HSC Business Services Organisation

Equality and Human RightsScreening Template

The BSO 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.

For advice and support on screening contact:

Equality Unit|BSO|James House|2-4 Cromac Avenue|Belfast|BT7 2JA
Tel: 028 9536 3961

SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Educational programme for the Clinical Education Centre (CEC).

Title: Vital signs paediatrics. Undertaking and recording for Senior Healthcare Assistants (SHCA).

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)**

This programme is for senior healthcare assistants who work with infants and children and are required to obtain, record and escalate their vital signs to a health professional.

Overall aim is to help participants develop the necessary knowledge and skills to safely undertake, record and report the vital signs of an infant or child.

Approach – PowerPoint used to deliver theory (which is also available pre programme), interactive online quiz, discussion, practical workshops & simulated scenarios using mannequins.

No significant restraints noted.

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

The main stakeholders affected by this educational programme include; health and social care services (I.e. the participants Senior Healthcare Assistants) and infants, children and their legal guardians.

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

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

CEC policies. Specifically, CEC regional programme co-ordinator guidance. Equality and Human Rights Screening - BSO.

(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.

Northern Ireland (NI) statistics and research agency (2021), NI hospital statistics emergency care 2021/2022, NI Health and social care workforce census (2022), Information analysis directorate (2022) and Office for National Statistics and Department for Communities data. A review of the paediatric vital signs programme (version 4) was conducted in August 2022. This involved working directly with stakeholders including regional clinical educators who were contacted to review the existing programme and to provide professional opinions on what needs to be developed and created to enhance programme delivery in version 4. Colleagues from the CEC also conducted a peer review of the programme. A literature review was also conducted to ensure that the theoretical content is adhering to current evidence and advice. The following services were contacted in relation to the programme review and design: British Thoracic Society (BTS), Public Health Authority (PHA), Royal College of Paediatrics and Child Health (RCPCH) and Royal College of Nursing (RCN). Service users (parents and SHCA) were contacted to obtain their feedback in relation to the theoretical content and approach used to deliver the programme. Qualitative feedback from participants was considered and collectively used to help develop version 4. Qualitative parental feedback was obtained, considered and included within the programme accordingly. This process was completed in October 2022.

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.

Category	***What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***

	Participants: **senior healthcare assistants** within HSC accounting for 5,314 of workforce with 4,629 Whole Time Equivalent (WTE) (or 0.2% of the population of NI).	**Infants and children** 478,409 of children (or 25.1 %) are aged 0-19 years live in NI.
Gender	78% of HSC staff are female. 3,923 of senior healthcare assistants are female, 706 are male. There is no programme exclusion criteria pertaining to gender.	233,266 0-19 year olds register as female and 245,143 as male.
Age	Varying age ranges are present in those working as SHCA with the majority (743) aged 50-54.	Hospital attendance in those aged 5 and under have increased to nearly 2/3 of the paediatric population in 2021-2022. Attendance for those aged 5-15 have declined to < 1/3.
Religion	869,753 of the NI population register or were brought up as catholic, 827,545 as protestant or other Christian religion, 177,360 as none and 28,514 as other religion.	There was no specific data separating what religion the 478,409 0-19 yr olds aligned to. Generic data referred to.
Political Opinion	No specific NI statistical data in 2023 pertaining to this topic.	No specific data pertaining to this topic.
Marital Status	77,024 marriages since last census.	Average age of marriage in NI is 33.5 years (females) & 35.4 years (Males) respectively.
Dependent Status	Within NI, 258,537 of the population stated 1 resident has a limiting long-term health problem or disability. 86,328 of households stated there were two residents similar needs.	There is no data pertaining to this topic.
Disability	116,563 of those aged 15-64 consider their activities of daily living are limited a lot. 233 could potentially be working as SHCA within the HSC. 10,540 would consider themselves to have an intellectual or learning disability.	Of those aged 0-14 years, 10,885 are considered to have their activities of daily living significantly limited. 4,932 would classify as having an intellectual or learning disability. 1,491 as partially sighted or blind. 1,881 as deaf or with partial hearing loss and 19,186

		registered as having Autism or Asperger's Syndrome.
Ethnicity	Of the 1,903,179 residents in NI, 1, 837.575 classify as white. 65,604 (or 3.4%) classify as another ethnicity. The CEC does not obtain specific data on participant ethnicity.	Ethnicity data not segregated into paediatric data. Though data would translate to 16,265 children classifying as another ethnicity other than white.
Sexual Orientation	Office for National Statistics (ONS) indicate 1.2% or 22,838 of the population in Northern Ireland identify as Lesbian, Gay or Bisexual (LGB).	ONS estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019, an increase from 2.2% in 2018.

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).

Category	*Needs and Experiences*	
	Participants (senior healthcare assistants)	**Infants and children**
Gender	Both male and female genders have been considered during the programme design. No educational content is biased towards participant gender.	Both male and female genders considered and referred to within the text and imagery chosen. Vital sign parameters such as blood pressure can differ with gender, this is referred to during the programme.
Age	Senior healthcare assistants can attend the programme regardless of age. There is no age restriction.	Those aged 0-18 considered in the educational programme. Specifically as vital sign parameters vary greatly in relation to the individuals age.
Religion	Participants are not required to disclose their religion, therefore there is no bias or restriction based on any religious affiliation.	No reference to religion or religious affiliation of children is made.
Political Opinion	To promote good relations, participants are not required to disclose their political opinion. There is also no bias, educational reference or any restriction to participation based on political choices.	There is no reference to the political opinion of children within the programme.
Marital Status	There is no bias, educational reference or restriction to participation based on any marital status.	There is no reference in programme content regarding marital status (16-18 yrs of age).
Dependent Status	No specific data was available, though those participants with dependants could benefit from pre-reading or blended learning prior to the programme.	No restriction or reference is made to this topic.
Disability	Those with additional needs are considered. The programme has been designed to accommodate those with additional needs such as those with dyslexia and visual impairments. Text and backgrounds used throughout the educational content of the programme has been adapted to enhance readability. PowerPoint PDF also available pre programme. Any additional needs noted at participant registration are	Throughout the programme, additional needs have been considered in relation to its content and how this will be delivered. Content includes consideration for infants and children with cognitive impairments and those with additional sensory, visual and auditory needs. The images, content and scenarios are used to enable a positive discussion and approaches to enhance the care infants and

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.

The language, content and imagery used throughout the programme has particularly considered those with different; genders, ages, religions, ethnic backgrounds and additional needs.

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?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
During the equality screening process the programme was re-evaluated and the following adjustments were implemented to ensure that the programme promoted good relations, adhered to the Northern Ireland Act, considered those from different racial groups and considered application of the Disability Discrimination order. The following changes have been made: Both male and female sexes have been used equally during the programme content and during the simulated scenarios. Additional consideration and content	Ensure that the equality screen is commenced early during programme design. To consider balanced application of the Northern Ireland Act, the Disability discrimination order (2007) and Human rights Act. To actively involve the multiple stakeholders throughout programme design. Blended learning and its applicability to future programme design is currently being discussed within the CEC. The benefit of blended learning could positively affect those with

has been added to address the requirements of those with additional needs (within the paediatric population). Specifically the content has evolved to practically consider how ones approach may alter to meet the needs of those cognitive impairments or specific sensory, visual and auditory needs. The imagery has also changed to reflect this. The images used aim to reflect these needs and to promote discussion and application of different approaches in their care in a positive way, thus enhancing the care infants and children receive. A more diverse range of names, images have been incorporated to aknoweldge those from different cultural backgrounds both locally and internationally. Incorporating blended learning into adult education is being discussed within the CEC.	dependants, as this could enable adult learners to access theoretical content at a time which is suitable to them in relation to their professional and personal circumstances.

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)

Group	***Impact***	***Suggestions***
Religion		
Political Opinion		
Ethnicity		

(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	✓
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	✓

A full EQIA is not required as equality impacts have been addressed in this screening, and it is not felt that a full EQIA would highlight any further inequalities.

(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?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*

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?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*

(5) CONSIDERATION OF HUMAN RIGHTS

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

ARTICLE	Yes/No
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**
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	**No**
1st 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
To annually review statistical data on the diversity of participants and the paediatric population to consider how this may impact upon educational delivery.	To annually review statistical data obtained from regional data and qualitative feedback from participants to consider if further adaptions are needed to meet the needs of those with additional needs.	The clinical education centre will collect qualitative data post programme delivery in the form of a participant feedback questionnaire.

Approved Lead Officer: _____

Position: Matthew McCamphill – Paediatric nurse education consultant

M. McCamphill

Date: 14th February 2023

Policy/Decision Screened by: _____

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