

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Gender: Programmes and information provided will be gender appropriate. Staff will be trained appropriately for this (including any specific training required for delivering to pregnant women). Service providers will be asked to provide the service at various times for participants to ensure it is flexible and accessible, for example, to single parents, to those with dependents or those who work.</p> <p>The service specification requires providers to be as flexible as possible in the delivery of the scheme and the following wording has been included: “A PARS should be available to clients across a range of days/times including evenings and weekends”. Increased the number of venues offering the service in liaison with providers. The number of venues providing the service now stands at 58 and additional funding is being sought to enable the provision of further programmes which may also enable providers to increase the number of locations in which this service is provided.</p> <p>Encouragement will be given for providers to promote the scheme through the community and voluntary sector, including targeting Men’s Sheds, in order</p>	<p>The service specification for the delivery of the scheme will be kept under review and updated as necessary to ensure issues identified are raised with service providers.</p> <p>PHA will discuss with providers the need/opportunity to provide an exercise referral programme for clients between the ages of 16 – 19. Other Physical Activity opportunities will continue to be promoted.</p> <p>PHA will liaise with providers to ensure that staff delivering the programme have received all relevant training including training on equality and diversity.</p> <p>PHA will liaise with providers to establish which facilities providing PARS have family or unisex changing rooms, this information will be made available on CCG so referrers have access to this at time of referral.</p> <p>A full consultation on the referral criteria will be held in Summer 2020 following transition year of implementation of the regional scheme. Any equality issues identified will be considered.</p>

to improve access for men (particularly those who do not have the support of a partner) as mentioned above.

Cognisance will be given to certain groups e.g. BME women / pregnant women who may prefer the provider to be of the same gender, or who may prefer to exercise in same-gender groups. However, it may not always be possible to facilitate this, although efforts will be made to accommodate individual requests as much as possible.

Cognisance will also be given to Transgender and gender nonconforming individuals, and flexibility will be offered where possible. Clients will be able to choose from a range of different leisure centres, some of which will have family/ unisex changing areas.

Age: The target group for this programme are adults aged 19 and over (in line with NICE Guidance), who are overweight/obese, inactive and have another comorbidity.

The gap between 16 – 18 year olds has been addressed to some degree by the promotion of other physical activity programmes, such as Active Travel Programmes, Couch to 5 K etc advertised on the PHA website.

Programme should be patient centred, with some providers grouping clients on ability, bringing clients for induction and group according to need. Everyone receives an initial assessment so physical

The programme will seek the views and experiences of service users through the monitoring of compliments and complaints and actively seek feedback as part of the evaluation process.

As highlighted above, a greater proportion of BME groups and certain disabilities may be more likely to be obese. Although this PARS scheme is designed to be a Level 3 programme or individuals without morbid obesity (i.e. $BMI < 40 \text{kg/m}^2$) due to the additional health risks associated with physical activity amongst this group and the additional health care needs. If this is an issue following consultation, the PHA will need to reconsider the criteria and train at least one trainer from each provider to a Level 4 standard.

activity needs of elderly people must be taken into consideration. All staff trained to deliver the scheme will undergo the relevant fitness instructor qualification that will include age appropriate content regarding physical activity / exercise.

Religion/ political opinion: The programme will be provided in a range of locations across Northern Ireland to facilitate potential clients / personal preference (in line with commissioning arrangements for the scheme). Participants, at the point of referral, will be given a choice of location from a list of providers across NI. There are currently 58 providers of the PARS regionally. Additional funding is being sought to enable the provision of further programmes which would also enable providers to increase the number of locations in which this service is provided.

Disability: Information will be provided in a variety of formats, in accordance with the PHA's Accessible Format's policy. Sign language interpreters will also be made available to those with hearing impairments. Providers will make reasonable adjustments where necessary in using the service. There may be a need to deliver to targeted groups together, e.g. learning disabled, deaf people etc.

It is also recognised that some disabled individuals may prefer/need 1-1 training as opposed to group based activities. This flexibility has been reflected in programme design.

Relevant training will be made available to providers e.g. the need for training for providers to raise awareness of working with clients with a learning disability has already been identified and appropriate training will be put in place.

The 11 Councils (main providers of PARS) have disability hubs and there should be access to appropriate equipment to enable disabled participants to partake of the programme. The programmes will be held in buildings/areas which are accessible and which have good transport links.

It is recognised that people with certain disabilities (e.g. learning disabilities/ some physical disabilities) may be more likely than the rest of the population to be morbidly obese, and therefore not suitable for a Level 3 programme. This PARS scheme is for individuals without morbid obesity (i.e. BMI <40) due to the additional health risks associated with physical activity amongst this group and the additional health care needs.

Ethnicity: Written information about the programme will be provided in a variety of languages as needed, in accordance with the PHA's Accessible Format's policy.

All of the referral agents have access to the HSC Translation services in order to address the needs of those whose first language is not English.

Also, interpreters will be made available if necessary when delivering the PARS

programme.

It is recognised that BME individuals are less likely to access services, particularly around mental health. It is also recognised that in order to access the scheme, people need to be registered with a GP, which can be an issue for migrants and asylum seekers. However, The Public Health Agency, in collaboration with others, currently supports a range of programmes to promote minority ethnic and migrant health and social wellbeing improvement. One partnership initiative is the regional Northern Ireland New Entrant Service (NINES), a holistic service which provides an introduction to health and social care in NI, signposting and onward referral, in addition to comprehensive health assessments, screening, immunisation and health promotion for new immigrants and families.

As highlighted above, a greater proportion of BME groups can have a higher BMI. This PARS scheme is for individuals without morbid obesity (i.e. BMI <40kg/m²) due to the additional health risks associated with physical activity amongst this group and the additional health care needs.

Dependents: It is recognised that certain groups (e.g. single parents; carers) may have difficulties in attending PARS on a regular basis and balancing this with their caring responsibilities. A flexible service will be introduced to meet these needs. Programmes are currently available across 58 sites in 11 Council areas in Northern

Ireland and most offer programmes in a flexible manner outside 9am-5pm.

It is also recognised that single parents who may have a child of a different gender to themselves may need family or unisex changing areas, or may need crèche facilities. Clients will be able to choose from a range of different leisure centres, some of which will have family/ unisex changing areas, and crèche facilities.

Sexual orientation:

The service specification will be updated to include:

“The service provided should promote social inclusion, addressing issues around disadvantage, sexual orientation, gender identify, ethnicity and rural/urban communities.”

Providers have to ensure that staff delivering the programme have relevant training on equality and diversity.

Cost implication: Some providers are applying an additional charge when people start PARS. This allows access to services within the venue (e.g. swimming pool) outside the core PARS or to participate in a continuation programme at reduced cost after the 12 week PARS ends. This additional cost levied varies depending on provider. This screening has shown that levying a charge to access PARS may disproportionately affect a number of equality groups who tend to have lower household incomes or are more at risk of poverty (e.g. females,

<p>carers, single parents, certain ethnic minority groups, and elderly people). The impact of this will be explored in the EQIA.</p>	
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