Equality and Human Rights Screening Template

NIPEC Preceptorship Framework

Draft Equality Screening as at 27th July 2022

NIPEC is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

1. 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)?

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

3. 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)?

4. 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

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Updating of the *NIPEC Preceptorship Framework* (2013) and microsite to reflect the new *NMC Principles for Preceptorship* (2020).

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 Chief Nursing Officer has commissioned a Task and Finish Group, inviting key stakeholders from HSC Trusts to include Nursing Workforce Leads, Preceptors, Preceptees, Universities, Department of Health (DoH), Clinical Education Centre (CEC), Independent and Voluntary Sector, RCN, RCM, Unison, Unite, and Nursing and Midiwfery Council (NMC) representatives to update the *NIPEC Preceptorship Framework* (2013).

The purpose being to meet and benefit from the *NMC Principles for Preceptorship* (2020) and achieve alignment to the new NI Reflective Supervision Framework (pending publication).

Aim

To update the *NI Preceptorship Framework* in line with the *NMC Principles for Preceptorship (2020*) and the new *NI Reflective Supervision Framework (pending publication).*

Objectives

To achieve this purpose the Task and Finish Group will achieve the following objectives:

(i) To update the NIPEC Preceptorship Framework (2013) to give regional guidance on the systems and processes required by NI employers of newly registered nurses and midwives to consistently implement the NMC Principles for Preceptorship (2020).

(ii) To clarify governance arrangements for organisations to support the effective implementation of preceptorship.

(iii) To standardise preceptorship documentation for use in organisations employing newly registered nurses and midwives.

(iv) To standardise the content of preparation for preceptorship educational programmes.

Constraints

Any updates to the *NIPEC Preceptorship Framework* must be in line with Nursing Midwifery Council (NMC) *Principles for Preceptorship (*2020) and the new NI Reflective Supervision Framework (pending publication).

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

Nursing and Midwifery Registrants
Universities
HSC Trusts
Independent and Voluntary Sector
Department of Health
Staff side organisations
Nursing and Midwifery Council

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

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

(i) The Code Professional standards of practice and behavior for nurses, midwives and nursing associates (NMC, 2018). These are the standards that the public expect from every NMC registrant at the point of care.
(ii) Caring with Confidence: The Code in Action (NMC, 2020) is a key resource in assisting nurses and midwives to meet professional standards.
iii) *Reflective Supervision: A Framework to Support Nursing and Midwifery Practice.* Belfast: NIPEC is the overarching supervision framework for all NI nurses and midwives, within which preceptorship is contained.

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

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website – http://www.hscbusiness.hscni.net/services/1798.htm

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.

NMC Equality and Diversity NI data 2020/21
NI HSC Workforce Census as at March 2020
NI Life and Times Survey (NILT) 2016 / 2018

NI Health Survey (2016/17)
Census 2011 / 2021 (estimates)
Office for National Statistics (ONS) Sexual Orientation UK 2017
Office for National Statistics (ONS) 2019 – www.ons.gov.uk
Carers NI

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.

NB:

- NMC Equality and Diversity NI data relates to 26,151 nurses and midwives who were on the NMC permanent register with an address in NI as at 31st March 2021.
- NI Population data (eg. Census 2011) included to supplement registrant data and/or where no other registrant or HSC workforce data available.

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?***
Gender	92% of nurses and midwives on the permanent register in NI identify as female. NMC Equality and Diversity data for NI in 2020/21 reports 92% on the permanent register identify as female, whilst 8% identify as male (slight difference from the UK where 89% identify as female and 11% as male). Northern Ireland HSC Workforce Census as at March 2020 reports that females represented 92% of **nursing and midwifery** staff, with 57% working full time. Males represented 8% of the **nursing and midwifery** workforce, with 90% working full time. It was also noted that 79% of HSC employees are female with 56% working full time. The remaining 21% were male, with 84% working full time. Census 2021 population estimates for NI was 1,903,100; male 49%; female 51% (May 2022).
Age	57% of the nursing and midwifery workforce in Northern Ireland are over 40, 25% aged 40-59 and 32% aged 50+. NMC Equality and Diversity data for NI in 2020/21 reports 8.75% on the permanent register are aged 61 and over; 25.92% are aged 51-60; 23.01% are aged 41-50; 24.33% are aged 31-40; and 17.96% are aged between 21 and 30. (**NB:** there was a 5% rise in the combined number of people aged 21-40 and the combined number of people aged 56 and above also increased by 6.2%).

	Northern Ireland HSC Workforce Census as of March 31st 2020 reports that 43% of **nursing and midwifery** staff were aged under 40, 25% aged 40-59 and 32% aged 50+. It also reports 39% of the **midwifery** workforce were aged under 40; 26% were aged 40-49 and 35% were aged 50+. Census 2021 population estimates published in May 2022 indicates NI population has increased to 1,903,100 - 50% of those aged 0-64 are female whilst 50% are male; and 54% of those aged 65+ are female whilst 46% are male (May 2022). Overall, estimates show 19% of the population are aged 0-14 years, 64% are aged 15-64 years and 17% are aged 65+ years. Mid-year population estimates published by NISRA in 2019 show that: • 0-19 (inclusive) = 485,064 (25.7% of all NI population) • 20 – 34 = 364,623 (19.3%) • 35 – 49 = 366,967 (19.5%) • 50 - 64 = 356,790 (19.0%) • 65 – 74 = 169,725 (9.0%) • 75 – 89 = 125,334 (6.6%) • 90+ = 13,138 (0.7%). https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates NISRA estimated and projected population by age, mid-2016 to mid-2041 show that in 2016, 20.8% of the NI Population were aged 0-15 years, and this is projected to decrease 18.2% in 2041. The proportion of adults aged 16-64 in 2016 was 63.2% of the whole population, set to decrease to 57.2 by 2041. However, the proportion of people aged 65 years and over is projected to rise from 16.0% in 2016 to 24.5% in 2041, overtaking the numbers of children. https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts
Religion	NMC Equality and Diversity data for NI in 2020/21 reports 78.8% on the permanent register are Christian; 7.36% are either unknown or prefer not to answer; 11.09% state no religion; 0.17% are Muslim; 0.45% are Hindu/ Buddhist/Jewish/Sikh; and 2.15% other. NI HSC Workforce Census for this group is unavailable. Census 2011 figures for NI indicate: • 45.14% (817,424) are either Catholic or brought up as Catholic • 48.36% (875,733) are Protestant or brought up as Protestant • 0.92% (16,660) belong to or had been brought up in other religions and philosophies • 5.59% (101,220) neither belonged to, nor had been brought up in a religion. • Catholic - 40.76% (738,108) • Presbyterian Church in Ireland – 19.06% (345,150) • Church of Ireland – 13.74% (248,813) • Methodist Church in Ireland – 3% (54,326) • Other Christina (including Christian related) – 5.76% (104,308)

	• Other religions – 0.82% (14,849) • No religion – 10.11% (183,078) • Did not state religion – 6.75% (122,233)
Political Opinion	There is no NMC Equality and Diversity UK data for this group. NI HSC Workforce Census for this is unavailable. NI Population (NILT) 2016: • Unionist - 29% • Nationalist - 24% • Neither - 46% • Other/don't know - 2%
Marital Status	There is no NMC Equality and Diversity UK data for this group. NI HSC Workforce Census for this is unavailable. NI Population (NILT) 2016: • Single (never married) – 33% • Married and living with husband/wife or civil partner in a legally-registered civil partnership – 50% • Married and separated from husband/wife/civil partner – 3% • Divorced/Dissolution – 6% • Widowed – 8% Civil partnerships: Annual Reports of the Registrar General for NI show that between 2005 to 2018 inclusive, there have been 1298 civil partnerships registered in NI https://www.nisra.gov.uk/statistics/births-deaths-and-marriages/registrar-general-annual-report
Dependent Status	There is no NMC Equality and Diversity UK data for this group. NI HSC Workforce Census for this is unavailable. Census 2011 figures for NI report: • 11.81% of the resident population provide unpaid care to family members, friends, neighbours • 3.11% provided 50 hours of care of more • 33.86% of households contain dependent children • 40.29% contained at least one person with a long-term health problem or a disability. NI Health Survey (2018) reports 17% of respondents were carers (21% of women and 13% of men). Carers NI: • 1 in every 8 adults is a carer • 2% of 0-17 year olds are carers, based on the 2011 Census • There are approximately 220,000 carers in Northern Ireland (• Any one of us has a 6.6% chance of becoming a carer in any year • One quarter of all carers provide over 50 hours of care per week

	• People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • 64% of carers are women; 36% are men. Carers NI: State of Caring 2019 Annual survey (UK wide, including NI): • 2 in 5 carers (39%) responding reported being in paid work. • 38% of all carers reported that they had given up work to care. • 18% had reduced their working hours. • 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example because of tiredness, lateness, and stress. • 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities. • Just over 1 in 10 carers (11%) said they had retired early to care. • Only 4% of respondents of all ages said that caring has had no impact on their capacity to work. • Only one quarter (25%) of carers who aren't yet retired and had an assessment in the last year felt that their need to combine paid work and caring was sufficiently considered in their carer's assessment. • Carers who are not yet retired were also asked about their future plans and 53% said they are not able to save for their retirement. • Some carers are saving or have saved less for their retirement with 17% saying they did this because their working hours were reduced.
Disability	NMC Equality and Diversity data for NI in 2020/21 reports 93.57% on the permanent register state they do not have a disability, 2.8% state they do, and 3.59% are unknown or prefer not to answer. NI HSC Workforce Census for this is unavailable. NI Health Survey 2017 reports 42% have a long-standing illness (30% limiting; 12% non-limiting). Health Survey NI (2017/18 – published 2019): • 43% longstanding illness (32% limiting and 11% non-limiting illness) • Females (44%) were more likely than males (40%) to have a long-term condition. • Prevalence also increased with age with 22% of those aged 16-24 reporting a long-term condition compared with 70% of those aged 75 and over. • Four-fifths of respondents (81%) had contact with the Health and Social Care System in Northern Ireland • Of these, 84% were either very satisfied or satisfied with their experience • A fifth (21%) reported high levels of anxiety, while 45% reported very low levels Health Inequalities Annual Report 2019: https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019 The Office for National Statistics (ONS) reported that in 2020 the number of disabled adults who were recent internet users in the UK reached almost 11 million, 81% of disabled adults; up from just over 10 million (78% of

	disabled adults) in 2019.
Ethnicity	NMC Equality and Diversity data for NI in 2020/21 reports 88.85% on the permanent register are white, 2.2% are unknown or prefer not to say, 1.04% are Black/African/Caribbean, 6.85% are Asian Bangladeshi/ Chinese/Indian/Pakistani/Filipino or Arab, and 1.06% are mixed/multiple Ethnic/other Ethnic group. NMC note that just under 20% of UK registrants are from ethnic minority groups. NI HSC Workforce Census for this group is unavailable. The most recently published population-based data (NI Pooled Household Survey (NIPHS) tables, published 2017) suggests that in 2014/15 the ethnic breakdown in NI was: Ethnicity White – 98.2% (1,409,000); all other Ethnicities – 1.7% (26,000).
Sexual Orientation	NMC Equality and Diversity data for NI in 2020/21 reports that 1.09% on the permanent register identify as Gay or Lesbian, 91.41% are Heterosexual or straight, 0.81% are Bisexual, and 6.69% are unknown or prefer not to say. NI HSC Workforce Census for this group is unavailable. An 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. Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2019 (6.6% of all 16 to 24 year olds, an increase from 4.4% in 2018); older people (aged 65 years and over) also showed an increase in those identifying as LGB, from 0.7% to 1.0% of this age category.

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.

Category	***Needs and Experiences***
Gender	Females are more likely to have caring responsibilities than their male counterparts – see dependent section below.
Age	Those in older age groups may be less likely to be computer literate and have access to a computer or the internet. Those in younger age groups may have a preference for social media (Facebook, Twitter etc.) as a means of communication. There will be a need to provide age-appropriate information including the use of Plain English.
Religion	There is no data to suggest that there are specific needs or experiences

	arising within this category.
Political Opinion	There is no data to suggest that there are specific needs or experiences arising within this category
Marital Status	Issues for those with dependents may be compounded for those who are single parents.
Dependent Status	There are potential issues for those with dependents and/or caring responsibilities who may require some flexibility in terms of timing and location of meetings or engagement events. These may be further compounded by the challenges of juggling work and childcare as a result of the ongoing Pandemic. Meetings should be planned in advance to address accessibility issues for those with dependents.
Disability	Some potential issues relating to accessibility of the website, use of internet and publication of electronic documents for registrants with disabilities and the need to ensure suitable alternative formats are made available. People with disabilities may be less likely to have access to a computer or the internet/intranet. Some meetings to be conducted virtually and consideration may need to be given to those where computer or internet access is not available or accessible. Consideration may also need to be given to access to buildings/venues for meetings and events for those with physical disability. Those with sensory impairment or learning disabilities may require some form of additional support when attending meetings and events or making contact with NIPEC.
Ethnicity	The needs of those from ethnic minority groups may need to be considered, requiring effective communication skills by those acting as advocates and/or working with these client groups. The NMC has a language requirement stating that all non-EU trained nurses or midwives must complete the International English Language Test (IELTS) before they can be approved to practice in the UK. Therefore, it is not anticipated that language will be a barrier to accessing information and participating in the preceptorship process.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.

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.

None identified

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?*
People with a disability NIPEC's Accessible Formats Policy outlines how those developing information should consider alternative formats, and how information and publications can be requested in alternative formats, receipt of which is recorded and requests are monitored. During the current pandemic, there has been a move to conducting most business online using Zoom and other online platforms. This need to move to virtual meetings during Covid 19 highlighted the need for organisers to give consideration to any additional impact on Section 75 groups. However, in normal times, NIPEC's procedure for booking external venues requires those responsible for organising events and meetings ensure that venues and information are fully accessible. **Young People and Older People** NIPEC will provide alternative formats on request to meet the needs of older people who don't have computer skills or access to a computer/internet and will also consider the need to provide age-appropriate information to meet the needs of young people. **People with dependents** During the current pandemic, there has been a move to conducting most business online using Zoom and other online platforms. This need to move to virtual meetings during Covid 19 highlighted the need for organisers to give consideration to any additional impact on Section 75 groups.	**People with a disability** NIPEC will continue to monitor requests for alternative format and/or language to inform future production of electronic and written communication. **People with a disability, Young People and Older People, People with dependents** A checklist has been developed to assist those organising engagement events and meetings, development and provision of information – this will cover the need to take account of specific needs of the nine groups.

However, in normal times, when planning engagement events and meetings, NIPEC will consider their timing and location. Where applicable, assistance with travel expenses will also be considered.	
	Screening has identified that a number of Section 75 groups may have particular needs. In updating the NIPEC Preceptorship Framework and any supporting documents, the specific needs of Section 75 groups and their diversity across the groups will be considered, and where necessary will be reflected within this process.

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	None	None
Political Opinion	None	None
Ethnicity	None	None

(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	✓

Please give reasons for your decisions:

Mitigation has been put in place to address any equality issues identified in the screening of this policy. It is not thought that subjecting this policy to EQIA will present further 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?

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?***
N/A	N/A

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?***
N/A	N/A

(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
N/A	N/A	N/A	N/A

** 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.

N/A

(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
None	None	None

Approved lead officer: Cathy McCusker

Position: Senior Professional Officer (SPO)

Date: June 2022

Policy/decision screened by: Cathy McCusker, SPO / Janet Hall, Associate CSM

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

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English), please contact:

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