

Patient and Client Council

Your voice in health and social care

Equality and Disability Action Plans 2018-2023

Updated July 2022

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We will consider any request for this document in another format or language.

Please contact us at:

The Patient and Client Council
5th Floor, 14-16 Great Victoria Street
Belfast
BT2 7BA

Telephone
Carol Collins
028 9536 3995

Introduction

As Chief Executive of the Patient and Client Council I am committed to promoting equality and good relations. For people with a disability, we recognise that we have to do more to promote positive attitudes and to encourage their participation in public life.

We want to make sure we do this in a way that makes a difference to people. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from these plans in the yearly plans we develop for the organisation as a whole. These are called 'corporate' or 'business' plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our Equality and Disability Action Plans.

We will make sure we let our staff know of what is in our plans. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Carol Collins. When you have any questions you can contact her at:

The Patient and Client Council
5th Floor, 14-16 Great Victoria Street
Belfast
BT2 7BA

Telephone 028 9536 3995

Who we are

The Patient and Client Council is part of health and social care in Northern Ireland.

We were set up in April 2009.

What we do:

- Listen to and represent people's views
- Encourage people to get involved
- Help people to make a complaint
- Provide advice and information
- Research best methods to engaging the public in decision making

How people can be involved in our work

There are a number of ways in which people can be involved in the work of the Patient and Client Council.

We have staff travelling throughout Northern Ireland meeting people where they live and work. We tell people where we will be visiting on our website and social media.

We have a Membership Scheme which you can join. The Membership Scheme allows you to find out more about the work of the Patient and Client Council and help us to understand what you and other people think about health and social care issues.

We have a Facebook page which allows you to share your views and tell us what you think.

What the law says

The Patient and Client Council has to follow the law under **Section 75 of the Northern Ireland Act 1998**. It says that in our work we have to promote equality and good relations. We have to treat people fairly and based on their needs and to make things better for staff and people who use our services. It

also says that we have to build better relationships between different groups of people.

There are nine different equality groups that the law requires us to look at:

- Gender (and gender identities)
- Age
- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependants or not.
- There are three good relations groups we need to consider:
 - Religion
 - Political opinion
 - Ethnicity.

We also have to follow the law under the **Disability Discrimination (Northern Ireland) Order 2006**, which says that we have to:

- promote positive attitudes towards disabled people and
- encourage participation by disabled people in public life.

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities; autism; learning disabilities; mental health conditions; or conditions that are long-term. Some of these disabilities may be hidden, others may be visible.

Both pieces of legislation require us to develop an action plan: an Equality Action Plan and a Disability Action Plan. We have to send these plans to the Equality Commission for Northern Ireland and then report every year on what we have done.

How we reviewed our last plans and developed these new plans

In starting off to develop these plans we looked at what we have done so far to promote equality and good relations, to promote positive attitudes towards disabled people and to encourage their participation in public life. We asked all teams in our organisation to think through the following questions:

- What has worked well?
- What hasn't worked well?
- What lessons have we learned?
- Did we do what we said we would do?
- Has this made a difference for people in the way we thought it would?

For the new plans, we asked them to consider two questions:

- In your area of work, what are the key issues for people in the equality groupings?
- What can you do to address these issues?

We encouraged our staff to look at their experience and what people had told them in conversation.

We also learned from what we heard when we:

- held coffee mornings to talk with staff about issues important to those who have a disability and those who care for somebody who has a disability
- ran a survey with staff to find out what they think an Employer of Choice for people who have a disability or those who care for somebody with a disability looks like
- spoke with the members of our staff disability network to find out what we should do to promote equality for those who have a disability and those who care for somebody who has a disability
- together with our colleagues in the Health and Social Care Trusts ran an engagement event with people from different equality groupings to find out what they think we could do to better promote equality.

We also read up on what the Equality Commission says would be good to do. All this helped us think about what else we could do to make a difference.

We then consulted publicly on our draft plans. When we started the consultation we informed all consultees on our consultation list of the details of the consultation and how people could engage with us directly or respond in writing. We invited consultees to attend one of two consultation events, one in Belfast and one in Derry/Londonderry. In addition, we offered to meet in person with anyone preferring to do so.

We engaged closely with Tapestry, our Disability Staff Network, in the development of our Disability Action Plans. We likewise drew on our learning from a survey that we carried out with staff who have a disability or who care for somebody who has a disability. The survey focused on what would make an organisation an Employer of Choice for them.

What we have done so far

This is some of what we have done to promote equality.

- We produced a signposting resource for our staff. It provides information on support networks in the community for people from each of the nine equality groups. We update this resource every year.
- We put in place an Accessible Formats Policy; this policy relates to all of the nine equality groups including age, gender, disability, ethnicity, sexual orientation, political opinion, dependants, religion and marital status. It addresses specific needs in relation to sensory impairment, learning disability, sexual orientation, older people, younger people, translation and interpreting for minority ethnic groups and more general literacy levels that are of particular importance.
- We put in place a complaints support services for prisoners.
- Provided training to service users to help them better share their views with health and social care service organisations.

This is some of what we have done to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

- We have appointed two Disability Champions for the organisation.
- We employed a person with a learning disability.

- We have raised awareness with staff on specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks.

Promoting positive attitudes towards disabled people

- To date, we have held 11 disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing loss and deafness, Learning disabilities, Cancer, Arthritis and Musculoskeletal conditions, fibromyalgia, multiple sclerosis (MS), mild- moderate mental health conditions, and autism.
- We developed an e-learning resource on disability. It is available to all Health and Social Care staff. All our staff have been asked to complete the programme at induction.
- We include the disability duties in all Equality Awareness and Equality Screening Training that the BSO Equality Unit delivers.
- We have delivered training sessions on mental health awareness to our staff, including on mental health first aid, mindfulness and managing stress; and courses for staff who are carers.
- We developed a staff resource on disability etiquette, a resource and checklist on how to positively portray people with a disability in their work.
- We have checked our website to make sure it is accessible.

Encourage the participation of disabled people in public life

- We participate in a disability work placement scheme together with our Health and Social Care partner organisations. So far, the Scheme has provided between 5 and 15 placements for people with a disability in our organisations every year.
- We have developed standards and guidance for the involvement of people with a disability and a checklist for organising inclusive meetings.
- We have put in place a process for publishing screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing the quarterly screening reports.
- We developed a resource for line managers on reasonable adjustments for staff with a disability.

- We set up a disability network for our staff. Part of the role of this network is to raise disability issues with decision makers in our organisation.

What we have learned so far

Culture

Success in making a difference is based on getting staff commitment to engage on equality issues and helping them think in a different way.

Monitoring

Even with proactive encouragement, our staff seem reluctant to declare their disability. So we need to keep working on this, including trying to find out why staff do not declare their disability. We will work closely with our disability staff network on this.

Placements

We evaluated our placement scheme each year and made changes in the next year's scheme to improve the experience for participants. We will carry this learning into our new plan. Managers and staff who have been involved in the scheme to date have told us that they have gained a better understanding of disabilities through working side by side a person who has a disability. Many have been impressed by the attitude and performance of the individual on placement.

Awareness Days

We have found that attendance at awareness events is greatest when the subject is most relevant to staff. This can be because they have the condition themselves or they know or work with someone who has the condition. We will continue to ask staff which areas relating to disability they would like more information on.

Training

We have found that our e-learning training on Disability is a really useful resource to train our large numbers of staff. We have also found that sometimes we need to run specific training courses, for example on autism awareness or deaf awareness when the need is identified. We will continue to take this approach of a combination of e-learning and classroom based

training. People have told us that they take away a lot from sessions that are delivered by people with a disability themselves.

What is in the new plans

There are two separate tables below. The first table lists all the actions that we will do to promote equality and good relations. This is our Equality Action Plan. The second table describes what we will do to promote positive attitudes towards people with a disability and to encourage their participation in public life. This is our Disability Action Plan. In both plans we also say what difference we hope to make and when we will do these actions.

How we will monitor

Every year we write up what we have done. We also explain when we haven't done something. We send this report to the Equality Commission. We also publish this report on our website:

<http://www.patientclientcouncil.hscni.net/about-us/equality>

We have a look at the plans every year to see whether we need to make any changes to them. If we need to, we write those changes into the plans. Before we make any big changes we talk to people in the equality groupings to see what they think.

When we finish an action we take it off the plans for the next year. That way we will keep our plans up to date. They will show what we still have to do.

After five years we will look at our plans again to see how we have done. We will also see what else we could do.

Whenever we develop or look at our plans we will invite people who have a disability to help us.

The plans are also available on our website:

<http://www.patientclientcouncil.hscni.net/about-us/equality>

We send our plans to all organisations and individuals on our consultation list when we have finalised them and also when we have made major changes to them.

To find out whether what we do makes a difference, we will do a number of things, for example:

- For training and awareness events, we ask our staff about what learning they are taking away with them and what they may do differently as a result of what they have learned.
- We do a survey with people from a particular equality group after we have delivered an action targeted at them to ask whether they feel better supported as a result.
- We check summary figures to see whether, for example, more people from a particular under-represented group are availing of a service after promoting it to them specifically.

You can find further information on how we will monitor each action in the plans themselves.

Equality Action Plan 2018-2023: What we will do to promote equality and good relations

Actions Planned	Date for Implementation	Measure
1. Build capacity of service users and carers, including those with a disability, across Northern Ireland to be able to effectively engage on HSC issues, raising awareness of the Section 75 categories	Sept 2023	Capacity building training delivered to Patient and Client Council members. Evaluation of training with service users and carers indicates that they have increased capacity to engage.
2. The PCC will put in place a targeted engagement program to meet with ethnic minorities and men, young people the travelling community and those with a learning disability	Sept 2023	Monitor audiences at targeted events for Personal and Public Involvement and Complaints teams.
3. Apply Plain English standards and accessible formats as part of all literature and reports	Yearly until Sept 2023	Patient and Client Council reports take into account Plain English and accessible formats. Easy read documents complied with people who have a learning disability. Service users and

Actions Planned	Date for Implementation	Measure
		carers assess any new PCC literature/ questionnaires.
4. Identify and pilot training available from organisations in the gender identity sector and put arrangements in place to access such training for teams where a member of staff comes forward to disclose that they identify as transgender or non-binary.	By Sept 2023	Arrangements are in place Feedback from staff who have drawn support through the policy indicates a positive experience
5. Develop proposal and business case for a new advocacy service model regarding Serious Adverse Incidents	Sept 2023	Proposal and business case for a new serious adverse incident advocacy model in place

Disability Action Plan 2018-2023: What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

Action	Date for Implementation	Measure
6. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks for PCC staff.	Sept 2023	Two annual awareness days profiled >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days
7. Encourage staff to declare that they have a disability or care for a person with a disability Provide guidance to staff on the importance of monitoring.	Sept 2023	Increase in completion of disability monitoring information by staff to 90% Prompt issued to staff on a regular basis.
8. Work with other health and social care organisations for an effective disability forum (Tapestry).	Sept 2023	Increases in Tapestry membership or in participation at meeting
9. Sign up to Mental Health Charter.	Sept 2023	The organisation has signed up and communication has been issued to all staff

Action	Date for Implementation	Measure
10. Assess advocacy needs for patients with a Learning Disability regarding resettlement and community living and to encourage them to get involved through promoting co-production.	Sept 2023	<p>Engagement with patients with a Learning Disability and their families</p> <p>Assessment of patients' advocacy needs</p> <p>Patients and carers have been encouraged to get involved in their care.</p>
11. Involving people with disabilities in the design and implementation of PCC research projects	Sept 2023	Involving people with disabilities in research design, fieldwork and reporting on research findings.