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Documents published relating to our Equality Scheme can be found at: [Key Strategic Documents - Patient and Client Council Northern Ireland \(pcc-ni.net\)](#)

and at <https://hscbusiness.hscni.net/services/3226.htm>

**(ECNI Q28):**

During 2021-22, we completed the Five-Year-Review of Equality Scheme. The report can be found at:

Our Equality Scheme is due to be reviewed again by 31<sup>st</sup> March 2026.

**Signature:**

*Carol Collins*

**This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory**

**equality and disability duties. This report reflects progress made between April 2021 and March 2022**

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## Chapter 1 Summary Quantitative Report

(ECNI Q15,16,19)

### Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6)	Screened in	Screened out with mitigation	Screened out without mitigation	No concerns were raised by consultees on screenings published in 2021-22
<b>5</b>	<b>0</b>	<b>4</b>	<b>1</b>	
2. Number of policies subjected to Equality Impact Assessment.	<b>0</b>			
3. Indicate the stage of progress of each EQIA.	<b>n/a</b>			
4. Number of policy consultations conducted	<b>1</b>			
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	<b>1</b>			

**(ECNI Q24)  
Training**

6. Staff training undertaken during 2021-22. (See also Chapter 2, Q6)

<b>Course</b>	<b>No of Staff Trained</b>	<b>No of Board Members Trained</b>
Screening Training	7	0
Equality Impact Assessment Training	2	0
<b>Total</b>	<b>9</b>	<b>0</b>

eLearning: Making a Difference

Part 1 – All Staff	2
Part 2 – Line Managers	2

**(ECNI Q27)  
Complaints**

7. Number of complaints in relation to the Equality Scheme received during 2021-22

0

Please provide detail of any complaints:

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**(ECNI Q7)  
Equality Action Plan (see also Chapter 3)**

8. Within the 2021-22 reporting period, please indicate the number of:

Actions completed:

2

Actions ongoing:

5

Actions to commence:

0

**(ECNI Part B Q1)  
Disability Action Plan (see also Chapter 4)**

9. Within the 2021-22 reporting period, please indicate the number of:

Actions completed:

2

Actions ongoing:

3

Actions to commence:

0

## Chapter 2 Section 75 Progress Report

### (ECNI Q1,2,3,3a,3b,23)

1. In 2021-22, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Table 1 below outlines progress to better promote equality of opportunity and good relations<sup>1</sup>.

#### **All Section 75 groups:**

Return to the Office / Hybrid working and Agile working was added as a standing item at all quarterly meetings of the equality forum which brings together representatives from each of the 11 regional HSC organisations. The aim was to facilitate the identification and consideration of the needs of staff in decision-making, in particular for staff with a disability and those who are carers; to share good practice; and to ensure engagement with staff members from various section 75 groups.

This included a presentation on the initial findings relating to staff with disabilities and caring responsibilities from the BSO Human Resources Working from Home Survey 2021.

Members gave updates on what work was being done or decisions being made within their organisations in relation to agile and flexible working.

The need for further in-depth analysis of equality findings in the survey and for assurance that New Ways of Working take account of these findings was recognised.

We also met with Disability Action in the context of the Disability Champions Network (which is facilitated by the BSO Equality Unit and brings together the Champions from the 11 regional HSC organisations) to hear about key considerations and best practice.

**Table 1:**

	<b>Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.</b>
Persons of different religious belief	<ul style="list-style-type: none"><li>• In May 2021, we implemented a new non-compulsory section 75 document as part of our membership sign up form to better understand the demographic of our membership and where we need to target specific equality groupings. As a result of this section 75 document, we now able to show the breakdown of our membership in terms of religious belief (for those who have chosen to give us this information). Whilst we are not able to show any tangible outcomes for this specific equality grouping, we have a better understanding of the religious demographic of our membership scheme members.</li><li>• We are currently developing a section 75 form to include as part of the consent form, for our service users. We plan to roll this out in Autumn 2022 to gather section 75 information from our patients and clients and to help us better understand the demographic of those using our advocacy and engagement services.</li></ul>
Persons of different political opinion	<ul style="list-style-type: none"><li>• We currently do not collect information from our membership or service users on political opinion. From August 2022, we will include this as part of our section 75 information to PCC membership scheme.</li></ul>

	<ul style="list-style-type: none"> <li>• We are currently developing a section 75 form to include as part of the consent form, for our service users. We plan to roll this out in Autumn 2022 to gather section 75 information from our patients and clients and to help us better understand the demographic of those using our advocacy and engagement services.</li> <li>• All of our engagement work reflects the heterogeneity of political opinion and experience.</li> <li>• Within our engagement platforms which focusses on thematic issues of health and social care we have had political representation engaged. This composition reflects differing political opinion and has been instrumental in directly impacting the public, their experiences of health and social care within policy discourse. This has been most evident within Care Homes, Learning Disability and Mental Health.</li> <li>• Through our programmes of work such as Organ and Tissue Donation (Deemed consent), Adult Protection Bill, Duty of Candour, Neurology and ME there is political representation within the programmes of work.</li> </ul>
Persons of different racial groups	<ul style="list-style-type: none"> <li>• In May 2021, we implemented a new non-compulsory section 75 document as part of the membership sign up form to better understand the demographic of our membership and where we need to target specific equality groupings. As a result of this section 75 document, we now able to show the breakdown of our membership in terms of religious belief (for those who have chosen to give us this information).</li> </ul>

	<ul style="list-style-type: none"><li>• We have a language functionality on our website which allows the user to click and translate all the information on our website into 27 different languages.</li><li>• Across our different areas of work, we have translated materials into different languages:<ul style="list-style-type: none"><li>○ In November 2021, we put out our draft Statement of Strategic Intent (SSI) for public consultation. As part of this process we translated the SSI document into translated versions: Easy read version, Lithuanian, Romanian and Polish</li><li>○ In December 2021, we widely promoted the Advance Care Planning consultation in multiple languages to maximise opportunity to engage. As part of this process we translated the SSI document into translated versions: Easy read version, Lithuanian, Romanian, Gaelic and Polish.</li><li>○ In March 2021, we widely promoted the Urgent and Emergency Care consultation in multiple languages to maximise opportunity to engage.</li><li>○ We have used translation services for virtual and telephone engagement.</li></ul></li><li>• We engage with a wide range of ethnic groups across our engagement platforms to increase engagement from underrepresented groups. In order to assure cultural and racial appropriateness in March 2021, as part of our ‘Distance Aware’ campaign, we engaged with representatives from the Jewish community to assess the appropriateness of adopting a universal symbol for the initiative.</li></ul>
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	<ul style="list-style-type: none"> <li>• To ensure accessibility to our services, the PCC is linked into and provide access to the Regional Interpreting Service.</li> </ul>
<p>Persons of different age</p>	<ul style="list-style-type: none"> <li>• Within the PCC the individual advocacy cases range from issues relating to children and young people right through to older adults. Within the Engagement Platforms where the PCC engages with groups of people there are people of differing ages involved in all aspects including the children, spouses, siblings of Older People in Care homes as well as a wide representation of people involved in the Clinically Extremely Vulnerable work, which impacts people from childhood to adulthood. There are a range of age groups who the PCC are supporting in relation to the Neurology inquiry from young adults to older adults.</li> <li>• In May 2021, we implemented a new non-compulsory section 75 document as part of the membership sign up form to better understand the demographic of our membership and where we need to target specific equality groupings. As a result of this section 75 document, we now able to show the breakdown of our membership in terms of age (for those who have chosen to give us this information).</li> <li>• Our engagement work reflects all aspects for age ranging from young to older adults. The extent of our work requires engagement from a wide spectrum of ages in relation to programmes of work and thematic areas of work that impacts upon the public irrespective of age. Issues such as mental health, learning disability, adult protection have required input and contribution from a range of individuals of differing ages. Our work within care homes has reflected the needs of the aging population and also the</li> </ul>

	<p>importance of ensuring that their voice and experiences is maximised within health and social care. Moreover, our work with carers has demonstrated the role and importance of carers and those with caregiving responsibilities both in terms of age and the level of who they care for.</p>
<p>Persons with different marital status</p>	<ul style="list-style-type: none"> <li>• People from a range of marital status participate in many aspects of the PCC engagement work. Sole parents, sole carers as well as married and unmarried couples who are engaged with Care Home engagement work as well as Clinically Extremely Vulnerable work and indeed the work engaging families around the re-normalisation of services for children and adults with Learning Disability.</li> <li>• In May 2021, we implemented a new non-compulsory section 75 document as part of the membership sign up form to better understand the demographic of our membership and where we need to target specific equality groupings. As a result of this section 75 document, we now able to show the breakdown of our membership in terms of marital status (for those who have chosen to give us this information).</li> <li>• The composition of our theme based and programmes of work reflects a plethora of marital status ranging from single parents, married, cohabiting and those with dependents. Our theme-based work is widely promoted through stakeholder analysis and is open to all individuals irrespective of marital status. Through open recruitment and promotion, we have actively engaged with the public on work in relation to care homes, neurology, grief</li> </ul>

	<p>and bereavement, mental health, learning disability, clinically extremely vulnerable and adult protection.</p> <ul style="list-style-type: none"> <li>• PCC staffing is composed of a number of individuals with different marital status which reflects dependents. Additionally, a number of PCC staff report that they have dependants and children/adults with learning difficulties. PCC have supported staff and their prevailing circumstances to ensure that they are supported and not disadvantaged.</li> </ul>
<p>Persons of different sexual orientation</p>	<ul style="list-style-type: none"> <li>• In May 2021, we implemented a new non-compulsory section 75 document as part of the membership sign up form to better understand the demographic of our membership and where we need to target specific equality groupings. As a result of this section 75 document, we now able to show the breakdown of our membership in terms of sexual orientation (for those who have chosen to give us this information).</li> <li>• Through our engagement work, persons of different sexual orientation are represented through our Health and Social Care Programmes of work. Those whom identify as gay, lesbian, bisexual or other are heavily involved in specifically areas of work, often whereby they are underrepresented or whereby their orientation has had an impact upon their health and social care needs. A prime example of those has been evidenced within our work on mental health, grief and bereavement and gender identity areas of work.</li> <li>• Whilst we do not specifically target those with differing sexual orientation to engage within our recruitment we do encourage and welcome engagement.</li> </ul>

	<ul style="list-style-type: none"> <li>• PCC staff composition within the reporting period reflects an increase in staff with differing sexual orientation.</li> </ul>
<p>Persons of different genders and gender identities</p>	<ul style="list-style-type: none"> <li>• In May 2021, we implemented a new non-compulsory section 75 document as part of the membership sign up form to better understand the demographic of our membership and where we need to target specific equality groupings. As a result of this section 75 document, we now able to show the breakdown of our membership in terms of persons of different genders and gender identities (for those who have chosen to give us this information).</li> <li>• In 2021, the PCC supported the Department of Health with engagement of the Regional Gender Identity Panel as part of the Review of Gender Identity Services (RGIS). The PCC recruited membership of over 20 people living with gender variance from across Northern Ireland to engage in the development and delivery of RGIS. The PCC engaged extensively with individuals, organisations and services providing support to those living with gender variance.</li> <li>• The outcome of this work is that persons of different genders and gender identities were part of the panel to review Gender Identity Services in Northern Ireland, recognising that they are ‘experts by experience.’ Their input will help ensure that the Gender Identity Service review recognises what is working well and what needs to be improved to provide an effective service for those who require support.</li> <li>• The RGIS Panel was Co-chaired by group members with wider contribution from those engaged through PCC.</li> </ul>

	<ul style="list-style-type: none"> <li>• The composition of our theme-based and programmes of work such as learning disability, mental health, CEV, Grief and Bereavement has had input from those living with gender variance.</li> <li>• Moreover, wider engagement from those living with gender variance is reported across our health and social care programmes of work.</li> </ul>
<p>Persons with and without a disability</p>	<ul style="list-style-type: none"> <li>• In May 2021, we implemented a new non-compulsory section 75 document as part of the membership sign up form to better understand the demographic of our membership and where we need to target specific equality groupings. As a result of this section 75 document, we now able to show the breakdown of our membership in terms of persons with and without a disability (for those who have chosen to give us this information).</li> <li>• In 2021, the PCC established two learning disability engagement platforms: one for those living with a disability who use services and one for families / carers. The platforms were initially launched in December 2021 following stakeholder mapping and engagement. The purpose of the engagement platforms is to facilitate a conversation with service users and also families/carers around learning disability and look at what issues the group wants to focus on and how the PCC can help them address these issues.</li> <li>• This work has continued into 2022, and in the report next year we will be able to demonstrate impact made for this section 75 group.</li> <li>• The PCC is actively engaged in the following areas of strategy that reflect those living with learning disability: <ul style="list-style-type: none"> <li>• PHA PPI Forum Service Users and Carers;</li> </ul> </li> </ul>

- Tapestry Network;
- Social Care Council;
- Disability Champion Network;
- Regional Disability Thematic Group.

Through our engagement work we reflect a wide range of individuals living with and without disability. Our work is disability diverse and reflects those living with physical, sensory and learning disability and is most reflected within the following Engagement Platforms:

- Neurology;
- Clinically Extremely Vulnerable;
- Care Homes;
- Mental Health;
- Learning Disability.

Furthermore, our programmes of work have required specific input from those living with a disability such as:

- Regional Disability Forum;
- ME;
- Orthopedics;
- Enhance Clinical Care Framework;
- Integrated Care Systems;
- Intermediate Care Services;
- Stroke Network.

	<p>Through our advocacy model we have advocated on behalf of individuals living with disability and groups representing those with disability.</p> <p>We have adapted all communication mediums to maximize opportunities for those living with learning disability or communication difficulties to engage.</p> <p>Our website has BroweAloud and text facilities to remove restrictions for those living with audio, visual or communication impairment.</p>
<p>Persons with and without dependants</p>	<ul style="list-style-type: none"> <li>• Within the PCC we engage with persons with or without dependants. Persons with dependents are in receipt of advocacy services around issues relating to the care of their children or dependent adults. A group advocacy case in 2021 supported 15 families who had dependent adult children with learning disabilities. The PCC support a number of families regarding the Muckamore Inquiry. These families have dependents who may have resided in Muckamore historically or continue to do so. Some people who the PCC support with the Clinically Extremely Vulnerable engagement platform do not have dependants and many people who use our advocacy service do not have dependents but wish the PCC to support them with an issue around their own health services. Within advocacy services we support a number of young adults who have no dependents with issues relating to their own health care and indeed some refugee and asylum-seeking community we have supported do have dependents either. The PCC have supported a number of older adults who live within supported living or care homes who do not have dependents or wider family so require support.</li> </ul>

	<ul style="list-style-type: none"> <li>• In May 2021, we implemented a new non-compulsory section 75 document as part of the membership sign up form to better understand the demographic of our membership and where we need to target specific equality groupings. As a result of this section 75 document, we now able to show the breakdown of our membership in terms of persons with and without dependents (for those who have chosen to give us this information).</li> <li>• Our engagement work in care homes has required input from carers who advocate on behalf of their family member. They have been instrumental in impacting and influence policy connected to access, visitation and infection control. Moreover, our engagement work on learning disability has reflected the experience of carers and those with dependents in relation to infection control, day service, respite and transport.</li> <li>• Conversely, those with and without dependents have been heavily involved within our engagement infrastructure for mental health.</li> <li>• Our advocacy work has been heavily influenced by carers in contact with PCC regarding support, most notably within PCC has led to the development of carers forum for Muckamore Abbey Hospital families.</li> </ul>
Ethnic minority groups (specifically in accessing GP services)	<p>We evaluated the HSCB Remote Sign Language Interpreting Service from October 2020-March 2021. The role of the PCC was to assess qualitatively, the impact and outcomes for service users. The purpose of the evaluation was to:</p> <ol style="list-style-type: none"> <li>1. To understand the extent to which the service works for Deaf people</li> </ol>

	<p>2. To understand the extent to which the service improves access to health and social care services to Deaf people</p> <p>3. Establish the beneficial aspects of the service so they can be assimilated into a longer term model</p> <p>PCC spoke to:</p> <ul style="list-style-type: none"><li>- Service users</li><li>- 'Front line' Health and Social Care professionals</li><li>- Key stakeholders in the Northern Ireland Deaf community</li><li>- Current face to face interpreting service Providers</li><li>- BDA Advocacy Team</li><li>- Current remote sign language interpretation service</li></ul> <p>PCC produced a report: Regional Communication Support Services: Remote Sign Language Interpreting Service (January 2021). This qualitative report will feed into the overall work being taken in this area and help raise awareness of the difficulties experienced by ethnic minority groups in accessing GP services.</p>
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Where changes resulted from screenings, these will be listed in Chapter 6, the mitigation report.

**(ECNI Q4,5,6)**

2. During the 2021-22 reporting period

(a) were the Section 75 statutory duties integrated within...?

	Yes/No	Details
Job descriptions	No	The requirement to assist the organisation with fulfilling the duties under Section 75 of the Northern Ireland Act 1998 and the disability duties has not been included to date.
Performance objectives for staff	No	

(b) were objectives and targets relating to Section 75 integrated into...?

	Yes/No	Details
Corporate/strategic plans	No	
Annual business plans	Yes	<p>Our Operational Plan 2021-22 included the following priorities and focus areas relating to specific Section 75 groupings:</p> <ul style="list-style-type: none"><li>• Myalgic Encephalomyelitis (ME) – Our focus in this area will continue in 2021-2022, supporting the ME Representation Group to engage with the HSCB to discuss service commissioning and alignment. This has involved the exploration of aligning ME services within rheumatology. The PCC will continue to promote the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care in this area</li></ul>

		<ul style="list-style-type: none"> <li>• Mental Health – As a continuation of its 2020 ‘Beyond Bamford’ project, the PCC will establish independent regional coproduction service user and carer infrastructures for mental health. These (...) will serve as a central point for communications, engagement and participatory work on mental health, including the Mental Health Action Plan (2020) and Strategy with overarching objectives and key areas of focus for PCC.</li> <li>• Learning Disability – The PCC’s 2020 ‘Beyond Bamford’ project recognised the need to establish independent regional coproduction service user and carer infrastructures for learning disability, separate to those for mental health. Work will be ongoing in 2021/2022 to develop these structures and establish an ‘engagement platform’ for learning disability, serving as a central point for communications, engagement and participatory work on learning disability.</li> </ul>
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**(ECNI Q11,12,17)**

3. Please provide any details and examples of good practice in consultation during the 2021-22 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

**Table 2**

<p><b>Policy publicly consulted on</b></p>	<p><b>What equality document did you issue alongside the policy consultation document?</b></p>	<p><b>Which Section 75 groups did you consult with?</b></p>	<p><b>What consultation methods did you use?</b></p> <p><b>AND</b></p> <p><b>Which of these drew the greatest number of responses from consultees?</b></p>	<p><b>Do you have any comments on your experience of this consultation?</b></p>
<p>Statement of Strategic Intent</p>	<p>X Screening template</p> <p><input type="checkbox"/> EQIA report</p> <p><input type="checkbox"/> none</p>	<p>We did not specifically target any section 75 groups as the purpose behind the consultation was to provide</p>	<p>We used both a survey and focus groups as part of our consultation process.</p> <p>We received more numbers via our survey</p>	<p>As an organisation, going forward, PCC would like to engage more with section 75 groups. We have started to collect section 75 information from our membership and will enhance this this year by extending this to all patients</p>

		<p>all stakeholders with an opportunity to shape future service delivery.</p> <p>We promoted the survey and focus groups across PCC membership and through our 'networks of networks' approach reaching out across statutory and voluntary sector. This enabled us to promote the consultation to voluntary sector organisations working with specific section 75 groups.</p>	<p>than in our focus groups (79 survey, 20 in focus groups).</p>	<p>and clients that we support. This will help us understand our demographic better and to target more effectively to ensure we are engaging as many different groups as possible.</p>
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		<p>Broader learning will be sought out; reflection in action will allow us to learn and how to make future processes more open.</p> <p>We issued an easy read version of the consultation document and translated the document into Lithuanian, Polish and Romanian.</p>		
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**(ECNI Q21, 26)**

4. In analysing monitoring information gathered, was any action taken to change/review any policies?

No

Please provide any details and examples:

**Table 3**

<b>Service or Policy</b>	<b>What equality monitoring information did you collect and analyse?</b>	<b>What action did you take as a result of this analysis?</b>  <b>AND</b>  <b>Did you make any changes to the service or policy as a result?</b>	<b>What difference did this make for Section 75 groups?</b>
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**(ECNI Q22)**

5. Please provide any details or examples of where the monitoring of policies, during the 2021-22 reporting period, has shown changes to differential/adverse impacts previously assessed:

**None**

**Table 4**

<b>Policy previously screened or EQIAed</b>	<b>Did you gather and analyse any equality monitoring information during 2021-22?</b> <b>(Please tick)</b>	<b>What were the adverse impacts at the point of screening or EQIA?</b>	<b>What changes to these occurred in 2021-22, as indicated by the equality monitoring data you gathered?</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**(ECNI Q25)**

6. Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

The organisation avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the training:

**Screening Training Evaluations**

The figures in bold below represent the percentage of participants who selected ‘Very Well’ or ‘Well’. Participants were asked: “Overall how well do you think the course met its aims”:

- To develop an understanding of the statutory requirements for screening: **94%**
- To develop an understanding of the benefits of screening: **95%**
- To develop an understanding of the screening process: **85%**
- To develop skills in practically carrying out screening: **83%**

**EQIA Training Evaluations**

Participants were asked: “Overall how well do you think you have achieved the following learning outcomes”. The figures in bold represent the percentage of participants who selected ‘Very well’ or ‘Well’.

- To demonstrate an understanding of what the law says on EQIAs **94%**
- To demonstrate an understanding of the EQIA process **98%**
- To demonstrate an understanding of the benefits of EQIAs **96%**
- To develop skills in practically carrying out EQIAs **84%**

**(ECNI Q29)**

7. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? (please provide details)

During 2021/22 we will focus on:

- Developing and consulting on new Equality and Disability Action Plans, jointly with our partner organisations
- Implementing key commitments identified in our 5 Year Review report.

## **Appendix – Further Explanatory Notes**

### **1 Consultation and Engagement**

#### **(ECNI Q10)**

##### **targeting –**

During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of The Strategic Statement of Intent. This is to inform our consultation documents.

#### **(ECNI Q13)**

##### **awareness raising for consultees on Equality Scheme commitments –**

During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication.

#### **(ECNI Q14)**

**consultation list** – During the year, we reviewed our consultation list every quarter.

### **2 Audit of Information Systems**

#### **(ECNI Q20)**

We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.

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<sup>i</sup> This includes as a result of

- screening / Equality Impact Assessments (EQIAs)
- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.

In most cases, it is not possible to ascribe developments and changes to one single factor. New initiatives, such as the Gender Identity Employment Policy, for instance are not necessarily an outcome of screenings or Equality and Disability Action Plan implementation.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation.