

# 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

HSC Clinical Education Centre Education Delivery Plan 2021/22 (Generic Programmes)

### 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 CEC Education Delivery Plan contains the Nursing and Midwifery programme offering to Service Level Agreement clients for the financial year 2021/22.

The Education Delivery Plan (EDP) consists of a number of specific programmes of care to cover all section of the population. These are broken down into a number of different areas, all of which are screened separately. These include programme areas include:

- Generic programmes
- Adult Acute
- Women, Children and Public Health
- Mental Health and Learning Disability
- Primary Care and Older People
- Cancer & Palliative Care.

This screening reflects Section 75 considerations for the generic programme offering.

## The programmes included are:

Anaphylaxis & PGD Update: e-Learning
Anaphylaxis Management
Anaphylaxis Management & Patient Group Direction (PGD) Awareness
Basic Life Support (Adult): e-Learning
Behaviours that Challenge : An Introduction
Bereavement, Grief and Loss
Breaking Bad News
Caring for People with a Learning Disability in General Hospital Settings: e-Learning
Communication Skills to Enhance Therapeutic Relationships
Continence Awareness: e-Learning
Continence Assessment & Management
Co-Production Awareness: e-Learning
Counselling Skills in Practice
Delirium Awareness Session
Dementia: Understanding, Half Day Awareness Session
Domestic Abuse: Recognising & Responding
Duty of Candour and being open in Health and Social Care
Dysphagia - Swallow and Dysphagia Awareness (Adult)
Effective Teaching in Practice
Epilepsy: An Introduction
Health Promotion for Health Care Professionals
HIV & STI Awareness Workshop
Human Factors in Healthcare: An Introduction
Infection Prevention & Control
Leadership: Embracing Collective and Compassionate Leadership
Leadership - Developing Capacity in Nursing
Legal, Professional and Ethical Issues for Health & Social Care Staff (HSC) in NI
Lone Working
Medicines Management (Adult)
Mental Health: Promotion of Mental Health and Well-being for Healthcare Staff
Mental Health Awareness
Motivational Interviewing, an Introduction
Motor Neurone Disease - An Awareness
Parkinson's Disease- An awareness
Person Centred Practice: An Introduction
Preceptorship for Preceptees
Preceptorship for Preceptors
Quality Improvement - An Introduction
Record Keeping: Evidencing Person-Centred Care
Record Keeping for Nursing Assistants: Evidencing Person-Centred Care
Resilience & Mindfulness

Safeguarding Adults (Level 2)	
Safeguarding Children (Level 2)	
Safeguarding Children Supervision Training for Nurse Supervisors	
STORM 4 Suicide Prevention and Self-Harm Mitigation (Level 1)	
Suicide Prevention and Self Harm Awareness in NI	
Supervision - Nursing Supervisor Preparation Programme	
Supervision, Nursing - e-Learning	
Verification Of Life Extinct	
Vital Signs - Undertaking & Recording (Adult)	

### **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 are:

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

Department of Health

### **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

## (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.**

CEC continually gather programme data. This covers (for example) attendance, teacher names, cancellations, venue information, Did Not Attend (DNAs). This informs the content of the next year's Education Delivery Plan.

Stakeholders and colleagues are engaged in a number of ways:

- Stakeholder Engagement Event
- Service Level Agreement quarterly meetings
- BSO Customer Survey (every two years)
- Participant programme evaluations
- Clinical Education Advisory Group (CEAG).

Northern Ireland Life and Times survey, 2018

Census data

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

2017/18 NI Health Survey

Dysphasia, and Swallow Aware, PHA.

<https://www.publichealth.hscni.net/directorates/nursing-and-allied-health-professions/allied-health-professions-and-personal-and-3>

NSPCC (2014) We have the right to be safe. Protecting Disabled Children from Abuse. Available at

<https://www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-report.pdf>

Elliott MN, Kanouse DE, Burkhart Q, et al. Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey Journal of General Internal Medicine. Published online September 4 2015)

PHA. Sexually Transmitted Infection in Northern Ireland 2019. Available at <https://www.publichealth.hscni.net/sites/default/files/2019-08/STI%20surveillance%20report%202019.pdf>

O'Hara (2013) Through Our Minds: Exploring the emotional health and well being of lesbian, gay, bisexual and transgender people in Northern Ireland. The Rainbow Project, Belfast.

## 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 HSC Workforce – table below includes aggregated data for NHSCT, BHSCT, SHSCT, SEHSCT AND WHSCT, and BSO.

Section 75 Group	HSC Workforce Profile	Percentage
Gender	Female	79.9
	Male	20.1
Religion	Protestant	40.4
	Roman Catholic	46.4
	Neither	13.2
Political Opinion	Broadly Unionist	9.0
	Broadly Nationalist	7.6
	Other	8.4
	Do Not Wish To Answer/Not Known	75.0
	Given the large volume of HSC missing data, population level information (using the Northern Ireland Life and Times survey, 2018) suggests the NI population are:	
	Broadly Unionist	26%
	Broadly Nationalist	21%
	Neither	50%
	Other/ Don't know	3%
	Age	16-24
25-34		23.3

	35-44 45-54 55-64 65+	24.8 27.2 18.0 2.6
Marital Status	Single Married Not Known	30.2 59.7 10.1
Dependent Status	Caring for a Child/Children / Dependant Older Person / Person With a Disability None Not Known  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.  Census data suggests that 33.9% of all NI Households have dependent children. (Census 2011),	24.4 20.0 55.6
Disability	Yes No Not Known  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:  <ul style="list-style-type: none"> <li>• Deafness or partial hearing loss <b>5.14%</b> (<b>93,078</b>)</li> <li>• Blindness or partial sight loss <b>1.7%</b> (<b>30,785</b>)</li> <li>• Communication Difficulty <b>1.65%</b> (<b>29,879</b>)</li> <li>• Mobility or Dexterity Difficulty <b>11.44%</b> (<b>207,163</b>)</li> </ul>	2.2 64.0 33.8

	<ul style="list-style-type: none"> <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 compared to males (34% compared to 29% respectively).</p>	
Ethnicity	Bangladeshi Black African Black Caribbean Black Other Chinese Filipino Indian Irish Traveller Mixed Ethnic Pakistani Other White Not Known	0.01 0.11 0.01 0.02 0.14 0.53 0.86 0.02 0.14 0.12 0.14 70.18 27.72
Sexual Orientation towards:	Opposite Sex Same Sex Same and Opposite Sex	44.9 1.0 0.1

	<p>Do Not Wish To Answer/Not Known</p> <p>There are no accurate statistics on sexual orientation in the population as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</p> <p>A report published by the Rainbow Project (O’Hara, 2013), based on research conducted with more than 500 individuals reported common experiences of invisibility, homophobia/transphobia, and a range of violence from threats to physical violence, whether direct or indirect. As a result of their actual or perceived sexual orientation and/or gender identity:</p> <ul style="list-style-type: none"> <li>- 65.8% had been verbally assaulted at least once;</li> <li>- 43.3% had been threatened with physical violence at least once;</li> <li>- 33% had been threatened to be ‘outed’ at least once;</li> <li>- 34.7% had experienced discrimination in accessing goods, facilities or services at least once.</li> </ul>	54.0
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### 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	<p><b>Programme level:</b> There are some courses where there may be specific issues for males and females. For example:</p> <ul style="list-style-type: none"> <li>- STORM (males more at risk of suicide/ females more at</li> </ul>

	<p>risk of self-harm)</p> <ul style="list-style-type: none"> <li>- HIV and STI Awareness Workshop (females more easily infected)</li> <li>- Contenance course (issues for males and females; recognition that patients may wish to have nurse same gender as themselves)</li> </ul> <p><b>Staff requesting programme:</b> Females are more likely to have caring responsibilities than males, and are more likely to work part time. They may have an impact on the timing and duration of programmes, as well as where they are delivered. This is important given that the majority of staff who request the programmes are female. Most courses last for half a day, however 3 courses (Effective Teaching in Practice; Leadership: Embracing Collective and Compassionate Leadership; and ENT: Enhancing person-centred care) are approximately 30 hours.</p>
Age	<p><b>Programme level:</b> An example of a generic programme that considers age is the Contenance Course for Registered Nurses. This programme highlights that continence can affect any member of the population irrespective of age. Another example would be the dementia programmes as although dementia mainly affects older people, younger people can also be affected.</p> <p><b>Staff requesting programme:</b> There are no issues regarding the age of staff requesting programmes.</p>
Religion	<p><b>Programme level:</b> There are no issues regarding religion within the generic programme content.</p> <p><b>Staff:</b> Staff who belong to one particular religion (i.e. Protestant/Catholic) may feel uncomfortable attending training located in a venue situated within an enclave perceived to belong to the “opposite” religion.</p> <p>Some staff may feel uncomfortable due to their religious views with the content of some of the courses (e.g. HIV and STI awareness).</p>
Political Opinion	<p><b>Programme level:</b> There are no issues regarding political opinion within the generic programme content.</p> <p><b>Staff:</b> Similar to above, staff of one particular political background</p>

	(i.e. Unionist/ Loyal or Republican) may feel uncomfortable attending training located in a venue within an enclave perceived to belong to the “opposite” political tradition.
Marital Status	<p><b>Programme level:</b> There is no impact relating to marital status in any of the general programmes content or delivery.</p> <p><b>Staff:</b> Marital status of staff is not thought to have any impact on staff requesting any of the generic programmes.</p>
Dependent Status	<p><b>Programme level:</b> There is no impact relating to dependent status in any of the general programmes content or delivery.</p> <p><b>Staff:</b> As mentioned above, staff who are carers of an individual with a longstanding health issue or who are parents may find it more difficult to attend training outside their local area, due to their caring responsibilities. They may also be restricted as to times when they can attend training.</p>
Disability	<p><b>Programme level:</b> Certain programmes have an obvious focus on disability (e.g. Care of People with a Learning Disability in General Hospital Settings; Dementia Capable Care: Behaviours Update etc.) Other programmes may encompass one or more hidden disabilities. For example, the Dysphagia - Swallow and Dysphagia Awareness (Adult) programme will impact more on those who have conditions that affect the nervous system such as a stroke, head injury, dementia, Parkinson’s Disease, Motor Neurone Disease, and certain cancers such as mouth cancer or oesophageal cancer. Similarly, the HIV and STI will have implications for certain disabilities arising from these conditions.</p> <p>The programmes Safeguarding Adults (Level 2), and Safeguarding Children (Level 2) will also impact on those with disabilities, as individuals who have certain disabilities (either physical or learning disability) are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children. Adults who work with children and young people with Special Educational Needs and Disabilities (SEND) should be aware of the additional needs children may have that could mean they are more vulnerable to abuse and/or less able to speak out.</p> <p><b>Staff:</b> It is recognised that staff with certain disabilities may have</p>

	<p>differing learning requirements. For example, those with hearing difficulties, sight difficulties or physical disabilities may have certain needs in the way programmes are taught.</p> <p>It is also recognised that some programmes (e.g. STORM) may have implications for those who have pre-existing mental health conditions themselves, and may find the programme content difficult.</p>
<p>Ethnicity</p>	<p><b>Programme level:</b> An example a generic programme that identifies and highlights specific needs, experience and priorities in relation to ethnicity is the HIV &amp; STI Awareness Workshop. In 2015, over 36.7 million people live with HIV worldwide. 2.1 million newly infected in 2015, 150,000 were among children. Most of these children live in sub-Saharan Africa and were infected via their HIV-positive mothers during pregnancy, childbirth or breastfeeding. 15.5 million of these were women. Other STI's (e.g. syphilis) are more common amongst certain ethnic groups, who may not speak English as their first language.</p> <p><b>Staff:</b> There are no issues with regards to ethnicity and delivery of the generic programmes.</p>
<p>Sexual Orientation</p>	<p><b>Programme level:</b> Men Who Have Sex With Men (MSM) are at disproportionate risk of contracting some STIs accounting for 79% of male infectious syphilis, 72% of male gonorrhoea, 18% of male herpes and 29% of male chlamydia infections in 2018. Research has also demonstrated that LGB people report poorer experiences when accessing health and social care, are likely to delay access to healthcare based on previous negative experiences and fear of negative attitudes of health workers specifically in relation to their sexual orientation, and have poorer health outcomes than their heterosexual peers. This impact may have more weight on specific generic programmes, such as HIV &amp; STI Awareness Workshop.</p> <p><b>Staff:</b> Given that 1 in 10 of the population is estimated to be LGB, and experiences of invisibility and homophobia are commonly reported by LGB individuals, it is particularly important that programmes such as the HIV &amp; STI Awareness Workshop are delivered sensitively.</p>

## 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.

## 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><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p><b>Gender:</b> Females are more likely to have caring responsibilities than males, and are more likely to work part time. This may have an impact of the timing and duration of programmes, as well where they are delivered</p> <p><b>Dependents:</b> Staff who are carers of an individual with a longstanding health issue or who are parents may find it more difficult to attend training outside their local area, due to their caring responsibilities. They may also</p>	<p>All CEC are required to undertake 'Equality &amp; Human Rights Awareness: Making a Difference' e-learning and to adhere to the HSC Values.</p> <p>CEC will continue to offer half day / short duration programmes. This will address the needs of carers, and those who work part time. A small number of courses last more than 30 hours but these do not run on consecutive days.</p> <p>Courses are delivered from four hospital based sites and are delivered in mornings or afternoons. CEC will consider offering programmes outside normal working hours. Courses are now also delivered online and e-</p>



<p>participants who may come in to contact with their service area. As detailed in 2.3, the HIV &amp; STI Awareness Workshop provides participants with information and statistics which highlights specific issues of ethnicity.</p> <p><b>Sexual orientation:</b></p>	<p>service area. Programmes, the content of which may be uncomfortable for some participants (e.g. HIV&amp; STI Awareness) are not mandatory programmes. It will be the choice of the individual whether or not to attend.</p> <p>All CEC programmes are delivered sensitively and all CEC staff are required to complete mandatory training on equality (Equality &amp; Human Rights Awareness: Making a Difference programme).</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)**

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
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 CEC's Education Delivery Plan.

#### **(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?**

<b><i>How does the policy or decision currently encourage disabled people to participate in public life?</i></b>	<b><i>What else could you do to encourage disabled people to participate in public life?</i></b>
Example programmes with service user involvement are: <ul style="list-style-type: none"><li>- Continence programme</li><li>- Parkinson's Disease programme</li></ul>	We continually seek to involve service users in the development and delivery of CEC programmes.

##### **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?**

<b><i>How does the policy or decision currently promote positive attitudes towards disabled people?</i></b>	<b><i>What else could you do to promote positive attitudes towards disabled people?</i></b>
Not applicable	

## (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
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
When applying for a CEC programme, applicants will be asked to fill in a short questionnaire to gather Section 75 equality information.		

Approved Lead Officer: Siobhan Murphy

Position: Assistant Head of CEC

Date: 14/10/2020

Policy/Decision Screened by: Siobhan Murphy & Claire Smith

**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](mailto:Equality.Unit@hscni.net)

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.