HSC Health and Social Care

Audit of Inequalities

Preparing for the Health and Social Care Trust Equality Action Plans and Disability Action Plans

Contents

Background

Section 75 of the Northern Ireland Act 1998 requires the all Health and Social Care (HSC) Trusts, when carrying out their 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.

Trusts must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.
The Equality Commission Northern Ireland (ECNI) revised ‘Guide to the S75 Statutory Duties for Public Authorities’ emphasised the need for public authorities to carry out an audit of inequalities and produce an associated action plan.

Substantial progress has been made since the Trusts published their first Plans on 1 May 2014. For details of what we have done so far, please refer to our respective Annual Progress Reports which are available online and in alternative formats on request.

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Trusts have carried out a review of their first Plans to consider what actions to include in the new plans. In carrying out the review we considered what actions had already been delivered and if intended outcomes had been achieved. We also looked at a range of new research and the issues that have been raised with us during consultations and engagements carried out over the last three years. Actions and priorities in our Equality Action Plan and Disability Action Plan have been informed by this audit of inequalities.

"An audit of inequalities is a systematic review and analysis of inequalities which exist for service users and those affected by P.A. policies in order to inform the P.A. work in relation to the promotion of S75 equality and good relations duties." (ECNI, 2010)

The purpose of this report is to detail how the Trusts updated their audit of inequalities to ensure it informed their new plans. While this document is detailed and systematic, it is intended to be a rolling audit that will periodically be updated and improved as further relevant data becomes available to inform the Trusts. In that regard, the Trusts welcome continued feedback from all stakeholders with constructive views about how the audit could be further expanded or improved.

Completion of audit of inequalities - methodology

The purpose of the audit is to identify key areas of potential inequality. At a regional level all health and social care organisations have worked collaboratively to gather emerging themes in relation to key inequalities experienced by the nine equality categories – as detailed in Table 1 below. Equality leads from each of the Health and Social Care Trusts and Northern Ireland Ambulance Service, analysed collated data (qualitative and quantitative). This data was disaggregated by the Section 75 categories to develop indicators of levels of inequalities. Appendix 1 of this report details the outcome of this piece of work entitled 'Emerging Themes'. It is important to note that the 'Emerging Themes' section of this document (Appendix 1) will be continually updated. Equality leads in each of the health and social care organisations will regularly review the relevant literature and update the working document which will be made available on all the organisations' websites. The document can then be used as evidence for future screening and equality impact assessments and will be a useful resource for both health and social care staff and representative organisations.

Identifying key inequalities

The Trusts have gathered and utilised a breadth of knowledge to develop their plans. Appendix 1 details the key inequalities identified from the research and literature available on the Section 75 categories. The research examined is not intended to be an exhaustive list of all related literature but is instead an attempt to gather the main themes that have emerged in recent years. It is important to acknowledge at the outset that this 'Emerging Themes' document is not intended to be an academic literature review. The document aims to provide summary of the key issues rather an exhaustive list of relevant equality issues.

Health and social care organisations have been engaging with individuals and representative groups over the lifetime of their equality schemes. This ongoing engagement has led to increasing knowledge of the barriers faced by the Section 75 categories and has provided a framework for the draft action-based plans. Throughout the lifetime of the Trusts' equality schemes many Section 75 screening templates and equality impact assessments have been completed. This has resulted in a wealth of knowledge both in considering the impact internally and in the extensive feedback received from consultees. This information has also informed the 'Emerging Themes' document and action-based plans.

By the time this report is made available on our websites new information will be emerging and will continue to do so. Trusts are committed to regularly reviewing relevant literature and updating the working document which will be made available on all the organisations' websites. This document should be viewed as a living document, and one which will be subject to change.

Appendix 1 –Emerging Themes

Please note: The material presented here provides a summary of the issues facing the Section 75 equality categories. It is an exploration of the literature and other materials relating to the equality categories and not a detailed literature review which would require a more thorough and academically driven exercise.

Gender

Equality/inequality issue	Policy/practice issues	Source of evidence	Date
Gender blindness: Most health and social care strategies and policies are written in gender neutral language with general targets set for the whole population.	• Need to recognise that men and women differ in their health and social care needs throughout their lifetime. • Recognition for groups that are particularly vulnerable e.g. older women, ethnic minority women, women living in rural areas, men who have experienced sexual abuse, and men who have experienced domestic violence, men in their role as fathers.	Statement on Key Inequalities in Northern Ireland - ECNI Men's Action Network, Derry	2007 2010
Protection from harassment: Changes made to Sex Discrimination Order	• Change in definition of 'sex harassment' to prohibit unwanted conduct that is 'related to' a women's sex or that of another person. • Employers must take reasonable practicable steps to protect their employees from third party harassment – where harassment is known to have occurred on at least 2	April 2008 – Sex Discrimination Order 1976 (Amendment) Regulations (Northern Ireland) Order 2006 came into force in Northern Ireland Equality Commission Northern Ireland - http://www.equalityni.org/archive/pdf/SexEqualityLegislationFactSheetSDOAmenentRegs08.pdf	2008

	other occasions • Removed the need for a comparator in complaints of discrimination on the grounds of maternity or pregnancy • Changes to entitlement of certain benefits of terms and conditions of employment whilst on compulsory and additional maternity leave		
Structural inequalities: for example low pay, lack of childcare, lack of involvement in internal decision making.	• HSC organisations already play a key role in this area. How can we build on this good practice? Recognise that this is a huge area. What additional actions can HSC organisations take to tackle the structural inequality between women and men?	Other Borders Women's Health in Ireland Women in Disadvantaged Communities	2005 2006 2009
Lack of involvement in planning and decision making: particularly by more marginalised women including lesbian women, women with disabilities, older women, women from black and minority ethnic groups including traveller women and women from disadvantaged communities.	• Need for improved participatory approaches to planning of HSC services. • Work in partnership with community groups to provide capacity building for women from the most marginalised groups.	Other Borders Women's Health in Ireland Women in Disadvantaged Communities	2005 2006 2009
Mental health issues: High rates of mental ill health, in	• Mental health services planning should take into	Other Borders	2005

particular for travelling women, women with disabilities, lesbian women with consequences for women accessing training, employment, and education or participating in public life.	account the needs of the most marginalised women.	Women's Health in Ireland Women in Disadvantaged Communities	2006 2009
Maternity services: Particular issues for women with disabilities, travelling women and BME women and younger women.	• Maternity health services planning should take into account the needs of the most marginalised women.	DHSSPS Literature Review Ethnic and Social Inequalities in Women's Experience of Maternity Services - Care Quality Commission	2006 2007
Domestic and sexual violence and abuse: can also be particular issue for marginalised women as may be additional barriers to accessing support for Domestic Violence.	• GPs, emergency departments and maternity staff are important points of contact. Their response is critical and ongoing training is vital. • Need to develop and regularly review DV policies and protocols for referral and asking the routine questions re DV.	NI Women's Aid Federation Domestic Violence and Health Professionals DHSSPS Literature Review Western Interagency Domestic Violence (WIADV) Partnership Unison and WIADV Partnership	2003 2006 2010 2010
Attitudes of staff: marginalised frequently experience staff attitudes as unsupportive/judgemental.	• Ongoing staff training in equality and diversity.	DHSSPS Literature Review Ethnic and Social Inequalities in Women's Experience of Maternity Services - Care Quality Commission	2006 2007
Inequalities for women living in north west area: disadvantaged in terms of infrastructure, location of public sector jobs and distance from Belfast and Dublin.	• Need for cross sector, cross border working. • The CAWT Social Inclusion programme to take this forward.	Levelling Up: Securing Health Improvement by Promoting Social Inclusion - Derry Well Woman	2008

Inequality between women and men in areas of social economic and political life: five priority areas - education, employment, pensioner poverty, decision making and health.	• Ensure health strategies and policies are analysed by gender. • Recognise the needs of carers, the majority of whom are women. • Call for the same access to reproductive healthcare services and rights in Northern Ireland as are available in Great Britain	CEDAW Report United Nations Convention on the Elimination of all forms of Discrimination Against Women - http://www.equalityni.org/archive/pdf/CEDAW(F).pdf	2008
Concern for black and minority ethnic women living in Northern Ireland: in response to the UK's seventh periodic report.	• Gender based violence and no recourse to public funds. • Human trafficking • Participation in public life • Access to the labour market • Women's health • Traveller women as a vulnerable group	Submission to the UN Committee on the Elimination of All Forms of Discrimination Against Women pre-sessional working group to the fifty-fifth session - http://www.nicem.org.uk/uploads/publications/NICEM_submission_to_CEDAW_pre-session_(55th_session)_working_group_14-9-12.pdf	2012
Lack of research: ignorance and lack of understanding of men's needs in this area.	• More research on men as victims of domestic abuse, male health needs, role of fathers, homophobia and homophobic attacks, men as perpetrators and victims of violence and the needs of rural men.	DHSSPS Literature Review Priority Issues which need to be addressed in the Men's Action Plans - Men's Action Network; Work with Young Men Unit; The Men's Project	2006 2009
Tackling health inequalities in relation to men: men tend to die younger, are more like to complete suicide, are more	• Develop Men's Health Strategy similar to the policy developed in the Republic of Ireland (2008).	McEvoy and Richards: cited in DHSSPS Literature Review Priority issues which need to be addressed in the	2006 2009

likely to have risk taking behaviour and men feel excluded from decisions relating to their children.	- Provide advice and health information in places accessible to men - Provide staff training to challenge stereotypes	Men's Action Plans Men's Action Network	2010
Men and domestic violence: reluctance to acknowledge male victims.	- Raise staff awareness of the issue and develop appropriate support services for men.	Priority issues which need to be addressed in the Men's Action Plans	2009
Men and mental health: Lack of support structures – particularly men in rural areas, plus reluctance to discuss issue with GPs.	- Need more awareness of men's issues when developing mental health services.	Health Inequalities CAWT Report	2005
Death rates from suicide: over the past ten years, the rate of deaths from suicide has been five times higher in males than in females.	- The two key factors that are known to be effective in reducing suicide rates are physician education in depression recognition and treatment, and restricting access to lethal means of suicide.	Young Men and Suicide Project – A Report on the All-Ireland Young Men and Suicide Project http://www.mhfi.org/ymspfullreport.pdf	2013
Lack of awareness and understanding of transgender people: misuse of appropriate gender pronoun and making inappropriate assumptions.	- Provide training that includes awareness of transgender issues to challenge attitudes	Fair for All - NHS Scotland. The Luck of the Draw - a Report on the Experiences of Trans Individuals reporting Hate Incidents in NI - Institute for Conflict Research Health Care Issues for Transgender People Living	2008 2010

		in Northern Ireland - Institute of Conflict Research Trans Community Statement of Need (England)	2011 April 2011
Appropriate health services for transgender people : many services are set up specifically for men or women e.g. sexual health services. These may exclude transgender people as they may need to access clinical services due to their birth gender not their true gender.	• Need to consider the options with the person and to recognise the person's wishes and true gender and not to send them to a service or place them on a ward determined by the proposed clinical treatment. • Further research into health care needs of trans individuals.	Fair for All - NHS Scotland Health Care Issues for Transgender People Living in Northern Ireland - Institute of Conflict Research	2011
Vulnerability of children and young people who are gender variant: young people's treatment in United Kingdom, including Northern Ireland, is below international standards.	• Eliminate all automatic psychiatric referrals. • Develop a comprehensive framework to ensure support for gender variant children and young people. • Adopt best practice from across UK and internationally.	Health Care Issues for Transgender People Living in Northern Ireland - Institute of Conflict Research Trans Community Statement of Need (England)	2011 April 2011
Young people who experience gender distress and/or identify as transgender (aged 25 and under): found general lack of societal awareness, understanding and knowledge of Trans issues in Northern Ireland impacts every	• A standardised gender identity question should be developed that can be used by public bodies for administrative purposes and equality monitoring. • CAMHS teams should specifically record referrals made to its service relating to	Grasping the Nettle: The Experiences of Gender Variant Children and Transgender Youth Living in Northern Ireland	April 2013

dimension of the lives of young Trans people.	gender distress and/or gender identity issues. - Referrals made to the GIC should be collated in order to identify referral trends.		

Age

Equality/inequality issue	Policy/practice issues	Source of evidence	Date
Educational/behavioural outcomes and health: girls are advantaged in cognitive, educational, behavioural outcomes and in general health, but are more likely to be overweight at age 5.	• Recognition that parents' longstanding illness and mental distress linked to poorer cognitive, educational and behavioural assessments and general health in children.	OFMDFM - Consequences of Childhood Disadvantage in Northern Ireland at Age 5 http://www.ofmdfmni.gov.uk/the_consequences_of_childhood_disadvantage_in_northern_ireland.pdf	June 2010
Negative impact of poverty for children from ethnic minorities, with disabilities and LGBT young people: negative impact of poverty on young peoples' health and wellbeing including higher prevalence of mental health, rates of suicide, self-harm and teenage pregnancy.	• Statutory agencies encouraged to respond to the evidence based link between poverty and poor health in children and young people. • Develop multi-agency approaches to provision of fully resourced mental health and regional based sexual health services. • Challenge inequalities and discrimination in health care policies and practices for children in minority groups.	Children's Rights in Northern Ireland - NICCY in association with Queens University Belfast http://www.niccy.org/article.aspx?menuid=381 Northern Ireland Commissioner for Children and Young People's (NICCY's) 2008 Review of Children's Rights in Northern Ireland Children in Poverty - Anti-Poverty Network http://www.niccy.org/uploaded_docs/CRR/71784_NIC71784%20Childrens%20Rights%20Text%2	2004 2008 2008

		0intro.pdf	
Northern Ireland has youngest population in UK: 25% are aged under 18, more than one third of children in Northern Ireland live in poverty (c.122,000), of these 44,000 experience severe poverty.	• Poorer life expectancy in the most deprived electoral wards also higher death rates, higher rates of hospital admission, more infant deaths and more suicides than in the NI population as a whole. • Suicide amongst young people in NI - suicide rate for young males living in deprived areas nearly twice that for those living in wealthier communities. • Of the 2,500 Travellers in NI, about half are aged under 16. Many Traveller families experience poor sanitation and access to electricity and water, have poor access to healthcare and education. Increased risk of early childhood mortality than in settled children due to the increased likelihood of accidents and preventable diseases. • 12 year old children have almost 3 times level of tooth decay for age group (against UK average). Children living in the 20% most deprived wards are almost twice as likely to have experienced dental decay as children from the 20% most affluent wards. • Young people from poorer families are more likely to engage in smoking,	Save the Children – What We Do in Northern Ireland http://www.savethechildren.org.uk/en/docs/Northern_Ireland_CB_07.pdf Northern Ireland NGO Alternative Report Submission to the United Nations Committee on the Rights of the Child for consideration during the Committee's scrutiny of the UK Government Report (July 2007) http://www.savethechildren.org.uk/en/docs/NI_NGO_ALTERNATIVE_REPORT.pdf	2007/ 2008 March 2008

	drinking alcohol, solvent and drug abuse than young children from wealthier backgrounds.		
Medical and social work professional awareness of cultural issues and complex child protection cases: Issues for nurses training re obtaining consent of children re (minor) medical procedures and in communicating effectively with children re: surgical procedures.	- Medical professions require specialised training and support on particular cultural issues that arise for ethnic minorities – training to include consent issues.	Children's Rights in Northern Ireland – NICCY in association with Queens University Belfast http://www.niccy.org/article.aspx?menuid=381 Northern Ireland NGO Alternative Report	2004 March 2008
Difficulties for minority ethnic groups in registering with GPs and dentists: Leading to additional pressures on emergency clinics.	- Responses of health professionals should not be influenced by stereotyping. - Training for newly qualified social workers dealing with complex child protection cases.	Submission to the United Nations Committee on the Rights of the Child for consideration during the Committee's scrutiny of the UK Government Report (July 2007)	
Complaints systems potentially confusing: The Children Order procedure for complaints re: children's' services and the Wilson Procedures, applicable to services provided by health and social care services, potentially confusing for children and young people attempting to make complaints on own behalf.	- Trusts should engage in proactive complaints publicity and awareness raising among vulnerable groups of children and young people about their rights and complaints procedures.	Cousins *et al.* The Care Careers of Younger Looked After Children: Findings from the Multiple Placement Project - Institute of Child Care Research, Queen's University Belfast Children's Rights in Northern Ireland – NICCY in association with Queens University Belfast http://www.niccy.org/article.aspx?menuid=381	2003

Children in care not being involved in decisions: Lack of information provided and involvement in reviews.	• Information should be discussed in a way that they can understand and, whenever the young person is talking, the foster carer should be out of the room to facilitate them speaking freely.	Children’s Rights in Northern Ireland – NICCY in association with Queens University Belfast http://www.niccy.org/article.aspx?menuid=381 Save the Children and the Children’s Law Centre http://www.savethechildren.org.uk/en/docs/NI_NGO_ALTERNATIVE_REPORT.pdf	2004 2007/ 2008
Disabled children and their families concerned about assessment of needs: Services required to meet these needs are not always locally available.	• Full implementation of the rights of children with disabilities requires effective assessment of their needs and adequate resourcing of appropriate services.	Save the Children and the Children’s Law Centre http://www.savethechildren.org.uk/en/docs/NI_NGO_ALTERNATIVE_REPORT.pdf	2007/ 2008
Mental health issues for children: Over 20% of children under 18 suffer significant mental health problems.	• Age-appropriate in-patient facilities required for children - some young people sent to England for treatment (e.g. those with complex mental health problems or eating disorders). • Incidence of mental health problems is disproportionately high among children and young people with disabilities, living in poverty, in conflict with the law, in or leaving care, who identify as LGBT. • Less than 5% of the mental health budget is spent on child and	Northern Ireland NGO Alternative Report Submission to the United Nations Committee on the Rights of the Child for consideration during the Committee’s scrutiny of the UK Government Report (July 2007)	March 2008

	adolescent mental health services, despite under-18s representing approximately 25% of Northern Ireland's population.		
Barriers among young people to accessing mental health services: Despite growing numbers of young people being diagnosed with mental and emotional health problems, it is often seen as a taboo subject.	• Background variables exist that allow for an identification of health inequalities between different groups of 16-year olds	The Mental and Emotional Health of 16 year olds in Northern Ireland – http://www.patientclientcouncil.hscni.net/uploads/research/The_mental_and_emotional_health_of_16_year_olds_in_NI.pdf	2010
Young people's priorities for health care: Views of 1200 young people aged 16 – 21 years across Northern Ireland.	• Joined up approach to hospital care, out of hours, minor injuries, and A+E services • Mental health services geared to young people's needs • Establishment of short waiting times for attention by professionals • Direct involvement of young people in developing health and social care services and in related communications • Adequate funding to secure appropriate health and social care services • A focus on health education and promotion	Young Peoples Priorities in Health and Social Care -	2012
Variations exist in health service outcomes for children: and whole-of-life-course outcomes.	• Approach should be not only to protect children from hazards but also promote exposure to positive experiences which enhance assets	Children and Young People's Health Outcomes Forum - INEQUALITIES IN HEALTH OUTCOMES AND HOW THEY	2013

	and resilience. • Health services should be aware of these adverse determinants of lifestyles, and tailor the delivery of services to mitigate against their adverse effects	MIGHT BE ADDRESSED https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/156067/CYP-Inequalities-in-Health.pdf.pdf	
Older people are more likely to be discriminated against in relation to healthcare.	• Research on attitudes	ARK NI Research Update Number 61 – Attitudes to Age and Ageing in Northern Ireland	June 2009
Older people are more likely to have a sedentary lifestyle than younger people: Of those aged 75 and over, 63% were sedentary.	• Statistical report	Equalities and Inequalities in Health and Social Care in Northern Ireland – A Statistical Overview - DHSSPS	2004
The vast majority of delayed discharges were among older people.	• Statistical report	Equalities and Inequalities in Health and Social Care in Northern Ireland – A Statistical Overview - DHSSPS	2004
Social isolation is caused by a number of factors: Including differential access to and availability of health and social care services.	• Statistical report	Statement on Key Inequalities in Northern Ireland - ECNI	October 2007
Research highlighted the failure of the NHS in addressing the mental health needs of older people.	• Statement of inequalities	Statement on Key Inequalities in Northern Ireland - ECNI	October 2007
Differential access to transport may be producing a profound effect in access to healthcare for older people: particularly those with a disability and/or in rural areas.	• Statement of inequalities	Statement on Key Inequalities in Northern Ireland - ECNI	October 2007
Social exclusion and pensioner	• Statement of inequalities	Statement on Key Inequalities in	October

poverty: particular issue for older women.		Northern Ireland - ECNI	2007
There is no legal basis in Northern Ireland on which to challenge age discrimination in the provision of goods and services: Including health and social care services.	• Recommends that the law in Northern Ireland be amended to outlaw discrimination on age grounds when people are accessing goods, facilities or services.	Making Older People Equal: Reforming The Law On Access to Services In Northern Ireland - Report for the Changing Ageing Partnership (CAP) by the Institute of Governance, School of Law, Queen's University Belfast	February 2009
Older women are the majority in Northern Ireland	• Health and social care organisations must take account of their needs. • Tackle inequalities in coronary heart disease. • Recognise increase in breast cancer. Redress the imbalance given to osteoporosis and arthritis, blindness and deafness for older women.	Northern Ireland Women's European Platform – 12 Critical Areas	
Older people have lower expectations of healthcare provision: Anecdotal information from health care providers suggests that professional pragmatism in the rationing of delivery of services impacts on the care delivered to older people.	• Further research is required to establish the perceptions and socially held beliefs about how older people are valued and as a result, treated when health services are delivered to them. • The way in which caseloads are prioritised particularly within acute or secondary care and specialisms of cardiology should be investigated.	Older People's Experience of Health Services in Northern Ireland - Help the Aged, OFMDFM and Northern Ireland Human Rights Commission (NIHRC)	July 2004
Social exclusion exacerbated in later life: Women's income in retirement is on average only 57% that of men's. Ethnic minority pensioners are more likely to be	• Need a more responsive model for services for older people that addresses their needs. Encourage take up of benefits and entitlements.	A Sure Start to Later Life - Ending Inequalities for Older People - Social Exclusion Unit Final Report	January 2006

in low income households than white pensioners.	Review of pensions.		
Specific needs of older people from ethnic minority backgrounds.	- The differences between and within ethnic minority groups in access services need to be taken into account by policy makers and planners.	Social Inequalities in Later Life: the socio-economic position of older people from ethnic minority groups in Britain - Kings College London	Autumn 2000
Barriers to accessing services: especially among black and ethnic minority groups	- Evaluative studies that measure and compare experiences and outcomes among different equality groups from different models of care provision are generally lacking - Need to take account of the effect of frailty, disability or long term illness on the experience of poverty for older people - There is a lack of robust quantitative data about the numbers of minority ethnic older people living in UK care homes and extra care housing - A knowledge gap exists regarding the different experiences and outcomes of older people with acquired and pre-existing disabilities and older disabled people who are ill and those who are not. - There is a lack of studies comparing the experiences and outcomes of older men and women living in care homes and analysing the implications of the gender differences among older people with high support needs	Equality & Diversity & Older People with high support needs. www.jrf.org.uk	2010

	from a policy perspective. - There is little evidence on how personalisation or the independent living agenda would work for people with dementia, and the Royal College of Psychiatrists (2009) has identified a need to collect, develop and evaluate examples of good practice in working with older people from black or minority ethnic backgrounds who have dementia. - There is currently little evidence regarding self-funders in terms of numbers, demographics, experiences or outcomes.		
Pensioner poverty in Northern Ireland remains high: Older, single, female pensioners experience some of the highest levels of poverty.	- Extend clause in Welfare Reform Act 2009 related to state pension credit schemes to Northern Ireland. - An innovative approach to benefit uptake is needed.	Age NI Briefing Paper – Evidence to DSD Committee on the Welfare Reform Bill	May 2010
Wider lessons for UK from review of introduction of the policy of free personal and nursing care in Scotland. Key lessons identified in the paper	- Changes the balance of care towards care at home. Free personal care does not reduce the level of informal caring. It supports carers and helps them to provide other forms of care. - Overall a very positive impact for clients in particularly for those with modest means or dementia. Created a fairer system. - Free personal care supports clients' wishes and can improve clients' quality of life.	David Bell and Alison Bowes Financial Care Models in Scotland and the UK - Joseph Rowntree Foundation	2006

	• Older people who use care services and their families feel that the arrangements introduced in 2001 are more equitable and an improvement on the past. • Social care managers in Scottish local authorities and care home providers also feel very positively about the provision.		
Expectation that an older person or their family may have of dignified, pain-free end of live care, in clean surroundings in hospital, is not being fulfilled. Report presents a picture of NHS provision	• Procedural changes including. asking A and E patients if they are accompanied; review of nursing documentation; introduction of holistic assessment tool for the palliative care team to make sure a person's care needs are met and their discharge is properly planned • Need to promote effective communication; monthly record keeping audits; benchmarking against Essence of Care standards for privacy and dignity involving people who use their serviced and their carers.	Care and Compassion? Report of the Health Service Ombudsman on Ten Investigations into NHS Care of Older People	Feb 2011
Age discrimination when accessing goods, facilities or services.	• Recommends that the remedies available for age discrimination in relation to access to goods, facilities and services should be just as effective as the remedies available in other discrimination contexts. (Recognises existence of Section 75 legislation).	Making Older People Equal: Reforming the Law on Access to Services in Northern Ireland	Feb 2009

	• Highlights the low expectations that older people have in relation to health care.		
Older women coping with lifelong domestic violence: Effects on health and wellbeing.	• Public awareness; professional awareness; support victims. • Local Domestic Violence Partnerships should ensure that representatives from the organisations representing and working with older people are members of the partnership. • Service providers need to consider developing supports, services and interventions specifically for older women with experience of domestic violence that specifically cater for older women's needs.	Older Women's Lifelong Experience of Domestic Violence in Northern Ireland	January 2010
More people are living longer and healthier lives: Babies born today have a life expectancy of 81 years for females and 77 years for males. By 2060, there will be five times as many people living beyond 100 years of age as there are now.	• People over 60 in Northern Ireland make up 19% of the population and the number of older people is increasing rapidly. • Figures from the Department of Finance and Personnel show that the number of pensioners aged 85 or over in Northern Ireland has increased by almost a quarter in seven years with 28,700 people aged 85 or over in Northern Ireland today. • People in Northern Ireland also experience the lowest disability-free life expectancy of any nation in the UK.	NISRA 2009 Mid-Year Population Estimates Age NI Response Healthcare across the UK: A comparison of the NHS in England, Scotland, Wales and Northern Ireland, National Audit Office Northern Ireland Level Projections NISRA Census 2011	2009 March 2011

	• Pensioner poverty in Northern Ireland is increasing and as poverty and inequality go hand in hand. • The Older People's Commissioner of NI will undertake and publish research that highlights the positive contribution of older people to Northern Ireland life.		
Older people in health care especially vulnerable to ill treatment.	• The Human Rights of Older People in Health Care highlighted that older people in health care were especially vulnerable to ill treatment because of their dependency on others for their basic needs. • There is also evidence that the organisational division between mental health services for adults of working age and older people had resulted in the development of an unfair system, as the range of services available differed for each of these groups	The Human Rights of Older People in Health Care, 18th Report of Session	2006/07 Joint Committee on Human Rights, 2007
Age discrimination and human rights violations against older people can manifest themselves in many different formats.	• Prejudicial attitudes among health and social care providers • Implicit age limits for certain services • Restricting movement in some settings • Lack of referrals to specialist services, screening and preventative options	Age NI Response	March 2011
Older people treated differently in terms of attitudes, waiting lists,	• 57% agreed that health and social	Northern Ireland Life and Times Attitudes to Older People	2008

treatment of illnesses	workers treat older people differently with regard to their attitudes to them; • 51% agreed that older people are treated differently with regards to waiting lists and operations; • 53% agreed that older people are treated differently with regard to the treatment of their illness.	- ARK, Belfast	
Older people may be denied treatment offered to younger patients: In some hospitals the standard of hygiene and nutrition given to older people fall below minimum standards.	• The Kings Fund review on discrimination concluded that while there are many examples of excellent care for older people, there is also much unfair age discrimination.	Emilie Roberts *et al*. Old Habits Die Hard – Tackling Age Discrimination in Health and Social Care - The King's Fund, London http://www.kingsfund.org.uk/publications/old_habits_die.html	2009
Early intervention projects produce earlier outcomes and greater efficiency for health and social care	• There is clear evidence that projects which promote early intervention and independence such as re-ablement programmes can produce early outcomes and greater efficiency for health and social care. Examples include the Ageing Well Reach in Northern Ireland, First Connect Service and the Partnerships for Older People Projects in Great Britain. • A recent evaluation of the First Connect Service run by Age NI, suggested that the service has proved to be a valuable service for older people and that the HandyVan, SeniorLink and SeniorLine services	Evaluation of Ageing Well Reach Project - Community Evaluation Northern Ireland, Belfast Blake Associates Evaluation of First Connect Service - Age Concern Help the Aged NI The National Evaluation of Partnerships for Older People Projects - Personal Social Services Research Unit (PPRSU), Department of Health, London	2009 2009 2010

	under First Connect are value for money.		
Those receiving practical help have an increase in health related quality of life.	• Recent evaluations by the Personal Social Services Research Unit (PPRSU) of the Partnerships for Older People Projects (POPPS) show how not only was there an increase in health related quality of life – 12% for those individuals receiving practical help, the projects also found a significant reduction in the use of hospital emergency beds. • Overnight hospital stays were reduced by 47% and the use of Accident and Emergency departments by 29%.	The National Evaluation of Partnerships for Older People Projects - PPRSU, Department of Health, London	
Older members of society have been some of the hardest hit by the recent recession: By the year 2024, one in five people will be of pensionable age – a 32% increase. By 2033 many individuals within the pensioner population will be living for much longer.	• Advice and financial guidance for poorer people approaching older age is patchy. • Social dynamics and the physical nature of communities is important to the overall quality of life and well being • There is a group of older people who experience persistent loneliness, isolation and severe social exclusion- often triggered by the death of a spouse. • Supported housing offers securing and peace of mind. Therefore the likely reduction in Supporting People programme will impact on the quality	The Forgotten Age – Understanding Poverty and Social Exclusion in Later Life. An Interim Report by the Older Age Working Group, Chaired by Sara McKee	Nov 2010

	and availability of such facilities for people of low and mid-range incomes. • The lack of medical presence in care homes was the biggest theme which emerged from evidence gathering on care. • Urgent need for social care, there must be a broader conversation about the wider life experiences of older people. • How to provide social care in an ageing society is a subject that must be reasoned with sensibly and sensitively • Personalisation – whether through Direct Payments or personal budgets should be welcomed.		
In Northern Ireland there is a lack of legislation addressing elder abuse, and the response of services is perceived as not taking into account the needs of older people: 2% of people aged 65+ in Northern Ireland had experienced abuse in the past 12 months.	• Older people with significant physical or cognitive impairment who are dependent on others for care were identified as being particularly vulnerable to elder abuse. • The Health and Social Care Trusts in NI have in place Safeguarding Vulnerable Adults Forums that comprise senior managers from appropriate Directorates and programmes of care. • Cases of allege or suspected abuse are investigated in accordance with strict procedures by a social worker	Centre for Ageing Research and Development in Ireland (CARDI) – Insights into Elder Abuse Protecting Our Future: Report of the Working Group on Elder Abuse Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guide	June 2011 2002 2006

	working in an appropriate team, such as elder care, mental health or disability. • Identifying elder abuse should be seen as having wider relevance to other professionals – for example, GPs, bank officials and solicitors, rather than simple those working within the health field. To enhance social awareness of the issue. • While services that respond to elder abuse are crucial, empowering older people themselves can help to prevent elder abuse and facilitate the independence of older people in society.		
The current definition of abuse focuses heavily on the vulnerability of older people (physical and safety needs), rather than empowerment to counter elder abuse: The UK Study of Abuse and Neglect of Older People asserts that across Northern Ireland there may be some 10,000 older people who are the victims of abuse. Abuse can take place wherever older people live and when others exploit their vulnerability.	• Widespread concern and anger about the abuse of older people. • Lack of understanding about the legal protection available to older people who suffer abuse. • The World Health Organisation (WHO) recognised the need to develop a global strategy for the prevention of elder abuse. Other international initiatives include the International Network for the Prevention of Elder Abuse.	United Nations WHO Global Response to Elder Abuse and Neglect 10 Kings College London Briefing Paper: The UK Study of Abuse and Neglect of Older People	2002 2008 2007
The Commissioner's office provides	• Examine existing adult protection	Commissioner for Older People	2013

information, support and assistance for older people: Commissioner will make referrals to other agencies and provide direct support on specific issues.	legislation and its adequacy regarding older people. • Produce a practical guide for older people and practitioners about the law on protection from abuse. • Determine if any changes are needed to • better protect older people and call on • Government to address them. • Respond to the individual needs of older • people	NI (COPNI) Corporate Plan	
Older people believe there is a link between elder abuse and their own status and value to society: Education and information provision throughout a person's life were considered vital towards creating awareness of elder abuse.	• Supply easy access to clear information on whom to contact and what steps to take if elder abuse is reported, and an assurance that investigations of alleged abuse will be speedily and sensitively dealt with. • Peer support and community based sources of information and support – moving away from the more traditional ways of informing people.	Centre for Ageing Research and Development in Ireland (CARDI) – Insights into Elder Abuse	June 2011
Older people who are isolated are at greater risk of abuse than those who regularly meet other people: Older people with poor levels of community support were five times more likely to report mistreatment, compared to those with strong or moderate levels of community support.	• Services required that support and empower older people to carry out their everyday tasks and stay connected to their communities and friends, as they help to prevent the potential for elder abuse in the first place. • Such services include personalised	Naughton *et al.* Abuse and Neglect of Older People in Ireland: report of the national study of elder abuse and neglect - Health Service Executive (HSE) and University College Dublin (UCD)	2010

	transport schemes, social clubs, educational opportunities or home support service in Northern Ireland. - Recommend a mentoring service, whereby family carers could ring someone for information and support on how best to approach the challenges of caring for an older person. - Provide advice and support on choosing nursing homes and other options.	Centre for Ageing Research and Development in Ireland (CARDI) – Insights into Elder Abuse	June 2011
Older people and sexual discrimination issues of sexual orientation and gender identify: Often invisible in the planning and commissioning of services for older people:	- Older LGB and T people are also protected by 'The Equality Act (Sexual Orientation) Regulations (Northern Ireland) 2006' – includes access to residential or nursing care. - Although Section 75 of the Northern Ireland Act does not apply to private care facilities it does apply to Health and Social Care Trusts and any subsidiary thereof. - Promote awareness that although clients may indicate their sexual orientation and/or gender identity, or this may be apparent due to the gender of someone's partner or the way they dress, this does not necessarily mean that they do not remain invisible. - Legislation has been passed at Westminster to ensure that the	Making This Home My Home: Making Nursing and Residential More Inclusive for Older Lesbian, Gay, Bisexual and/or Transgender People - Age NI	Sep 2011

	provisions of the Human Rights Act apply to people who receive services through private and/or voluntary sector provision.		
Prevailing negative social attitudes and experiences of homophobia: Individuals often do not self-disclose to service providers, resulting in later presentations to medical professionals when illnesses are at a more advanced stage and potentially more difficult to treat.	• The Public Health Agency, together with the Health and Social Care Board and providers should take forward a focused plan of action to implement improved monitoring systems in the areas of sexual orientation and gender identity.	Diversity: Sexual Orientation in Home and Community Care, Canadian Research Network for Care in the Community (CRNCC) - Age NI Health and Social Care Act	Sep 2011 2008
Homophobia more common amongst the ageing population due to the lack of visibility of LGB&T people for a large part of their life: Resulting in the social isolation of LGB&T clients within the care environment.	• Understanding through training of what it means to be LGB and/or T, the experiences of LGB&T people when accessing services is an important aspect of care provision. • Provide opportunities for LGB&T clients to access support through local LGB&T agencies and attend community events. • Linking with communities to support LGB&T clients. These include organising trips or transport to events or to community centres. Bringing the community to the clients by organising events such as talks, workshops, and musical sessions as regular occurrences within the care environment. • Carers should educate other clients and help create a more inclusive	Age NI	Sep 2011

	environment in the care home.		
Older people face particular risks to human rights: Associated with the provision of care and support services, especially at home.	- There are major opportunities for local authorities to promote and protect older people's human rights in the way they commission home care	Close to Home – An inquiry into older people and human rights in home care – http://www.equalityhumanrights.com/uploaded_files/homecareFI/home_care_report.pdf	2011
Social Care Evidence Review: Hoped that these evidence reviews will contribute to the development of that evidence base and play a role in improving social care provision in Northern Ireland.	- A good understanding of the challenges of an ageing population is vital for policy makers. - Important that the right strategic policy decisions are underpinned by a strong evidence base.	http://www.ageuk.org.uk/Documents/EN-GB-NI/policy/evidence-reviews/Age_NI_Social_Care_Evidence_Review_Rights_Sept_2012.pdf?dtrk=true	2012
By 2021 the number of people aged 65+ in NI BY 4270, up 45% and extra demand for care from statutory providers in NI will be 4,200, up 37%: 565 extra people in NI will require residential or formal home care	- It is important that a strategy for providing long-term care for an ageing population is put in place to understand demand for care.	Future Demand for Long-term care in Ireland – http://www.cardi.ie/userfiles/Long%20Term%20Care%20(Web)(1).pdf	2012
Current legal framework for social care is fragmented, complex and open to interpretation: Older people and their carers are often unclear about entitlements to social care and providers are unclear about their responsibilities.	- In collaboration with Age NI and other partners, review the current legislation underpinning the social care regime and make recommendations to Government for change as required. - Monitor the implementation of DHSSPS change programmes and their impact on social care for older people. - Older people should receive the	Commissioner for Older People NI (COPNI) Corporate Plan 2013 - 2015 Transforming Your Care, A review of Health and Social Care in Northern Ireland, DHSSPS. http://www.dhsspsni.gov.uk/tyc.htm	2013 2013

	dignified, respectful care and support they need if they become frail, develop dementia or become otherwise vulnerable - Domiciliary care should meet the changing needs of older people who receive care at home.		
Statistical report highlighting inequalities	- People aged 45-54 had the highest risk of suffering from a psychological disorder, while those aged 65 and above were the least at risk. - The incidence of cancer, diabetes, heart attack and stroke increases with age. - The incidence of informal care was highest among those aged 45 to 64, with approximately a fifth of respondents acting as carers. Women aged between 45 and 64 were particularly likely to be carers.	Equalities and Inequalities in Health and Social Care in Northern Ireland – A Statistical Overview - DHSSPS	2004
Negative assumptions about capacity which lead to discrimination: considered to be barriers for older workers.	- Employment Equality (Age) Regulations (NI) 2006 only partly address the issues of age discrimination in employment.	ECNI - Awareness of Age Regulations 2006 and Attitudes of the General Public in Northern Ireland towards Age Related Issues	June 2008
Attitudes to nurses over 50: Specific needs, e.g., potential physical limitation, caring responsibilities, pension issues and professional development.	- Training re: Ageism - Flexible working arrangements including carers leave.	Watson, Manthorpe and Andrews Nurses over 50 – Options, Decisions and Outcomes - Joseph Rowntree Foundation	July 2003
Delivering the Programme for Government commitment to extend	- The legislation must provide a clear framework for preventing age	Age NI Age Sector Position Paper – Stop Age Discrimination	July 2014

age discrimination legislation to the provision of goods, facilities and services: The paper sets out the steps necessary to ensure the proposed legislation affords older people protection against discrimination in accessing goods, facilities and services.	discrimination for all age groups.	– Edel Quinn http://www.ageuk.org.uk/Documents/EN-GB-NI/policy/gfs/Stop_Age_Discrimination_Age_Sector_Position_Paper_July_2014.pdf?mc_cid=d24bc0841f?dtrk=true	
Children with disabilities face significant barriers to enjoying fundamental rights: They are often excluded from society and denied access to services and suffer discrimination.	• Establish more inclusive child protection services. • Enhance the legal framework for protecting children with disabilities. • Address societal attitudes, promote diversity and counter isolation. • Provide child-focused prevention measures. • Provide family-focused services.	European Union Agency for Fundamental Rights Violence Against Children with Disabilities: Legislation, Policies and Programmes in the EU.	2015
Proposals for the reform of age discrimination in the provision of goods, facilities and services. Certain age groups experience discrimination in the provision of services.	• The legislation needs to be broader, bolder and more coherent in removing exceptions and limitations.	Strengthening Protection for All Ages – Dee Masters	August 2015
Older people’s views on social care in Northern Ireland	• Clients who do not need the service are unlikely to ask for it. • There is a significant psychological adjustment from “personhood” to patient when a client accepts social care. • Finance is not disconnected from dignity.	Age NI – Would you have sandwiches for tea every night? Older people’s views on social care in Northern Ireland.	July 2011

	• Perception that there are sufficient funds to provide social care in the system. • Need to support carers, particularly long-term carers. • Awareness of demographic changes and the need to plan for an aging population.		
Submission to the United Nations Committee on the Rights of the Child on a range of inequalities experienced by children in Northern Ireland.	• Action should be taken to end inequalities in children's health and access to health, particularly through reducing child poverty. • Put in place measures to reduce suicide amongst children. • Address underfunding of CAHMS to meet the needs of children • Priorities research to identify the causes of children's mental ill-health in Northern Ireland.	Northern Ireland NGO Alternative Report – Submission to the UN Committee on the Rights of the Child. Children's law Centre and Save the Children NI	June 2015
Welfare and safeguarding of child victims of human trafficking.	• Provides guidance for HSC Trusts on child victims of human trafficking. • HSC Trusts have responsibility for care of trafficked children. • Health and social care needs of trafficked children.	Working Arrangements for the Welfare and Safeguarding of Child Victims of Human Trafficking – DHSSPS and PSNI	Feb 2010
Age discrimination faced by older people in health and social care.	• Clinically based research in England has shown ageism in cancer services, coronary care units, prevention of vascular disease, mental health services, and the	Age NI Discrimination in health and Social Care: A Briefing Paper Edel Quinn	Feb 2015

	management of strokes. • Other research reveals more subtle ageist practices and negative attitudes towards older patients. • Older patients less likely to be referred for surgical intervention for cancer, heart disease and stroke. • Older people are under-referred to psychological treatments (talking therapies such as Cognitive Behaviour Therapy) that are available for younger people, or to specialist mental health units. • Up to 50% of older people in residential care have clinically severe depression, yet only between 10%-15% receive any active treatment. • Patients over 65 who complain of heart issues are less likely to be referred to a cardiologist, given an angiogram or a heart stress test. • Survival rates for British cancer patients over 75 are amongst worst in Europe. • Clinical trials often exclude older people based on chronological age rather than capacity to be entered to such trials. • More than 70% of deaths caused by prostate cancer occur in men aged over 75 years, but few older patients		

	receive treatment for localised prostate cancer, and are denied access to chemotherapy for advanced disease. • Clinicians may over-rely on chronological age as a proxy for other factors, which are often but not necessarily associated with age, such as comorbidities and frailty.		
Older women are the majority in Northern Ireland: health and social care services must take account of all aspects of women's lives.	• Tackle inequalities in coronary heart disease – this requires the education and training of health professionals - and include older women in cardiac studies. • Recognise the increase in breast cancer. There remains an urgent need for a better understanding of its causes with affordable screening tools for use with older women. • Ensure the use of pap smears and other cost-effective preventions for older women, and recognise that ageing women remain at risk of HIV/AIDS and other sexually transmitted infections. • Address health and care priorities to redress the imbalance in attention given to osteoporosis and arthritis, blindness and deafness for older women.	Northern Ireland Women's European Platform.	Undated

Political opinion

Equality/inequality issue	Policy/practice issues	Source of Evidence	Date
Reluctance/or unable to use health and social services in the "other" community area: e.g. North Belfast residents continue to have restricted access to facilities and services which are perceived to be situated in the "other" community.	• Develop and build on links with voluntary and community groups operating in this area e.g. victims groups, community groups in interface areas. • Careful consideration should be given to the location of future regional facilities within the Board area. Location within North and West Belfast should be considered a priority. New facilities should be located on peace-lines and should be fully accessible to both communities. • Reduce and eventually eliminate segregated services.	Smyth *et al.* Caring Through the Troubles Neil Jarman Managing disorder – Responding to interface violence in North Belfast - OFMDFM Research Branch Programme for Cohesion, Sharing and Integration (CSI)	2001 2002 September 2010
The troubles and interface violence have a profound impact upon children and young people: As victims and witnesses of violence and as children of ex-prisoners or members of the security forces.	• Evidence to suggest they tend to be reluctant users of statutory services due to issues of trust and confidentiality. • Need for further research; policy and service development to meet the needs of this group.	Smyth *et al*. The impact of political conflict on children in Northern Ireland - Institute for Conflict Research, Belfast	2004
Impact of imprisonment on the children	• Psychological and other difficulties	Dr Peter Shirlow	2001

of politically motivated prisoners/ex-prisoners: Evidence suggests that many of these children experience bullying, deprivation, a breakdown in family relationships and loss of opportunity as a result of the imprisonment.	experienced by ex-prisoners and their families cannot be addressed by conventional support structures. • Health and social care providers should begin to build a relationship of trust and reciprocity with ex-prisoner based organisations in order to meet the needs of ex-prisoners and their families.	The State they are Still In. Republican Ex-Prisoners and their Families: An Independent Evaluation - CAIN Project, University of Ulster	
Political ideology can often act as a barrier in access and uptake of services provided by statutory/voluntary agencies: tendency not to use professional and voluntary organisations which do not take into account their status and political ideology.	• Mental and emotional health appears to be an important issue for ex-prisoners and their families. • Access to confidential services which provide emotional support is a key concern for many ex-prisoners. • Evidence continues to suggest that many ex-prisoners and their families are suspicious of institutions which are supported or influenced by Government agencies	McEvoy *et al.*	1999
Only a relatively small number of dedicated services for victims across the general HSS: Services for victims often developed as a response to tragedies with service developments taking place on an ad hoc basis.	• Need to increase awareness across the mainstream sector in respect of victim's issues, needs and services. • Particular specialities in which victims accessed services most frequently including pain management, physiotherapy, mental health etc but these services had long waiting lists. • All victims (and their close relatives, partners and carers) should have equality of opportunity in regards to	DHSSPS NI Victims Strategy	2003

	access to, and participation in, and benefits of services - The present location of the Family Trauma Centre and its accessibility to the whole population of Northern Ireland remains an issue of concern in that it was not readily accessible to a large number of the population. - Greater coordination and transparency in service coordination and planning required.		
Reference to 'acceptable level of violence': Suspicion and mistrust of the statutory authorities	- Statutory bodies either minimise the problem of community violence or remain indifferent resulting in a disjoined response at both inter-sectoral and inter-agency levels.	Knox, Colin Joined-Up Government: A Multi-agency Response to Violence in Northern Ireland	2000
Those bereaved and injured by security forces may be mistrustful of state provision.	- Training, organisational development and specific organisational policies are required	The Cost of the Troubles Study - Incore	1999
Health and social care staff in North and West Belfast often work in volatile and stressful situations: During the "marching season" and other disputes the normal and smooth delivery of services e.g. domiciliary services can often be impeded.	- Challenges involved in delivering health and social services in communities affected by the Troubles should become a mainstream concern. - Staff operation under such circumstances should be supported.	Smyth *et al.* Caring Through the Troubles	2001
Violent Interface areas: Reluctant or unable to use health and social services in the "other" community area e.g. North Belfast residents continue to have restricted access to facilities and services	- The ministerial Panel will: urgently address the physical and community division created by interfaces with the support of communities. - Develop and build on links with	Smyth *et al.* Caring Through the Troubles Neil Jarman Managing disorder –	2001 2002

which are perceived to be situated in the “other” community.	voluntary and community groups operating in this area e.g. victims groups, community groups in interface areas. • Location of future facilities – careful consideration should be given to the location of future regional facilities within the Board area. • Location within North and West Belfast should be considered a priority. • New facilities should be located on peace-lines and should be fully accessible to both communities. • Reduce and eventually eliminate segregated services.	Responding to interface violence in North Belfast - OFMDFM Research Branch Programme for Cohesion, Sharing and Integration (CSI)	 September 2010
Impact of the Troubles and interface violence: has a particularly profound impact upon North and West Belfast	• Recommended that the existing collection of data within Trusts is reviewed to ensure that data is collected which facilitates the monitoring and analysis of the impact of the Troubles. • Social and psychological reconstruction – consideration should be given to establishing a dedicated facility or multi-disciplinary initiative for the reconstruction of communities affected by the Troubles in Northern and West Belfast. • This should involve health, social services and community	Smyth *et al.* Caring Through the Troubles	2001

	development and should offer advice, research, and training on a Northern Ireland wide basis.		
Impact of the troubles and interface violence on children and young people: as victims and witnesses of violence and as children of ex-prisoners or members of the security forces.	• There is evidence to suggest they tend to be reluctant users of statutory services due to issues of trust and confidentiality. • The ad hoc nature and under-funding of child and adolescent psychiatry services in Northern Ireland greatly impacts upon the provision of services to children and young people affected by the troubles. • It was further suggested that there was a higher than average need for adolescent mental health services in North and West Belfast but that very little in terms of service provision exists in the area. • Another important area of concern is the impact of imprisonment on the children of politically motivated prisoners/ex-prisoners. Evidence suggests that many of these children experience bullying, deprivation, a breakdown in family relationships and loss of opportunity as a result of the imprisonment. • The psychological and other difficulties experienced by ex-prisoners and their families cannot	Smyth *et al*. The impact of political conflict on children in Northern Ireland - Institute for Conflict Research, Belfast Dr Peter Shirlow The State they are Still In. Republican Ex-Prisoners and their Families: An Independent Evaluation - CAIN Project, University of Ulster	2004 2001

	be addressed by conventional support structures as many ex-prisoners and their family are suspicious of institutions which are supported or influenced by state agencies.		
Political ideology can often act as a barrier in access and uptake of services provided by statutory/voluntary agencies.	• The authors suggest that the politically motivated ex-prisoners and their families have a tendency not to use professional and voluntary organisations which do not take into account their status and political ideology. • Mental and emotional health appears to be an important issue for ex-prisoners and their families. Access to confidential services which provide emotional support is a key concern for many ex-prisoners. • Evidence continues to suggest that many ex-prisoners and their families are suspicious of institutions which are supported or influenced by Government agencies	McEvoy *et al.*	1999
Victims and Survivors of the conflict: There are only a relatively small number of dedicated services for victims across the general HSS.	• Need to increase awareness across the mainstream sector in respect of victim's issues, needs and services. • Services for victims often were developed as a response to tragedies with service developments taking place on an ad hoc basis. • One of the values underpinning the	DHSSPS NI Victims Strategy	2003

	Northern Ireland Victims Strategy is that all victims (and their close relatives, partners and carers) should have equality of opportunity in regards to access to, and participation in, and benefits of services (see OFMDFM Victim's Strategy, p.2). • Some of the dedicated services for victims lacked recurrent funding.		
Location of some services: Both statutory and voluntary, are not considered very accessible.	• Fears about confidentiality. • Lack of information and awareness about available and existing services. • Lack of trust in social services. • Some individuals who rely on public transport feel uncomfortable travelling to services located in areas not regarded as 'neutral' in sectarian terms.	Living with the Trauma of the Troubles - Social Services Inspectorate	1998
Punishment beatings and shootings are often seen to be part of an 'acceptable level of violence' and that victims receive little sympathy: resulting in a deep suspicion and mistrust of the statutory authorities and the 'undeserving' character of victims currently militate against a 'joined-up' approach.	• Statutory bodies either minimise the problem of community violence or remain indifferent to it. The net result is a disjoined response at both inter-sectoral and inter-agency levels.	Knox, Colin Joined-Up Government: A Multi-agency Response to Violence in Northern Ireland	2000
Participation and accessibility of services: Those bereaved and injured by security forces may be mistrustful of state	• Training, organisational development and specific organisational policies are required	The Cost of the Troubles Study - Incore	1999

provision.			
Need for more research which specifically focuses on how political opinion impacts upon access to health and social care: recommended that the DHSSPS and its associated bodies continue to develop and build upon links with voluntary and community groups operating in this area (e.g. victims groups, community groups in interface areas).	• Recommended that the existing collection of data within Trusts is reviewed to ensure that data is collected which facilitates the monitoring and analysis of the impact of the Troubles. • Dedicated research should be commissioned which can more definitively test the impact of the Troubles on levels of need. In-depth investigations should be conducted on the impact of segregation, paramilitary feuds and population intimidation. • Careful consideration should be given to the location of future regional facilities within the Board area. • It is important that the challenges involved in delivering health and social services in communities affected by the Troubles become a mainstream concern. • Psychological and other difficulties experienced by ex-prisoners and their families cannot be addressed by conventional support structures.	Political Opinion, Equality and Human Rights: Access to Health and Social Services in Northern Ireland	No Date
Health and social care staff in North and West Belfast often work in volatile and stressful situations: During the	• Important that the challenges involved in delivering health and social services in communities	Smyth *et al.* Caring Through the Troubles	2001

"marching season" and other disputes e.g. Drumcree often impede the normal and smooth delivery of services e.g. domiciliary services.	affected by the Troubles become a mainstream concern.		

Marital status

A person's `marital status` describes their relationship with a significant other. Some common statuses are: married, single, separated, divorced, widowed, engaged, annulled, cohabitating, deceased or civil partnership. As with most of the Section 75 groups, there is much overlap with other categories and those most synonymous with marital status would be gender and those with and without dependants. It would perhaps be most effective and meaningful to group these categories together since the issue of multiple identity can often exacerbate the inequalities experienced. Very often in cases taken to court, marital status and gender are used in conjunction as the proscribed grounds. The Sex Discrimination Order has made it illegal to discriminate against people in employment or service provision because of their marital status – it is only 30 years ago that a women could not enter into a hire purchase agreement without her husband's consent – if she was unmarried, she could not access contraception and she was obliged to give up work once she got married. Equal Pay legislation made it unlawful for someone to be paid less because of their gender or marital status. Since the 1970's the number of women in employment has increased by as much as a fifth. Working parents are now entitled to maternity and paternity pay and to request flexible working.

Much of the research for this audit has been done over the internet regarding marital status. Some of it applies to Northern Ireland and some of it nationally in the UK. The emerging themes are not just pertinent to marital status but predominantly exist as a result of multiple identity – i.e. with gender, dependants and/or ethnic minority and disability. Perhaps some of the most pronounced to suffer inequalities within the marital status category would be lone parents and this would be in terms of access to affordable childcare, younger lone parents may not have completed their education and thus their employment potential is affected.   Mental health and domestic abuse are also emerging themes. Potential solutions to these inequalities would include more flexibility in terms of both service provision and employment, help with childcare, childcare facilities and general support mechanisms such as health improvement, sex education programmes and mental health awareness.

Equality/inequality issue	Policy/practice issues	Source of Evidence	Date
In Northern Ireland there are nearly 92,000 lone parents: 150,000 children, 25% of all families in Northern Ireland are one parent families, nearly half separated or divorced.	• In the UK 1 in 4 families is headed by a single parent, equating to 3 million children. • Statistics show that a high percentage of lone parents are likely to be living on a low income in rented accommodation without savings and may be in debt. • 90% of lone parents wish to work outside of the home at some stage.	Lone Parents Needs Assessment - Gingerbread NI/Northern Health and Social Services Board Census New TSN – The Way Forward Family Resources Survey Matthew Hughes Social Trends - Office for National Statistics	1996 2001 2004 2004/05 2009
Contact with non-resident parents	• 29% of children have no contact with their non-resident parent and for two thirds of children no contact has taken place since the separation of their parents.	Families in Britain come in all shapes and sizes; we should acknowledge and value their diversity - Gingerbread	2009
Carers' assessments completed and declined: details for quarter ending 30 September 2013	• 1,137 carers' assessments were completed • 1,363 Carers' Assessments were declined, an 8% decrease on the previous quarter (1,483); • Of all Carers' Assessments offered during the quarter, over half (55%) were declined; similar to that in the previous quarter. • Across all HSC Trusts 1,363 carers declined an offer of assessment during the quarter ending 30 September 2013	The Department of Health, Social Services and Public Safety has published 'Carers' Statistics for Northern Ireland	(quarter ending 30 September 2013)'.

Age of lone parents and age for marriages	• Less than 3% of lone parents are teenagers. 80% of lone parents are aged 25-49 years. • The majority of grooms were aged 40 and over with the average age of the husband age 33.4, (2009). • Percentage of brides aged under 25 in 2009 was 16.5%. • Percentage of brides aged 40 and over in 2009 was 11.8%. The average age of the bride in 2009 was 31.1. • Females comprised the majority of the population (51.3%) in Northern Ireland and the majority of lone parents (87%).	Gingerbread NI Census	1998 2001
Age for civil partnerships	• For male civil partnerships the average age of partners was just over 39 (39.4 years), this compares to just under 36 (35.6 years for female civil partnerships).	Northern Ireland Statistics and Research Agency (NISRA)	2009
Forced marriage of people with learning disabilities	• People with learning disabilities can be forced into a marriage through: harassment; suggestion; coercion; kidnapping; blackmail; lack of capacity to consent (40%). • In 67% of cases the mother and father were involved in the forced marriage. • Forced marriage frequently involves people under 18.	Ann Craft Trust (ACT) Forced Marriage of People with Learning Disabilities	-

	- Those with learning disabilities being forced in to marriage showed at least 18% were still at school, 11% were under 17, 22% 18-21 and 23% 22-25 years old. Cultural issues re Indian, Traveller, Muslim and Asian communities - Forced marriage on people with learning disabilities showed that 38% were male and 45% female. - In the general population women are forced into marriage more frequently than men.		
Civil partnerships statistics	- For 79 civil partnerships both partners were single, in the remaining 17 civil partnerships at least one partner had previously been married. - The percentage of civil marriages in 2009 was 29. - Within civil partnerships there were 46 male and 50 female partnership ceremonies carried out in 2009.	NISRA	2009
Marriages by denominations in 2009	- The number of marriages in Northern Ireland in 2009 was 7,931. - Civil: 2,330 (29.4%), Roman Catholic: 2,953 (37.2%) - Presbyterian: 1,046 (13.2%), Church of Ireland: 805 (10.2%), Methodist: 202 (2.5%), other denominations: 595 (7.5%)	NISRA Census NILT Survey	2009 2001 2005

	• Mixed marriages and partnerships - 5% and 12% (Northern Ireland Life and Times survey (NILT), 2005) • Each year around 10% of respondents to the Northern Ireland Life and Times (NILT) survey say their partner is a different religion to them.		
Working patterns of men and women	• In the UK, due to caring for children, more women work flexitime than men and more men than women work fulltime	Labour Force Survey (LFS)	2002
Enrolments for higher education	• In 2001-02 females accounted for 61% of undergraduate enrolments and 58% of postgraduate enrolments at NI Higher Education institutions.	Department for Education and Learning (DEL)	2001-02
Mental health condition of people separated/divorced	• 36% of men separated from their wives are more likely to have possible mental health problem, compared to 16% of married men. • 40% of women who are divorced from their husbands are likely to show signs of a possible mental health problem. 22% of women who are either single or married show signs of a possible mental health problem	Gender Matters - a consultation document - OFMDFM	2005
Number of suicides by marital status	• The following statistical data indicates the proportion of population (number of suicides) %. ○ Married/cohabiting 58.8 (254)	British Journal of Psychiatry	2008

	○ Single 30.2 (222) ○ Separated/ divorced 6.9 (77) ○ Widowed 4.1 (13) • Suicide risks were lowest for women. Risks were also the lowest for people who were married or cohabiting with the excess risk associated with the single/never married and separated/divorced categories being maintained. • Those living alone were associated with higher suicide risk.		
Divorce rate in 2009	• In Northern Ireland during 2009 there were the following number of divorcees by area of residence: Male: 1,959; Female: 2.092.Men and Women	NISRA	2009
Smoking rates by marital status	• Higher proportion of single men smoked compared to married/cohabiting men.	Olivia O'Riordan and Paula Devine Men in Northern Ireland: Report 3a	December 2007
Marital status of lone parents	• Women (30.7%) were more likely than men (7.7%) to be single (never married). • Men in this group, however, were more likely to be widowed than their female counterparts (44.8% vs. 24.8%).	Census 2001: Men and Women in Northern Ireland (2006) - Equality Commission Report	2001
Homelessness by marital status	• Nearly twice as many single men (4,621) than single women (2,456) are homeless (NIHE), 2001-02).	NIHE	2001-02
Marital status of 'new entrants'	• University of Ulster showed in	University of Ulster	2002-

	previous monitoring data that the majority of new entrants were single 10% of full time students were married		2005
Childcare provision by marital status	- In terms of childcare facilities at the University of Ulster; the majority of students using the facilities are female with dependants, single, aged over 25 years and Catholic.	University of Ulster - Review of Childcare Provision	2009
Barriers to participation for women living in disadvantaged communities	- Participation in the labour market is all the more difficult. - Ethnic minority women have more difficulty accessing understandable information: on benefits, services and childcare provision. - Lone parents with a disability or a child with a disability: a lack of family support are vulnerable to stress - Women from ethnic and other minority communities are particularly vulnerable to mental illness, with women of Asian descent having higher suicide and self-harm rates - Lone parents and women that have arrived with partners can experience depression, post-natal depression, feelings of isolation, racial harassment, trauma in leaving their families in their home country, high levels of anxiety and stress among asylum seekers who have cases going on for long periods.	Dr Helen McLaughlin on behalf of the Women's Centres Regional Partnership Women Living in Disadvantaged Communities: Barriers to Participation	-

Domestic violence and lack of access of access to public funds	• Those without recourse to public funds experiencing domestic abuse. • Women are having to choose between - living in destitution; - or returning to abusive relationships; - or returning to their home country.	No Home from Home - Northern Ireland Human Rights Commission (NIHRC)	2009
Single parents by ethnic background	• Percentage of single parents: -White: 87.1, Black or Black British: 6.8 -Asian or Asian British: 3.3, Mixed: 1.2 -Chinese: 0.2 -Other: 1.4	Office for National Statistics	2006

Dependent status

Equality/inequality issue	**Policy/practice issues**	**Source of Evidence**	**Date**
Carers right to a carer assessment	• Statutory duty on Health & Social Care Trusts to inform carers of their right to an assessment and to be considered for services to meet their own needs.	The Carers and Direct Payments Act NI (2002) http://www.legislation.gov.uk/nia/2002/6	2002
Health and social care support for carers	• Strategy developed to support carers in their caring role and their need to have access to educational, training, social and employment opportunities.	Caring for Carers Strategy https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/caring-for-carers.pdf	
Importance of providing carers with information	• Lack of self-identification can result in carers missing out on essential support for up to 5 years.	In the know - the importance of information for carers – Carers UK	2006
Caring occurs across all groups in society: Particular issues emerge because of, for example, carers' ethnicity, financial position, their health status, and their caring relationships.	• A social contract for care which places the care given by family, friends at its centre but on that recognition of the shared obligation on public authorities to put in place an effective and integrated infrastructure of local support. • Local support that upholds a set of core values ethics and beliefs, and accords carers the dignity and respect and all agencies recognising	Carers, employment and services: time for a social contract - Report Number 6 University of Leeds, Yeandle and Buckner A picture of caring. Carers' stories, Carers NI and Equality Commission Report as part of Carers Week 2010	2007 2010

	and including carers. • Despite this diversity carers want the same thing, sensitive, tailored support designed with their personal and work life needs, circumstances and their values and beliefs in mind. • Despite developments carers still have limited recognition in their own right and rather are seen as a resource to older and disabled people. • Carers are themselves twice as likely to be permanently sick and disabled.	Carer’s employment and services: why we need a social contract for care Professor Sue Yeandle, University of Leeds Carers NI Conference	2010
Health of carers	• 52% of carers said their physical health had suffered	Carers UK Survey “missing out NI findings”.	2010
Number of carers and relating statistics	• There are around seven million carers in the UK – that is one in ten people. This is rising. • Three in five people will be carers at some point in their lives in the UK. • Out of the UK's carers, 42% of carers are men and 58% are women. • The economic value of the contribution made by carers in the UK is £132bn a year. • By 2030, the number of carers will increase by 3.4 million (around 60). • In Northern Ireland almost 11,000 care more than 50 hours per week”.	Carers Trust	2010

Caring and claiming benefits	• In a survey, 8% of carers were receiving Disability Living Allowance as a result of their own disability or ill-health. • 35% of carers had missed out on state benefits because they didn't realise they could claim them. • Out of carers surveyed, 9% had missed out on Carer's Allowance for 3–5 years, 10% for 5–10 years and 14% for over ten years, because they did not realise they were entitled to it.	Carers Trust	2010
Economic impact of caring: The 2010 Northern Ireland Life and Times (NILT) Survey is the most current information source on carers in Northern Ireland.	• Based on 1205 people interviewed 26% indicated they had caring responsibilities a rise from 23% in 2006 which may be the first sign of the impact of the increasing proportion of older people on social care need. • The down turn in the economy may have left more people available to provide care or support to family members. • The survey pointed out however that this is clearly not a case of unemployed individuals finding carers allowance a more attractive option than Job Seekers Allowance. The low level of Carers Allowance makes this unlikely and this benefit is not available to those providing	An Ordinary Life? Caring in Northern Ireland Today Helen Ferguson and Paula Devine E.S.R.C.(Economic and Social Research Update) www.ark.ac.uk/nilt	2010

	less than 35 hours of care per week. • Carers need assistance in order to protect their own financial security, health and well-being, and to have the same chance as anyone else of an ordinary life.		
Updated information on carers in Northern Ireland produced in 2011.	• 1 in every 8 adults is a carer. • In Northern Ireland there are 207,000 carers. 150 663 of these carers are people of working age. • Carers save the Northern Ireland economy over £4.4 billion a year. This is more than the annual Health and Social Care spending in Northern Ireland. • One quarter of all carers provide over 50 hours of care per week • People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • Any one of us has a 6.6% chance of becoming a carer in any year • By 2037 the number of carers could have increased to 400,000 • Approximately 30,000 people in Northern Ireland care for more than one person.	www.carersuk.org/northernireland Extracted from website facts about carers	2011
Carer contact with health care system	• 70% of carers are in contact with health professionals. Only one in ten is referred into our health	Prepared to care? Carers UK	2013

	system.		
Supporting carers to stay healthy	- 80% of carers reported that caring had a negative impact on their health. As hours of caring increase, carers' health tends to deteriorate. - Young male carers aged up to 24 who care for over 50 hours a week (four and a half times more likely to report poor health than their peers). - Ill health was also prevalent among young carers aged under 18 years of age 67 when caring for 50 or more hours a week (five times more likely to report ill health than their peers). - Recommendations to lessen the impact of caring include improve financial support and sustained social care - Carers should be supported to access leisure and sport activities and NHS and local authority public health services for physical and mental health and wellbeing. - Gaining a better understanding of the condition or illness of the person they care for can also alleviate stress, as can information about, and access to, equipment and/or technology that could assist them.	Carer's UK State of Caring Report - Priority Area 4	2014
Human rights of carers in Northern Ireland: human rights standards relevant	- Give specific consideration to the concerns and needs of older carers.	The Human Rights of Carers in Northern Ireland	2014

to the identified needs of carers	• Assess the level of support currently given to families where a child is involved in a caring role. • Programmes aimed at alleviating poverty, including fuel poverty, must take full account of the challenges faced by carers. • Evaluate whether the Carer's Allowance adequately compensates carers for the cost of caring in all circumstances. • Consider taking steps to enhance legal protections for carers seeking to exercise the right to work. • Prioritise support for child and young carers in relevant educational initiatives and the Department of Education should create a statutory duty on educational bodies to support young and student carers; • Assess how effectively HSC Trusts are meeting their duty to ensure all carers are made fully aware of their right to seek a carer's assessment. • Consider the impact which caring responsibilities will have on a child and introduce a child carer assessment similar to that operating in England and Wales.	NI Human Rights Commission	
Support for carers	• 1 in 6 say they receive no practical support • Over 3 million people in UK combine	NI Carers Manifesto 2015 (Carers NI)	2015

	caring with paid work.		
Carer's Allowance: the main benefit for carers in NI and across the UK. Not every carer can get Carer's Allowance, but may be eligible if they meet certain conditions.	• Carer's Allowance is currently £62.10 per week and is increasing to £62.70 on 1st April 2017.24 • If a carer meets the above conditions but already receives certain benefits (including a State Retirement Pension), then the amount of Carer's Allowance they may be entitled to could be affected. • The 'overlapping benefits' rules (Social Security (Overlapping Benefits) Regulations (Northern Ireland) 1979) – mean that if a carer is getting more than the amount of Carer's Allowance from one of the above benefits, they cannot be paid Carer's Allowance, • Having an 'underlying entitlement' to Carer's Allowance can increase any means-tested benefits they are already getting or might mean becoming entitled to means • In 2016 there were 72,630 total Carer's Allowance claimants, a rise of 2,460 in the past year (46,380 females, 26,240 males and in total 22,390 aged 65 and over): • 46,090 were in receipt of a payment (30,940 females, 15,150 males and in total 650 aged 65 and over); • 48.44% of all claimants have been	NI Assembly Research and Information Service Briefing Paper **-** Paper 24/17 March 2016 NIAR 43-17 Carers: Legislation, Policy and Practice Dr Jennifer Betts and Dr Janice Thompson Department for Communities (DfC)	2016 2016

	caring (35+ hours) for more than five years.		
Carers assessments offered and declined: by client group for quarter ending 30 September 2017.	- Reasons given for declining a Carers assessment include carer feels they do not need any support/additional support, carer does not see themselves as a carer and carer felt the time / place / environment offered was unsuitable but would like the opportunity to consider an assessment at a later date.	DHSSPSNI Quarterly reports	2017
Identifying as a carer	- 58% of carers took over a year to recognise their caring role. - 29% took over 5 years to identify as a carer.	Carers UK Survey “missing out NI findings”	2010
Financial impact of caring: findings from research conducted amongst carers in UK “Carers in Crisis”	- Carers are living under extreme financial pressures - Carers have less opportunities to earn and are forced to live on benefits. - Carers face additional cost associated with caring roles due to higher heating, water and transport cost. - Many do not get support from social care. Without publicly funded care many are forced to arrange their own care which creates additional expense. - The UK government should publish a plan and timetable for ensuring	Carers in Crisis A Survey of carers’ finances in 2008 Carers UK www.carersuk.org/professionals/resources/research-library/item/496-carers-in-crisis	2008

	that its 2018 vision that no carer falls into financial hardship because of their caring roles, as promised by the National Carers Strategy, becomes a reality • The UK Government must urgently review and overhaul Carers's Allowance and other benefits for carers.		
How caring affects personal finances: survey carried out by Carers Trust	• 53% of carers have borrowed money as a result of their caring role – 61% have borrowed from a friend or relative and 41% have used overdrafts. • 60% have used all of their savings to cover the costs of caring • 23% have either re-mortgaged their home or downsized to a smaller property.	Carers Trust	2010
Evidence on financial impact: drawn from the 2010 Northern Ireland Life and Times (NILT) Survey	• 26% of 1205 respondents surveyed indicated that they had caring responsibilities. • 63% carers compared, to non carers 55%, indicated that their household incomes fallen behind prices. • Carers were still statistically significantly more likely to report that their incomes had fallen regardless of the wider economy	Northern Ireland Life and Times Survey 2010 www.ark.ac.uk/nilt An Ordinary Life? Caring in Northern Ireland Today Helen Ferguson and Paula Devine E.S.R.C.(Economic and Social Research Update) www.ark.ac.uk/nilt	2010 2011
Website providing facts about carers	• The main carers benefit is worth just £55.55 for a minimum of 35 hours	www.carersuk.org/northernireland	2011

	which is £7.94 per day.		
“The cost of Caring”: how money worries are pushing carers to breaking point” included responses from 102 carers in Northern Ireland.	• 75% caring for more than 50 hours per week. • 23% were caring for more than one person. • The costs of caring can push many carers into debt with over 4 in 10 (43%) said they were in debt as a result of caring. • Financial hardship, debt and worries about money take their toll on carers’ health. • 76% of carers had suffered mental ill health as a result of caring - of those carers who were in fuel poverty 84% reported that their health had also been affected. • Needs radical reform of benefits for carers and cross government working.	“The cost of Caring” how money worries are pushing carers to breaking - Carers UK	2011

Unpaid carers struggle without support - Key findings Carers Trust	• 64% said that apart from family and friends they have never accessed any other support or services such as respite breaks or counselling. • Six in ten (60%) of those that have been caring for more than five years have done so without accessing any additional support. • Of those who have sought out extra help, almost half (46%) did so after they were made aware that assistance was available specifically for carers. • Almost six in ten (59%) carers said that being a carer had a negative impact on their working life. • Almost six in ten (58%) of the carers surveyed said that their mental health has been affected by being a carer. • More than a quarter (27%) said both their physical and mental health has been adversely affected by their caring role. • The limited number of carers who had accessed additional support or were slow to do so suggest that there is still limited awareness amongst carers of the services available to support them in their own right as carers. • Greater attention is required on	http://www.carers.org/news/new-research-finds-unpaid-carers-struggle-without-support	May 2012

	increasing awareness		
Financial support for carers	• 42% of carers missed out on financial support as a result of not getting the right information and advice.	Carers UK State of caring	2013
Drop in their household income as a result of caring: 1 in 3 see drop of £20,000 or more per year	• 16% of carers cannot afford to pay their utility bills • 1/3 are using savings to pay everyday living costs • 32% of carers have ended up in debt as a result of caring • 4 in 10 carers are cutting back on food/heating. • 51% of carers reported having a gross household income of less that £1,500 per month • 26% report that they are in debt due to their caring role • 64% of carers who are struggling to make ends meet cut back on seeing friends and family to cope • 73% of carers who are struggling to make ends meet say worrying about their finances is affecting their health. • 48% of carers said that missing out on support, due to not identifying as a carer impacted negatively on their finances • 46% of respondents indicated their concern in regard to the affordability	NI Carers Manifesto 2015 (Carers NI) Carers UK State of Caring Report Carers UK State of Caring Survey “missing out NI findings”. Research summary – public polling: Building a Carer Friendly Society - Research Summary - Carers Week.	2015 2016 2016 2017

	of care and the impact on their finances.		
Carers in employment: In a typical workforce 1:9 male workers and 1:7 female workers are already looking after someone who is sick, disabled or frail. See also the “discrimination by association” case law as evident in the Coleman Case.	• Men who are in paid employment are more likely to be caring for a spouse or partner and women more likely to be caring for a disabled child or an older person. • Currently 1:5 people (majority women) give up work to care. Many find it difficult to re-enter the employment field because of difficulties finding a way to combine work and care. • Carers are clustered in lower paid jobs and are less well qualified than other employees. • The evidence base of carers in the workforce needs to be radically improved to ensure that carers get a fairer distribution of resources and services. • Legal framework must guarantee carers the right to equal treatment and protect them from discrimination and social exclusion. • Sound equalities legislation is required to challenge discrimination. • Carers should have access to one-one-one support from employment services which recognises complexity of their situation without the threat of punitive sanctions	Carers, employment and services: time for a social contract - Report Number 6 University of Leeds, Yeandle and Buckner Background to Coleman Case, Carers NI Real change not short change. Time to deliver for carers, Carers UK	2007 2008 2007

	which can add to their stress.		
Caring and getting and keeping a job	• There are 4.27 million carers of working age living in the UK; 2.44 million (57%) of these are women and 1.83 million (43%) are men. • The employment rate for carers is at 67% (72% of men and 62% of women); over half of those who are not working say that they want to do so. • Nearly one in eight workers is a carer. • One in five carers gives up employment to care.	Carers Trust	2010
	• 2.3 million people in the UK have given up their jobs to care at some point in their lives and 3 million have reduced working hours.	NI Carers Manifesto 2015 (Carers NI)	2015
	• 70% of carers have used annual leave to care and 48% have done overtime to make up hours spent caring. • In 2017 56% of carers believe the quality of life will get worse and 6% think it will get worse.	Carers UK State of Caring Report	2016
	• 33% who are not currently carers are more likely to think they will become a carer than those retired (23%) or unemployed (24%.) • 1 in 5 (20%) of workers said they would turn to their employer for support with a caring role,	Research summary – public polling: Building a Carer Friendly Society - Research	2-17

	highlighting flexible working.	Summary - Carers Week.	
Diversity of carers: evident across the section 75 equality categories.	- Sound equalities legislation required which challenges discrimination. Direct and sustained Government interventions.	The Equality Bill and Carers - Carers UK	2009
Hours of caring	- 19% of carers are providing at least 60 hours of care per week. - Care is more often provided for parents/parents in-law.	Northern Ireland Life and Times (NILT) survey	2015
Practical support provided for carers	- 18% who receive practical support get it in the form of a break from caring themselves. - 1/3 said they or the person they care for experienced a change in the support they get - >50% reported that support had been reduced due to cost or availability - 31% of carers who responded reported having an assessment of the impact of their caring role on them in the previous year.	Carers UK State of Caring Report	2016
Providing unpaid care: 1 in 8 adults (6.5 million) are currently providing unpaid care. With over 2 million people each year having to take on a caring role.	- By 2037, it's estimated that the number of carers within the UK will rise to 9 million. - Another 6,000 people take on a caring responsibility every day. - The unpaid care provided by the UK's carers is worth £132 billion per year. This is an average of £19,336 per carer.	Research summary – public polling: Building a Carer Friendly Society - Research Summary - Carers Week.	2017

	• Over 3 million people juggle work with care but due to significant demands • 1 in 5 carers are forced to give up work completely.		
Carers reaching ‘breaking point’: as they struggle to take even a day away from care responsibilities for years at a time	• Nearly a third (30%) of unpaid carers in Northern Ireland have not had a day off in over one year, whilst one in five (21%) had not received a day away from caring in over five years. • Carers in Northern Ireland most frequently listed access to breaks as one of three factors which could make a difference to their health and wellbeing (41%). • Reasons for needing a break include opportunity to spend time with partners and children to being able to see a doctor for their own health conditions. • Few are able to take regular breaks, with only 16% of carers currently buying or receiving a break from caring in the form of services such as respite or alternative care provisions. • Carers who had not had a break in a year or more reported a deterioration in their health, both mentally (78%) and physically (69%).	State of Caring: 2017 Carers UK (NI info 9% of survey) http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-report	2017

	• Requires increased and ring-fenced funding for carers' breaks • Sustainable funding for social care, including the provision affordable care services, and technology that supports carers. • Carer-friendly NHS, including policies that help identify carers and to promote our health and well-being resources		
Young carers who are adults aged 16-24 have particular needs: hidden group of carers.	• Young carers' projects and adult carers need to consider how to provide seamless services to this group of carers. • This is important for after they reach 18 years. • Needs to be more evidence in carers' strategies of young adult carers.	Young Adult Carers in the UK. Experiences, Needs and Services for Carers aged 16-24 Years, Saul Becker and Fiona Becker	2008
Young carers across the UK: Being a young carer can have a big impact on the things that are important to growing up**.**	• Following a survey in 2010, the BBC estimated that there are 700,000 young carers in the UK • 68% of young carers are bullied in schools. • Only half of young carers have a particular person in school that recognises that they are a carer and helps them. • Young carers missed or cut short many school days every year – the average was 48 school days missed	Carers Trust	2010

	or cut short because of their caring role. - Many services are only funded to work with young carers up to the age of 18. - 79% of young carers said they were worried about moving on as they felt there was no support for them. - Estimated that there are around 30,000 young carers in NI and almost 11,000 care more than 50 hours per week. - Many young carers struggle to juggle their education and caring which can cause pressure and stress. - It can affect a young person’s health, social life and self-confidence – over 45% reported a mental health problem. - Recent research on young adult carers who were no longer in education showed their highest qualifications were GCSEs grade D–G.		
Young adult carers aged between 16 and 18 years across the UK: twice as likely to be not in education, employment, or training.	- There are estimated to be at least 376,000 young adult carers in the UK aged 16–25. - 56% of young adult carers in college or university were struggling	Carers Trust	2010

	because of their caring role. • 45% of young adult carers reported that they have mental health problems.		
Older carers: One in five people aged 50–64 are carers in the UK.	• 65% of older carers (aged 60–94) have long-term health problems or a disability themselves. • 68.8% of older carers say that being a carer has an adverse effect on their mental health. • One third of older carers say they have cancelled treatment or an operation for themselves because of their caring responsibilities. • In Northern Ireland there are around 49,000 carers over the age of 60.	Carers Trust	2010
Increase in the proportion of carers in the older (55+) age group	• As a result of demographic changes recent figures suggest that we are seeing as expected a progressive increase in the proportion of carers in the older (55+) age group • This progression is however slow and steady rather than dramatic with carer most often provided by those aged 35- 54 age. • 16% of respondents aged 65 years or over are carers.	An Ordinary Life? Caring in Northern Ireland Today Helen Ferguson and Paula Devine E.S.R.C.(Economic and Social Research Update) www.ark.ac.uk/nilt Northern Ireland Life and Times (NILT) survey	2011 2015
Differences according to age in the proportion of men who are carers	• The lowest proportion is men aged 25-34 years (135) whilst the highest is among men aged 55-64 (29%)	Paula Devine Men in Northern Ireland: Report 7 Men as carers. E.S.R.C.(Economic and Social	2011

		Research Update) www.ark.ac.uk/nilt	
Lives of young carers in Northern Ireland: A young carer was defined as a 16 year old whose life is significantly affected by caring for a family member - caring by the young person related to washing, cleaning dressing, cooking or watching over some one.	• A slightly higher proportion of females than males had caring responsibilities at the time of the survey (11% and 8% respectively though this difference is not statistically significant. • Young carers are more likely to come from 'less well-off' families and young carers are more likely to attend secondary school rather than grammar school (51 % and 39% respectively) • The person most frequently cared for is a grandmother (35%) with a slightly lower proportion care for their mother (30%) and father 17%. • Young people identified that restricting their free time and worrying about the person cared for impacts them emotionally.	Young Carers Too Paula Devine and Katrina Lloyd E.S.R.C (Economic and Social Research Council) www.ark.ac.uk	2011
More data required on longer term consequences of caring	• Organisations to view young carers as people who may need support rather than a resource to fill in gaps in services. • Cross sectional data on young carers from surveys such as the Young Life and Times survey are useful they cannot tell us anything about the longer term consequences of caring.	Young Carers Too Paula Devine and Katrina Lloyd E.S.R.C (Economic and Social Research Council) www.ark.ac.uk	2011

	• More longitudinal studies are required.		
The voice of young carers needs to be profiled	• The voice of young carers needs to be profiled • More young carers in focus partnerships should be considered • There needs to be Young Person's Champions to help young carers gain the skills, resilience and confidence • There needs to be more consolidation of adult and children's legislation • A legal framework for the protection of young carers is needed.	Hidden From View The experiences of young carers in England http://www.childrenssociety.org.uk/news-views/press-release/report-reveals-impact-young-carers	2013
Young carers: identifying support when stressed	• 81% of young carers cannot identify a source of support when stressed about caring responsibilities.	ARK NI Young Life & Times Survey	2015
Differences between younger and older carers	• 16-24 age groups appeared to worry almost equally about the stress and responsibility. • The younger age group were concerned about the impact on work or study if they had caring responsibilities. • Within the 16-24 age group (16%) they were less likely to say that carers are poorly valued compared to the 55-64 age group (38%). The latter age group is more likely to provide unpaid care.	Research summary – public polling: Building a Carer Friendly Society - Research Summary - Carers Week.	2017

	• 40% of over 65 year olds felt their biggest concern was the impact on their physical health, compared with only 26% of the public more widely. • Only 17% of 16-24 year olds who are not currently carers think they will become a carer at some point in their lives. • 42% of those aged 65+ stated they would turn to the welfare state for support. • 55% of carers aged 65 or over would turn to their GP for support compared to 25% of carers aged 16-24. • Only 14% of 45 – 64 year olds with no experience of caring would seek help online but 16 -24 year olds (33%) stated they would turn to technology for support.		
Needs of fathers who care for their disabled children: including fathers from black and minority ethnic groups and single fathers.	• Inadequacy in service knowledge based practice within adults' services and children's services relating to groups of disabled parents. • As parents get older there is evidence that the caring role gets reversed. • Parents with a learning disability are least likely to have access to accessible information about services and support.	SCARE Briefing, Social Care Institute For Excellence	2005

	• Examination of the potential to redress the gap in policy and research with regard to the specific needs of fathers with caring responsibilities.		
Women have a 50:50 chance of providing care by the time they are 50: Men have this chance by the time they are 74.	• Male carers in the workplace are more likely to care for a spouse or partner. • Women are caring for those with additional needs in additional to the usual family caring responsibilities. • Different needs for services exist for male carers as for female carers. • 78% of women think that carers are not sufficiently valued compared with 69% of men.	A picture of caring. Carers' stories, Equality Commission and Carers Northern Ireland As part of Carers Week 2010 Research summary – public polling: Building a Carer Friendly Society - Research Summary - Carers Week.	2010 2017
In the total population in Northern Ireland 23% of men are carers: compared with 30% of women.	• Of all carers in Northern Ireland 60% of carers are female and 40% are male. • Similar proportions of men as women provide care for someone in the same household however, women are more likely to care for some on living in another household.	An Ordinary Life? Caring in Northern Ireland Today Helen Ferguson and Paula Devine E.S.R.C.(Economic and Social Research Update) www.ark.ac.uk/nilt	2011
Inadequacy in service knowledge based practice within adults' services and children's service: relating to groups of disabled parents.	• More research is needed on groups of disabled adults who care, particularly adults with learning disability who care for their children or who care for older parents.	Supporting disabled parents and parents with additional needs. Review number 11, Social Care Institute of Excellence	2006
More research is needed on groups of	• As parents get older there is	Working together to support	2007

disabled adults who care: particularly adults with learning disability who care for their children or who care for older parents.	evidence that the caring role gets reversed. • Needs arising from impairment and illness and other disabling barriers should be addressed before making judgements about parenting capacity. • Accessibility issues in provision of information need to be considered • Parents with a learning disability are least likely to have access to accessible information about services and support. • Parents with mental health problems, drug or alcohol or learning disabilities are reluctant to seek help for fear of having their children taken into care. • The secrecy of drug and alcohol misuse can mean that parents are not getting the support they need or and some children may be living in risk situations. • There is also a stigma attached to HIV and Aids. This can mean that parents are reluctant to seek or say why they need support.	disabled parents, Social Care Institute of Excellence	
Caring for someone with mental ill health	• Up to 1.5 million people in the UK care for someone with mental ill health. • There are 50,000 children and young people looking after someone	Carers Trust	2010

	with mental ill health in the UK. - One in four carers is a mental health carer. - Of all the UK's carers, 11% care for people with dementia.		
Caring for someone with a learning disability	- 14% of carers (approx. 840,000) care for people with learning disabilities including autistic-spectrum conditions.	Carers Trust	2010
Carers' health and wellbeing: carers providing more than 50 hours of care per week are twice as likely to report ill-health as those not providing care.	- Carers providing high levels of care were associated with a 23% higher risk of stroke - 17% of carers who had taken a break of more than a few hours experienced mental ill-health compared to 36% of carers who did not have such a break since beginning their caring role.	Carers Trust	2010
Carers caring for someone with dementia: there are currently 800,000 people living in the UK with dementia.	- There are 670,000 unpaid carers of people with dementia in the UK - Two thirds of people with dementia live at home and most are supported by unpaid carers. - 90% of carers in the Ark survey said that caring for someone with Dementia is often very lonely illustrating the correlation between caring and isolation.	Carers Trust Dementia: Look closer, ARK report	2010 2015
Impact of caring on health	- 80% of carers say caring has had a negative impact on their health - Half of carers say they have	NI Carers Manifesto 2015 (Carers NI)	2015

	experienced depression after taking on a caring role • 63% of carers say they are at breaking point • Those providing care >50 hours per week are twice as likely to have bad health as those not providing care. • 25% said they themselves had a long term physical or mental health condition or illness, which is higher than for non-carers 20%.	Carers State of Caring Report Research summary – public polling: Building a Carer Friendly Society - Research Summary	2016 2017
Carers are often caring for more than one person: but the person most often cared for is a parent or a parent in law.	• Both men and women provide care for a wide range of family members which includes, spouse, partner or child including step and foster children. • However a higher proportion of women than men care for a parent or parent in law. • Caring is very much a family affair with just 6% of carers providing care to a friend or neighbour.	An Ordinary Life? Caring in Northern Ireland Today Helen Ferguson and Paula Devine E.S.R.C.(Economic and Social Research Update) www.ark.ac.uk/nilt	2011
Forthcoming study focusing on the needs of carers of people with advanced heart failure	• Suggested that there is compelling evidence, from local and international sources that end of life care should be improved for patients with heart failure and their carers, • Carers are likely to be disadvantaged and shoulder significant burdens, but the impact of these on the carer experience or patient outcomes have not been	**For further information, please contact:** University of Ulster Sinead Johnson Telephone: 028 9036 8390 Email: s.johnson@ulster.ac.uk	2011

	identified. Therefore research in this area is urgently needed to inform practice. - In a recent review of family caregiving at end of life, 49 per cent of studies focused on cancer and none of the studies stated a focus on cardiac populations. - A recent study indicated that family caregivers for people with heart failure had not heard of the term ‘palliative care’ but would be receptive to an offer of palliative care at some point during the disease trajectory. Consequently, family caregiving has been identified as a top international research priority in end of life care.		
Carers with children	- 32% of those who have never been carers with children in their household, say the impact on their ability to work or study is a worry compared to those without children at home (22%).	Research summary – public polling: Building a Carer Friendly Society - Research Summary - Carers Week.	2017
More needs to be done regarding the position of LGB carers: lesbian carers may lack recognition of their partnership by services, and therefore face multiple issues in caring for their partners	- The DH appointed a national Lesbian, Gay, Bisexual and Transgender Advisory Group, and states that it places at the centre of its work LBGT people who use and deliver health and social care services, in order to ensure opportunities for their experiences to	Jill Manthrope Nearest and Dearest? The neglect of lesbians in caring relationships. British Journal of Social Work 33, 6. 753-768	2003

	inform service development and improvement.		
Little evidence on the role of ‘out’ LGB practitioners: within services to older people	• In other areas of health and social care, the existing evidence on LGB practitioners points to their own experiences of discrimination in the workplace, for example by being advised not to come out to clients • ‘Out’ workers can be an important resource in supporting LGB service users while formally appointed champions of LGBT issues can also help to influence positive change within care organisations	D Abbot and J Howarth – Secret Loves, Hidden Lives? Exploring issues for people with learning difficulties R Hunt and A Minskey Reducing Health inequalities for lesbian, gay and bisexual people: Evidence of health care needs. Stonwall London Commission for Social Care Inspection (CSSI) Putting people first: Equality and Diversity matters – Providing appropriate care for lesbian, gay and bisexual and transgender people. In Focus Issue Number 7	2005 2007 2008
LGB practitioners and services: Some older LGB people would prefer exclusive LGB services, in the belief that in such an environment they would have more in common with other users of services.	• Older LGB people would still like their LGB identity to be recognised and valued within a ‘gay friendly’ environment. For others, • their sexual orientation is private, and nothing to do with care providers • Responses point to the issue of choice in service provision, which reflects their own sense of sexual	Commission for Social Care Inspection (CSSI) Putting people first: Equality and Diversity matters – Providing appropriate care for lesbian, gay and bisexual and transgender people. In Focus Issue Number 7 A Gulland Direct Payments -	2008

	identity, how they have lived their lives, and very importantly, how they wish to continue to live their lives. - There is a need to open a dialogue over these issues in order to better understand the different needs and preferences of this diverse group. - There has been a rise in the provision of important guidance that focuses specifically on improving provision for older LGB health and social care users although it is clear there is a need for further and more comprehensive guidance on LGB issues for those engaged in services to older people. - Need to develop channels of communication for the sharing of good practice between different sectors and disciplines in respect to working with older LGB service users has been identified	letting down gay services	2009
Research suggests that a significant proportion of older LGB individuals may have caring responsibilities: (25% of 50+years' respondents in a study by Hubbard and Rossington, 1995).	- Outside of HIV services the needs and experiences of LGB carers are under-researched in the UK - Older LGB carers of people with mental health difficulties faced a lack of support from mainstream services. - 'Caring with Confidence', funded by the Department of Health, part of the National Carers Strategy and	Wintrip CMIT- McGlynn (CMIT) Count me In Too. University of Brighton	2009 2010

	the 'New Deal for Carers', makes explicit its commitment to LGBT carers by working with a range of LGBT organisations to provide 'Caring with Confidence' face-to-face sessions for carers in the north west and south east of England		
High levels of bullying reported of lesbian, gay, bisexual and transgender young adult carers: in Scotland.	• 83% had personally experienced bullying in school, 40% in college and 27% at university. 88% reported to have, or to have had, mental health problems. • More research into aspects of caring by gay, lesbian and bisexual people should be undertaken • The rise of the inclusion of sexual orientation in health and social care policies, surveys, administrative data and guidance, means that the assumption of heterosexuality is changing, as the diversity of sexual orientation is becoming recognised.	Carers Trust	2010
Networks and communities useful resource for lesbian, gay and bisexual carers: useful for emotional and practical support.	• Evidence suggests that existing networks cannot always be relied upon and additionally there may be unequal access to these networks. • Carers fear prejudice from service providers, service users or from other carers. • More research into aspects of caring by gay, lesbian and bisexual people should be undertaken	Report on Research about LGBT (Lesbian, Gay, Bisexual and Transexual Carers) Count me in too, Nick McGlynn , Leela Baski and Kath Brown	2010

Roles of carer and cared for often blurred	• Important that practitioners recognise the often interdependent nature of LGB caring relationships.	Cronin and King A Queer kind of Care : Some preliminary notes and observations	2010
Employed people both men and women in the Pakistani, Bangladeshi and Indian communities have particularly high rates of caring: There are a number of particular challenges facing carers from black and minority ethnic groups.	• Younger Pakistani and Bangladeshi men are three times more likely than white British men to be carers and among younger Bangladeshi. • Overall the age profile differs between the black and minority ethnic carers where there is mostly a younger profile when compared with the white population. • Socio economic factors impact on minority ethnic carers who on average have relatively low incomes not least because of the younger age profile. • More research may be needed in relation to Northern Ireland. • The screening and equality impact assessments are an ideal opportunity to look at the combined impact of caring and race issues.	Who Carers Win: The social and business benefits of supporting working carers, ACE National; Action for Carers; Yeandle, Bennett, Buckner, Shipton and Suokas Diversity in Caring. Towards equality for carers, Yeandle, Bennett, Buckner, Fry and Price, University of Leeds	2006 2007
Social consequences for carers extend across a broad set of social relationships: are far-reaching and are complex.	• For spouse carers, change often reflects erosion of the companionship and reciprocity of marriage. Much of the research points to a shift towards carer rather than spouse being the more salient role. • Carers experience helplessness and	Social consequences of family care of adults: a scoping review *International Journal of Care and Caring* • vol 1 • no 2 • 153–73 • © Policy Press 2017 • #IJCC Print ISSN 2397-8821 • Online	2006

	guilt about negative effects on their relationships with close family members. • Carers are isolated because others no longer wish to be associated with them because of carers' inability to engage in a reciprocal relationship, or because of the stigma associated with some illnesses, like mental illness and dementias.	ISSN 2397-883X • https://doi.org/10.1332/239788217X14937990731749	
Access to childcare	• The lack of accessible childcare is a particular issue for parents of children with a disability.	ECNI Childcare - maximising the economic participation of women	2013
People who are in a civil partnership or are married and not currently carers are more likely than the UK average to feel they will become a carer.	• The same proportion of people who are married or in civil partnerships as the wider public (4%) think it is very likely they will become a carer.	Research summary – public polling: Building a Carer Friendly Society - Research Summary - Carers Week.	2017

Disability

Within the health and social care field, much work has already been done to promote equality of opportunity amongst disabled people, through the continued implementation of the Disability Discrimination Act 1995, Section 75 of the Northern Ireland Act 1998 and the ‘Disability Duties’. However, ongoing engagement with representative groups and examination of key research and reports has identified the following emerging themes.

Equality/inequality issue	Policy/practice issues	Source of Evidence	Date
People with mental ill health viewed most negatively compared with physical or learning disability: resulting in people with mental ill health being particularly vulnerable and isolated.	• Effective implementation of disability equality training and Regional Disability Etiquette Guide	HSSPS Literature Review Equality Awareness Survey - ECNI Bamford Review Equality Commission Conference – ‘Key Inequalities’	2008 October 2007 October 2007
Disabled women have particular difficulty accessing key services	• Particular access issues relating to productive health care and screening	Statement of Inequalities NI - ECNI	2007
Disabled people continue to be confronted by real obstacles to participation in society	• People with mental health difficulties are particularly vulnerable and can face isolation.	Mr B Collins - Keynote Speech at ECNI Annual Conference	2007
Deaf community’s need for improved communication.	• Establish a working group to develop a regional sign language interpreting service - modelled on the good practice evidenced from the HSC Regional Interpreting Service (for minority language	HSSPS Literature Review Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA) Ongoing feedback from deaf	2001 and 2004

	users). • DAP Communication Workstream to develop regional guidelines on accessible appointment processes.	community through DAP Communication Workstream	
Members of the sign language community have pointed to the need for improved access to public services.	• 77% of BSL users who had visited hospital could not easily communicate with NHS staff • 49% of deaf and hard of hearing people who had used Jobcentre Plus found that staff were not Deaf Aware. • Frontline health professionals should receive deaf awareness training. • The installation of visual display alerts in GP and hospital waiting rooms to notify patients of their name being called was recommended.	Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA)	2009
Current lack of fully qualified sign language interpreters: to provide communication support to enable people to access public services	• Health service providers to provide alternative methods of making contact, to include text messaging, email and fax and for these details to be promoted to patients. • Provide an option to book an appointment by email.	Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA)	2009
Access to interpreting services for health related appointments: some Deaf people unaware of their rights under DDA which entitles them to communication support.	• Degree of confusion as to the role and remit of an interpreter as to whether they can be used to carry out related activities within the	Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA)	2009

	same booking period e.g. accompany to chemist for prescription after GP appointment. • Current lack of interpreters in NI makes it difficult to book one at short notice/in an emergency. • All interpreters used by the Health Service should be fully qualified and registered. Staff need to be aware of how to book interpreters, suggest a poster for frontline staff • Interpreters should be booked in advance of doctor's appointments and appointment times for all health professionals should be extended by 20-30 minutes for Deaf patients. • Awareness leaflets for Deaf community re: rights to interpreting support should be developed.		
Communicating with Sensory Disability Social Workers: deaf people felt, in some areas, that social workers for sensory disability have variable signing skills.	• Social Workers for Deaf people to be trained to Level 3 in BSL (Social Services Inspectorate to be informed of this).	Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA)	2009
Access to emergency services: while many deaf people were aware of the emergency SMS service to contact the PSNI they were unaware that this also extends to the Northern Ireland Ambulance Service (NIAS) and Northern Ireland Fire and Rescue Service (NIF&RS).	• Deaf people also unaware that NIF&RS can carry out fire safety checks in their homes to identify risk, particularly if household are deemed vulnerable. • Accessing communication support in an emergency was highlighted	Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA)	2009

	e.g. in the event of a road accident or a fire. • Action on Hearing Loss (RNID), BDA and emergency services to work together to produce an information leaflet for the Deaf community on how to access the PSNI, NIAS and NIF&RS using the SMS emergency number.		
General health issues: health related information is not imparted to members of the deaf community in a fair and effective way.	• Intercom systems are not accessible to deaf people. • Hospitals do not supply an alerter system for Deaf mothers on the maternity ward • Trust websites should offer a plain English option and link to BSL and ISL version. Opticians need to provide a cue card of the alphabet for deaf clients to point to. • Need to increase the number of communicator/guides for deaf people with Ushers Syndrome (common syndrome that affects both hearing and vision). • Staff in audiology services have variable signing skills, clinics are not always accessible with staff calling out patient’s names. • An audit of signing capacity needs to be undertaken and programme of	Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA)	2009

	appropriate training put in place. - The deaf community generally lack understanding about the importance of healthy lifestyles due to inaccessible information and suggest that information is made available via leaflets, signed DVDs, or an accessible A-Z guide on healthy living and relevant resources.		
Lack of accessible information on available services.	- DAP Communication Workstream and Accessible Formats Groups to develop comprehensive guidelines on accessible information for disabled people.	HSSPS Literature Review Access to Public Services for Deaf Sign Language Users (Action on Hearing Loss (RNID) and BDA) Feedback from DAP Communication Workstream	2001 and 2004
Lack of available information for parents: regarding child's disability.	- Develop information base for all HSC websites on wide range of disabilities.	HSSPS Literature Review	2001 and 2004
High rates of mental ill health among LGBT service users.	- Work in partnership through the Regional Sexual Orientation Working Group to improve specific training and development for health and social care staff.	HSSPS Literature Review Regional Sexual Orientation Working Group	2001 and 2004
Access to transport is highly relevant to health inequality for disabled people: they are less likely to have access to a car than other households.	- This has a particularly profound effect on those living in rural areas. - Take this into account when	Statement on Key Inequalities in Northern Ireland - ECNI WHSCT Audit of Sensory	2007 2010

	planning services.	Support Services for People with Hearing Impairment	
Inappropriate communication support for people with learning disability: when accessing GP and hospital services.	- Be more proactive in this area	ECNI Investigation into Accessibility of Health Information in Northern Ireland for People with a Learning Disability	2007
Inappropriate communication support for people with hearing impairment.	- Lack of availability of sign language interpreters or absence of up to date loop systems. - Sign Language interpreting training for key staff. - Keep up to date aids and equipment	WHSCT Audit of Sensory Support Services for People with Hearing Impairment	2010
Under representation of disabled people in current workforce.	- All health and social care organisations to approve and implement the Regional Framework on the Employment of Disabled People.	ECNI Survey re: Public Attitudes to Disability in Northern Ireland Health and Social Care workforce monitoring Evidence gathered through DAP consultation processes Equality Commission Conference – 'Key Inequalities'	2001 October 2007
Issues relating to employment for disabled people	- Roughly two thirds of respondents did not believe that employers do enough to meet the needs of disabled people - Most respondents disagreed that there is a fair representation of disabled people in more senior jobs.	ECNI Survey re: Public Attitudes to Disability in Northern Ireland Mr B Collins - Keynote Speech at ECNI Annual Conference Brenda Gannon and Brian	2001 2007 1995 - 2001

	• The employment rate for those without disabilities (79%) is over twice that of people with disabilities (32%) • Although almost one in five persons (18%) of working-age are disabled in NI, in 2006 only 3% of appointees to government public appointments were disabled. • Around 60% of those who become ill or disabled were in employment a year before onset of disability, which then fell to about 46% in the year of onset of the illness or disability, with the employment rate falling again one year after onset of illness/disability to approx. 40%.	Nolan, The Dynamics of Disability and Social Inclusion - Equality Authority and National Disability Authority, ROI (taken from the Living in Ireland Surveys 1995 to 2001)	
Lack of understanding of disability and diversity and multiple identity: access problems may be specific to certain types of disability e.g. learning disabilities, mental illness.	• The inability of health and social care providers to recognise the heterogeneity of people with disabilities often has a profound effect on the capacity of people with disabilities to access appropriate health and social services. • Negative attitudes towards the person with the disability. • HPSS have through their S75 duties made significant progress towards creating equality in access to health & social services for	HSSPS Literature Review	2001 and 2004

	people with disabilities - Education for staff to recognise the diverse needs of people with disabilities – renewed emphasis on disability awareness training. - Involve people with a disability in the designing and service delivery – identify models of good practice – encourage membership of self-advocacy groups for persons with a learning disability in order to develop their self-confidence and their skills to talk and be listened to. - Lack of clear, consistent and comprehensive information on the prevalence of disability in NI – the collation of detailed information is crucial in order to identify areas of inequality and needs and to target services accordingly.		
Lack of support for disabled people when accessing services: such as wheelchair access, lack of information on available services, lack of information in alternative formats e.g. Braille, audio cassettes and pictorial for people with a learning disability.	- Inconsistencies in level of support e.g. less support for people with mental health difficulties. - Inadequate transport to and from health care facilities – lack of consultation on policy and decision making. - Inadequate information, advice and support on sexual health and	HSSPS Literature Review	2001 and 2004

	reproduction – assumptions that disabled people are not sexually active – denied access to appropriate sexual health services e.g. cervical screening, information on sexually transmitted diseases, family planning services etc. • Lack of sex education within day centres and special schools – inadequate access to services. • Lack of ramp, inaccessible treatment rooms, toilet facilities, large print signs.		
Issues relating to learning disability: Attitudes of others about their ability to participate and contribute to policy making and decision making.	• Absence of information in alternative formats. • Need to support people during and after participation. • Lack of transport which prevents participation • Reduction of number of available places in day centres. • Lack of information to make informed choices. • Lack of advocacy and support to include people with learning difficulties into the economic and social life of the community. People with learning disabilities more likely to experience weight problems both obesity and low weight.	HSSPS Literature Review	2001 and 2004

	• Review of day centres and assessment of activities provided. • Review the accessibility of A&E and information in a range of formats e.g. Braille, large print, audio cassette and plain English etc. • Encourage a culture of volunteering to support their inclusion into the community		
Mental health issues: services are not designed around the needs of the service user.	• Psychiatric services are often in non-therapeutic environments and negative ward environments. • Lack of access to crisis intervention services and multi-disciplinary community based support. • Lack of access to relevant information, diagnosis, treatment options, access to services, admissions, discharge, accommodation, benefits. • Lack of access to mental health services for children and adolescences. • Lack of access to appropriate support for victims of violence in NI. • Ensure service users are involved at all levels of decision making including planning of services. • Admission to hospital should be last	HSSPS Literature Review	2001 and 2004

	resort, effective community based alternatives should be explored. - Access to appropriate information to make informed choices, targeted at people with mental health problems. - Complaints procedure must be accessible. Develop specialist mental health services specifically targeted at children and young people.		
NI is increasingly becoming a multi-ethnic society which includes travellers, migrant workers, asylum seekers and refugees: disabled people from these groups are largely invisible.	- Disabled people are often presented as a homogeneous group and therefore ethnic and other differences are largely ignored Many disabled people from BME groups are unaware of services available to them Some BME families reluctant to access services believing the care of the disabled person was a family responsibility. - Many reluctant to access health and social services due to fear, suspicion or distrust from past experiences in other countries (particularly asylum seekers and refugees). - Asian people less assertive in accessing services, less likely to complain and less likely to reapply when service is initially denied.	HSSPS Literature Review	2001 and 2004

	• HPSS in co-operation with disability groups and BME groups should commission a needs assessment and research and identify the health and social care needs of disabled persons from BME communities. • Work to establish BME disabled groups in NI and refer clients to these groups for support and advice. • Produce information packs and a media campaign in alternative formats. • Conduct regular collection of data in order to plan and monitor service delivery.		
Children and Young People with a disability – parents lack of knowledge regarding their child's disability or condition.	• Parental relationship strain and family breakdown – social isolation for children, young people and their parents – additional expense regarding special diets, clothing, equipment. • Adaptations - more modern alternatives requested. • Undue effort involved in obtaining appropriate services – access to services complicated. • Need for more flexible, comprehensive and family based	HSSPS Literature Review	2001 and 2004

	respite services focused on the needs and wishes of disabled children and young people. • Promote independent living. • Conduct a needs assessment regarding domestic assistance to parents and carer’s. • Consultation with children and young people themselves to ensure services are acceptable to them. • Develop robust information systems and registers to facilitate adequate assessment and planning of needs. • Develop an information base, websites, information packs on a wide range of disabilities and impairments for parents and carer’s. • Assessment of needs and support for parents of newly diagnosed children with disability or impairment.		
“Coming out” to health and social care professionals is even harder for disabled people: Lack of understanding of health and social care staff.	• Lack of access to appropriate sexual health advice. • Profound social isolation of LGBT disabled people living in residential accommodation • Improved training and development for staff to understand the experiences of LGBT disabled people.	HSSPS Literature Review	2001 and 2004

	• Provision of concise information. • Support the capacity of grass roots networking organisation to bring together LGBT disabled people in order to identify and address their difficulties including the problem of social exclusion.		
Disabled women are more likely to have low levels of physical activity than non-disabled women: obesity is a significant problem.	• Little known about effects of menopause or the treatment of its symptoms on disabling chronic conditions. • Lack of information on fertility problems. Less likely to receive information on sexual and reproductive health. Assumptions by health care providers that they are not sexually active. • Less likely to receive breast or cervical cancer screening. • Health promotion campaign specifically targeted at disabled men and women focusing on encouraging an increase in appropriate physical activities and addressing the problems of obesity. • Create information packs, leaflets, web pages providing concise information including information on services on disability and the menopause.	HSSPS Literature Review	2001 and 2004

	• Conduct a needs assessment of disabled women in relation to gynaecological and obstetric care. Review pre and post natal care and identify areas for improvement.		
People with a learning disability and people with mental health problems need to have a say about the services they get: Their families and carers need to be part of this.	• People must get the information they need to have choice and control in their lives. Involving people must be part of everything we do in health and social care services**.**	Bamford Review	2007
Health and Social Services Board and Health and Social Care Trusts need to have a way of asking people what they want: need to have services that are local and meet people's needs.	• Services need to fit around people, not people fitting into a service because that is all there is in their area. • Health and social care services need to be reorganised to make sure this happens. • In each region there will be someone who is responsible for making sure that services are set up in a way that works well for the people who will use them.	Bamford Review	2007
Poor communication between healthcare staff and people with a learning disability: lack of understanding of the health needs of people with a learning disability and lack of relevant written information provided in an accessible format.	• A strategic approach to the development of a range of accessible written health information should be adopted and led by the DHSSPS. • Identification of priority areas of	ECNI Formal Investigation into The Accessibility of Health Information in Northern Ireland for People with a Learning Disability	2007

	health information important to people with a learning disability. • The development of an easily accessed central source for all such information. • The development of a systematic approach to ensure that people with a learning disability and their representative organisations are involved from the beginning of the process of preparing such accessible information. • Development of a specifically tailored appointment letter across the Health and Social Care Service for use when inviting a person with a learning disability to a medical appointment. • In addition, consideration should be given to providing the person with further accessible information about the service when appointments are made. • A passport system be developed to give people with a learning disability the option to identify their particular communication needs when accessing health services.		
Statistics relating to hearing loss and deafness	• Estimated there are 202,000 people with mild to moderate hearing loss	www.rnid.org.uk/information resources/factsheets/deaf	

	in Northern Ireland. - 140, 000 are over 60. 17,000 people in NI are severely or profoundly deaf. - About 55% of people over 60 – in the UK – are deaf or hard of hearing.	awareness/factsheets leaflets/facts and figures on deafness and tinnitus	
Inequalities for people with a learning disability	- There is an absence of research and monitoring information which would allow HSC organisations to identify and address the inequalities experienced by groups that remain largely invisible and hard to reach.	Audit of Learning Disability in Northern Ireland - University of Ulster at Jordanstown (UUJ)	2004
People with learning disability are 58 times more likely to die before the age of 50 than the general population	- People with a learning disability are more likely to die from things that could have been prevented. - Life expectancy is shortest for those with the greatest support needs and the most complex or multiple conditions. - Almost half of all people with Down's Syndrome have congenital heart problems, a much higher rate than the rest of the population, and they have a higher risk of developing Alzheimer's disease and a higher risk of gastrointestinal problems and concerns than the general population.	Extract from Mencap internal paper refers to: Mortality in people with learning disability: risks, causes, and death certification findings in London' Hollins, Attard, von Fraunhofer and Sedgwick, Developmental Medicine & Child Neurology. 1998; (40): 50-6. State of Healthcare 2008, Healthcare Commission 'The influence of intellectual disability on life expectancy', Bittles et al, Journal of Gerontology Series A Biological Sciences and Medical Sciences, 2002; 57(7):470-472. 'Population based study of the prevalence and presentation of dementia in adults with Down's syndrome', Holland *et al*, British Journal of Psychiatry, 1998; (172):493-8. Cancer and learning disability, Cooke LB, Journal of Intellectual Disability Research, 1997; 41(4):312-316.. 'State of Healthcare 2008', Healthcare Commission 'Review: Sensory impairments, intellectual disability and psychiatry', Carvill, Journal of Intellectual Disability Research, 45, 467-483, 2001 Elliott J, Hatton C, Emerson E. The health of	Dates included with reference

	• People with a learning disability are more likely to have an associated physical or sensory disability and more likely to experience mental health difficulties. • Whilst people with a learning disability have a similar overall rate of admissions they remain a shorter time in hospital compared to the rest of the population. • People with a learning disability are less likely to access health screening services, people with a learning disability and diabetes have fewer measurements of their BMI and those who have had a stroke have fewer blood pressure checks. • People with a learning disability are less likely to be given pain relief and less likely to receive palliative care[1]. • People with a learning disability have extensive reliance on health and social care services from birth • There is historical segregation and underfunding of learning disability services and an increasing ineligibility of children, young people	people with learning disabilities in the UK: evidence and implications for the NHS. Journal of Integrated Care. 2003; (11): 9-17 and Mental health nursing of adults with learning disabilities. Royal College of Nursing, 2007. Doody GA, et al. 'Pfropfschizophrenie' revisited. Schizophrenia in people with mild learning disability. British Journal of Psychiatry. 1998; 173(2): 145-153. Allington-Smith P. Mental health of children with learning disabilities. Advances in Psychiatric Treatment. 2007; 12(2): 130- 137. Mansell J. Services for people with learning disabilities and challenging behaviour or mental health needs. Department of Health. London. 2007. Healthcare Commission – State of Healthcare 2008 Messent PR, Cooke CB, Long J. Physical activity, exercise and health of adults with mild and moderate learning disabilities'.British Journal of Learning Disabilities. 1998; 26:17-22 (and Disability and Rehabilitation. 20(11):424-7. Cochrane Register) and Emerson E. Underweight, obesity and exercise among adults with intellectual disabilities in supported accommodation in Northern England. Journal of Intellectual Disability Research. 2005; 42:134-143. Mir G, et al. Learning difficulties and ethnicity. Department of Health. London. 2004. Tuffrey-Wijne I, Hogg J, Curfs L. End of life and palliative care for people with intellectual disabilities who have cancer or other life-limiting illness: a review of the literature and available resources. Journal of Applied Research in Intellectual Disabilities. 2007; 20(4): 331-344. Ahmed N, et al. Systematic review of the problems and issues of accessing specialist palliative care by patients, carers and health and social care professionals. Palliative Medicine. 2004; (18): 525-542. Morgan C, Ahmed Z, Kerr MP. Health care provision for people with a learning disability: record-linkage study of epidemiology and factors contributing to hospital care uptake. British Journal of	

	and adults with a mild and moderate learning disability to learning disability services • People with learning disability, and their families, face difficulties in accessing and benefiting from mainstream and specialist services and support.	Psychiatry. 2006; (176): 37-41. Davies N, Duff M. Breast cancer screening for older women with intellectual disability living in community group homes. Journal of Intellectual Disability Research. 2001; (45): 253-7. Health needs assessment report: people with learning disabilities in Scotland. NHS Improvement Scotland. 2004. Count Me In Tuffrey-Wijne I, Hogg J, Curfs L. End of life and palliative care for people with intellectual disabilities who have cancer or other life-limiting illness: a review of the literature and available resources. Journal of Applied Research in Intellectual Disabilities. 2007; 20(4): 331-344.	
Disabled people's access to cancer screening programmes	• Information on cancer screening programmes should be made available in a format that is appropriate for people with learning difficulties, e.g. dvd, tailored literature etc. • Community Learning Disability Nurses should be aware of the cancer screening programmes and be able to pass on information and encourage uptake amongst people with learning difficulties. • The potential for linking Trust and primary care information on people with learning difficulties with the breast screening call / recall service should be explored, in order to target the provision of appropriate invitation letters & information • The screening programmes should work with internal and external	Informed Choice Action Plan	2013

	stakeholders to engage with community groups representing “hard to reach” groups to promote screening and discuss accessibility of screening. - The options for simplifying the bowel cancer screening process for people with physical or sensory disabilities should be reviewed. - Informed choice in cancer screening should be promoted through Sound Vision Ulster, a radio programme for blind people. - Cancer screening information should be available in alternative formats to meet the needs of blind and partially sighted participants. - The screening programmes should liaise with voluntary organisations, and their staff, who regularly meet with people with a physical or sensory disability to ensure they are aware of the cancer screening programmes and can pass on information and encourage uptake.		
People with learning disabilities die on average 16 years earlier than they should	- The creation of a review body to investigate the deaths of people with learning disabilities - A named health professional to co-ordinate the care of those with	The Bristol University researchers who carried out the work looked at all deaths over a two-year period at five primary care trust areas in the south-west of England.	2013

	multiple health needs - Improved guidelines on when a "do not resuscitate" order should be used		
Right to health for signing deaf patients attending health services: who are unable to communicate in a language they understand.	- Without language their dignity and right to health is violated, resulting in serious consequences such as incorrect diagnosis, improper treatment and standard of care not being applied. - Provide professional sign language services	Haricharan, H. J., Heap, M., Coomans, F., & London, L. (2013). Can we talk about the right to healthcare without language? A critique of key international human rights law, drawing on the experiences of a Deaf woman in Cape Town, South Africa. Disability & Society, 28, 54–66.	2013
People with disability may be the most in need of additional health related care and the least able to access it.	- Transport and financial considerations were found to limit the ability to access appropriate care. - Rehabilitation and health services need to reach out through home-based care and appropriate forms of rehabilitation delivery to ensure that those who are most in need of care, such as the elderly and those with more neglected forms of disability, are provided with the services that they require.	Maart, S., & Jelsma, J. (2013). Disability and access to health care – a community based descriptive study. Disability and Rehabilitation.	2013
Failures to provide reasonable accommodations to disabled detainees may result in inhuman or degrading treatment, as well as in discrimination.	- Equality is an essential pre-condition of achieving an inclusive society in which disabled people are able to participate in the mainstream of life alongside their non-disabled	Lawson, A. (2012). Disability equality, reasonable accommodation and the avoidance of ill-treatment in places of detention: the role of	2012

	peers. • Despite efforts to ensure that disabled people have opportunities to live independently and participate in the life of their communities, they remain disproportionately at risk of being detained, against their will, in psychiatric hospitals, social care homes, orphanages and other institutions. • More could and should be done to highlight the importance of ensuring that places of detention develop systems for guaranteeing that reasonable accommodation is provided to disabled detainees and that this would play an important role in reducing the risk of exposing disabled people deprived of their liberty to inhuman, cruel or degrading treatment.	supranational monitoring and inspection bodies. The International Journal of Human Rights, 16(6), 845-864.	
The number of health and social care services used by disabled older people and their number of areas of unmet need, differed significantly between six European countries: The number and type of services used across the countries show a strong association with geographic location and welfare state regime.	• A lack of integration between health and welfare sectors or through a failure to properly meet care needs owing to a non-holistic approach to long-term care. • The people most likely to use home health care are older, with a high number of disabilities, living alone and having low informal support (although when informal support is present, the activation of formal services may be delayed until physical impairment is severe or	Bien, B., McKee, K. J., Dohner, H., Triantafillou, J., Lamura, G., Doroszkiewicz, H., et al. (2013). Disabled older people’s use of health and social care services and their unmet care needs in six European countries. European Journal of Public Health, 1-7.	2013

	carer burden is high). • A negative relationship is observed between the number of social services used and the number of areas with unmet care needs. • Increasing the number of social services provided, together with better integration with health services, might best reduce the number of unmet care needs in disabled older people.		
Disabled people are recognised to be socially and economically excluded: in many aspects of life in the United Kingdom.	• Disabled people are less likely than non-disabled people to be in paid work; in 2011, 49% of the disabled working-age UK population and 77% of the working age population were employed. • Disabled people are disproportionately reliant on benefits for their income; 2.63 million people (7.2% of the working-age population) currently receive incapacity benefits because of disability or ill-health. • Disabled people are missing the opportunity to enjoy the financial, personal and social benefits of employment. • Individualistic approach to support employment will resolve the inequalities currently faced by disabled people.	National Audit Office Lewis, R., Dobbs, L., & Biddle, P. (2013). 'If this wasn't here I probably wouldn't be': disabled workers' views of employment support . Disability & Society.	2010 2013

People with intellectual disability have a higher prevalence of physical health problems: but often experience disparities in accessing health care.	• Negative staff attitudes and behaviour, and failure of services to make reasonable adjustments. • Other barriers included problems with communication, and accessing services because of lack of knowledge of local services and service eligibility issues; lack of support and involvement of carers. • Despite some improvements to services as a result of health policies and recommendations, more progress is required to ensure that health services make reasonable adjustments to reduce both direct and indirect discrimination of people with intellectual disability.	Ali, A., Scior, K., Ratti, V., Strydom, A., King, M., & Hassiotis, A. (2013). Discrimination and Other Barriers to Accessing Health Care: Perspectives of Patients with Mild and Moderate Intellectual Disability and Their Carers. 8(8).	2013
People with learning disabilities have a wide range of potential legal needs: Common issues include parents with learning disabilities fighting to keep care of their children, discrimination in the workplace, disputed benefit claims, and experiencing bullying and hate crime	• People with learning disabilities are unclear how legal services could help them and rely on people close to them for support. • Family carers mostly rely on the internet, learning disability charities and support groups for help rather than go to a lawyer, which is seen as a last resort measure • A lack of accessible advice and information is preventing people with learning disabilities from dealing with legal issues effectively.. • Developing guidelines for all	Guidelines needed to help lawyers provide a better service to people with learning difficulties. Mencap, Legal Services Board & Legal Services Consumer Panel	2013

	lawyers, which would help them better understand the support and communication needs of people with a learning disability. - Mencap will develop “easy read” materials on choosing legal services designed to support people with learning disabilities.		
Work Capability Assessment: The assessment was considered ‘unjust, inhumane and highly inaccurate in determining fitness to work’ and the experience had a negative impact on some respondents’ physical and mental health.	- Low awareness of local DPOs and few people had been in contact with them. - Generally people wanted advice, information and advocacy services, and also for DPOs to campaign on their behalf and challenge negative attitudes. - Disabled people were facing not just a cut in their income but also a reduction in support services and/or an increase in charges.	Rosa Morris (2013) ‘Unjust, inhumane and highly inaccurate’: the impact of changes to disability benefits and services – social media as a tool in research and activism, Disability & Society, 28:5, 724-728	2013
On average, men and women with a learning disability die, respectively, 13 years and 20 years earlier than the general population: most common reasons for premature deaths were problems with diagnosis or treatment	- The Confidential Inquiry recommended that health care professionals become more aware of how they can make adjustments to meet the specific needs of people with a learning disability. It endorsed the implementation of systems which would improve liaison between health services and help to identify people with a learning	Equality Commission for Northern Ireland - Review of the Formal Investigation into the Accessibility of Health Information for People with a Learning Disability in Northern Ireland	June 2013

	disability within health care settings. • Providing health information in a meaningful way to the individual can help to ensure that existing illnesses are diagnosed and treated appropriately. • Improving equality of access to health care through implementation of the Bamford Review Action Plans. • Action must be taken to equip heath care practitioners with the skills needed to meet the communication needs of the people with a learning disability they come into contact with.		
Barriers to accessing optimal healthcare for people with sensory disabilities: Communication is the major barrier to accessing healthcare for individuals with hearing loss	• Staff fail to address the unique communication needs of people with sensory disabilities who experience linguistic and cultural barriers. • Lack of cultural competence concerning the deaf community creates communication challenges. • Communication barriers – difficulties interacting with staff, often caused by limited awareness of the needs of people with sensory disability; (staff attitude)Information barriers - lack of available information in accessible formats (language and literature) • Physical access barriers –	A Review of the Literature on Promoting Access to Selected H&SC Services for People with Sensory Disabilities	December 2011

	difficulties getting to and around premises; (signage and wayfinding). - Basic and refresher training of health care staff in deaf/visual impairment awareness & associated communication skills.		
Same rights for people with a mental or learning disability: It changes the presumption of the law, from ‘do you have a mental disorder?’ to ‘Is your ability to make this decision impaired?’	- Effective implementation of the Mental Capacity (Health Welfare and Finance) Bill	Mental Capacity (Health, Welfare and Finance) Bill	June 2015
Issues/barriers in public policies for people with disabilities: The Equality Commission for Northern Ireland commissioned Disability Action’s Centre on Human Rights for People with Disabilities to carry out research to identify these issues.	- To put in place special measures to ensure that women with disabilities have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.	Disability Action	2011
People with disabilities encounter a range of physical and social barriers preventing them from accessing the same rights as non-disabled people: including making decisions about their lives, getting a job, obtaining an adequate standard of living, getting around and being included in society.	- Government Ministers and elected representatives must ensure that their Department and Party policies and strategies are inclusive and responsive to the rights of disabled people. - There is a need to change the way disabled people are perceived and treated.	United Nations Convention on the Rights of Persons with Disabilities	August 2013
More efficient use of resources and services delivered in the right place at the right time will help to achieve the best	- Recommendations for local authorities/social services	Report by RNID (Action on Hearing Loss) – ‘Seen but not heard’ – Laura Matthews	March 2011

outcomes possible for deaf service users: The personal and social impact of hearing services is often undervalued and underplayed. With the implementation of substantial changes in health care services, it is now more important than ever that we encourage better recognition of the value of the care and support services for hearing loss.	departments: • increase awareness about lipreading classes - for those who can't attend classes, lipreading DVDs and books should be available • offer a wider range of rehabilitation and • support options for people with hearing loss, including, for example, communication training or hearing therapy • raise awareness of what technology and • equipment is available to help people with • hearing loss and where this can be obtained • ensure equipment can be loaned or offered free of charge to people with hearing loss • enable hearing aid wearers to try out • equipment before they buy it • signpost people with hearing loss to other • organisations that can help.		
Communication is the major barrier to accessing healthcare for individuals with hearing loss: Communication is a key life	The British Deaf Association recommended some useful basic communication tips for healthcare staff	Sensory Literature Review	2012

skill at the heart of every social interaction and effective and appropriate communication is particularly relevant for people with a hearing loss. The major factor impinging on access to health care is the quality of the communication between the patient and the health care professional.	when speaking to people with hearing loss • Establish eye contact • Speak slowly • Make sure to finish communicating before turning away • Write it down (using plain English) • Be prepared to reschedule if communication support is required.		
United Nation Human Rights Treaties: Key strategic issues/barriers in public policies.	• UN convention on the rights of persons with disabilities is at an early stage • Significance of many articles remain unclear • 3 priority areas identified, including participation in public life and access to information	Disability programmes and policies: how does Northern Ireland measure up? Harper et al.	2012
Hearing loss is typically considered at an individual level: Processes such as diagnosis of hearing loss and fitting of hearing aids deal with the person concerned, with limited consideration of those around them. However, the experience of hearing loss is typically shared with – and managed by – both the person with hearing loss and their partner or family.	RNID produced family guidance. • Health Care professionals to encourage partners/family members to attend appointments to generate shared understanding of hearing loss and its effects and ensuring services fully accessible to people with hearing loss.	RNID Report – 'In It Together' – The impact of hearing loss on personal relationships	2013
Hearing loss in the workplace: Hearing loss can have an immediate impact on communication but it is important that people feel confident in asking for adjustments.	• Ensure there are clear procedures in place to activate support if someone develops hearing loss, or if someone joins the organisation	Action on Hearing Loss - A research report into hearing loss in the workplace	2013

	with hearing loss. - Ensure these procedures are widely known and, in particular, that HR and occupational health teams are familiar with them. - Encourage staff to share responsibility for making adjustments and ensuring effective communication is achieved with staff with hearing loss. - Provide information regarding possible adjustments that can be made - Provide training for all staff on deaf and disability awareness, including understanding the impact of hearing loss on an individual		
The ConneXions Project supports disabled people address barriers to social inclusion: it operates in border areas in Northern Ireland and the Republic of Ireland and develops social networks that encourage peer support and user-led engagement.	- People with disabilities should be empowered with the skills and knowledge to contribute to their community's growth and development and inform and influence the services that support their inclusion.	ConneXions Action Research	January 2013
Accessibility of Political Party Information for People with Disabilities: One in five of the electorate has a disability who may require information in accessible formats.	- Political parties must develop strict design guidelines to ensure that the communications they produce are developed based on accessible principles.	Disability Action - Review of the Accessibility of Political Party Information for People with Disabilities for the Westminster Elections	November 2010

	• Those with responsibility for communications must be provided with the appropriate training to ensure that they understand the principle of accessible communication. • Political parties must engage with local disability organisations and disabled people to ensure that the guidelines they produce will meet the needs of people with disabilities.		
Multiple identity; Multiple Exclusions and Human Rights: Working to ensure that people with disabilities attain their full rights as citizens, by supporting inclusion, influencing Government policy and changing attitudes in partnership with disabled people.	• All services and premises must be accessible and inviting. This must include the training of staff to ensure welcoming / non- discriminatory practices. • Accessible information and mutual web and other format links to support services and information exchange are required • Joint working, cross representation and engagements with other sectors should be embraced by all groups. The majority of disabled LGB&T people reported that changing attitudes and raising awareness is a critical element to reducing barriers.	Disability Action Report - Multiple identity; Multiple Exclusions and Human Rights: The experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland	2013
Disability, Skills and Employment: The Equality and Human Rights Commission recognises that many disabled people	• It is evident that disabled people should not be thought of as a homogeneous group, but as groups	Equality and Human Rights Commission - Disability, Skills and Employment:	2013

experience barriers in entering and succeeding in employment.	divided by type of impairment, gender, age, social class, level of education and geographical location. • Educational outcomes, which are both a cause and an effect of an individual's social status, appear to be particularly significant for disabled people, who are less likely to have degree-level qualifications than non-disabled people and more likely to have no qualifications at all. • Successful transitions into work for disabled people will depend on support at many levels.	A review of recent statistics and literature on policy and initiatives	
Positive change to the social, economic and cultural life of people with disabilities:	• Getting the right support for employment. • Getting the message right, ie, mind your language and communicating the changes. • Digital Inclusion - people over 65, those widowed and people with a disability were more likely to have never used the internet.	Disability Action - Briefing Paper for Social Development Committee – Welfare Reform Bill Call for Evidence	Oct 2012
Key issues for people with disabilities and carers:	• Ensure that specific actions are put in place to mitigate the disproportionate affects that the Welfare Reform Bill will have on people with disabilities, their families and carers.	Northern Ireland Welfare Reform Group: The Welfare Reform Bill:	Oct 2012

	• To put mechanisms in place to monitor over time the impact of the Welfare Reform Bill on people with disabilities and indirectly on their families and carers. Where significant negative impacts are established then ensure mechanisms are put in place to amend the Bill as required. • To put in place actions that are not just about ‘individual responsibility’ but address the significant barriers that disabled people face in living independently, gaining and retaining employment and being part of their community.		
The experiences of blind and partially sighted people in relation to travel, shopping, money, technology, reading and television: Blind and partially sighted people face restrictions and barriers in undertaking tasks that most of us take for granted.	• The majority of respondents in this survey need help and support to assist them with travel, shopping and control of money. Typically this support is supplied by members of their family. The majority of respondents also show a strong desire for more accessible reading, technology, mobile phones and television. • Sight loss is a major restriction that is stopping people from doing what they want to do. Respondents were not able to travel or go shopping as	RNIB Report - Update on inclusive society 2013	Apr 2013

	much as they want because of their sight loss. This is also a major factor for those people who are not currently using a computer or a mobile phone. • This research also shows that the potential impact of inclusive travel, shopping, money, TV, technology and reading is significant. Respondents identified that full access to these areas would to varying degrees would help them to be less socially isolated, more independent, happier about life and feel better about their sight loss.		
Literature review: health concerns for people with disabilities and best practice models	• Barriers to health care pose a detriment to the health and wellbeing to people with a sensory loss • Provision of information in accessible formats will enable choice and minimise barriers	European Union, CAWT, Social Inclusion literature review	(no date)
Mental Health now regarded as one of the most significant causes of ill health and disability: estimated that one in five people in NI have a mental health problem at any one time.	• Mental health services in NI have many strengths and significant progress has been made • Study also highlighted a number of gaps and limitations including fragmentation of services • Study identifies opportunities for service development	Report prepared for Action Mental Health by Queens University, Belfast	2015

Throughout 2014 and 2015 the PCC carried out focus groups with learning disability user groups	• Service users highlighted 6 key areas including short break services, supported housing, training and work • Carers highlighted 5 key areas including transition from child to adult services, and joined up working	What matters to me, service users and carers views on Learning Disability Services. Patient and Client Council	2015
Over 100,000 people in the UK have MS: With an estimated 4,500 people with MS in NI	• Need for action to make sure that people with MS can access the right treatment at the right time • People with MS should ne offered a comprehensive review of their care • People with MS should have a single point of contact for their care	MS treatment in Northern Ireland: is access still a lottery, MS Society NI	2016
2011 census reports that 30,862 people in NI experience some type of long term condition relating to blindness or partial sight loss: 1.7% of the population	• Needs of blind or partial sighted people are underestimated • Sight loss affects the ability to use and receive information • Barriers faced can be alleviated with strategic and considered changes	RNIB NI submission to inform development of Equality Scheme for Department of Health 2017	2017

Ethnicity

The following issues have been extracted from the Compendium of Race Health Inequalities prepared by the Southern Trust over the past 5 years. This Compendium listed recommendations from over 60 research documents and pre-consultation took place in October 2010 with the following organisations: NICEM, Craigavon Intercultural Programme, Traveller Safe and Well Project, Wah Hep, Craigavon Women's Muslim Association, Newry and Mourne Ethnic Support Centre, South Tyrone Empowerment Programme (STEP) and Challenge of Change.

Equality/inequality issue	Policy/practice issues	Source of Evidence	Date
Eligibility and access to services: such as GP registration - unfamiliarity with system	• Attitudes of frontline staff - insensitivity to cultural needs, stereotyping • Medication instructions not translated and lack of clear explanation of what is happening during medical examinations. GP receptionists act as barriers to some services. • Challenging the role of receptionists within GP surgeries. • More flexibility in the use of interpreters, they should not be restricted to when clinicians feel they are necessary. • Specialist services needed to meet the needs of specific ethnic groups. • Ensure that all management development training programmes include cultural diversity training.	ANIMATE OFMDFM Race Strategy 2005-2010 OFMDFM 'A Shared Future' Life as a Stranger - The personal stories of Migrants to Northern Ireland (Zachlebem) - NICEM New to Northern Ireland - A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland	2007 Sept 2010 2009 October 2010

	- Long term training to ensure medical staff are culturally competent. - Training on cultural nuances for all primary care staff to include GP's, Receptionists, Nurses and Health Visitors. - Regular specific surgeries with a bi lingual health professional in attendance. - Adequate Resourcing: The telephone interpreting service is of very limited use where house calls are concerned, yet budgetary constraints do not allow for widespread face to face interpreting.	BME CERD Framework Convention on the Elimination of Racial Discrimination Working Group	February 2010
Language and communication barriers: Concerns about potential misdiagnosis and confidentiality - unaware of the availability of interpreting and translation services.	- Receiving letters detailing appointments in English is problematic resulting in people missing appointments. - There should be a more proactive approach in targeting materials to BME groups e.g. community newsletters, language broadcasts, materials placed in areas frequented by BME people such as supermarkets, cafes, workplaces and places of worship.	The Health of BME - King's Fund, London Philomena de Lima *et al*. A Study of Migrant Workers in Grampian - Communities Scotland (Zachlebem) - NICEM Ethnicity, Equality and Human Rights: Access to H&SS in NI Mapping Exercises - Down and Lisburn	March 2001 2007 2009 October 2010
Emergency support - Social Services (There is no safety net for	- Habitual residence conditions new points based system, healthcare	ANIMATE Diverse Dialogue - Report of the	2007 2005 -

undocumented workers – financial assistance in times of dire need) - restrictions on social security benefits for non-EU MW's – homelessness.	professionals unaware of migrant workers entitlement to services • Need for guidance and leadership from DHSSPS in updating guidance incorporating references to human rights. Restricting access to health to someone on the basis of their ethnic origin could constitute institutional racism. • A key issue exists for those individuals who are here but have "no recourse to public funds". • Concerns about foreign nationals who "slip through the safety net" have been around for some time and these concerns are growing.	North South Intercultural Forum The Health of BME - King's Fund, London (Zachlebem) - NICEM Programme for Cohesion, Sharing and Integration No Home from Home - NIHRC	2008 March 2001 2009 Sept 2010 2009
Mental Health: Culture shock, job insecurity, isolation in rural areas particularly among pregnant women, financial insecurity	• Results in stress and reduction in self-esteem • Take up of mental health services very low • Interpreters cannot act as advocates in counselling sessions. • Counsellors said working in sessions with an Interpreter from clients own community led to issues of confidentiality • Low satisfaction levels among BME communities • Establish a directory of services to enable MW's to access information on health services. • Peer advocacy or active strategies to employ bi lingual health	ANIMATE The Health of BME - King's Fund, London www.mind.org.uk Western Health and Well-being Sub-Group - Race Equality Life as a Stranger - The personal stories of Migrants to NI (Zachlebem) - NICEM	2007 March 2001 September 2010 2009

	professionals in particular mental health counsellors.		
Child health and childcare facilities: Absence of childcare providers operating in hours of shift work, difficulties in recognition of childcare qualifications obtained abroad	• Absence of family networks • Lack of childcare during school holidays. • The health of the BME child – growing up in a bilingual/bicultural environment - access to dental treatment, obesity, low income families resulting in increased health concerns in later life. • There appears to be a misunderstanding among some professionals as to migrants' eligibility to register with GP's. • According to the Law Centre NI "entitlement to free treatment in the health service is not determined by nationality or whether a patient has paid NI contributions – it is based on whether a person is 'ordinarily resident' in NI (2008). • Ensure childcare provision is inclusive of all children	ANIMATE New to Northern Ireland - A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland Pre-consultation with Southern area BME Representatives	2007 October 2010 October 2010

Lack of background information on newcomer children: This can make treatment and service provision difficult.	• For reasons associated with eligibility children from A2 countries Bulgaria and Romania, particularly Roma children, are vulnerable and hence represent a significant challenge to health professionals. • Major implications for children's health, including routine health assessments, inoculations • Age assessments and age disputes are a major issue for social services. • The loss of extended family networks and friend often result in feelings of isolation. For asylum seeking children, however, the sense of loss was usually more intense in that family members may have actually been killed or may still be living in danger in the country of origin. • The asylum seeking process had a negative effect on children's emotional and mental health, with anxiety and a fear of deportation being common. • The health needs of the Roma population require special mention, although small, was incredibly complex. Due to increased incidence of TB among Roma children health assessments are necessary but problematic.	New to Northern Ireland - A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland	October 2010
Maternity Services: Lack of face to face	• Language barrier patients with very	Out of the Shadows - An action	1997

information when attending maternity services postnatal care	limited English • Lack of information regarding maternity benefits - translated information needed on the menopause, breast cancer, smear tests, family planning, diet, childcare and immunisations. • Maternal and infant mortality are higher among BME groups. • BME women were more likely to access services late e.g. not have a scan by 20 weeks, attend antenatal classes, have a post-natal check-up and were more likely to experience complications. • Identify a key worker in statutory organisations who could be the first point of contact when information is being sought. This would give a human face to public bodies and service to make them more approachable. • Health promotion needs to be more proactive with this potentially high risk group and they need greater support and care from maternity services during pregnancy and afterwards. • Complaints forms in other languages.	research report into families, racism and exclusion in NI Ethnic and social inequalities in women's experience of maternity care: Results of a national survey (2007) Review of Literature on Equality of Opportunity Issues in Health and Social Services	 2010 March 2001
Older people from BME communities	• Often experience higher levels of isolation in hospitals.	Realising Integration - MRCI	2006
Institutional racism - ensure equality of opportunity for BME people in assessing	• Promote dialogue between and mutual understanding of the	OFMDFM Race Equality Strategy 2005-2010	2005-2010

and benefiting from all public services.	different faiths and cultural backgrounds. • Build capacity of BME groups to develop a sustainable BME sector. • Combat racism and provide effective protection and redress. • Eliminate unlawful racial discrimination and promote equality of opportunity. • Need to address institutional racism and a clear knowledge of its continued existence. • Training and awareness initiative for policy makers and frontline staff will focus on eliminating the potential of incidents of "unwitting", "unconscious" or "unintentional" racism as well as deliberate and intentional racism. • Outreach initiatives and devising new and innovative ways of engaging minority ethnic people and involving them. • Capacity building - not just with funding but includes training, organisational and personal development and resource building. • Surveys to provide a specific focus on minority ethnic people – improving the base line data must be a target	Racism and the Recession McPherson Report on the Stephen Lawrence Case ECNI Response to OFMDFM Race Equality Strategy Programme for Cohesion, Sharing and Integration (CSI)	Unison 2009 1993 2005 September 2010
Health specific issues: Sickle cell disorder, depression, stress, suicide, schizophrenia, diabetes, heart disease,	• Limited access to rehabilitation centres and educational programmes	The Health of BME - King's Fund, London	March 2001

hepatitis B, HIV, tuberculosis.	• Low awareness and uptake of respite services: Asian carers had low awareness and usage of specialist services for people with learning disabilities. • Specific BME health promotion policies. • Additional time required for appointments/consultations**.**	Review of Literature on Equality of Opportunity Issues in H&SS Netto Ward, 1998 BME Health and Wellbeing Report N&W Belfast - NICEM	1998 1998 2009
Trafficking: Women coerced into prostitution – domestic violence – sexual abuse.	• Sexually transmitted diseases – higher percentage than indigenous communities	The Health of BME - King's Fund, London 'The Nature and Extent of Human Trafficking in NI NIHRC	March 2001 NIHRC 2009
Three main determinants of health inequality: socio-economic/ environmental circumstances, lifestyle and access to effective health or social care.	• As well as ethnic origin need to know religious and cultural needs, language needs, advocacy needs, specific health beliefs and use of other health care systems. • There is an emerging pattern of inequalities experienced by migrant workers in particular unequal access to basic health care. • There are significantly poorer levels of health amongst Travellers.	Statement on Key Inequalities in Northern Ireland - ECNI	October 2007

	• Increase cultural competency of staff through cultural awareness training and anti discrimination training. • Customise services to meet cultural needs - address dietary requirements - accommodate special customs at times of bereavement and birth.	Out of the Shadows - An action research report into families, racism and exclusion in NI A Guide to the Main Equality in Health Issues	1997
Travellers: Poor environmental/ accommodation affecting health, lack of recognition of Travellers specific needs	• Improving life chances for Travellers will be a critical success factor and a major challenge for government. • Negative attitude towards Travellers particularly in hospital. • Low mortality rate. • Information not always clear due to low levels of literacy so lack of awareness amongst Travellers of preventative health services e.g. immunisation, screening programmes. • Social isolation, stress, denial of depression often in Traveller men • Support and promote the employment of Travellers in healthcare. • Traveller male life expectancy now is 61.7 years which is identical to what it was in 1987. • Infant mortality rates have deteriorated since 1987. • More inter-agency working to monitor, co-ordinate and facilitate	Reeves Associates - Assessing the Impact of Section 75 Promoting Social Inclusion of Travellers - OFMDFM ECNI Response to NI Race Equality Strategy Ethnicity, Equality and Human Rights: Access to Health and Social Services in NI Western Health and Well-being Sub Group Race Equality A Guide to the Main Equality in Health Issues' All Ireland Traveller Health Study Southern Area Action with Travellers (SAAT): Outcomes	February 2007 2000 September 2010 2011

	services for Travellers. • Work in partnership with Traveller support organisations to deliver services. • Develop specialist services e.g. family planning. • Culturally appropriate healthcare needs to be provided. • Raise awareness about physical and mental health issues and work to reduce stigma about mental health. • Better monitoring of nomadic Traveller children to ensure and encourage all immunisations are up to date through close working of Health Visitors and local Traveller Support Workers. • Health promotion skills programmes must be sensitive and culturally specific	for Children: Outcome Monitoring Report 2010/11	
Growth of the Filipino ommunity in NI: as result of local employers, particularly health, recruiting from the Philippines to fill skilled labour shortages.	• Immigration rules, particularly those governing the work permit/Tier 2 category, are the heart of many problems Filipinos experience. • Despite paying taxes, work permit/Tier 2 workers have no recourse to public funds such as social security leaving workers and their families vulnerable to destitution. • NICEM believe that the NI Assembly should have more power to adjust immigration policy in	Bayanihan! The Filipino Community in Northern Ireland - NICEM	January 2012

	accordance with local circumstances. - Following pilot of ‘Crisis Fund’ OFMDFM should establish a long-term policy to assist migrants facing destitution, rectify current deficiencies of Race Relations Order 1997, etc.		
Migrant workers and BME communities informed choice in cancer screening in Northern Ireland: Actions relating to each of the cancer screening programmes are followed by actions relating to the specific population groups	- The new “One Stop Shop” health service for newly arrived migrants should promote cancer screening and provide information on accessing screening services. - Information on screening and how to access screening services provided as part of “One Stop Shop” health service. - The screening programmes should work with internal and external stakeholders to engage with community groups representing “hard to reach” groups to promote screening and discuss accessibility of screening. - Promoting informed choice in cancer screening should be included in the work plan of the Traveller Health & Wellbeing Forum. - Breast screening units, as part of their action plans to promote informed choice, should engage with relevant local groups to promote informed choice in breast cancer screening in the local	Informed Choice Action Plan	2013

	Travelling community. • The PHA should identify the processes by which the travelling community receives correspondence relating to screening, as well as its effectiveness and timeliness.		
Overseas Skills and Qualifications: Lack of recognition of overseas skills and qualifications, immigration status, language difficulties and problems in negotiating support services	• Tackling underemployment to ensure that career progression is possible • Pursuing opportunities to engage people with employment through vocational training, language courses or self-employment; • Ensuring that people from minority ethnic groups are not disproportionately affected by benefit delays; • Examining how staff in Jobcentre Plus and benefits offices support unemployed people from minority ethnic communities back into work.	Poverty and Ethnicity in Northern Ireland *(Joseph Rowntree Foundation (research by a team at the University of York and Queen's University, Belfast))*	February 2013
Mental Health Services: BME people would be more comfortable with using health services if they believed that professionals were sensitive to and aware of their culture.	• A number of focus group participants argued that the word 'mental' was highly stigmatised and that BME people would be more receptive to softer language such as 'emotional well-being'. • Targeted advertising campaigns would also help to build trust among BME communities. • Need for advertising campaigns targeted at BME communities and translated into languages other than	Barriers to Accessing Mental Health Services (Eoin Rooney in partnership with Ballymena Inter-Ethnic Forum & NIHSCT)	March 2013

	English • Need to develop the cultural capability of service providers – that is, their ability to deliver an appropriate and effective service to people of different cultures. • At a more practical level, one option is to appoint a community development worker to take this work forward.		
Employment and Recruitment Agencies: Current UK immigration rules leave many Filipinos in N.I. vulnerable to exploitation by employers and recruitment agencies;	• Many (Filipino's) fear that they will be victimised if they refuse or complain about working long hours; • Many Filipino workers are unable to apply for indefinite leave to remain because the minimum wage requirement set by the UKBA exceeds the standard rate of pay for the majority of Filipino workers. • As many Filipinos have large families there is a high risk of child poverty; low levels of income and rising living costs are likely to leave many Filipinos with little or no disposable income. • OFMDFM should establish a long-term safety net policy to provide migrants facing destitution with assistance; • DEL should introduce compliance with the Agency Workers Directive and a training scheme to upgrade the skills of current senior care assistants to become registered	BAYANIHAN! The Filipino Community in Northern Ireland (NICEM)	January 2012

	professional nurses; • Anti-poverty measures should extend to all migrants and the OFMDFM should commission further research on the poverty of the ethnic minority community in N.I. and there should be consideration of rent capping and restricted rent increases.		
Domestic Violence: Certain women may be victims of domestic violence or rape and are unable to seek protection in their home country, or they may be threatened with forced sterilization or genital mutilation because of cultural practices in their country of origin.	• Concerns over the lack of training within local health trusts to deal with children (seeking asylum) in Northern Ireland. • Despite being authorised by the UN Refugee Convention people have been criminalised in the UK for carrying false documents and some are serving prison sentences • As the UK and the EU impose ever tighter border controls to stop asylum seekers from reaching their territories, it becomes increasingly necessary for those wishing to flee to use traffickers and clandestine migration as the only way of fleeing here. • Criticism that asylum seekers are often held overnight in poorly equipped police cells in Belfast. • Asylum detainees are being held in poorly equipped PSNI cells, • In Northern Ireland we are particularly affected by the lack of a Public Enquiry Office, which was	Forced to Flee; Frequently asked Questions about Refugees and Asylum Seekers in Northern Ireland (3rd Edition) (MCRC/Bryson Intercultual)	Oct 2008

	closed in 2001. The Immigration Service's only current presence is at the International Airport with a limited responsibility. • There are problems with the constant flow of legislation in this complex area. • From March 2007 the Home Office began implementing its New Asylum Model (NAM) with the aim of creating a faster, more tightly managed asylum process. • There is a need for a concise, single piece of legislation that clearly lays out the procedure of seeking asylum whilst protecting the rights of all individuals concerned.		
Human Trafficking: In practice accessing specialist support services for victims has been ad hoc and inconsistent. Many victims are not ready to engage with specialists so soon after escaping from their traffickers and while they are in a period of reflection and recovery.	• Once a victim is identified and referred to the NRM process, exactly how and when social services should become involved with a recovered victim is not actually specified. • Need for support planning in each individual case including on-going risk assessment and management to ensure that victims can access the full range of health and social care services • Need to use ’trained’ staff when collecting evidence from a victim, as well as the need for sensitivity in these types of situations • All HSC Staff and particularly those	HUMAN TRAFFICKING New working arrangements for adult victims of trafficking in Northern Ireland. (Law Centre NI Information Briefing)	March 2013

	engaged in adult protection work and Out-of-Hours Teams should be familiar with the indicators of human trafficking • A new specialist centre for victims of sexual assault, due to open in Northern Ireland at Antrim Area Hospital by March 2013.		
Immigration Rules: In July 2012, the government introduced significant changes to the Immigration Rules which includes, the requirements that must be satisfied for a child's case to succeed and an assertion that the changes will protect children's best interests.	• In the policy section on the UKBA website (www.ukba.homeoffice.gov.uk), caseworkers are given guidance relating to factors which should be taken into account when considering an application based on paragraph EX1 of the Rules. • In a case involving a child, you should 'picture build' the circumstances of her/his private and/or family life in the UK, incorporating evidence such as photographs, birth certificate, letters from social workers and schools, medical reports, etc. • Courts must consider in detail where the best interest principle should sit when carrying out the necessary balancing exercise • Need for the decision maker to endeavour to ascertain the views of the child • The decision-maker must balance the reason for expulsion or refusal against the impact upon the child	The Best Interests of Children in Immigration Law (Law Centre NI Information Briefing)	March 2013

	- Best interests of the child must be a primary consideration which should be considered first		
Employment Exploitation: Individuals from a small number of national or ethnic backgrounds (Chinese, Filipino, Roma) appear to be particularly vulnerable to exploitation in Northern Ireland and exploitation in some employment sectors was more likely to be gender specific than others	- Most people who were being seriously exploited were employed by members of the indigenous Northern Irish population - People’s vulnerability to exploitation through forced labour was more likely to be associated with factors such as an individual’s legal status, their English language skills, a lack of access to advice and information and an absence of appropriate community-based support networks. - Emphasis should be placed on raising awareness of the issue, identifying further examples of coercive and exploitative employment practices and providing support, advice and assistance to people who have been, and continue to be, subjected to forms of forced labour - The research on forced labour in Northern Ireland should be considered in conjunction with the recommendations contained in the 2010 report by the Anti-Trafficking Monitoring Group in order to ensure there is a co-ordinated and effective response to both trafficking and forced labour	Forced labour in Northern Ireland: exploiting vulnerability Forced labour in Northern Ireland: exploiting vulnerability	June 2011 June 2011

	• The NIC-ICTU should convene a working group within the trade union movement in Northern Ireland to raise awareness of forced labour issues and develop a programme of action to respond to the problem.		
Traveller Community: subject of hostility and discrimination in Ireland	• Discrimination has resulted in Travellers being ‘impoverished, under- educated, often despised and ostracised.’ • Socio-economic disadvantages are reflected in high levels of unemployment, low educational attainment and poor health. • Significant health inequalities exist in the Travelling community both in the North and South of Ireland. • Travellers have significantly poorer health status than the general population, particularly in terms of mortality, life expectancy, higher burdens of chronic diseases, higher rates of non-accidental injury and higher measures of risk factors, such as smoking, high blood pressure, cholesterol and dietary consumption of fried food. • Poor living conditions affect Travellers ability to access services. • The indigenous minority Travelling community experiences wide ranging inequalities including inequalities in accommodation and		

	educational attainment		
Lack of understanding of the size of the migrant Roma population resident in the United Kingdom (UK): and a parallel lack of awareness of the significant issues and experiences faced by members of this community across the country.	• As of 2012 there are at least 197,705 migrant Roma living in the UK with • 500 in Northern Ireland. • The data indicates that the population of migrant Roma is predominantly urban and located in existing multi-ethnic areas. • The estimate of approximately 200,000 migrant Roma individuals is similar in number to projections for the population of indigenous Gypsies and Travellers in England and Wales which is estimated to be between 200,000 – 300,000 individuals. • Authorities reported that the main way they came into contact with Roma was through educational issues/children's services. • Levels of mobility within migrant Roma populations were commonly reported as high. • Migrant Roma were often seen as arriving with varied and complex needs. • Local authorities reported that they found catering for the diversity and complexity of needs challenging. • Need to develop a better understanding of migrant Roma communities, their culture and needs.	Report to estimate the population of migrant Roma in the UK and document some of the experiences local authorities and key partners have when working with members of these communities http://www.shusu.salford.ac.uk/cms/news/article/?id=51 The report from the University of Salford's Sustainable Housing & Urban Studies Unit (SHUSU), is based on a survey of all UK local authorities and interviews with professionals in selected case study areas.	Oct 30, 2013

	• Need for more colleagues to be employed for hands on multi-agency support with Roma families to gain their trust and help them access what is open to them i.e. accompany them to meetings, • Need for greater support in relation to language and interpretation. • Multiple recommendations also occurred on the development of migrant Roma communities themselves (nine occasions), myth busting and improving community relations (seven occasions) and the importance of partnership working (thirteen occasions). • A wealth of detail was supplied in the recommendations, more than in any other open question, but the majority of comments were characterised more by pleas for support than examples of good practice, suggesting a strong demand from local authorities for help in working with migrant Roma communities.		

Service provision for BME carers can only improve if significant improvements are made in the current levels and quality of ethnic monitoring and consultation: The situation of circumstances of BME carers in NI and in specific Trust areas should be monitored henceforth through further ongoing research.	• A need for increased English language tuition for BME carers, in tandem with the need to provide language and cultural awareness training available for frontline staff and relevant healthcare personnel. • The need to build and develop enhanced networks of support for minority ethnic carers – and also for the BME Carers Strategy Group to look at the ways of enhancing its own support networks and exchanging best-practice models through linkages with other agencies in the UK. • A need to address and prioritise specific supports for minority ethnic carers, with issues of access to services and integration of important elements to be considered. • Recommended that the programmes and initiatives developed would provide ways of meeting identified needs • Best Practice models to be exchanged with other organisations in the UK e.g. study visits and networking events.	Minority Ethnic Carers in Northern Ireland – A Report (Dr Cathal McCabe) – Commissioned by the Regional BME Carers Group – a sub-group of the Regional Minority Health and Social Wellbeing steering group. Minority Ethnic Carers in Northern Ireland – A Report (Dr Cathal McCabe) cond	May 2016 May 2016
Challenges the many ‘myths’ about migrants that are damaging, false and unjust	• Non-UK and Ireland migrants constitute 4% of the Northern Ireland workforce. • In terms of accessing healthcare in Northern Ireland, under current legislation only people who are	Challenging racism: ending hate *Dr. Richard Montague and Prof. Peter Shirlow).*	

	‘ordinarily resident’ in Great Britain or the Channel Islands and who have been living legally in the UK for 12 months are entitled to receive free healthcare. • The family and dependents of ‘ordinarily resident’ migrants are entitled to free healthcare services like anyone else. • Migrants tend to be young and healthy and therefore less in need of medical care. • The cost of temporary migrants using the Health Service amounts to around 0.01% (£12m) of the £109 billion NHS budget. • The Health Service has also benefitted from the skills and experience of highly-skilled doctors and nurses from India and the Philippines ‘- as such you are much more likely to have a migrant worker caring for you.		
Black and minority ethnic experiences of mental health and wellbeing Northern Ireland	• Race Equality Strategy needs to include indicators of accountability in health which ensures individuals from BME backgrounds are prioritized in both mainstream and specialist health care. • Must be commitment to improve service delivery and secure, long-term funding of service and research initiatives • Projects should be developed within	‘Walking this thin line’ - Black and Minority Ethnic (BME) Experiences of Mental Health & Wellbeing in N. Ireland (Katy Radford, Brendan Sturgeon, Isabella Cuomo and Olivia Lucas - Institute for Conflict Research).	December 2015

	and through community based organisations that focus on policy development appropriate to the changing needs of such a diverse population. • Need for a more robust system of mandatory ethnic monitoring that records any multiplicity in ethnicity, faith, gender, sexual orientation, age, and country of origin of patients and services providers. • Service providers must ensure they are readily available, emotionally and mentally, to help someone with differing cultural beliefs and to aid them in finding the best care plan for their specific needs • Services must incorporate an understanding that considers cultural and ethnic pluralism and important social and economic determinants contributing to an individual’s mental health and wellbeing • Patients must have a more active role in developing either a prevention or recovery plan. • Information in other languages on services, self-care and self-help must be easily accessible for anyone who might need it. • Easily accessible services for those who are destitute or contemplating suicide and do not speak English is		

	strongly needed in Northern Ireland.		
Brexit: DoH and its Arms-Length Bodies (ALBs) which includes HSC Trust are required to develop Business Continuity Plans (by 31st March 2018) to ensure services can continue to operate on Day 1 following EU Exit and in the longer term whilst ensuring that there is no or minimal disruption to services.	• DoH and ALBs are required to identify and analyse all areas of policy/service provision to understand the potential impact on day1. DoH is planning against a 'No Deal' scenario which would have implications for the land border between the UK and the RoI. • DoH priorities highlighted as requiring delivery planning include workforce and cross border healthcare. • The Great Repeal ensures that existing EU Directives/Regulations will transfer on Day 1 thereafter there is potential for divergence.	Brexit : Day 1 EU Exit Scoping Exercise – DoH and all Arms-Length Bodies Delivery Planning	March 2018
Together Building a Unit Community: Executive's Strategic Framework for Improving Good Relations (S75 (ii))	• The Strategy is based on 4 key priorities: ○ Our Children and Young People - Improve attitudes amongst our young people and create a community where they can play a full and active role in building good relations; ○ Our Shared Community - Create a society where division does not restrict life opportunities of individuals and all areas are open and	**TBUC**	Published May 2013

	accessible to everyone; ○ Our Safe Community - Progress further towards a community where everyone feels safe and where life choices are not inhibited by fears around safety; ○ Our Cultural Expression - Promote a society where mutual respect and understanding is strengthened by diversity and cultural expression is celebrated and embraced. • Good Relations Indicators: ○ % of young people who regularly socialise or play sport with people from a different religious community. ○ % who think that leisure centres, parks, libraries and shopping centres in their area are ‘shared and open’ to both Protestants and Catholics. ○ % of people who see town centres as safe and welcoming places for people of all walks of life. ○ % of Protestants who think that their cultural identity is respected by society ○ % of Catholics who think that their cultural identity is respected by society.		

Humanitarian effort to resettle vulnerable Syrian people in the UK: The people who are to benefit from this will be granted humanitarian protection status.	• Since December 2015 when the first group comprising of 10 families, consisting of around 50 individuals, arrived in Northern Ireland and housed in the Belfast area, there have been other groups arriving since. • A second group arrived in late April 2016 and were located in Derry, and a third group that arrived around late June 2016 was located in the Craigavon area. A fourth group arrived end of August 2016 and were located across the BHSCT, SEHSCT and SHSCT areas. • There have been on-going operational meetings involving Council, Trust and Departmental staff. • These individuals have complex health and social care needs – this has been challenging but rewarding work. • Without exception all Trusts have responded willingly and with immense enthusiasm to ensure that Health and Social Care has been prepared to receive each of the groups and support them thereafter to meet their very complex Health and Social Care needs. • This co-ordinated approach, which has included primary care, has been hugely significant in the successful	Vulnerable Person’s Relocation Scheme	

	resettlement of the refugee families. - Latest update February 2018: The next group of Syrian refugees arrived February 2018. As per normal process they travelled from the airport to the 'Welcome Centres' in Belfast and remained in the Welcome Centres until they were transported to their new addresses following assessment. Altogether there are 18 family groups and 1 individual – 81 individuals with 41 adults and 40 children. At the time of this update, the Department of Communities was in discussion with the Home Office about a further 3 family groups who may be travelling on the 7.02.18 to reunite with families who are already living in NI but this has not been confirmed.		
Financial Constraints: Lack of resources for interpreting and translations	- Need for funding for Interpreting and Translation services was the most pressing issue for service providers. - Need for strategic planning. - Predict future trends.	The Health of BME - King's Fund, London Philomena de Lima *et al*. A Study of Migrant Workers in Grampian - Communities Scotland	March 2001 2007
Influence of folk religion: confidence in herbal treatment	- Mixture of herbal treatment and GP prescriptions	Pre-consultation with BME representatives	October 2010
Ethnic Monitoring - transient and ever changing profile of migrant workers make it difficult to plan services	- A proper system of ethnic monitoring will allow service providers to: highlight possible inequalities; investigate their	The Health of BME - King's Fund London OFMDFM Race Equality	March 2001 2005-2010

	underlying causes; and remove any unfairness or disadvantage. • Consider ways of reaching under-represented groups and make sure those services are relevant to their needs and are provided fairly. • Lack of accurate statistics.	Strategy 2005-2010 New to Northern Ireland - A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland	October 2010
Mainstreaming - is the key to ensuring equality of services	• Mainstreaming involves the application of equality proofing, guidelines, participation of groups experiencing racism, positive actions, data collection, proactive monitoring and impact assessment. • Bi-Lingual BME Advocacy Workers – Social Worker, SW Assistant, Community Development Worker, Family Support Worker, Therapists, Counselors. • Welcome differing cultures and minority ethnic groups. . • The issues and needs of minority ethnic people in the area of mental health. • The employment rights and protection from harassment of overseas nurses working in the health sector. • Identify any gaps in information and service provision and produce an Action Plan which will address immediate, medium and long term needs.	OFMDFM Race Equality Strategy 2005-2010 Audit of Unmet Need Armagh and Dungannon area Programme for Cohesion, Sharing and Integration (CSI)	2005-2010 April 2007 September 2010
Employment: Lack of recognition of qualifications obtained abroad	• Migrant workers tend to be working in occupations well below their	The Health of BME - King's Fund, London	March 2001

	actual level of skills and experience - working conditions Health and safety issues leading to higher mechanical injuries • Employment is a key driver of economic and social wellbeing and presents one of the key routes to social mobility and inclusion. Health and social care is fundamental to a person's quality of life and well-being. • The Border and Immigration Agency is the public authority responsible for enforcing the immigration laws and is the best source of information and guidance about them.	A Unified Guide to Promoting Equal Opportunities in Employment - ECNI Life as a Stranger - The personal stories of Migrant Workers to Northern Ireland (Zachlebem) - NICEM Racism and the Recession - Unison Statement on Key Inequalities in Northern Ireland - ECNI **Border & Immigration Agency's website: www.bia.homeoffice.gov.uk**	March 2009 September 2010 2009 2009 October 2007
Multi-agency partnerships between indigenous and minority ethic and migrant worker communities: to address the specific needs of the young people in those populations. E.g. C&B Interagency Migrant Workers Support Group and the Southern Area Race Equality Forum.	• A Ministerial Panel chaired by OFMDFM, Ministers, key statutory and community partners • A Senior Officials Steering Group An Advisory Panel • A Funders Group OFMDFM	Programme for Cohesion, Sharing and Integration (CSI) **Promoting respect** for newcomers, Irish Travellers and children from the Roma community is a particular priority for OFMDFM	September 2010
Procurement: equality clause which places the onus on suppliers to meet obligations under S75.	• The Central Procurement Directorate within the Department of Personnel includes an equality clause which places the onus on	Programme for Cohesion, Sharing and Integration (CSI)	September 2010

	suppliers to meet obligations under S75. • The CPD also continues to work with the Construction Industry Forum NI to bring forward proposals that address the issue of Migrant Workers to ensure their fair treatment.		
Lack of clear guidance and policies in place to support migrant, asylum seeking and refugee children: Different interpretation or application of guidance leading to uncoordinated practice.	• Strategic leadership is required to influence policy development and oversee effective planning of services. • There is a need for an information hub, to map existing resources, offer a signposting service, collate evidence of good practice, be alert to emerging trends and support the implementation of strategic plans. • A network of practitioners should be developed to include all practitioners from the public and voluntary sector who work with migrant, asylum seeking or refugee children and would encourage information sharing, confidence building and advocacy. • The increased risk of mental illness among child asylum seekers in NI has been highlighted by NICCY 2008. • Front line workers felt that they could only have a limited impact if their organisation did not provide strategic leadership. Interagency	New to Northern Ireland - A study of the issues faced by migrant, asylum seeking and refugee children in Northern Ireland	October 2010

	work vital to meet the needs. - Diversity and cultural awareness training is required focusing on these groups of children. - Cultural issues were identified that potentially inhibit access and uptake of services e.g. weaning and feeding practices, child rearing practices. Post-natal depression and social isolation are a particular issue for mothers while speech and language needs, developmental concerns and child protection issues for children.		
Race equality audit: identified key areas for consideration	- How the organisation formulates, deploys, reviews and turns policy into strategies, plans and actions. . - Service delivery and development if a key aspect of any public authority's commitment requirements and challenges. - Community participation and planning are key components to building relationships between excluded groups and organisations. - Positive action initiatives to employment, acknowledge the presence of disadvantage and discrimination to redress the imbalances - Organisations should deploy all their human resources in a way that supports racial equality policies and plans. Organisations can then	Race Equality Audit for Northern Ireland - NICEM Pre-consultation with NICEM 11.10.10	2004 2010

	assess their policies for recruitment, training, review and promotion of all staff. • Demonstrating racial equality in our communications in content, style and approach is essential to successful interactions.		
Issues raised by local BME representatives: in the Southern Trust area	• Health information for travellers should not be in written form and should be culturally sensitive as not all Traveller families are the same. • Service providers need to be aware of group cultural differences and cultural needs. • Receptionists act as gatekeeper to services and training was needed on staff attitudes. • Promote participation by training community and voluntary groups on how they can influence the Trust decision making process. • Volunteers and health mentors needed from the Travelling community. • Need for Bi Lingual Speech Therapists and Psychologists, Counsellors. As these services do not work through Interpreters. • Illegal immigrants not entitled to register with GP. • Older BME communities have multiple disadvantages. They come here to look after grandchildren, no English language, socially isolated.	Pre-consultation with local BME representatives in the Southern Trust Area 14.10.10	2010

	• Still births, no Islamic services, very Christian, more need for minority chaplains		
Findings of a research study on the economic, labour market and skills impacts of migrant workers in Northern Ireland.	• Assessing the impacts of migrant workers on regional economies is challenging. • Important that policy attempts to study the recent impact and considers the likely future impact of migrant workers. • Migrant workers in Northern Ireland have made a significant positive contribution to the NI economy, filling labour shortages during a 'golden era' period for the economy (when unemployment was at a historic low and the majority of non-employed natives were not applying to work in the jobs migrants were taking) and bring a strong work ethic welcomed by their employers.	The Economic, Labour Market and Skills Impact of Migrant Workers in NI (DEL)	December 2009
Key elements of demographic change: migrant workers have made a significant positive contribution to the Northern Ireland economy.	• Almost 110,000 international migrants are estimated to have arrived in Northern Ireland between 2000 and 2009. • In 2009 the total number of new GP registrations in Northern Ireland from outside the UK was 12,700 people. • The fiscal impact of international migration on public services is complex, with statistical data being either absent or inconclusive.	Migration in Northern Ireland: A Demographic Perspective - Northern Ireland Assembly	June 2011

	- Cost occurred when migrants utilise health and social care services is only one part of the equation and set against this are the benefits accrued from employing overseas doctors and nursing staff in local hospitals and clinics. - In oral evidence to the House of Lords Select Committee, Dr Borman of the BMA explained: “Migrants are carrying their primary qualifications and their expertise to the United Kingdom effectively for free. It costs in the order of ... a quarter of a million pounds to qualify a doctor within the United Kingdom medical school system and clearly, having a doctor who has qualified abroad, bringing those qualifications means a net gain to the United Kingdom” (p.37).		
Women from certain migrant and minority ethnic groups, including Travellers are more likely to have maternal ill health and be at higher risk of poorer pregnancy.	- Immigration legislation and entitlement to health services in NI is complex and poorly understood by health care professionals and minority ethnic/migrant individuals. Access to maternity services – lack of awareness of local health system; fear and confusion of entitlements, difficulty in registering with primary care services, different expectations of healthcare – newer migrants and those not entitled to services are disproportionally affected. - There is evidence to suggest that	Scoping report of maternity needs of minority ethnic and migrant women in Northern Ireland. (Commissioned by the Maternity, Sub-Fertility & Child Health Commissioning Service Team) Dr Jillian Johnston	26th June 2014

	minority ethnic and migrant women are more likely to book later in pregnancy after 10 weeks, less likely to take up antenatal screening and more likely to have certain conditions such as diabetes, obesity, cardiac disease, vitamin B deficiency and infectious disease such a tuberculosis, HIV, and hepatitis B virus. • Some minority ethnic migrant groups that have specific maternity needs are a higher risk of poorer maternity outcomes. These groups include Roma community, Irish Travellers, asylum seekers, failed asylum seekers, irregular migrants and refugees. • The Report recommends that the gap in monitoring information and policy issues is drawn to the DHSSPSNI who may wish to ask the OFMDFM monitoring group to consider.		

Religion

Equality/inequality issue	Policy/practice issues	Source of Evidence	Date
Promoting equality and diversity in delivery of services	- Many Jehovah's Witnesses reported experiencing stigmatisation for their refusal, on religious grounds, to accept blood-based treatments. - Encourage open consultation between staff and patients to identify and address the needs of different religious groups. - Dietary and clothing needs: Lack of appropriate meals in hospital settings (e.g. Halal or Kosher foods). Issues relating to modesty and the wearing of standard hospital garments. - Lack of specific care places for older people from minority religious groups.	Narrowing the Gaps Equality and Diversity - NHS	2008-2013
Chaplaincy and facilities for worship: Access to spiritual and religious care in hospitals, particularly for those of non-Christian faiths, is somewhat limited.	- Conduct an audit of places of worship in hospitals and other health care settings. More multi-faith prayer rooms in health and social care settings. Develop guidelines such as those produced by the Scottish Executive.	Weller *et al.* Religious and Spiritual Care in a Health and Social Care Context Sheikh, A Hospital Chaplaincy Units show bias towards Christianity	2001 2004

Attitudes and behaviour of staff.	- Staff training in religious equality. Continued emphasis on staff education and awareness programmes on the requirements of different faith groups delivered across H&SC, including primary, secondary and community.	Weller *et al.* (2001:71) Religious Discrimination in England and Wales, Home Office Research Study	2001
‘**Religion’ is a contested term:** in the sense that individuals and groups disagree over how and to whom it can be applied.	- Introduce clearer definitions and measurements of equality of religion and belief - Further analysis of datasets and studies - Commission mixed method research designed to gather new data on discrimination by, and towards, religious communities - Monitor the working of religious discrimination case law - Monitor and evaluate the impact of recent legislation relating to religion	‘Religion or Belief’ Identifying issues and priorities - http://www.equalityhumanrights.com/uploaded_files/research/research_report_48__religion_or_belief.pdf	2009
Zero tolerance approach: To all incidences of, and reasons for, attacks motivated by sectarian, religious, racist, or hate prejudice, including those on symbolic premises, cultural premises and monuments.	- In light of the economic challenges that we all face, we must address the issue of duplication in the provision of health and leisure services. - (14 of the 15 most deprived areas in Belfast are highly segregated). - Update the flags protocol which was established in April 2005 by OFMDFM.	Programme for Cohesion, Sharing and Integration (CSI) Faith and Human Rights	Sept 2010 NIHRC 2010
Judgment affecting employer	- This guide aims to help employers	Religion or Belief in the	2013

responsibilities for policies and practices affecting religion or belief rights in the workplace: also the rights of employees (including job applicants) and the rights of customers or service users.	understand the legal implications of the Court's judgment. - Specifically addresses laws to protect rights to religion or belief.	Workplace - http://www.equalityhumanrights.com/uploaded_files/RoB/religion_or_belief_in_the_workplace_an_explanation_of_recent_judgments_final.pdf	

Sexual orientation

The table below attempts to summarise issues highlighted in some of the more recent literature relating to sexual orientation, published since 2005. It is not the result of any systematic literature searches nor does it critically review any of the sources.

Equality/inequality issue	Policy/practice issues	Source of Evidence	Date
Atmosphere and culture of discrimination, homophobia and heterosexism (language, jokes, comments, graffiti): 40% in public sector had experienced negative comments about LGB by colleagues; 15.1% directed at them; 21.6% banter	• Zero tolerance policy regarding homophobic bullying and harassment; clear message to all staff on what constitutes inappropriate behaviour and to managers about their responsibilities. • Use neutral language in communication • Training (building capacity and confidence to challenge inappropriate behaviour). • Conduct research on perceived conflicting freedoms. • The LGB&T sector, in partnership with Trade unions, should develop detailed LGB equality and diversity workplace guides. These guides should include information and advice regarding; the establishment	British Medical Association (BMA): Sexual Orientation in the Workplace NHS Scotland: Fair for All – The Wider Challenge. Good LGBT Practice in the NHS. Stonewall Hansson, Ulf, Hurley-Depret, Molly, and Fitzpatrick, Barry: Equality Mainstreaming. Policy and Practice for LGB People - Institute for Conflict Research Hunt, Ruth, Cowan, Katherine and Chamberlain, Brent Being the Gay One: Experiences of Lesbian, Gay and Bisexual People Working in the Health and Social Care Sector. Stonewall BMA: A Celebration of Lesbian, Gay, Bisexual and Transgender Doctors' Contribution to the NHS:	2005 2006 2007 2007 2009

	of LGB&T network support groups, anti homophobic bullying policy guides, guides on how to monitor the sexual orientation of staff and equality and diversity statement and policy guides. • The LGB&T Sector should develop Sexual Awareness Training to be delivered to employers that includes best practice advice on why LGB equality should be implemented in the workplace and how it should be done; including roles and responsibilities of line managers, senior managers and staff. • The LGB&T sector, supported by government and in partnership with the Equality Commission for Northern Ireland (ECNI), should design and develop an online advice and assistance ‘toolkit for employers’ which gives advice and assistance on how to implement LGB equality in the workplace. • The LGB&T sector, in partnership with ECNI should develop a Northern Ireland	a Collection of Members’ Experiences. London McDermott: Through our eyes. Experiences of Lesbian, Gay and Bisexual People in the Workplace. Belfast Ellison, Gavin and BrionyGunstone: Sexual Orientation explored: a study of identity attraction, behaviour and attitudes in 2009. Manchester: EHRC	 2011 2009

	specific LGB&T Workplace Equality Index, similar to Stonewall UK's model, but relevant to the experiences and realities of workplaces in Northern Ireland. • Employers should review, renew, or develop, robust equality and diversity policies and practices throughout their organisation. This should include an Equality and Diversity Statement, Policy and Action Plan, Anti-Bullying and Harassment Policy, family friendly policies, network support groups and monitoring policy. • General lack of recognition of domestic violence amongst same-sex couples.		
Lack of confidence in reporting and disciplinary procedures: 66% of LGB people who made a complaint were unhappy with outcome; 26% of LGB people in public sector not comfortable approaching managers if bullied; 15% not confident they would be supported.	• Confidential reporting process to protect individuals not out. • Create support systems (through unions, associations, staff networks). • Communicate rights of LGB staff with payslips or information leaflets.	BMA Hansson *et al.* Hunt *et al.* *McDermott*	2005 2007 2007 2011
Lack of visibility of LGB people in the health and social care.	• NHS to acknowledge its LGB staff, create a safe environment (peer support, mentor system, highlighting	BMA NHS Scotland	2005 2006

	successful careers, role models, display of positive posters, information leaflets targeted at LGB staff and identified contact person for LGB issues). • Create support systems (through unions, associations, staff networks). • Monitoring – collect data on LGB employees and their experiences in tandem with creating safe space to disclose. • Work-life balance policies need to explicitly state that they apply to LGB people also; harassment and bullying policies to be specific about homophobia. • develop or review family friendly policies (as to flexible leave, same sex adoption leave, maternity/paternity leave) and partner/civil partner benefits • Negative impact on delivery of services • Preventative public health messages only target heterosexuals.	Hunt *et al.* BMA Discussion with Rainbow Discussion with Strabane and Lifford LGBT Group McDermott	2007 2009 2011
Reluctance to disclose sexual orientation to GPs: delays in seeking care due to fear of attitudes and discrimination.	• Require GP practices and hospitals to develop and prominently display equality	BMA NHS Scotland	2005 2006

	policies explicitly including sexual orientation. • Guidelines for GPs and hospitals about confidentiality and patient notes. • Display positive images of gay couples in appropriate settings. • Booklet for GPs how to sensitively and effectively communicate with LGB people. • 5 Steps for GPs: Stay Informed about LGB health issues – Don't assume all patients are heterosexual (using open language) – Respond positively when patients disclose – Be aware and challenge anti-LGB bias – Demonstrate that your practice is inclusive of LGB people (language, LGB leaflets/posters, include LGB in general health info,) • Concern that GPs are not covered by Section 75.	Hansson *et al.* Discussion with Rainbow Allen, Odhran: Lesbian, Gay & Bisexual Patients: The Issues for General Practice.	2007 2008
Specific needs for mental health services: (higher incidents of eating disorders and self-harm, higher alcohol consumption, drug use, smoking – often in response to experience of homophobia).	• 44% LGB&T smoke vs. 24% in NI population • 91% LGB&T drink alcohol vs. 74% NI population, women more than men (reverse in NI population) • 57% drink to hazardous level	Hunt, Ruth and Minsky, Adam: Reducing Health Inequalities for Lesbian, Gay and Bisexual People: Evidence of Health Care Needs. Stonewall Discussion with Strabane and	2006

	vs. 24% adults in England • 3x as likely to have taken illegal drug (LGB&T 62% vs. NI population 22 • Comprehensive health strategy for LGB people, taking account of multiple identities. • Where appropriate, GPs can play positive role by screening LGB patients for mental health and suicide risk factors • Improve evidence base • Public health campaign to target LGB people • Develop gay-friendly venues outside drinking establishments • Train addiction service providers on LGB issues • Develop LGB affirming addiction services • Steering groups for drugs and alcohol to include LGB representation	Lifford LGBT Group Allen Rooney, Eoin: All partied out? Substance use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community. Belfast: The Rainbow Project.	 2008 2012
Persistent omission of sexual orientation from mainstream research and data gathering: re service provision e.g. older people's services.	• Sexual identity needs to be recognised as a significant factor influencing access to use of health services. Needs to be included in research and data gathering.	Don't Look back? Improving Health and Social Care for Older LGB Users - Equality and Human Rights Commission (England)	2011

Lower participation in cancer screening.	• Comprehensive health strategy for LGB people, taking account of multiple identities.	Hunt *et al.* Discussion with Strabane and Lifford LGBT Group	2007
Negative experiences of health services.	• Raise awareness of staff about need for neutral language; booklet for GPs how to sensitively and effectively communicate with LGB people; challenge inappropriate language. • Training (building capacity and confidence to challenge inappropriate behaviour), developed in collaboration with LGB groups, possibly focus on team leaders first. • Require GP practices and hospitals to develop and prominently display equality policies explicitly including sexual orientation. • Guidelines for GPs and hospitals about confidentiality and patient notes. • Display positive images of gay couples in appropriate settings. • Build on existing partnerships to engage closely with local LGB groups to identify areas for change and support for raising complaints. • Service providers to find out	BMA NHS Scotland Hansson *et al*. Discussion with Strabane and Lifford LGBT group	2005 2006 2007

	about local support groups and services for signposting to LGB service users. - Start monitoring in small service areas and expand to all services over time; publish monitoring results and demonstrate impact of monitoring on service improvement. - Consider introducing champion (with specialist knowledge).		
Reluctance to raise a complaint.	- Address LGB issues in induction training for newly appointed doctors. - Mandatory training for staff. - Participation in LGB awareness raising to be part of Continuing Professional Development.	NHS Scotland Hansson *et al.* Discussion with Strabane and Lifford LGBT group	2006 2007
Monitoring: Disclosure requires safety and protection against discrimination.	- Many consider “sexual orientation “to be more private than other characteristics. - Needs to be sure that information will remain anonymous and confidential. - Organisations need to prepare the ground for monitoring through consultation and communication with their workforce and users - Need to develop culture where an exchange of information	Improving Sexual Orientation Monitoring - Equality and Human Rights Commission (England)	2011

	between organisations, their staff and their service users is understood to have benefits for all. Anonymity and confidentiality is critical in this area. - Good examples of monitoring questions that facilitate disclosure.		
LGB&T people are 3 times more likely than the Northern Ireland population to have tried an illegal drug in their lifetime: while 91% of LGB&T community drink alcohol compared with 74% of the Northern Ireland population	- Addiction service providers should monitor the sexual orientation of clients - Public health campaigns on substance abuse should target the LGB&T community. - Addiction service providers should receive training in LGB&T issues - Service providers should advertise the fact that they are LGB&T friendly.	All Partied Out – Substance Abuse in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community - http://www.rainbow-project.org/assets/publications/All%20Partied%20Out.pdf	2012
Experiences of people with disabilities who identify as lesbian, gay, bisexual and transgender people: living in Northern Ireland	- Awareness raising - Relationship and sexual education - Statistics and data collection - Ensuring Equality of Service	Multiple identity; Multiple Exclusions and Human Rights - http://www.rainbow-project.org/assets/publications/Multiple%20Identity%20Multiple%20Exclusions%20and%20Human%20Rights.pdf	2012
Action plan developed to help promote informed choice in cancer screening in Northern Ireland: Actions relating to each of the cancer screening programmes are followed by actions relating to the specific population groups	- Informed choice in cancer screening should be promoted through groups representing the LGBT population. Rainbow, NI Gender Identity Service	Informed Choice Action Plan	2013

Findings of the largest study of the mental health and wellbeing of trans people in Ireland.	• Training for all staff and managers on working with trans people • Greater investment in research around trans mental health • Enhanced collaboration between community organisations and mental health services • Investment in suicide prevention research, campaigns and interventions • Exploration of alternative trans health care models, focusing on informed consent, in line with other international health services	Speaking from the Margins: Trans Mental Health and Wellbeing in Ireland -Transgender Equality Network Ireland (TENI)	2013
Sexual Orientation Strategy: to provide an overarching strategic policy framework within which departments, their agencies and other relevant statutory authorities will develop actions to tackle discrimination, address specific inequalities and promote equality of opportunity for lesbian, gay and bisexual (LBG) people.	• To promote an environment free from harassment and bullying and to tackle homophobia in all forms including violence and abuse. • To promote equality of opportunity for LGB people.	Report on consultation to develop a Sexual Orientation Strategy -Office on First Minister and Deputy First Manager (OFMDFM)	June 2015
Experiences of 16-21 year old people who are Lesbian, Gay, Bisexual and/or Transgender (LGBT):	• Increased visibility of LGB&T Issues e.g. providing a more welcome environment for students with more visibility of the issues impacting on them within school. • Making schools safer and more welcoming e.g. making	Post-Primary School Experiences of 16-21 year old people who are Lesbian, Gay, Bisexual and/or Transgender (LGBT) -Public and Corporate Economic Consultants (PACEC)	2017

	communal spaces safer for LGB&T young people e.g. corridors, playgrounds. • Training and guidance for teachers and schools e.g. hold special assemblies which discuss LGB&T issues. • Teaching and learning e.g. sexual health education needs to be reformed to provide relevant, factual and informative sessions for LGB&T pupils who need to understand issues related to sex and health.		
Homophobic bullying at school: access to support networks, lack of positive role models.	• Even less likely to be out to GP for fear of disclosure to family; might be more likely to attend STI clinic.	Hansson *et al.* Hunt *et al.* Allen	2007 2007 2008
Society and health messages assume LGB people are young and active: older people concerned about provision of social care (more likely to live alone and without children; concern about access to appropriate care).	• Actual or fear of discrimination and negative treatment. • LGB specific HSC issues. • Often invisible and assumed heterosexuality. • Need for affirming environments to ensure older LGB people are comfortable to disclose their sexual orientation. • Service providers need to recognise families of choice and involve in consultations	Hansson *et al.* Hunt *et al.* Primrose Musingarimi Older Gay, Lesbian and Bisexual People in the UK. A Policy Brief. London: ICL-UK Don’t Look Back? Improving Health and Social Care for Older LGB Users - Equality and Human Rights	2007 2007 2008 2011

	about care. - Direct Payments. - Proper provision of care and support to older people should become a key indicator of how well HSC agencies engage with minority groups and deliver non discriminatory services. - Need to ensure that LGB older people are involved in the planning of services. Engage with LGB users as “Experts by experience”.	Commission (England)	
Some cohorts experienced severe oppression by institutions hence aversion to accessing services: Greater fear of safety of home being invaded if care provider is homophobic.	- In comparison to younger LGB people less experience of LGB community. - Older LGB people may feel that organisations providing support to LGB people are less in tune with their particular needs. - Main themes of research on experiences of older LGB: discrimination and anticipation of neg. treatment due to experience; invisibility and assumed heterosexuality (diversity addressed less so in training for older people services; general reluctance to raise issues of sexuality with older service users; very limited understanding);	Primrose Musingarimi Health Issues Affecting Older Gay, Lesbian and Bisexual People in the UK. A Policy Brief. London: ICL-UK Primrose Musingarimi Social Care Issues Affecting Older Gay, Lesbian and Bisexual People in the UK. A Policy Brief. London: ICL-UK Heaphy, Brian, Yip, Andrew and Thompson, Debbie Lesbian, Gay and Bisexual Lives over 50 - Nottingham Trent University, Department of Social Sciences Ward, Richard and Stephen Pugh	2008 2008 2003 2010

	specific health issues (mental health, HIV, vulnerability, dementia care, end of life care and bereavement care, LGB carers) - Estimate of 23,600 older LGB in NI (women 60+ men 65+) - Initial assessments of needs do not consider sexual orientation - Rural care home providers in particular concerned about reaction of residents, families and staff - Staff not specifically equipped for addressing needs of LGB people - Lack of links between homes and LGB community; staff lack knowledge of community support - Specifically address sexual orientation in guidance / education / training / surveys / monitoring - HIV infection programmes to target older gay men - Resource packs for professionals in care homes - inclusive planning – annual roundtable	and Elizabeth Price: Don't look back? Improving health and social care service delivery for older LGB users. Manchester: Equality and Human Rights Commission The Rainbow Project & Age NI: Making this home my home. Making nursing and residential more inclusive for older lesbian, gay, bisexual and/or transgender people. Belfast: The Rainbow Project & Age NI	2011
NINGO Alternative Report: informed by a series of consultation workshops conducted with a wide range of NGOs and children across NI	- Take action to end inequalities in children's health and access to health services in NI,	NI NGO Alternative Report -Children's Law Centre and Save the Children NI	June 2015

between November 2014 and March 2015 and an online survey of 752 children.	particularly through reducing child poverty. • Investigate the reasons behind the increase in suicide amongst children in NI and put in place specific, fully resourced measures to prevent suicide amongst children. • Fully investigate the relationship between substance misuse and children's mental ill-health and ensure adequate support services are in place across NI. • Ensure that all children with mental ill-health and/or learning disabilities have equal access to robust, children's rights compliant legislative protections and safeguards which will meet their needs and realise their rights. • Urgently address the underfunding of CAMHS, ensuring that adequate funding is allocated to CAMHS provision which will meet the needs of all children at all levels including in schools, in the community, in transitioning to adult services and through the provision of services not currently available to children in NI. • Prioritise research to identify the		

	causes of children's mental ill-health in NI, including the legacy of the conflict, the experiences of vulnerable groups and a lack of opportunities ; take proactive measures to address the causes of mental health conditions and meet the needs of children at the earliest possible opportunity. • Put in place a comprehensive regional framework for CAMHS, including transition, which has the best interests of the child as the primary consideration and ensures all services are available to all children.		
Lesbian women even less visible than gay males: Less research on lesbian women than gay men.	• Debate around higher risk of breast cancer (due to smoking and poor diet; less likely to have children). • Specific health issues relating to fertility, pregnancy, sexual health, mental health; weight issues, eating disorders, relationships, smoking/drugs/alcohol abuse. • Generally unhappy with level of service received. • Lack of dedicated counselling service for lesbian and bisexual women. • Access services less frequently	BMA Hunt *et al.* Marie Query Invisible Women. A review of the impact of discrimination and social exclusion on lesbian and bisexual women's health in Northern Ireland Lesbian Advocacy Services Initiative (LASI) Fish, Julie: The UK Lesbians and Health Care Survey – A summary of findings.	2005 2007 2007 2007

	than other women including lower uptake of cancer screening • 2-3 times more likely to attempt suicide; higher levels of self-harm; 1 in 2 chance of mental illness at age of 16 in NI. • Service providers are often misinformed and under informed about lesbian health issues. • US lesbian women have higher prevalence of overweight and obesity than other females • Research on health needs and health care experience of lesbian women. • Include information specifically for lesbian service users to address misconceptions about ‘immunity’ in follow up letters. • Develop health strategy for LGB people (e.g. Australia, state of Victoria). • Make lesbian women and their families visible in health promotion campaigns. • Incorporate specific needs into undergrad and postgrad training. • Further research on specific groups amongst lesbian and bisexual women. • Establish dedicated resource	Hughes, Clare and Amy Evans: Health needs of women who have sex with women. BMJ Vol. 327, 939-940. Boehmer, Ulrike and Deborah J. Bowen and Greta R. Bauer: Overweight and Obesity in Sexual-Minority Women: Evidence from Population-Based Data. American Journal of Public Health June 2007, Vol 97, No.6, 1134-1140.	2003 2007

	centre. - Weight reduction interventions targeted at lesbian women		
Bisexual men and women: differ from lesbians and gay men in their identity, behaviour, attraction and experiences of disadvantage	- Studies should report findings for bisexual people separately from lesbians and gay men	Ellison et al.	2009
Gay men concerns: about issues relating to mental health, sexual behaviour, safety, weight issues, eating disorders, lack of role models, and relationships, smoking/drug/alcohol abuse.	- Gay men at greatest risk of HIV infection; higher risk from sexually transmitted diseases. - Sometimes at higher risk (partly because they don't respond to public health messages, partly because of lifestyle and reaction to social issues). - Living with diagnosed HIV more common among Black men rather than other ethnic groups, men with lower levels of former education, men who have sex with men only rather than bisexual men, men who have more sexual male partners. - lower level of HIV testing of those resident in NI than England - GPs to encourage sexually active Men who have Sex with Men (MSM) to be screened regularly for STIs - GPs with a role to motivate patients to reduce risky sexual behaviours	Hunt *et al.* Weatherburn, Peter *et al.* Multiple Chances. Findings from the UK Gay Men's Sex Survey 2006 - Sigma Research Allen	2007 2008 2008
Representation of women in positions of	- Women are significantly under-	Review of Gender Issues in NI	2014

power in Northern Ireland: examines a selection of recent policy developments with regard to their impacts on women. •	represented in elected office, for example, women are 23.4% of MLAs, 23.5% of local councillors and 22.2% of MPs, although two of the three MEPs are women • Women are significantly under-represented on public bodies, 33% of all public appointments being women, but only 19% of chairs of public bodies • There is segregation in the workforce by gender, in some areas extremely segregated: • There remains a gender pay gap in favour of men, but this varies according to how it is calculated • There remains a lack of access to affordable quality childcare, which impacts primarily on women's access to employment To achieve better collection and dissemination of data • To achieve equal value for paid work and equitable participation in unpaid work • To actively promote an inclusive society • To achieve gender balance on	-NI Assembly	

	all Government appointed committees, boards and other relevant official bodies - To ensure women and men, including girls and boys shall have equal access to education and lifelong learning		
Informative and valuable insights regarding gender equality: at executive or senior level of the NI public sector.	- Recommendations include strategic, policy, process and data which look at establishing measurable targets, monitoring and reviewing progress against the targets and submitting annual monitoring returns on gender composition.	An Investigation of Gender Equality Issues at the Executive Level of the Northern Ireland Public Sector -University of Ulster Business School/Department of Accounting, Finance and Economics/OFMDFM	2016
Compared with lesbians, bisexual women were 64% more likely to report eating problems and 37% more likely to have deliberately harmed themselves than lesbians: Bisexual women were also 26% more likely to report depressed feelings and 20% more likely to have suffered from anxiety.	- Bisexual women may be more likely to experience social stress due to the 'double discrimination' of homophobia and biphobia. This stress, experienced mainly as internalized and felt stigma, could result in greater risk for poor mental health compared with lesbians. - Addressing both biphobia and homophobia within UK society has important preventative mental health implications.	Poorer Mental Health in UK bisexual women than lesbians -Journal of Public Health Researchers from the London School of Hygiene and Tropical Medicine report in an article published online in the Journal of Public Health:	2015
Baseline for gender equality at executive level within organisations which comprise the Northern Ireland Public Sector: to investigate barriers and enablers for achieving	- Gender imbalances exist at executive level in the Northern Ireland public sector.	Gender Equality at the Executive Level of the Northern Ireland Public Sector -Professor Joan Ballantine (Ulster	2012

gender equality at executive level of the Northern Ireland public sector.	• Large numbers opting out of career progression. • Low take-up of flexible work arrangements. • Different perceptions exist between males and females regarding some barriers, facilitators and policies and practices to improve gender equality. • Career progression opportunities not provided/fully understood by respondents. • Negative attitudes regarding gender culture still exist within the Northern Ireland public sector.	University) et al	
LGBT carers not being out can increase stress; oldest and youngest carers least likely to be out; motivation includes protecting those cared for, gaining legitimacy and preventing bad reactions	• LGBT parents can be excluded from mainstream LGBT networks or in turn devalue non-parents • familial responsibilities can lead to conflict with partners • dual stigma in cases where LGBT people are caring for person with HIV/AIDS	McGlynn, Nick, Bakshi, Leela and Kath Browne: Report on research about LGBT Carers. Count me in too – LGBT research information desk. Brighton	2010
People with disabilities are often considered to be asexual: many disabled LGB people have not received relevant sex education.	• Lack of appropriate information about sexual health and fertility issues.	Hunt *et al.* Department of Health: Disabled Lesbian, Gay and Bisexual	2007 2007

	- May encounter difficulties in accessing mental health services. - Difficulties in meeting other disabled LGB people. - Lack of acceptance in mainstream LGB scene. - main barriers re integration in LGB community are attitudes, lack of knowledge, poor accessibility of venues, lack of accessible information, lack of visibility, body-beautiful culture - lack of consideration of disability issues by LGB&T providers and of LGB&T issues by disability providers (voluntary sector)Need for clear policies and guidance and training for social care staff to offer appropriate support. - work with carers and parents about sexual rights - use wider range of images - statutory sector to promote equality in tendered services - review provision of relationship and sexual education and extent to which needs of disabled children who are LGB &T are met	People. Briefing 13 McClenahan, Simon: Multiple Identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action and Rainbow Project.	 2013
Experiences of lesbian, gay and bisexual people from black and minority ethnic communities	- Compared with white gay men, African-Caribbean men twice as likely to be living with diagnosed HIV: South Asian men less likely.	Department of Health: Lesbian, Gay and Bisexual People from Black and Minority Ethnic Communities. Briefing 12	2007

	- BME domestic violence service mainly targeted at meeting needs of heterosexual women. - BME LGB people even more likely to be victim of homophobic violence than white LGB people. - BME LGB people less likely than white LGB people to have considered suicide, possibly due to cultural and religious taboos. - LGB groups feel less confident themselves in meeting needs of BME (language barriers).	Discussion with Rainbow	
People in rural areas even less likely to be out to GP for fear of disclosure to community.	- Lack of research. - Rural isolation may compound minority stress and stress experienced by young LGB people	Hansson *et al.* Discussion with Strabane and Lifford LGBT group Allen	2007 2008

Please note the five Health and Social Care Trusts and the Northern Ireland Ambulance Service have developed a new equality action plan. Actions and priorities in this Plan have been informed by this audit of inequalities and wide consultation and engagement with an extensive range of stakeholders. Contact details for the Equality Leads in each of the organisations that have worked on this audit of inequalities and the equality action plan are provided below.

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