

# Equality and Human Rights Screening Template



## **Monitoring & Reviewing Access to Education & Leadership Opportunities for the Ethnically Diverse Workforces of Nurses, Midwives, AHPs & Related Support Staff**

*May 2024*

NIPEC is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

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?

For advice on screening please contact: staff in the Equality Unit Business Services Organisation, [equality.unit@hscni.net](mailto:equality.unit@hscni.net) or Telephone 028 9536 3961

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>

As part of the audit trail documentation needs to be made available for all policies as decisions examined for equality and human rights implications.

The screening template is a pro forma to document consideration of each screening question.

## **(1) INFORMATION ABOUT THE POLICY OR DECISION**

### **1.1 Title of policy or decision**

To evaluate access to education and leadership opportunities for the ethnically diverse workforces of nurses, midwives, AHPs and their support staff in HSC Trusts.

### **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)**

#### **Aim**

To evaluate access to education and leadership opportunities for the ethnically diverse workforces of nurses, midwives, AHPs and their support staff in HSC Trusts.

#### **Objectives**

- Identify the extent of the educational need to facilitate career progression through the collection and analysis of mixed method data to include:
  - programmes relevant to role eg leadership, management etc
  - top-up degrees
  - professional qualifications
  - access to courses through Open University eg Nursing
- Identify opportunities, issues and propose solutions which can facilitate access to education and leadership opportunities
- Share the project findings with HSC Trusts and other stakeholders including the independent sector in order to promote access to education and leadership opportunities for ethnically diverse workforces.
- Submit project report of findings & recommendations. to Chief Nursing and Midwifery Advisory Committee (CNMAC) and DoH Post Registration Education Commissioning Group (ECG).

### 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 implementation of the Project Plan specifically focuses on those Nurses, Midwives & AHPs (to include their support staff) who are ethnically diverse and employed by an HSC Trust. This includes staff working within hospital, community care and Nursing Homes.

The findings of the evaluation will be shared with a range of stakeholders to include the HSC Trusts and the Independent Sector to promote access to education and leadership opportunities.

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

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

DoH (2016) *Health and Wellbeing 2026: Delivering Together*. Belfast: DoH

DoH (2017) HSC Collective Leadership Strategy [www.health-ni.gov.uk/publications/hsc-collective-leadership-strategy](http://www.health-ni.gov.uk/publications/hsc-collective-leadership-strategy)

DoH (2018) *Health And Social Care Workforce Strategy 2026. Delivering For Our People* available at [hsc-workforce-strategy-2016.pdf](http://hsc-workforce-strategy-2016.pdf) ([health-ni.gov.uk](http://health-ni.gov.uk)) accessed on 5 January

2022 [www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026](http://www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026)

HCPC (2024 pending) Standards of conduct, performance & ethics (revised; from 1 September 2024)

NMC (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.

NMC (2023) [www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/0110c-annual-data-report-ni-web.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/0110c-annual-data-report-ni-web.pdf)

## **(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.**

HCPC Registrant Data as at 3 March 2024 [Registrant snapshot - 3 March 2024 | \(hcpc-uk.org\)](https://www.hcpc-uk.org/registrant-snapshot-3-march-2024)  
NMC Equality and Diversity NI data 2023  
NI HSC Workforce Census as at March 2023 [Northern Ireland Health and Social Care Workforce Census March 2023 \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/workforce-census-march-2023)  
Census 2021 (estimates)  
NI Life and Times Survey (NILT) 2017 / 2018  
NISRA  
Office for National Statistics (ONS) Sexual Orientation UK 2017  
The Gender Identity Research and Education Society (GIRES)  
Office for National Statistics (ONS) 2019 – [www.ons.gov.uk](https://www.ons.gov.uk)  
Carers NI  
Registrar General Annual Report for NI 2020. Available at <https://www.nisra.gov.uk/system/files/statistics/RG%20Annual%20Report%202020%20Accessible.pdf>

### **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.**

#### **Please note:**

NMC Equality and Diversity NI Data (2023) relates to over 27,600 nurses and midwives who were on the NMC permanent register with an address in NI as at 31<sup>st</sup> March 2023, mainly within HSC Trusts but also in General Practice and other Independent Health Care Provider settings.

The HCPC register data does not provide a separate breakdown for NI, like the NMC. The HCPC data also relates to 15 categories of AHPs, however for the purposes of this project only 8 categories of AHPs are included, as these are managed by AHP Leads in HSC Trusts: Speech & Language Therapists, Physiotherapists, Occupational Therapists, Dieticians, Podiatrists, Paramedics, Orthoptists and Radiographers. In addition, the NI Health and Social Care workforce census data includes AHPs within the Professional and Technical category without any further breakdown for the categories within gender & age.

Further, it is important to note that it is not a mandatory requirement for staff within NI to complete questions relating to diversity, therefore any data which may be available on HRPTS, is not an accurate reflection of the regional position, thus it isn't included within this Section.

Category	<b><i>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?</i></b>
Gender	<p>The HSC does not hold data specifically pertaining to ethnic diversity v gender. However, following consideration of the literature detailed within Section 2.1 it is reasonable to assume that the majority of those from an ethnically diverse background are female. The exception being paramedics who are predominately male. Further detail of gender composition across the HSC is detailed below.</p> <p><b>NMC Equality and Diversity data for NI in 2020/21</b> reports 92% on the permanent register identify as female, whilst 8% identify as male and 0.4% gender does not match sex at birth.</p> <p><b>NI HSC Workforce Census</b> as at March 2023 reports females represented 92% of nursing and midwifery staff and Males 8%. Part-time roles accounted for 30% (6,628.7 WTE) of the total WTE. The gender split of those working in part-time roles was 97% female (9,001 headcount) and 3% male (251 headcount), compared to full-time roles where 88% (13,404 headcount) were female and 12% (1,821 headcount) were male.</p> <p>AHPs are included in the Professional &amp; Technical workforce and the largest single professional groups were occupational therapy and physiotherapy, both with 14% of total WTE (1,358.8 and 1,336.4 respectively). 81%; 8,738 headcount of Professional &amp; Technical staff were female. Part-time roles accounted for 26% (2,517.0 WTE) of the total WTE. The gender split of those working in part-time roles was 93% female (3,437 headcount) and 7% male (268 headcount), compared to full-time roles where 74% (5,313 headcount) were female and 26% (1,821 headcount) were male.</p> <p>For Paramedics working in the Northern Ireland Ambulance Service Over a third (477.4 WTE, 37%) were graded as either paramedics, rapid response vehicle (RRV) paramedics or helicopter emergency medical service (HEMS) paramedics. However, the Ambulance workforce was predominantly male (65% or 864 headcount). Part-time roles accounted for just 5% (68.4 WTE) of the total WTE. The gender split of those working in part-time roles was 68% female (64 headcount) and 32% male (30 headcount), compared to full-time roles where 32% (393 headcount) were female and 68% (834 headcount) were male.</p> <p>NI HSC Workforce Census also reports that 78% of HSC employees are female (56,895 headcount) The gender split of those working in part-time roles was 90% female (23,518 headcount) and 10% male (2,563 headcount), compared to full-time roles where 72% (33,477 headcount) were female and 28% (13,258 headcount) were male.</p> <p><b>Census 2021</b> population estimates for NI was 1,903,100; male 49%; female 51% (May 2022).</p> <p><b>The Gender Identity Research and Education Society (GIREs)</b> estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and</p>

	<p>subsequently updated (2014):</p> <ul style="list-style-type: none"> <li>• gender variant to some degree 1%</li> <li>• have sought some medical care 0.025%</li> <li>• having already undergone transition 0.015%</li> </ul> <p>The numbers who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIRE figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:</p> <ul style="list-style-type: none"> <li>• 18,816 people who do not identify with gender assigned to them at birth</li> <li>• 470 likely to have sought medical care</li> <li>• 282 likely to have undergone transition.</li> </ul> <p>Care Quality Commission consulted with trans people on what makes a good service and used this feedback to develop key questions to use when visiting maternity services and observing the environment - <a href="https://www.cqc.org.uk/guidance-providers/healthcare/adult-trans-care-pathway-what-cqc-expects-maternity-gynaecology-0">https://www.cqc.org.uk/guidance-providers/healthcare/adult-trans-care-pathway-what-cqc-expects-maternity-gynaecology-0</a></p>
Age	<p>The HSC does not hold data pertaining to ethnic diversity v age. However, from professional experience, the workforce is predominately under 40yrs.</p> <p><b>NMC Equality and Diversity data for NI in 2020/21</b> 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. (<b>NB:</b> 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%)</p> <p><b>NI HSC Workforce Census as at March 2021</b> reports:</p> <ul style="list-style-type: none"> <li>• 51% of Nursing and Midwifery staff and 38% of Nurse Support staff were aged under 40; 14% of registered Nursing &amp; Midwifery staff and 24% of Nurse Support staff were aged 55 years and over.</li> <li>• More than half (53%) of the Professional and Technical occupations were under the age of 40.</li> <li>• Almost half (47%) of the Ambulance staff group were aged 40 to 54 years, with a further 19% aged 55 years and over.</li> </ul> <p><b>Census 2021</b> 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.</p> <p>NISRA estimated and projected population by age, mid-2016 to mid-2041</p>

	<p>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.</p> <p><a href="https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts">https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts</a></p> <p>Royal College of Midwives report highlighted that in 10 years between 2007 and 2017, the number of babies born in Northern Ireland to women aged 30 or older has risen by 8.5%. In 2017, however, a clear majority (57.5%) were to older women and the remainder (42.5%) were to younger women <a href="#">Northern-Ireland-State-of-Maternity-Services-Report-2018.pdf (emap.com)</a></p>
Religion	<p>It is not possible to state the religious composition of those from an ethnically diverse background. Data from the NI HSC Workforce Census (2023) is unavailable. NMC Equality/Diversity Data and Census information is provided below. From professional experience it is reasonable to assume that the majority are Christian.</p> <p><b>NMC Equality and Diversity data for NI in 2020/21</b> 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.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p><b>Census 2021</b> figures for NI indicate:</p> <ul style="list-style-type: none"> <li>• No religion (17.4%)</li> <li>• Religion not stated (1.6%)</li> <li>• Catholic (42.3%)</li> <li>• Presbyterian Church in Ireland (16.6%)</li> <li>• Church of Ireland (11.5%)</li> <li>• Methodist (2.4%)</li> <li>• Other Christian Denominations (6.9%)</li> <li>• Other Non-Christian Religions (1.3%)</li> </ul>
Political Opinion	<p>It is not possible to state the political opinion of those who are ethnically diverse. Further, there isn't any data within the NI HSC Workforce Census nor the NMC Equality and Diversity NI/UK Reports. However, based on the 2021 Census data, it is reasonable to assume that they are neither Unionist/Nationalist.</p> <p><b>Census 2021</b> (Total Residents: 1,903,178)</p> <ul style="list-style-type: none"> <li>• British only – 31.76%</li> <li>• Irish only – 29.13%</li> <li>• Northern Irish only – 19.78%</li> <li>• British and Irish only – 0.62%</li> <li>• British and Northern Irish only – 7.95%</li> <li>• Irish and Northern Irish only – 1.76%</li> <li>• British, Irish and Northern Irish only – 1.47%</li> </ul>

	<ul style="list-style-type: none"> <li>• Other – 7.43%</li> </ul>
Marital Status	<p>It is not possible to state the Marital Status of those who are ethnically diverse. There isn't any data within the NMC Equality and Diversity NI or UK data for this group, nor within the HSC Workforce Census.</p> <p>Based on 2021 Census data, it is reasonable to assume that the majority of those from an ethnically diverse background are married.</p> <p><b>Census 2021</b> (Total Residents over the age of 16 – 1,514,743)</p> <ul style="list-style-type: none"> <li>• Single – 38.07%</li> <li>• Married – 45.59%</li> <li>• In a civil partnership – 0.18%</li> <li>• Separated – 3.78%</li> <li>• Divorced or formally in a civil partnership which has legally dissolved – 6.02%</li> <li>• Widowed or surviving partner from a civil partnership – 6.36%</li> </ul> <p>Civil partnerships:</p> <p>Annual Reports of the Registrar General for NI published in 2021 show that up to 2020, there have been 1441 civil partnerships registered in NI</p>
Dependent Status	<p>It is not possible to state the Dependent Status of those from an ethnically diverse background. There is no NMC Equality and Diversity NI or UK data for this group. Further, no information is recorded within the NI HSC Workforce Census. However, from professional experience, it is reasonable to assume that most have dependents both within Northern Ireland and their country of origin.</p> <p><b>Census Data (2021)</b></p> <p>Total households with dependent children – 768,809.</p> <ul style="list-style-type: none"> <li>- No children in household – 55.14%</li> <li>- No children in household/All children in hospital non-dependent – 15.65%</li> <li>- One dependent child aged 0-4 – 3.54%</li> <li>- One dependent child aged 5-11 – 2.75%</li> <li>- One dependent child aged 12-18 – 5.10%</li> <li>- Two dependent children youngest aged 0-4 – 4.34%</li> <li>- Two dependent children youngest aged 5-11 – 4.75%</li> <li>- Two dependent children youngest aged 12-18 – 2.41%</li> <li>- Three or more dependent children. Youngest aged 0-4 – 3.14%</li> <li>- Three or more dependent children, youngest aged 5-11 – 2.82%</li> <li>- Three or more dependent children, youngest aged 12-18 – 0.46%</li> </ul> <p><b>NI Health Survey (2018)</b> reports 17% of respondents were carers (21% of women and 13% of men).</p>



	<p><b>Carers NI:</b></p> <ul style="list-style-type: none"> <li>• 1 in every 8 adults is a carer</li> <li>• 2% of 0-17 year olds are carers, based on the 2011 Census</li> <li>• There are approximately 220,000 carers in Northern Ireland (</li> <li>• Any one of us has a 6.6% chance of becoming a carer in any year</li> <li>• One quarter of all carers provide over 50 hours of care per week</li> <li>• People providing high levels of care are twice as likely to be permanently sick or disabled than the average person</li> <li>• 64% of carers are women; 36% are men.</li> </ul> <p>Carers NI: State of Caring 2019 Annual survey (UK wide, including NI):</p> <ul style="list-style-type: none"> <li>• 2 in 5 carers (39%) responding reported being in paid work.</li> <li>• 38% of all carers reported that they had given up work to care.</li> <li>• 18% had reduced their working hours.</li> <li>• 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.</li> <li>• 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.</li> <li>• Just over 1 in 10 carers (11%) said they had retired early to care.</li> <li>• Only 4% of respondents of all ages said that caring has had no impact on their capacity to work.</li> <li>• 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.</li> <li>• 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.</li> <li>• Some carers are saving or have saved less for their retirement with 17% saying they did this because their working hours were reduced.</li> </ul>
Disability	<p>It is not possible to quantify those who are ethnically diverse and have a disability. No information is contained within the NI HSC Workforce Census Data. However, based on the information within the NMC Equality and Diversity Data, it is reasonable to assume that the majority do not have a disability.</p> <p><b>NMC Equality and Diversity data for NI</b> 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.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p><b>NI Census Data (2021)</b></p> <p>Total NI Households – 768,810</p> <ul style="list-style-type: none"> <li>- No residents with a limiting long-term health problem/disability (55.14%)</li> <li>- 1 resident with a limiting long-term health problem or disability (33.63%)</li> <li>- 2 or more residents with a limiting long-term health problem or disability (11.23%)</li> </ul>

	<p><b>Health Survey NI (2017/18 – published 2019):</b></p> <ul style="list-style-type: none"> <li>• 43% longstanding illness (32% limiting and 11% non-limiting illness)</li> <li>• Females (44%) were more likely than males (40%) to have a long-term condition.</li> <li>• 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.</li> <li>• Four-fifths of respondents (81%) had contact with the Health and Social Care System in Northern Ireland</li> <li>• Of these, 84% were either very satisfied or satisfied with their experience</li> <li>• A fifth (21%) reported high levels of anxiety, while 45% reported very low levels</li> </ul> <p><b>Health Inequalities Annual Report 2019:</b> <a href="https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019">https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019</a></p> <p><b>The Office for National Statistics (ONS)</b> 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.</p> <p><b>Birthrights Study (2018)</b> reported a lack of knowledge about disability and how this can influence pregnancy, childbirth and parenting -</p> <p><a href="https://www.birthrights.org.uk/2018/03/20/new-research-disabled-women-need-to-be-heard-and-respected-as-experts-about-their-bodies/">https://www.birthrights.org.uk/2018/03/20/new-research-disabled-women-need-to-be-heard-and-respected-as-experts-about-their-bodies/</a></p> <p><a href="https://www.rcn.org.uk/clinical-topics/womens-health/pregnancy-and-disability">https://www.rcn.org.uk/clinical-topics/womens-health/pregnancy-and-disability</a></p>
<p>Ethnicity</p>	<p><b>NMC Equality and Diversity data for NI in 2020/21</b> 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.</p> <p>NMC note that just under 20% of UK registrants are from ethnic minority groups. The highest percentage being Indian, Pilipino, and Romanian.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>Data from the 2021 Census indicates that 3.4% (65,600) of the usual NI resident population belonged to minority ethnic groups.</p> <p><b>Ethnic Groups</b></p> <ul style="list-style-type: none"> <li>- White 1,837,600 (96.6%)</li> <li>- Minority Ethnic Group, 65,600 (3.4%)</li> <li>- Black, 11,000 (0.6%)</li> <li>- Indian, 9,900 (0.5%)</li> <li>- Chinese, 9,500 (0.5%)</li> <li>- Filipino, 4,500, (0.2%)</li> <li>- Irish Traveller, 2,600 (0.1%)</li> <li>- Arab, 1,800 (0.1%)</li> <li>- Pakistani, 1,600 (0.1%)</li> <li>- Roma, 1,500 (0.1%)</li> </ul>

- Mixed Ethnicities, 14,400 (0.8%)
- Other Asian, 5,200 (0.3%)
- Other Ethnicities, 3,600 (0.2%)

#### Country of birth

- Northern Ireland, 1,646,300 (86.5%)
- Great Britain, 92,300 (4.8%)
- England, 72,900, (3.8%)
- Scotland, 16,500 (0.9%)
- Wales, 2,800 (0.2%)
- Republic of Ireland, 40,400 (2.1%)
- Outside the UK and Ireland, 124,300 (6.5%)
- Europe (other EU Countries), 67,500 (3.5%)
- Other, 53,100 (2.8%)

#### Main language of usual residents aged 3 and over

- English, 1,751,500 (95.4%)
- Polish, 20,100 (1.1%)
- Lithuanian, 9,000 (0.5%)
- Irish, 6,000 (0.3%)
- Romanian, 5,600 (0.3%)
- Portuguese, 5,000 (0.3%)
- Arabic, 3,600 (0.2%)
- Bulgarian, 3,600 (0.2%)
- Other, (1.8%)

#### Secondary Language of usual residents aged 3 and over

- English: 1,751,510
- Polish: 20,134
- Lithuanian: 8,978
- Irish: 5,969
- Romanian: 5,627
- Portuguese: 4,982
- Arabic: 3,627
- Bulgarian: 3,572
- Chinese: 3,329
- Slovak: 2,333
- Hungarian: 2,172
- Spanish: 1,860
- Latvian: 1,700
- Russian: 1,605
- Tetun: 1,576
- Malayalam: 1,478
- Tagalog/ Filipino: 1,339
- Cantonese: 1,247
- Other languages: 13,578

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%

	<p>(1,409,000); all other Ethnicities – 1.7% (26,000).</p> <p><b>NISRA</b> data compiled for the most recent Registrar Generals Report (2021) show 10.3% of births were to mothers who were born outside of the United Kingdom and the Republic of Ireland. This compares with 2.5% 20 years ago.</p>
Sexual orientation	<p>It is not possible to state the sexual orientation of those from an ethnically diverse background. Based on the information below, it is reasonable to assume that the majority are heterosexual or straight.</p> <p><b>NMC Equality and Diversity data for NI in 2020/21</b> 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.</p> <p>NI HSC Workforce Census for this group is unavailable.</p> <p>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.</p> <p>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.</p> <p><b>NI Census Data (2021)</b></p> <ul style="list-style-type: none"> <li>- Straight/heterosexual – 1,363,859 (90.04%)</li> <li>- Gay or Lesbian – 17,713 (1.17%)</li> <li>- Bisexual – 11,306 (0.75%)</li> <li>- Other – 2,597 (0.17%)</li> <li>- Prefer not to say – 69,307 (4.58%)</li> <li>- Not stated – 49,961 (3.30%)</li> </ul>

## 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.**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	<p>92% of nurses and midwives on the permanent register in NI identify as female and 81% of Professional Technical staff. Irrespective of ethnic diversity females are more likely to have caring responsibilities than their male counterparts and may be more likely to work part-time (see dependent section below).</p> <p>This can therefore mean that it is not possible to attend additional courses/training programmes due to personal commitments. HSC Organisations should allow their staff time to attend educational events within working hours.</p>
Age	<p>Following the COVID -19 pandemic, there is a greater reliance on ICT systems and online meeting platforms. Age may be a factor, as the older generation may be less computer literate than the younger generation and in turn, the younger generation may prefer to use social media platforms as a means to communicate. Appropriate training should be provided to all staff members irrespective of age and plain English used (no colloquialisms).</p>
Religion	<p>In planning events and meetings, there is a need to consider particular traditions such as Ramadan and a neutral venue/location.</p>
Political Opinion	<p>In planning events and meetings, there is a need to consider a neutral venue/location. This is imperative, in light of recent civil unrest and racial discrimination/abuse against those who are ethnically diverse.</p>
Marital Status	<p>Issues for those with dependents may be compounded for those who are single parents.</p>
Dependent Status	<p>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, childcare and access to transport.</p> <p>Meetings should be planned in advance to address accessibility issues for those with dependents and where applicable, assistance with travelling expenses as per NIPEC's Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures.</p>
Disability	<p>Some potential issues relating to accessibility of the website, use of internet and publication of electronic documents for people with disabilities</p>

	and the need to ensure suitable alternative formats are made available. Some meetings to be conducted virtually and consideration may need to be given to those where commuter 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 may require some form of additional support when attending meetings and events or making contact with NIPEC.
<b>Ethnicity</b>	Whilst the NMC require nursing and midwifery registrants to have a standard level of English, there may be other grades of nursing and midwifery staff, eg. health care assistant, who may not be required to have this same standard. In these cases, there is a need to ensure arrangements are in place to provide interpreting and translation on request.
<b>Sexual Orientation</b>	There is no data to suggest that the needs and experiences of those from an ethnically diverse background 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

## 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>
<p><b><u>Those whose first language is not English</u></b></p> <p>As part of HSCNI, NIPEC can access the regional contract for interpreting, translation and transcription services.</p> <p>During the pandemic, there was 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</p>	<p><b><u>Those whose first language is not English</u></b></p> <p>NIPEC will continue to monitor requests for alternative format and/or language to inform future production of electronic and written communication.</p> <p>A checklist has been developed to assist those organising events and meetings and developing information – this will cover the need to take account of specific needs of the nine groups.</p>

Section 75 groups.

However, NIPEC's procedure for booking external venues requires those responsible for organising events and meetings ensure that venues and information are fully accessible & the timing and location meets the needs of those attending.

### **Project Board Membership**

In establishing membership of the Project Board, it was determined that it should be co-chaired by a Nurse/Midwife or AHP from an ethnically diverse background. In this regard an Assistant Service Manager from Belfast Health and Social Care Trust was nominated as Co-Chair.

Nominations were also invited from those with an ethnically diverse background/lived experience of ethnic diversity and those with a responsibility for ethnic diversity within their job role.

### **Methodology**

A commitment has been made to conduct surveys to capture information from those with an ethnically diverse background. This will enable specific recommendations and solutions to be developed for specific groups.

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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	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 project. 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?**

<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>
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?**

<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>
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**

<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
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
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## **(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
N/A	N/A	N/A

Approved lead officer: Cathy McCusker

Position: Senior Professional Officer (SPO)

Date:

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24-09-2024

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Policy/decision screened by:

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Frances McNicholl/Cathy McCusker, NIPEC

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**Note: This screening template will be continually updated as the project evolves and upon its conclusion to reflect the data gathered and mitigations implemented.**

**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)**

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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