



Equality and Human Rights Screening Template

The Safeguarding Board NI 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.

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?

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

Safeguarding Board Northern Ireland (SBNI) Early Intervention Transformation Programme (EITP) Trauma Informed Practice Workforce Development Project:

- Level One: General ACE and Trauma Informed Practice Awareness Training
- Level Two: Enhanced Skills Development Training

1.2 Description of policy or decision

The EITP Trauma Informed Practice Project is a multi-agency work-force development project, concerned with increasing awareness of Adverse Childhood Experiences (ACEs), through offering a menu of trauma sensitive/informed training materials. The project will work throughout and in collaboration with the following sectors, Education, Health and Social Care, Justice and Community and Voluntary Organisations.

Following completion of training staff will:

- Have an awareness of the impact of ACEs on Health and Wellbeing throughout the life course.
- Be aware of the impact of ACEs on the development of a child.
- Be able to identify strategies to build resilience.

When the project draws to a close in March 2020, there will be a suite of training resources and support materials, which will be made available to organisations to ensure sustainability of the learning as it becomes embedded into practice.

The training resources will include:

- The NI ACE Animation;
- Trauma Informed Practice Training videos;
- A Trauma LENS tool;
- Level One General ACE and Trauma Informed Practice Awareness Training;
- Level Two Enhanced Skills Development Training;
- A combined Level One and Level Two Train the Trainer package;
- E-learning training opportunities through a range of e-learning platforms including HSC, Police and Education.

This training is designed to be delivered to a broad spectrum of the workforce, at all levels and within each organisation. It is intended that this training may be delivered as a stand-alone package; however, the key elements will also be incorporated into existing training where this is deemed feasible. The project team will work in collaboration with training teams from all of the sectors to provide consultation and support when adding ACE awareness into existing training.

ASCERT NI has been commissioned by the SBNI to deliver the Level One, Level Two and Train the Trainer programmes within the Community and Voluntary Sector. Other SBNI member agencies will be provided with the training resources to deliver within their own agencies.

1.3 Main stakeholders affected (internal and external)

The intended stakeholders include staff and volunteers working within Education, Health and Social Care, Justice and the Community and Voluntary Sector.

The Level One ACE awareness training will target all of the staff and volunteers within the organisations; it is suitable for all grades regardless of their sphere of responsibility.

Level Two training is skills based training that will be delivered to frontline staff

providing direct support and/or interventions to children, adults or families who may be experiencing trauma as a result of childhood adversity.

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

- Draft Programme for Government Framework 2016 - 2021
- Executive Children and Young People's Strategy for Northern Ireland (2017 – 2027)
- Children's Services Co-operation Act (NI) 2015
- DOH Making Life Better –A Whole System Strategic Framework for Public Health (2013 – 2023)
- DOH Draft Protect Life 2 - A Strategy for Suicide Prevention in the North of Ireland Draft (2018)
- United Nations Convention on the Rights of the Child 1989
- DOJ Prisons 2020 *Driving continuous improvement in the Prison Service* A discussion document (2017)
- DOJ Northern Ireland Prison Service - Strengthening Family Relations 2019-2024 Consultation Document
- Probation Board for Northern Ireland (2017-2020- Changing lives for Safer Communities) Corporate Plan
- Education Authority's 3 year Corporate Plan 2017-2020
- DE Every School a Good School – A policy for School Improvement, 2008
- Northern Ireland Policing Board – Annual Policing Plan for Northern Ireland, 2019-2020

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

2.1 Data gathering

1. CYPSP (Children and Young People's Strategic Partnership Agencies). www.cypsp.org
2. UNCRC (United Nations Convention on Rights of the Child) 1989
<https://www.unicef.org/child-rights-convention>
3. Van der Kolk BA, Roth S, Pelcovitz D, Sunday S & Spinazzola J (2005) Disorders of Extreme Stress: the empirical foundation of a complex adaptation to trauma in *Journal of Traumatic Stress*, 18(5), 389-399; & Van der Kolk (2005) Developmental Trauma Disorder in *Psychiatric Annals*; 401-408.
4. SAMHSA Substance Abuse and Mental Health Services Agency (www.samsha.gov)
5. Welsh Adverse Childhood Experiences (ACE) Studies:
 - a. Bellis et al (2015) ACEs and their impact on health-harming behaviours in the Welsh adult population. Public Health Wales NHS Trust.
 - b. Ashton et al Bellis (2016) ACEs and their association with chronic disease and health service use in the Welsh population'. Public Health Wales NHS Trust.
 - c. Ashton et al (2016) ACEs and their association with mental well-being in the Welsh adult population. Public Health Wales NHS Trust.
 - d. Hughes et al (2018) Sources of resilience and their moderating relationships with harms from adverse childhood experiences. Public Health Wales NHS Trust
6. Felitti, VJ , Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, & Marks JS (1998) Relationship of Childhood Abuse and household dysfunctions to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 14(4): 245-58.
7. Commission for Victims and Survivors (2015) Towards a Better Future: the transgenerational impact of the Troubles on mental Health. University of Ulster.

8. QUB 2018 - 'A Study of Health and Social Care Professionals' Family Focused Practice with Parents who have Mental Illness, their Children and Families in Northern Ireland')
9. Ellis and Dietz (2017) A new Framework for Addressing Adverse Childhood and Community Experiences: the Building Community Resilience (BCR) Model. Academic Paediatrics 17(2017) ppS86-S93.
10. Rape Crisis Centre England and Wales <https://rapecrisis.org.uk/get-help/looking-for-tools-to-help-you-cope/feelings/fight-or-flight-response/>
11. Zeedyk, S (2012) The Science of Human Connection website: <http://www.suzannezeedyk.com>
12. Schore, A (2001) Effects of a secure attachment relationship on right brain development, affect, regulation, and infant mental health. Infant mental health Journal, 22(1-2), pp7-66; & Schore, A (2004) Affect regulation and the origin of the self: neurobiology of emotional development. Hillsdale, NJ: Lawrence Erlbaum Associates 1994.
13. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356204/Final_EYP_source.pdf
14. Anonymous quote from service user.
15. New Economics Foundation – Five Ways to Wellbeing <https://neweconomics.org/>
16. Cochrane Library – Cochrane Database of Systematic Reviews – Exercise Depression (Review) www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004366.pub5/epdf/full
17. Queens University Belfast Evidence Review - Developing Trauma Informed Practice in Northern Ireland (2018) - www.safeguardingni.org/resources-professionals

What information did you use to inform this equality screening?

Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders

Service User Consultation

- The SBNI commissioned Barnardo's NI to develop a children and young people's forum to ensure service users from across a range of support

services were able to contribute to the development of the training resources within the EITP Trauma Informed Practice Project. Since January 2019, Barnardo's NI engaged with over 100 young people aged between 8 and 16 years of age who are being supported through existing Barnardo's services including children living in care or leaving care, children living with a disability, children who are young carers and children from refugee families.

- We have engaged with a young person who has experienced and overcome multiple childhood adversities and received services from all of the sectors involved in this project. North West Regional College have produced a training video which will be viewed by staff and volunteers who will attend the EITP Level Two Enhanced Skills Development.

A series of stakeholder engagement consultation workshops took place over the months of April to June 2019. These events were facilitated through National Children's Bureau NI and the core purpose of the workshops were to raise awareness of the EITP Trauma Informed Practice Project and to measure the level of understanding about childhood adversity and trauma informed practice and the current training needs among the workforce of this sector. An overview of the organisations who have been engaged has been outlined below:

Education Sector:

- Engagement with the Department of Education.
- Engagement with the Council for Catholic Maintained Schools.
- Engagement with the Education and Training Inspectorate.
- Engagement with the Controlled Schools Support Council.
- Engagement with the NICIE.
- Engagement with the Teaching unions.
- Engagement with the Education Authority.
- Engagement with the Department for the Economy in relation to implementation of workforce development training within Further Education Colleges.

- Engagement with Universities and Further Education Colleges; Queens University Belfast, School of Education, Stranmillis, St Mary's College, University of Ulster and all Further Education Colleges in Northern Ireland.

Health and Social Care Sector:

- Stake holder engagement events have been facilitated within Health and Social Care in each of the five HSC Trust areas; this has included consultation with Trust Management and Human Resources.
- Stake holder engagement events have been facilitated with those involved in Health and Social Care education, both at undergraduate and post graduate levels. This includes consultation with Training units within the HSC trusts, the Clinical Education Centre, Vocational Training teams, Regional Universities and Colleges of Further Education.
- Stakeholder engagement and consultation with Representatives from General practice including, Royal College of General Practitioners, Northern Ireland Medical and Dental Association, British Medical Association, Practice Based Learning facilitators for General Practice, General Practice representative of SBNI Board, Practice Managers Forum, General Practice Adviser, Directorate of Integrated Care, Health & Social Care Board, General Practice Federation for NI, Integrated Care Partnerships and Local Commissioning Groups.
- Stakeholder consultation with representatives from departments within the Public Health Agency including Health Improvement, Children's Services, Nursing and Midwifery, Mental Health, Unscheduled care, Allied Health Professionals, Safeguarding Children and Paediatrics.
- Stakeholder engagement events facilitated with service providers working within the Early Years sector through the Childcare Partnerships.
- Stakeholder engagement with service providers working within the CYPSP Family Support Hubs in Northern Ireland.
- Associated Stakeholder consultation with NIGALA (Guardian ad Litem Agency).

- Stakeholder consultation with NISCC (NI Social Care Council) through seminar, meetings and input to Social Care Managers Forum.

Justice Sector

- Stakeholder engagement consultation - Probation Board for Northern Ireland.
- Stakeholder engagement consultation – Police Service for Northern Ireland.
- Stakeholder engagement consultation – Prison Service for Northern Ireland.
- Stakeholder engagement consultation – Youth Justice Agency Northern Ireland.

Community and Voluntary Sector:

- 3 Stakeholder events bringing together a total of 150 representative staff working across the community and voluntary sector.
- Consultation with SBNI member agencies from the community and voluntary sector including Barnardo's NI, NSPCC and Action for Children.
- McClenahan, Simon (2012): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.

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.

Information required completing the following section is not available owing to the large number of staff and volunteers involved in this training. We have therefore used statistics available from census data.

Category	<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>
Gender	<p>(Census 2011)</p> <ul style="list-style-type: none"> • 51% Female • 49% male <p><u>General Population Data - NI Population Statistics</u></p> <p>Population of Northern Ireland at 30 June 2017 was approximately 1,871,800 million</p> <ul style="list-style-type: none"> • Female = 50.8% - 950,600 • Male = 49.2% - 920,000 <p>The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014):</p> <ul style="list-style-type: none"> • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% <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,</p>

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).
 Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2016) N=1,862,100:

- 18,621 people who do not identify with gender assigned to them at birth
- 466 likely to have sought medical care
- 279 likely to have undergone transition.

Age

General Population Data (NI Population Statistics) (Census 2011)

Children

- 0-4 years 124,400 - 6.87% of the total population
- 5 to 9 years – 111,300 - 6.15%
- 10 to 14 years - 119,000 – 6.57%
- Young people 15 to 19 years- 126,200 – 6.97%
- Total under 19 years 480,900 – 26.56%

Older People

People over 65 in N Ireland, 303,000, now make up 16.2% of the population

The number of people aged over 85 years, 37,200, makes up 2% of the population.

Overall NI Age Profile

Age Group	Males	Females	Persons
0-4	63,200	59,800	123,000
5-9	66,100	63,200	129,300
10-14	59,700	56,500	116,100
15-19	59,700	55,900	115,600
20-24	60,100	56,500	116,700
25-29	61,700	62,000	123,600
30-34	61,400	63,300	124,700
35-39	58,800	62,600	121,400

40-44	57,300	60,400	117,700
45-49	63,100	66,200	129,300
50-54	64,900	67,000	131,800
55-59	58,400	60,500	118,800
60-64	49,600	50,200	99,800
65-69	43,400	45,500	89,000
70-74	37,500	41,800	79,300
75-79	25,900	30,900	56,800
80-84	17,100	23,600	40,800
85-89	8,800	15,300	24,100
90+	3,700	9,300	13,000
All Ages	920,200	950,600	1,870,800

Religion	<p>(Census 2011)</p> <ul style="list-style-type: none"> • Catholic 40.76% (738, 108) • Presbyterian Church in Ireland 19.06% (345, 150) • Church of Ireland 13.74% (248, 813) • Methodist Church in Ireland 3% (54, 326) • Other Christian(including Christian related) 5.76% (104, 308) • Other religions 0.82% (14, 849) • No religion 10.11% (183, 078) • Did not state religion 6.75% (122, 233) <p>Bringing together the information on Religion and Religion Brought up in, 45% of the population were either Catholic or brought up as Catholic, while 48% belonged to or were brought up in Protestant, Other Christian or Christian-related denominations. A further 0.9% belonged to or had been brought up in Other Religions and Philosophies, while 5.6% neither belonged to, nor had been brought up in, a religion.</p>
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<p>Political Opinion</p>	<p>(Census 2011)</p> <ul style="list-style-type: none"> • DUP/Democratic Unionist Party 17% • Sinn Fein 14 % • Ulster Unionist Party (UUP) 12% • Social Democratic and Labour Party (SDLP) 12% • Alliance Party 9% • Other Party 3% • None of the above 23% • Other answers: Don't know 12%. <p>According to the UK Electoral Statistics December 2017, here are 1,242,300 people in NI registered to vote on the electoral register for UK Parliamentary elections and 1,273,400 for UK Local Government elections.</p> <p>According to the Electoral Office NI, the Local Government Electorate on 01 November 2018 was 1,280,897 and the NI Parliamentary Electorate was 1,247,994.</p> <p>54.9% of those eligible to vote did so in the NI Assembly election in 5 May 2016. Of these</p> <ul style="list-style-type: none"> • 29.2% voted Democratic Unionist Party • 24.0% voted Sinn Fein • 12.6% voted Ulster Unionist Party • 12.0% voted Social Democratic and Labour Party • 7.0% voted Alliance party • 15.2% voted Other <p>For Northern Ireland, the UK Parliamentary Election 2017 turnout was 815,260 representing 65.6% of the eligible electorate.</p> <p>For Northern Ireland, the NI Assembly Election 2 March 2017 turnout was 812, 783 representing 64.78% of the eligible electorate.</p>
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<p>Marital Status</p>	<p>(Census 2011)</p> <ul style="list-style-type: none"> • 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner.
<p>Dependent Status</p>	<p>(Census 2011)</p> <ul style="list-style-type: none"> • 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age. • 3.11% (56, 318) provided 50 hours care or more. • 33.86% (238, 129) of households contained dependent children. • 40.29% (283, 350) contained a least one person with a long – term health problem or a disability. <p>A dependent child is a person in a household aged 0-15 (whether or not in a family) or a person aged 16-18 who is a full-time student and in a family with parent(s). There are 13.8 million dependent children living in families in the UK in 2015 (National Statistics, 2015).</p> <p>In Northern Ireland, out of a total of 703,275 households the following break-down was found on Census Day 2011:</p> <p>Married or in a registered same-sex civil partnership:</p> <p>With no children = 10.28%</p> <p>With dependent children = 19.72%</p> <p>Children non-dependent = 8.31%</p> <p>Co-habiting couple:</p> <p>With no children = 2.92%</p> <p>With dependent children = 2.3%</p>

All children non-dependent = 0.26%

Lone Parent:

With dependent children = 9.13%

All children non-dependent = 5.12%

Other household types:

With dependent children = 2.7%

In summary, in 2011, one-third (34%) of households contained dependent children, down from 36% in 2001.

Based on the most recent information from Carers Northern Ireland, the following facts relate to carers.

- 1 in every 8 adults is a carer
- There are approximately 207,000 carers in Northern Ireland
- Any one of us has a 6.6% chance of becoming a carer in any year
- Carers save the Northern Ireland economy over £4.4 billion a year - more than the annual NHS spending in Northern Ireland.
- The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day
- One quarter of all carers provide over 50 hours of care per week
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person
- Approximately 30,000 people in Northern Ireland care for more than one person
- 64% of carers are women; 36% are men
- By 2037 the number of carers could have increased to 400,000

The recent Carers Rights Day Report, Missing Out: The identification challenge³³ highlighted that 58% of carers here took over a year to identify themselves as carers, 29% took over 5 years and 13% took over 10 years. This means that carers here

	<p>are losing out on the practical, emotional and financial supports available to them, including services provided by health and social care trusts.</p> <p>A recent Carers NI State of Caring survey highlighted that:</p> <ul style="list-style-type: none"> • 51% carers have let a health problem go untreated • 50% carers say their mental health has gotten worse • 31% only get help when it's an emergency
Disability	<p>(Census 2011)</p> <p>20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.</p> <p>68.57% (1, 241709) of residents did not have long – term health condition.</p> <ul style="list-style-type: none"> • 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) • 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)
Ethnicity	<p>(Census, 2011)</p> <p>According to the OFMDFM Racial Equality Strategy 2015 – 2025, figures from the 2011 Census showed the diverse nature of the minority ethnic population in Northern Ireland with over 32,000 giving their ethnicity as something other than 'white', equating to</p>

	<p>approximately 1.8% of the Northern Irish population.</p> <p>1.8% (32,596) of the usual resident population belonged to minority ethnic groups:</p> <p>White – 98.21% (1, 778, 449) Chinese – 0.35% (6, 338) Irish Traveller – 0.07% (1, 268) Indian – 0.34% (6, 157) Pakistani – 0.06% (1, 087) Bangladeshi – 0.03% (543) Other Asian – 0.28% (5, 070) Black Caribbean – 0.02% (362) Black African – 0.13% (2354) Black Other – 0.05% (905) Mixed – 0.33% (5976) Other – 0.13% (2354)</p> <p>Currently 90% of children on the Child Protection Register are White.</p>
Sexual Orientation	<p>There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</p> <p>Additionally, according to the UK Office for National Statistics Sexual Identity UK 2016 report, the population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%). More males (2.3%) than females (1.6%) identified themselves as LGB in 2016. The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.</p>

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	Needs and Experiences
Gender	Males or Females who are the primary care provider in the home may have more difficulty accessing training owing to childcare or other caring responsibilities.
Age	No additional needs identified for individuals of different ages.
Religion	Individuals from any specific religious background may feel less comfortable or unable to access training in a venue more associated by those with different religious background.
Political Opinion	Individuals from any specific political background may feel less comfortable or unable to access training in a venue more associated by individuals with a different political opinion.
Marital Status	It is recognised that individuals who are of single marital status, may not have emotional support at home to offer support following any feeling triggered by this training. However irrespective of marital status the EITP Trauma Informed Practice training will take cognisance of all participants including those who may identify themselves as feeling vulnerable or affected by issues discussed during training.
Dependent Status	Those individuals who have responsibility for dependent children or family members including parents, carers or foster carers may be impacted by knowledge acquired through training. They also may have difficulty attending full day training sessions.
Disability	It is recognised that individuals with different disabilities will have different communication needs, and may require information in different formats. Those with a disability may require extended time to complete pre and post questionnaires. A variety of learning styles need to be accommodated to ensure individual needs will be met. Buildings will need to be accessible for all and disability friendly.

Ethnicity	No additional needs have been identified as this training is intended for the workforce within the organisations, where a good command of English is a requirement at the recruitment and selection process.
Sexual Orientation	No additional needs have been identified

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities?

There may be a degree of crossover between:

- Gender and Disability
- Gender and Dependents
- Age and Marital status

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>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
Gender – e-learning will allow flexibility for individuals with childcare responsibilities. Times of training will be varied to ensure flexibility and easy	We will continue to explore the different needs for individuals and groups and make bespoke plans to meet their individual needs.

access for all.

Religion – Where possible training will be delivered in neutral venues. Where training is delivered in a non-neutral venue a similar event will be scheduled in a venue appropriate to those with a different religious affiliation.

Political opinion – Where possible training will be delivered in neutral venues. Where training is delivered in a non-neutral venue a similar event will be scheduled, in a venue appropriate to those with a different political opinion.

Marital Status - Sources of support will be identified and provided throughout the training, including the opportunity to speak with the trainer should any issues arise. This will include support available from the organisation and self-care measures.

Dependent status - Times of training sessions will be varied with both Levels One and Two being provided at different times to facilitate those with caring responsibilities. As mentioned above, e-learning will allow flexibility for individuals with caring responsibilities.

Support strategies and personal wellbeing strategies will be explored

<p>throughout the training. Signposting will be available for participants in relation to local and organisational support services.</p> <p>Disability – Training will be delivered in accessible premises which are disability friendly. A variety of learning styles will be accommodated through use of flip charts, video, group discussion and power point presentations. Materials will be required to be available in large print to facilitate individuals with a visual impairment. Individuals who are deaf will have a sign language interpreter made available if requested. Additional time will be given to ensure those with a disability have adequate time to complete pre and post training questionnaires.</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?

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	N/A	
Political Opinion	N/A	
Ethnicity	N/A	

(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

The additional needs have been considered and highlighted and actions are in place to mitigate against these.

(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
Not at this time	Information from disabled individuals will be collected and their opinions considered in further developments of the project.

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?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
N/A	N/A

(5) CONSIDERATION OF HUMAN RIGHTS

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

ARTICLE	Yes/No
Article 2 – Right to life	NO
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	NO
Article 4 – Right to freedom from slavery, servitude & forced 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 punishment without law	NO
Article 8 – Right to respect for private & family life, home & 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 convention rights	NO
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	NO
1 st 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?

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			

** 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
Data will be collected on all section 75 groups, to get attitudes and test skills. This data will be collected through pre and post training questionnaires.	Monitoring will include the numbers of individuals and advocacy organisations supporting people with disabilities who have fed into the development of the training programme and policy.	N/A

Approved Lead Officer:

Helen McKenzie

Position:

Project Lead

Date:

4th July 2019

Policy/Decision Screened by:

Stephanie Thompson

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

Template produced June 2011

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 the Business Services Organisation's Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 90535531 (for Text Relay prefix with 18001); fax: 028 9023 2304