PART A

The Department of Health – Northern Ireland

Public Authority Statutory Equality and Good Relations Duties

Annual Progress Report

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Documents published relating to our Equality Scheme can be found at:	https://www.health-ni.gov.uk/articles/doh-equality
Signature:	

This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between 1 April 2025 and 31 March 2026

PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme
Section 1: Equality and good relations outcomes, impacts and good practice

1 In 2025-26, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

During the reporting period, the Department of Health (DoH) continued to advance its statutory duties under Section 75 of the Northern Ireland Act 1998 by embedding equality of opportunity and good relations considerations across major policy development and service reform. This was undertaken in line with the Department's Equality Scheme commitments, particularly those relating to screening, EQIA, early engagement, and mitigation of adverse impacts.

Examples of key policy/service delivery development

- **Health and Social Care Reset Plan**

A system wide policy reset setting out how HSC will respond to unprecedented financial pressure while progressing reform.

- **Neighbourhood Model of Health and Wellbeing**

A formal policy framework committing DoH to a neighbourhood centred system, shifting care closer to communities and embedding prevention and early intervention

- **Refreshed Delivering Care Policy Framework**

The first full refresh since 2014, introducing updated accountability, governance, workforce planning tools, and clearer ward to board responsibilities.

- **Healthy Futures – Obesity Strategic Framework**

A dedicated obesity strategy explicitly linking prevention, services and wider determinants of health.

- **Regional Obesity Management Service (policy establishment)**

Formal policy decision to establish a single regional obesity management service for Northern Ireland.

- **Three Year Health and Social Care Strategic Plan (2025–2028)**

Sets the Minister's priorities for stabilisation, reform and delivery across health and social care.

- **Mental Health Strategy – Deliverability Review (2026–2029)**

A formal re prioritisation of mental health policy actions in light of funding constraints.

Examples of key legislation

Adult Protection Bill

The Adult Protection Bill represents a significant policy development to strengthen adult safeguarding through the introduction of a statutory framework that provides greater clarity, consistency and parity of protection for adults at risk of harm. The policy has been screened in line with Section 75 duties, with no differential adverse impacts identified and overall impacts were assessed as none or minor across equality categories, however it is anticipated that it will particularly benefit older people and individuals with disabilities.

Equality considerations have informed the policy throughout development, supported by a 16-week public consultation and ongoing engagement with key stakeholders. The Bill Team engaged fully with the Committee for Health during the Bill's Committee Stage and took into consideration comments and amendments they felt were necessary, such as strengthening Independent Advocacy. The next stage of the Bill, Consideration Stage, has been delayed until the Muckamore Abbey Hospital Inquiry Report is published, due in June, to assess if any further amendments are needed that can be addressed through the Adult Protection Bill. The Bill is underpinned by principles such as empowerment, dignity and proportionality, promoting a rights-based and inclusive approach. The Bill Team will continue to monitor equality impacts through established governance arrangements and will keep these under review as the Bill progresses and is implemented.

How the Department promoted equality of opportunity and good relations

The Department's current Equality Scheme was published in 2022. One of the key commitments made was to carry out an Audit of Inequalities and develop a Section 75 Equality Action Plan (EAP) and Disability Action Plan (DAP). The scheme is currently under its 5-year review and will be published in 2027.

An Audit of Inequalities was undertaken in 2024/25 which led the development of a EAP/DAP for 2025-2030. The first reporting cycle update is due summer 2026.

As set out in the Equality Scheme, the Equality and Human Rights Unit (EHRU) continues to provide support and advice within the Department. Due to resourcing issues, the Unit was restricted in what it could provide to the Department during the reporting year. However, in the last year, together with advising on equality screenings and related matters, the EHRU:

- provided staff with guidance and signposting including to the Equality Commission Northern Ireland (ECNI) website;
- emailed staff promoting and encouraging staff to attend training on equality and human rights issues from both NCIS and the ECNI;
- promoted the videos and advice from ECNI and the Northern Ireland Human Rights Commission to colleagues.
- Coordinated a talk with the ECNI regarding the consequence of the Scottish Women v Scotland judgement.

The EHRU represents the Department on the Ethnic Equality Monitoring (EEM) and keeps abreast of the issues raised in the Article 2: Dedicated Mechanism Inter-Departmental Working group. The Unit is also responsible for the overseeing the implementation of the Identity and Language (Northern Ireland) Act 2022.

EHRU continues to organise and chair the Equality and Human Rights Steering Group, with membership from the Department, HSC Trusts, Northern Ireland Ambulance Service, Northern Ireland Fire and Rescue Service and Business Services Organisation (BSO). In the last reporting year, they met on 24 April 2025, 30 September 2025 and 15 January 2026. The meeting on the 30 September was extended to all staff due to the ECNI attending to give an update on matters in relating to the Women Scotland Ltd (Appellant) v The Scottish Ministers UKSC/2024/0042 judgement.

The Strategic Planning and Performance Group of the Department (SPPG) Equality Forum and the Joint Equality, Good Relations and Human Rights Forum met during 2025/2026 to support colleagues in complying with statutory equality and disability duties, and to meet obligations under human rights legislation. The SPPG Equality Forum which includes Governance Leads met quarterly last year and covered agenda items to include best practice and worked examples with lessons learned on equality screening completed during the year.

The Department will review its attendance at the equality forums / meetings to coincide with the review of the equality scheme ensuring the best use of resources and most effective method of information dissemination and gathering.

How the Department promoted diversity and inclusion

The First Minister and deputy First Minister launched a public consultation on the draft Framework for Race Relations and delivery plan in March 2026. The Department

of Health contributed to the development of the draft Framework through cross-departmental engagement led by The Executive Office. The draft Framework sets out a strategic vision for advancing racial equality beyond 2025. Building on the achievements of the Racial Equality Strategy 2015–2025, and informed by engagement with a range of stakeholders, the new Framework reflects society today with a focus on dealing with inequalities through an inclusive, and evidence-informed approach. The DoH Diversity champion encouraged staff participation in this consultation.

The Diversity Champion also participated on the NICS Diversity Champion Network which focuses on Disability, Ethnic Minorities, LGBTQIA and Gender. In addition to this, the Department's Diversity Champion, continued to engage in related cross NICS activity, including confirmation to attend the Senion Civil Service Capability and Capacity Strategy 2026–30 focus group.

The NICS released the new internal workforce policy on Domestic and Sexual Abuse, which applies across all departments.

The importance of providing a supportive workplace for those experiencing or at risk of domestic abuse and violence NICS delivered a programme of training in conjunction with ONUS (a consultancy specialising in tackling domestic violence and abuse) to increase the number of Safe Place Advocates across the Service. Safe Place Advocates play a key role in supporting the Civil Service to provide a safe, supportive workplace for colleagues affected by domestic violence or abuse. Their role is to ensure that colleagues affected are aware of the internal and external sources of support available. The Department has 3 safe space advocates and the EHRU promoted this during the reporting period.

In May 2025, the Department published, "Experiences of Women seeking International Protection Accessing Health & Social Care in NI." The Health Minister launched the report highlighting the difficulties that some women and children in the immigration system may face when accessing Health and Social Care services. It explores the potential barriers that women and children in the People Seeking International Protection (PSIP) pathways may face when accessing services and makes a series of recommendations to help address them. In total, 167 women from 15 nationalities, including Syrian, Ukrainian, Sudanese, Afghan, and Iraqi communities, engaged with this work and had an opportunity to share their experiences of accessing Health and Social Care services, specifically Maternity Services, Public Health Nursing, Social Services and Mental Health Services, either for themselves or on behalf of children. A total of 19 engagement sessions took place across Northern Ireland.

The report includes several recommendations centering on addressing three key issues - cultural, language and navigation.

These are:

- Carry out an audit of best practice across Trust areas;
- Establish a standardised approach to support services, ensuring equitable access across different regions;
- Promote best practices in interpreting services and translations;
- Embed the Cultural Competence Framework across Health & Social Care;
- Create, or optimise and strengthen, the existing central resource to support people seeking international protection in navigating health and social care services;
- Commission education programmes to build awareness of health conditions and preventative care, to be delivered within local community settings.

How the Department raised staff awareness

The Department's EHRU team promoted information and on events, awareness-raising materials, and training opportunities related to equality, diversity, and inclusion to all internal staff.

All staff have access to, and receive regular updates from, the NICS Health and Wellbeing programme.

How the Department undertook good relations and partnership working

Women's health listening

The Department has helped to fund a women's health listening exercise which is now nearing completion and led by Derry Well Women in partnership with Queens University Belfast. This work focussed on engaging women and representative groups to better understand lived experience, barriers to access, and priorities for improvement across women's health services. Feedback from this exercise is being used to inform the development and implementation of the Women's Health Action Plan, helping to ensure that policy development is grounded in meaningful engagement with Section 75 groups. The approach taken demonstrates good practice in engagement, particularly in creating safe, accessible opportunities for women to contribute views on sensitive health issues and ensuring these insights are reflected in departmental work.

Regional Review of Neurology

In the context of significant pressures within neurology services, the Department commissioned a Regional Review of Neurology. The report of the Review presents an analysis of the shortfalls within current services and a vision that future services should be person centred, joined-up, equitable and suitably resourced. The voice of

service users was central to the work of the Review from the outset and the priorities and recommendations proposed in the report were developed in collaboration with key stakeholders and people with lived experience. This was achieved through the membership of the Northern Ireland Neurological Charities Alliance within the Review Team and through targeted engagement with service users at key stages which was facilitated by the Patient and Client Council. While it is anticipated that implementation of the recommendations will deliver improvements for all people with a neurological condition, due to the impact and prevalence of some conditions, it is expected that older people and people with disabilities, in particular will benefit.

The Neurology Review report was subject to a public consultation which ran from 07 May to 06 August 2025. A range of easy read documentation was published alongside the consultation documentation to facilitate feedback from people with lived experience. The consultation was supported by a comprehensive programme of engagement events which provided a forum to obtain feedback and the opportunity to ask questions of an expert panel. In-person events were held in accessible venues across five Trust areas. Two online events were also delivered to ensure that people who were unable to travel also had the opportunity to participate.

Feedback from the consultation will inform the development of a final implementation plan. Subject to funding it is intended that a Neurology Delivery Team (NDT) will be established by the Strategic Planning and Performance Group to develop the implementation plan and lead on implementation. The NDT will be tasked with developing mechanisms to ensure stakeholder engagement and user involvement throughout implementation. Equality considerations will also be revisited, and policy monitoring findings will be assessed throughout the implementation period.

Learning Disability Service Model Consultation

The draft service model has been developed in collaboration with Trusts, independent sector providers and people that use HSC services. The draft model sets out a regionally consistent framework to improve outcomes across several HSC areas, including: (i) Life Changes (ii) Health & Wellbeing; (iii) Carers and Families (iv) Meaningful Lives and Citizenship; (v) Home and (vi) Mental Ill Health and Behaviours of Distress or Concern.

The Department undertook an extensive engagement project holding numerous consultation events with the HSC Leadership Centre and Association for Real Change (ARC) NI also facilitated two parallel consultation sessions on behalf of the Department.

Across the reporting period, the Department continued to promote good relations by:

- working collaboratively with Health and Social Care bodies, voluntary and community organisations, and other public authorities;
- supporting co production and engagement with service users and carers from different community backgrounds; and
- ensuring accessible formats (including Easy Read and translated materials) were used in consultations when necessary, consistent with Equality Scheme commitments.

2 Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2025-26 (*or append the plan with progress/examples identified*).

The Department's Equality Action Plan (EAP) was published in December 2025. The plan has been developed following an Audit of Inequalities which was undertaken in the previous year. The action plan spans 5 years however the actions within the plans can be amended during the reporting period.

Progress on the Disability Action plan is denoted at Part 2 of this report.

Summary of Progress on EAP:

Completed actions

Action 36 – Online resource for non-English speakers

- An accessible online resource to help people navigate Health and Social Care services has now been developed and is operational.
- This directly improves accessibility for people seeking international protection and other minority ethnic groups.

Effectively delivered / key milestones achieved (though ongoing)

These are not formally "completed" but have delivered their core Year 1 outputs:

- Prison Healthcare Partnership Agreement (Action 8)
  New DoH–NIPS agreement finalised and implemented (2026–2030).
- Care Pathways for Sensory Disabilities (Action 31)
  Two regional guides produced, published and distributed to Trusts.
- Enhanced Child Dental Examination Scheme (Action 23)
  Delivered during 2025–26 and moved to recurrent funding from April 2026.
- Happy Smiles Expansion (Action 25)
  Ministerial approval secured, programme expanded and implementation infrastructure established.
- Cervical Screening Engagement (Action 16)
  Sustained programme of outreach and targeted interventions delivered.

General Year 1 Progress Update

Key Areas of Progress

Mental health and suicide prevention

- Regional services such as the Self-Harm Intervention Programme and Protect Life 2 are fully operational and targeted toward high-risk groups (young females, men in deprived areas).
- Expanded early intervention and prevention planning, including refreshed action plans (2026–29)
- Continued investment in school-based emotional wellbeing initiatives and Child and Adolescent Mental Health Services (CAMHS) system improvements.
- Specific supports maintained for LGBTQIA+ individuals and minority ethnic communities through commissioned services.

Violence against women and girls

- Implementation of the Domestic and Sexual Abuse Strategy has progressed significantly.
- Key early achievements include:
    - Establishment of governance and oversight structures
    - Launch of Routine Enquiry Guidance
    - Introduction of a regional pilot with PSNI
- Close alignment with the Executive Office EVAWG Strategy is in place.

Women's health

- Major progress towards the first Women's Health Action Plan:
    - Large-scale listening exercise completed
    - Engagement with under-represented groups
- Findings will inform publication of the Action Plan in 2026.

Public health and prevention

- Progress across key strategies:
    - Substance Use Strategy implementation ongoing
    - Obesity Framework ("Healthy Futures") approved and governance established
- Positive trends in smoking reduction continue.

The Minimum Unit Pricing for alcohol was not progressed due to lack of Executive agreement.

Health inequalities and access

- Expansion of:
    - Social Inclusion Workers supporting people seeking international protection
    - Resources improving system navigation for non-English speakers

- Active engagement through networks (e.g. Stronger Together) to reach minority ethnic groups.

Children, young people, and early years

Progress across:

  - CAMHS access improvements and workforce planning
  - Looked After Children strategy delivery
  - Early years obesity and oral health interventions
- Expansion of Happy Smiles and continued screening awareness programmes.

Disability and neurodiversity

- Ongoing implementation of:
  - Autism Strategy
  - Learning Disability Nursing Review
- Development of:
  - ADHD service needs assessment
  - Children's Emotional Health Framework
- Improved short breaks provision and oversight structures.

Older people and hospital discharge

- Early Review Teams now operational across all Trusts.
- Improved data monitoring and system coordination.
- Policy work underway to improve homecare provision consistency.

Continued progress will depend on sustained funding, workforce capacity, and partnership working, with Year 2 expected to focus increasingly on measurable outcomes and impact.

3 Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2025-26 reporting period? *(tick one box only)*

☒ Yes

☐ No (go to Q.4)

☐ Not applicable (go to Q.4)

Please provide any details and examples:

As detailed below, the Department engages with policy business areas at an early stage which ensures equality issues are considered from the outset and appropriate guidance provided. These robust procedures from the beginning help support sound development.

Equality Processes and Equality Scheme

The Department's EHRU proactively encourages Departmental business areas to engage with them, and the Department's Information Analysis Directorate, at an early stage to help identify equality and human rights considerations and relevant statistical information. This collaboration ensures that equality issues are considered early, quality of content is improved, and business areas have access to a wide range of relevant data which contributes to a stronger evidence base to assess possible impacts and promote greater appreciation of the needs of the various Section 75 groups, within the policy development process.

Every member of staff has access to Northern Ireland Statistics and Research Agency/NISRA data portal statistics, and to the EHRU Section 75 resources page on the Departmental staff intranet. The page is regularly updated and includes links to a wide range of resources, including ECNI information and Data Signposting Guide, and Disability, LGBTQIA+ and Ethnic Minority websites and research. Relevant reports from IDOX and The Knowledge Exchange are also uploaded and shared monthly with policy areas. The Department's standard submission template includes a section on Section 75 to ensure equality implications are considered and documented. In line with our Equality Scheme commitment to consider any good practice or guidance issued by ECNI, the EHRU shares relevant information and guidance with all staff, as detailed under section (1).

There are appropriate structures and reporting mechanisms in place for assessing the Departments compliance with Section 75 duties. Section 4.6 of the Equality Scheme is monitored whereby the lead role in the screening of a policy is taken by the policy decision maker who has the authority to make changes to that policy. Consultations for 2025/2026 year included key stakeholders and the use of the Departments consultee list to input to the screening process where appropriate. Approved and signed screening templates are collected quarterly within the Department and published on the Department's website.

Equality Scheme Chapter 3 commitment to the arrangements for consulting in the Equality Scheme were met and adhered to during 2025/2026 where possible, with policy areas seeking the views of those directly affected by the matter/policy. The Department did engage with affected individuals or groups to identify how best to consult or engage with them through a range of methods and there was a demand for the opportunity to attend in person and online events e.g. Obesity Consultations had both an in person and online consultation. We met the Equality Scheme commitment of providing other methods for consultation such as offering returns by email or by post, removing the barrier of online internet access e.g. Core Grant Funding Scheme 2025-2026.

Revised Code of Practice for the Mental Health (NI) Order 1986

A consultation on a revision of the Mental Health (Northern Ireland) Order 1986 Code of Practice took place during the reporting year, with the amendments being informed by a

comprehensive programme of stakeholder engagement, which extended beyond standard consultation methods to incorporate a co-production approach. The Code is now finalised following Ministerial approval and is due to be published on 9 July, with a launch event planned for the same day.

This process involved people with lived experience of mental health services, carers and families, multidisciplinary professionals, and key partner organisations including the Police Service of Northern Ireland and the Northern Ireland Ambulance Service. Those with lived experience were not passive consultees but active participants who worked alongside professionals as equals in shaping the draft document for public consultation. This ensured that the perspectives of those most affected by the Mental Health Order were embedded throughout the Code's development.

Engagement took place through consultation events, written responses, and structured working groups. Stakeholders contributed to both strategic and operational aspects of the revised Code, including the development of forms, the refinement of language, and the practical application of statutory powers. Feedback highlighted the need for clearer information on processes such as detention and places of safety, as well as the emotional impact of these experiences. This directly informed revisions designed to improve transparency, reduce distress, and enhance accessibility through clearer language and improved online availability.

Influence on Policy Development

Engagement had a clear and demonstrable impact on shaping the revisions Mental Health Order Code. A key outcome is the strengthened emphasis on human rights and a rights-based approach to care and treatment. The Code, when implemented, will include a dedicated human rights section and requires compliance with the Human Rights Act 1998, the European Convention on Human Rights, and the United Nations Convention on the Rights of Persons with Disabilities. Decisions must be lawful, necessary and proportionate, with a clear requirement that interventions restrict liberty only where absolutely necessary and for the shortest possible time.

The Code also reflects a stronger commitment to person-centred and participatory practice. Patients are to be supported to participate in decisions about their care, with an emphasis on dignity, autonomy and respect. Advocacy is recognised as a right and must be routinely offered, particularly at key decision points. In addition, the role of carers and families has been strengthened, with increased emphasis on information sharing, involvement and support.

Engagement also influenced improvements in equality, inclusion and language. While the Code must reflect statutory terminology, it acknowledges that some terms are outdated and introduces a glossary of preferred modern language. Practitioners are encouraged to adopt inclusive terminology wherever possible, reflecting stakeholder concerns about stigma and dignity. Communication and accessibility requirements have also been strengthened, including provision of information in appropriate formats, use of interpreters and supports for people with communication needs.

Impact on Section 75 Groups

The revised Code is explicitly aligned with the Section 75 equality duties set out in the Northern Ireland Act 1998, which are embedded throughout its principles and guidance. Services are required to be person-centred and responsive to individual background, including cultural, religious and social needs, and equality considerations must be integrated into all aspects of care.

The anticipated impact across Section 75 groups is positive. The Code provides enhanced safeguards for individuals with disabilities, including those with mental health conditions and learning disabilities, through requirements for reasonable adjustments and accessible communication. It includes specific provisions for children and young people, such as the application of the best interests principle, consideration of capacity, and access to age-appropriate care and advocacy.

The Code also recognises the needs of minority ethnic communities, including the importance of culturally appropriate care and the use of interpreters, and highlights groups such as Irish Travellers. Gender, sexual orientation and religious belief are addressed through a strong commitment to dignity, respect and non-discrimination. In addition, the Code recognises the impact of mental health interventions on family life, ensuring that the needs of carers and those with dependants are considered in decision-making.

Overall, the revised Code is expected to promote equality of opportunity, reduce inequalities in experience and outcomes, and support more inclusive and person-centred mental health services. The integration of human rights principles, strengthened advocacy and communication provisions, and greater involvement of patients and carers all contribute to a more equitable framework.

The engagement process was extensive and meaningful, resulting in tangible changes to policy and practice. The co-production approach ensured that lived experience was central to development, supporting a Code that is more accessible, rights-based and responsive to the needs of all Section 75 groups.

3a With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what **difference was made, or will be made, for individuals**, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Cancer Charities Grant Scheme

The Department of Health and Macmillan Cancer Support provided £2m of funding to support the Grant Scheme during 25/26. A total of 16 cancer service charities (Friends of the Cancer Centre, Evora Hospice (formerly Southern Hospice), Action Cancer, Young Lives vs Cancer, Charis Cancer Care, Hive, Cancer Lifeline, Cancer Focus NI, Cancer Fund for Children, NIPANC,

OG Cancer, Look Good Feel Better, SWELL , Lilac Cancer Support, Leukaemia & Lymphoma NI, Care for Cancer – Omagh) will benefit from a share of the funding.

The grant scheme will ensure charities and voluntary and community sector organisations can deliver cancer support services and projects across local communities in Northern Ireland, helping to reduce health inequalities.

Hospitals – Creating a Network for Better Outcomes: Update (2025–26)

The consultation on Hospitals – Creating a Network for Better Outcomes closed on the 28th February 2025. The purpose of the consultation was to develop a strategic framework for the provision of hospital services, rather than any specific service, the aim is to improve sustainability, quality and safety of services while contributing to the reduction of health inequalities over time and The consultation received some 28 thousand responses. While a departmental response is under development service development has not stopped, and Trusts continue to be managed through the Guidance on the Change and Withdrawal of Services, which requires trusts to undertake appropriate assessments and engagement before making a service revision.

A draft Equality Impact Assessment (EQIA) accompanied the consultation, reflecting the potential for significant equality impacts given the scale and strategic importance of the proposals. This final EQIA is under review and will reflect the feedback received.

In respect of Policy or service developments that promote equality or good relations (e.g. disabled people, LGBTQI+, ethnic minorities, Travellers, carers, children, older people, women).

Department of Health Consultation on Draft Equality Action Plan and Draft Disability Action Plan (2025–2030)

The Department undertook a public consultation (28 March – 28 June 2025) on its draft Equality Action Plan (EAP) and draft Disability Action Plan (DAP) for the period 2025–2030. The consultation sought views on both plans and the underpinning Audit of Inequalities, which identifies key inequalities affecting people across the Section 75 equality categories.

The draft Equality Action Plan is a statutory requirement under Section 75 of the Northern Ireland Act 1998 and sets out proposed actions to promote equality of opportunity and good relations. It is informed by analysis of inequalities experienced by service users and those impacted by departmental policies, and outlines targeted interventions, programmes and policy actions to address these inequalities over the five-year period.

The draft Disability Action Plan, developed in line with Sections 49A and 49B of the Disability Discrimination Act 1995, sets out how the Department will promote positive attitudes towards disabled people and support their participation in public life. It includes commitments to embed disability considerations within policy development, improve

accessibility, and strengthen engagement with disabled people and representative organisations.

Both plans update the previous 2019–2024 action plans and are aligned with the Department's Equality Scheme (published 2022). They reflect input from stakeholders and evidence gathered through the Audit of Inequalities process.

The consultation formed part of the Department's statutory equality duties and aimed to ensure that the final plans are informed by stakeholder and public feedback.

Reform of Adult Social Care

On 23 March 2026, the Department published a 10 -Year Strategic Plan for Reforming Adult Social Care and Support along with the first 3-year Delivery Plan. The plans have been developed following consultation and in collaboration with stakeholders and those with lived experience. We will continue to work collaboratively, and with people with lived experience, in the further design and delivery of a person-centred, rights-based social care and support system. Since adult social care services are typically experienced by people with disabilities, older people, and their carers, a number of strategic priorities and associated actions will directly promote equality including ensuring that individuals have choice and ownership of the decisions that affect their care and support needs, as well as supporting unpaid carers. More broadly, the plans seek to reform how adult social care is delivered and experienced across NI, with a focus on independence, choice, equity, quality, innovation, prevention, early intervention and preparedness for the future to enable people in need of care and support to live fulfilling lives in their communities.

3b What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

☒ As a result of the organisation's screening of a policy *(please give details):*

(i) Equality Screening of New and Revised Policies

Example: Draft Budget 2025–26

The Draft Budget 2025–26 was screened at an early stage in line with the Equality Scheme. Screening identified the potential for differential adverse impacts on groups protected under Section 75, particularly:

- people with disabilities,
- older people, and
- those living in areas of higher deprivation.

As a result of screening, the Department determined that a full EQIA was required, rather than proceeding on the basis of screening alone. This meant that the Equality screening acted as the initial trigger, ensuring equality considerations informed the budget process before decisions were finalised.

(**ii) The requirement to Conduct a Full Equality Impact Assessment (EQIA)**

Example: Hospitals – Creating a Network for Better Outcomes

Screening of the hospitals framework identified potential major equality impacts, given its strategic nature and system-wide implications. In accordance with the Equality Scheme, the Department undertook a full EQIA, rather than relying solely on screening.

The EQIA influenced the policy by:

- reinforcing that the framework would not propose specific hospital closures;
- embedding commitments that any future service changes would be subject to separate EQIAs; and
- strengthening mitigation around access, travel and vulnerability.

The Equality Scheme requirement for EQIA ensured policy safeguards were built into the strategy, materially shaping how the framework was framed and communicated.

(iii) Consultation with Section 75 Consultees

Example: Learning Disability Service Model (LDSM)

The consultation on the LDSM was accompanied by a full EQIA and structured engagement with:

- service users,
- families and carers,
- advocacy organisations representing people with learning disabilities.
- Feedback from consultees highlighted:
- risks of unequal access during service transition;
- the importance of continuity of care; and
- workforce implications impacting service users with complex needs.

This engagement informed; clearer commitments on co-production, enhanced mitigation measures; and strengthened monitoring arrangements. The consultation duty within the Equality Scheme ensured stakeholder evidence directly influenced service model development, rather than treating engagement as a procedural exercise.

(**iv) Use of the Audit of Inequalities to Inform Strategic Direction**

Example: Budget and System Reform Policies

The Department's Audit of Inequalities identified persistent inequalities relating to:

- disability,
- socio-economic disadvantage, and
- geographic access to services.

This evidence base was explicitly referenced in EQIAs accompanying draft budgets; and strategic reforms such as hospital reconfiguration. As a result, policies placed increased emphasis on prevention, early intervention; and targeting resources at populations with poorer health outcomes.

The Audit of Inequalities fulfilled its Equality Scheme role as a strategic driver, shaping priorities rather than merely describing inequalities.

(**v) Monitoring and Review of Policies After Implementation**

Example: Pension Scheme Amendments and Budgetary Decisions

For the Health and Social Care Pension Schemes (Amendment No.2) Regulations (NI) 2025, equality monitoring arrangements were included following the EQIA.

Monitoring focused on age-related impacts, differential effects on part-time staff, and gender implications. This approach reflected the Equality Scheme commitment to identify unintended consequences; and adjust policy implementation where necessary. Post-implementation monitoring ensured equality considerations continued beyond policy approval, reinforcing the Scheme's continuous-improvement approach.

☒ As a result of what was identified through the EQIA and consultation exercise *(please give details):*

(**i)Neighbourhood Model of Health and Wellbeing**

In March 2026, the Department published the Neighbourhood Model of Health and Wellbeing, setting out a new approach to delivering care closer to people's homes, with a strong emphasis on prevention, early intervention and partnership working. The Model was equality screened and taken forward for full EQIA, reflecting its potential to impact disproportionately on Section 75 groups including people with disabilities, older people, minority ethnic communities and carers.

The policy was developed in line with Equality Scheme commitments to:

- mainstream equality in service redesign;
- involve affected groups at an early stage; and
- consider rurality, deprivation and access as factors intersecting with Section 75 categories.

Outcomes and improvements achieved

The Model explicitly prioritised reducing health inequalities by targeting neighbourhoods with greatest need. Good relations considerations were supported through an increased role for the voluntary and community sector, promoting cross community engagement. Equality considerations shaped implementation planning, including recognition of the need for proportionate local flexibility to meet diverse needs.

(ii) Healthy Futures – Obesity Strategic Framework

The Department published Healthy Futures – An Obesity Strategic Framework in November 2025. The Framework was informed by evidence demonstrating unequal obesity prevalence across socio economic groups and protected groups, including people with disabilities, children, and some minority ethnic communities. It was therefore screened and taken forward for full EQIA.

The Framework strengthened the focus on health inequalities as a driver of obesity, rather than individual behaviour alone. Equality analysis informed commitments to accessible services, culturally appropriate interventions and community based prevention. The policy supports the Equality Scheme duty to promote equality of opportunity in health outcomes, rather than solely in service access.

(iii) Establishment of a Regional Obesity Management Service

During the reporting period, the Department confirmed the establishment of a single Regional Obesity Management Service for Northern Ireland. This represented a new regional service model and was treated as a new policy proposition for Section 75 purposes, triggering screening and a full EQIA.

The EQIA identified potential access barriers related to geography, disability and age, which informed service design. Commitments were made to reasonable adjustments, clear referral pathways and consistency of service standards. The new service improves equality of opportunity by reducing historical variation in access across Trust areas.

(iv) Refreshed Delivering Care Policy Framework (Nursing and Midwifery)

In March 2026, the Department published a substantively refreshed Delivering Care Policy Framework, the first comprehensive update since 2014. The Framework was screened under Section 75 and assessed as not requiring a full EQIA, as it focused on workforce governance, staffing tools and accountability rather than changes to service eligibility.

The refreshed framework strengthens patient safety and quality, benefiting groups that rely heavily on nursing and midwifery services, including older people and people with disabilities. Improved workforce planning supports sustainable services and reduces the risk of indirect inequality arising from inconsistent staffing levels. The screening process demonstrated compliance with the Equality Scheme requirement to screen all new and revised policies.

(v) Making Life Better

In the area of Population Health, the Making Life Better (MLB) strategic framework continues to guide efforts to improve health and wellbeing and reduce health inequalities. During the reporting period, the next stage of MLB was considered, and a new Thematic Action Plan has now been approved by the Minister of Health and is currently with the Executive for consideration. The new Thematic Action Plan takes into consideration many recent developments, including the new Neighbourhood Model of Care, whilst also considering the need for the most effective and efficient use of existing resources.

Under MLB, the Department of Health continues to lead on several strategies that are designed to help improve population health and wellbeing through targeting specific areas where health inequalities are most prominent in our society. These include strategies and policies focused on obesity, tobacco and nicotine control, substance use and abuse, suicide prevention, skin cancer prevention, and breastfeeding. These initiatives are beginning to show positive outcomes. For example, the Health Inequalities Annual Report 2026 showed reductions at Northern Ireland level in teenage pregnancies, the percentage of the population who smoke, and the number of mothers who smoke during pregnancy. Additionally, there have been improvements seen in the percentage of NI adults reporting that they drink, drink at least once a week and, drinking 3 or more days a week.

(**vi) Anti-Poverty Practice Framework**

The Anti-Poverty Practice Framework for social work in Northern Ireland was launched in June 2018 and has been widely distributed, discussed and embedded into practice. Workshops have also been held in Queen's University Belfast, Ulster University and Belfast Metropolitan College as practice development days for their social work students. The Chief Social Worker also presented at the Regional Social Work Training and Governance Leads meeting, the Northern Ireland Social Care Council Professionals in Practice Partnership meeting and the Social Work Degree Partnership meeting to raise awareness of the framework and ask that it be included in other social work training and teaching opportunities. The my Department is represented on the Department for Communities cross-departmental working group to support the development of the Anti-Poverty Strategy.

(vii) Department of Health Consultation on Draft Equality Action Plan and Draft Disability Action Plan (2025–2030)

Responses to the consultation were received from a range of stakeholders. Feedback was broadly supportive of the aims of the plans but highlighted the need for greater clarity, ambition and measurable impact.

As a result of the consultation, the Department made a number of key refinements:

- **Strengthening of actions and outcomes:** Several actions were revised to improve clarity and specificity, with a stronger focus on measurable outcomes and deliverability. This included clearer articulation of intended impacts on identified inequalities.
- **Enhanced alignment with identified inequalities:** The plans were updated to better reflect the findings of the Audit of Inequalities, ensuring that proposed actions more directly address priority areas of need across Section 75 groups.
- **Improved monitoring and accountability:** Revisions were made to strengthen arrangements for monitoring progress, including clearer commitments to reporting and evaluation over the lifetime of the plans.
- **Increased emphasis on engagement:** The Department committed to ongoing engagement with stakeholders, including people with lived experience, to support implementation and review of both plans.

- **Accessibility and inclusivity improvements:** Changes were made to ensure actions better reflect the needs of disabled people, including a stronger emphasis on participation, accessibility, and inclusive communication.
- **Refinements to disability-focused measures:** The Disability Action Plan was updated to further embed the promotion of positive attitudes towards disabled people and to enhance opportunities for participation in public life.

These changes were intended to ensure the final plans are more robust, evidence-based and responsive to stakeholder feedback, while remaining deliverable within available resources.

Good practice in engagement—particularly approaches used to reach groups who face barriers (e.g. sign language support, easy read materials, minority language versions).

(i)Live Better

'Live Better' was a targeted, place-based approach launched in 2024 and designed to help address health inequalities in Northern Ireland by bringing targeted health support to communities which needed it most. The delivery of 'Live Better' in two test areas completed in June 2025. Delivery comprised of programmes for children's oral health, pre-diabetes, smoking cessation and cancer screening, falls prevention and frailty, childhood vaccinations, and connecting isolated older people. A programme of health fairs/checks, health literacy training, and health inequalities training also supported the delivery of Live Better.

The Live Better approach received a positive evaluation (Live Better initiative_ PHA evaluation summary (October 2025).docx) and the learning from the approach is being reflected in the New Neighbourhood Model of Health and Wellbeing and the next stage of MLB.

(ii)Health Literacy

As health literacy can be affected by many factors, improving health literacy requires inter-departmental and cross-sectoral action. Health literacy has specifically been referenced in the new Making Life Better Thematic Action Plan, which may offer new opportunities for future collaboration between partners within the Northern Ireland Civil Service and the Community and Voluntary sector.

The Regional Health Literacy Forum (RHLF), which comprises of members from statutory organisations, the Community and Voluntary sector as well as academia and is co-chaired by the Community Development Health Network and the Public Health Agency, work towards promoting and embedding health literacy throughout Health and Social Care, across health development approaches, policies or initiatives and within communities.

During this reporting period, an action plan was considered to direct the work of the RHLF, and it is hoped through this action plan, and the provision of an Annual Report from the RHLF to the All-Departments Officials Group, that health literacy will play a more prominent role within the NI HSC system.

☒ As a result of analysis from monitoring the impact *(please give details):*

During the 2025–26 reporting period, changes implemented by the Department of Health (DoH) were primarily prompted by evidence generated through Equality Scheme monitoring mechanisms, particularly:

- the Audit of Inequalities (completed 2024, applied in 2025–26)
- monitoring of consultation and engagement activity linked to the draft Equality Action Plan (EAP) and Disability Action Plan (DAP)
- ongoing equality screening and reporting processes

1. Audit of Inequalities – translating monitoring evidence into action (2025–26 implementation phase)

The Audit of Inequalities (AoI), completed during 2024 and operationalised in 2025–26, was the most significant monitoring exercise informing change. This work was undertaken as a key commitment within the DoH Equality Scheme (2022) and systematically analysed inequalities across all Section 75 categories.

The AoI identified:

- persistent health inequalities for disabled people, particularly in access to services
- poorer outcomes associated with age and socio-economic status
- variations in access, awareness and service uptake across community background

The application of these findings during 2025–26 directly prompted:

- finalisation and early implementation of the Equality Action Plan and Disability Action Plan 2025–2030, which explicitly target the inequalities identified
- a shift toward evidence-based prioritisation of health inequalities, aligning equality interventions with strategic health reform agendas

This demonstrates how monitoring data (AoI) moved beyond identification of inequalities to driving programme-level and policy-level change in 2025–26.

2. Consultation monitoring (2025) – improving participation and accessibility

Monitoring of engagement during the public consultation on the draft EAP and DAP (March–June 2025) highlighted ongoing inequalities in participation across Section 75 groups.

Evidence from consultation monitoring and feedback identified:

- continued underrepresentation of disabled people and certain marginalised groups in consultation responses
- stakeholder concerns regarding accessibility of documents and engagement formats

In response, during 2025–26 the Department:

- implemented enhanced accessibility measures, including Easy Read versions and alternative formats as standard practice

- strengthened its approach to inclusive engagement, including broader stakeholder outreach and use of multiple consultation channels
- embedded requirements to consider barriers to participation at the outset of consultation design

These changes were directly prompted by analysis of consultation participation data and qualitative stakeholder feedback, demonstrating the role of monitoring in improving compliance with Section 75 participation duties and Section 49A disability duties.

3. Equality screening monitoring – strengthening early-stage policy development

During 2025–26, monitoring of equality screening reports (published on a quarterly basis) continued to inform improvements in how equality considerations are integrated into policy development.

Analysis of screening activity identified:

- inconsistency in timing and depth of screening across policy areas
- limited use of available equality evidence (including AoI findings) at the initial stages of policy formulation

As a result, the Department introduced:

- strengthened internal guidance requiring explicit use of AoI and monitoring data in screening exercises
- enhanced oversight from the Equality and Human Rights Unit, ensuring greater consistency and quality assurance
- a renewed emphasis on screening at policy inception, rather than retrospectively

These changes reflect the Equality Scheme commitment to systematic screening and evidence-based policy-making, with monitoring identifying the need for earlier and more robust application.

☐ As a result of changes to access to information and services *(please specify and give details)*:

Click or tap here to enter text.

☐ Other *(please specify and give details)*:

Click or tap here to enter text.

Section 2: Progress on Equality Scheme commitments and action plans/measures

PART A

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2025-26 reporting period? *(tick one box only)*

☐ Yes, organisation wide

☒ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

Paragraph 2.9 of the Department's Equality Scheme sets out that, where relevant, employees' job descriptions and performance plans reflect their contributions to the discharge of Section 75 statutory duties and implementation of the Equality Scheme. Performance plans often include completion of mandatory training. HR services monitor staff completion rates for mandatory training, including equality and diversity training and consequently notifying line managers when such training has not been completed so it can be reported on personal performance plans (PPPs).

Given its functions in relation to Section 75, all relevant staff within the Department's Trust Sponsorship, ALB Governance and Department Development Directorate have Equality duties included as part of their job descriptions. This is also reflected, as appropriate, in other business areas across the Department. As duties and roles can change from one year to the next, the focus is more on Annual Personal Performance Agreements (PPAs) - see part 5 below.

An example is the role of the EHRU Staff Officer who updates annually the EAP for approval and reports to the ECNI as per the Equality Scheme.

5 Were the Section 75 statutory duties integrated within performance plans during the 2025-26 reporting period? *(tick one box only)*

☐ Yes, organisation wide

☒ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

As outlined above, this is captured within Paragraph 2.9 of the Department's Equality Scheme. The Personal Performance Plans (PPPs) are subject to appraisal in the annual performance review by line managers to consider their personal contributions to Section 75 statutory duties and implementation of the Equality Scheme.

All staff in the Department have PPAs which include Personal Development Plans (PDPs). Each staff member agrees the content of these with their line manager according to their particular function. Where appropriate Section 75 duties are recorded and this may either be in relation to work planned for the coming year or specific training needs that have been identified in relation to that planned work. Policy areas training recommends Equality Screening and other screening courses such as Introduction to Human Rights e-learning and Child Impact Assessment training course that is now available online.

Advice and guidance have been emailed to all staff and placed on the intranet to encourage staff to view the ECNI training videos and attend training provided by ECNI on Equality Screening and EQIAs. The intranet also has a dedicated page on the Disability Discrimination Act 1995 with advice and guidance for staff.

The EHRU have specific objectives in their PPPs which help to ensure the commitments of the Equality Scheme are achieved. For example, the Deputy Principal has a requirement to become a subject matter expert in equality and human rights issues that impact Health. This will be achieved by attending external training sessions, conferences and furthering the strategic development of the EHRU.

6 In the 2025-26 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

☐ Yes, through the work to prepare or develop the new corporate plan

☐ Yes, through organisation wide annual business planning

☐ Yes, in some departments/jobs

☐ No, these are already mainstreamed through the organisation's corporate plan

☒ No, the organisation's planning cycle does not coincide with this 2025-26 report

☐ Not applicable

Please provide any details and examples:

Click or tap here to enter text.

Equality action plans/measures

7 Within the 2025-26 reporting period, please indicate the **number** of:

Actions completed:

1

Actions ongoing:

39

Actions to commence:

0

Please provide any details and examples (*in addition to question 2*):

Action 36 has been completed, "Patients including refugees and asylum seekers and other newcomers may experience barriers to accessing health and social care services and often have poorer health outcomes." An online resource for people who are not proficient in English is now available.

8 Please give details of changes or amendments made to the equality action plan/measures during the 2025-26 reporting period *(points not identified in an appended plan)*:

Actions 32-34 were changed from, "Reducing health inequalities remains a key priority within the Improving Health within Criminal Justice Strategy and Action Plan: this includes

the refresh of the current Strategy and the development of prison focused plans during 2025-26." These actions were amalgamated into one action 33, "To improve the lives of people living with a rare condition in Northern Ireland through implementation of the Northern Ireland Rare Diseases Action Plan."

9 In reviewing progress on the equality action plan/action measures during the 2025-26 reporting period, the following have been identified: *(tick all that apply)*

☒ Continuing action(s), to progress the next stage addressing the known inequality

☐ Action(s) to address the known inequality in a different way

☐ Action(s) to address newly identified inequalities/recently prioritised inequalities

☒ Measures to address a prioritised inequality have been completed

Arrangements for consulting (Model Equality Scheme Chapter 3)

10 Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: *(tick one box only)*

☐ All the time

☒ Sometimes

☐ Never

Following initial public notification via the Department of Health consultation webpages, a targeted consultation approach was applied for specific consultations where equality screening and/or EQIA identified particular relevance for certain Section 75 groups.

- **Learning Disability Service Model (LDSM):**
  Alongside open public consultation, targeted engagement was undertaken with people with learning disabilities, family carers, advocacy organisations and representative groups. This approach recognised that the proposals would have a direct and significant impact on individuals within the disability Section 75 category and ensured that lived experience informed policy development, mitigation measures and monitoring arrangements.

- **Draft Budget 2025–26 and Draft Budget 2026–29/30:**
  In addition to public consultation, targeted engagement was undertaken with key stakeholder organisations representing groups most likely to be affected by budgetary decisions, including those representing disabled people, older people and communities experiencing socio-economic disadvantage. This supported a more informed assessment of potential differential impacts identified through equality screening and EQIA.
- **Hospitals – Creating a Network for Better Outcomes:**
  Given the strategic and system-wide nature of the framework, the Department undertook targeted engagement with stakeholders likely to be particularly affected, including patient representative bodies, equality sector organisations and rural stakeholders. This complemented the open consultation and helped inform the accompanying EQIA and Rural Needs Assessment, particularly in relation to access, travel and cumulative impacts.

Overall, this targeted approach ensured that consultation activity was proportionate, evidence-based and aligned with the Department's Equality Scheme, enabling the views of those most affected to meaningfully influence policy and strategic development.

11 Please provide any **details and examples of good practice** in consultation during the 2025-26 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

During the reporting period 1 April 2025 to 31 March 2026, the Department of Health continued to apply its Equality Scheme commitments to ensure that consultation activity on screened-in policies and strategic proposals was inclusive, proportionate and informed by equality evidence, with a clear focus on promoting equality of opportunity and, where relevant, good relations.

Learning Disability Service Model (LDSM)

The consultation on the Learning Disability Service Model, undertaken between August and November 2025, provides a strong example of good practice in consultation on a policy screened in for full Equality Impact Assessment (EQIA). Alongside open public consultation, targeted engagement was undertaken with people with learning disabilities, carers, advocacy organisations and representative bodies.

Engagement approaches were designed to be accessible and inclusive, recognising that the proposals were of direct and disproportionate relevance to individuals within the disability Section 75 category. Feedback from consultees informed the development of mitigation measures and monitoring arrangements, supporting more equitable policy outcomes.

This approach promoted equality of opportunity by ensuring that the views and lived experience of those most affected informed policy development.

Draft Budget 2025–26 and Draft Budget 2026–29/30

During the reporting period, consultation took place on both the Draft Budget 2025–26 (continuing into April 2025) and the Draft Budget 2026–29/30 (commencing January 2026). Both were supported by full EQIAs following equality screening.

Good practice included clear presentation of equality evidence and potential impacts across Section 75 categories. Targeted engagement with stakeholder organisations representing groups more likely to be affected by budget decisions, including disabled people, older people and communities experiencing socio-economic disadvantage. Opportunities for consultees to comment specifically on equality impacts and proposed mitigation. This helped ensure that budgetary decisions were informed by an understanding of cumulative and differential equality impacts.

Hospitals – Creating a Network for Better Outcomes

While the main public consultation on the hospitals framework concluded shortly before April 2025, equality-related engagement and consideration continued into the 2025–26 period as part of policy development and review. The framework was underpinned by a full EQIA and Rural Needs Assessment, reflecting its strategic importance and potential equality implications.

The Department maintained engagement with key stakeholders, including equality sector organisations, patient representative bodies and rural stakeholders, to inform ongoing consideration of implementation principles. The approach reinforced commitments that any future service-specific proposals arising from the framework would be subject to separate consultation and equality assessment. This supported the promotion of good relations by emphasising transparency, proportionality and continued engagement on a sensitive and high-profile policy area.

12 In the 2025-26 reporting period, given the consultation methods offered, which consultation methods were **most frequently <u>used</u> by consultees**: *(tick all that apply)*

☒ Face to face meetings

☒ Focus groups

☒ Written documents with the opportunity to comment in writing

☒ Questionnaires

☒ Information by email with an opportunity to opt in/out of the consultation

☐ Internet discussions

☐ Telephone consultations

☐ Other *(please specify)*: Click or tap here to enter text.

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

During the 2025–26 reporting period, the consultation methods most frequently used (face-to-face meetings, focus groups, written responses, questionnaires and email engagement) were taken up differently across Section 75 groups, reflecting the Department's commitment to inclusive and proportionate engagement.

Face-to-face meetings and focus groups were particularly important for groups where accessibility, trust and lived experience were critical:

- For the learning disability Section 75 category, the Learning Disability Service Model consultation included targeted engagement sessions with service users, carers and advocacy organisations, ensuring that people with learning disabilities could participate meaningfully through supported, in-person and facilitated formats.
- Similarly, the women's health listening exercise involved in-person engagement sessions (19 sessions across NI) with 167 women from diverse backgrounds (including minority ethnic communities), enabling participation on sensitive issues and supporting inclusion of those less likely to respond to written consultations.

These approaches would particularly benefited disabled people, women, carers and minority ethnic groups, where interactive discussion formats helped overcome barriers such as literacy, confidence, or cultural sensitivities.

Written documents and questionnaires were widely used across consultations and enabled structured input:

- Major consultations (e.g. Draft Budgets and Equality Action Plan / Disability Action Plan) provided formal written consultation documents and opportunities to submit responses, including specific prompts on equality impacts across Section 75 categories.

- These methods were particularly utilised by organisations representing Section 75 groups (e.g. disability organisations, older people's groups, and those representing socio-economically disadvantaged communities), supporting detailed, evidence-based responses.

Email engagement (opt-in/out opportunities) supported broad and flexible participation:

- The Department used its consultee list and stakeholder networks to circulate consultation information and invite responses, enabling engagement from a wide range of stakeholders, including those representing older people, rural communities, and minority groups.
- This method helped reach individuals and organisations who preferred remote engagement or who may face barriers attending in-person events.

Use of mixed methods to improve inclusion

- Across consultations, the Department combined face-to-face events, online engagement and written responses, recognising differing needs across Section 75 groups (e.g. providing both in-person and online options for obesity consultations).
- Accessible formats (including Easy Read and translated materials) were provided to facilitate participation by disabled people and minority ethnic communities, increasing the uptake of written and questionnaire-based responses.

13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2025-26 reporting period? *(tick one box only)*

☐ Yes

☒ No

☐ Not applicable

Please provide any details and examples:

No. During the 2025–26 reporting period, no specific awareness-raising activities were undertaken with consultees in relation to the commitments within the Equality Scheme. However, engagement with consultees continued through routine consultation processes and ongoing stakeholder relationships.

14 Was the consultation list reviewed during the 2025-26 reporting period? *(tick one box only)*

☒ Yes

☐ No

☐ Not applicable – no commitment to review

A public consultation on the Departments consultation / stakeholder engagement list was held between October 2025 and February 2026 and an updated stakeholder engagement list was published in March 26.

Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)

DoH Equality | Department of Health (health-ni.gov.uk)

Consultations | Department of Health (health-ni.gov.uk)

15 Please provide the **number** of policies screened during the year (*as recorded in screening reports*):

Total: 117 [includes: 82 NICE screenings]

16 Please provide the **number of assessments** that were consulted upon during 2025-26:

35 Policy consultations conducted with **screening** assessment presented.

4 Policy consultations conducted **with an equality impact assessment** (EQIA) presented.

2Consultations for an **EQIA** alone.

17 Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

During the 2025–26 reporting period, the Department of Health undertook a number of public consultations that were supported by a full Equality Impact Assessment (EQIA), demonstrating compliance with its statutory duties under Section 75 of the Northern Ireland Act 1998. These consultations related to strategic budgetary decisions and significant service reform affecting a wide range of equality groups.

Draft Budget 2025–26

The Draft Budget 2025–26 consultation included a full EQIA assessing the potential equality impacts of proposed health and social care resource allocations. The EQIA considered likely differential impacts across all Section 75 categories and outlined mitigation measures where adverse impacts were identified. Although the consultation commenced prior to April 2025, it remained active during the reporting period and is therefore included.

Health and Social Care Pension Schemes (Amendment No.2) Regulations (NI) 2025

This consultation sought views on proposed amendments to Health and Social Care pension arrangements. A full EQIA accompanied the proposals, examining the impacts on staff across age, disability, gender, race and other equality grounds, and informing final policy decisions.

Learning Disability Service Model (LDSM)

A public consultation on the proposed Learning Disability Service Model was undertaken in autumn 2025. Given the significance of the policy for people with learning disabilities and their families, a comprehensive EQIA was carried out. This assessment examined potential impacts on service users, carers and staff, with particular attention to disability, age, gender and socio-economic considerations.

Draft Budget 2026–29/30

The Department published a consultation on the Draft Budget 2026–29/30, supported by a full EQIA. The EQIA assessed the cumulative and longer-term equality implications of budget proposals over the multi-year period, reflecting the strategic nature of the decisions and their potential impact on health inequalities and access to services.

18 Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

☒ Yes

☐ No concerns were raised

☐ No

☐ Not applicable

Please provide any details and examples:

Screening decisions were reviewed following concerns raised by consultees, particularly in relation to the development of the Disability Action Plan. Feedback from consultees, including disabled people and representative organisations, highlighted issues around accessibility and participation, including under-representation of certain groups and barriers in engagement formats.

Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19 Following decisions on a policy, were the results of any EQIAs published during the 2025-26 reporting period? *(tick one box only)*

☒ Yes

☐ No

☐ Not applicable

Please provide any details and examples:

One EQIA (Draft Budget 2025–26) was published during the reporting period, including consultation documentation and associated Outcome and Post-Consultation Reports.

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2025-26 reporting period? *(tick one box only)*

☐ Yes

☐ No, already taken place

☐ No, scheduled to take place at a later date

☒ Not applicable

Please provide any details:

Information Analysis Directorate (IAD) sits within the Department and carries out various pieces of statistical work and research on behalf of the department. It comprises four

statistical areas: Hospital Information, Community Information, Public Health Information and Research and Project Support Analysis. IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering HSC.

It is acknowledged that the Department is limited in the analysis of some Section 75 categories. Some datasets have limitations across HSC systems.

Annually the Northern Ireland Health Survey is completed and the results published. The 2026 NI Health Inequalities Report was published on the 25 March 2026 Health inequalities statistics | Department of Health. The first results bulletin for the most recent Health Survey 2024/25 was published on the 26 November 2025 (results from the 2024/25 survey will be available around December 2026) at Health Survey Northern Ireland | Department of Health.

Various information for 2024/25 has since been published in our Health Survey tables which can be accessed at Tables from health survey Northern Ireland | Department of Health.

Information and research carried out by the Department is available at DoH Statistics and Research | Department of Health.

21 In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

☒ Yes

☐ No

☐ Not applicable

Please provide any details and examples:

Health Inequalities

Annually the Health Inequalities Annual Report is produced. It is a comprehensive analysis of health inequality gaps between the most and least deprived areas of Northern Ireland with important information used for monitoring. The Health Inequalities Annual Report is one of a series of reports produced as part of the Northern Ireland HSC Inequalities Monitoring System (HSCIMS). The report presents a comprehensive analysis of health inequality gaps between the most and least deprived areas of Northern Ireland and within HSC Trust and Local Government District (LGD) areas, across a range of health indicators. Areas covered include life expectancy, alcohol, smoking and drug related indicators, premature mortality, pregnancy and early years, childhood obesity and mental health.

Health Survey

The Health Survey Northern Ireland is a department survey completed annually and published on the Departments website along with any extra data requested annually. The survey covers a range of health topics that are important to the lives of people in Northern Ireland today. It has been running from April 2010 with separate modules for different policy areas included in different financial years. It includes questions relating to general health, long term conditions, mental health and wellbeing, loneliness, smoking, e-cigarettes, alcohol, BMI, and fruit and veg consumption and the results are published on the Departments website. Results gather information including sex, age, and urban or rural respondents.

Additional information used to inform policy areas include:

- Information on Mental Health, Learning Disability and Autism statistics and information can be found at Mental health and learning disabilities | Department of Health.
- Dentists' statistics and information can be found at Dentists statistics | Department of Health (health-ni.gov.uk)

Information gathered informs priorities within the Department and ensures informed monitoring of impacts on Section 75 groups.

22 Please provide any details or examples of where the monitoring of policies, during the 2025-26 reporting period, has shown changes to differential/adverse impacts previously assessed:

Mental Health Strategy Delivery Plan 2025/26

In April 2026, a series of stakeholder workshops (stakeholders from across the Department of Health, SPPG, PHA, Trusts, Royal College of Psychiatry, Mental Health Champions Office, the Community and Voluntary (C&V) sector, and partner organisations) were held to shape the priorities and actions for the 2026/27 delivery plan, based on anticipated budget allocations and the findings of a recent review of the Mental Health Strategy's deliverability. The 2026/27 Delivery Plan is currently being finalised. Officials will shortly commence planning for the co-design of the 2026/27 Mental Health Strategy Delivery Plan.

23 Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

New Survey Template for Ethnic Equality Monitoring

A new template in Citizen Space has been designed to streamline ethnic equality monitoring in surveys and consultations. This template, now available as a 'saved page,' aims to help survey designers ask the recommended questions in a consistent way. Collecting and analysing ethnicity data can help develop evidence-based policies that promote racial equality and foster a more inclusive society. This template represents a significant step forward in our commitment to racial equality.

Monitoring information is widely used across the Department to inform progress on various strategies and address emerging pressures. The information is used in decision making and in assessing equality impacts of policies. For example, information is routinely collated on a number of areas, with additional information collated as required through targeted monitoring or as part of the consultation process.

Regional Trauma Network (RTN)

The Regional Trauma Network (RTN) is a managed care network that integrates specialist trauma services by leveraging existing expertise and resources across the statutory, community, and voluntary sectors. It is designed to support victims and survivors of the Troubles/Conflict.

Following the establishment of referral pathways, an online portal and the completion of data sharing agreements, Phase 1 of the RTN came into operation on 1st April 2023. The RTN pathways are now well embedded and operating effectively to connect victims and survivors to services. Awareness continues to grow as evidenced by the source of referrals, including from primary and secondary care.

With a steady state reached for pathways, and relationships continuing to grow, focus has increasingly turned towards other key areas of the RTN including research, monitoring and evaluation, group-work and children and young people. With three years operational activity complete and increasing levels of data captured, the RTN is ready for the evaluation which commenced in April 2026 and is due to conclude in October 2026.

From April 2025 March 2026:

- 137 referrals were made from Health and Social Care (HSC) Trusts to community and voluntary organisations.
- 770 individuals were actively receiving therapy through Trust trauma teams.

From April 2023 to March 2026.

- 209 referrals were made from community and voluntary organisations to Trust trauma teams

In addition to direct service delivery, the RTN is advancing work in training, research, monitoring and evaluation, and support for children and young people, acknowledging the intergenerational impact of the Conflict. The RTN also contributes to the broader goals of the Mental Health Strategy, offering a range of interventions to address the long-term consequences of trauma and making a tangible difference in the lives of those affected.

Staff Training (Model Equality Scheme Chapter 5)

24 Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2025-26, and the extent to which they met the training objectives in the Equality Scheme.

The key commitments to staff training and objectives set out in Chapter 5 of the Department's Equality Scheme were completed during 2025/26. Staff continue to have access to the regularly updated intranet pages with a summary and a full copy of the Equality Scheme. The EHRU is available to support and provide advice to all staff and can provide a range of information, including on equality screening, Rural Needs Impact Assessments and EQIAs to meet our Equality Scheme Commitments.

EHRU regularly reminds staff of their duties, and the importance of paying due regard for the need to promote equality of opportunity between persons in the nine categories as defined in Section 75 of the Northern Ireland Act 1998.

It is important to remember that Section 75 is the law. Public authorities (including individual Departments) must consider equality and good relations duties when revising and developing all their policies. Screening policies, completing assessments, and monitoring the impact of these, are all key tools to enable public authorities to fulfil their statutory obligations and mainstream these duties into policy development. Beyond this, consideration of these duties will help create more efficient and effective policies.

The Department promoted attendance at various external training events supported by NICS HR, such as disability awareness training, section 75 training and mental health training.

ECNI Webinars

The ECNI delivered webinars which Department staff could attend - all EHRU staff attended the seminars.

Internal Training and resources

The Department, in association with NICS HR Learning & Development, SPPG staff and BSO, ensure there is an effective training programme for all staff so that the Department's

commitment to the Section 75 statutory duties is complied with. This requirement is made clear in all relevant publications.

SPPG staff received equality training via an agreement with the BSO. 'Equality, Good Relations and Human Rights: Making a Difference' e-learning training is mandatory for all SPPG staff and is completed every 3 years. In the 2025-2026 Financial Year, 98% (total of 520 staff) completed the training and the same eLearning training is available for line managers and 100% of 79 staff completed the training. Equality Impact Assessment Training for senior staff grade 5 and above provided by BSO was undertaken by a total of 27 staff and 24 staff attended attend Equality Screening – Part 2 or those completing EQIAs.

In the previous reporting year the Department had 72% completion rate for 'Introduction to Diversity and Inclusion' Training and 72% for the mandatory 'Equality and Diversity Essentials' training. This year, as the mandatory training is updated every 3 years and was introduced in 2022, there are lower number of people who completed the mandatory training, 20 people under took the Introduction to Diversity and Inclusion and inclusion and 19 people undertook 'Equality and Diversity Essentials', however, this was expected considering the timeframe of implementation.

Chapter 5 of the Departmental Equality Scheme commits the Department to providing ongoing specific training to equip staff with the necessary skills and knowledge to carry out key tasks effectively, including the assessment of policies (screening and EQIA). EQIA Training is also available on demand for those completing EQIAs.

Poverty, inequality and suicidality in NI

The Executive has agreed to provide suicide awareness training across the Northern Ireland Civil Service. Work is ongoing to develop this training which will initially be rolled out in Department of Health, before widening to other Departments and offered to their Arms Length Bodies.

The training will seek to highlight suicide risk factors; suicide warning signs; coached scenarios sharing approaches for how to talk to someone you are worried about; videos from people sharing real experiences; information about available support. The package will highlight sources of support including 24/7 Lifeline service, NICS Employee Assistance Programme and the Minding Your Head website which contains a directory of services for support across Northern Ireland.

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

There has been an increase in EQIAs being undertaken with 84 screenings including 75 NICE screenings in 2023/24 and in 2024/25 having 110 screenings been undertaken with 84 being NICE screenings, and in 25/26 having 117 screenings with 82 NICE screenings.

All participants attending courses are required to complete a post course evaluation. These are summarised in a summary report which inform regular course reviews and courses are updated accordingly. Mandatory equality and diversity courses are monitored for completion rates and updates shared with line managers.

Public Access to Information and Services (Model Equality Scheme Chapter 6)

26 Please list **any examples** of where monitoring during 2025-26, across all functions, has resulted in action and improvement in relation **to access to information and services**:

Examples during 2025/2026 include:

Waiting List Reimbursement Scheme: Launched in June 2025, this allows patients waiting more than two years for inpatient or surgical treatments to seek private care in the Republic of Ireland or the EU, with costs reimbursed by the DoH.

Support While Waiting Grant: A £500,000 initiative launched in late 2025/2026 provided grants of £5,000 to £30,000 to voluntary and community organizations. This funding supports patients with mental health, peer programs, and practical assistance while they remain on lengthy lists.

Primary Care Elective Services: Increased investment in GP-led elective care expanded access in specialties like dermatology, minor surgery, and gynaecology, resulting in thousands of assessments and procedures being completed outside traditional hospital wait times.

Mega Clinics: The DoH utilised independent sector partnerships and 'one-stop shop' mega clinics to review and treat groups of patients for outpatient waits spanning four or more years.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints **in relation to the Equality Scheme** have been received during 2025-26?

Insert number here: 4

Please provide any details of each complaint raised and outcome:

The Department received 4 complaints in relation to the Department's commitments and obligations under the Equality scheme. However, after consideration by the Department these were not considered valid complaints.

One of the four complaints was a Paragraph 10 complaint (Schedule 9 NI Act) from the Equality Commission however the ECNI decided not to investigate this.

Section 3: Looking Forward

28 Please indicate when the Equality Scheme is due for review:

The Equality scheme is currently being reviewed with publication anticipated for March 2027

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

In Chapter 4 of the Equality Scheme for assessing, monitoring and publishing the impact of policies, the Department is committed to using the tools of screening and impact assessment. For example, the Health Survey for Northern Ireland is completed annually and published.

There will be further ongoing work from the Equality and Human Rights Team to promote and review training to provide high quality screening and consultations across policy teams within the Department as in the Equality Scheme Chapter 5.

30 In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next reporting period? *(please tick any that apply)*

☐ Employment

☐ Goods, facilities and services

☐ Legislative changes

☐ Organisational changes/ new functions

☐ Nothing specific, more of the same

☒ Other (please state):

The decision of the UK Supreme court judgement – For Women Scotland Ltd v The Scottish Ministers [2025] UKSC 16 and how this impacts policy.

Training and awareness of Article 2 of The Windsor Framework as the Dedicated Mechanisms

PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

1. Number of action measures for this **reporting period** that have been:

Part A: 18 Part B: 12	**Part A: 2**	**Part A: 3 Part B: 2**
Fully achieved	Partially achieved	Not achieved

2. Please outline below details on all **actions that have been fully achieved** in the reporting period.

2 (a) Please highlight what **public life measures** have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

Level	Public Life Action Measures	Outputs[i]	Outcomes / Impact[ii]
National[iii]	Annually review and update the action plan if required and submit an annual report to Equality Commission NI.	The Department will update the actions and review on progress on implementation of the DAP and publish update.	The Department reviews and updates the DAP by 31 August each year. This update is provided to ECNI and also published within the reporting accounts for the Department.
	Senior official participation in forums	The Department will engage with people with disabilities, carers, staff, and advocates to	The Department also has representation on the NICS Disability Working Network (with internal and external

	/ groups to support a positive environment for those with disabilities within NICS.	influence and improve attitudes towards disabled people in the Department.	sector representatives) to advise on inclusive employment practices and reasonable adjustments across NICS.
	To encourage participation of service users within health and social care.	The Regional Disabled Peoples Health and Social Care Forum established in 2021 plans to meet as necessary with the purpose to bring the views of service users, their carers, Disabled Peoples User Led Organisations, and statutory, voluntary and community sectors closer to government. The Department will continue to chair the Cross-departmental Autism Working Group to ensure the voices and needs of people with Autism are considered in the Cross-departmental Autism Strategy and action plan.	The forum met in May 2025, due to resource issues only 1 meeting of the Forum took place for 2025-26. However work is ongoing to restart the forum to meet on an agreed regular basis for 2026-27. The Department co-chairs (alongside an Autistic Advocate) this Autism Working Group continues to meet quarterly.
	Improved diversity in Public Appointments.	The Department will use the stakeholder / consultee list when advertising Public Appointments to ensure a wide outreach to groups representing disabled people.	The Department carried out 11 public competitions during 2025/26 and with each, expanded their outreach to people with disabilities to ensure equality of opportunity by canvassing key groups identified to effectively target this under-represented group
		A statement setting out the Department's commitment to equality of opportunity for all is set out in all public appointment documentation.	This was undertaken for 11 competitions during 2025/26

		At the outset of each Public Appointment competition the Department will ensure that all social media avenues and web-based options are utilised and specifically mention that the Department is interested in seeking applications from people with disabilities.	
		Applicants are requested to voluntarily submit a separate Equality Monitoring Form, asking them to identify from a list of protected characteristics which category that they believe that they fall into. This information is for statistical purposes only and analysed independently by staff in Northern Ireland Statistics and Research Agency (NISRA) in the strictest confidence.	This was undertaken for 11 competitions during 2025/26
		Public appointment panel members receive training from the Commissioner for Public Appointments in Northern Ireland (CPANI) before they take part in the appointment process. This includes equality and diversity training.	The Department ensured that appropriate training was arranged for panel members of the 11 competitions delivered during 2025/26
	Promote diversity in Public Appointments.	The Department will continue to canvas Disability Action and other key disability groups as a means of outreach to people with	Broad distribution lists were utilised to maximise engagement with relevant groups across the 11 competitions delivered in 2025/26.

		disabilities to encourage participation in Public Appointments.	
		All documentation and advice relating to Public Appointments is considered in terms of language, images, and format to ensure ease of accessibility for people with a disability. The Public Appointments Unit Information Booklet and application form for each competition are offered in alternative formats (e.g. braille, large print, audio, etc,) on request.	Alternative formats of competition documentation was offered with each of the 11 competitions delivered during 2025/26
		Invitation to interview letters ask candidates if they have any special requirements in relation to access or sensory needs to allow the necessary arrangements to be made to facilitate attendance at interview.	Information was collected for each of the 11 competitions held throughout 2025/26
		People with a disability are invited to complete a Guaranteed Interview Scheme form. This is a commitment to offer people with a disability an interview if they meet the minimum criteria for the role.	A Guaranteed Interview Scheme form was offered at each of the 11 competitions delivered during 2025/26
Regional[iv]	An inclusive environment for all and making policy	The Department will make available, when requested, alternative formats of publicly accessible policy documentation. This may	All staff are made aware of stakeholder engagement duties during consultation periods at least once every 6 months. The EHRU also provides advice on easy read

	development accessible to everyone.	include Braille, audio formats (CD, mp3 or DAISY) and large print. These will be provided in a timely fashion, usually within twenty working days.	information and policy leads are referred to the policy making guide which outlines when it is necessary to provide accessible formats particularly when the policy will impact those with disabilities.
		The Department will ensure that specific consideration will be given as to how to communicate with children and young people with disabilities (in particular people with learning disabilities) when the development of policy will directly affect them.	All staff are made aware of stakeholder engagement duties during consultation periods at least once every 6 months. The EHRU also provides advice on easy read information and policy leads are referred to the policy making guide which outlines when it is necessary to provide accessible formats particularly when the policy will impact those with disabilities.
Local[v]	Representation at NICS Diversity Champion Network and provide feedback to staff, as required.	Departmental representation at quarterly NICS Diversity Champions Network meetings and taking relevant actions to progress the Diversity Action plan as necessary within the Department as required. Progress against the plan will be monitored and analysed by the Diversity Champions Network on a quarterly basis with an annual progress report to Norther Ireland Civil Service (NICS) Board.	DoH is participating in the 2026 JobStart Scheme to support individuals facing barriers to employment. National Inclusion Week (15–21 Sept-25) reaffirmed DoH commitment to fostering an inclusive workplace, with attendance at cross-departmental network event.
	Implementation of the relevant actions from the People Strategy and Action Plan.	Delivery of the relevant actions relating to diversity, inclusion and equality from the Department's People Plan. The Plan recognises the importance of diversity in	DoH is participating in the 2026 JobStart Scheme to support individuals facing barriers to employment. National Inclusion Week (15–21 Sept-25) reaffirmed DoH

		the workplace, noting that diversity is an asset, both at an individual level as well as the wider organisation. It further acknowledges that DoH is fully committed to supporting and promoting diversity and inclusion; is represented on the Diversity Champions' Network; and the commitment to promoting diversity within DoH informs actions for the annual plans.	commitment to fostering an inclusive workplace, with attendance at cross-departmental network event.
		The Equality and Human Rights Unit (EHRU) of the Department will arrange and Chair, when required, a minimum of three meetings annually of the Equality and Human Rights Steering Group to discuss key issues and share knowledge and good practice regarding diversity, and inclusion. Membership includes Health and Social Care Trusts, N. Ireland Ambulance Service, N. Ireland Fire and Rescue Service and the Business Service Organisation.	Collaborative engagement and productive discussions took place on; 24/04/2025, 30/09/2025 and 15/01/2026
	Deaf and disabled people to have access to quality health and social care on an equal	Deaf and disabled people will participate actively in health and social care policy and service design provision via the Department's Regional Disabled Peoples Health and Social Care Forum	The forum met in May 2025, with representation from a range of service users, carers, and statutory, voluntary and community sectors, as well as other governmental Departments

	basis and without discrimination.		

2(b) What **training action measures** were achieved in this reporting period?

	Training Action Measures	Outputs	Outcome / Impact
1	All staff will have access to training and opportunities to attend training on disability and diversity issues to raise awareness.	NICS HR LINKS provides online training resources and webinars. It is mandatory for staff to complete diversity and inclusion courses.	Diversity and inclusion courses were promoted by the Equality and Human Rights Unit throughout the year.
2		Promote attendance at Disability related training and, where appropriate, work in conjunction with at least one partner / voluntary organisation (NICS wide) to deliver staff training annually.	The People and Organisational Development team promoted the annual programme of disability awareness sessions provided by the NICS supported Employers for Disability Northern Ireland (EFDNI), Information on section 75 training, delivered by ECNI and NICS, was promoted across the Department throughout the year. ECNI Training - ECNI - Employer Training Programme - Equality Commission NI - Section 75 training and also Reasonable Adjustments in Recruitment and positive Action and Practical Guide to Reasonable Adjustments training.

2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

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	Communications Action Measures	Outputs	Outcome / Impact
1	Improved communication to meet individual needs and consultation best practice to inform policy making and appropriate engagement with the sector.	The Department encourages the use of appropriate communication methods during consultations and engagements – see Accessibility statement | Department of Health for reference.	"All staff are made aware of stakeholder engagement duties during consultation periods at least once every 6 months. The EHRU also provides advice on easy read information and policy leads are referred to the policy making guide which outlines when it is necessary to provide accessible formats particularly when the policy will impact those with disabilities. Between 1st April 2025-31st March 2026, the Department produced the following easy reads: Regional Review of Neurology Services Public Health Bill Consultation Summary Report Learning Difficulty Service Model "
2		Where possible, the Department will carry out pre-engagement prior to formal consultation, to include disability community-based groups, as appropriate.	Regional Review of Neurology, and Learning Disability Service Model. Information is also provided in the ECNI Annual Report which is published on the Department's website https://www.health-ni.gov.uk/publications/doh-equality-annual-reports
		Annually update and review the Department's stakeholder / consultee list by public consultation to ensure appropriate interaction with the disability sector.	EHRU undertook a consultative review of the stakeholder engagement list between October 25 and January 26. The list is published on the Department's intranet. The Department welcomes additions to this list outside the consultative period.
		In accordance with The Making a Difference: The NICS guide to making	All staff are made aware of stakeholder engagement duties during consultation periods at least once every 6 months. The

		policy that works April 25, adopting models of co-production, co-design and co-create to ensure policies are developed in partnership with stakeholders.	EHRU also provides advice on easy read information and policy leads are referred to the policy making guide which outlines when it is necessary to provide accessible formats particularly when the policy will impact those with disabilities.
		Through the Diversity Champion role the Department will contribute annually to the review and development of the NICS Diversity Action Plan 2024-25.	The DoH Diversity Champion attended the network meeting (Dec 25) and will attend the Senior Civil Service Capability and Capacity Strategy 2026–30 focus group for Diversity Champions, Thematic Leads and Staff Network Co Chairs on an ongoing basis
		The Department is represented on the NICS Web Editorial and Accessibility Group. Participation at this Group will support the Department to keep guidance relevant and updated re: internet and intranet accessibility.	The Department attends the 'NICS Internet Editorial & Intranet Managers Group' which discusses accessibility arrangements.

2 (d) What action measures were achieved to '**encourage others'** to promote the two duties:

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	Encourage others Action Measures	Outputs	Outcome / Impact
1	All staff will have awareness of current and relevant disability related issues.	In conjunction with the Northern Ireland Civil Service (NICS) wide Disability Network, the Department will promote NICS staff awareness seminars / training on disability / diversity related themes and the Department will ensure staff membership on the network.	Both the Equality and Human Rights Unit, and the People and Organisational Development team promote awareness of the training available to staff when necessary. Disability Positive Session and Accreditation was circulated (Nov 2025) amongst other news articles. The Department continues to have membership on the NICS Disability Network
		The Departmental Staff Hub will be updated regularly with relevant guidance and any associated materials to promote positive attitudes towards people with disabilities.	The EHRU undertook a complete review of the equality staff hub page over a period of 2 months to ensure it contained the most up to date information regarding guidance and materials to promote positive attitudes towards people with disabilities. The Unit updated the layout to make it more accessible to staff. There were no substantial changes required, and the unit continued to review the page at least quarterly to ensure that additional changes were not required.
		The Department will issue a minimum of two equality / disability articles per year. These will range from highlighting statutory responsibilities to increasing awareness for specific disability related events e.g. Deaf Awareness Week, Carers	The Department highlighted a number of awareness events for a range of disability related events, such as Advocacy and Managing Your Mental Health (February 2026) and supporting people with physical disabilities and stress awareness month (February 2026).

		Week, Mental Health Awareness and / or promoting a real-life example of disabled people in public life positions.	
2	An inclusive workforce for the future.	Promote NICS wide work experience placement schemes for people with disabilities across the Department.	This is NICS led and was promoted once in April 2025
		Promote NICS wide annual International Job Shadowing Day for disabled people each year across the Department.	This is NICS led and was promoted once in April 2025
		Support implementation of any recommendations via NICS HR from the NICS Disability Working Group on recruitment, placement opportunities, career development, and management support for disabled staff.	

2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

	Action Measures fully implemented (other than Training and specific public life measures)	Outputs	Outcomes / Impact
1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

3. Please outline what action measures have been **partly achieved** as follows:

	Action Measures partly achieved	Milestones/ Outputs	Outcomes/Impacts	Reasons not fully achieved
1	Current, relevant information available for everyone and to inform policy areas.	At least once per month	The Department will disseminate relevant educational disability bulletins with policy teams to promote positive attitudes towards people with disabilities and to consider their needs in developing policy.	The POD team will promote relevant initiatives as appropriate. No initiatives were identified for sharing in 2025/26.

4. Please outline what action measures **have <u>not</u> been achieved** and the reasons why.

	Action Measures not met	Reasons
1	The in-house Department's e-zine publication 'The Pulse' issues quarterly to all staff and is used as a mechanism to raise awareness of and promote Diversity and Inclusion (D&I). This includes raising awareness of the NICS Diversity and Inclusion Networks that exist.	Due to staffing pressures the magazine has not issued since summer 2025.
2	The Department will liaise with relevant stakeholders such as The Executive Office / ECNI to arrange for the delivery of training on Section 75 and disability duties for staff.	The Department did not deliver specific training for those with disability in this reporting year. However information was

		disseminated in relation to section 75 workshops provided by ECNI throughout the year and NICS HR.
	Staff have opportunities to complete external courses when available and the Department will have a minimum of one staff member accredited as Disability Positive who has completed Employers for Disability NI training.	The Department currently has no staff members accredited however it is expected by March 2027 that the Department will have 2 people accredited as disability positive.
	Support implementation of any recommendations via NICS HR from the NICS Disability Working Group on recruitment, placement opportunities, career development, and management support for disabled staff.	Nothing received from NICSHR to promote within reporting year
	The Department will promote and participate in any initiatives arising from the NICS commitment to the Mental Health Forum to ensure support for managers and staff and promote mental health and wellbeing in the workplace	The POD team will promote any initiatives arising from the Mental Health Forum, as appropriate. No initiatives required promotion during the 2025/26 reporting period.

5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative

1. Stakeholder Engagement and Feedback Mechanisms

Structured engagement with key stakeholders including service users, community and voluntary organisations, representative bodies, and service providers has been used to gather in-depth feedback on the perceived impact of interventions. This includes focus groups, consultation responses, and targeted engagement sessions, enabling the Department to capture lived experience and nuanced perspectives on outcomes.

2. Equality Screening and Impact Assessment Reviews

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Ongoing review of Equality Screening outcomes and Equality Impact Assessments (EQIAs) incorporates qualitative evidence to assess whether anticipated impacts align with actual experiences. This includes analysis of consultation feedback and engagement findings to evaluate the real-world effectiveness of mitigating measures.

3. Thematic Analysis of Consultation Responses

Formal consultations associated with policy development and implementation are systematically analysed using qualitative methods. Themes, concerns, and suggestions raised by respondents are identified and monitored over time, allowing the Department to assess whether actions have addressed identified issues or whether further interventions are needed.

4. Partnership Working and Advisory Structures

Regular engagement with advisory groups, cross-sectoral partnerships, and expert panels provides an ongoing qualitative evidence base. These forums offer informed insights into emerging issues, enabling the Department to refine actions and respond proactively to changing needs.

(b) Quantitative

The Department will continue to monitor equality screening processes to ensure that Disability Duties are explicitly considered at the earliest stage of policy development. This will include tracking the number and timeliness of screenings completed, as well as reviewing the extent to which disability-related considerations are appropriately reflected within screening documentation.

Ongoing oversight will support consistency in the application of screening processes and provide assurance that disability issues are being systematically identified and assessed. These measures will help ensure that policy development is informed by the principles of equality and good relations, and that the Department continues to meet its statutory obligations under disability discrimination legislation.

6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

Yes, revision has been made to the narrative provided and an additional action has been included.

If yes please outline below:

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	Revised/Additional Action Measures	Performance Indicator	Timescale
2	All staff will have awareness of current and relevant disability related issues.	In conjunction with the Northern Ireland Civil Service (NICS) wide Disability Network, the Department will promote NICS staff awareness seminars / training on disability / diversity related themes and the Department will ensure staff membership on the network.	Yearly
3	Click or tap here to enter text.	The Departmental Staff Hub will be updated regularly with relevant guidance and any associated materials to promote positive attitudes towards people with disabilities.The staff intranet page will be checked at least quarterly for required updates	The staff intranet page will be checked at least quarterly for required updates
4	All staff will have access to training and opportunities to attend training on disability and diversity issues to raise awareness	Promote attendance at Disability related training~~, organised~~ and ~~delivered the Department. Further~~, where appropriate, work in conjunction with at least one partner / voluntary organisation (NICS wide) to deliver staff training annually. At least one a year	At least one a year

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5	Annually review and update the action plan if required and submit an annual report to Equality Commission NI	The Department will update the actions and review on progress on implementation of the DAP and publish update.	Yearly
	Senior official participation in forums / groups to support a positive enviroment for those with disabilities within NICS	"The Department will engage with people with disablities, carers, staff, and advocates to influence and improve attitudes towards disabled people in the Department.	Yearly or quarterly
	Representation at NICS Diversity Champion Network and provide feedback to staff, as required.	Departmental representation at quarterly NICS Diversity Champions Network meetings and taking relevant actions to progress the Diversity Action plan as necessary within the Department as required. Progress against the plan will be monitored and analysed by the Diversity Champions Network on a quarterly basis with an annual progress report to Norther Ireland Civil Service (NICS) Board	Quarterly
	Current, relevant information available for everyone and to inform policy areas.	The Department will disseminate relevant educational disability bulletins with policy teams to promote positive attitudes	At least once per month

		towards people with disabilities and to consider their needs in developing policy	
	Implementation of the relevant actions from the People Strategy and Action Plan	Delivery of the relevant actions relating to diversity, inclusion and equality from the Department's People Plan ~~25/26. The plan can be found here: Staff Engagement and Communications | NICS Intranet.~~. The Plan recognises the importance of diversity in the workplace, noting that diversity is an asset, both at an individual level as well as the wider organisation. It further acknowledges that DoH is fully committed to supporting and promoting diversity and inclusion; is represented on the Diversity Champions' Network; and the commitment to promoting diversity within DoH informs actions for the annual plans.	Annually
	Improved communication to meet individual needs and consultation best practice to inform policy making and appropriate engagement with the sector.	The Department encourages the use of appropriate communication methods during consultations and engagements – see Accessibility statement | Department of Health for reference	During consultation process as required
	An inclusive workplace for all.	The Department will promote and participate in any initiatives arising from	The Department will promote and participate in

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		the NICS commitment to the Mental Health Forum to ensure support for managers and staff and promote mental health and wellbeing in the workplace.	any initiatives arising from the NICS commitment to the Mental Health Forum to ensure support for managers and staff and promote mental health and wellbeing in the workplace.
	An inclusive environment for all and making policy development accessible to everyone.	The Department will make available, when requested, alternative formats of publically accessible policy documentation. This may include Braille, audio formats (CD, mp3 or DAISY) and large print. These will be provided in a timely fashion, usually within twenty working days.	Applicable policy area responsible for delivery

7. Do you intend to make any further **revisions to your plan** in light of your organisation's annual review of the plan? If so, please outline proposed changes?

Yes- removal of action Part B, No 5.

Action Measures not met	Reasons

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Promote policies and procedures from NICS to remove barriers to the recruitment and selection process.	This is NICSHR led and shared directly on staff intranet as they lead on recruitment and selection.

[1] **Outputs** – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

[1] **Outcome / Impact** – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

[1] **National** : Situations where people can influence policy at a high impact level e.g. Public Appointments

[1] **Regional**: Situations where people can influence policy decision making at a middle impact level

[1] **Local :** Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.