

# Equality and Human Rights Screening Template

The Business Services Organisation is required to address the 4 questions below in relation to all its policies.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?  
(minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group?  
(minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

**For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - [Screening Resources & Evidence](#).**

# SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

CEC – Peer review of teaching policy (May 2021) V1

### 1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The aim of this policy is to provide a clear description of the peer review of teaching process expected by teaching staff working within the Clinical Education Centre (CEC). The policy outlines the key strategic context of the policy, the purpose of a peer review of teaching and the roles and responsibilities in terms of teaching and operational managers. The policy highlights the need for a review of teaching to be conducted by a peer with the relevant qualification, Post Graduate Certificate in Education (PGCE) or equivalent. These reviews should occur twice every three years and should be an appropriate mix of online and face to face teaching dependent upon current guidelines in relation to safe method of teaching. The policy and process of peer review of teaching allows for the development and reflection of teaching and is a core component of the Quality Assurance Framework within CEC.

### 1.3 Main stakeholders affected (internal and external)

**For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others**

Clinical Education Centre staff

Service Level Agreement clients receiving programmes delivered by CEC such as:

- Belfast HSC Trust
- Western HSC Trust
- South Eastern HSC Trust
- Northern HSC Trust
- Southern HSC Trust
- Northern Ireland Hospice
- Southern Area Hospice

#### **1.4 Other policies or decisions with a bearing on this policy or decision**

- **what are they?**
- **who owns them?**

CEC Strategy 2018 – 2023

BSO Business Plan 2020/21

HSC Clinical Education Centre Quality Assurance Framework v3 March 2020

Supervision Policy and Procedures for Nursing & Midwifery Education Consultants V2 (Jan 19)

Standard Operating Procedure for the Delivery of Clinical Education Centre Face to Face Teaching during the COVID-19 Pandemic 16 Oct 2020 V2

## **(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED**

### **2.1 Data gathering**

**What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.**

Stakeholders and colleagues are engaged in a number of ways:

- CEC Draft policies and documents are disseminated to staff to invite comment and or review, the policy is presented to the Senior Leadership Team for ratification. If required policies are reviewed at the Clinical Education Advisory Group (CEAG).

Census data (2011)

Data from HRPTS relating to Section 75 breakdown of NHSCT, BHSCT, SHSCT, SEHSCT AND WHSCT, and BSO staff

2017/18 NI Health Survey

Northern Ireland Life and Times, 2018

Northern Ireland Pooled Household Survey (NIPHS) tables published 2017.

### **2.2 Quantitative Data**

**Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both. Also give consideration to multiple identities.**

Composition of CEC Workforce – table below includes data of CEC staffing profile as provided by BSO HR **31/05/21**

<b>Section 75 Group</b>	<b>CEC Workforce Profile</b>	<b>Percentage</b>
Gender	Female	89.1
	Male	10.9
Community Background	Perceived Protestant	1.6
	Protestant	29.7
	Perceived Roman Catholic	3.1

	Roman Catholic Neither Perceived Neither Not assigned  Given the high level of missing staff data in some categories, the following figures from the last census have been used also: <ul style="list-style-type: none"> <li>• 45.14% of the population were either Catholic or <b>brought up</b> as Catholic.</li> <li>• 48.36% stated that they were Protestant or <b>brought up</b> as Protestant.</li> <li>• 0.92% of the population belonged to or had been <b>brought up</b> in other religions and Philosophies.</li> <li>• 5.59% neither belonged to, nor had been brought up in a religion. (Census 2011)</li> </ul>	37.5 4.7 0 23.4
Political Opinion	Broadly Unionist Broadly Nationalist Other Not assigned Do Not Wish To Answer/Not Known Population level data suggest that: 26% see themselves as Unionist; 21% see themselves as Nationalist; 50% see themselves as Neither 50%; 1% see themselves as Other; and 2% Don't know. (Northern Ireland Life and Times, 2018)	3.1 7.8 7.8 68.8 12.5
Age	0-15 16-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 >=65	0 0 1.56 3.13 12.5 9.38 14.06 28.13 23.44 6.25 1.56
Marital Status	Divorced Married/Civil Partnership Other Separated Single Unknown Bereaved	3.13 54.69 1.56  3.13 35.94 1.56
Dependent Status	Yes Not assigned	21.88 68.75

	<p>No</p> <p>Given the large volume of missing HSC staff data relating to dependent status, official statistics were also used. The Health Survey NI suggests that 13% of the Northern Ireland population have caring responsibilities. More females (14%) than males (10%) have caring responsibilities.</p> <p>Census data suggests that 33.9% of all NI Households have dependent children. (Census 2011),</p>	9.38
Disability	<p>No</p> <p>Not assigned</p> <p>Yes</p> <p>Census (2011) data reveals that 20.69% of the NI population (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. This includes:</p> <ul style="list-style-type: none"> <li>• Deafness or partial hearing loss <b>5.14% (93,078)</b></li> <li>• Blindness or partial sight loss <b>1.7% (30,785)</b></li> <li>• Communication Difficulty <b>1.65% (29,879)</b></li> <li>• Mobility or Dexterity Difficulty <b>11.44% (207,163)</b></li> <li>• A learning, intellectual, social or behavioural difficulty <b>2.22% (40,201)</b></li> <li>• An emotional, psychological or mental health condition <b>5.83% (105,573)</b></li> <li>• Long-term pain or discomfort <b>10.10% (182,897)</b></li> <li>• Shortness of breath or difficulty breathing <b>8.72% (157,907)</b></li> <li>• Frequent confusion or memory loss <b>1.97% (35,674)</b></li> <li>• A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy <b>6.55% (118,612)</b></li> <li>• Other condition <b>5.22% (94,527)</b></li> <li>• No condition <b>68.57% (1, 241, 709)</b></li> </ul> <p>Findings from the 2017/18 Health Survey show that the prevalence of disability increases with age. Findings also show that females are more likely to have a limiting long-standing illness</p>	<p>39.06</p> <p>54.69</p> <p>6.25</p>

	compared to males (34% compared to 29% respectively).	
Ethnicity	Not assigned White Other  Data from the pooled household surveys in NI show that approximately 2% of the population belong to a minority ethnic group.	68.8 31.2
Sexual Orientation <i>towards:</i>	Do not wish to answer Not assigned Opposite sex Same sex  Although there are no reliable estimates for the numbers of individuals who are gay, lesbian or bisexual in NI, it is estimated that around 1 in 10 of the population are attracted to the same sex as themselves .	1.56 71.88 25.00 1.56

## 2.3 Qualitative Data

**What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both. Also give consideration to multiple identities (such as single parents for example).**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	CEC has a predominantly female workforce. The CEC does not consider there to be any diverse needs in terms of gender when undertaking the completion of a peer review of teaching. Each member of staff is responsible for seeking a peer of their choosing to complete the review.
Age	Data suggests there are no issues regarding age in the completion of the necessary peer review of teaching.
Religion	The completion of a peer review of teaching should not impact on a member of staffs religious beliefs and can be completed at any time or day over a three year period.
Political Opinion	Data suggests there are no issues regarding political opinion in the completion of a peer review of teaching.
Marital Status	Data suggests there is no impact relating to marital status in the completion of a peer review of teaching.

Dependent Status	CEC has a predominantly female workforce. Females are more likely to have caring responsibilities for dependents. Those with caring responsibilities, either looking after children and young people under 18 years or someone with a disability or an elderly person, may find it more difficult to attend peer reviews. The completion of two peer reviews in a three year period may impact on members of staff who may be off on maternity leave or adoption leave during that time.
Disability	The requirement to complete peer reviews may impact on staff that live with a recurrent illness or a disability covered by the Disability Discrimination Order who may be off for extended or unpredictable periods of time.
Ethnicity	Data suggests there are no issues with regards to ethnicity in the completion of a peer review of teaching.
Sexual Orientation	There are no issues with regards to sexual orientation in the completion of a peer review of teaching.

## 2.4 Multiple Identities

**Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.**

No impact noted. CEC staff will be free to choose a peer with the relevant qualification to undertake a review of their teaching.

## 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?**

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
Dependent status: Those with caring responsibilities, either for children and young people under 18 years, or someone with a disability or an elderly	



<p>person, are more likely to need flexibility in terms of the timing of peer reviews. If necessary reviews can be cancelled and rearranged by the teacher and or reviewer due to illness or child care arrangements.</p> <p>Also, those who are out of the workplace for prolonged periods of time due to maternity/ adoption leave may find it difficult to complete peer reviews within the timescale. To mitigate for this, the CEC will work flexibly to ensure that any member of staff is supported in the completion of the required amount of peer reviews. This may be managed by counting the time spent in the workplace as opposed to calendar years.</p> <p>Disability: Staff with a recurrent illness or a disability may be off for extended periods of time, and may find it hard to complete 2 reviews within 3 years. To mitigate for this, the CEC will work flexibly to ensure that any member of staff is supported in the completion of the required amount of peer reviews. This may be managed by counting the time spent in the workplace as opposed to calendar years.</p>	
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## 2.6 Good Relations

**What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)**

<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
Religion	No impact	
Political Opinion	No impact	
Ethnicity	No impact	

### **(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity

**How would you categorise the impacts of this decision or policy?  
(refer to guidance notes for guidance on impact)**

**Please tick:**

Major impact	
Minor impact	x
No further impact	

**Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?**

**Please tick:**

Yes	
No	X

Please give reasons for your decisions.

All areas of the population have been considered when developing the CEC Peer review of teaching Policy. Having screened the policy it is not thought that subjecting the policy / decision to an EQIA will further identify opportunities to promote equality of opportunity.

#### **(4) CONSIDERATION OF DISABILITY DUTIES**

**4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?**

<i><b>How does the policy or decision currently encourage disabled people to participate in public life?</b></i>	<i><b>What else could you do to encourage disabled people to participate in public life?</b></i>

**4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?**

<i><b>How does the policy or decision currently promote positive attitudes towards disabled people?</b></i>	<i><b>What else could you do to promote positive attitudes towards disabled people?</b></i>
<p>The policy would support any teacher with disabilities at the CEC to help develop their role and to discuss any learning or development needs highlighted.</p>	

## **(5) CONSIDERATION OF HUMAN RIGHTS**

### **5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles**

<b>ARTICLE</b>	<b>Yes/No</b>
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 <sup>st</sup> protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

**5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?**

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?*
			Yes/No

*\* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

**5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.**

## (6) MONITORING

**6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?**

Equality & Good Relations	Disability Duties	Human Rights
CEC will continue to monitor staff peer reviews to inform the effect of the policy and an decisions relating to the categories identified.		

Approved Lead Officer: Paul Canning

Position: Senior Education Manager CEC

Date: 14/06/2020

Policy/Decision Screened by: Siobhan Murphy / Paul Canning

**Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.**

**Please forward completed template to:  
Equality.Unit@hscni.net**

For advice and support on screening contact:

Equality Unit/ BSO /James House/ 2-4 Cromac Avenue/ Belfast/ BT7 2JA

Tel: 028 9536 3961

Any request for the document in another format or language will be considered.  
Please contact:

*Claire Smith, CEC Business Manager.*

