

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

SBNI Trauma Informed Practice training modules review including:

1. Trainer's manual and accompanying presentations, 3rd edition published in 2022
2. The online modules which serve as brief introductions to the full facilitated modules. This includes a change in technical format to a URL link easily hosted on a range of websites of SBNI & TIP member agencies and partners.

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)**

As one of its work streams, the SBNI has developed an extensive range of work on the area of Trauma Informed Practice (TIP) and Approaches (TIA) over the last six years. Training resources were originally developed in 2019 and have been reviewed minimally with the latest review occurring in 2022. A further review is required and this will incorporate the review of the introductory online modules which includes moving them to a platform more easily accessible by phones. It will involve a review of all training content in the training modules and of the trainer's manual which is designed to support trainers to deliver the facilitated modules (both of 3 hours duration) following successful completion of a Trauma Informed 'Training for Trainers' course. These training resources will complement the recent development of a trauma informed organisational toolkit on embedding a trauma informed approach, based on the local and international evidence base, existing learning, valuable insights from people with lived experience (workforce and services users across all sectors) and good practice from the

NI context.

Aim:

To update and improve content of training modules and trainer's manual especially regarding evolving language, practice and evidence base in the field of adversity and trauma.

Objectives:

- Incorporate recent and emerging (February 2025) Northern Ireland specific research regarding prevalence of adverse childhood experiences in the NI adult population as well the international evidence bases which are constantly growing.
- Ensure language reflects the journey in this field of work
- Provide up to date resources for trainers in order for them to confidently deliver meaningful and impactful training to their respective workforces.
- Ensure the online introductory modules are updated in line with modern technology and ensure there is wider access to the materials i.e through platforms accessible by phone technology.

This aim and these objectives will be achieved through using a mixed method approach conducted by 2 implementation managers of the TIP team with a range of stakeholders who will include:

- trainers who deliver the existing materials (from justice, social care, health, community, voluntary and education sectors)
- lived experience experts/users of services will also be asked their views (although the training is for workforces)
- practitioners who deliver trauma specific services will also be consulted although the content is broad based and serves as a foundation to specialist knowledge/skills.
- students on professional training courses and trainees
- adults with care experience.

Constraints:

1. Time is the major constraint as deadline for the completed review is end of March 2025 and we are required to fulfil a range of duties associated with the work of the team as well conducting this review.
2. Further constraint is the budget, however, quotations are being sought from providers and a value for money and quality justification approach will be taken. The quotations being submitted are in line with the budget. Printing costs of physical resources can extend into the next financial year if necessary.
3. Gaining access to those who use and receive services has been sought and received from 3 distinct groups of individuals: men residing in a probation hostel; young women who are parents, and experiences include being in care and engaging with specialist and universal services; young people under 18 who are engaged in youth work and community mental health support services. Further consultation is constrained by deadlines.
4. Further constraints exist in terms of ensuring the training is accurate, informed and maintains a universal approach i.e. not becoming too specialised, ensuring the key audience training needs are addressed (i.e. workforces of the health, social care, education, justice, community and voluntary sectors.)

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

The existing TIP trainers, trained since 2019, will be the initial stakeholders affected. However, the aim is then that they use the content to influence beyond their organisation and some lead trainers will then be skilled up to train their own trainers as a model of sustainability. The workforces will be from all sectors with the aim that practice and the embedding of a TIA impacts positively on all those who use any service in NI whether universal or specific. All SBNI member agencies have TIP trainers in their workforces, however, the remit of the TIP team and the relevance of the training content extends across the lifespan and is, therefore, influencing beyond those agencies who work directly with children and families.

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

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

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
- HSC Workforce [Northern Ireland HSC Workforce Census March 2024 - GOV.UK](#)
- [EQUALITY STATISTICS FOR THE NORTHERN IRELAND CIVIL SERVICE 2024](#)
- <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.

Available at:

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

In addition:

Evaluations from practitioners, students, trainees who have participated in training sessions.

Trainers themselves regarding what is effective, what they do to make it applicable and relevant to their audience.

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	<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>General population: 1,903,175 – people in Northern Ireland 967,043 (50.8%) – female 936,132 (49.2%) – male</p> <p>SBNI Statistics: 2,298 – Children on the Child protection Register</p> <ul style="list-style-type: none"> • 1220 Males • 1087 Females <p>3,281 Children in Care of HSC Trusts (LAC)</p> <ul style="list-style-type: none"> • 53% Male • 47% Female <p>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%).</p> <ul style="list-style-type: none"> • 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. <p>Transgender Research suggests for the Northern Ireland population as a whole:</p> <ul style="list-style-type: none"> • 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. <p>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):</p> <ul style="list-style-type: none"> • 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%)

	<ul style="list-style-type: none"> • having already undergone transition (0.02%) • having a GRC (0.005%) • likely to begin treatment during the year (0.004%). <p>The numbers who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among 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).</p> <p>Workforce statistics available at time of screening:</p> <p>1. Health and Social Care workforce (March 2024 statistics) consisted of 66,119 WTE (whole time equivalent) members of staff employed across 75,069 active posts.</p> <p>26.7% of the HSC workforce are registered nurses and midwives (17,622 WTE)</p> <p>6.5% nursing & midwifery support</p> <p>13.4% social services staff (excluding domiciliary care)</p> <p>7.9% medical & dental</p> <p>1.8% ambulance</p> <p>19.9% admin & clerical</p> <p>1.2% estates services</p> <p>7.6% support services</p> <p>15% professional & technical</p> <p>Of these staff:</p> <p>78% were female</p> <p>22% male</p> <p>NICS (NI Civil Service) Equality statistics (January 2024)</p> <p>50.2% of workforce was female.</p> <p>0.6% are from a minority ethnic group (economically active population is 3%).</p> <p>Community and Voluntary sectors</p> <p>No statistics were found to inform this screening.</p> <p>Education: 2024 census:</p> <p>number of fulltime equivalent teachers is 19,893.6; teacher headcount is 21,513.</p> <p>4916 were male (23%)</p>
Age	<p>General Population</p> <p>Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage</p>

	<p>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%</p> <p>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.</p> <p>Workforces: HSC March 2024 census: the largest age band in the workforce was 35-39 years with 8104, the smallest numbers were under 25 years (2,814) and 65+ (1,168). NICS (NI Civil Service) Equality statistics (January 2024) Median age of staff in NICS is 47 years old; 37.4% are 16-34 years; 17.2% are 55 years+.</p> <p>Education: June 2024 Median age of teachers is 42.7 years 12% of teachers are under 30 years.</p>
Religion	<p>Census 2021 Current Religion</p> <ul style="list-style-type: none"> • '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%). <p>Religion/religion of upbringing (Number - Percentage)</p>

	<p>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%</p> <p>The NI Young Life and Times Survey 2020-2021, for those who responded to belonging to a religion, gave the following percentages:</p> <table> <tr> <td>Church of Ireland (Anglican)</td><td>7%</td></tr> <tr> <td>Catholic</td><td>60%</td></tr> <tr> <td>Presbyterian</td><td>19%</td></tr> <tr> <td>Methodist</td><td>2%</td></tr> <tr> <td>Baptist</td><td>2%</td></tr> <tr> <td>Free Presbyterian</td><td>2%</td></tr> <tr> <td>Brethren</td><td>1%</td></tr> <tr> <td>Muslim</td><td>2%</td></tr> <tr> <td>Other</td><td>6%</td></tr> </table> <p><u>Workforces:</u> Health & Social Care: March 2024 census did not provide data re religion of workforce NICS (NI Civil Service) Equality statistics (January 2024) 50.1% of workforce are Catholic background Community & Voluntary sectors: Education: the 2024 census did not provide this data.</p>	Church of Ireland (Anglican)	7%	Catholic	60%	Presbyterian	19%	Methodist	2%	Baptist	2%	Free Presbyterian	2%	Brethren	1%	Muslim	2%	Other	6%
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Political Opinion	<p>Census 2021 National identity (nationality based) (Number – Percentage)</p> <ul style="list-style-type: none"> 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% <p>National identity (person based) (Number – Percentage)</p> <ul style="list-style-type: none"> 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% 																		

	<ul style="list-style-type: none"> • 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% <p>The workforce data did not provide this information.</p>
Marital Status	<p>Northern Ireland Life and Times (2018):</p> <ul style="list-style-type: none"> • 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% <p>Please note: Census 2021 data relating to marital status has not yet been released (as of the date of this screening)</p> <p>Data from the 2011 Census informs us that:</p> <ul style="list-style-type: none"> • 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 % <p>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.</p>
Dependent Status	<p>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.)</p> <p>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%</p>

	<p>20-34 hours unpaid care per week 1.38%</p> <p>35-49 hours unpaid care per week 1.57%</p> <p>50+ hours unpaid care per week 3.84%</p> <p>Information from Carers NI suggests that:</p> <ul style="list-style-type: none"> • 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. <p>Carers NI (State of Caring 2022 report)</p> <p>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.)</p> <p>Of those participating in the survey...</p> <ul style="list-style-type: none"> • 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. <p>It may be concluded that a considerable share of people with a disability are carers themselves.</p>						
Disability	<p>Census 2021</p> <p>Out of all usual residents (n=1,903,179) the percentage whose day-to day activities are:</p> <p>Limited a lot – 11.45%</p> <p>Limited a little – 12.22%</p> <p>Not limited-75.67%</p> <p>(NB 'day-to-day activities limited' covers any health problems or disability I including problems relating to old age) which has lasted or is expected to last for at least 12 months.)</p> <p>The breakdown of the various long-term conditions in the census 2021 is:</p> <table border="1"> <thead> <tr> <th>Type of long-term condition</th><th>Percentage of population with condition</th></tr> </thead> <tbody> <tr> <td>Deafness or partial hearing loss</td><td>5.75%</td></tr> <tr> <td>Blindness or partial sight loss</td><td>1.78</td></tr> </tbody> </table>	Type of long-term condition	Percentage of population with condition	Deafness or partial hearing loss	5.75%	Blindness or partial sight loss	1.78
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Deafness or partial hearing loss	5.75%						
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	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																																							
	<p>The rare Disease Partnership www.nirdp.org.uk suggests that 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 NI. A 'disease' is 'rare' if it affects fewer than 1 person in 2000.</p> <p>Research using data from 2011 (Getting and staying in Employment: Limiting long-term illness (Ijpelaar & Hughes; 2023) suggest that the disability employment gap was 52.3 percentage points (pps) - the difference in employment rate between those with (31.4%) and without a long-term health problem or disability (83.7%) of the household population aged 30 to 59 years. The employment gap was noted to range from 14.4 pps for deafness or partial hearing loss to 61.8pps for those with frequent periods of confusion or memory loss.</p> <p>Workforces: <u>NICS (NI Civil Service)</u> Equality statistics (January 2024) 6.1% of staff declared a disability (economically active population is 10.2%)</p>																																								
Ethnicity	<p>In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.</p> <p>Ethnic Group</p> <table> <thead> <tr> <th>Ethnic Group</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>1,837,600</td> <td>96.6%</td> </tr> <tr> <td>Minority Ethnic Group</td> <td>65,600</td> <td>3.4%</td> </tr> <tr> <td>Black</td> <td>11,000</td> <td>0.6%</td> </tr> <tr> <td>Indian</td> <td>9,900</td> <td>0.5%</td> </tr> <tr> <td>Chinese</td> <td>9,500</td> <td>0.5%</td> </tr> <tr> <td>Filipino</td> <td>4,500</td> <td>0.2%</td> </tr> <tr> <td>Irish Traveller</td> <td>2,600</td> <td>0.1%</td> </tr> <tr> <td>Arab</td> <td>1,800</td> <td>0.1%</td> </tr> <tr> <td>Pakistani</td> <td>1,600</td> <td>0.1%</td> </tr> <tr> <td>Roma</td> <td>1,500</td> <td>0.1%</td> </tr> <tr> <td>Mixed Ethnicities</td> <td>14,400</td> <td>0.8%</td> </tr> <tr> <td>Other Asian</td> <td>5,200</td> <td>0.3%</td> </tr> </tbody> </table>		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%
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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 among the 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 Population alongside those of People whose disability limits their day to day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population.

White – 98.21% (1, 778, 449) – 99.40%

	<p>Chinese – 0.35% (6, 338) – 0.10%</p> <p>Irish Traveller – 0.07% (1, 268) – 0.12%</p> <p>Indian – 0.34% (6, 157) – 0.08%</p> <p>Pakistani – 0.06% (1, 087) – 0.03%</p> <p>Bangladeshi – 0.03% (543) – 0.01%</p> <p>Other Asian – 0.28% (5, 070) – 0.03%</p> <p>Black Caribbean – 0.02% (362) – 0.01%</p> <p>Black African – 0.13% (2354) – 0.03%</p> <p>Black Other – 0.05% (905) – 0.02%</p> <p>Mixed – 0.33% (5976) – 0.10%</p> <p>Other – 0.13% (2354) – 0.08%</p> <p>The five most popularly requested languages in HSC settings (as reported by the HSC Translation Service) 1st July – 30th September 2021 were:</p> <ol style="list-style-type: none"> 1. Polish (4515 requests); 2. Arabic (3518 requests); 3. Lithuanian (2382 requests); 4. Romanian (2316 requests) and 5. Bulgarian (1516 requests) <p>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.</p> <p>Workforces: NICS (NI Civil Service) Equality statistics (January 2024) 0.6% are from a minority ethnic group (economically active population is 3%).</p> <p>This data was not provided by DoH for HSC work force nor by DE for Education.</p>
Sexual Orientation	<p>[Please note: Census 2021 data relating to sexual orientation has not yet been released (as of the date of this screening)]</p> <p>There are no accurate statistics on sexual orientation in the population as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual. Between 2005 and 2017, there were 1202 recorded Civil Partnerships regionally. However, this is not indicative of the LGB population</p> <p>A report published by the Rainbow Project (O’Hara, 2013), based on research conducted with more than 500 individuals reported common experiences of invisibility, homophobia/transphobia, and a range of violence from threats to</p>

	<p>physical violence, whether direct or indirect. As a result of their actual or perceived sexual orientation and/or gender identity:</p> <ul style="list-style-type: none"> - 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. <p>ONS Sexual Orientation 2019 (released May 2021)</p> <ul style="list-style-type: none"> • 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.
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2.3 Qualitative Data

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

Target Audience

The target audience for this revision of training materials are workforces across all public sectors, SBNI member agencies but also those who provide services to adults. It is recognised that in our society our workforces have also experienced adversity and trauma as well as those they provide services to therefore this needs to be considered when training is delivered. We also need to take account of our historical and political context and the impact this may have had across all of society.

Category	Needs and Experiences
Gender	<p><u>Participation in eLearning & facilitated learning</u></p> <p>There are no identified issues based on gender in the development of eLearning or of accessing facilitated learning.</p> <p><u>Programme design</u></p> <p>Adversity and trauma are gendered issues. The content must ensure that women, those who are transgender, and non-binary, are recognised as being more vulnerable to adversity and trauma. This impacts both staff and service users. Consideration of imagery and scenarios to ensure there is portrayal of 'traditional' and 'non-traditional' gender roles and work-based gender roles. (e.g. nurses not always</p>

	<p>being portrayed as female).</p> <p>eLearning: no identified issue based on gender in developing of programmes.</p>
Age	<p><u>Participation in eLearning & facilitated learning programmes</u></p> <p>Access to the facilitated training materials is limited to those of working and volunteering age, predominantly 16 years to 67 years, however, the online modules may be accessed more widely. There should not be any issues based on age if training needs, regarding accessing online resources, are supported.</p> <p><u>Programme design</u></p> <p>Age factors are reflected in the content regarding the neuroscience of brain development and the vulnerability of young brains. All ages should be represented in the content, imagery and scenarios. All ages should be presented in images and text content as adverse childhood experiences and trauma can impact across the lifespan.</p>
Religion	<p><u>Participation in eLearning & facilitated learning programmes</u></p> <p>There are no identified issues based on religion in the participation of the training programme.</p> <p><u>Programme design</u></p> <p>Portrayal of, and reference to, a range of religions should be noted in the content. Discrimination by religion in terms of sectarianism should be noted as a potential adverse experience which may cause trauma to both staff and services users.</p> <p>In terms of accessing the content of the eLearning or the facilitated training content there should be effort made to ensure all materials are inclusive of a range of religions and none.</p>
Political Opinion	<p><u>Participation in eLearning & facilitated learning programmes</u></p> <p>There are no identified issues based on political opinion in the participation of the training programme.</p> <p><u>Programme design</u></p> <p>Reference to a range of political opinions should be noted in the content. Discrimination by political opinion should be noted as a potential adverse experience which may cause trauma to both staff and service users.</p> <p>As the workforces will represent a range of political opinions, the NI political context does impact upon the trauma informed content due to the legacy of the Troubles/Conflict and the research regarding transgenerational trauma. Therefore, it is essential that this is portrayed both in equal terms of the perception of 'two communities' but also acknowledging this is not an accurate picture, and that there are many and diverse communities in NI with a range of political opinions.</p>
Marital status	<p>There are no identified issues based on marital status in the development of or participation in eLearning or training modules.</p>
Dependent Status	<p><u>Participation in eLearning</u></p> <p>Participants with dependants could benefit from training via eLearning due to enhanced flexibility as staff can engage with the programme at a</p>

	time that is suitable to them.
Disability	<p><u>Participation in eLearning & facilitated learning</u> Staff with a disability such as a learning difficulty, sight and hearing loss, or motor difficulties will have particular needs in terms of accessibility of eLearning programmes. The programme will comply with legislation throughout including voice notes which will support accessibility and as far as possible be in plain English.</p> <p><u>Programme Design</u> In designing the programme, there will be a need to consider representation of people with disabilities in content, imagery and scenarios. Workers who have visible or hidden disabilities should feel that the content is relevant to them and the people they work with. Images and content need to be aware of disability discrimination and ensure it is sensitive and adhering to legislative guidance. Trauma is, at times, hidden by a disability, and awareness of this needs to be raised and challenged both in the services provided and in broader society. The modules should adhere to legislation regarding accessibility thus ensuring all of the workforce can access the training and its content. The trainer's manual should be available in a format that is accessible for a trainer with a disability to use, with ease. The online modules may increase the amount of 'voice overs' to support accessing the content.</p>
Ethnicity	<p><u>Participation in eLearning & facilitated learning</u> In order to ensure the programme is inclusive of staff with a wide range of proficiency in English, where possible Plain English will be used.</p> <p><u>Programme Design</u> In designing the programme, there will be a need to consider representation of ethnic minorities in content, imagery and scenarios.</p>
Sexual Orientation	<p><u>Participation in eLearning & facilitated learning</u> There are no identified issues based on sexual orientation in the development of eLearning.</p> <p><u>Programme Design</u> In designing the programme, there will be a need to consider representation of LGBTQ+ people in content, imagery and scenarios.</p>

2.3 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.

The content regarding the increase of prevalence of trauma when a staff member or service user has multiple identities, forms the basis of the training programme and, therefore, should be addressed throughout.

2.4 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>
<p>Regarding the review of these materials, we have consulted with existing trainers to ensure we hear their lived experience of both delivering the programmes but also of the equality issues they experience across the workforces they support.</p> <p>In addition, there has been extensive consultation with users of services to explore their views regarding how they wish to be treated when receiving any service from any provider in the health, social care, education, justice, community and voluntary sectors. These are broad issues such as being treated with respect, compassion and being heard, and these groups</p>	<p>When developing or reviewing programmes, an equality screening will be completed in relation to the development of the subject and beyond those already identified in this screening.</p> <p>This will include consideration of</p> <ul style="list-style-type: none">• the need for any dedicated/specific content about any of the equality groupings, and consideration of any clinical variances depending on a patient or service user's gender, age, ethnicity (including skin colour) and/or disability• opportunities for involving relevant S75 groups in coproduction.

<p>included all genders, people with visible and not visible disabilities, people with health issues, young parents (under 25 years) and children (teenagers who gave their views and were supported by staff); those who have experienced the justice system, mental health systems, education and community services.</p> <p>Develop a checklist for use when designing all new learning programmes to ensure representation as far as possible of gender identities, age ranges, ethnic backgrounds, disability in content, imagery and scenarios and video content and accompanying training resources.</p> <p>Disability - Accessibility</p> <p>We will ensure all our new eLearning programmes attain AA rating of the Accessibility standards (Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018).</p> <p>We will ensure user testing of all eLearning programmes will include people using a range of assistive technologies.</p> <p>User Testing</p> <p>We will develop an approach to user testing to ensure, where possible, representation of a range of ages, ethnic backgrounds and disabilities, including those who use a range of assistive technologies.</p>	
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2.5 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	None identified	
Political Opinion	None identified	
Ethnicity	None identified	

(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.

Due to the detailed consideration given to this training resource review and the

nature of applying a trauma informed approach, the impact is considered to be minor and does not require further equality impact assessment.

(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>
The revised learning programme will undergo user testing, including with staff with a range of disabilities. Furthermore, where appropriate, input will be sought from a range of representative disability organisations.	N/A

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<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>
Positive images of those with a range of visible and less visible disabilities will be used both in terms of content, imagery and additional resources. Staff with disabilities will be encouraged to become trainers and use the materials.	

(5) CONSIDERATION OF HUMAN RIGHTS

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

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

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
Data will be collected in the form of a participant evaluation to capture the views of staff who have engaged with the training programme. This will include questions relating to accessibility of the programme as well as content, imagery scenarios and resources used.		

Approved Lead Officer: Jacqui Montgomery-Devlin

Position: Professional Officer

Date: 30 July 2025

Policy/Decision Screened by: Sheina Rigg

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: Equality.Unit@hscni.net; phone:

