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 and Human Rights Information Bank on the BSO website: http://www.hscbusiness.hscni.net/services/1798.htm

For advice and support on screening contact:
Equality Unit
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ

Tel: 028 9536 3961
email: equality.unit@hscni.net

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 (Women, children and public health 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 programme areas include:

- Women, Children and Public Health

This screening reflects Section 75 considerations for the women, children and public health programme offering.

The programmes included are:

Alcohol misuse in pregnancy
Anaphylaxis Management
Anaphylaxis Management & Patient Group Direction (PGD) Awareness

Antenatal GROW programme	
Bereavement & Loss in Midwifery Practice	
Breastfeeding and - Successful relationship building update	
Central Venous Access Devices (Children)	
Deteriorating child	
Developmental Dysplasia of Hips (DDH) Update	
Domestic Abuse: Recognising & Responding	
Emergency care of the child in ED x 3 half day sessions	
Enteral Feeding in Babies, Children & Young People	
Epilepsy in Pregnancy	
Growth Monitoring: Growth Charts: (UK-WHO) O- 4 Years & 2-18years	
Infection Prevention & Control	
Intravenous Administration of Medicines (Children)	
Intravenous Administration of Medicines (Neonates)	
Fluid Management in Term Neonates, Children & Young People (Term Birth - 16th Birthday)	
Health Promotion for Menopausal matters (in development)	
Lone Working	
Medicines Management (Children)	
Motivational Interviewing: an Introduction	
New-born Bloodspot Screening	
Palliative and End of Life Care in Children	
Preceptorship for Preceptees	
Preceptorship for Preceptors	
Record Keeping: Evidencing Person-Centred Care	
Record keeping for safe and effective midwifery practice Duty of Candour and being open in Health and Social Care	
Record Keeping for Nursing Assistants: Evidencing Person-Centred Care	
Safeguarding Adults (Level 2)	
Safeguarding Children (Level 2)	
Safeguarding Children Supervision Training for Nurse Supervisors	
Solihull Approach Advanced Training: Attachment	
Solihull Approach: Antenatal Foundation Programme for Midwives	
Solihull Approach Advanced Training: Brain Development	
Solihull Approach: Train the Trainer	
Solihull Approach: Antenatal Foundation & Antenatal Parent Group	

Supervision - Nursing Supervisor Preparation Programme	
Termination of Pregnancy - Regulation and Care	
Tracheostomy care of the child	
UNOCINI One – How To Make an Effective Assessment and Referral to Social Services	
Venepuncture in children	
Venepuncture & Intravenous Cannulation Combined (Children)	
Vital Signs - Undertaking & Recording (Children)	

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 Attends (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 Male	79.9 20.1
Religion	Protestant Roman Catholic Neither	40.4 46.4 13.2
Political Opinion	Broadly Unionist Broadly Nationalist Other Do Not Wish To Answer/Not Known 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 Broadly Nationalist Neither Other/ Don't know	9.0 7.6 8.4 75.0 26% 21% 50% 3%
Age	 16-24 25-34	 4.1 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: • Deafness or partial hearing loss **5.14% (93,078)** • Blindness or partial sight loss **1.7% (30,785)** • Communication Difficulty **1.65% (29,879)** • Mobility or Dexterity Difficulty **11.44% (207,163)**	2.2 64.0 33.8

	• A learning, intellectual, social or behavioural difficulty **2.22% (40,201)** • An emotional, psychological or mental health condition **5.83% (105,573)** • Long–term pain or discomfort **10.10% (182,897)** • Shortness of breath or difficulty breathing **8.72% (157,907)** • Frequent confusion or memory loss **1.97% (35,674)** • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy **6.55% (118,612)** • Other condition **5.22% (94,527)** • No condition **68.57% (1, 241, 709)** 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).	
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

	Do Not Wish To Answer/Not Known 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. 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: - 65.8% had been verbally assaulted at least once; - 43.3% had been threatened with physical violence at least once; - 33% had been threatened to be 'outed' at least once; - 34.7% had experienced discrimination in accessing goods, facilities or services at least once.	54.0

2.3 Qualitative Data

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

Category	***Needs and Experiences***
Gender	**Programme level**: There are some courses where there may be specific issues for males and females. For example: - Safeguarding Children as current evidence suggests one

	in 10 adults have been abused as a child, and also deals with single parents and challenges they may face. - Termination of Pregnancy as this is new legislation, and a controversial area of practice in N Ireland - Maternity programs such as Breastfeeding relationship updates will refer to the mother of the baby on an ongoing basis - Deteriorating Child which uses video to demonstrate an unfolding incident in a Maternity Unit, which may negatively affect both male and female participants who have had a similar experience. **Staff requesting programme**: 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. This is important given that the majority of staff who request the programmes are female. Most course last for half a day, except Deteriorating Child which is a full day, using the afternoon for simulation. Many of the safeguarding programs have a mixed audience which is really encouraging, as do the children's programs. We also have tried changing times of programs and example of this was Termination of Pregnancy from 4-7pm to enable others to join the classes.
Age	**Programme level**: An example of a women, children and public health programme that considers age is that maternity programs really tend to refer to the reproductive age which would be classified from 16-49 years and we take into account that this can be older and also cases when this is much younger. Paediatrics programs have a mixture of age groups involved ranging from neonatal programs which cover from birth until 28 days and then other that are for all ages of children, up until 16 years. We then also have public health, and safeguarding programs which all cover all ages and stages in the lifespan **Staff requesting programme**: There are no issues regarding the age of staff requesting programmes.
Religion	**Programme level**: There are no issues regarding religion within the women, children and public health programme content.

	Staff: Staff who belongs 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. Termination of Pregnancy has been and continues to be a program that can cause religious issues for some staff, but these issues are prevalent in many different religions. However we have been and continue to run this class on a virtual learning environment and this has been helpful for staff.
Political Opinion	**Programme level**: There are no issues regarding political opinion within the women, children and public health programme content. **Staff**: Similar to above, staff of one particular political background (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. However the use of the virtual learning environment has been a positive change for those that attend CEC programs
Marital Status	**Programme level**: There is no impact relating to marital status in any of the general programmes content or delivery. **Staff**: Marital status of staff is not thought to have any impact on staff requesting any of the women, children and public health programmes.
Dependent Status	**Programme level**: Some programmes such as Palliative and End of Life Care in Children, may impact on participants who have experienced death of a child in their family or in practice. **Staff**: 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. Since 2020 CEC has been able to offer virtual / online training which enables them to attend training with more flexible timings.
Disability	**Programme level**: Some programmes eg Deteriorating Child and Safeguarding children consider the challenges for assessing and caring for disabled children.

	Safeguarding Children (Level 2) may 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. Similarly, research has shown that disabled adults are more at risk of domestic violence, and other safeguarding issues. This is recognised in programmes such as Safeguarding Adults (Level 2), and Domestic Abuse: Recognising & Responding). **Staff**: It is recognised that staff with certain disabilities may have differing learning requirements. For example, those with hearing difficulties, sight difficulties or physical disabilities may have certain needs in the way programmes are taught, while those with Dyslexia may struggle with interactions when using Zoom.
Ethnicity	**Programme level**: An example a women, children and public health programme that identifies and highlights specific needs, experience and priorities in relation to ethnicity is 'FGM, how to provide care' (program in development). As of 2020 it is estimated that there are 200 million girls worldwide that have had Female genital Mutilation performed on them and these are mainly from counties such as Egypt, Ethiopia and Indonesia with the predominance being in North African countries. UNICEF also estimates that there are approximately another 4 million girls at risk worldwide. Despite FGM being an illegal procedure throughout many countries worldwide, it is still increasing year on year and the FGM programme is necessary in relation to care provided in maternity services, in relation to baby girls being at risk and Safeguarding issues. FGM is also highlighted within the Children's Safeguarding programme. **Staff**: There are no issues with regards to ethnicity and delivery of the women, children and public health programmes.
Sexual Orientation	**Programme level**: 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 women, children and public health programmes, such as HIV & STI Awareness Workshop, and the Domestic Abuse: Recognising & Responding programme. **Staff**: 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 & STI Awareness Workshop are delivered sensitively.

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?

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?***

Gender: 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 **Dependents**: 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. CEC will continue to offer half day / short duration programmes. This will address the needs of carers, and those who work part time. 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-learning is available for a number of subjects. Some programmes such as Palliative and End of Life Care in Children, may impact on participants who have experienced death of a child in their family or in practice. All HSC staff have access to counselling services, such as Inspire or Lifeline. Support sources are referenced in courses which may raise negative feelings in participants. **Religion/ political opinion**: CEC have four locations based on HSC sites. These are neutral venues.	All CEC are required to undertake 'Equality & Human Rights Awareness: Making a Difference' e-learning and to adhere to the HSC Values. CEC have four locations based on HSC sites. These are neutral venues. The majority of programmes are now offered via an online platform. E-learning is also available for a number of subjects.

The majority of programmes are now offered via an online platform. E-learning is also available for a number of subjects. Programmes, the content of which may be uncomfortable for some participants (e.g. HIV& STI Awareness) are not mandatory programmes. It will be the choice of the individual whether or not to attend. **Disability**: When applying for a CEC programme via www.cec.hscni.net, an applicant identifies if they have a disability. This is then highlighted to the teacher and administrator so adjustments can be made in discussion with the participant. For example: - a participant with dyslexic would be provided with materials in an appropriate format. - programme location and requirements would take account of any participants identifying as having a physical disability. - loop facilities are available across CEC to assist participants with hearing impairment. We have been able to develop text communication via the virtual environment which has been helpful in relation to hearing difficulties and also Dyslexia **Ethnicity**: CEC will issue all teaching staff with key contacts (i.e. the Translation Service) to share with participants who may come in to contact with their service area. As	

detailed in 2.3, The FGM programme highlights specific issues of ethnicity **Sexual orientation**: All CEC programmes are delivered sensitively and all CEC staff are required to complete mandatory training on equality (Equality & Human Rights Awareness: Making a Difference programme).	

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	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. It is not felt that subjecting the CEC programmes to a full EQIA would shed any more light on equality issues.

(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?***
Example programmes with service user involvement are: - Continence programme - Parkinson's Disease programme	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?

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?***
Not applicable	Further user involvement in applicable programmes

(5) CONSIDERATION OF HUMAN RIGHTS

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

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

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

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

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

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

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

(6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
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: 02/04/2021

Policy/Decision Screened by: Shirley Stronge

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

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

Claire Smith, CEC Business Manager.