



Southern Health  
and Social Care Trust

# Equality Impact Assessment Document

Development of Further Resettlement from Hospital Based  
Long Stay Care for Learning Disability

**December 2008**

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## **1.0 INTRODUCTION**

The purpose of this consultation document is to seek and record the public's views on the proposed CSR related service changes with regard to the Development of Further Resettlement from Hospital Based Long Stay Care for Learning Disability and the findings of the Equality Impact Assessment conducted by the Trust on this proposal.

The proposal aims to resettle a total of 33 patients from Mourne, Donard and Sperrin Wards at Longstone Hospital and close the wards. The strategic direction for the resettlement of clients living long term in hospital settings is well established regionally and locally and is detailed in the service priorities provided in:

- Southern Health and Social Services Board Strategy for People with a Learning Disability 2000
- Review of Mental Health and Learning Disability (NI):equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland 2005
- DHSSPSNI Priorities for Action
- SHSSB Health and Wellbeing Investment Plan.

### **1.1 Background**

Since 2004 investment in the Southern Area has secured the resettlement of 80 people from Longstone Hospital in part to achieve the ministerial target that no one should be living long term in hospital by 2013.

This proposal is an acceleration of the Longstone Hospital resettlement programme over the next three years aiming to close three wards Mourne, Donard and Sperrin and resettle the 33 people from the wards into alternative community accommodation.

The resettlement programme is already well under way and this proposal aims to further implement this strategy in the Southern Trust.

The impact of this proposal will result in the continued retraction of the long term care facilities in Longstone Hospital with new more appropriate models of supported accommodation and community living. The following potential benefits have been identified:

- redesign of services to improve the quality of living and care.

- better use of resources, with efficiency savings being reinvested to support people to live in their own homes.
- modernise service provision in line with strategic policy and user expectations.
- provide people with a learning disability an opportunity to live as independently as possible in the community in their own home with appropriate care and support to meet their needs through Supported Living models of care.

## **1.2 Section 75 Northern Ireland Act 1998**

The Southern Health and Social Care Trust (the Trust) is committed to fulfilling its statutory equality duties set out in Section 75 of the Northern Ireland Act 1998 (the Act). The Act has placed the following statutory requirement on the Trust, as a public authority:

(1) A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity:

- a) Between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- b) Between men and women generally;
- c) Between persons with a disability and persons without; and
- d) Between persons with dependents and persons without.

(2) Without prejudice to its obligation under subsection (1), a public authority shall in carrying out its functions relating to Northern Ireland have regard to the desirability of promoting good relationships between persons of different religious belief, political opinion or racial group.

The Trust's Equality Scheme sets out the Trust's management arrangements for ensuring its statutory equality duties, as described above, are implemented effectively and on time. The Trust's Scheme was approved by the Equality Commission for NI (ECNI) in June 2001.

The Trust is committed to the safeguarding and promotion of human rights in all aspect of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention rights and makes it unlawful for a public body to act incompatibly with the Convention rights.

The Trust will ensure that respect for human rights, in particular Article 8,

is at the core of its day to day work and is reflected as an integral part of its decision making process.

For a copy of the Trust's Equality Scheme, please contact:

Mrs Lynda Gordon  
Head of Equality Assurance Unit  
Southern Health and Social Care Trust  
The Bungalow  
Lurgan Hospital Site  
Sloan Street  
Lurgan  
Co Armagh  
BT66 8NX

Tel: 028 38 316691

Fax: 028 3831 6675

Email: [lynda.gordon@southerntrust.hscni.net](mailto:lynda.gordon@southerntrust.hscni.net)

Textphone: 028 3839 4738

This scheme and a copy of this consultation document in an alternative format or in languages for those who are not fluent in English, can also be obtained on request.

### **Decision by the Trust**

In compliance with the legislation and in the interest of equality of opportunity and good relations, the Trust in making any final decision with respect to this proposal shall take into account the equality impact assessment and the outcome of any consultation carried out in relation to this proposal.

### **1.3 Wider Policy Context**

The strategic direction and service re-engineering requirements for the Learning Disability programme are set out in Bamford Review, Equal Lives and supported by Departmental policy. The strategic priorities are:

- Resettlement from long stay hospital.
- Development of community based services to support people with a learning disabilities in their own homes or community settings.

- Continue to develop care to avoid hospital admission where possible.
- Provide flexible, appropriate and person-centred care for those with severe and enduring mental illness, including resettlement of those people living in long term hospital care.
- The following PSA and Ministerial targets will be subject to intensive monitoring by the Department during 2008-09 to ensure satisfactory progress is made: Resettlement (PSA 7.1) Trusts should by, March 2009, resettle 60 patients from hospital to appropriate places in the community compared to the March 2006 total (and a further 60 by March 2011). DHSSPSNI (2008) Priorities for Action 2008-2009.

#### **1.4 Consultation Time Frame**

Responses to this consultation document should be received by **Friday 6<sup>th</sup> March 2009**. Your responses should be forwarded to:

Mrs Lynda Gordon  
Head of Equality Assurance Unit  
Southern Health and Social Care Trust  
The Bungalow  
Lurgan Hospital Site  
Sloan Street  
Lurgan  
Co Armagh  
BT66 8NX

Tel: 028 38 316691

Fax: 028 3831 6675

Email: [lynda.gordon@southerntrust.hscni.net](mailto:lynda.gordon@southerntrust.hscni.net)

Textphone: 028 3839 4738

## **2.0 EQUALITY IMPACT ASSESSMENT**

In considering the equality implications of the future arrangements for the proposal to Develop Further Resettlement from Hospital Based Long Stay Care for Learning Disability the Trust has adhered to the practical advice issued by the Equality Commission for Northern Ireland, in April 2001.

### **Consideration of Available Data and Research**

The Trust has utilised both quantitative and qualitative analysis when considering the equality implications of this development. Both types of data were regarded as equally relevant.

### **2.1 Strategic Data Sources**

The quantitative data was supplied using the following sources:

- Equal Lives
- Bamford Review Committee
- Northern Ireland Statistics and Research Agency (NISRA)
- Regional Strategy 'A Healthier Future (2005–2025)'
- DHSSPS - Equality, Good Relations and Human Rights Strategy and Action Plan
- DHSSPS Priorities for Action 2008-09
- Human Resources Framework EQIA (October 2006)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- 2001 Census of Population (Northern Ireland) including local Government figures
- Statement of Key Inequalities in NI – Equality Commission for NI 2007.
- DHSSPS Health Inequalities – The Inequality Monitoring System comprises a basket of indicators which are monitored over time to assess areas of difference in mortality, morbidity, utilisation of and access to health and social care services in NI. Inequality between the 20% most deprived areas and NI as a whole.

### **2.2 Local Data Sources**

- SHSSB Health and Wellbeing Investment Plan (HWIP)
- SHSCT Local Delivery Plan
- SHSCT Corporate Plan
- SHSSB Learning Disability Strategy 2000
- Business cases/ service development proposals

- Trust’s Strategic Response to the Comprehensive Spending Review 20008-11 Overarching Equality Impact Assessment
- SHSSB Future Housing and Support options for People with learning disabilities in the SHSSB area.
- Available data in respect of each of the Section 75 groupings for current residents in each of the Trust’s five statutory residential homes for older people.
- Recent trends in the uptake of services and demographic projections.

## 2.3 Population Profile

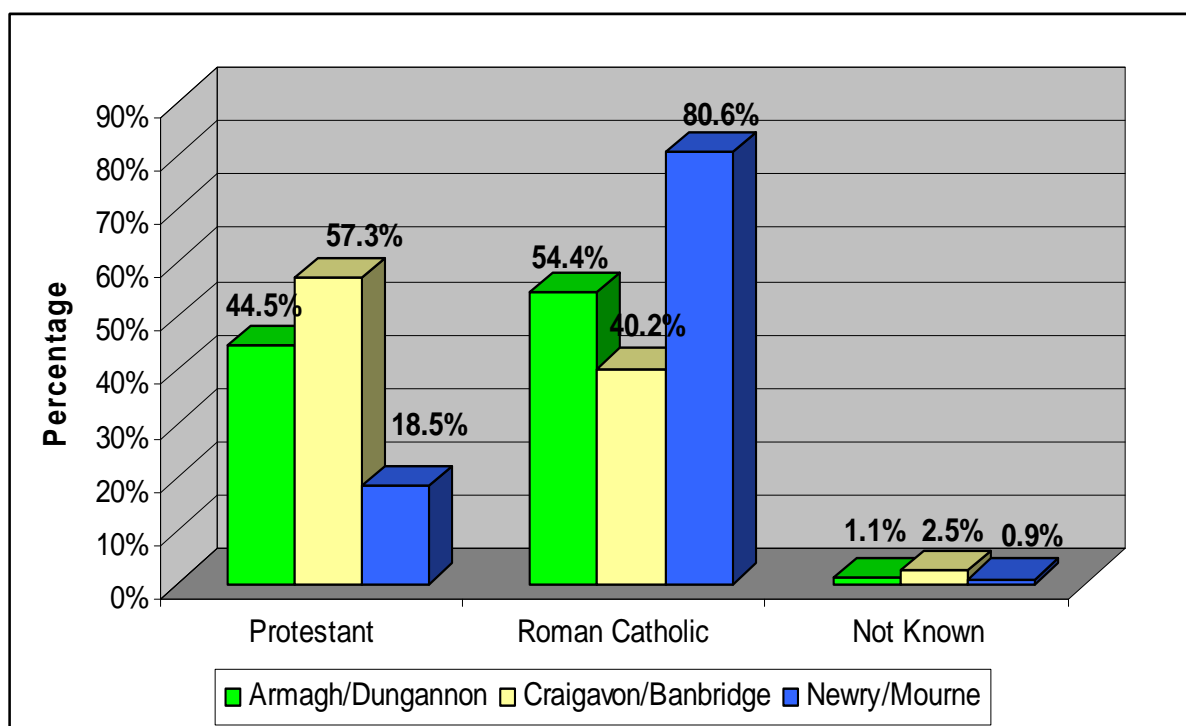
**Table 1: Southern Area Population – Census 2001 by Section 75 Groups**

SECTION 75 GROUP	SOUTHERN AREA POPULATION (TOTAL POPULATION 311,119)					
<b>Gender</b>	Female	50.47%				
	Male	49.53%				
<b>Age</b>	0 -15	16-24	25-44	45-64	65-84	85+
	25.32%	12.31%	29.07%	21.03%	11.09%	1.19%
<b>Religion</b>	Protestant	Roman Catholic		Not Known		
	42.25%	56.16%		1.59%		
<b>Political Opinion</b>	Not collected (voting patterns used as a proxy)					
<b>Marital Status</b>	Single	Married	Not Known			
	31.99%	57.23%	10.78%			
<b>Dependent Status (based on 109,414 households)</b>	Households with dependent children 39.75%					
<b>Disability (based on 109,414 households)</b>	Household with one or more persons with a limiting long term illness 43.65%					
<b>Ethnicity</b>	Black African – 0.01%		Irish Traveller – 0.20%			
	Bangladeshi – 0.01%		Pakistani – 0.05%			
	Black Caribbean – 0.01%		Mixed Ethnic Group– 0.14%			
	Chinese – 0.15%		White – 99.32%			
	Indian – 0.05%		Not Known – 0.05%			
	Other Black – 0.02%					
<b>Sexual Orientation</b>	Estimated 10% of population is LGB equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008					

**Table 2: Southern Area Population – Census 2001 by Gender and Religion within Southern Trust Legacy Areas**

	Armagh and Dungannon	Newry and Mourne	Craigavon and Banbridge
Gender			
<b>Female</b>	<b>49.6%</b>	<b>49.5%</b>	<b>49.5%</b>
<b>Male</b>	<b>50.4%</b>	<b>50.5%</b>	<b>50.5%</b>
Religion			
<b>Protestant</b>	<b>44.5%</b>	<b>18.5%</b>	<b>57.3%</b>
<b>Roman Catholic</b>	<b>54.4%</b>	<b>80.6%</b>	<b>40.2%</b>
<b>Not known</b>	<b>1.1%</b>	<b>0.9%</b>	<b>2.5%</b>

**Graph 1: Religious composition of the Southern Area Population - Census 2001 by Southern Trust Legacy Areas**



**Table 3: Population Profile by Age (Mid Year Population Estimates for 2006)**

AGE BAND	Local District Government Area					Total SHSCT Population
	Armagh	Dungannon	Craigavon	Banbridge	Newry & Mourne	
<b>0-4</b>	4 000 (7.1%)	3 800 (7.3%)	5 900 (6.8%)	3 200 (7.0%)	7 200 (7.7%)	23 900 (7.1%)
<b>5-19</b>	12 900 (22.8%)	11 700 (22.4%)	18 700 (21.5%)	9 400 (20.6%)	21 900 (23.4%)	74 700 (22.3%)
<b>20-64</b>	32 200 (56.9%)	30 400 (58.2%)	51 100 (58.7%)	27 400 (59.9%)	53 200 (56.9%)	194 300 (58.0%)
<b>65-74</b>	4 200 (7.4%)	3 500 (6.7%)	6 300 (7.2%)	3 100 (6.8%)	6 300 (6.7%)	23 500 (7.0%)
<b>75-84</b>	2 600 (4.6%)	2 200 (4.2%)	3 800 (4.4%)	1 900 (4.2%)	3 800 (4.1%)	14 400 (4.3%)
<b>85+</b>	700 (1.2%)	600 (1.1%)	1 200 (1.4%)	700 (1.5%)	1 000 (1.1%)	4 200 (1.3%)
<b>All Ages</b>	<b>56 800</b>	<b>52 300</b>	<b>86 800</b>	<b>45 500</b>	<b>93 400</b>	<b>334 800</b>

Source: NISRA (Southern Health and Social Services Board – Mid Year Population Estimates for 1991, 2001 & 2006)

\* The above MYE figures are rounded to the nearest 100 and therefore totals may not agree to sum of components.

\* There may be some level of inaccuracy in the above data given groups such as migrant workers (and others) who may not be reflected within the census.

The above table shows that the age breakdown is broadly similar across all 5 local District Government areas in terms of population percentage.

The following table shows population projections for the SHSCT. These projections are based on the 2002 mid-year population estimate.

**Table 4: Population Projections for SHSCT (2007–2017)**

Projected Population - SHSCT							
	2007	2009	2011	2013	2015	2017	2007-2017
<b>0-4</b>	22 200 (6.8%)	22 200 (6.7%)	22 500 (6.7%)	22 800 (6.7%)	23 100 (6.7%)	23 500 (6.7%)	+1 300 (+5.9%)
<b>5-19</b>	72 600 (22.2%)	71 300 (21.5%)	70 000 (20.8%)	69 000 (20.2%)	68 500 (19.8%)	68 300 (19.4%)	-4 300 (-5.9%)
<b>20-64</b>	190 100 (58%)	193 600 (58.3%)	197 100 (58.5%)	199 400 (58.4%)	201 600 (58.2%)	203 900 (58%)	+13 800 (+7.3%)
<b>65-74</b>	23 900 (7.3%)	25 200 (7.6%)	26 600 (7.9%)	28 200 (8.3%)	29 800 (8.6%)	31 000 (8.8%)	+7 100 (+29.7%)
<b>75-84</b>	14 400 (4.4%)	15 000 (4.5%)	15 600 (4.6%)	16 500 (4.8%)	17 300 (5.0%)	18 100 (5.2%)	+3 700 (+25.7%)
<b>85+</b>	4 500 (1.4%)	4 900 (1.5%)	5 300 (1.6%)	5 700 (1.7%)	6 100 (1.8%)	6 500 (1.9%)	+2 000 (+44.4%)
<b>All Ages</b>	<b>327 600</b>	<b>332 200</b>	<b>336 900</b>	<b>341 600</b>	<b>346 400</b>	<b>351 300</b>	<b>+23 700 (+7.23%)</b>

Source: NISRA (Southern Health and Social Services Board Mid Year Population Estimates for 1991, 2001 & 2006)

\*These figures have been rounded to the nearest 100 and so totals may not add to the sum of the columns.

The table indicates that the SHSCT population is expected to increase by 7.23% by 2017 (an increase of 23,700 people).

The over 65 population is projected to increase from 42,800 to 55,600, indicating a growth of 29.9% over a 10 year period. Most significant is that the population aged 85 and over is growing most quickly with an anticipated 44.4% growth by 2017 (an increase of 6,500 people).

## 2.4 Patient Profile

**Table 5: Patient Profile of Mourne, Donard and Sperrin Wards at Longstone Hospital Armagh**

SECTION 75 GROUP		PERCENTAGE
<b>Gender</b>	Female	33%
	Male	67%
<b>Religion</b>	Protestant	42%
	Roman Catholic	58%
	Not known	
<b>Political Opinion</b>	Not collected (voting patterns used as a proxy)	
<b>Age</b>	16-24	3%
	25-34	5%
	35-44	40%
	45-54	34%
	55-64	11%
	65+	7%
	Not known	
<b>Marital Status</b>	Single	100%
	Married	
	Not known	
<b>Dependant Status</b>	Not collected	
<b>Disability</b>	Yes	100%
	No	
	Not known	
<b>Ethnicity</b>	Black African	100%
	Bangladeshi	
	Black Caribbean	
	Chinese	
	Indian	
	Irish Traveller	
	Pakistani	
	Mixed Ethnic	
	Filipino	
	White	
	Not known	
<b>Sexual Orientation</b>	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008	

In summary, there is a greater percentage of male than female patients (67% and 33% respectively) and the religious breakdown is 58% Roman Catholic and 42% Protestant which is reflective of the Armagh and Dungannon District Government as highlighted in Graph 3 on page 14. The highest concentration of patients are in the 35-44 age range (40%) and also the 45-54 age range (34%) and all of the patients were recorded as single, white and all have a disability. With increased life expectancy of the learning disability client group who will suffer from

diseases of old age this is reflective of the learning disability population.

## 2.5 Staffing Profile

**Table 6: Total Trust Workforce by Section 75 Groups (with comparison as at 1 January 2007 and 2008)**

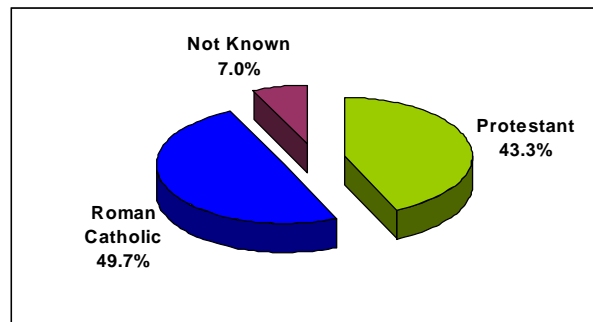
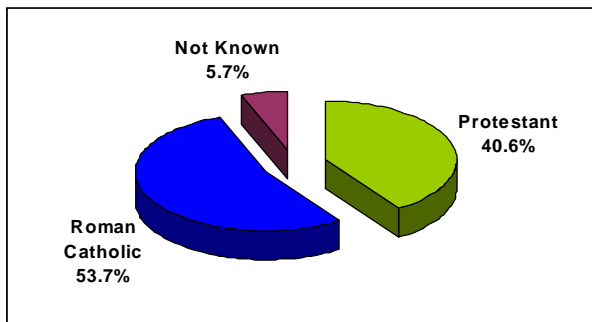
SECTION 75 GROUP		WORKFORCE PROFILE AS AT 1 JANUARY 2007	WORKFORCE PROFILE AS AT 1 JANUARY 2008	DIFFERENTIAL
<b>Gender</b>	Female	86.8%	86.3%	- 0.5%
	Male	13.2%	13.7%	+ 0.5%
<b>Religion</b>	Protestant	40.9%	40.6%	- 0.3%
	Roman Catholic	53.6%	53.7%	+ 0.1%
	Not known	5.4%	5.7%	+ 0.3%
<b>Political Opinion</b>	Not collected (voting patterns used as a proxy)			
<b>Age</b>	16-24	10.1%	10.3%	+ 0.2%
	25-34	21.8%	22.5%	+ 0.7%
	35-44	27.2%	25.8%	- 1.4%
	45-54	27.3%	27.3%	-----
	55-64	12.8%	13.0%	+ 0.2%
	65+	0.9%	1.0%	+ 0.1%
	Not known	0.1%	0.1%	-----
<b>Marital Status</b>	Single	27.3%	27.9%	+ 0.6%
	Married	67.7%	65.4%	- 2.3%
	Not known	5.0%	6.7%	+ 1.7%
<b>Dependant Status</b>	Not collected			
<b>Disability</b>	Yes	0.7%	0.7%	-----
	No	54.8%	58.1%	+ 3.3%
	Not known	44.5%	41.1%	- 3.4%
<b>Ethnicity</b>	Black African	0.01%	0.05%	+ 0.04%
	Bangladeshi		0.05%	+ 0.05%
	Black Caribbean	0.01%	0.07%	+ 0.06%
	Chinese	0.01%	0.08%	+ 0.07%
	Indian	0.2%	0.3%	+ 0.1%
	Irish Traveller	0.02%	0.05%	+ 0.03%
	Pakistani	0.04%	0.2%	+ 0.16%
	Mixed Ethnic	0.07%	0.1%	+ 0.03%
	Filipino	0.09%	0.1%	+ 0.01%
	White	58.0%	59.8%	+ 1.8%
	Not known	41.6%	39.2%	- 2.4%
<b>Sexual Orientation</b>	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008			

NB: The Trust is mindful that the prevalence of disability amongst its workforce may be unreported

**Graph 2: Comparison of the religious composition of the Southern Trust workforce as at 1 January 2008 with the Census 2001 figures for economically active persons for the Southern area**

Southern Trust Workforce

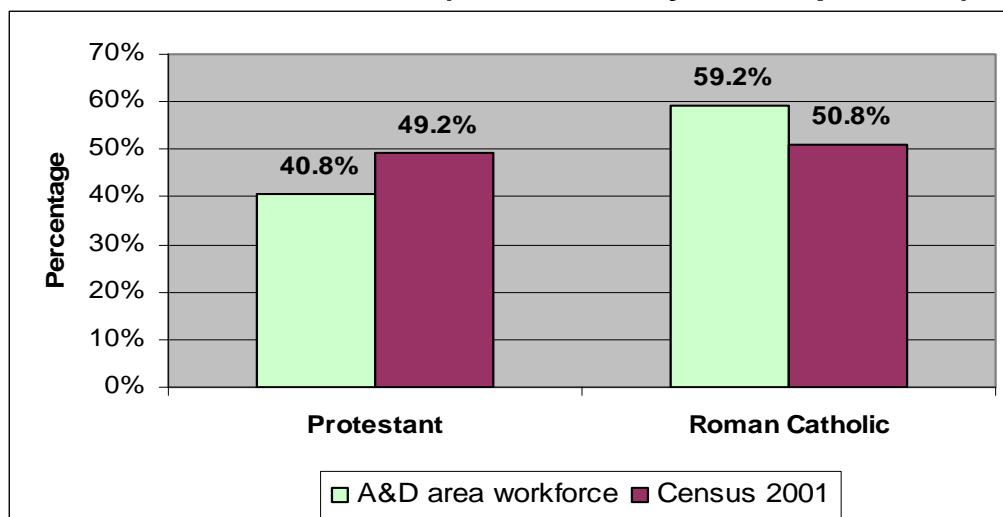
Census 2001 – Southern Area



**Table 7: Workforce by Gender and Religion within each Legacy Trust Area as at 1 January 2008**

	Armagh and Dungannon	Newry and Mourne	Craigavon and Banbridge
<b>Gender</b>			
Female	87.4%	87.3%	85.3%
Male	12.6%	12.7%	14.7%
<b>Religion</b>			
Protestant	38.6%	15.9%	53.0%
Roman Catholic	56.0%	78.1%	41.3%
Not known	5.4%	6.0%	5.7%

**Graph 3: Comparison of the Protestant and Roman Catholic composition of the Armagh and Dungannon area workforce as at 1 January 2008 with the 2001 Census figures for the Armagh and Dungannon District Government areas (economically active persons)**



**Table 8: The Staffing Compliment Associated with Mourne, Donard and Sperrin Wards in Longstone Hospital Affected by this Proposal**

SECTION 75 GROUP		PERCENTAGE
<b>Gender</b>	Female	68%
	Male	32%
<b>Religion</b>	Protestant	16%
	Roman Catholic	80%
	Not known	4%
<b>Political Opinion</b>	Not collected (voting patterns used as a proxy)	
<b>Age</b>	16-24	2%
	25-34	14%
	35-44	11%
	45-54	66%
	55-64	7%
	65+	0
	Not known	0
<b>Marital Status</b>	Single	25%
	Married	75%
	Not known	
<b>Dependant Status</b>	Not collected	
<b>Disability</b>	Yes	0
	No	75%
	Not known	25%
<b>Ethnicity</b>	Black African	0
	Bangladeshi	0
	Black Caribbean	0
	Chinese	0
	Indian	0
	Irish Traveller	2%
	Pakistani	0
	Mixed Ethnic	0
	Filipino	0
	White	50%
	Not known	48%
<b>Sexual Orientation</b>	Possibly one in 10 of NI workforce LGB – data source Rainbow Project July 2008	

## **3.0 CONSIDERATION OF IMPACTS**

The following section will detail any adverse impact this proposal will have on services and staff.

### **3.1 Scope of Proposal**

This proposal focuses on service improvement in keeping with key strategic objectives and is not a diminution of service provision. The bulk of the savings released from the closure of Mourne, Donnard and Sperrin will be reinvested in new service developments across the breadth of Trust services. The resettlement to community facilities for clients living long term in hospital has been in part subject to at least two periods of formal public consultation with a wide range of stakeholders as part of the development of the Southern Health and Social Services Board; Strategy for Persons with a Learning Disability 2000 and the Regional Review of Mental Health and Learning Disability 2005 (Bamford).

The closure of Mourne, Donnard and Sperrin will leave approximately 40 clients remaining in long stay wards of Longstone and the Trust will plan to provide resettlement opportunities for this client group.

### **3.2 Equality Screening Outcomes**

Arising out of a joint management and trade union equality screening workshop on 21 August 2008, the proposal for the Development of Further Resettlement from Hospital Based Long Stay Care for Learning Disability was determined to require a full Equality Impact Assessment:

### **3.3 Impact of Proposal(s) on Section 75 Equality Groups**

#### **3.3.1 Population Profile**

#### **Addressing Health Inequalities and Promoting Tolerance Inclusion, Health and Wellbeing**

Improving health and wellbeing by helping people live healthier lifestyles and being actively involved in their own care and in promoting their own health and wellbeing and that of their communities is at the core of health and social care provision, as are the following in addressing health inequalities and promoting tolerance, inclusion, health and wellbeing:

- the Bamford Review - with its emphasis on promoting positive mental health which aims to make a real and meaningful difference to the

lives of people with learning disabilities or mental health as well as to their carers and families;

### **Priority - Promoting Tolerance, Inclusion, Health and Wellbeing**

Northern Ireland has undergone significant transformation in recent years. However, it is recognised that there remain too many people living in poverty, disadvantage and experiencing exclusion. These people are more likely to suffer from poor health and low educational attainment and experience unemployment and more limited lifetime opportunities.

By promoting tolerance, inclusion, health and wellbeing the aim is to address divisions within society and tackle disadvantage and exclusion. In this context, the priority focuses on building good relations, promoting tolerance and respect for diversity alongside efforts to address poverty and exclusion, regenerate disadvantaged communities and support the most vulnerable within society.

#### **3.3.2. Assessment of Impact in relation to Section 75 groups – Service Users**

The proposal to resettle Learning Disability patients to community settings is in line with regional policy which, in pursuit of opportunities to improve and enhance care outcomes, views this measure to be essential in achieving higher levels of flexible and person-centred care.

The proposal envisages the relocation of 33 current long-stay patients from Longstone Hospital, Armagh to a variety of locations in the community, according to where alternative facilities are provided/developed.

The proposal impacts on current long stay patients and their relatives.

While the overall intention of the proposal is to improve and enhance the care provided, it is expected that individual views may be expressed as to whether or not this impact is adverse.

The statutory equality aspects of this impact are identified overleaf.

### **Good Relations**

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion.

### **Gender**

The gender profile of current patients affected by the proposal is Female 33% Male 67%. This indicates a disproportionate impact on males, given that the composition of the SHSCT area is 50.47% female and 49.53% male. However, this effect is not regarded by the Trust to be adverse

### **Age**

75% of current patients are in the age range 35-54, which is significantly higher than the proportion of the general population in this age range (45% approximately). While this age range is therefore disproportionately affected, this effect is not regarded by the Trust to be adverse.

### **Religion**

The religious profile of current patients affected by the proposal is Protestant 42% Roman Catholic 58%. These proportions are largely reflective of the wider population of the Trust area (42.5% and 56.16% respectively) and therefore impact will be proportionate on both communities.

### **Marital Status**

100% of current patients are single, which is significantly higher than the proportion of the general population who are single (31.99%). While there is a disproportionate affect on this basis it would not be regarded by the Trust to be adverse.

### **Disability**

The proportion of disabled current patients affected by these proposals is 100% whereas statistics show that just 43.6% of households in the wider population of the Trust area have one or more persons with a disability. The impact of the proposal on disabled persons will therefore be disproportionate

As a health and social care provider it is recognized that the Trust's care policies will inevitably affect disabled persons to a disproportionate degree. In this instance effect is intended to enhance care outcomes and impact is not therefore regarded as adverse on the grounds of disability.

### **Ethnicity**

The proportion of white patients indirectly affected is 100%. This broadly equates to the proportion of whites within the wider population of the Trust area (99.3%) and the indirect impact is therefore regarded as proportionate.

### **Dependant Status**

The Trust does not routinely source information on the dependant status of its patients and clients. There is no evidence however to suggest that there would be a significant differential impact on anyone by reason of their Dependant status as a consequence of the implementation of the Trust's proposals

### **Political Opinion**

The Trust does not routinely source information on the political opinion of its patients and clients. Evidence does suggest that political opinion is often linked to religion and changes in for example location for patients may potentially differentially impact on people from different religious beliefs, given the variation in the religious composition of the local district government areas within the Trust's geographical spread. As such, staff may perceive some areas as more welcoming than others. The Trust has examined the breakdown of seats held within each of the Local Government Districts which is as follows:

**Table 9: Breakdown of Councillors Seats**

	<b>Armagh</b>	<b>Dungannon</b>	<b>Craigavon</b>	<b>Banbridge</b>	<b>Newry &amp; Mourne</b>
<b>DUP</b>	5	5	8	7	2
<b>UUP</b>	5	4	6	5	3
<b>SDLP</b>	6	4	3	3	9
<b>Sinn Fein</b>	5	8	6	1	13
<b>Independent</b>	1	1	3	0	3
<b>Alliance</b>	0	0	0	1	0
<b>Green</b>	0	0	0	0	1
<b>UKIP</b>	0	0	0	0	1

This impact would, however, be considered further when for example decisions on the positioning of new services/potential relocation of existing services are being actively considered.

## **Sexual Orientation**

The Trust does not routinely source information on the sexual orientation of its patients and clients. Over the past 50 years research has indicated that 10% of the population could be Lesbian, Gay, Bisexual i.e. possible 1 in 10 of the Trust's workforce, and possibly 1 in 10 of service users. Overall it is estimated that there are 168,527 LGB living in NI of which 64% choose to conceal their sexuality. There is no evidence however to suggest that there would be a significant differential impact on anyone by reason of their sexual orientation as a consequence of the implementation of the Trust's proposals.

### **3.3.3 Trust Staff Profile**

Information on the staff profile for the Southern Trust and those affected by these proposals was drawn from the Trust's Human Resources Management Information System (HRMS).

A snap shot of staff employed as at 1 January 2007 was compared with staff employed as at 1 January 2008 – table 6 of this report refers. As at 1 January 2008 the Trust employed 11,353 staff. Table 8 shows the profile of staff directly affected by these proposals as at November 2004

All available information on the S75 groups for Southern Trust workforce as well as those affected by these proposals has been collated and analysed for the staff as follows:

#### **Gender**

The gender composition for the Trust as at 1 January 2008 was 86.3% females compared to 13.7% males. Historically the gender composition within Health and Social Care (HSC) has been predominantly female largely attributed to the caring nature of the service.

#### **Age**

The age distribution for the Southern Trust as at 1 January 2008 was as follows: 10.3% 16-24yrs, 22.5% 25-34yrs, 25.8% 35-44yrs, 27.3% 45-54yrs, 13.0% 55-64yrs, 1.0% 65+yrs and 0.1% not known. The largest percentage of staff fell within the 45-54 age range.

#### **Religion**

The religious composition of the Southern Trust as at 1 January 2008 was as follows: 53.7% Roman Catholic and 40.6% Protestant (5.7% of staff's religious affiliation was not determined). Comparison with the 2001 NI Census for 'economically active persons' showed that the Southern Trust's workforce profile largely reflected the census figures of

53.5% Roman Catholic and 46.5% Protestant for the Southern area.

### **Marital Status**

Just over 48% of the adult population in Northern Ireland are married and 33% are single. Analysis of the Southern Trust's profile of staff as at 1 January 2008 was as follows: 65.4% married, 27.9% single and 6.7% marital status was not recorded

### **Disability**

Around 20% of the population within Northern Ireland have a recognised disability. Overall less than 1% of staff employed in the HSC sector and DHSSPS declared a disability. This compares with 0.7% who self declared a disability within the Southern Trust. The Trust recognises that it is employing more staff than this percentage would indicate. However, with the emphasis on self declaration not all staff will wish to declare they have a disability.

### **Ethnicity**

Figures estimate that only 0.85% of the population in Northern Ireland are from ethnic and minority communities compared to 9% of the population in Great Britain. Current records show that the HSC workforce is predominantly classified as white. Exceptions include overseas doctors and nurses and migrant workers employed for example within support services – domestic, cleaning, portering services etc.

As at 1 January 2008 59.8% of the Southern Trust workforce declared themselves as white, 39.2% were either not known/not declared and a range of staff declared themselves as Black African, Bangladeshi, Black Caribbean, Chinese, Indian, Irish Traveller, Pakistani, Mixed Ethnic and Filipino – table 6 page 13 refers. Likewise, the vast majority of those staff affected by these proposals have declared themselves as white, some were unknown and 2% Irish Traveller.

### **Dependant Status**

The Trust does not routinely record information on dependants as this is constantly changing. As already documented there are significant numbers of females employed within the Southern Trust and HSC as a whole. As evidenced in related research i.e. 'The Cost of Caring' women still carry the burden of caring responsibility for children, young persons and dependant adults, consequently any change in place of employment can potentially have an adverse impact on women as a fifth of women provide care compared with 14% of men, with women aged between 30 and 44 being twice as likely as men of the same age to be carers. A

third of carers are in full-time employment and 15% work part-time (Ref: *Equality and Inequalities in Health and Social Care, DHSSPS 2004*).

### **Political Opinion**

The Trust does not currently hold information on political opinion. Analysis of voting patterns does suggest that political opinion is often linked to religion – please refer to Table 9 on page 19.

### **Sexual Orientation**

The Trust does not routinely source information on the sexual orientation of its staffing profile and job applicants. Over the past 50 years research has indicated that 10% of the population could be Lesbian, Gay, Bisexual i.e. possible 1 in 10 of the Trust's workforce, and possibly 1 in 10 of service users. Overall it is estimated that there are 168,527 LGB living in NI of which 64% choose to conceal their sexuality. The Trust is participating in a major conference entitled 'Recognising the Needs of People who are lesbian, gay, bisexual or transgender – Making a Difference within Health and Social Care' on 26 November 2008 as part of its commitment to participating in a range of thematic themes aimed at furthering its equality and human rights obligations.

#### **3.3.4 Assessment of Impact in relation to Section 75 groups - Staff**

The Resettlement of long-stay learning disability patients to services re-provided in community settings will impact on staff in terms of location of work and the type of work available. It is anticipated that location of work will become dispersed across the wider area of the Trust, according to where new facilities are developed to accommodate resettled clients. The broad character of work will change from traditional hospital based care skills to those more appropriate to community settings. Additionally, it is anticipated that a greater role will be played by organisations that have already developed a service infrastructure and expertise in providing these services in a community setting.

Approximately 26 nursing assistant and 20 professional nursing staff will be affected by these proposals along with a proportion of the ancillary and general support staff currently working for the Trust in the Armagh locality.

It is recognised that the impact of redeployment and relocation on staff may vary according to their grade and type of work currently undertaken.

A summary of the impact on the Section 75 groups is detailed below:

## **Gender**

68% of the affected workforce is female, suggesting impact which is disproportionate to their representation in the wider community, which is 49.5%. It is noted however that the impact on females is disproportionately less than how they are represented in the Trust workforce as a whole, which is 86.3%.

Females are more likely than males to work part-time or have an alternative flexible working pattern so any increase in travel time may have a greater impact on females than full-time workers in terms of the cost i.e. additional costs associated with caring and potentially greater travel to work distances.

It is also noted that the profile of staff in Support grades,(domestic, catering, laundry, telephony etc.), on whom the impact of relocation is arguably more adverse, is 80.4% female.

## **Age**

The age profile of staff affected is concentrated in the 45-54 age group which makes up 66% of nursing staff. This is considerably higher than that for the population as a whole which is 21.03% and therefore is disproportionately affected.

Furthermore, using early retirement and voluntary redundancy as part of the mechanism to avoid compulsory redundancies may lead to a disproportionate number of older people leaving the Trust.

Staff leaving through early retirement however, would be on a voluntary basis and therefore no differential impact is envisaged in relation to these individuals.

Research shows that people over 50 do not access training and retraining opportunities to the same extent as those below this age. This may result in a differential impact through a lower level of preparedness on the part of those over 50, if they are required to carry out new functions as a potential impact of the Trust's proposals.

Support staff have a relatively even distribution of age, reflecting that of the Trust in general and wider community. Therefore there is no evidence of disproportionate impact on this category of staff on account of age.

## **Religion**

The proposals are more likely to affect those from the Roman Catholic

community than the Protestant Community as analysis of staff indicated a higher proportion of that particularly community employed within these areas i.e. 80% which is somewhat higher than the Trust workforce (53.7%) and also the 2001 Census figures for the Armagh and Dunagannon District Government areas of economically active persons (56%). Of the potentially more affected Support grades, the proportion of Roman Catholics is also approximately 80%.

### **Marital Status**

Research shows that the majority of females who have family and caring responsibilities tend to be married. The workforce profile of the areas affected indicates that over three quarters are married i.e. 75% and are also predominantly female, 68%. Therefore there is potential that the Trust's proposals may adversely impact on married females. As with gender the Trust will consider any potential impacts on a one to one basis with staff directly affected by any of the proposals.

### **Disability**

Changes to employment arrangements may impact differentially on people with a disability if alternative transport arrangements are required for relocation or redeployment. In keeping with the Trust's Equal Opportunity Policy and related employment policy reasonable adjustments would be considered for all staff declaring a disability. Persons with a learning disability are less likely to have access to private transport and therefore may find it more difficult to adapt to a new location or working environment. Again, this impact would be considered further and on a one to one basis where it arises. Analysis of the areas affected revealed that no member of staff had declared they had a disability, however a small percentage 25% were unknown as to whether or not they had a disability. This will be addressed on a one-to-one basis with staff.

### **Ethnicity**

There is no evidence to suggest that there would be any adverse impact on any individuals by reason of their ethnicity in relation to the proposals.

Changes in working location may however, impact differentially on this group as people from different racial groups could perceive some areas within the Trust's geographical area as less welcoming than others as evidenced in the increase of racial attacks throughout NI. Analysis indicates that 2% are Irish Traveller. Particular attention to this staff would need to be paid where decisions regarding location are to be made. As previously stated the Trust is committed to the Department of Health's Zero Tolerance Campaign which seeks to eradicate all forms of

harassment and bullying in the workplace. This is further underpinned by a range of training interventions and related employment policy aimed at promoting a harmonious working environment for all staff regardless of background.

### **Sexual Orientation**

As previously mentioned on page 22, the Trust does not hold information regarding any individual staff member's sexual orientation although research indicates that 10% of the population could be Lesbian, Gay, Bisexual i.e. possible 1 in 10 of the Trust's workforce, and possibly 1 in 10 of service users. There is no evidence however to suggest that there would be a significant differential impact on anyone by reason of their sexual orientation as a consequence of the implementation of the Trust's proposals. The Trust will be actively engaging with management, staff and staff side throughout the implementation of the Trust's RPEP and issues of sexual orientation will be dealt with in a sensitive manner where they arise. The Trust has pledged its commitment to the fair and equal treatment of all staff regardless – paragraph 2.1 of the Trust's Equal Opportunity Policy refers.

### **Political Opinion**

There is no information held on political opinion for any individual within the Trust. Evidence does suggest that political opinion is often linked to religion, thus the Trust uses voting patterns as proxy information – please refer to Table 9 on page 19. It has already been highlighted that changes in for example location for staff may potentially differentially impact on people from different religious beliefs, given the variation in the religious composition of the local district government areas within the Trust's geographical spread. As such, staff may perceive some areas as more welcoming than others.

This impact would, however, be considered further when for example decisions on the positioning of new services/potential relocation of existing services are being actively considered.

### **Dependant Status**

There is the potential for adverse impact on staff with dependants if changes are effected to their employment arrangements and location. As already stated the care of dependants is often carried out by women.

In recognition of the large number of female staff with caring responsibilities within its employ the Trust has put in place a comprehensive range of flexible working/family friendly arrangements to enable staff to reconcile their family and work commitments. The Trust

will give serious consideration to all such requests in order to mitigate any adverse impact on staff directly affected by any of its RPEP proposals.

Staff with dependants may potentially be adversely affected as any increase to their traveling time would impact on their caring arrangements e.g. increased costs and longer response time to home emergencies. Again, this impact would be considered on a one to one basis with staff when decisions on the location of services are actively being considered.

In conclusion, from the data considered the following observations have been made:

- The majority of the workforce affected by these proposals is female i.e. 68%.
- The largest proportion of staff are aged between 45-54 years i.e. 66%.
- The religion of the workforce is 80% Roman Catholic and 16% Protestant which is higher than the combined local district governments within the Southern Trust's jurisdiction and also the Armagh and Dungannon District Council area.
- Ancillary and general staff are likely to be more adversely affected by travel distances/costs to alternative work opportunities in the Trust. This group is made up of 80.4% female and 80% Roman Catholic.
- A large proportion of the workforce are married 75% compared to 25% single.
- None of the workforce have declared a disability. The proportion of staff that have declared a disability within the Trust was 0.7%. Overall this compares with less than 1% of staff employed in the HSC sector and DHSSPS as a whole. This data however is based on staff members identifying themselves as having a disability and may under-record the actual incidence of disability. Note 25% are unknown to the Trust as to whether or not they have a disability.
- Although current records indicate that the workforce is predominantly classified as white, this information may not be accurate as information on the ethnic background of staff has only been sought relatively recently from applicants to new posts and not all of the workforce have been surveyed in terms of identifying their ethnic origin.

- Information on political opinion is not currently routinely sourced. However the use of religion is a reliable proxy in determining political opinion.
- Information on sexual orientation is not currently sourced but related research estimates that 1 in 10 of the population is possibly lesbian, gay, bisexual.
- Information on dependants is not currently sourced. However the Trust's workforce is predominantly female and married and evidence based research reveals that women still carry the primary responsibility for caring for children, young persons and dependant adults.

#### **4.0 CONSIDERATION OF MEASURES TO MITIGATE ANY ADVERSE IMPACT / ALTERNATIVE POLICIES**

As indicated in section 2.0 of this paper, measures which may mitigate any adverse impact are assessed under each grouping as follows:

##### **4.1 Service Users**

The Southern Trust is committed to securing continual improvements in the quality of care provided to patients and clients and in so doing aspires to provide a 'world class service'. The Trust is committed to providing services that are safe, timely, effective, efficient, equitable, patient-centred and promotes patient choice.

Programmes to prepare and assist individuals to move from hospital to community settings are already active in Longstone Hospital and will continue to be targeted to meet the specific needs of clients and their capabilities. Multi disciplinary teams work in an integrated fashion to develop person centred plans to support clients to prepare for resettlement that will account for their personal wishes and aspirations. Service users are supported to make their choices known and incorporated within the resettlement plan of each individual. Independent advocacy services are and will remain available to service users and their carers throughout this process to ensure that any concerns can be raised and resolved with the Trust. The Trust will ensure that the dignity of the residents is safeguarded in keeping with its human rights obligations and will pay particular regard to Article 8 issues. As such the Trust will ensure that consideration of future care options is handled in a sensitive and professional manner.

Essentially, this proposal is designed to improve services for patients

and clients etc. through a range of alternative options such as:

- providing person-centred seamless community based services i.e. joined up care pathways ‘whole system’;
- investing in community based services;
- maximising independence by providing ‘Own Front Door’ solutions for patient and clients i.e. investing in alternative models of supported accommodation to support more independent living.

The aim of which is to provide services that are more efficient, more patient and client-centred and which focus on prevention and primary care and less on institution-based care. This proposal will build on the changes that are already in place within the Trust’s geographical area.

The Trust’s proposal is framed within the context of a number of notable strategic drivers directing the provision of health and social care within NI. Further, it is based on previous consultations with a wide range of stakeholder interests.

These outcomes are in keeping with the Trust’s desire to improve equality of access to health and social services for people in need and tackle inequalities in health and social wellbeing.

The Trust is committed to the safeguarding and promotion of human rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention rights and makes it unlawful for a public body to act incompatibly with the Convention rights.

The Trust will ensure that respect for human rights is at the core of its day to day work and is reflected as an integral part of the implementation of this proposal, for example where existing arrangements for service provision are being remodelled and where new services are being developed.

## **4.2 Staff**

This proposal will primarily impact on staff within affected areas of long stay care.

The impact of this proposal mainly relates to the requirement on a proportion of staff in hospital based services in Longstone, Armagh to move to a range of other locations dispersed across the area of the Trust

and to develop their skills in providing support in a community based care setting. These issues will impact more on Roman Catholics and females given their higher representation in this area of the workforce. Their representation in the support grades, where the impact is arguably more significant, is equally high.

It is acknowledged that a pool of valuable skills and experience has now been developed in the provision of Learning Disability services in the Armagh locality and it is desirable that that this is retained where possible. The Trust's primary obligation is to ensure the provision of the most cost effective and highest quality services for its total client population, and to work with independent sector healthcare partners to explore opportunities to achieve this, wherever they may arise across its area. However, working within the confines of this the Trust will seek to achieve the re-provision of community-based Learning Disability services in the Armagh location where possible.

In order to effect the proposed service changes outlined in this consultative document the Trust will be adopting a project management approach. As part of this process a Human Resources project group will be established which will include trade union representatives so as to ensure robust, fair and agreed human resources processes are in place to manage the staffing changes. It should also be noted that at the date of issuing this consultation document the Trust is in the process of agreeing a "*Management of Change Human Resources Framework*" with its trade union representatives. This Framework will be supplemented with a number of agreed detailed protocols relating to issues such as arrangements for vacancy controls redeployment, pay protection, training, etc.

In association with the above framework, the Trust commits to the following underpinning principles in the management of changes for staff:

- Change will be taken forward through partnership approaches and in consultation and negotiation with trade unions.
- The principles of fairness, dignity and equity of treatment will be applied in the management of staff issues associated with this organisational change process. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust commits to ensuring that existing arrangements such as reasonable adjustments for individual staff or affirmative action programmes already entered into will be honoured.

- Sound HR processes will be in place and applied so that every possible effort can be made to avoid compulsory redundancies, to keep valuable skills and experience within the Trust and to minimise costs and provide value for money i.e. a balance of workforce controls, suitable alternative employment, early retirements and voluntary redundancies.
- HR processes will be applied with equity, consistency and transparency and will be mindful of the need to move quickly and to ensure that the quality of care delivered to residents is not compromised.
- All staff in the services affected will be offered one to one meetings with a senior representative from Human Resources (with their trade union representative in attendance) to ascertain their preferred employment options and to establish any particular personal circumstances which may need to be taken into account eg, caring responsibilities, access to transport, health/disability issues etc.
- Every effort will be made to ensure staff requiring redeployment remain as close as is reasonably possible to their current work base, taking account of work/life balance issues. If appropriate, excess travel expenses will be paid.
- Appropriate training and re-training opportunities will be provided to assist staff who move to new roles and assume new responsibilities. Particular attention will be given to the need to support older staff avail of all training opportunities.
- Managers, who will be required to be at the forefront of leading change, will be adequately trained, equipped and competent to do so.
- All staff will be kept fully informed and supported during these change processes

In addition to the above, the Trust commits to ensuring that the change implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation operating in Northern Ireland. Existing arrangements such as reasonable adjustments for

individual staff already entered into will be honoured throughout any process of change implementation.

The Trust will ensure that qualitative and quantitative monitoring and data collection systems are in place and will record all the decisions taken which affect the employment of groups and individuals. Screening and equality impact assessments will be carried out when appropriate.

## **5.0 CONCLUSION**

The proposal to resettle Learning Disability patients to community settings is in line with regional policy which, in pursuit of opportunities to improve and enhance care outcomes, views this measure to be essential in achieving higher levels of flexible and person-centred care. The impetus is therefore wholly for patient benefit and any savings arising will be redirected back into front line care.

The adverse impact on staff is noted, particularly on support grades. However, balancing this with the mitigating steps on staffing issues that can be implemented as outlined above, along with the benefits to patients that the proposals have to offer, the Trust is persuaded that there is justification to proceed with the proposal.

As outlined, the Trust will work with staff and their representatives to mitigate any potential adverse effects as a consequence of the implementation of this proposal. If they wish to remain working for the Trust everything possible will be done to retain them and, in achieving this, the cooperation and flexibility of staff is anticipated where there may be a need retrain or work in another area.

The Trust is committed to ensuring that it actively addresses its equality, human rights, good relations and disability obligations. In so doing, the Trust has examined the impact of these proposals on all those directly affected.

Finally, in implementing this proposal The Trust is mindful that it is dependant on a range of associated risks not least the availability of capital to make the necessary investment; bridging funding to support and enable new services to be developed in advance of reforming and changing the current models of care; the speed of response of the independent sector, specially for proposals requiring Supported People development; and political and community support for the changes proposed.

The Trust has put in place a Project Board to monitor ongoing progress over the lifespan of its Reform, Productivity and Efficiency Plan and has made a commitment to putting in place a monitoring strategy to monitor the impact of the proposals on the relevant groups and sub groups within the equality categories. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for NI.

On the basis of the data provided in this EQIA (sections 2 and 3) and the mitigating factors identified in section 4, a final decision on this proposal will be made based on responses to the 12 week formal consultation.

## **6.0 FORMAL CONSULTATION**

The Trust wishes to consult as widely as possible on the finding and proposal contained in this EQIA. With this objective in mind, the Trust proposes to consult with all interested persons over a 12 week period commencing **15 December 2008 and ending 6 March 2009**. In doing so, it will conform with the guiding principles governing consultation contained in section 6 of its Equality Scheme and the Commission's Guide to the Statutory Duties.

All enquiries regarding this consultation process should be directed to:

Mrs Lynda Gordon  
Head of Equality Assurance Unit  
Southern Health and Social Care Trust  
The Bungalow  
Lurgan Hospital Site  
Sloan Street  
Lurgan  
Co Armagh  
BT66 8NX

Tel: 028 38 316691

Fax: 028 3831 6675

Email: [lynda.gordon@southerntrust.hscni.net](mailto:lynda.gordon@southerntrust.hscni.net)

Textphone: 028 3839 4738

The views received on this consultation will be brought to the Trust Board in March 2009 and results published in April 2009.

## **7.0 PUBLICATION**

The outcomes of this EQIA will be published in the press and results will also be posted on the Trust's website.

## **8.0 MONITORING**

In keeping with the Equality Commission's guidelines governing EQIA the Trust will put in place a monitoring strategy to monitor the impact of this proposal on the relevant groups and sub groups within the equality categories. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for NI.

If the monitoring and analysis of results over a two-year period show that the impact of this proposal will result in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.