

Equality, Good Relations and Human Rights

A training manual for staff

YOUR RIGHTS

YOUR RESPONSIBILITIES

YOUR ROLES



Context

Welcome to the Equality Training Manual which is designed as a resource to complement the equality training programme.

Equality is at the heart of what we do in health and social care. Many of our core functions are intrinsically linked to addressing inequalities and to ensuring equity of access to health and social care for everyone.

The population that we serve and our workforce are becoming increasingly diverse. It is incumbent upon each of us, regardless of our job or position, to address potential barriers and keep equality, good relations and human rights to the core of all our functions. This means demonstrating that equality, good relations and human rights is for everyone by making it a part of our everyday working life.

We are committed to not only avoiding discrimination but also to pursuing good practice, embracing diversity, promoting good relations and challenging sectarianism and racism to ensure service users and staff enjoy equality of opportunity in service delivery and in work.

Please contact a member of your organisation's Equality team if you have any queries or should you require further information. Contact details are provided on page 40 and 41.

Context

This manual provides an overview of Equality and Human Rights Law. It is not intended to be a full account of the law. It is also important to remember that case law will develop the interpretation of both Equality and Human Rights law.

For more detailed information on the legislation please contact:

- Equality Commission NI: <http://www.equalityni.org/>
- NI Human Rights Commission: <http://www.nihrc.org/>

Alternative formats

This document is available in alternative formats on request.

Please contact your organisation's Equality Unit. Contact details are found on page 40 and 41.

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Introduction

Why are equality, good relations and human rights important?

As an employer and a provider of an extensive range of integrated health and social care services the health and social care organisations are committed to embracing diversity, promoting equality of opportunity and behaviour which is inclusive, welcoming and respectful.

Although the daily business of the health and social care family is to deliver health and social care to the entire population of Northern Ireland, we also mutually aim to improve the health and wellbeing of our population and to reduce health inequalities.

Health and Social Care organisations in Northern Ireland

- ▶ Belfast Health and Social Care Trust
- ▶ Business Services Organisation
- ▶ Guidelines and Audit Implementation Network (GAIN)
- ▶ Health and Social Care Board
- ▶ Northern Health & Social Care Trust
- ▶ Northern Ireland Ambulance Service
- ▶ Northern Ireland Blood Transfusion Service
- ▶ Northern Ireland Fire & Rescue Service
- ▶ Northern Ireland Guardian Ad Litem Agency
- ▶ Northern Ireland Practice and Education Council
- ▶ Northern Ireland Medical and Dental Training Agency
- ▶ Northern Ireland Social Care Council
- ▶ Patient Client Council
- ▶ Public Health Agency
- ▶ Regulation and Quality Improvement Authority
- ▶ South Eastern Health & Social Care Trust
- ▶ Southern Health & Social Care Trust
- ▶ Western Health & Social Care Trust

Introduction

It is hoped that this Equality Manual will be a regional, accessible and relevant resource that will assist with mainstreaming* **Equality, Good Relations and Human Rights** in all that we do as employees and service providers.

After reading this manual it is hoped that staff will be more aware of the reasons why work colleagues, visitors, service users and their advocates/ carers feel welcomed and are treated fairly, with respect and dignity.

This manual has been produced as a resource to complement the online training and has been greatly informed by feedback from staff.

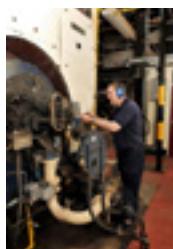
Mainstreaming equality, good relations and human rights means making sure that equality, good relations and human rights are considered at all stages of the development and delivery of public services, and by everyone involved in those services.

Who should read this manual?

Everyone! – ‘frontline’ staff including clinicians, support and administrative staff, executive and non-executive directors, managers and policymakers.

Everyone! – as an employee and a person who delivers a service.

Everyone! – regardless of location, profession, band, length of employment contract and number of hours worked.





Introduction

Why should I read this manual?

Reading and referring to the manual **will benefit you** in a number of ways.
It will:

- Help you to think about how you treat other staff and service users
- Make you aware of current Equality, Good Relations and Human Rights legislation
- Increase your awareness of your role and responsibilities as an employee and a provider of services particularly in the public sector
- Improve your knowledge of organisations external to your organisation that can help
- Enhance your knowledge of your organisation's resources that can assist with ensuring that you are promoting equality of opportunity and are not discriminating
- Increase your awareness of how committed your organisation is to promoting equality of opportunity, promoting good relations, not tolerating discrimination and embracing the ethos of treating people with respect and dignity
- Refresh your understanding of the importance of equality and diversity when delivering a service and as an employee

Introduction

Equality, Good Relations and Human Rights are not just another challenge for a highly pressured, resource challenged health and social care sector to meet.

Equality and Human Rights must be at the centre of all that we do because:

- It makes **good business sense**. If embedded in existing policies and practices, equality, good relations and human rights can improve experiences for everybody – from service users, to employees, to service commissioners and providers
- Health and social care organisations (which include all of the workforce) have **legal obligations** to address inequalities, protect / promote human rights, promote equality of opportunity, promote good relations and prevent discrimination
- It is the **right thing to do**. People (staff and service users) are diverse. Individual differences must be taken into account and respected if services are patient/client focused and person-led.

Who we are – staff profile

In health and social care not only do we serve a diverse group of service users but we are a diverse group of employees.

As recommended by the Equality Commission for Northern Ireland, health and social care organisations monitor their workforce across nine equality grounds. This information is strictly controlled and only used to help mainstream equality and good relations into all policies and procedures. On the basis of the equality data available, the HSC staff profile looked like the page opposite.

Most health and social care organisations use HRPTS which captures equality data. Please be assured that the information you provide is confidential and only used to help us mainstream equality and good relations in all that we do. You can help us mainstream equality in the workplace by providing and keeping your information up-to-date.

Go to the Employee Self Service Portal on HRPTS to check and change your equality profile if required.



Introduction



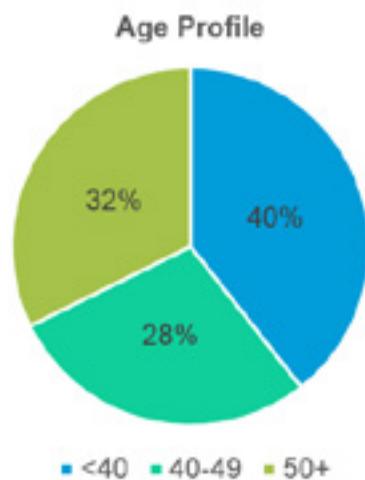
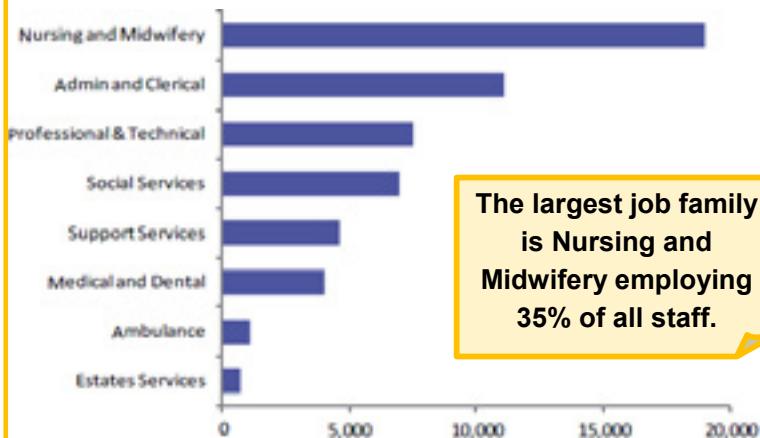
Health and
Social Care



NI HEALTH & SOCIAL CARE WORKFORCE 2016

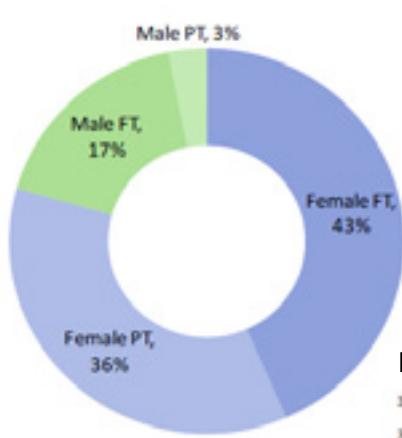
As at 31 March 2016, the HSC employed 63412 people (54920 WTE)

Job Family by WTE



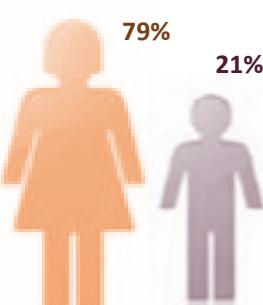
45% of female staff work part-time compared to 15% of male staff.

Gender and Working Pattern



The Medical & Dental and the Professional & Technical Job Families have the highest proportion of staff under the age of 40.

Gender Profile



Employer Organisations by % of WTE



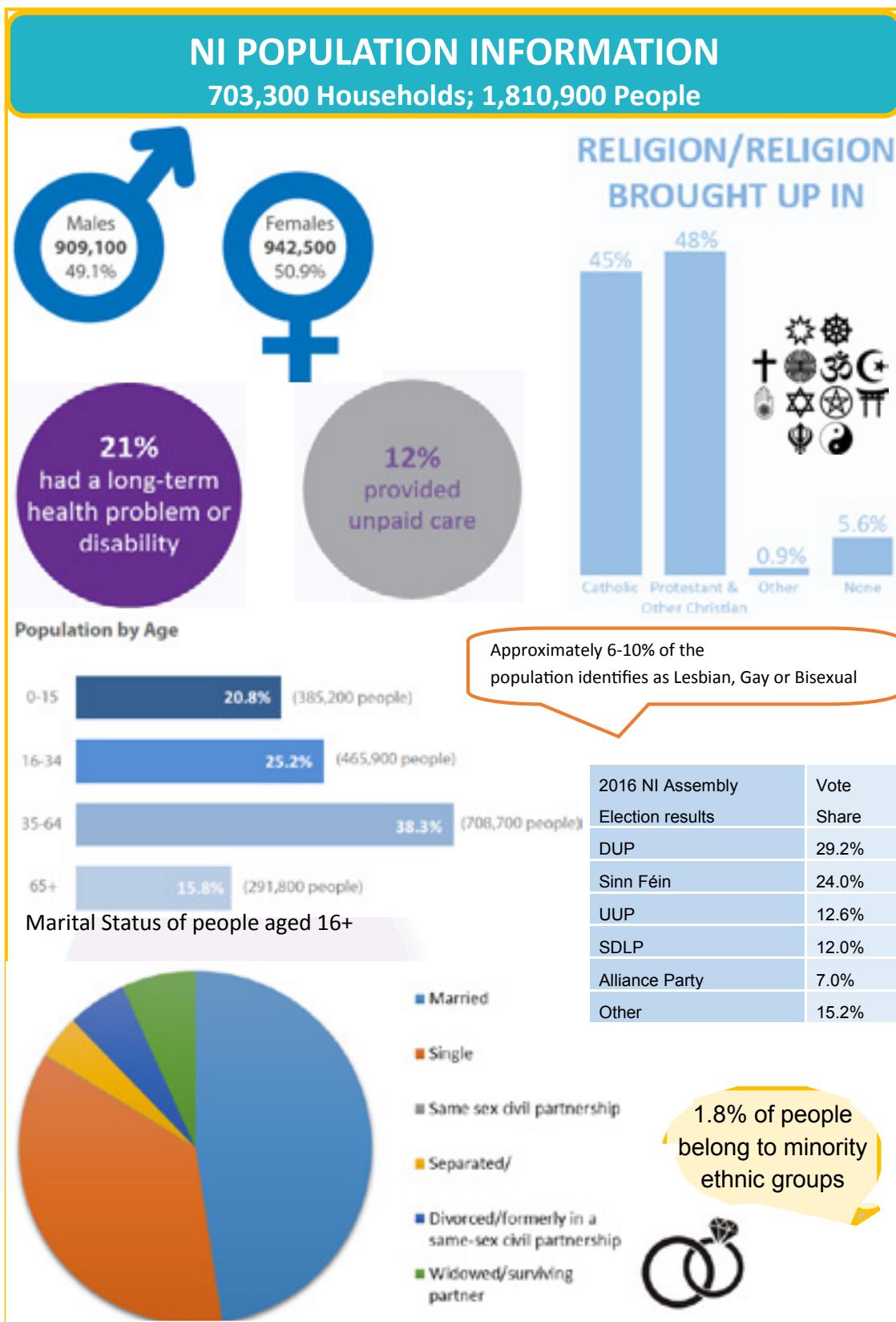
The Belfast Trust is the largest HSC organisation employing 31% of all HSC staff.

Source: NI Statistics and Research Agency, NI Health & Social Care Workforce Census March 2016

Introduction

Who we are – service user profile

We provide local and regional services to approximately 1.86 million people from diverse backgrounds and experiences. Let's take a closer look at the profile of our population.



Introduction

By 2033 4% of the NI population will be aged 85+

32,400 people from minority ethnic groups live in NI = (1.8% of the total population)

Lesbian, Gay, Bisexual and Transgender (LGB&T) people make up between 6 and 10% of the Northern Ireland population



149 Religions are practised in Northern Ireland

There were 97,843 requests for interpreters to the NI Health & Social Care Interpreting Service in 2015/2016

The average life expectancy of a male Traveller is just 61.7 years, compared to the general population average of 76.8

5,000 people in NI use British or Irish Sign Language

1 in 5 adults in NI have a disability - 3% are born with a disability



Introduction

Your roles and responsibilities – Top Tips

What should **we all do** to make sure people we work with and people we provide a service to are treated fairly, with respect and dignity?

All staff:

- 1** Ensure your behaviour is in line with your organisations equality policies and procedures.
- 2** Help ensure your working environment is one in which the dignity of all staff, patients and visitors is respected.
- 3** Challenge or report incidents of discrimination, bullying or harassment.
- 4** Keep your equality monitoring information up-to-date through the Employee Self Service Portal on HRPTS.
- 5** Remember – Equality doesn't always mean treating everyone the same

People (service users and staff) have diverse needs.
Stereotyping is often based on assumptions which are wrong and if acted upon can lead to discrimination. Avoid acting on assumptions!
- 7** Remember FREDA – Fairness, Respect, Equality, Dignity and Autonomy – the principles of human rights*

*Human rights can sometimes be seen as legal or technical, but using FREDA is a useful way of remembering what rights are about.



Introduction

In addition as a line manager:

1

Remember public bodies must in law mainstream equality and diversity in all that they do. As a manager you must do an Equality Screening for all policies, plans and projects - the earlier the better!

2

Ensure your staff are aware of their roles and responsibilities in relation to equality, good relations and human rights.

3

Encourage your staff to provide their equality monitoring data through Employee Self Service on HRPTS.

4

Promote HSC and organisational equality information and support services.

5

Lead by example, champion organisational values and promote equality and diversity.

6

Address and manage discrimination issues in the workplace – don't bury your head in the sand!

7

Support and encourage staff to undertake Equality and diversity training.



Equality and Good Relations

Human rights are founded on certain values including Fairness, Respect for others, Equality Dignity and Autonomy = (FREDA)

Fairness
Respect
Equality
Dignity
Autonomy

Refer to pages 30 – 36 for more information on Human Rights

What is Equality?

Equality Is...

- About making sure that everyone can access and use our services
- Good for everyone
- Not always about treating everyone the same
- About fairness, dignity and respect
- About how we treat each other.

Equality is NOT...

- The “Politically Correct brigade”
- About giving people an unfair advantage
- About promoting minority groups
- About making us all the same.

The Universal Declaration of Human Rights Article 1 is a good example of the spirit of equality:

“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.”

The Equality Commission NI stated: ‘In making any society a more equal place and a place where individuals and groups of people can relate well one to the other, there are some fundamental principles that must animate our thinking and our actions:

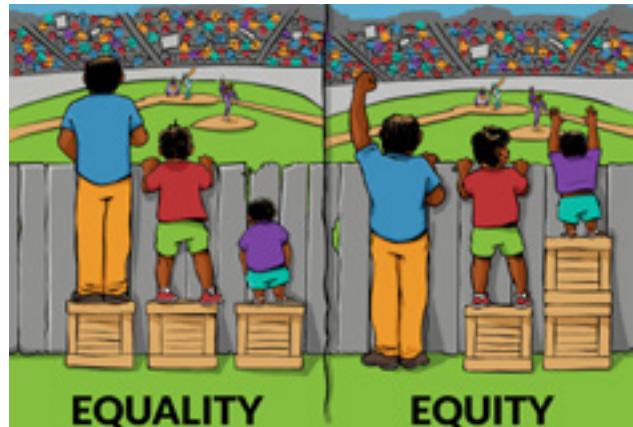
- All human beings are entitled to equal respect
- Equality of opportunity is an entitlement that derives from our inherent humanity
- Difference is a source of richness not the basis for unfair treatment
- Treating everybody as if we were all identical is neither the meaning nor the measure of equality.”

In the UK, equality law protects everyone from being discriminated against because of a protected characteristic.

Equality means actively working towards equality of opportunity and equality of outcome in order to provide better treatment and better outcomes for all. It means treating people as well as we can, within our power and according to their individual needs.

Equality and Good Relations

So – thinking about Equality - look at the cartoon opposite. Is treating everyone the same always the right thing to do?



"Interaction Institute for Social Change |
Artist: Angus Maguire."
interactioninstitute.org and madewithangus.com

What are Good Relations?

The Equality Commission for Northern Ireland affirmed in a recent publication that Good Relations could be said to exist where there is:

- A high level of dignity, respect and mutual understanding
- An absence of prejudice, hatred, hostility or harassment
- A fair level of participation in society.

Who should expect any less when they come to access services or work in health and social care?

Promoting Good Relations is about embracing diversity and tackling sectarianism and racism.



The duty to promote Good Relations is specific to Northern Ireland and exists given our history of political turmoil and community conflict. The Good Friday/Belfast Agreement recognised a need for a statutory intervention, situated within a framework of equality, to promote good relations.

Section 75 of the Northern Ireland Act 1998* places a duty on public authorities to put good relations at the heart of public policy and its implementation. The law recognises that the public sector can make a real difference to the quality of the relations between all who live in Northern Ireland.

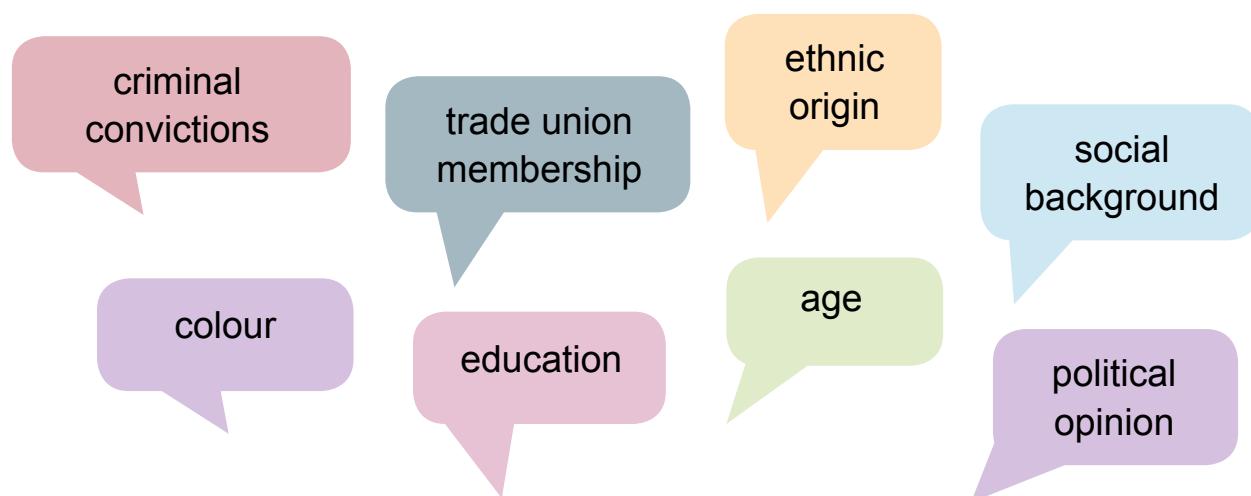
* For more information about the Good Relations duty, go to pages 26 - 29.

Equality and Good Relations

What is Diversity?

Diversity is about who we are and respecting that we are all different. It is about recognising and respecting the visible and invisible differences between people.

The Health and Social care family comprises very diverse organisations with over 63,000 employees.



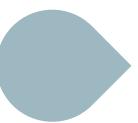
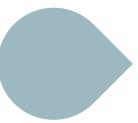
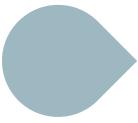
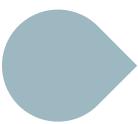
What makes people different?





Equality and Good Relations

What is Stereotyping?

-  The world is a complicated place! To help make sense of it, we often simplify or generalise things
-  When we do this in relation to people we tend to form fixed ideas about who they are and what they are like. In other words we label or stereotype them
-  The problem with stereotypes is that they are often based on superficial or incorrect information
-  Also, stereotypes usually focus on only one part of a person's identity, ignoring the fact that they are diverse and have many parts to their identity
-  However, because they are often inaccurate and focus on only one part of a person's identity, even positive stereotypes can have a negative effect
-  Stereotyping is a very human thing to do - the challenge is to be aware of them
-  When we stereotype we can make assumptions about how people will behave, what they are capable of doing, and what they need. Stereotyping can lead to discrimination which is against the law
-  Avoid acting on stereotypes!

Equality and Good Relations



Copyright: www.ladyrinka.wordpress.com

Look at the pictures above and consider the captions. Do you think like this? Does stereotyping influence how you think and treat people?

Please consider the following table containing some examples of assumptions people might make around the 9 equality groups. These are intentionally thought-provoking and intended to challenge. They are not meant to be taken literally!

Equality Group	Examples of stereotypical thinking (good & bad)
Age	<ul style="list-style-type: none"> All teenagers are rebellious and hard to deal with Older people never have sex Middle aged women are on emotional rollercoasters
Gender	<ul style="list-style-type: none"> Women with children are unreliable Men are more ambitious than women
Ethnicity	<ul style="list-style-type: none"> Black people have a great sense of rhythm Irish people are great craic Travellers are not interested in education



Equality and Good Relations

Equality Group	Examples of stereotypical thinking (good & bad)
Disability	<ul style="list-style-type: none"> • People with disabilities can't work • People with mental health difficulties are unreliable and unpredictable
Sexual Orientation	<ul style="list-style-type: none"> • Gay men are artistic and into design • Same-sex couples cannot be good parents • All transgendered men are gay • Heterosexual people are normal
Carers	<ul style="list-style-type: none"> • Carers are selfless • Carers tend to be older people
Religion	<ul style="list-style-type: none"> • Catholics dislike Protestants and vice versa • Atheists have no moral code
Marital Status	<ul style="list-style-type: none"> • Lone parents are unreliable workers • Single people are lonely • Divorced people have a chip on their shoulder
Human Rights	<ul style="list-style-type: none"> • Human rights should only apply to those who obey our laws • Human rights are a problem for foreign dictatorships, nothing for us to concern ourselves about here • Human rights provide a charter for litigants
Political Opinion	<ul style="list-style-type: none"> • Conservative = Rich, heartless bankers • Liberal = Out-of-touch university-educated elitists • Labour = Anti-war, anti-corporate

The Legal Framework

Equality and Good Relations law falls into two main categories

- **Anti-Discrimination Law**
- **Public Sector Equality Duties**

Anti-Discrimination Law

A huge range of Anti-Discrimination legislation exists in NI today which affects you as an employee and as a provider of services. Here are the key features of the anti-discrimination law that exists in NI today. For more details go the the Equality Commission NI website www.equalityni.org

Anti-Discrimination Law	Key features
Equal Pay Act (NI) 1970	<ul style="list-style-type: none">• This law promotes the principle that men and women should receive equal pay for equal work. It is a sex equality law and an employment law
Sex Discrimination (NI) Order 1976	<ul style="list-style-type: none">• This law bans discrimination on the grounds of sex and also on the grounds of pregnancy and maternity; gender reassignment; and, marriage and civil partnership status• It bans discrimination in employment and in the provision of goods and services to the public, including health services
Fair Employment & Treatment (NI) Order 1998	<ul style="list-style-type: none">• This is our religious discrimination and political discrimination law• It bans discrimination in employment and in the provision of goods and services to the public, including health services



Equality and Good Relations

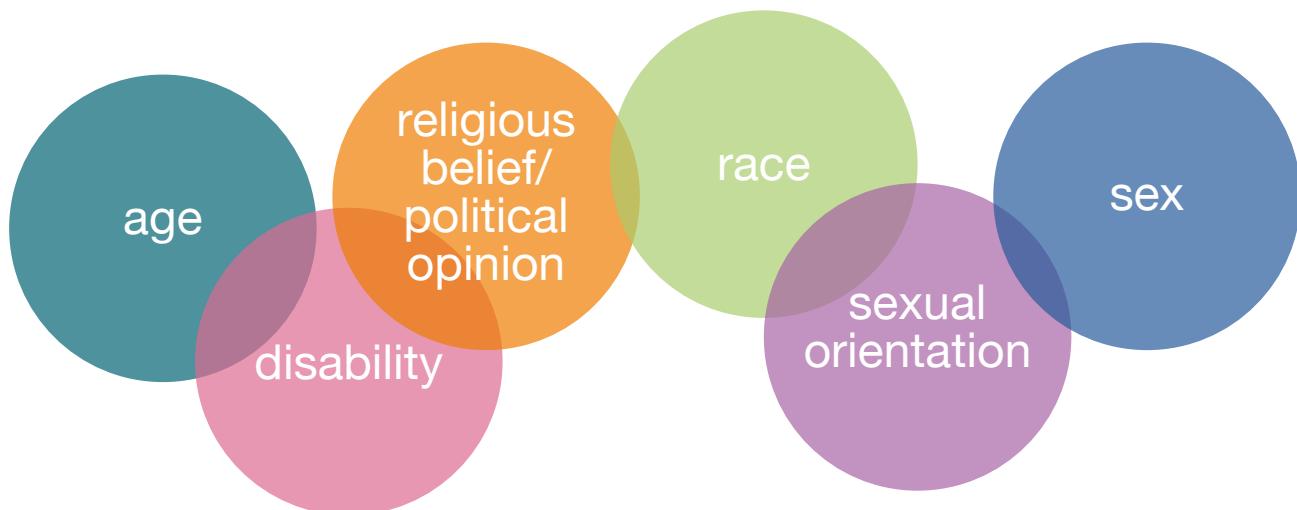
Anti-Discrimination Law	Key features
Fair Employment & Treatment (NI) Order 1998 (cont)	<ul style="list-style-type: none">It also requires us to monitor the community background of our job applicants and employees and to take lawful action to promote fair participation in employment between members of the Protestant and Roman Catholic communities
Disability Discrimination Act 1995	<ul style="list-style-type: none">This law bans disability discrimination against people who have disabilitiesIt bans discrimination in employment and in the provision of goods and services to the public, including health servicesIt is most notable for imposing a duty on employers and on service providers to make reasonable adjustments for disabled people in order to improve their opportunities to gain and remain in employment and to access public servicesThe law's definition of "disability" can cover a wide variety of physical, mental, learning and sensory impairments, including cancer, multiple sclerosis, HIV infection, depression and autism
Race Relations (NI) Order 1997	<ul style="list-style-type: none">This is our race discrimination lawIt bans discrimination not merely on grounds of race, but also on grounds of colour; nationality; and ethnic & national originsTo discriminate against Irish Travellers merely because they are Irish Travellers is deemed to be race discrimination tooIt bans discrimination in employment and in the provision of goods and services to the public, including health services

Anti-Discrimination Law	Key features
Employment Equality (Sexual Orientation) Regulations (NI) 2003	<ul style="list-style-type: none">• This is one of our two sexual orientation discrimination laws• “Sexual orientation” refers to whether a person is, or is perceived to be, gay or straight or bisexual• It bans discrimination in employment but not in the provision of goods and services
Equality Act (Sexual Orientation) Regulations (NI) 2006	<ul style="list-style-type: none">• This is another sexual orientation discrimination law• It bans discrimination in the provision of goods and services, including health services
Employment Equality (Age) Regulations (NI) 2006 * At the time of writing (February 2017) the Northern Ireland Executive is considering proposals to introduce a new law that will seek to ban age discrimination in relation to the provision of goods and services. This manual will be updated if and when that new law is enacted.	<ul style="list-style-type: none">• This law bans discrimination on the grounds of age• It bans age discrimination in employment but not in the provision of goods and services

Discrimination

Discrimination occurs when someone is **treated unfairly** on the grounds of:

- Age
- Disability
- Religion and/or political opinion
- Sexual orientation
- Race (includes colour, race, nationality, ethnic and national origins and being a member of the Irish Traveller community)
- Sex (includes transgender, pregnant women, married people, registered civil partners).



Protection against discrimination exists
in a number of areas including:



Types of Discrimination

There are 5 types of discrimination:

1. Direct

This is when a person (or organisation) treats or would treat someone less favourably than others on one of the grounds listed on the previous page in the same or similar circumstances. Direct discrimination is unlawful whether it is intentional or not.

Examples may include:

- A supervisor refuses to send an employee on a training course because she is female
- A couple are refused fertility treatment because of their sexual orientation
- An employee undergoing gender re-assignment is afforded less time off for medical appointments than colleagues
- A patient is refused a cervical smear test because it is assumed she is not sexually active because she is a wheelchair user
- A job applicant who is 60 years of age is not given a job because the supervisor feels 'he would not fit in' with the 'young, dynamic' team.

2. Indirect

Indirect discrimination is a form of discrimination that can arise when an employer or service provider:

- Treats everyone the same (eg. applies the same practice, policy or rule to everyone), but by doing so
- It puts certain groups of people at a disadvantage because of a shared characteristic that they have (eg. like sex, religion or race) compared to other people (eg. women find it harder to comply with the rule than men; or, black people find it harder to comply than white people), and
- The practice, policy or rule cannot be lawfully justified (ie. it cannot be shown to be a proportionate means of achieving a legitimate aim).



Equality and Good Relations

Examples may include:

- A Day Centre brings in a ‘no hats or headwear’ rule for all service users. This could be indirectly discriminatory on the grounds of religion because certain people are required by their religious beliefs to wear various types of headwear; eg. Muslim women may wear head coverings; Sikh men may wear turbans
- A Clinical manager decides that all employees must work 9am-5pm without exception or justification. This could be indirectly discriminatory against women on the grounds of sex because women are far more likely than men to find it difficult to work such hours because of their family and caring responsibilities.

3. Harassment

Harassment is unwanted conduct related to the equality grounds which damages, or which is done with the aim of damaging, a person’s dignity or of creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.

4. Victimisation

This occurs when someone is treated less favourably because they have

- Already made a complaint of discrimination under the relevant legislation (eg. undertook proceedings or threatened to bring proceedings)
- Helped someone else to do so (eg. provided evidence in proceedings or acted as a witness)
- Alleged that a service provider or others have committed an unlawful act under the law.

Examples may include:

- A carer makes a complaint about how her son who has learning difficulties is being treated less favourably in a residential care home. The carer is subsequently treated differently by staff as a result
- An employee supports her colleague in making a complaint about being the target of homophobic jokes and her shift patterns are changed in retaliation for her supporting her co-worker. As a result, she was inconvenienced and lost out on earnings.

5. Disability reasonable adjustment duty

The Disability Discrimination Act says that one way discrimination can occur is when an employer or service provider fails to comply with a duty to make reasonable adjustments in relation to a disabled person.

Reasonable adjustments are practical ways to remove or reduce certain disadvantages faced by a person who is disabled and enable them to carry out the duties of their job or to access a service. They are not always costly or complex.

An employer / service provider is required to make a 'reasonable' adjustment to a barrier which prevents or adversely affects a disabled person from working or accessing a service.

The aim of adjustments is to ensure the workplace and services/facilities/goods are accessible / inclusive. Adjustments may be made to:

- The physical environment
- Policies, procedures and practices
- Methods of communication.

Adjustments may also require the provision of ancillary aids such as hearing loops or assistive technology including zoom text software or high visibility multimedia keyboards.

The following examples may constitute a failure to make a reasonable adjustment:

- A patient who is visually impaired is sent an appointment letter which is not accessible to her. She is advised by the clinic to ask her husband or friend to read it to her
- An employee with mental ill health is refused flexible working even though this is requested to enable the employee to remain in work
- A job applicant who is deaf communicates using British Sign Language is told she should provide her own interpreter
- A GP hands a patient who is registered blind an A4 piece of paper explaining his condition and tells him to go home and ask one of his family members to read it to him.

Liability for discrimination

Health and social care organisations have a responsibility for the actions of employees carried out in the course of employment and therefore can be held accountable for any acts of discrimination.

An employee is also personally liable for their own actions and could be held individually or jointly liable in a legal case in addition to action against them under their organisation's policies and procedures.

Public sector Equality Duties

Overview of duties

All public authorities in Northern Ireland, including health and social care, are under a number of separate and complementary duties that are concerned with the promotion of equality of opportunity. We have already discussed many of these in the section of the manual that deals with the anti-discrimination laws. But, in addition to those we are also required to comply with a few other important duties. These are:

- Section 75, Northern Ireland Act 1998, and
- Section 49A, Disability Discrimination Act 1995

Section 75(1) states that we must, when carrying out our functions, have due regard to the need to **promote equality of opportunity** in relation to nine categories of people. We comply with this duty by following the procedures outlined in our equality scheme.

Section 75(2) states that we must also have regard to the desirability of **promoting good relations** between persons of different religious belief, political opinion and racial group. We comply with this duty too by following the procedures outlined in our equality scheme.

Section 49A states that we must also have due regard to (a) the need to **promote positive attitudes** towards disabled persons, and to (b) the need to encourage **participation** by disabled persons in public life. We comply with this duty by following the procedures outlined in our disability action plan.

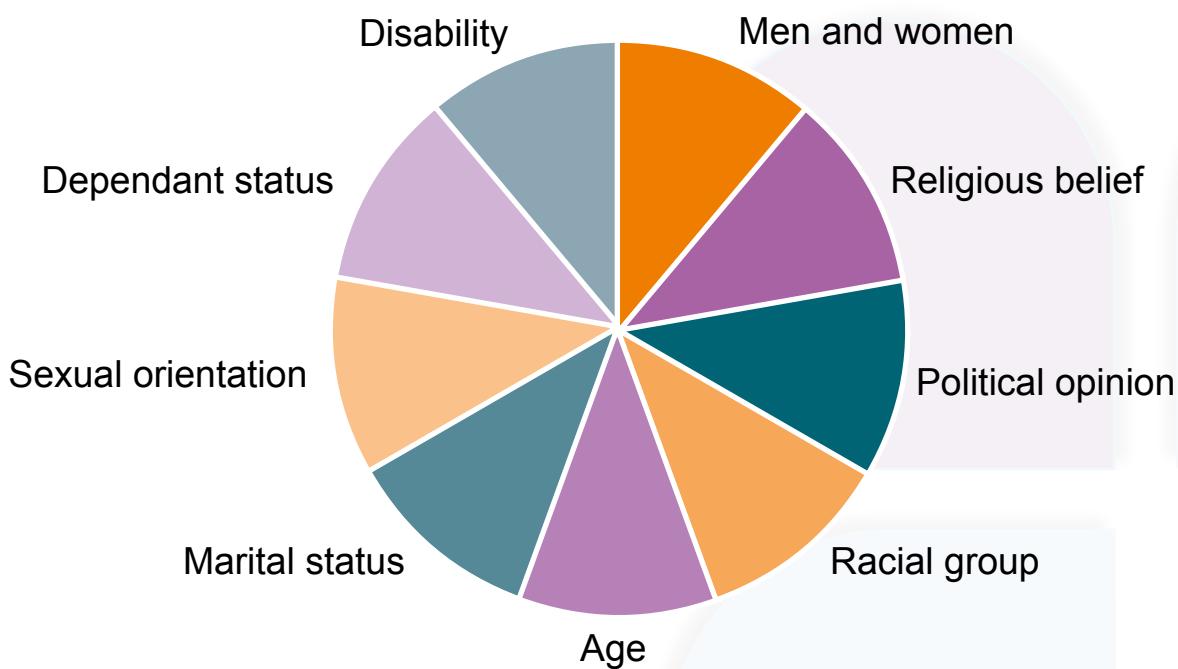
These duties aim to ensure that we place considerations of promoting equality and good relations at the heart of our decision-making and planning processes.

Equality and Good Relations

We have **three public sector duties** represented here



*The 9 Equality Groups:





Equality and Good Relations

How to meet the public sector equality duties

Legislation states that health and social care organisations must use two key tools to show we are meeting our Public Sector Equality Duties

1 Equality Scheme

Public Sector Equality Duties

2 Equality Screening

An **Equality Scheme** is a legal document that:

- Sets out how your organisation will meet its Public Sector Duties and improve its decision making
- Must be approved by the Equality Commission NI
- Is subject to a 12 week public consultation
- Is published on the organisation's website
- Specifies that achievements must be tracked each year through the submission of an Annual Progress Report to the Equality Commission NI

Complaints and investigations can be undertaken if the organisation is not meeting its obligations set out in its Equality Scheme

Equality screening is an equality and a management tool that:

- Ensures that all the organisation's policies, strategies and decisions are drafted and implemented with consideration given to the three Public Sector Duties and to Human Rights obligations
- Is achieved through the completion of a screening template.

Once screened a policy, plan or project will have one of the following impacts:

- **None** – No further action required
- **Minor** – Mitigation may be identified*
- **Major** - An Equality Impact Assessment (EQIA) must be carried out

* For more detailed strategies or policies that are to be put in place, through a series of stages, a public authority should then consider screening at various times during implementation ('ongoing screening').

Case studies

Equality screening can make a real and meaningful difference to how decisions are made in your organisation. Here are some examples of when equality screening has made an impact:

The Stop Smoking Regional Training Framework was screened early in the process. The screening identified equality issues to be taken in to account in terms of the tender specification such as a requirement to consider the communication needs of service users to improve access to the training, considering the diverse needs of smokers in the content of the training and the need to monitor service users.

NI Guardian Ad Litem Agency – The solicitor panel selection policy (for solicitors to represent children) was amended as a result of equality screening. The essential criteria for selection was changed to 5 years post qualifying in the last 7 years to ensure that solicitors on maternity leave or long term sickness absence were eligible to apply.

A commissioned service that will provide shared reading groups to prisoners in Northern Ireland was equality screened. As a result the tender specification was amended so that bidders were asked to demonstrate measures to be put in place to allow prisoners with sensory impairments to participate in the groups, commit to all reading group sessions being held in physically accessible venues. Bidders were also asked to demonstrate experience in running groups for prisoners of various ages, ethnic backgrounds, health status, etc. and how the literature selected would be reflective of these groups.

The building of a new inpatient acute mental health facility for adults involved significant service user consultation as part of the equality screening process. The design of the bedroom was greatly informed by ongoing and early engagement with service users.

Enhanced transport provision for service users was introduced following the equality screening of the reduction in the number of clinics. This meant that service users who were disabled and elderly who could not use public transport were not put at a disadvantage.

What are Human Rights?



- Some people call human rights common sense. Others see them simply as good manners. Human Rights are about how we treat each other.
- Observing Human Rights ensures that your human dignity is respected and that you, in turn, respect the dignity of all other human beings
- Human Rights recognise the inherent value of each person, regardless of our background, where we live, what we look like, what we think or what we believe
- Human Rights are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives.

Human Rights

Human Rights are the basic rights and freedoms that we are all entitled to because we are human.

Each of us has the right to the highest attainable standard of physical and mental health. This is a core element of the human rights we are all entitled to and is essential to ensuring our lives are lived with dignity. The right to health contributes to, and depends on, the fulfilment of our other human rights.

Health and Social care providers are responsible for respecting, protecting and fulfilling the human rights of our patients. We, as staff, can uphold our patients' right to health by, for example, respecting their dignity, communicating with them in a way they understand and involving them in decisions about their treatment and care.

To realise the right to health, we should adopt a Human Rights Based Approach within available resources ie. ensure that people, as opposed to targets or systems, are at the heart of service planning and delivery. It does not remove the need to make difficult decisions – such as where to allocate resources – but does mean that the rights of patients are central in our decision making.

We as staff members must have our rights protected by our employers too.

How are Equality and Human Rights related?

Equality is based on your fundamental human right to participate within society.

If you treat someone unfavourably because of their gender, ethnicity, nationality, age, disability, family status, membership of the Traveller community, sexual orientation, religion / political opinion – it will not only be discrimination but it can also breach their human rights.

Mainstreaming Equality and Human Rights

Mainstreaming equality and human rights means making sure that equality and human rights are considered at all stages of development and delivery of public services, and by everyone involved in those services.

It means that equality and human rights are no longer bolt-on extras, but must be core of service provision.

Overview of Human Rights Law

The law that we will focus on is the **Northern Ireland Human Rights Act 1998**. However, it is important to know where the Act came from and that it is one of many pieces of legislation that relate to Human Rights.

Historical Context

The events of World War II were a stark reminder of what can happen when states treat, or allow others to treat, some people as less human than others.



The NI Human Rights Act 1998 sets out rights that mean that **no one should treat another person in an inhuman or degrading way no matter what the situation.**

The Human Rights Act 1998 is made up of 14 Articles. In relation to **health and social care** the **most relevant** articles include:

- Article 2: Right to life
- Article 3: Prohibition of torture
- Article 5: Right to liberty and security
- Article 6: Right to a fair trial
- Article 8: Right to respect for private and family life
- Article 14: Prohibition of discrimination.

The rights expressed in the Human Rights Act 1998 may be absolute or limited although any interference in the rights must be necessary and proportionate. It is also important to balance the rights of individuals.

There is a range of Human Rights International Treaties which the Trust must be mindful of in terms of service delivery and in employment. Of the nine core

Human Rights

International Treaties those most relevant to health include:

- UN Convention on Rights of People with Disabilities
- UN Convention on Rights of the Child
- International Covenant on Economic, Social and Cultural Rights

For more information refer to:

'The United Nations Convention on the Rights of Disabled People (UNCRPD)
– A guidance for Health and Social Care Staff: [link](#)

Human Rights in Healthcare: A short introduction: Department of Health [link](#)

Article 2: Right to life

A person has the right to have their life protected by law. There are only certain very limited circumstances where it is acceptable for the state to take away someone's life

Examples of Article 2 in relation to health and social care

Do not Resuscitate
orders

Avoidable patient
deaths, eg. due to
dehydration or lack of
nutrition

Failing to take steps to
protect a staff member
from a known and
immediate risk to their
life from a patient

Article 3: Prohibition of torture

A person has the absolute right not to be tortured or subjected to treatment or punishment which is inhuman or degrading.

Examples of Article 3 in relation to health and social care

Excessive
force used
to restrain
patients

Unchanged
sheets

Leaving
trays of
food without
helping frail
patients to
eat

Washing
or dressing
patients
without
regard to
dignity

Article 5: Right to liberty and security

A person has the right not to be deprived of their liberty – ‘arrested or detained’ – except in limited cases specified in the article (eg. where they have been detained because of an acute mental health condition) and provided there is a proper legal basis in UK law.

Examples of Article 5 in relation to health and social care

Delays in reviewing patients detained under mental health legislation

Informal detention of patients without the capacity to decide whether they would like to be admitted into hospital

Excessive restraint of patients eg. tying them to their beds or chairs

Article 6: Right to a fair trial

A person has the right to a fair and public hearing within a reasonable period of time. This could apply in terms of a disciplinary or grievance. Hearings must be carried out by an independent and impartial tribunal.

Examples of Article 6 in relation to health and social care

Involuntary admission to hospital - “right to a fair hearing”

Procedural delays in decision making

Article 8: Right to respect for private and family life

A person has the right to respect for their private and family life, their home and their correspondence. This right can be restricted only in specified circumstances eg. in the best interests of a child’s welfare.

Examples of Article 8 in relation to health and social care

Privacy on wards/ in care homes

Family visits

Sexual and other relationships

Independent living

Participation in social and recreational activities

Accessible Communication

Article 14: Prohibition of discrimination

In the application of the Convention rights, a person has the right not to be treated differently because of their race, religion, sex, political views or any other personal status, unless this can be justified objectively. Everyone must have equal access to Convention rights, whatever their status.

Refusal of medical treatment to an older person solely because of their age

Non-English speakers being sectioned without the use of an interpreter

Bullying or harassment

Case Studies

H v United Kingdom (1987)

A mother with mental ill health had her child taken into care after a safety order was made to protect the child. The mother's mental health improved and she married. Subsequently the mother made applications to the courts for access, care and control of her child. All were refused. The court then stopped the mother's access to the child with a view to putting the child up for adoption.

For the next 2 years and 7 months the child's mother and her husband persistently but unsuccessfully approached the council seeking to re-establish contact with the child. The council delayed considerably and failed to notify them that the child had already been placed with an adoptive family. Procedural delays meant that by the time the adoption hearing took place, the child had been with her adoptive parents for 19 months and the mother had not had access to the child for over three years. The court found that the delay by the council was in breach of Article 6, particularly given the importance of what was at stake and the 'irreversibility' of adoption.



Human Rights

In 2012, the NI Human Rights Commission stated in a report into the human rights and dignity of older people in nursing homes in Northern Ireland that:

- Opportunities for social contact and stimulation are important to ensure right to family life
- Whilst a large number of nursing homes in NI provided a range of stimulating activities for patients few offered recreational activities
- Older people were often not fed after a certain time to avoid toileting.

A 31 year old man had a terminal illness. He was in a nursing home funded by the NHS. He wanted to spend his final days in the family home. The Health Authority refused due to costs. The man sued the Health Authority citing Article 8 right of 'Respect for Private and Family Life'. The court decided that the cost of moving the patient's care to his home was not a justification for him staying in the Nursing Home. His care was moved to his home.

A mixed hospital ward promised to re-organise so that men were at one end and women at the other. It did not do this, and an orthodox Jewish woman was highly distressed about sharing a ward with men. This kind of a situation could be a breach of the right to respect for private life.

A physical disabilities team at a local authority decided to provide support workers to facilitate social activities. Residents were taken to a number of social events including visits to pubs and clubs. One service user who was gay asked for a support worker to accompany him to a gay pub but the manager of the scheme refused on the basis that none of his staff were prepared to attend a gay venue. This practice could be challenged on the basis of Article 8 and Article 14.



Harassment and Bullying

All employees have the right to work in an environment free from bullying and harassment where they are treated with respect and dignity.

What is Harassment and Bullying?

These terms are used interchangeably by most people, and many definitions include bullying as a form of harassment. While the behaviours associated with both may be very similar the law deals with them differently.

Harassment as defined under the equality legislation is a form of discrimination and is unlawful.

Harassment is unwanted conduct which:

- Relates to any of the protected equality groups
- Affects a person's dignity or
- Creates an intimidating, hostile, degrading, humiliating or offensive environment.

It is the purpose and effect of the unwanted conduct that is important, not the intention.

Examples

An employee wears football regalia associated with teams linked to the Protestant or Catholic communities.

Numerous jokes are made about a member of staff and assumptions about their sexuality made when they are seen at a parade celebrating Gay Pride.

A clerical officer, who is an Irish Traveller, is never asked to join her colleagues at break time or when they go out for lunch.

As a joke, a poster is put up in a staff room where a Muslim care assistant works – the poster links Muslims to terrorism.

Harassment and Bullying

Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

Bullying:

- Is repeated behaviour that happens over a period of time
- Involves an imbalance of power
- Is intentionally hurtful behaviour.

Examples

An employee is constantly rude to her manager at team meetings.

A new trainee is forced to regularly steal stationery.

A manager is continually finding fault with a member of her team, criticising them in front of others.

Bullying or harassment may involve individuals or groups of people. It may be obvious or it may be insidious. Whatever form it takes, it is unwarranted and unwelcome to the individual.

Many forms of behaviour can constitute bullying or harassment; some examples are listed below, although this list is not exhaustive.

Physical conduct ranging from touching to serious assault

Verbal and written harassment through jokes, racist, sexist or sectarian remarks, homophobic comments, comments about a person's disability, offensive language, gossip and slander, sectarian songs, mobile telephone ring tones, threats, letters, e-mails, use of social media

Visual displays of posters, computer screen savers, downloaded images, graffiti, obscene gestures, flags, bunting or emblems, or any other offensive material

Isolation or non-cooperation at work, exclusion from work related social activities



Harassment and Bullying



Coercion, including pressure for sexual favours, pressure to participate in political or religious groups



Intrusion by pestering, spying
Spreading malicious rumours, or insulting someone by word or behaviour



Overbearing supervision or other misuse of power or position

Making threats or comments about job security without foundation

Preventing individuals progressing by intentionally blocking promotion or training opportunities.

Policies and support

All employees have the right to work in an environment free from bullying and harassment where they are treated with respect and dignity.

Health and social care organisations in Northern Ireland have a number of policies and procedures which seek to support and embed our values of displaying openness and trust, treating everyone with respect and dignity and being accountable for the formal processes and procedures across the organisation.

All complaints under these policies will be dealt with seriously, promptly and confidentially.



Further information and advice

Equality contacts

Staff across the HSC sector can assist you with any queries and provide you with further information on any of the areas addressed within this manual. Contact details are provided below.

Belfast HSC Trust	<p>www.belfasttrust.hscni.net Orla Barron Health and Social Inequalities Manager 1st Floor McKinney House Musgrave Park Hospital Stockman's Lane Belfast BT9 7JB</p> <p>Tel: 028 9504 6567 Text phone: 028 9063 7406 Email: orla.barron@belfasttrust.hscni.net</p>
Northern HSC Trust	<p>www.northerentrust.hscni.net Alison Irwin Head of Equality Route Complex 8e Coleraine Road Ballymoney</p> <p>Tel: 028 276 61377 Mobile Text: 07825 667154 E-mail: equality.unit@northerentrust.hscni.net</p>
Southern HSC Trust	<p>www.southerentrust.hscni.net Lynda Gordon Head of Equality & Human Rights 1st Floor Hill Buildings St Luke's Hospital Loughgall Rd Armagh BT61 7NQ</p> <p>Tel: 028 3756 4151 Email: lynda.gordon@southerentrust.hscni.net</p>



Further information and advice

South Eastern HSC Trust	<p>www.setrust.hscni.net Susan Thompson Equality Manager 2nd Floor Lough House Ards Hospital Newtownards BT23 4AS</p> <p>Tel: 028 9151 2177 Textphone: 028 91510137 Email: Susan.thompson@setrust.hscni.net</p>
Western HSC Trust	<p>www.westernttrust.hscni.net Siobhan O'Donnell Head of Equality & Involvement Equality & Involvement Office Tyrone and Fermanagh Hospital 1 Donaghanie Road Omagh, Co Tyrone BT79 0NS</p> <p>Tel: 028 8283 5278 Email: Equality.Admin@westernttrust.hscni.net</p>
Northern Ireland Ambulance Service	<p>www.nias.hscni.net Michelle Lemon Assistant Director: Equality, PPI & Patient Experience Ambulance Headquarters Site 30 Knockbracken Healthcare Park Saintfield Road Belfast BT8 8SG</p> <p>Tel: 028 9040 0999 Textphone: 028 9040 0871 Email: michelle.lemon@nias.hscni.net</p>
Business Services Organisation	<p>www.hscbusiness.hscni.net 2 Franklin Street Belfast BT2 8DQ</p> <p>Tel: 028 9536 3961 Email: Equality.Unit@hscni.net</p>



Further information and advice

External Contacts:

There are a range of organisations that provide advice and guidance on issues relating to Equality, Good Relations and Human Rights. Local organisations include:

- **Commissioner for Older People for Northern Ireland (COPNI)**
Website: <http://www.copni.org/>
- **Disability Action**
Website: <http://www.disabilityaction.org/services-and-projects/>
- **Equality Commission for Northern Ireland (ECNI)**
Website: <http://www.equalityni.org>
- **Labour Relations Agency NI**
Website: <http://www.lra.org.uk/>
- **Law Centre NI**
Website: <http://lawcentreni.org/>
- **Northern Ireland Commissioner for Children and Young People (NICCY)**
Website: <http://www.niccy.org/>
- **Northern Ireland Commission of Refugees and Asylum Seekers**
Website: <http://www.nicras.btck.co.uk/>
Website: <http://www.nihrc.org/>
- **Northern Ireland Human Rights Commission (NIHRC)**
Website: <http://www.nihrc.org/>
- **The Rainbow Project**
Website: <http://www.rainbow-project.org/>

Please note that this manual does not constitute legal advice.

Any resource or link provided in this compendium is solely for your convenience. We do not accept any responsibility for any third-party website or resources or endorse them.

YOUR RIGHTS

YOUR RESPONSIBILITIES

YOUR ROLES