65+
Ards	12.7%	65%	54.6%	33.2%
Down	26.4%	40%	61.0%	35.7%
Lisburn	19.3%	46%	80.5%	34.7%
North Down	11.5%	44%	38.7%	25.7%
South Eastern Trust	16.9%	49%	57.8%	32.1%

Table 2 indicates that the Trust 65+ population is expected to increase by 32.1% by 2023. Significantly the over 75 population in the legacy Ards Borough Council is expected to increase by 65% and the over 85 by 54.6%.

In light of these projections it is essential that the Trust plans their future services to ensure that the needs of these groups can be met.

Profile of Current Resident Population

Section 75 Group	Category	
Gender	Female	**
	Male	**
Religion	Roman Catholic	**
	Protestant	**
	Other	**
Racial Group	White	**
	Not Known	**
Disability	With level of disability	**
Age	Aged 45-54	**
	Aged 55-64 years	**
	Aged 65- 84 years	**
	Aged over 85 years	**
Marital Status	Married	**
	Unmarried	**
	Other	**
Political Opinion		**
Sexual Orientation		**
Dependants		**

** As of midnight 14 September 2015, there are 3 current permanent residents in Northfield House. In order to comply with Data Protection and Privacy / Confidentiality legal requirements this information has not been disclosed. However, the data has been analysed and taken into account by the Trust in assessing impacts.

6.0 Stage 3 of the EQIA - Assessment of Impact on Current Service Users by Section 75 Equality Groups

The Trust has carried out a detailed Section 75 analysis on the impacts of this proposal. As previously stated the small number of current permanent residents has impacted on the presentation of this data.

Political Opinion – Whilst not collected, proxy information such as religious affiliation is generally accepted as providing a reliable indication of a person’s political opinion as are council voting patterns. The Trust has examined the breakdown of seats held within the affected Local Council as follows: -

Breakdown of Councillors Seats May 2015

	Ards & North Down Borough Council
DUP	17
UUP	9
SDLP	1
Independent	3
Alliance	7
Green	2
TUV	1

By proxy this proposal has the potential to impact on mainly Unionist communities. The Trust is committed to monitoring for any future adverse impact.

It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Dependency Status – The current permanent residents are visited by family, relatives and friends on a regular basis. Previous consultations on this policy area have highlighted concerns re the risk of loss of contact between residents and family, friends and carers as well as social needs. The Trust is sensitive to these concerns – as such Article 8 considerations of the Human Rights Act will continue to inform the decision making processes including discussions with residents and their families. The Trust will follow Best Practice Guidelines issued by the HSCB in June 2013. The Trust will listen to and will be guided by the wishes of individual residents. The Trust is committed to monitoring for any future adverse impact. It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Sexual Orientation – Whilst no direct information is gathered on sexual orientation, population trends estimate that 6-10% of the population are from the gay, lesbian, bisexual or ‘trans’ (transsexual, transgendered and transvestites) (LGB&T) community. The Trust will adhere to best practice guidelines issued in 2014 by the Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, ‘See Me, Hear Me, Know Me (2014)’ when considering the needs of older LGBT people. The Trust is committed to monitoring for any future adverse impact. It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Age – People are living longer and this is reflected in the profile of local populations. The age profile of the residents is predominantly in the over 75 years category and is reflective of the general statutory residential care home profile. It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Gender - The 2011 Census confirms that women are on average living longer than men. In Northern Ireland life expectancy increased between 2002-2009 from 74.5 to 76.1 years for men and from 79.6 years to 81.1 years for women. Female life expectancy has consistently been higher than that for males. The potential impact is therefore greater for females. The Trust is committed to monitoring for any future adverse impact. It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Religion – The religious profile of people living in Statutory Residential Care Homes tends generally to reflect that of the local geographical area where the homes are located - see Table below. Practising religion and participating in community and spiritual activities is an important aspect of resident’s lives and this is respected and catered for within the homes. The Trust is committed to monitoring for any future adverse impact. It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Religious Composition of Population by Local Government District Area (LGD) – 2011 Census

LGD Area	Religious Composition (%)		
	Protestant	Catholic	Other/None/Not Stated
Ards	57.16%	10.91%	31.93%
North Down	52.05%	11.17%	36.78%

Racial Group – Across the Trust’s Residential Care Homes the majority of permanent residents are White. All homes offer a welcoming environment. There were no issues raised or evidence to suggest that there would be any adverse effect for current residents on the ground of race. The Trust is committed to monitoring for any future adverse impact. It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Disability – Current permanent residents in the Trust’s Statutory Residential Care Homes all have a level of disability. It is estimated that between 17-21% of the NI population have a disability, affecting 37% of households. For both men and women the rate of disability increases with age. Women on average live longer than men therefore disability tends to be more common among women. The prevalence of disability amongst adults varies significantly with age, ranging from a low of 5% amongst young adults aged 16-25 to 60% amongst those aged 75 and above. In those aged 85 and above, the prevalence of disability increases to almost 67%.

In Northern Ireland there are about 16,500 people with a learning disability. McConkey and others (2006) predict that it will increase by 20.5% by 2021. Changes to older people’s services must take account of the needs of older people with learning disabilities as well as other forms of disability. People who responded to the TYC Vision to Action consultation asked the HSCB to consider social isolation in its criteria. Respondents wanted to be sure that this issue would get priority in any plans to reduce the number of statutory residential homes. The Trust is committed to monitoring for any future adverse impact.

It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Marital Status – Analysis of the available data showed the different marital status of residents. Any future proposal(s) should pay due regard to this particularly where existing residents are reliant on regular contact from family, relatives and friends perhaps in the absence of spouses or partners. The Trust is committed to monitoring for any future adverse impact. It is important to reiterate here the Minister’s commitment that *current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

Multiple Identities

The assessment has found that the proposal in relation to Northfield House has the potential to impact on all permanent and future service users of both genders, marital status, age and on the grounds of disability. In terms of religion and political opinion, the residents of the Statutory Residential Care Homes generally reflect local populations.

The Trust would wish to reiterate that all current permanent residents within its Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met. The views and wishes of individual residents and their families / carers will be discussed in considering future individual needs.

Human Rights

The Trust will also provide support and independent advocacy to ensure that the views of residents are heard and supported throughout this process and in so doing the Trust will adhere to articles and principles set out in the Human Rights Acts and related conventions including the UNCRPD. The Trust is committed to the promotion of Human Rights in all aspects of its work. The Trust is conscious of the need to promote and safeguard the Article 8 and Article 3 Rights of older people in conjunction with the Care Principles from the UN Principles for Older Persons.

The Trust is aware of the advice given by the Northern Ireland Human Rights Commission to the Review Body which highlighted the importance of ensuring that the welfare of residents is a priority and that the impact of the consultation process is carefully monitored. This advice has shaped the approach to this consultation.

The Trust has noted in previous consultations on this policy area, the views of the Commissioner for Older People for NI regarding the need for an effective communication and information campaign and that any such information should be disseminated in a clear, user friendly and easy to understand format.

At the centre of this proposal are the residents for whom we have a duty of care. The Trust will work to ensure their views are listened to and needs provided for and quality of care maintained.

The Trust will also draw on the Good Practice Guide produced by the HSCB in Reconfiguration of Statutory Residential Homes.

Good Relations

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion. The Trust will ensure that its engagement arrangements are meaningful and inclusive and that any consultation and assessment, carried out in respect of this proposal, is taken into account in making any final decision.

7.0 Stage 4 of EQIA - Mitigation of Impact / Alternative Policies

The Trust is committed to continually improving the quality of its services. This proposal has been developed as part of the on-going implementation of TYC.

The Trust has a responsibility to redesign services for the future whilst at the same time taking into account the needs of current permanent residents in its Statutory Residential Care Homes. As well as current permanent residents the Trust is also mindful that any move to reorganise care for older people will also affect family members and carers of older people. As previously stated current permanent residents who choose to remain *within statutory residential are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met.*

The Trust also recognises that in order to meet the future needs of older people change is needed. The Trust is continually redesigning services and systems to support more older people in the community (TYC, Home is the Hub of Care), in order to maximise their independence and enable older people to maintain links with their local communities.

The pattern of statutory residential care has been changing for many years and a number of Statutory Residential Care Homes for Older People have closed. Residents and their families / carers as well as staff have been involved in this process. The Trust has considered their views, and residents have moved to other statutory and independent residential homes, dual registered and nursing homes. In many cases this has allowed the Trust to plan and develop other facilities that meet people's needs in a new and innovative way. Many of these home closures have led to modern supported housing being developed as an alternative, often on the same site. This has transformed the lives of many older people by giving them their own home or tenancy within a modern environment that provides them with support and security.

As part of the way services are developing the Trust believes that older people will be relying less on residential homes when choosing the type of care that they want in the future. There has been a steady downturn in the number of older people choosing residential care to meet their long terms needs.

Parallel developments in the community including Reablement, Enhanced Care at Home Services, Assistive Technology, Self-directed Support, ongoing modernisation of Domiciliary Care Services and Day Care Services demonstrate how services are being designed and delivered to mitigate the potential impacts on the general population of this proposal that Northfield House Statutory Residential Care Home will be subject to closure in the future and the continued cessation of permanent admissions to the home will remain. Further details on the proposed changes including alternative services are outlined in the accompanying consultation document.

As stated at the outset of this EQIA in making any decision with respect to this proposal the Trust will take into account any assessment and consultation carried out in relation to this proposal.

7.1.1 How Services are developing and could be delivered in the Future

From the assessment of the wider population it is clear that future provision will need to continue to address the specific needs of all Section 75 categories including multiple identities. Of particular significance is the growing number of older people.

Gender

Whilst future provision will need to cater for both men and women, longevity rates show that women are living longer than men with a 2:1 ratio although it is acknowledged that this gap is closing.

Age

The Trust population aged 65+ is expected to increase by 32.1% by 2023. In terms of the age profile the largest percentage increases have occurred in the 75+ age group. These trends are expected to continue in the coming decade.

Service developments will focus on supporting people to maintain their independence in the community for as long as possible with the support of a range of services from the statutory sector, independent sector and voluntary and community organisations. Older transgender people should feel comfortable and at home wherever they live. Their experiences should help inform future provision.

Religious Belief

Statutory Residential Care Homes tend to reflect the local community make up of the geographical area.

In planning for future needs all communities need to be catered for, future provision should provide for a greater diversity of religious and ethnic backgrounds in light of population changes. This should also include those who do not practice any religion. Future provision of services should be welcoming and inclusive as well as culturally sensitive.

Political Opinion

Whilst the Trust does not collect information on residents, political opinion proxy can be drawn from a person's religious group and local voting trends. This however may not always be totally accurate as voting trends are changing. Future care provision should be welcoming and inclusive as well as culturally sensitive.

Marital Status

Regionally there are fewer married people amongst residents in Statutory Residential Care Homes. Future care provision should take cognisance of the higher prevalence of residents who are classified as 'other' which includes those who are widowed, divorced or separated compared to the general population profile. Longevity trends for males and females show women tending to outlive their husbands/partners.

According to the 2011 Census from age 75 onwards more women are widows than in any other category, to the extent that 80.8% of women aged over 90 are widows.

Any future proposal(s) should pay due regard to this fact particularly where existing residents are reliant on regular contact from family, relatives and friends perhaps in the absence of spouses/partners. There is a correlation with the dependants category.

Dependants

Many residents in Statutory Residential Care Homes are regularly visited by relatives, carers and friends etc. Planning for future care needs will take account of this. This is an important consideration in terms of Article 8 of the Human Rights Act.

Disability

The majority of residents in Statutory Residential Care Homes have some level of disability in a greater proportion than the general population. A range of disabilities are recorded across the residential care homes. Any future care requirements would need to consider the impact of disability on a person's ability to undertake normal day to day activities.

Race

Whilst the majority of residents in the Statutory Residential Care Homes are White – future provision should take into account the increasing diversity of the population. Future provision of services should be welcoming and inclusive as well as culturally sensitive in order to meet the needs of Black and Minority Ethnic service users and to promote the dignity and respect for all those coming into contact with Trust services.

Sexual Orientation

Whilst no direct information is gathered on the sexual orientation of residents, population trends estimate that 6-10% are from the gay, lesbian, bisexual or 'trans' (transsexual, transgendered and transvestites) (LGB&T) community. In terms of future provision the best practice guidelines issued in 2014 by the Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, 'See Me, Hear Me, Know Me (2014) should be considered when providing for the needs of older LGBT people along with the views of the LGBT community and individuals themselves.

Please refer to the accompanying consultation document which provides further details on the range of services that are available for older people to access in their local communities.

8.0 Assessment of Impact on Current Staffing

The Trust has used both quantitative and qualitative data when considering the equality implications of this proposal on the current workforce. Both types of data were regarded as relevant and included information drawn from the following sources:

- The Trust's Human Resources, Payroll, Travel and Subsistence System (HRPTS).
- The Trust's Equal Opportunities Monitoring System.
- Northern Ireland Statistics and Research Agency (NISRA).
- 2011 Census of Population (Northern Ireland)
- Equality Screening – Transforming Your Care – Strategic Implementation Plan
- Article 55 Review Report
- ECNI Composite Report – Emerging Workforce Trends across 5 HSC Trusts
- ECNI Monitoring Reports
- Previous staff consultations
- Previous Equality Screenings and EQIAs on Trust Statutory Residential Care Homes
- HSCB Making Choices EQIA 2013

Profile of Current Staff – Northfield House

Section 75 Group	Make up of Staff Affected	%
Gender	Female Male	Over 90% Female
Religion	Protestant Roman Catholic Not Known	76% Protestant
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known	Council area returns a Unionist Majority
Age	under 45 45 -55 years 55 – 65 years	27% 40% 33%
Marital Status	Single Married Not Known/Other	Majority Married
Dependent Status	Caring for a Child/Children/ Dependant Older Person/ Person(s) with a Disability None/Not Known	23% indicated caring responsibilities
Disability	Yes No Not Known	Under 10% recorded a disability
Ethnicity		Majority White
Sexual Orientation towards:	Opposite Sex Same Sex Same and Opposite Sex Do Not Wish To Answer/Not Known	Over 50% recorded towards Opposite Sex

9.0 Assessment of Impact on Current Staff by Section 75 Equality Groups

The Section 75 profile for staff potentially affected at Northfield House is detailed in the table on page 26. With regards to the information provided the assessment of impact on current staff identified the potential for a differential impact with regard to the following Section 75 categories: gender, marital status, religion and political opinion and dependants. The Trust is aware of the multi-identity aspects of this group of staff, for example, the correlation between gender, marital status and dependants. The steps the Trust will take to mitigate any potential impact on current staff are outlined in Section 10.

In the interest of safeguarding confidentiality and protecting data protection principles combined data sets and percentages have been used.

The key points to note from the Section 75 analysis are outlined below:-

Section 75 Profile of Current Staff – Northfield House

Gender – over 90% Female – This would be reflective of the gender profile of the Trust and HSC in general. Over 83% of Trust staff are female. The Trust is committed to ongoing monitoring in order to identify any future impacts.

Religion – Analysis shows that the religious composition of the staff is majority Protestant. This reflects the general profile of the Trust with over 58.5% of staff recorded as Protestant. It is also reflective of the geographical area in which many of the staff live and work. The Trust is committed to ongoing monitoring in order to identify any future impacts.

Political Opinion - Whilst information on political opinion is sourced, it is voluntary - many staff chose not to declare their political opinion. Voting patterns and religion are a good proxy for political opinion and thus give a good guide to political preference – see table on page 19. The Council area affected by this proposal returns a Unionist majority. The Trust is committed to ongoing monitoring in order to identify any future impacts.

Racial Group – The majority of staff are White. All homes offer a welcoming and inclusive workplace for staff and residents regardless of racial background/group. There is therefore no evidence to suggest that the proposal will have an adverse impact for current staff on the grounds of race. The Trust is committed to monitoring in order to identify any future impacts.

Disability – Available figures indicate that less than 10% of staff in the home have declared a disability. The Trust accepts that the prevalence of disability is often under reported and regionally 17- 21% of the population indicate they have a disability. In keeping with Trust policy and practice timely reasonable adjustments, if required, will be implemented for any staff affected by this proposal. There is therefore no evidence to suggest that the policy proposal will have an adverse impact on current staff on the grounds of disability. The Trust is committed to monitoring in order to identify any future impacts.

Age – In terms of the age profile the table on page 26 shows that 27% of staff are under 45, 40% are between 45-55 and 33% are between 55-65. The Trust is committed to monitoring in order to identify any future impacts.

Marital Status – The majority of staff potentially affected are married. This is reflective of the Trust staff profile with 68.5% of staff recording this status. The Trust is mindful that research shows that the majority of women who have caring responsibilities tend to be married. The Trust is committed to monitoring in order to identify any future impacts.

Dependency Status – 23% of the staff have indicated they have caring responsibilities. There is positive correlation with gender and caring responsibilities. The Trust is committed to monitoring in order to identify any future impacts.

Sexual Orientation – There is no evidence to suggest that the proposal will have an adverse impact on employees as a result of their sexual orientation. The Trust is committed to providing a good harmonious and inclusive working environment for all staff regardless of their sexual orientation and is working in partnership with UNISON in support of Regional Staff LGBT Forum. The Trust is committed to monitoring in order to identify any future impacts.

Good Relations

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) of the NI Act (1998) i.e. on the grounds of religious belief, racial group and political opinion. The Trust will ensure that its engagement arrangements adhere to best practise principles governing consultation and are meaningful and inclusive for all staff affected. Staff and their representatives will be kept fully informed throughout the consultative process and about any future recommendation arising from this consultation.

10.0 Mitigation of Impact on Current Staff

It is important to take into consideration the commitment from the Ministers for Health to the current permanent residents which has an impact on the future of Northfield House for both residents and staff:

“current permanent residents within Statutory Residential Care Homes are able to remain in their existing home for as long as they wish and as long as their care needs can continue to be met. “

The Trust has considered the impact of this statement on current staff. In order to mitigate any differential impact on existing staff the Trust will introduce a number of measures as required:

- Where change is to be introduced all staff affected will be offered one to one meetings with a senior representative from Human Resources (with their Trade Union representative in attendance) to ascertain their preferred employment options and to establish any particular personal circumstances which may need to be taken into account e.g. caring responsibilities, access to transport, health/disability issues etc.
- Every effort will be made to ensure staff requiring redeployment remain as close as is reasonably possible to their current work base, taking account of work/life balance and personal choice issues. If appropriate, excess travel expenses will be paid.
- Appropriate training and re-training opportunities will be provided to assist staff who move to new roles and assume new responsibilities.
- All staff will be kept fully informed and supported during any future change management processes.
- Any future staff changes will be taken forward through a partnership approach in consultation and negotiation with Trade Unions.
- The principles of fairness, transparency, dignity and equity of treatment will be applied in the management of staff issues associated with any future organisational change processes. The Trust commits to ensuring that existing arrangements such as reasonable adjustments are taken into account.
- Sound Human Resources processes will be in place and applied so that every possible effort can be made to avoid redundancies, retain valuable skills and experience within the Trust and to minimise costs and provide value for money. As such staff should give consideration to offers of reasonable alternative employment within the Trust.

The Trust will carefully monitor any staff changes that may result from this proposal.

11.0 Formal Consultation

The Trust intends to consult as widely as possible with all interested persons over a 12 week period on this EQIA on the Proposed Changes in the Provision of Statutory Residential Care for Older People in the South Eastern Health & Social Care Trust.

Targeted consultation will also include specific consultation meetings with staff and current permanent residents, their family/carers and a range of stakeholders.

To facilitate comments you may wish to use the consultation questionnaire attached, which is also available on line via www.setrust.hscni.net. However we will accept comments in any format.

All responses regarding this EQIA process should be directed to:

Amanda McVea
Strategic & Capital Development Department
South Eastern Health and Social Care Trust
Kelly House
Ulster Hospital

Telephone: 028 9055 0434
Textphone: 028 9151 0137
Email: consultation@setrust.hscni.net
Website: www.setrust.hscni.net

12.0 Decision/Recommendation of Trust Board and Publication of Report on Results of this EQIA

This EQIA has been published in keeping with the commitments in the Trust's Equality Scheme.

"in making any decision with respect to a policy adopted or proposed to be adopted, the Trust will take into account any assessment and consultation carried out in relation to the policy".

When the consultation process is concluded the responses will be carefully considered and submitted to the Trust Board prior to any recommendation/decision being made. A record of the consultation process i.e. Consultation Outcome report and decision of the Trust will be placed on the Trust's website www.setrust.hscni.net

The final EQIA will also be published and will be posted on the Trust's website.

13.0 Monitoring for Adverse Impact in the Future and Publication of the Result of such Monitoring

In keeping with the ECNI's guidelines, the Trust will put in place monitoring arrangements to monitor the impact of this proposal on the relevant groups within the equality categories. The Trust will publish the results of this monitoring and include in its Annual Progress Report to the Equality Commission for NI.

If the monitoring and analysis of results show that the impact of these proposals results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

APPENDIX 1



South Eastern Health
and Social Care Trust

Making Choices: Proposed Changes in the Provision of Statutory Residential Care for Older People in the South Eastern Health and Social Care Trust

Section 75 and Schedule 9 The Northern Ireland Act 1998

Consultation Questionnaire

The aim of this consultation is to obtain views from stakeholders in Northern Ireland on the proposal for the future of Statutory Residential Care for Older People. The Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing your comments in the space provided. The closing date for this consultation is 21/12/15 and we will need to receive your completed questionnaire on or before that date. You can also respond to the consultation document by e-mail or letter by forwarding your response to:

Amanda McVea
Strategic & Capital Development Department
South Eastern Health and Social Care Trust
Kelly House
Ulster Hospital

Telephone: 028 9055 0434
Textphone: 028 9151 0137
Email: consultation@setrust.hscni.net
Website: www.setrust.hscni.net

Before you submit your response, please read the Appendix 2 at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation if relevant. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name: _____

Position: _____

Organisation: _____

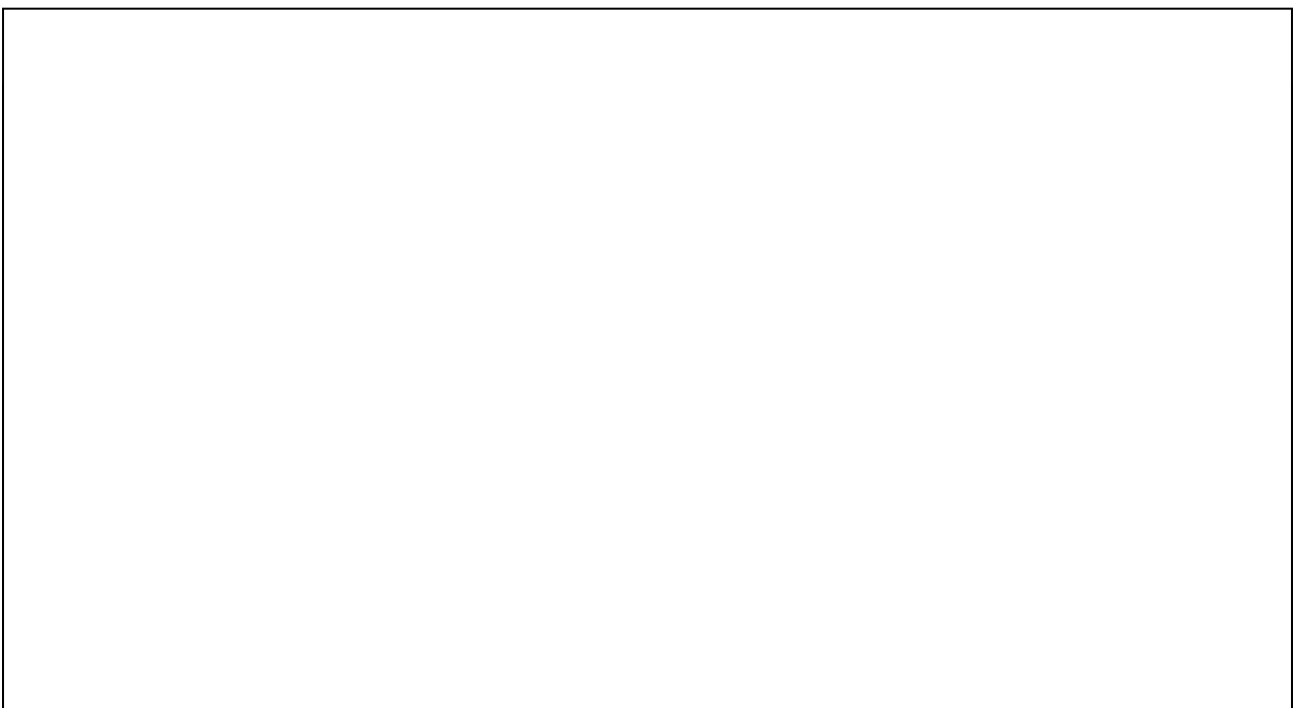
Address: _____

I am responding: as an individual on behalf of an organisation
(Please tick)

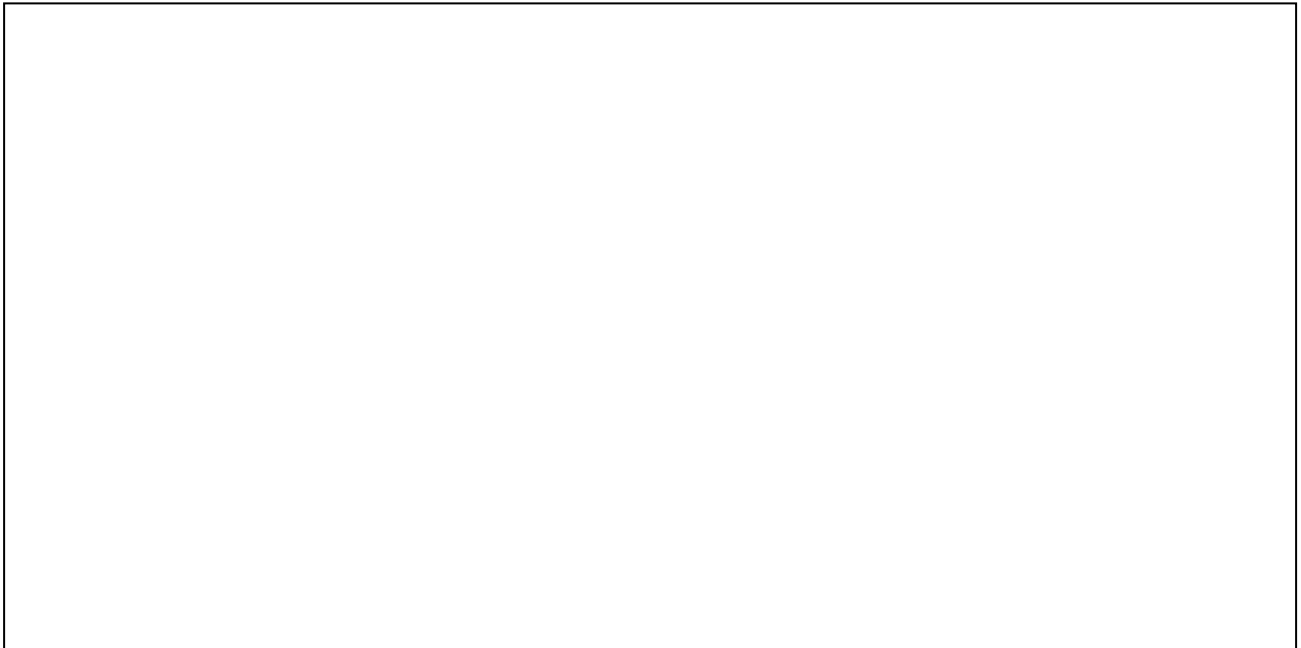
Q.1 Is there any additional relevant evidence or information which the Trust should consider in assessing the equality impacts of this proposal?



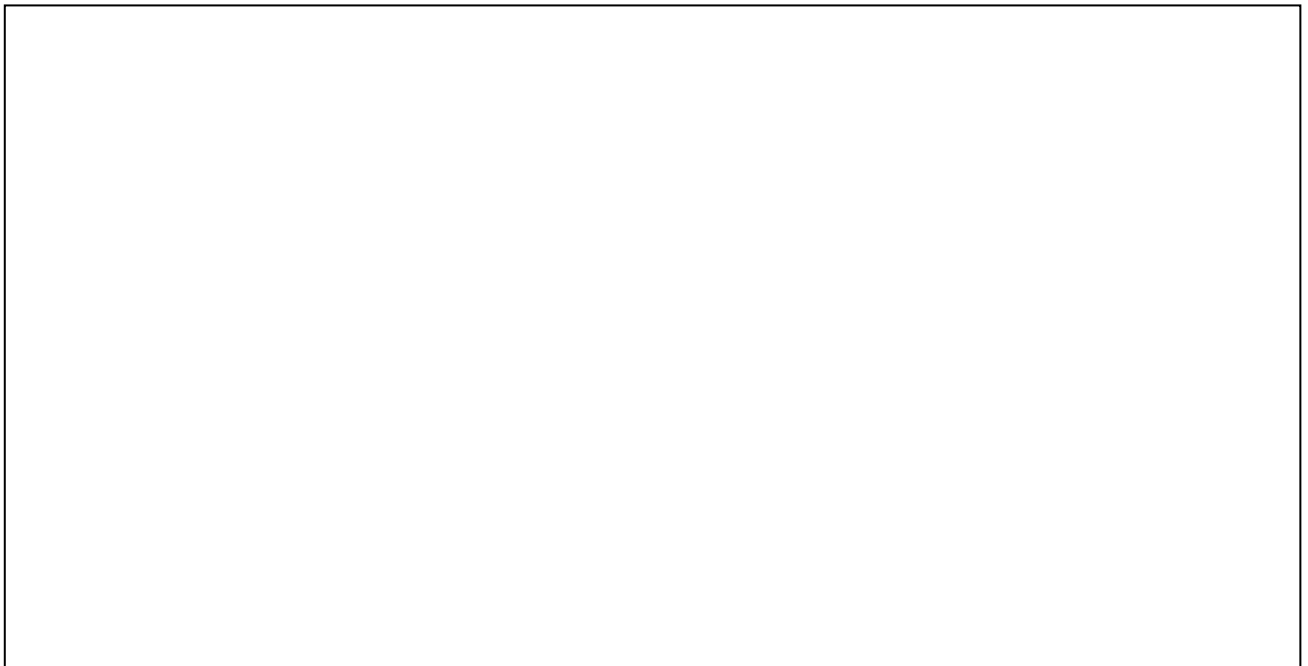
Q.2 Are there any other potential differential/adverse impacts which might occur as a result of this proposal being implemented? If so, please provide some supporting evidence and indicate who might be affected e.g. service users, carers and/or staff etc



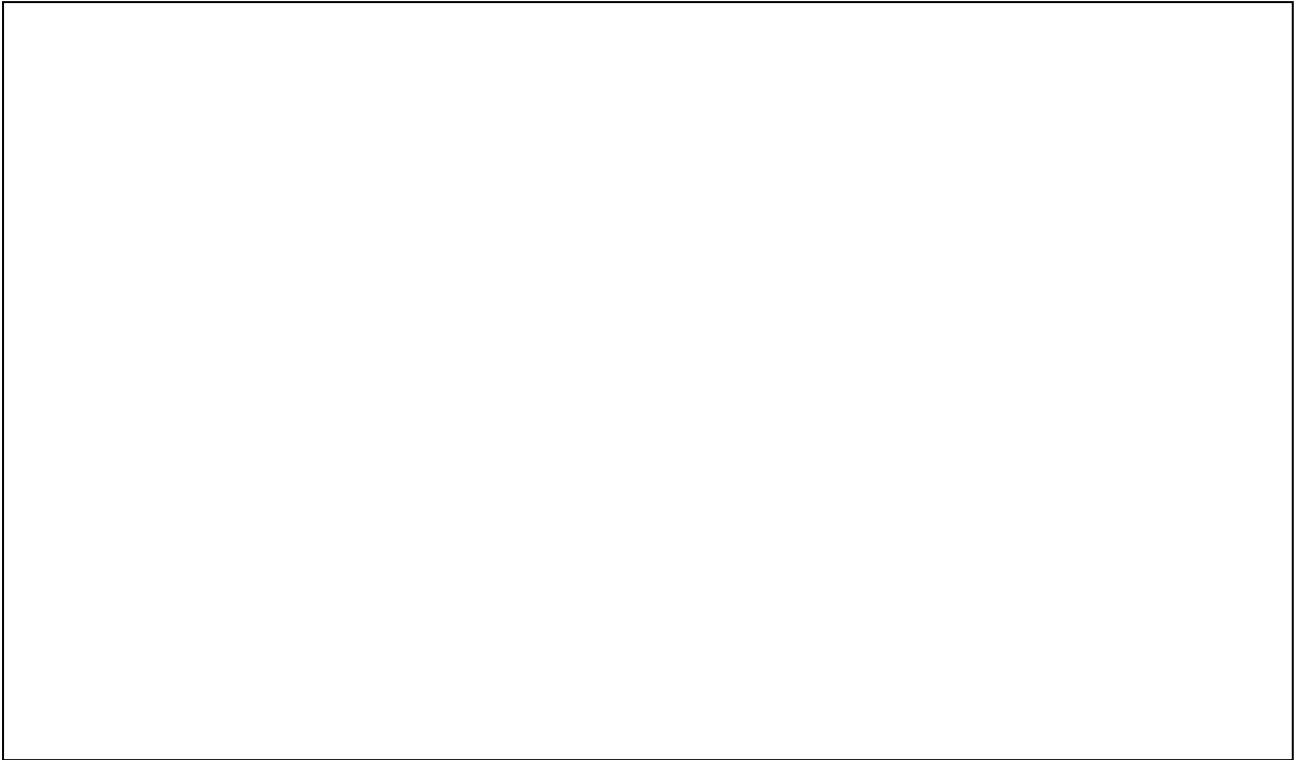
Q.3 Can you suggest any other mitigating measures the Trust could take to remove or minimise any potential adverse impact on service users/carers/staff etc?



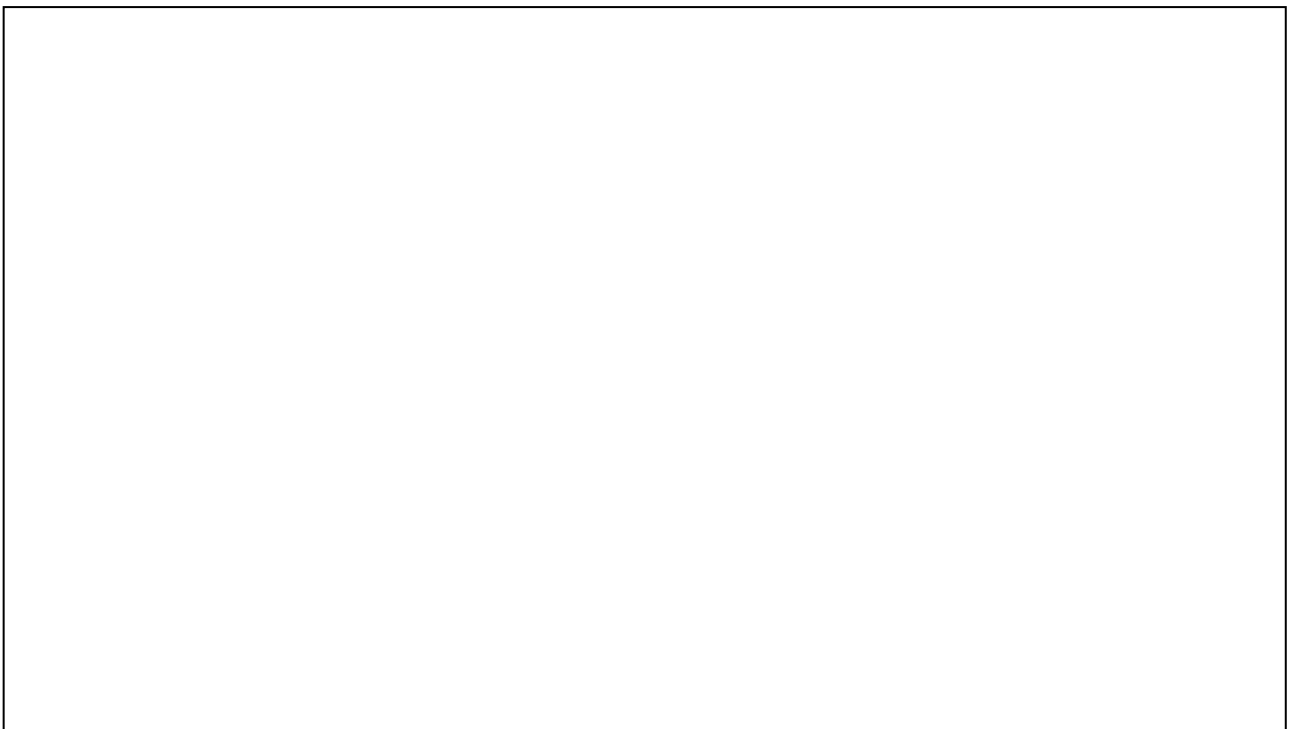
Q.4 Are there any human rights implications the Trust should take into consideration?



Q.5 Are there any other measures the Trust could take to promote equality of opportunity?



Q.6 Are there any other measures the Trust could take to promote good relations?



Q.7 Are there any further ways in which the proposal might further encourage the participation of disabled people to participate in public life and what else could be done to promote positive attitudes?

Q.8 Are there any general comments you would wish to make?

THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE

APPENDIX 2

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Trust will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Trust can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Trust in this case. This right of access to information includes information provided in response to a consultation. The Trust cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Trust should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Trust's functions and it would not otherwise be provided;
- the Trust should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Trust of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see the website at: <http://www.ico.org.uk/>).

APPENDIX 3

GLOSSARY

Article 5 of the Disability Discrimination (NI) Order 2006 – Outlines the duties of public authorities whilst carrying out its functions in relation to persons with a disability and, in particular, the need to promote positive attitudes towards disabled persons and the need to encourage participation by disabled persons in public life.

Article 3 of the European Convention on Human Rights (ECHR) – denotes the right to freedom from torture, inhuman or degrading treatment or punishment.

Article 8 of the European Convention on Human Rights (ECHR) – Denotes the right to respect for private and family life extending to home and his correspondence.

Differential/Adverse Impacts – An **adverse** (or **differential**) **impact** means that some people are affected differently due to an action or a policy and the **effect** is less favourable

Equality Commission for Northern Ireland (ECNI) – The Equality Commission for Northern Ireland is an independent public body established under the Northern Ireland Act 1998. Their mission is to advance equality, promote equality of opportunity, encourage good relations and challenge discrimination through promotion, advice and enforcement.

European Convention on Human Rights (ECHR) – (formally the *Convention for the Protection of Human Rights and Fundamental Freedoms*) is an international treaty to protect human rights and fundamental freedoms in Europe.

Equality of Opportunity – Equal opportunity is a stipulation that all people should be treated in such a way that they are unhampered by artificial barriers or prejudices or preferences, except when particular distinctions can be explicitly justified i.e. it is an absence of discrimination.

Equality and Human Rights Screening – The purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and/or good relations. Screening will lead to one of the following **3** outcomes:

- The policy has been screened in for equality impact assessment
- The policy has been screened out with mitigation or an alternative policy proposed to be adopted
- The policy has been screened out without mitigation or an alternative policy proposed to be adopted

NB: for more detailed strategies or policies that are to be put in place, through a series of stages, a public authority should then consider screening at various times during implementation i.e. ‘on going screening’.

Equality Impact Assessment (EQIA):

A thorough and systematic analysis of a policy the primary function of an EQIA is to determine the extent of any impact of a policy upon the Section 75 categories and to determine if the impact is an adverse one.

HRPTS – New management information system which is being rolled out across HSC for Human Resources, Payroll, Travel and Subsistence (HRPTS)

Human Rights Act 1998 (HRA 1998) – The Human Rights Act 1998 (also known as the Act or the HRA) came into force in the United Kingdom in October 2000. It is composed of a series of sections that have the effect of codifying the protections in the European Convention on Human Rights into UK law.

Mitigating (Measures) – To mitigate is to make less severe, serious, or painful; to lessen the gravity of (an offense or mistake). Therefore mitigating factors decrease the severity of a situation or proposal.

Qualitative Data – Qualitative methods are ways of collecting data which are concerned with describing meaning, rather than with drawing statistical inferences. What qualitative methods (e.g. case studies and interviews) lose on reliability they gain in terms of validity. They provide a more in depth and rich description.

Quantitative Data – Quantitative methods are those which focus on numbers and frequencies rather than on meaning and experience. Quantitative methods (e.g. experiments, questionnaires and psychometric tests) provide information which is easy to analyse statistically and fairly reliable. Quantitative methods are associated with the scientific and experimental approach and are criticised for not providing an in depth description.

Section 49A of the Disability Discrimination Act 1995 (DDA 1995) – Places a general duty on all public authorities, whilst carrying out their functions, to have due regard for the need to eliminate discrimination against disabled persons; eliminate harassment of disabled persons that is related to their disabilities; promote equality of opportunity between disabled persons and other persons; take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons; promote positive attitudes towards disabled persons; and encourage participation by disabled persons in public life.

Section 75 of the Northern Ireland Act 1998 (the Act) – Section 75 (and Schedule 9) to the Northern Ireland Act 1998 came into force on the 01 January 2000 and placed a statutory obligation on public authorities in carrying out their various functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity –

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to this obligation, Public Authorities are also required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion, and racial group.

Transforming Your Care (TYC) – A review about change in health and social care in Northern Ireland over a five year period. The Review was announced in June 2011 by Edwin Poots MLA, Minister for Health, Social Services and Public Safety.

Transforming Your Care Report – A Review of Health and Social Care in Northern Ireland which was published in December 2011 and outlines

the findings and recommendations of John Compton and the Review Team for Health Care in N.I.

Transforming Your Care: Vision to Action – A report which collates responses from the TYC Consultation Period. It was published on 9 October 2012 and sets out key proposals for change across a range of service areas including mental health services, statutory residential homes, acute services and primary care. It explores how a focus on prevention, earlier interventions, integrated care and promotion of personalised care could enable more services to be provided in the community, closer to people's homes where possible.

Trust's Equality Scheme – sets out how the Trust proposes to fulfil the Section 75 statutory duties.

Trust's Personal and Public Involvement (PPI) Strategy – Personal and Public Involvement (PPI) is also known as Service User Involvement and can be described as: how service users - patients, clients and carers (including the public) - can have their say about care and treatment and the way services are planned and delivered.

UN Principles for Older Persons - The UN Principles for Older Persons were adopted by the UN General Assembly (Resolution 46/91) on 16 December 1991. Governments were encouraged to incorporate them into their national programmes whenever possible. There are 18 principles, which can be grouped under five themes as follows: independence, participation, care, self-fulfillment and dignity.

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) - The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

UNCRPD Article 19 Right to Independent Living and being included in the community - State Parties to this Convention recognise the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.