

Northern Ireland



Medical & Dental Training Agency

# **Five Year Review of Equality Scheme**

**February 2006**

**Name of public authority**

Northern Ireland Medical and Dental Training Agency (NIMDTA)

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## Executive Summary

a) To what extent has your public authority's approved scheme provided a workable basis for mainstreaming the need to promote equality of opportunity and good relations into policy-making over the past five years?

The Agency would hold that its equality scheme – largely reflecting Equality Commission guidance – has an inherent focus on the initial phases of equality scheme implementation. Arrangements for screening, for instance, are largely modelled on the initial screening exercise. The description of the two-stage approach can be seen as a case in point. Less information in the scheme, however, pertains to ongoing screening of new and revised policies, which mirrors a need for further clarification of procedures by the Commission (for instance with regards to consultation requirements) that persists to the present day. The Agency would argue that the benefits of an initial screening exercise are questionable vis-à-vis alternative options, such as a commitment to a rolling programme of in-depth screening of existing policies, for instance.

With regards to the organisational arrangements the scheme has proved flexible enough to allow the Agency to make changes with a view to widening the ownership of Section 75 implementation.

The Agency would further conclude that the training commitments undertaken in the scheme have proved highly successful. They underlined the importance of carrying out awareness raising sessions on the one hand and sessions to develop skills of staff in actively promoting equality of opportunity on the other.

It seems reasonable to conclude that the good relations part of Section 75 has played a much less prominent role than the promotion of equality of opportunity. The Agency would argue that progress in this respect has been contingent less so on the Agency's equality scheme itself than on a fundamental caution to move away from the concept of a neutral work environment, given conflicting statutory requirements and the resulting risk of being in breach of these. Thus the Agency's activities have mostly focused on exploring different types of initiation training (on wider good relations as well as on anti-racism) and contributing to the development of an e-learning resource

on diversity. The Agency would welcome clearer guidance as to the implications for organisations which actively promote the discussion of religious and political identities in light of conflicting statutory requirements.

Over the five year period the Agency did not receive any complaints with regards to the implementation of its scheme.

NIMDTA would maintain that its Equality Scheme has been a driver for wide-ranging changes in the work of the Agency. The organisation has actively embraced the legislation as an opportunity to:

- review policies and procedures
- formalise and harmonise policies across the organisation
- identify good practice and foster shared learning
- produce greater transparency for stakeholders regarding the Agency's principles of action and practice
- produce greater clarity regarding the roles and responsibilities of agents acting on behalf of the organisation
- strengthen its engagement with stakeholders, including final year students, trainees, trainers, and the wider GP and GDP population.

Herein, EQIAs have been the main vehicle for organisational change. The resulting changes have been fundamental. For instance, its EQIA on the 'Appointment of Staff to Act on Behalf of the Agency (Specialty Advisers, Training Programme Directors, Tutors, Course Organisers)' has led to the widening of the application of existing appointment procedures and practices to ensure an open, transparent and consistent appointment process across all positions and specialties, taking account of the particular circumstances of smaller specialties. Likewise, the Agency has ensured that documentation is available for all positions regarding (a) job description (b) personnel specifications and (c) terms and conditions.

In a similar vein, its EQIA on the 'Recruitment of Trainees for Dental Vocational Training (VT) and Dental General Professional Training

(GPT)' has resulted in fundamental changes in the way trainees are recruited, moving away from a practice-based to a centralised process.

In sum, Section 75 has proved a powerful instrument in reviewing and revising the way NIMDTA carries out some of its core functions. The Agency would hold that the fundamental changes which have been implemented as a result of the EQIAs form an important basis for promoting greater equality of opportunity for members of all nine groups. In addition, the implementation of Section 75 over the past five years has produced particular benefits for a range of groups, based on their specific needs. The most tangible outcomes have been produced for females, people with dependents, people from black and minority ethnic groups, and people with a disability.

**b) What key lessons have been learnt over the past five years in terms of effectively implementing the approved equality scheme?**

The Agency's experience has shown that a consortium approach (i.e. a close partnership with other HPSS Agencies and Special Bodies) with support from a specialised unit allows the pooling of resources, creates economies of scale, enables the delivery of a rolling programme of training and the development of relationships with voluntary sector organisations, and, perhaps most importantly, facilitates shared learning and the coordination of activities.

The Agency would also hold that EQIAs, while allowing a robust and transparent assessment of the equality implications of a policy, are time and resource intensive and thus commitments in the form of an EQIA programme have to be carefully considered and targets set on a realistic timescale. Moreover, assessing the impact that resulting measures have on any observed disadvantages is a more long-term undertaking.

With regards to training, it transpires that those types of training are most effective which have a practical focus. Sessions should be supported by written information materials (i.e. practical, jargon-free guidance) to provide a resource that staff can draw on for their reference.

The Agency's experience would also suggest that it is important to personalise the role of involvement in equality scheme implementation for a number of key individuals in the organisation. In other words, spelling out specific roles in job descriptions and reviewing these in performance appraisals appears conducive to an active ownership shared between key members of staff in the Agency. The new knowledge and skills framework under Agenda for Change provides opportunities to serve as a template for specifying further roles for a wider number of staff at a senior level (e.g. responsibilities for ensuring that screening is carried out).

The Agency has experienced difficulties arising from the fact that key players impacting on the work of the organisation are not designated under Section 75. This applies first and foremost to GPs and GDPs as independent contractors, as well as the Royal Colleges. This results in key policies owned by external stakeholders, for instance, not being subject to screening. The appointments of College Advisers, who are represented on Agency committees, may serve as a case in point.

This likewise means that levels of awareness and understanding of Section 75 and the duties it places on NIMDTA are generally low amongst external stakeholders.

This poses key challenges for the Agency in terms of having to take on an 'educator' role. In many instances, the organisation is ultimately restricted to the role of lobbying other players as to the importance of promoting equality of opportunity in their work.

### c) What more needs to be done to achieve outcomes for individuals from the nine equality categories?

It would appear that further work in the following areas could produce additional tangible outcomes:

#### (1) age and employment

Given also the pending new anti-discrimination on age, the Agency intends to initiate a review of job descriptions and personnel specifications with regards to the criteria employed.

#### (2) disability and employment

Additional work would be required to identify potential further employment barriers for people with a disability in order to develop more targeted initiatives. Likewise, further support should be given to line managers in identifying needs and reasonable adjustments for people with a disability, considering that in the overwhelming number of cases people develop their disabilities during their working life.

### (3) sexual orientation and employment

Further work should be carried out aimed at actively promoting diversity in the workplace in a sensitive way, which would involve challenging staff attitudes. It must be borne in mind, however, that any progress with regards to promoting good relations between members of different sexual orientations faces fundamental societal constraints, rooted not least in the teachings and practices of some religious groupings. Hence, setting short-term targets for attitudinal change would be highly unrealistic.

With regards to particular areas of equality scheme implementation it may be most effective for the Agency to concentrate further efforts on:

#### (1) screening

(2) continuing to develop and deliver a rolling programme of focused training for staff.

Finally, the coordination of activities (in particular with regards to equality proofing) with other key players (such as the DHSSPS, Boards, and Trusts) seems paramount. The Review of Public Administration may offer a unique opportunity to achieve progress in this respect, which should not be missed.

It would appear that it may also be important for the Equality Commission to consider taking on a more proactive role in promoting good practice and shared learning (e.g. by setting up a central database on completed EQIAs) and to provide more feedback on screening and EQIAs to public authorities. Ultimately, the outcome of recent investigations by the Commission has contributed to raising the profile of Section 75 within organisations, in particular in relation

to equality screening.

## **1. A general introductory statement specifying the purpose of the scheme and the public authority's commitment to the statutory duties.**

1a) To what extent were senior management involved in ensuring scheme compliance over the 5 year period and what further steps could be undertaken to ensure effective internal arrangements?

*Prompts – Identify any changes to arrangements for managing scheme implementation, and what were the lessons learnt in terms of enablers and impediments to monitoring scheme implementation?*

The management of the Agency has a unique make up in that alongside full-time administration staff, the Agency employs a group of health care professionals on a sessional basis. These comprise the Postgraduate Dean / Chief Executive, the Postgraduate Dental Dean, and the Director of General Practice Education.

The full-time administration staff at a senior level were closely involved in the implementation of the scheme. This included identifying equality issues in relation to policies (screening) and partaking in EQIAs.

One of the key vehicles for scheme implementation has been the Agency's EQIA working group. The group brings together senior members of administration staff from across all three constituent departments of the Agency. It has played an important role in all aspects of undertaking EQIAs as well as in developing delivery plans following the completion of assessments and implementing actions emanating from the EQIAs. In fact, the working group has over time become a quasi Equality Working Group for the Agency, i.e. the main driver for progressing equality work.

The direct involvement of professional staff at a senior level mainly took place at the key stages of decision-making (i.e. stages 4 and 6 of the process) in the form of comments on draft reports.

The Agency would conclude that it has been successful in establishing a wide ownership across team leaders. Further scope

remains for a greater involvement in scheme implementation by SMT. The Agency therefore intends to:

- (1) undertake a focused session with SMT to re-invigorate the equality agenda
- (2) explore the scope for specifying precise equality objectives (such as the responsibility for screening) in job descriptions and reviewing these in staff appraisals.

In the implementation of its statutory equality duties, the Agency has worked in partnership with a consortium of nine other HPSS Agencies and Special Bodies. The consortium is convened and supported by a specialist unit based at the Central Services Agency.

Throughout the five-year period the group met formally on a quarterly basis to share good practice in the implementation of Section 75 and to plan joint work. At a strategic level, the consortium has been represented on regional steering groups convened and facilitated by the Department of Health, Social Services and Public Safety (DHSSPS) – particularly in relation to the Equality Steering Group.

**1b) Outline annual **direct** expenditure of resources to ensure that the statutory duties were complied with, in terms of staff and money over the past 5 years, and comment on the extent that all necessary resources were allocated.**

*Prompts – Identify costs related to equality unit staff, use of consultants, allocation of budgets to training/publications/research, extent of in-year bids and/or reallocation of resources. What were the lessons learnt in terms of enablers and impediments to monitoring resourcing? What could the public authority do in future to ensure effective allocation and monitoring of necessary resources?*

The Agency contributes to the running costs of the Equality Unit at the CSA, which provides support to the consortium of HPSS Agencies and Special Bodies on all aspects of equality scheme implementation. The following table specifies the amount of the annual contribution as well as the total staff complement of the Unit over the past five years:

<i>Year</i>	<i>Equality Unit: Full Time Equivalent Staff</i>	<i>SLA</i>
2001/02	3	£10,557
2002/03	3	£8,000
2003/04	2.5	£8,000
2004/05	2.5	£7,000
2005/06	2.5	£7,225
<i>total</i>		<i>£40,782</i>

In addition, time spent by the nominated officer likewise constitute direct costs related to the statutory equality duties.

The annual contribution to the Equality Unit includes any expenditure on organising equality events (e.g. launch of publications), publications (e.g. costs involved in achieving plain English standards, printing costs), and the design and delivery of an annual training plan.

Expenditure on advertising (public notices) is additional to the annual contribution. This amounted to approximately £4,500 in total over the five year period.

Overall, the partnership arrangements amongst HPSS Agencies and Special Bodies have produced significant economies of scale. The production of a set of information leaflets for staff, for instance, was by far more cost-effective as a joint initiative of nine organisations than it would have been for the Agency on its own (i.e. lower printing costs). The same applies to advertising and training events.

Monitoring the allocation of resources on equality scheme implementation becomes more difficult the more successful mainstreaming is. This applies in particular to the monitoring of staff time, for instance the time spent on equality proofing policies as this becomes an integral part of the policy development process.

## **2. An outline of how the public authority intends to assess its compliance with the Section 75 duties and for consulting on matters to which a duty under that section is likely to be relevant.**

2a) Outline impacts and outcomes (for the public authority and/or individuals from the nine equality categories) over the past five years

and what further steps could be undertaken to build on these or address underreporting?

*Prompt – Were outcomes delivered for all of the nine equality categories? Were annual progress reports critically reviewed before or after submission to the Commission? What examples of good practice from other public authorities could be adopted?*

### *Outcomes for the Public Authority*

Section 75 has been a driver for wide-ranging changes in the work of the Agency. The organisation has actively embraced the legislation as an opportunity to:

- review policies and procedures
- formalise and harmonise policies across the organisation
- identify good practice and foster shared learning
- produce greater transparency for stakeholders regarding the Agency's principles of action and practice
- produce greater clarity regarding the roles and responsibilities of agents acting on behalf of the organisation
- strengthen its engagement with stakeholders, including final year students, trainees, trainers, and the wider GP and GDP population.

Herein, EQIAs have been the main vehicle for organisational change. The resulting changes have been fundamental. For instance, its EQIA on the 'Appointment of Staff to Act on Behalf of the Agency (Specialty Advisers, Training Programme Directors, Tutors, Course Organisers)' has led to the widening of the application of existing appointment procedures and practices to ensure an open, transparent and consistent appointment process across all positions and specialties, taking account of the particular circumstances of smaller specialties. Likewise, the Agency has ensured that documentation is available for all positions regarding (a) job description (b) personnel specifications and (c) terms and conditions.

In a similar vein, its EQIA on the 'Recruitment of Trainees for Dental Vocational Training (VT) and Dental General Professional Training (GPT)' has resulted in fundamental changes in the way trainees are recruited, moving away from a practice-based to a centralised process.

In sum, Section 75 has proved a powerful instrument in reviewing and revising the way NIMDTA carries out some of its core functions.

Further specific outcomes have been produced in the following ways:

- the staff induction process has been strengthened, both through the production of a set of leaflets including information on work-life balance policies and more targeted information for staff from outside Northern Ireland
- application and monitoring forms have been reviewed and updated
- the Agency had an input, facilitated by the Equality Unit, into the development of the regional tender for the provision of translation services; it would expect that the resulting contracts will strengthen quality-assurance processes and lead to more competitive prices, potentially resulting in a reduction in costs for the Agency.

#### *Outcomes for individuals from the nine equality categories*

The Agency would hold that the fundamental changes which have been implemented as a result of the EQIAs form an important basis for promoting greater equality of opportunity for members of all nine groups. In addition, the implementation of Section 75 over the past five years has produced particular benefits for a range of groups, based on their specific needs:

##### a) service users

- more women are applying for positions as trainers for vocational and general professional training in dentistry since the introduction of measures to target female dentists as an under-represented group

- females on career breaks and people with a disability have been involved in the process of assessing training practices
- the Agency has introduced an induction day for overseas doctors
- the accessibility of its website has been enhanced in line with W3C standards
- improved access to the Agency and its services through the installation of a textphone and loop system
- user involvement principles have been adopted with regards to any events organised by the Agency
- greater transparency of the placement process for Specialist Registrars has been achieved, information on the needs of individual trainees is now sought and the evidence provided is taken account of in decisions taken; while this has produced benefits for everyone in principle, females with dependants and people with health problems have benefited in particular
- improved provision of information on flexible training for the Specialist Registrar scheme has produced benefits for mothers of young children and people with ill health.

#### b) staff

- the introduction of a flexi time scheme and awareness raising measures as a result of an EQIA on Work-Life-Balance policies has produced particular benefits for people with dependants and females

In addition, the Agency has undertaken key measures to enable the organisation to respond to arising need in the future in an effective and efficient manner. This relates mainly to people from black and minority ethnic (BME) groups and includes:

- a welcome pack for new staff from outside Northern Ireland
- a checklist for the induction of staff from outside Northern Ireland

- improved quality of translations through the development of quality assured procurement of translation services (by means of a new regional tender for the provision of translation services).

In sum, it appears that the most immediate impacts have been created with regards to females and people with dependants. Some outcomes are also traceable for people with a disability and people from minority ethnic groups. Impacts on the basis of a person's religion and/or political opinion are still to transpire.

It would appear that further work in the following areas could produce additional tangible outcomes:

(1) age and employment

Given also the pending new anti-discrimination on age, the Agency intends to initiate a review of job descriptions and personnel specifications with regards to the criteria employed.

(2) disability and employment

Additional work would be required to identify potential further employment barriers for people with a disability in order to develop more targeted initiatives. Likewise, further support should be given to line managers in identifying needs and reasonable adjustments for people with a disability, considering that in the overwhelming number of cases people develop their disabilities during their working life.

(3) sexual orientation and employment

Further work should be carried out aimed at actively promoting diversity in the workplace in a sensitive way, which would involve challenging staff attitudes. It must be borne in mind, however, that any progress with regards to promoting good relations between members of different sexual orientations faces fundamental societal constraints, rooted not least in the teachings and practices of some religious groupings. Hence, setting short-term targets for attitudinal change would be highly unrealistic.

2b) Outline the number of equality scheme related consultation exercises undertaken by your authority over the past five years. Set out the number and percentage related to screening exercises and to EQIAs and indicate the extent that your scheme helped you to engage with external stakeholders?

*Prompt – Identify your authority’s most and least successful means of consultation in relation to s75 categories. Why were some means of consultation more or less successful in relation to particular equality categories?*

Over the past five years, NIMDTA carried out 12 consultation exercises which were directly related to its equality scheme. 10 of these related to EQIAs and two further exercises to the initial screening of policies and procedures.

In 2002, the Agency – in line with its consortium partners – adopted a set of strategic consultation commitments, including assurances that:

- consultation will be centrally managed
- each consultation will be planned and carried out on a case-by-case basis
- consultation will be accessible
- consultation will be carried out on value-for-money considerations
- consultation will seek to focus on those most affected
- consultation will be an integral part of the policy development process
- consultation methods will be flexible
- consultees will receive feedback
- consultation materials will be clear and jargon-free
- all consultation will be evaluated
- consultations will last at least eight weeks.

All consultations are managed by the Equality Unit who carry out the following in relation to consultation:

- maintain a consultation database
- administer consultation exercises

- carry out surveys, focus groups, roundtable meetings and interviews.

Subsequently, the consultation approach was refined, leading to the adoption of a twin track method:

- Opting In – sending a notice of consultation (and in some cases a short summary consultation document) to a regularly updated list of consultees – usually by e-mail (and in a small number of cases this is sent directly) or advertising the consultation (e.g. by press advert). Those who are interested in the consultation can indicate their preference to receive further documentation or attend further events;
- Opting Out – in this approach the focus is on targeting those organisations or groups that are judged to have a particular interest in the consultation topic. This will involve sending them a copy of the consultation document, inviting them to meetings or other efforts to encourage them to take part in the consultation generally unless they indicate their preference not to participate – or opt out.

With regards to representatives of Section 75 groups, the Agency's experience has shown that efforts to engage with consultees were most successful when organisations were approached directly for one-to-one interviews. While consultees were always advised of the option to request a one-to-one meeting with the Agency (e.g. whenever invitations for a roundtable discussion were circulated) it emerged that a mere offer to meet is less effective than the immediate targeting of groups for an interview by means of a letter and a follow up phone call. Moreover, the Agency received positive feedback for its willingness to go out to consultees rather than expecting them to attend a meeting in the Agency's premises.

This method, however, is time and resource-intensive. The Agency thus needs to be selective in the choice of consultees to be targeted. This was undertaken on the basis of those deemed most relevant for the policy in hand.

The Agency's experience has also shown that the quality of the information provided on the policy at the first stage of contact is key.

The feedback received from Section 75 groups during early consultation exercises was subsequently taken on board. The Agency would now seek to provide a brief background paper on the respective policy, written in clear, jargon-free language.

Ultimately, the success of consultation depends on building relationships. Consultees have to get a sense that it is worthwhile engaging with the organisations. Most importantly, the Agency needs to demonstrate that consultees are having an input into policy-making and delivery, that their engagement makes a difference. Hence the Agency has paid particular attention to detail whenever feedback is provided in final EQIA reports and progress reports on EQIA delivery, for instance. It is also for this reason that the Agency intends to disseminate EQIA progress reports as stand alone documents in future.

In this respect, the centralised approach which the Agency and its consortium partners have adopted (i.e. the coordination of all consultation exercises by the Equality Unit) produces particular benefits. Relationships can thus be maintained and developed on an ongoing basis.

Moreover, the partnership arrangements have allowed joint consultation exercises to be carried out in a number of cases, an approach which has been explicitly welcomed by consultees as an efficient use of their time (as it means having to attend one rather than a series of meetings).

Overall, the Agency has noted that the most successful consultation exercises are those which employ a mix of methods. It seems crucial to provide different options for engaging with NIMDTA; while some Section 75 groups prefer face-to-face interaction others favour submitting comments in writing.

2c) Indicate if your list of consultees was amended during the 5 year period and what further steps could be taken to develop your level of engagement and consultation?

*Prompt - Outline the extent your authority did or did not move away from formal consultation and on what criteria was any such consultation targeted? To what extent were requests to be*

*included and/or objections from those not included in the consultation process received and how were these addressed?*

Over the five year period, three main updating exercises were carried out, during which all consultees were contacted via telephone in order to:

- (a) update their contact details and
- (b) provide them with an opportunity to opt out.

Any organisations indicating that they wished to opt out were removed from the list.

In addition, new emerging groups (such as the Polish Welfare Association) were added to the list on a regular basis. Likewise, consultation lists of other public authorities were regularly reviewed to identify any additional groups.

The Agency did not receive any direct requests to be included from any groups or individuals.

*2d) To what extent did your authority consult directly with directly affected individuals as well as with representative groups, particularly in relation to young people and those with learning disabilities, and was this sufficient?*

*Prompt – How effective was your authority at providing feedback to consultees as a result of consultation exercises? What were the lessons learnt in terms of enablers and impediments to consulting directly with affected individuals? What could your authority do in future to provide effective consultee feedback?*

All consultation exercises – whether on employment or service-related matters – were primarily targeted at affected individuals. Thus, for instance, a focus group with staff was convened in the course of a joint EQIA on Work-Life Balance policies. In a similar way, for all EQIAs on external policies, quantitative and qualitative surveys as well as focus groups were conducted with the Agency's key stakeholders, including final year students, trainees, trainers, unsuccessful applicants for training posts, as well as the wider GP and GDP population.

In addition, the Agency consulted with representative groups under Section 75. Selected organisations were moreover approached directly for one-to-one interviews.

With regards to formal consultation, responses were mainly received by professional bodies, HPSS organisations and some high profile Section 75 groups (such as Disability Action). Few other representative Section 75 groups became involved, which may be due to the highly specialised work of the Agency.

The experience in consulting directly with affected individuals has shown that

- linking in with existing structures for face-to-face consultation is most effective (i.e. coming on board pre-scheduled meetings)
- briefing 'influencers' prior to conducting a consultation exercise is effective
- cost is a major inhibiting factor for consulting face-to-face with independent contractors such as GPs and GDPs (in light of the expectation of a remuneration at guild-rate)
- response rates for questionnaires involving the wider GP and GDP population are low overall, however they prove an important tool for eliciting key issues
- unsuccessful applicants are vital for feedback on equality issues but are a group that prove particularly difficult to reach.

The Agency followed a robust process for providing feedback to consultees after the completion of consultation exercises. All consultees who engaged with the Agency during the data collection stage of EQIAs received a letter with the draft EQIA report during the formal consultation stage. Likewise, all those providing comments during the consultation phase were issued the final EQIA reports. In these, each comment was addressed.

The Agency provides an in-depth account of progress in relation to the implementation of action points emanating from EQIAs as part of its annual review of progress to the Equality Commission. The Agency intends to produce a stand-alone document in the future and

advise consultees on how to obtain a copy. It will also be placed on the website and issued directly to those who engaged with the organisation in the course of the EQIA itself.

### **3. The authority's arrangements for assessing and consulting on the impact of policies adopted or proposed to be adopted on the promotion of equality of opportunity.**

3a) Outline and discuss the number of policies your authority subjected to screening over the past five years, setting out the number and percentage of 'policies screened in' on the basis of equality considerations and the percentage 'screened in' on the basis of the good relations duty.

*Prompt - What were the lessons learnt in terms of enablers and impediments to screening in terms of, screening criteria and priority factors? Are there any other criteria which could usefully be included? What lessons are there regarding responsibility for screening at regional level and subsequent screening of local policy? What could your authority do in future to ensure effective screening arrangements? Set out in an appendix a list of all policies screened out during scheme implementation.*

Sixty-eight policies have been screened since implementation of the Agency's Equality Scheme. Seven per-cent of these were screened in on the basis of equality considerations (see Appendix 1).

The Agency did not screen in any policies on the basis of the good relations duty.

The Agency has experienced difficulties arising from the fact that key players impacting on the work of the organisation are not designated under Section 75. This applies first and foremost to GPs and GDPs as independent contractors, as well as the Royal Colleges. This results in key policies owned by external stakeholders, such as past selection processes for dental trainees for instance, not being subject to screening. Likewise, it means that levels of awareness and understanding of Section 75 and the duties it places on NIMDTA are generally low amongst external stakeholders.

This poses key challenges for the Agency in terms of having to take on an 'educator' role. In many instances, the organisation is ultimately restricted to the role of lobbying other players as to the importance of promoting equality of opportunity in their work.

However, the Agency takes some encouragement from its recent success in raising awareness amongst Royal Colleges for the need to promote equality of opportunity in their appointments of College Advisers.

Further constraints on screening emerge from the national level. This is clearly illustrated by the example of the current review of pay scales and terms & conditions across the HPSS (known as 'Agenda for Change'). Agenda for Change is a UK-wide agreement, which is to be implemented on an organisational level. The lack of screening when the policy was developed and agreed nationally means that individual organisations do not have the authority to introduce mitigating measures if their assessments show that any Section 75 groups are adversely affected by the implementation of the policy. In other words, the ownership of the policy lies outside the organisation from the point of view that the Agency does not have any scope for making changes to the policy. Hence while the Agency technically 'owns' the policy (according to the Equality Commission's guidelines) the de facto ownership remains with the national level.

Section 75 thus reaches its limits in all those cases where local / organisational action is closely tied in with national decision-making. It seems fair to say that national decision-makers are largely unaware of the statutory obligations that are unique to Northern Ireland. The Agency experienced similar difficulties recently regarding arrangements for collecting monitoring data on applicants for the new UK-wide Foundation Programme.

Ultimately, this fundamentally calls into question the effectiveness of statutory equality duties that apply to only one region within a multi-regional national framework.

Notwithstanding these general constraints posed by the regional and national level, the Agency recognises the scope for strengthening its internal screening activities. To this end, it will seek to introduce the following set of measures:

- along with its consortium partners NIMDTA will undertake a joint consultation on screening decisions twice a year;
- in order to facilitate shared learning within and across organisations the consortium will develop a joint database on policies screened and the respective documentation;
- the Agency will seek to utilise the new 'knowledge and skills framework' under Agenda for Change as a template for integrating specific screening objectives into personal performance plans;
- along with its consortium partners NIMDTA will introduce follow up workshop/training sessions in future training plans to provide staff with an opportunity to reflect on their learning;
- the Agency will continue to seek staff feedback on the screening template it has developed in collaboration with its consortium partners with a view to revising it.

At the same time the Agency would recommend that the Equality Commission may wish to consider developing more detailed guidance on screening, similar to its EQIA guidance, to provide further clarification. It appears that much of the current guidance focuses on initial screening exercises, i.e. screening during or immediately following equality scheme approval (see 3 (a) (i) 'Screening procedure' of the Equality Commission *Guidelines on Form and Content of Equality Schemes*). In contrast, the guidance is less specific with regards to ongoing screening (see 3 (a) (v) 'Proposed policies').

Finally, with regards to the Commission's screening criteria it appears that the usefulness of the first question posed ('is there any indication or evidence of higher or lower participation or uptake by different groups?') is limited to those types of services which individuals may or may not avail of. The effects of many policies, however, cannot easily be measured in such a way. It may be useful to employ the first question as a prompt under the second criterion instead. In addition, an introductory question could prompt in relation to the make-up of those who are likely to be affected by the policy.

3b) To what extent did your authority's consideration of the screening criteria **not** identify equal opportunity implications on any of s75 categories, but for which consultees then highlighted problems?

*Prompt –Identify the extent the collection of quantitative and qualitative data informed screening processes. Outline the extent consultations with representative groups produced data to inform the screening process which was not otherwise available to your authority. Outline any difficulties in identifying policies and equality implications using the definition of policy set out in the Guide to the Statutory Duties.*

To date, screening processes have largely been informed by qualitative data, i.e. feedback from individuals directly affected by the policies. For instance, NIMDTA regularly distributes an evaluation questionnaire to all applicants to the dental training schemes after the completion of the recruitment and selection process. Comments received from applicants raised a number of concerns with regards to equality of opportunity. This resulted in the Agency deciding to carry out an EQIA on the policy.

Overall, however, scope remains for strengthening consultation processes around screening decisions. Hence, the Agency and its consortium partners recently took steps to introduce a regular, joint consultation exercise on screening outcomes.

The definition of a 'policy' set out in the Commission's *Guide to the Statutory Duties* causes difficulties in practice. While the Agency would fully support the argument that mainstreaming can only be achieved if equality considerations are taken on board in each and every decision taken, the terminology employed by the Commission appears to be somewhat counterproductive. The use of the term 'policy' fosters a narrow interpretation of screening (pertaining only to formal, written policies) because of its established meaning. It may be advisable for the Commission to employ a different term, such as 'decisions' for instance, to emphasise the all-inclusive nature of the concept.

3c) Outline over the past five years how many EQIAs your authority commenced as a result of i) initial screening and ii) as a result of screening new/revised policies subsequently, and discuss the extent

that your authority has become more effective at identifying equality of opportunity dimensions in its policies.

*Prompt – Were changes made to the screening process? Outline any examples of any changes made to policies to better promote equality of opportunity and/or good relations, rather than to address any perceived differential impact, as a result of screening policies that were ‘screened out’?*

The Agency carried out four EQIAs as a result of the initial screening exercise:

- (1) General Dental Practice Policies:  
VDP Trainer Selection; GDP Continuing Dental Education
- (2) General Practice Policies:  
GP Trainer Selection; GP Retainer Scheme
- (3) Specialist Registrar Policies:  
Specialist Registrar Placements; Flexible Training for Specialist Registrars; Supernumerary Specialist Registrars
- (4) Work-Life Balance Policies

Two further EQIAs were undertaken as a result of the screening of revised policies:

- (5) Appointment of Staff to Act on Behalf of the Agency:  
Specialty Advisers, Training Programme Directors, Tutors, Course Organisers
- (6) Recruitment of Trainees for Dental Vocational Training (VT) and Dental General Professional Training (GPT).

In practice, administration staff at senior levels have been the main driver with regards to the screening of policies. They have also played a vital role in prompting other key decision-makers on the need to carry out screening and the organisational risks involved in the failure to ensure that decisions are equality proofed.

The Agency would hold that it has become significantly more effective at identifying equality of opportunity dimensions in its policies. In many cases, this relates to implementing fundamental principles

underlying access to opportunities and services (such as transparency, openness, information and consistency) in the first place, which are a pre-condition for addressing any particular needs of groups under Section 75.

Moreover, the fact that the Agency's EQIA programme has effectively covered all core areas of work (i.e. relating to dentistry, general practice, as well as the hospital specialties and encompassing policies concerning trainees, trainers, full-time staff and staff acting on behalf of the Agency) serves as a case in point.

Challenges remain primarily with regards to ensuring that equality screening is integrated into all decision-making processes, even those pertaining to areas that may be perceived as less central to the promotion of equality of opportunity at first sight. Moreover, it will be key to ensure that it is carried out in an effective and meaningful manner. Given that screening is a continuous learning process, the Agency seeks to support staff by providing focused training and access to information resources on the needs of particular groups under Section 75. Thus, for instance, guidance on 'Cracking the Information Barrier' as well as information notes on the 'See it Right' Campaign by RNIB were issued to staff involved in the production of information materials. Furthermore, a dedicated screening template was designed as a tool for staff. It appears that further guidance on how and when further consultation with affected groups can be undertaken in a meaningful manner may be a useful way to support staff in carrying out screening.

3d) Outline over the past five year period the percentage of your authority's initial EQIA timetable that reached i) stage 6 of the EQIA process i.e. decision making, and ii) stage 7 of the EQIA process i.e. annual monitoring & publication of results, and indicate the extent that your authority has become more effective at progressing EQIAs.

*Prompt – Explain any slippage that occurred and what was done to rectify it. To what extent did you notify representative groups of this slippage and what was their reaction? What were the lessons learnt in terms of enablers and impediments to monitoring EQIAs?*

All four EQIAs that were identified in the Agency's initial timetable reached stage 6 of the process (i.e. decision-making and subsequent publication of the final report on the results of the assessment) within a year. The process of progressing EQIAs up to stage 6 was thus highly effective from the very beginning. One factor contributing to the success in meeting deadlines originally set was the central coordination of EQIAs across consortium organisations. Thus, for example, consultation on all EQIAs during year 1 was conducted jointly and a joint ad announced the publication of final EQIA reports.

In a similar vein, both EQIAs carried out as a result of re-screening at a later stage were progressed to stage 6.

Monitoring policies for adverse impacts has been a challenging part of the process. To date, the Agency has not produced any formal monitoring reports for its EQIAs.

The Agency would argue that the timescales involved in implementing actions emanating from an EQIA play an important role, in particular for policies where monitoring must heavily rely on qualitative methods. When EQIAs result in far-reaching changes to policies and practices, arguably monitoring is only meaningful after a substantial number of action points have been delivered on. Some of these, however, may take some time to implement.

For this reason, the Agency would hold that monitoring the delivery on action points and publishing the results of such monitoring is as important. It provides transparency on how the Agency delivers on its commitments; hence the Agency's detailed account of progress in its annual reviews and its plans to communicate progress directly to consultees (see above).

#### **4. The authority's arrangements for monitoring any adverse impact of policies adopted by the authority on the promotion of equality of opportunity.**

4a) To what extent were sufficient arrangements put in place to collect data relating to the nine equality categories to monitor the impact of policies and what could your authority do in future to develop monitoring arrangements?

*Prompt - What were the lessons learnt in terms of enablers and impediments to monitoring and developing new/additional quantitative data over the past five years. Did your authority consult its own employees or collaborate with other authorities to collect data? Did your authority engage with representative groups to develop monitoring arrangements?*

On the quantitative side, monitoring is undertaken with regards to recruitment and selection on an ongoing basis. This covers a range of groupings, including:

- administration staff directly employed by NIMDTA
- professional staff and staff acting on behalf of the Agency
- applicants for trainee schemes
- applicants for trainer schemes.

The template used for recruitment and selection monitoring covers seven out of the nine groups under Section 75 (i.e. except for the categories of political opinion and sexual orientation). An early pilot with Agency staff had shown a reluctance to provide information on political opinion, leading to high levels of under-recording. Similar concerns persist with regards to the category of sexual orientation.

The template was developed in collaboration with partner organisations from the HPSS Agencies and Special Bodies consortium. The Agency examined monitoring practices across a sample of public sector organisations and engaged with selected Section 75 groups (such as Disability Action and Carers NI) regarding the wording of questions asked.

In future, the Agency will seek to analyse, review and report on the data with reference to all seven groups.

Qualitative monitoring is carried out in relation to some areas of work, for instance the recruitment of dental trainees, in the form of feedback questionnaires after the completion of the selection process.

NIMDTA commits itself to seeking to identify further opportunities for qualitative monitoring through surveys with service users.

The Agency faces two main difficulties in relation to quantitative monitoring. Firstly, in many of the cases sample sizes are very small,

which means that the results of quantitative monitoring have to be interpreted with caution: percentages are easily skewed.

Secondly, the paucity of comparator data creates difficulty. Thus, for instance, evidence with regards to inequalities of access to trainer posts for GPs or GDPs remain somewhat inconclusive when collected data on the Section 75 profile of applicants for the scheme cannot be compared with the Section 75 profile of the GP or GDP population as a whole.

To this end, the Agency has lobbied the DHSSPS on several occasions with regards to the collection of Section 75 on dentists and GPs in Northern Ireland, to date to little avail.

## **5. The authority's arrangements for publishing the results of equality impact assessments and of monitoring any adverse impact of policies adopted by the authority on the promotion of equality of opportunity.**

5a) Indicate the number of reports published outlining the results of EQIAs and monitoring over the past five years, and outline what your authority could do in future in relation to improving the publication of EQIA results and monitoring.

*Prompt – Identify the number of reports that were provided in alternative formats. What were the lessons learnt in terms of enablers and impediments to publishing the results of EQIAs and monitoring?*

Over the five-year period, NIMDTA published six draft EQIA reports (i.e. consultation documents) and six final EQIA reports, outlining the results of the respective EQIAs. Each report closely followed Equality Commission guidance. The publication of each report was announced by a range of means: a public notice was placed in regional newspapers; an email was sent to all consultees on the Agency's list with details on how to access the reports; paper copies of the reports were sent to those who had engaged directly with the Agency in the course of the EQIA.

The Agency did not receive any requests for any of the documentation to be provided in alternative formats.

As outlined earlier, the Agency intends to publish a stand-alone report on progress in relation to EQIA commitments in order to allow stakeholders to monitor the delivery of actions.

The Agency has not published any monitoring reports to date (see section 4 for further comments). NIMDTA would be concerned about publishing monitoring statistics in isolation, given the fundamental constraints outlined above, namely small sample sizes and a lack of comparator data.

**6. A commitment that in making any decision with respect to a policy adopted or proposed to be adopted by it, that the public authority shall take into account any equality impact assessment and consultation carried out in relation to the policy.**

6a) In terms of the number of EQIAs that reached stage 6 (i.e. decision making) to what extent were mitigation measures and alternative policies adopted?

*Prompt - Outline the extent to which your authority produced EQIAs that did **not** identify adverse impact on any of s75 categories, but which consultees then gave an indication of adverse impact of s75 category and/or proposed mitigation measures or alternative policies.*

All EQIAs resulted in the development of a series of action points. Some of these led to the adoption of alternative policies, others sought to address negative impacts of the policies under scrutiny, yet others followed the aim of promoting equality of opportunity in a more proactive manner.

Thus for instance, the EQIA on the 'Recruitment of Trainees for Dental Vocational Training (VT) and Dental General Professional Training (GPT)' has resulted in the adoption of an alternative recruitment policy, moving away from a practice-based to a centralised model. In a similar vein, age limits were removed as a result of an EQIA on the Agency's policy on trainer selection for

general practice. As a result of its EQIA on Work-Life Balance policies – conducted jointly with consortium partners – the Agency introduced a flexi-time scheme for all members of staff. The EQIA likewise highlighted a need for further awareness raising activities amongst members of staff in relation to the available schemes. In this context, an information booklet on Work-Life Balance policies was produced for all staff and has since become an integral part of the information provided to new staff at the induction stage. The EQIA did not, however, unearth any adverse impacts on the basis of any of the criteria defined for eligibility to the schemes, for instance.

6b) To what extent did consideration of EQIAs and consultations contribute to a change in policy, as opposed to policy decisions which would probably have been made in any event by your authority?

*Prompt - Set out any key examples. What were the lessons learnt in terms of enablers and impediments to making a decision and taking into account an EQIA and consultation? What could your authority do in future to ensure decision making effectively takes these issues into account?*

As highlighted earlier (see Section 2), EQIAs have served as a key vehicle for bringing about organisational change within the Agency. They served to shed light on the implications of established policies and practices, eliciting the need for addressing fundamental issues regarding the transparency, openness, accountability and consistency of policies and procedures. The findings and consultation comments thus had a direct input into policy-making.

As mentioned before, other measures were additional to the policy itself i.e. actions to promote better equality of opportunity through awareness raising activities.

Barriers to taking into account an EQIA and consultation outcomes in decision-making appear in those areas where evidence is inconclusive or response rates to surveys that were carried out were low. It has become evident that decision-makers are reluctant to make changes on the basis of perceptions of a relatively small number of stakeholders. In part, such reluctance is rooted in an established bias towards quantitative data. In other words, a number of decision-makers tend to ascribe less significance to and to be

generally uncomfortable with qualitative data as evidence, negating its value as 'just perceptions'.

The Agency would argue that the question of additionality is a pertinent issue less so in relation to the outcome of EQIAs in particular than to good practice initiatives that benefit disadvantaged groups in general. Thus, for instance, part of the Agency's work on meeting the needs of BME groups stems from before Section 75 came into place. While Section 75 has acted as a driver to review and potentially expand activities, the work itself was not initiated by Section 75. Thus, efforts in meeting the particular needs of overseas doctors and female trainees, for instance, have been part and parcel of the Agency's work for some time.

## **7. The authority's arrangements for training staff on issues relevant to the duties.**

a) To what extent were sufficient arrangements put in place to develop and deliver a training programme in accordance with scheme commitments?

*Prompt - Was the training programme focused on the initial period of scheme implementation or did it effectively cover all five years? To what extent were outside trainers from representative groups used in designing or delivering training? Was focused training for staff in management and roles associated with aspects of scheme implementation provided on an ongoing basis?*

The Agency and its partners implemented a comprehensive training programme over the five-year period. A training plan was developed and agreed jointly by the consortium on an annual basis, thus ensuring the continuing learning and development of staff in relation to equality and good relations throughout the period. Each plan provided for equality awareness sessions (for all staff) plus additional, specialised training for particular groups of NIMDTA staff.

The following table gives an overview of the type of training delivered and its timing over the five year period.

<b><i>Type of Training</i></b>	<b><i>Timing</i></b>
equality awareness	regularly since 2001/02
disability awareness	regularly since 2002/03
deaf awareness	2002/03
sexual orientation awareness	2003/04
interpreting awareness	2004/05
anti-racism	2004/05
good relations	2003/04
consultation	2002/03
complaints	2002/03
screening	regularly since 2004/05
equality impact assessment	2002/03 and 2005/06

All training sessions were evaluated on a routine basis. It showed that staff found the sessions effective in meeting the set aims and objectives. Herein, training sessions which had a practical focus were scored particularly high.

Outside trainers from representative groups were commissioned to design and deliver focused training on disability awareness, deaf awareness, sexual orientation, anti-racism and wider good relations.

A rolling programme of specialised training was provided on particular aspects of equality scheme implementation including consultation, complaints, screening and EQIAs. The focus shifted over the five-year period, which reflects the sequence of actions to implement the scheme on the one hand and the regular review of training needs on the other. Thus, for instance, during 2004/05 the Agency and its consortium partners identified the need for a dedicated session on screening in the format of a highly interactive and practical workshop to address a recognised lack of progress on screening.

The economies of scale achieved by the consortium arrangements were particularly pronounced in the area of training, allowing the Agency to meet the training needs of its staff in a highly cost and time-effective manner. Ultimately, it allowed NIMDTA to significantly exceed its equality scheme commitments of delivering at least one type of specialised training within any given year.

In addition to formal training, the Agency and its partner organisations developed a range of written information materials (e.g. practical, jargon-free guidance on Section 75, screening and EQIAs) to provide a resource that staff can draw on for their reference.

7b) Have all staff received awareness training and what could your authority do in future to deliver an effective training programme?

*Prompt – Does the authority have evidence that over the past five years staff understood their role in implementing the scheme? What were the lessons learnt in terms of enablers and impediments to communication and training?*

Over the five-year period all members of staff received equality awareness training.

While all staff – through the range of awareness initiatives, good practice projects and training events – would be aware of the statutory requirements under Section 75, the extent to which this translates into an understanding of the particular role that an individual has to play differs. It seems fair to say that the realisation of what mainstreaming means in practice for each member of staff is only starting to sink in on a wider scale. This applies to decision-makers in particular, especially in matters where equality implications are less obvious. In contrast, translating equality into practical actions appears to be more forthright in the case of frontline staff e.g. identifying the need for interpreters and translations, learning how to use a text phone, checking accessibility requirements for venues etc.

Staff therefore need ongoing support in operationalising the concept of equality of opportunity. Training sessions are most effective when they are delivered in the form of a workshop with maximum time for staff to work on and discuss practical examples. In other words, emphasis must be placed on staff developing their skills rather than mere awareness raising sessions.

In future, it will also be important to re-visit particular areas of knowledge and skills. The Agency will consider follow-up training/workshop sessions to provide staff with an opportunity to reflect on and discuss their learning accrued over a certain period of time.

Any training programme within a small organisation, however, has to be carefully paced, given the difficulty to release staff. The Agency therefore has begun to explore the opportunities provided by e-learning. The Agency is represented through the Equality Unit on a working group leading on an HPSS-wide initiative to produce an e-learning resource on diversity.

## **8. The authority's arrangements for ensuring and assessing public access to information and to services provided by the authority.**

8a) To what extent were sufficient arrangements put in place to ensure and assess public access to information and to services provided by the authority?

*Prompt - Was an audit of information provision undertaken? To what extent did you provide accessible formats without specific requests? What were the lessons learnt in terms of enablers and impediments to ensuring and assessing public access to information and to services? What could your authority do in future to ensure equality of opportunity in public access to information and to services?*

In 2001, the Agency and its consortium partners undertook a review of access to information and services. The review was comprised of three main elements:

- (1) key informants (e.g. Disability Action) were consulted about issues relating to definitions of access, the scope of the review and relevant sources of information
- (2) a review of relevant literature
- (3) a baseline review of organisational policies took place in key areas: organisational policies which are relevant to public access functions (including complaints, openness, access and disability); information provision; and physical access.

The audit led to the adoption of an initial programme of action, including work on improving physical access to the Agency. This was subsequently widened to the extent that the Agency and its partners, in consultation with the Equality Commission, developed a disability

standard. The standard defines a range of actions on a short-term, medium-term and long-term scale.

Over the five year period the Agency has provided information in accessible formats without specific requests on a number of occasions. Thus, for instance, the equality scheme was translated into Irish, Chinese, Urdu and Hindi. A version of the scheme was also produced in Braille. Likewise, health promotion materials were translated into minority ethnic languages.

It emerged that accessible formats, such as Braille, were in little demand, which suggests that resources may better be used to respond to requests rather than for their production up front, combined of course with measures to raise awareness of this option.

NIMDTA also found that it is important to engage with voluntary sector organisations in order to identify cases in which there may in fact not be any need for providing information in translation. Experience has shown, for instance, that the Chinese Welfare Association and the Indian Community Centre do not recommend the indiscriminate translation of documents into minority languages. On the other hand, this raises the question of the representativeness of individuals from such organisations and hence the basis on which decisions are taken.

The Agency would hold that the greatest remaining challenge is to ensure that information is accessible for people with a learning disability. It will therefore seek to engage with its consortium partners to determine a plan of action, involving voluntary sector organisations in the field.

## **9. The authority's timetable for measures proposed in the scheme.**

9a) Outline the extent to which measures set out in the original timetable have been implemented. Any detailed information should be included in as an appendix to the report.

*Prompt –Update any progress previously reported as underway or delayed. Has a mechanism been developed to report by*

*exception i.e. on specific issues that have not been progressed?*

The Agency implemented the measures that were set out in the original timetable as planned with one exception. Progress was somewhat slower than envisaged in the promotion of good relations. While an audit was carried out in accordance to plan, the design of an outright action plan has proved more difficult. The Agency's joint efforts alongside its consortium partners mainly focused on educational activities: a series of pilot training sessions on good relations (facilitated by the Community Relations Council), anti-racism training (facilitated by David White) and current work on the development of an e-learning package on diversity.

*9b) If your authority was to be reconstituted in the next five years what would be the main scheme actions/equality considerations that an incoming authority should address? Any detailed information should be included as an appendix to the report.*

*Prompt –Outline what arrangements could be put in place to transfer equality scheme knowledge.*

The Agency would recommend that any incoming authority should pay particular attention to work in the following three areas of scheme implementation:

- screening

Further efforts should be undertaken to quality-assure screening that is undertaken by staff. Any new authority may wish to explore the scope for introducing a screening working group (i.e. a single purpose forum on screening), similar to the model of good practice developed by the Eastern HSS Board. Alternatively, the role of scrutinising screening outcomes may be assigned to other internal fora/committees as an addition to their terms of reference. The former model would have the benefit of providing a centralised point to coordinate all screening activities and to ensure that learning is shared across the organisation. A decentralised model, on the other hand, may contribute more readily to integrating equality into the mainstream of the business.

Both models appear to provide effective mechanisms for quality assuring screening in medium to large organisations.

- need to continue a rolling programme of focused training

Developing staff to strengthen their skills in identifying the particular needs of Section 75 groups must be an ongoing undertaking. It is therefore important that a rolling programme of focused training is continued.

- user involvement / engaging with voluntary sector organisations

Particular efforts should be employed to engage with service users and representative groups. The reduction in the number of health and social services bodies should provide the opportunity for designing more effective mechanisms for the ongoing engagement with groups.

Finally a major task for all incoming authorities will be to strive to achieve a greater regional coordination of equality proofing activities (i.e. both screening and EQIAs) in the health and social services.

## **10. Details of how the scheme will be published.**

### **10a) Were scheme commitments in this section delivered and what evidence supports this view?**

The Agency closely followed its commitments for publishing the scheme:

- Systems were put in place for making the scheme available on request in alternative formats. Providers of translation services and services to produce the scheme in further alternative formats (including Braille and audiocassette) were identified.
- A plain English summary of the scheme was produced and translated into Irish, Ulster-Scots, Hindi and Chinese.
- A press release was disseminated to the local media and a public notice on the scheme's approval placed in the Belfast Telegraph (including in the Northwest edition), the Irish News and the Newsletter.

- The scheme was posted on the NIMDTA website.
- Copies of the approved scheme were sent to key stakeholders.

## **11. The authority's arrangements for dealing with complaints arising from a failure to comply with the scheme.**

11a) Outline the number and nature of complaints received by your authority, and what your authority could do in future to develop its complaints handling process and learn from complaints.

*Prompt – Outline the nature of complaints and scheme element e.g. screening, consultation. What effect did complaints have on the operation of your scheme?*

A complaints procedure for dealing with Section 75 complaints is set out in the organisation's Equality Scheme. The organisation did not receive any complaints under the terms of Section 75 throughout the five-year period. If any complaints are received under Section 75, they are directed to the Agency's Complaints Manager, who will report and monitor the level of complaints on an annual basis.

## **12. A commitment to conducting a review of the scheme within five years of its submission to the Equality Commission and to forwarding a report of this review to the Equality Commission.**

12a) What has been your authority's experience of conducting this review? To what extent has the Commission's guidance been useful in undertaking the review?

The review has proved a very time and resource intensive undertaking. The template contains some 25 main questions plus a further 50 questions as prompts, which overall seems somewhat excessive and unwieldy. A theme-based approach (focusing, for instance, on ownership, equality proofing, monitoring and consultation) rather than following the intricate structure of the guidance on the form and content of Equality Schemes, may have proved beneficial.

The Agency would be concerned that the complex reporting requirements will take their toll on the delivery of initiatives during 2005/2006, considering also the upcoming deadline for the submission of the fifth annual review of progress to the Commission.

On the other hand, the five year review has contributed to raising the profile of equality once again internally. This must be considered, however, within the context of the current corporate agenda across the HPSS, which is clearly dominated by the Review of Public Administration and Agenda for Change.