Equality and Human Rights Screening Template

The Safeguarding Board for Northern Ireland (SBNI) 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?

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality Portal - Screening Resources & Evidence**.**

For advice and support on screening contact:
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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

Trauma Informed Toolkit - Embedding a Trauma Informed Approach within Organisations and Systems

1.2 Description of policy or decision

As one of its work streams, the SBNI has developed an extensive range of work on the area of trauma informed practice and approaches over the last six years. This includes a focus on adverse childhood experiences and trauma across the lifespan.

One recent outcome of this work has been the development of a trauma informed organisational toolkit on embedding trauma informed approaches, based on the local and international evidence base, existing learning, valuable insights from people with lived experience and good practice from the NI context.

Aim:
The aim of this toolkit is to help organisations in Northern Ireland (NI) identify opportunities to embed trauma informed approaches across policy and practice.

Objective:
The objective of this toolkit is to help leaders, workforces, services and organisations identify and reflect on progress, strengths and opportunities for embedding a trauma informed approach across policy and practice. It aims to complement existing organisational priorities, driving improvement, innovation and sustainable change.

Intention:
The toolkit will:

- illustrate how trauma informed approaches can be embedded across organisations
- build awareness of what the six trauma informed principles are and how to apply them
- highlight the evidence base on the benefits, barriers and enablers to a trauma informed approach

- showcase case studies and examples from across NI
- include a practical self-assessment checklist, structured on the ten focus areas
- walk people through each aspect on your journey to becoming a trauma informed organisation.

The goal is that this toolkit will assist in building the shared understanding, language and aspiration that we can all play a part in supporting organisations on their trauma informed journey.

1.3 Main stakeholders affected (internal and external)

Internal:

- SBNI Independent Chair
- SBNI Member Bodies (21)
- SBNI Independent Persons (5)
- SBNI Partner Agencies
- SBNI Statutory and Non-Statutory Committees
- Those other safeguarding and child protection agencies who sit on the five local SBNI Safeguarding Panels
- Those organisations whose goods and services are commissioned by the SBNI
- SBNI Director of Operations
- SBNI Professional Officers (X3) (1 Temporary Secondment; 1 Agency Temporary)
- SBNI TIP Implementation Managers (X4) (Temporary Secondments)
- SBNI Online Safety Coordinator (Fixed-Term Temporary Appointment)
- SBNI Business Support Manager (P/T) (Agency Temporary)
- SBNI Office Manager/Board Secretary
- SBNI Business Support Officers (X4)

External:

- Children and Young People
- Their families and carers
- Wider Public
- Department of Health (as the SBNI sponsor department)
- Public Health Agency (as the SBNI corporate host)
- Business Services Organisation Equality Unit (as the SBNI Equality Partner).

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

Internal:

- Safeguarding Board Act (Northern Ireland) 2011
- SBNI (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2012
- SBNI Terms of Reference 2012
- SBNI Strategic Plan 2022 – 2026
- SBNI Annual Report 2023-2024
- SBNI Safeguarding Statistics Snapshot 2021-2022
- SBNI Corporate Annual Business Plan 2024-2025
- SBNI Communications Strategy 2021-2024
- SBNI Engagement Strategy 2021-2023
- SBNI Child Safeguarding Learning and Development Strategy and Framework 2023
- The SBNI Equality and Disability Action Plans 2023-2028

External:

- DHSSPS Guidance to the Safeguarding Board for Northern Ireland 2014
- DHSSPS May 2015 - Co-operating to Safeguard Children and Young People in Northern Ireland Policy Document
- Department of Health August 2017 - Co-operating to Safeguard Children and Young People in Northern Ireland Policy Document
- NI Executive's Children and Young People's Strategy 2020-2023
- Programme for Government Framework draft Outcomes Framework Consultation 2024
- OFMDFM 2009 – Safeguarding children: a cross-departmental statement on the protection of children and young people
- Department of Health Mental Health Strategy 2021-2031
- End Violence Against Women and Girls (EVAWG): Strategic Framework
- Child Criminal Exploitation
- Strategy for Victims and Survivors of the Troubles/Conflict
- Stopping Domestic and Sexual Violence and Abuse in Northern Ireland Strategy.
- Modern slavery and human trafficking strategy 2024-27
- UNCRC and International Conventions
- Children (Northern Ireland) Order 1995
- Co-operating to Safeguard Children & Young People in NI (2016)
- Children's Services Cooperation Act 2015
- Department of Health NI: Making Life Better Framework (2013-2023)
- Department of Health NI Anti-Poverty Practice Framework for Social Work in NI (2018)
- Department of Health NI: Improving and Safeguarding Social Wellbeing: A Strategy for Social Work (2012-2022)
- Department of Health NI: Health and Wellbeing 2026-Delivering Together
- Department for Communities Draft Social Strategy/Poverty Strategy for NI

- Department for Justice NI: Strengthening Family Relations Strategy (2019)
- PHA Expansion of Community Development Approaches (2018)
- PHA Infant mental Health Framework for NI (2016)

(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.

- SBNI Statistics Snapshot 2020-2021 and 2021-2022
- SBNI Annual Report 2023-2024
- Articles 8 and 6 Humans Rights Act 1998
- 2021 Census published by the Northern Ireland Statistics and Research Agency
- Northern Ireland Statistical Research Agency Mid-Year Population Estimates for Northern Ireland 11 June 2021 release
- Department of Health Children's Social Care Statistics for Northern Ireland 2019-2020
- Department of Education School Enrolments 2020-2021 statistical bulletins
- NI Young Life and Times Survey 2019 – Religion
- https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland
- https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2019
- Registrar General Annual Report for NI 2020. Available at https://www.nisra.gov.uk/system/files/statistics/RG%20Annual%20Report%202020%20Accessible.pdf
- https://www.nspcc.org.uk/about-us/news-opinion/2022/online-grooming-crimes-rise/

Equality Commission for NI (2022) Shadow Report from the Equality Commission for Northern Ireland to the Advisory Committee for the Framework Convention for the Protection of National Minorities on the Fifth Monitoring Report of the United Kingdom.

SBN

Available at:

https://www.equalityni.org/ECNI/media/ECNI/Publications/Delivering%20Equality/AdvisoryCommittee-FCNM-5thMonitoringReportUK.pdf?ext=.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.

Category	***What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	**General population:** 1,903,175 – people in Northern Ireland 967,043 (50.8%) – female 936,132 (49.2%) – male **SBNI Statistics**: 2,298 – Children on the Child protection Register • 1220 Males • 1087 Females 3,281 Children in Care of HSC Trusts (LAC) • 53% Male • 47% Female **Population Statistics:** There is a higher level of disability among adult females (23%) compared to adult males (19%). Girls (4%) are less likely to be disabled than boys (8%). • Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females; • 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age. Transgender Research suggests for the Northern Ireland population as a whole: • 140-160 individuals are affiliated with transgender groups • 120 individuals have presented with Gender Identity Dysphoria • There are more trans women than trans men living in Northern Ireland. . (McBride, Ruari Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.) The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and service users, based on the information that 7

	GIRES assembled for the Home Office (2011) and subsequently updated (2014): • gender nonconforming to some degree (1%) • likely to seek medical treatment for their condition at some stage (0.2%) • receiving such treatment already (0.03%) • having already undergone transition (0.02%) • having a GRC (0.005%) • likely to begin treatment during the year (0.004%). 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 youngsters 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 n=1,810,900 (Census 2011): • 18109 people who do not identify with gender assigned to them at birth • 3622 likely to seek treatment • 362 have undergone transition • 91 have a Gender Recognition Certificate
Age	**General Population** Age profile of the NI population (Census 2021): Age band Population Percentage 0-14 365,200 19.2% (15-64 1,211,500 63.7%) 15-39 594,400 31.2% 40-64 617,100 32.4% (65+ 326,500 17.2%) 65-84 287,100 15.1% 85+ 39,400 2.1% All ages 1,903,200 100% Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+); As the population ages, so does the likelihood of having a disability that limits the day to day activities 'a lot'. Figures from 2011 Census of people who are limited a lot by their disability are as follows within the following categories; Male 0-15 – 3% 16-44 – 5% 45 – 64 – 16%

	65 and over – 33% Female 0 – 15 – 2% 16 – 44 – 5% 45 – 64 – 17% 65 and over – 38% Overall there are greater proportions of older people with a disability**.** **SBNI Statistics:** 438,384 – children under 18 years old (23% of total NI population) • 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% 24,289 – Children known to Social Services as a Child in Need 3,281 Children in Care of HSC Trusts (LAC) 2,298 – Children on the Child Protection Register 342,700 – pupils in schools 173,856 – pupils in primary schools 145,085 – pupils in post-primary schools 23,759 – pupils in funded pre-school education
Religion	Census 2021 Current Religion • ‘no religion’ (17.4%) • ‘religion not stated’ (1.6%) • Catholic (42.3%) • Presbyterian Church in Ireland (16.6%) • Church of Ireland (11.5%) • Methodist (2.4%) • Other Christian denominations (6.9%) • Other non-Christian Religions (1.3%). Religion/religion of upbringing (Number - Percentage) Catholic 869,800 45.7% Current religion 805,200 42.3% Religion of upbringing 64,600 3.4% Protestant and other Christian (including Christian related) 827,500 43.5% Current religion 711,000 37.4% Religion of upbringing 116,600 6.1% Other religions 28,500 1.5% Current religion 25,500 1.3% Religion of upbringing 3,000 0.2% None 177,400 9.3% All usual residents 1,903,200 100.0%

	The NI Young Life and Times Survey 2020-2021, for those who responded to belonging to a religion, gave the following percentages: Church of Ireland (Anglican) 7% Catholic 60% Presbyterian 19% Methodist 2% Baptist 2% Free Presbyterian 2% Brethren 1% Muslim 2% Other 6%
Political Opinion	Census 2021 National identity (nationality based) (Number – Percentage) • British 814,600 42.8% • Irish 634,000 33.3% • Northern Irish 598,800 31.5% • English 16,800 0.9% • Scottish 10,200 0.5% • Welsh 2,000 0.1% • Other national identities 113,400 6.0% National identity (person based) (Number – Percentage) • British only 606,300 31.9% • Irish only 554,400 29.1% • Northern Irish only 376,400 19.8% • British & Northern Irish only 151,300 8.0% • Irish & Northern Irish only 33,600 1.8% • British, Irish & Northern Irish only 28,100 1.5% • British & Irish only 11,800 0.6% • English only/Scottish only/Welsh only 16,200 0.9% • Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6% • Other national identities 113,400 6.0% • Polish only 23,900 1.3% • Lithuanian only 11,900 0.6% • Romanian only 7,100 0.4% • Portuguese only 6,900 0.4% • Bulgarian only 4,300 0.2% • Indian only 4,100 0.2% • Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7% • Other national identities 42,600 2.2% • All usual residents 1,903,200 100.0%
Marital Status	Northern Ireland Life and Times (2018)

	• Single (never married) 32% • Married and living with husband/wife 51% • A civil partner in a legally-registered civil partnership 0% • Married and separated from husband/wife 3% • Divorced 6% • Widowed 7% Please note: Census 2021 data relating to marital status has not yet been released (as of the date of this screening) Data from the 2011 Census informs us that: • Married 47.56% • Single never married 36.14% • Separated 3.98% • Divorced 5.45% • Same Sex Civil Partnership 0.09% • Widowed or Surviving partner from SSCP 6.78 % NB: the SBNI considers these as relevant for children and young people as they relate to aspects of identity, adversity, masculinity and understanding of social norms.
Dependent Status	Census 2021 Table 17: Provision of unpaid care ('Provision of unpaid care' covers looking after, giving help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age. It excludes any activities carried out in paid employment.) Northern Ireland All usual residents aged 5 and over 1,789,348 Percentage of usual residents aged 5 and over who provide: No unpaid care 87.58% 1-19 hours unpaid care per week 5.63% 20-34 hours unpaid care per week 1.38% 35-49 hours unpaid care per week 1.57% 50+ hours unpaid care per week 3.84% Information from Carers NI suggests that: • 1 in every 8 adults is a carer • 2% of 0-17 year olds are carers, based on the 2011 Census • There are approximately 220,000 carers in Northern Ireland • Any one of us has a 6.6% chance of becoming a carer in any year

	• One quarter of all carers provide over 50 hours of care per week People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • 64% of carers are women; 36% are men. **Carers NI (State of Caring 2022 report)** There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.) Of those participating in the survey… • 82% identified as female and 17% identified as male. • 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+. • 24% have a disability. • 98% described their ethnicity as white. • 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role. • 56% are in some form of employment and 18% are retired from work. • 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year. • 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week. • 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people. It may be concluded that a considerable share of people with a disability are carers themselves.

Disability	**Census 2021** Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are: Limited a lot – 11.45% Limited a little – 12.88% Not limited – 75.67% ('Day-to-day activities limited' covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.) The breakdown of the various long-term conditions as outlined in the 2021 Census is:

Type of long-term condition	**Percentage of population with condition %**
Deafness or partial hearing loss	5.75
Blindness or partial sight loss	1.78
Mobility of Dexterity Difficulty that requires wheelchair use	1.48
Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 people per 2,000.

Research using data from 2011 (Getting and staying in work - LLTI 2001 - Research Report (nisra.gov.uk)) suggests that

- The disability employment gap in 2011 was 52.3 percentage points (pps) – the difference in employment rate between those with (31.4%) and without

Ethnicity	**Equality** In the general population the 2021 Census indicated that 3.4% (65,600) of the us population belonged to minority ethnic groups. **Ethnic Group** Ethnic Group Number Percentage

White 1,837,600 96.6%
Minority Ethnic Group 65,600 3.4%
Black 11,000 0.6%
Indian 9,900 0.5%
Chinese 9,500 0.5%
Filipino 4,500 0.2%
Irish Traveller 2,600 0.1%
Arab 1,800 0.1%
Pakistani 1,600 0.1%
Roma 1,500 0.1%
Mixed Ethnicities 14,400 0.8%
Other Asian 5,200 0.3%
Other Ethnicities 3,600 0.2%
All usual residents 1,903,200 100.0%

Country of birth

Country of birth Number Percentage
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 United Kingdom and Ireland 124,300 6.5%
Europe (other EU countries) 67,500 3.5%
Europe (other non-EU countries) 3,700 0.2%
Other Countries in the World 53,100 2.8%
All usual residents 1,903,200 100.0%

Main language of usual residents aged 3 and over

Main language Number Percentage
English 1,751,500 95.4%
Main language not English 85,100 4.6%
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 languages 32,200 1.8%
All usual residents aged 3 and over 1,836,600 100.0%

Figures from the 2011 Census provide the prevalence of disability am
following ethnic groups

Percentage of those whose disability limits their day to day activities a lot

All – 12%
Irish Traveller – 20%
White other – 12%
Chinese – 3%
Indian – 3%
Pakistani – 6%
Bangladeshi – 4%
Other Asian – 2%

Considering the 2011 Census figures for the ethnic composition of the General P alongside those of People whose disability limits their day to day activities a lot, it with the exception of Irish Travellers, black and minority ethnic people are underr amongst those with a disability when compared with their share amongst the gen population.

White – 98.21% (1, 778, 449) – 99.40%
Chinese – 0.35% (6, 338) – 0.10%
Irish Traveller – 0.07% (1, 268) – 0.12%
Indian – 0.34% (6, 157) – 0.08%
Pakistani – 0.06% (1, 087) – 0.03%
Bangladeshi – 0.03% (543) – 0.01%
Other Asian – 0.28% (5, 070) – 0.03%
Black Caribbean – 0.02% (362) – 0.01%
Black African – 0.13% (2354) – 0.03%
Black Other – 0.05% (905) – 0.02%
Mixed – 0.33% (5976) – 0.10%
Other – 0.13% (2354) – 0.08%

The five most popularly requested languages in HSC settings (as reported by the HSC Translation Service) 1st July – 30th September 2021 were:
1. Polish (4515 requests);
2. Arabic (3518 requests);
3. Lithuanian (2382 requests);
4. Romanian (2316 requests) and
5. Bulgarian (1516 requests)

Department of Education School Enrolments 2019-2020 statistical bulletins: Schools are increasingly becoming more ethnically diverse. There are more than 17,500 pupils in schools in Northern Ireland recorded as “non-white”, and this represents 5.0% of the school population. A newcomer pupil is one who has enrolled in a school but who does not have the satisfactory language skills to participate fully in the school curriculum. In 2019/20, there were nearly 17,400 newcomer pupils accounting for 5.0% of the school population. This has risen by nearly 5,500 pupils from five years prior. The growth in diversity in the school system may be explained by increased levels of migration among school age children over the last number of

	years. The top languages spoken by newcomers are: Polish, Lithuanian and Portuguese
Sexual Orientation	[Please note: Census 2021 data relating to sexual orientation has not yet been released (as of the date of this screening)] 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. Between 2005 and 2017, there were 1202 recorded Civil Partnerships regionally. However, this is not indicative of the LGB population 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. **ONS Sexual Orientation 2019 (released May 2021)** • An estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019, an increase from 2.2% in 2018. • Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2019 (6.6% of all 16 to 24 year olds, an increase from 4.4% in 2018); older people (aged 65 years and over) also showed an increase in those identifying as LGB, from 0.7% to 1.0% of this age category.

2.3 Qualitative Data

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

Target Audience

The target audience for this organisational toolkit on implementing trauma informed approaches, is the SBNI member agencies, partners and any organisation, team or service across the statutory, community or voluntary sectors. It is designed specifically for NI, which has its own unique structure and history. The use of this toolkit, in helping to embed trauma informed approaches will improve outcomes for service user, for staff and organisations.

This toolkit highlights the need to embed trauma informed principles and values throughout an organisation. The six principles are the very foundation of achieving equality and good relations within organisations and across society. These are: safety, inclusion, trustworthiness, collaboration, choice and empowerment.

Safety is promoted by: doing 'with', and not 'to' people; informing people about processes, creating predictability; asking how people want to be addressed; being mindful of our tone of voice, verbal and non-verbal communication and facial expression; making physical spaces safe, comfortable, calming and welcoming; having clear lines of sight towards exits; ensure confidentiality, privacy and dignity at all times; providing clear and easy to understand signage.

Inclusion is promoted by: fulfilling the Section 75 requirements; incorporating policies, protocols and processes that are responsive to the needs of individuals served; acknowledging cultural stereotypes and biases; understanding, recognising and embracing difference; acknowledging the impact being excluded can have; promoting inclusive and accessible services; promote shared services to enhance commonalities; recognising the healing value of connection and relationships.

Trustworthiness is promoted by: committing to open and honest communication; ensuring those with lived experience are at the centre; establishing boundaries; building trusting relationships; identifying and setting expectations; providing transparency for everyone; outlining roles and responsibilities from the outset; explaining what we are doing and why; setting realistic and achievable goals; managing expectations and not overpromising.

Collaboration is promoted by: using formal and informal peer support and mutual self-help; asking service users and staff what they need and collaboratively considering how these needs can be met; focusing on working alongside and actively involving service users in the delivery of services; considering sharing knowledge and skills across the organisation, the sector and with other sectors; identifying and addressing gaps in partnership; working together to avoid duplication internally and externally.

Choice is promoted by: listening to the needs and wishes of individuals and staff; offering clear and transparent options; ensuring service users and staff have a voice in the decision-making process of the organisation and its services

Empowerment is promoted by: validating feelings and concerns of individuals; supporting people to make decisions and take action; providing a platform for individuals to feel listened to and understood; implementing recommended change and sharing this with people who have shaped the change; promoting the learning and development of our staff; ensuring everyone involved in the organisation has time to understand the change and why it is important.

Category	*Needs and Experiences*
Gender	Trauma experiences can impact on both males and females. However, this toolkit acknowledges an understanding of how Trauma Informed Approaches (TIAs) take account of structural issues and inequalities and their intersection with gender issues. A TIA is thought to enhance capacity to engage with some of the more challenging areas of development for an organisation such as gender considerations, which might have been previously avoided.
Age	This toolkit is aimed at helping embed a TIA within organisations, communities, families and for individuals across the lifespan. This includes staff using the toolkit and service users benefitting as a result of trauma informed services provided. Research findings have found evidence of transgenerational impact of trauma in families as a result of the conflict in Northern Ireland.
Religion	Trauma can affect adults, children and young people, irrespective of religious group or faith sector. It is not unique to any one group. However, there must be cognisance taken of the potential for some faith sectors, because of particular belief systems, to be less likely to speak openly about traumatic experiences, and therefore, less likely to seek support.
Political Opinion	Trauma can occur within and across differing political opinions. People who experience discrimination because of their political opinion may be more at risk of experiencing trauma. This toolkit recognises the potential benefits for TIA implementation to better inform wider public sector planning and delivery, including an enhanced focus on the need for a trauma informed response for all, particularly in the context of NI's history of political conflict and trauma prevalence. It is acknowledged that some of the NI population may have suffered more than others as a result of their own political opinion or that of their community.
Marital Status	There is no evidence of a differential impact on the grounds of marital status.

Dependent Status	Parental psychological wellbeing can have a major impact on children. Studies indicate that reduced parental psychological wellbeing, perhaps as a result of traumatic experiences, increases the risk of children developing behavioral, social, emotional and educational problems. This toolkit acknowledges the existence of transgenerational trauma based of evidence, and the impact of trauma in families, especially as a result of the conflict in Northern Ireland. This toolkit provides an opportunity for a better understanding of trauma and its impact on parenting confidence, caregiver strain/stress, family safety and caregiver capacities.
Disability	This toolkit acknowledges an understanding of how TIAs take account of structural issues and their intersection with disability. A TIA is thought to enhance capacity to engage with some of the more challenging areas of development for an organisation such as disability considerations, which might have been previously avoided. The promotion of a trauma informed culture includes promoting positive attitudes towards people with disabilities and encouraging participation by people with disabilities in public life. This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities (such as sight loss or hearing loss); autism; learning disabilities; dyslexia; mental health conditions (such as depression); or conditions that are long-term (such as cancer or diabetes). Some of these disabilities may be hidden, others may be visible. Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy.
Ethnicity	This toolkit acknowledges an understanding of how TIAs take account of structural issues and their intersection with ethnicity.

	A TIA is thought to enhance capacity to engage with some of the more challenging areas of development for an organisation such as ethnicity considerations, which might have been previously avoided. Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy
Sexual Orientation	A TIA is thought to enhance capacity to engage with some of the more challenging areas of development for an organisation such as sexual orientation considerations, which might have been previously avoided.

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.

N/A

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?***
The graphic designer of the toolkit ensured the design of the toolkit complied with	Ensure that the toolkit is available in alternative formats or reasonable adjustments

legislation. Each image provides a description when the mouse is hovered over it. Font size is compliant. Colours/contrast are suitable for those with visual impairments. Users of services were consulted for their comments on images/amount of text/colours used etc and modifications made as a result of this consultation. There was initial consultation with the Equality Unit who commented on political images/perceived political images, therefore inclusive images were used and/or designed regarding race, gender, age, disabilities. When the pdf of the Toolkit is downloaded the text can be read aloud on a PC.	are provided for those who need them in relation to any training associated with the toolkit.

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	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	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	
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.

This toolkit is technical in nature and has no impact on equality of opportunity and/or good relations for people within the equality and good relations categories.

(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?***
The graphic designer ensured we complied with legislation. Each image has a description when the mouse is	Where user feedback, or new research/knowledge, suggests accessibility to the toolkit can be

hovered over it. Font size complies and colours/contrast are suitable for those with visual impairments. There was consultation with users of services, taking on board their comments on images/amount of text/colours use etc, and modified accordingly. There was also consultation with the Equality Unit who commented on political images/perceived political images. Inclusive images were used and/or designed with regards to race, gender, age, disabilities. Once the pdf of the Toolkit is downloaded the text can be read aloud on a PC.	enhanced to better encourage disabled people to participate in public life, this will be considered.

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?***
This toolkit highlights the expectation to include people with any type of disability, whether for example, physical disabilities; sensory disabilities (such as sight loss or hearing loss); autism; learning disabilities; dyslexia; mental health conditions (such as depression); or conditions that are long-term (such as cancer or diabetes). Some of these disabilities may be hidden, others may be visible. Creating a trauma informed culture is about everyday behaviours and interactions. It is about how we do our business and how the six principles of a trauma informed approach are infused	Feedback from users of the toolkit, and others who wish to use it but feel they are unable to, will be reviewed and acted upon accordingly.

into everything we do. The six principles of safety, trustworthiness, choice, collaboration, empowerment and inclusion need to be embedded into our interactions and engagements through language, tone and written communications. This will help us harness compassionate and supportive relationships, and will improve the culture in our work environments and communities.	

(5) CONSIDERATION OF HUMAN RIGHTS

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

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

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

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

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

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

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

N/A

(6) MONITORING

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

Equality & Good Relations	Disability Duties	Human Rights
Evaluation of the toolkit by member agencies and others Number of member agencies and others completing evaluations of the toolkit Number of member agencies and others who evaluated the **use of the toolkit** positively or negatively Trauma Informed Toolkit Evaluation	Evaluation of the toolkit by member agencies and others Number of member agencies and others completing evaluations of the toolkit Number of member agencies and others who evaluated the use of the toolkit positively or negatively Trauma Informed Toolkit Evaluation	Evaluation of the toolkit by member agencies and others Number of member agencies and others completing evaluations of the toolkit Number of member agencies and others who evaluated the use of the toolkit positively or negatively Trauma Informed Toolkit Evaluation

Approved Lead Officer: Helen McKenzie

Position: Professional Officer

Date: 31 January 2025

Policy/Decision Screened by: Jacqui Montgomery-Devlin

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:

email: Equality.Unit@hscni.net