



## 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?

For advice & support on screening contact:

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# SCREENING TEMPLATE

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

SBNI Child Criminal Exploitation Professional Guidance

### 1.2 Description of policy or decision

The Safeguarding Board for Northern Ireland (SBNI) was set up under the Safeguarding Board Act (NI) 2011 and is the statutory body responsible for coordinating and ensuring the effectiveness of its 21 member bodies and its six independent persons for the purposes of safeguarding and promoting the welfare of children and young people. It is the key strategic leadership and management organisation for safeguarding and promoting the welfare of children and young people in Northern Ireland.

The SBNI is a partnership organisation consisting of all of the key statutory bodies, the major voluntary agencies and appointed independent persons that operate and resource the safeguarding and child protection system in Northern Ireland.

The SBNI Independent Chair, senior representatives from the 21 member bodies and the five independent persons are members of the Board of the SBNI. The independent persons are the SBNI Independent Chair, the Case Management Review Panel Chair, two Safeguarding Panel Chairs and two Independent Lay Persons.

Additionally, other partner organisations involved in safeguarding and child protection in Northern Ireland are represented on the various statutory and non-statutory committees and sub-groups that support the Board in its work.

The Board and its statutory and non-statutory committees are supported in its aims and priorities by a small SBNI Central Support Team (currently eight staff). For more details on the SBNI see: [www.safeguardingni.org](http://www.safeguardingni.org)

[The SBNI is an unincorporated statutory body and relies on the Public Health Agency \(PHA\) for key corporate accountability, business and governance arrangements](#)

The primary responsibility of the SBNI is to protect children and young people from risk and harm and ensure that effective work to protect children and young people is properly coordinated. The fundamental corporate strategic value associated with this intention is that the SBNI will listen to children and young people, their views, feelings and experiences and place them and these at the heart of what the SBNI does.

The SBNI has placed specific focus on the emerging and significant issues of Child Criminal Exploitation (CCE). CCE involves situations where children and young people are coerced, groomed, or manipulated into criminal activity, often by organised crime groups or individuals exploiting vulnerabilities. The SBNI recognises that safeguarding responses must consider the

contextual nature of harm, including peer influence, community environments, and online spaces, as identified in Dr Walsh's research. [Child Criminal Exploitation: From Contextual to Criminal Harm](#)

The SBNI Business Plan 2025-2026 commits to leading on and implementing recommendations from the CPSOG Child Criminal Exploitation Action Plan to strengthen safeguarding practice. This includes developing practitioner guidance, training materials and risk assessment tools that promote equitable responses to CCE. These resources will ensure interventions are gender-sensitive, age-appropriate, culturally competent, reducing the risk of bias or discrimination in safeguarding decisions.

In doing this SBNI aims to:

- hear and respond to the voices of children and young people affected by CCE
- adopt a Public Health and cross-departmental approach (Justice, Health, Education) to prevent CCE from occurring
- collaborate with member and partner agencies to raise awareness among parents/carers and practitioners of the impact of CCE on children and young people
- work with member and partner agencies to design practitioner guidance and training resources, to raise awareness, recognise and respond to children, young people, and families experiencing or at risk of CCE.

This is achieved through the SBNI Child Exploitation Committee, a non-statutory committee of the SBNI.

The SBNI published a report in October 2025 on Dr Colm Walsh, Dr Antoinette Keaney-Bell and Mr Alan McKinstry's research [A Review of Child Criminal Exploitation and Organisational Readiness in Northern Ireland](#) which identified that there was a higher prevalence of CCE in areas with deprivation, educational exclusion, paramilitary influence, and high youth density. Using geospatial mapping, 76 wards were identified at elevated risk of CCE. Additionally, organisational gaps reflected a lack of consistent training, data recording, and strategic response among agencies. Key recommendations included the need to:

- develop trauma-informed practitioner guidance and training
- improve inter-agency data sharing and create effective tools
- establish clear child protection pathways and referral mechanisms.

The SBNI has worked with member and partner agencies to develop practitioner guidance that reflects the complexity of CCE and contextual safeguarding principles. The guidance was co-designed through a series of cross-departmental workshops, to foster a whole system approach, reinforcing the message that safeguarding is seen as everyone's responsibility. The guidance reinforces the need to continue to enhance knowledge and skills among practitioners in identifying and responding to CCE, building capability across the system. By developing consistent policies, procedures, and training that enables effective multi-agency collaboration, this will assist in ensuring that safe practice is embedded across the system to protect children and young people.

During the design process, there was engagement with children and young people to amplify

their voices, ensuring their experiences and perspectives shaped practice and decision-making.

This guidance directly supports the Programme for Government (PfG) outcomes by promoting safer communities, a caring society, and thriving children. It strengthens prevention and early intervention to protect children and young people from exploitation, ensuring they have the best start in life and opportunities to thrive. By framing children and young people who have been exploited as victims rather than perpetrators and embedding trauma-informed, gender-conscious, and culturally sensitive approaches, the guidance fosters a caring society that responds compassionately to vulnerability. Through multi-agency collaboration, community engagement, and diversion from criminal justice pathways, it contributes to safer communities by reducing harm, addressing organised crime influence, and building trust between statutory agencies and the public. These measures collectively ensure safeguarding responses are equitable, inclusive, and aligned with PfG priorities.

The target audience includes all SBNI member agencies and any agencies providing services under contractual/service level agreements. It is also relevant to all organisations and individuals who come into contact with children and young people and their families, including those working with adults who are parents or have contact with children.

The SBNI is currently working with member and partner agencies to design training resources in how to improve the recognition, assessment, and responses to children, young people and families at risk of, or have experienced CCE.

This guidance aims to strengthen prevention and early intervention in CCE by promoting a coordinated, trauma-informed, gender-conscious and culturally sensitive response across Northern Ireland. It seeks to ensure safeguarding practice is inclusive, equitable and sensitive to individual needs, addressing barriers faced by vulnerable groups such as:

- unaccompanied asylum-seeking children
- children who have been trafficked
- those with special educational needs
- looked-after children
- children who go missing from home or care
- children excluded from school
- newcomer families,
- LGBTQ young people
- children with substance misuse issues.

By embedding cultural competence, accessible communication, and multi-agency collaboration, the guidance supports the statutory duty to promote equality of opportunity and good relations under Section 75 of the Northern Ireland Act 1998.

Equality risks identified include disproportionate impact of CCE on children and young people from areas of deprivation and minority ethnic backgrounds, compounded vulnerabilities for those children and young people with intersecting needs, and the risk of criminalisation rather than protection.

Achieving these commitments may be constrained by limited resources for training and

delivery of services/interventions, inconsistent equality data for monitoring that may obscure patterns of exploitation, and challenges in cross-agency coordination. Cultural and language barriers, digital exclusion, and geographic inequalities can hinder engagement with groups at heightened risk of exploitation, while resistance to shifting from punitive to trauma-informed approaches may slow implementation. Emerging trends in exploitation and the complexity of contextual harms require continuous updates to guidance and training, which can be difficult to sustain without dedicated capacity and funding.

Opportunities include promoting early intervention and diversion from criminal justice pathways, and monitoring for adverse impacts on groups at heightened risk of exploitation. Framing children and young people who have been exploited as victims, not perpetrators, with a referral to the National Referral Mechanism (NRM) will ensure they are formally recognised as victims of trafficking or exploitation, enabling access to specialist safeguarding, legal protections, and tailored support services, while reducing the risk of criminalisation.

### **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**

- SBNI Independent Chair
- SBNI Member Bodies (21)
- SBNI Independent Persons (5)
- SBNI Partner Agencies
- Department of Health
- Department of Justice
- Department of Education
- 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 Online Safety Co-ordinator
- SBNI Trauma Informed Implementation Managers (X4)
- SBNI Business Support Manager (part-time 0.6 WTE))
- SBNI Office Manager/Board Secretary
- SBNI Business Support Officers (X3)

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)

- Any agency with an interest in CCE.

#### **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
- DoH Guidance to the SBNI, as amended May 2014
- SBNI Equality and Disability Action Plan 2023-2028
- SBNI Strategic Plan 2022-2026
- SBNI Annual Report 2024-2025
- SBNI Safeguarding Statistics Snapshot 2025-2026
- SBNI Corporate Annual Business Plan 2025-2026
- SBNI Child Safeguarding Learning and Development Strategy and Framework revised June 2020 (Being reviewed in 2025)
- SBNI Communications Strategy 2021-2023
- SBNI Engagement Strategy 2021-2023
- The SBNI Equality and Disability Action Plan 2023-2028
  
- Regional Core child Protection Policies and Procedures for Northern Ireland (SBNI, 2017)

##### **External:**

- DHSSPS Guidance to the Safeguarding Board for Northern Ireland 2014
- Missing Children Protocol
- DHSSPS 2017 - Co-operating to Safeguard Children and Young People in Northern Ireland Policy Document
- Children's Services Cooperation Act (NI) 2015
- Programme for Government 2024-2027 'Our Plan: Doing What Matters Most'
- Delivering Social Change
- End Violence Against Women and Girls (EVAWG): Strategic Framework
- Child Criminal Exploitation Action Plan 2024
- Strategy for Victims and Survivors of the Troubles/Conflict
- Domestic and Sexual Violence Strategy 2024-2031
- Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (NI) 2015
- Modern Slavery and Human Trafficking Strategy 2024-27

- UNCRC and International Conventions
- Children (Northern Ireland) Order 1995
- Department of Health Mental Health Strategy 2021-2031
- Northern Ireland Children's and Young People's Strategy 2020-2030
- Criminal Justice (NI) Order 2008
- Justice (NI) Act 2002
- Human Rights Act 1998
- Terrorism Act 2006
- [Working Arrangements for the Welfare and Safeguarding of Child Victims & Potential Child Victims of Human Trafficking](#)
- [Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland](#)
- [Practice Guidance on Actions to be Taken When a Child/Young Person is Subject to a Threat to Life](#)

Children and young people were actively involved in shaping the CCE guidance and its equality screening through consultations held from January to March 2025, in line with SBNI's statutory duty to promote communication for safeguarding and welfare. Engagement included collaboration with VOYPIC on developing a child-friendly version of the guidance, ensuring information is accessible and age-appropriate. This initiative promotes participation and equality of opportunity and complements SBNI's commitment to amplifying young voices and embedding inclusive practice.

## (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 Annual Report 2023-2024, 2024-2025
- 2011 Census published by the Northern Ireland Statistics and Research Agency
- Northern Ireland Statistical Research Agency Mid-Year Population Estimates for Northern Ireland 11 June 2020 release
- Department of Health Children's Social Care Statistics for Northern Ireland 2019-2020
- Department of Education School Enrolments 2022-2023 statistical bulletins
- NI Young Life and Times Survey 2024 – Religion [summary24.pdf](#)
- [Tables from health survey Northern Ireland | Department of Health](#)
- [Registrar General Northern Ireland Annual Report 2023 - GOV.UK](#)
- Articles 8 and 6 Humans Rights Act 1998
- SBNI commissioned research [A Review of Child Criminal Exploitation and Organisational Readiness in Northern Ireland](#)
- Modern Slavery Human Trafficking Strategy 2024-2027 – [Modern Slavery and Human Trafficking Strategy 2024-2027 | Department of Justice](#)
- Northern Ireland Affairs committee: Committee Inquiry into the Impact of Paramilitarism [The effect of paramilitary activity and organised crime on society in Northern Ireland: Government Response to the Committee's Second Report - Northern Ireland Affairs Committee](#)
- Stakeholder Engagement – consultation with practitioners, multi-agency workshops, and direct engagement with children and young people, including VOYPIC's development of a child-friendly version to the practitioner guidance
- Programme for Government Outcomes – Thriving children, Caring Society, Safer Communities.

## 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><b>General Population:</b>            1,927,900 – people in Northern Ireland            978,100 (50.7%) – female            949,800 (49.3%) – male</p> <p>2,283 – Children on the Child protection Register</p> <ul style="list-style-type: none"> <li>• 1203 Males</li> <li>• 1080 Females</li> </ul> <p>4,147 Children in Care of HSC Trusts (LAC)</p> <ul style="list-style-type: none"> <li>• 52% Male</li> <li>• 48% Female</li> </ul> <p><b>Population Statistics:</b>            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 (6%).</p> <ul style="list-style-type: none"> <li>• Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females;</li> <li>• 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age.</li> </ul> <p>Transgender Research suggests for the Northern Ireland population as a whole:</p> <ul style="list-style-type: none"> <li>• 140-160 individuals are affiliated with transgender groups</li> <li>• 120 individuals have presented with Gender Identity Dysphoria</li> <li>• There are more trans women than trans men living in Northern Ireland.</li> </ul> <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"> <li>• gender variant to some degree 1%</li> <li>• have sought some medical care 0.025%</li> <li>• having already undergone transition 0.015%</li> </ul> <p>The numbers who have sought treatment seems likely to continue growing at</p>

	<p>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>Applying GIRES figures to NI population (using NISRA 2019 mid-year population estimates) N=1,893,700:</p> <ul style="list-style-type: none"> <li>• 18,937 people who do not identify with gender assigned to them at birth</li> <li>• 474 likely to have sought medical care</li> <li>• 284 likely to have undergone transition</li> <li>•</li> </ul>
Age	<p><b>General Population</b></p> <p>Age profile of the NI population (Census 2021):</p> <p>Age band Population Percentage</p> <p>0-14 365,200 19.2%</p> <p>(15-64 1,211,500 63.7%)</p> <p>15-39 594,400 31.2%</p> <p>40-64 617,100 32.4%</p> <p>(65+ 326,500 17.2%)</p> <p>65-84 287,100 15.1%</p> <p>85+ 39,400 2.1%</p> <p>All ages 1,903,200 100%</p> <p>The most recent disability prevalence data from the <b>2021 Census</b> (published by NISRA) provides updated insights into how disability rates vary by <b>age and gender</b> in <b>Northern Ireland</b></p> <p><b>Male</b></p> <p>0-15 – 3%</p> <p>16-44 – 5%</p> <p>45 – 64 – 16%</p> <p>65 and over – 33%</p> <p><b>Female</b></p> <p>0 – 15 – 2%</p> <p>16 – 44 – 5%</p> <p>45 – 64 – 17%</p> <p>65 and over – 38%</p> <p>Overall there are greater proportions of older people with a disability.</p>

	<p><b>SBNI Statistics:</b></p> <p>436,705 – children under 18 years old (22.7% of total NI population)</p> <ul style="list-style-type: none"> <li>• Children 0-4 years 1234,900 - 6.35% of the total population</li> <li>• 5 to 9 years – 110,800 - 6.25%</li> <li>• 10 to 14 years - 118,500 – 6.07%</li> <li>• Young people 15 to 19 years- 126,000 – 6.46%</li> </ul> <p>22,243 – Children known to Social Services as a Child in Need</p> <p>4,188 Children in Care of HSC Trusts (LAC: 2,271 males and 1,917 females)</p> <p>2,283 – Children on the Child Protection Register (1,140 males and 1,143 females)</p> <p>354,780 – pupils in schools</p> <p>167,707 – pupils in primary schools</p> <p>156,889 – pupils in post-primary schools</p> <p>15,577 – pupils in funded pre-school education</p> <p>21,352 – newcomer pupils</p>
Religion	<p>Census 2021</p> <p>Current Religion</p> <ul style="list-style-type: none"> <li>• ‘no religion’ (17.4%)</li> <li>• ‘religion not stated’ (1.6%)</li> <li>• Catholic (42.3%)</li> <li>• Presbyterian Church in Ireland (16.6%)</li> <li>• Church of Ireland (11.5%)</li> <li>• Methodist (2.4%)</li> <li>• Other Christian denominations (6.9%)</li> <li>• Other non-Christian Religions (1.3%).</li> </ul> <p>Religion/religion of upbringing (Number - Percentage)</p> <p>Catholic 869,800 45.7%</p> <p>Current religion 805,200 42.3%</p> <p>Religion of upbringing 64,600 3.4%</p> <p>Protestant and other Christian (including Christian related) 827,500 43.5%</p> <p>Current religion 711,000 37.4%</p> <p>Religion of upbringing 116,600 6.1%</p> <p>Other religions 28,500 1.5%</p> <p>Current religion 25,500 1.3%</p> <p>Religion of upbringing 3,000 0.2%</p> <p>None 177,400 9.3%</p> <p>All usual residents 1,903,200 100.0%</p>

	<p>The NI Young Life and Times Survey for 2024, for those who responded to belonging to a religion, gave the following percentages:</p> <table data-bbox="320 322 845 696"> <tr> <td>Church of Ireland (Anglican)</td> <td>8%</td> </tr> <tr> <td>Catholic</td> <td>58%</td> </tr> <tr> <td>Presbyterian</td> <td>19%</td> </tr> <tr> <td>Methodist</td> <td>2%</td> </tr> <tr> <td>Baptist</td> <td>3%</td> </tr> <tr> <td>Free Presbyterian</td> <td>1%</td> </tr> <tr> <td>Brethren</td> <td>1%</td> </tr> <tr> <td>Muslim</td> <td>2%</td> </tr> <tr> <td>Other</td> <td>7%</td> </tr> </table>	Church of Ireland (Anglican)	8%	Catholic	58%	Presbyterian	19%	Methodist	2%	Baptist	3%	Free Presbyterian	1%	Brethren	1%	Muslim	2%	Other	7%
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Muslim	2%																		
Other	7%																		
Political Opinion	<p>Census 2021</p> <p>National identity (nationality based) (Number – Percentage)</p> <ul data-bbox="320 848 965 1104" style="list-style-type: none"> <li>• British 814,600 42.8%</li> <li>• Irish 634,000 33.3%</li> <li>• Northern Irish 598,800 31.5%</li> <li>• English 16,800 0.9%</li> <li>• Scottish 10,200 0.5%</li> <li>• Welsh 2,000 0.1%</li> <li>• Other national identities 113,400 6.0%</li> </ul> <p>National identity (person based) (Number – Percentage)</p> <ul data-bbox="320 1178 1426 1951" style="list-style-type: none"> <li>• British only 606,300 31.9%</li> <li>• Irish only 554,400 29.1%</li> <li>• Northern Irish only 376,400 19.8%</li> <li>• British &amp; Northern Irish only 151,300 8.0%</li> <li>• Irish &amp; Northern Irish only 33,600 1.8%</li> <li>• British, Irish &amp; Northern Irish only 28,100 1.5%</li> <li>• British &amp; Irish only 11,800 0.6%</li> <li>• English only/Scottish only/Welsh only 16,200 0.9%</li> <li>• Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6%</li> <li>• Other national identities 113,400 6.0%</li> <li>• Polish only 23,900 1.3%</li> <li>• Lithuanian only 11,900 0.6%</li> <li>• Romanian only 7,100 0.4%</li> <li>• Portuguese only 6,900 0.4%</li> <li>• Bulgarian only 4,300 0.2%</li> <li>• Indian only 4,100 0.2%</li> <li>• Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7%</li> <li>• Other national identities 42,600 2.2%</li> <li>• All usual residents 1,903,200 100.0%</li> </ul>																		
Marital	Northern Ireland Life and Times (2024)																		

<p>Status</p>	<ul style="list-style-type: none"> <li>• Single (never married) 34%</li> <li>• Married and living with husband/wife 48%</li> <li>• A civil partner in a legally-registered civil partnership 1%</li> <li>• Married and separated from husband/wife 3%</li> <li>• Divorced 7%</li> <li>• Widowed 7%</li> </ul> <p>Data from the 2021 Census informs us that:</p> <ul style="list-style-type: none"> <li>• Married <b>or in a civil partnership</b> 45%</li> <li>• Single (never married <b>or in a civil partnership</b>) 39%</li> <li>• Separated 4%</li> <li>• Divorced 6%</li> <li>• Same Sex Civil Partnership 0.09%</li> <li>• Widowed or Surviving partner from SSCP 6 %</li> <li>• Same-sex civil partnership: Still a small proportion, included within the 45% married/civil partnership category</li> </ul> <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>
<p>Dependent Status</p>	<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:</p> <p>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%</p> <p>Information from Carers NI suggests that:</p> <ul style="list-style-type: none"> <li>• 1 in every 8 adults is a carer</li> <li>• 2% of 0-17 year olds are carers, based on the 2011 Census</li> <li>• There are approximately 220,000 carers in Northern Ireland</li> <li>• Any one of us has a 6.6% chance of becoming a carer in any year</li> <li>• One quarter of all carers provide over 50 hours of care per week <input type="checkbox"/></li> </ul> <p>People providing high levels of care are twice as likely to be permanently sick or disabled than the average person</p>

- 64% of carers are women; 36% are men.

### **Unpaid Carers in Northern Ireland (2025 Update)**

There are over 295,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults.

- 81% identified as female and 18% identified as male.
- 5% are aged 25-34, 16% are aged 35-44, 32% are aged 45-54, 31% are aged 55-64 and 16% are aged 65+.
- 25% have a disability.
- 97% described their ethnicity as white.
- 29% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role.
- 55% are in some form of employment and 19% are retired from work.
- 30% have been caring for 15 year or more, 17% for between 10-14 years, 26% for 5-9 years, 24% for 1-4 years, and 3% for less than a year.
- 45% provide 90 hours or more of care per week, 14% care for 50-89 hours, 22% care for 20-49 hours, and 19% care for 1-19 hours per week.
- 66% care for one person, 26% 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	<p><b>Census 2021</b></p> <p>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.)</p> <p>The breakdown of the various long-term conditions as outlined in the 2021 Census 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> <tr> <td>Mobility of Dexterity Difficulty that requires wheelchair use</td> <td>1.48</td> </tr> <tr> <td>Mobility of Dexterity Difficulty that limits basic physical activities</td> <td>10.91</td> </tr> <tr> <td>Intellectual or learning disability</td> <td>0.89</td> </tr> <tr> <td>Learning difficulty</td> <td>3.5</td> </tr> <tr> <td>Autism or Asperger syndrome</td> <td>1.86</td> </tr> <tr> <td>An emotional, psychological or mental health condition</td> <td>8.68</td> </tr> <tr> <td>Frequent periods of confusion or memory loss</td> <td>1.99</td> </tr> <tr> <td>Long – term pain or discomfort.</td> <td>11.58</td> </tr> <tr> <td>Shortness of breath or difficulty breathing</td> <td>10.29</td> </tr> <tr> <td>Other condition</td> <td>8.81</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	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
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<p>Information on rare diseases provided by NI Rare Diseases Partnership <a href="http://www.nirdp.org.uk">www.nirdp.org.uk</a> 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.</p>																											
<p>Research using data from 2011 (<a href="#">Getting and staying in work - LLTI 2001 - Research Report (nisra.gov.uk)</a>) suggests that</p> <ul style="list-style-type: none"> <li>The disability employment gap in 2011 was 52.3 percentage points (pps) – the difference in employment rate between those with (31.4%) and without</li> </ul>																											
<p>NI Population Statistics*</p> <p>20.7% (374,700) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.          68.6% (1,241,700) of residents did not have a long – term health condition.          Deafness or partial hearing loss – 5.1% (93,100)          Blindness or partial sight loss – 1.7% (30,800)          Communication Difficulty – 1.6% (29,900)</p>																											

	<p>Mobility of Dexterity Difficulty – 11.4% (207,200)  A learning, intellectual, social or behavioural difficulty - 2.2% (40,200)  An emotional, psychological or mental health condition - 5.8% (105,600)  Long – term pain or discomfort – 10.1% (182,900)  Shortness of breath or difficulty breathing – 8.7% (157,900)  Frequent confusion or memory loss – 2% (35,700)  A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.6% (118,600)  Other condition – 5.2% (94,500)</p> <p>It is estimated that in Northern Ireland, 42% have longstanding illness (30% limiting and 12% non-limiting illness) Health Survey NI (2017).</p> <p>Prevalence of longstanding limiting illness increases with age: approximately 8% among young adults aged 16 to 34 years, compared to 60% among those who are aged 65 years and over. (Census 2021)</p>
Ethnicity	<p><b>Equality</b></p> <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><b>Ethnic Group</b></p> <p>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%</p> <p><b>Country of birth</b></p> <p>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%</p>

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%**

**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 – 30<sup>th</sup> September 2021 were:

1. Polish (4515 requests);
2. Arabic (3518 requests);
3. Lithuanian (2382 requests);
4. Romanian (2316 requests) and
5. Bulgarian (1516 requests)

Based on the **2024–2025 school census data** from the **Department of Education**, here are the **updated statistics** on ethnic diversity and newcomer pupils in **Northern Ireland schools**.

- Over 19,800 pupils are recorded as “non-white”, representing approximately 5.8% of the total school population.
- This marks a continued increase from 17,500 pupils (5.0%) in 2019–2020.
- There are now 18,900 newcomer pupils, accounting for 5.5% of the school population.
- This is an increase of 1,500 pupils since 2019–2020 and nearly 7,000 more than five years prior.

#### Top Languages Spoken by Newcomers

**Polish**  
**Lithuanian**  
**Portuguese**  
 Other growing languages include **Arabic, Romanian, and Bulgarian**

Sexual Orientation

Census 2021 data relating to sexual orientation:

Among usual residents aged 16+:

Straight or Heterosexual: 93.6%

Gay or Lesbian: 0.9%  
Bisexual: 0.8%  
Other sexual orientation: 0.3%  
Did not answer: 4.4%

#### Age-Based Trends

Younger age groups (16–24) were **more likely** to identify as **LGB+** than older age groups.

The proportion of people identifying as **bisexual** or **gay/lesbian** was highest in urban areas like **Belfast**.

## 2.3 Qualitative Data

The Child Criminal Exploitation (CCE) practitioner guidance affects children, young people, families, and staff across SBNI member agencies and partner organisations. It includes those who work with adults who are parents or have contact with children and young people through the course of their work and/or service users who have contact with children and young people. Safeguarding and protecting children and young people are the responsibility of every individual in Northern Ireland across all disciplines and sectors.

While the SBNI does not have operational responsibility over individual agencies' equality impacts, it will be the responsibility of individual SBNI member agencies and other relevant agencies to operationalise this guidance in respect of their own members of staff and volunteers, where relevant. As a result, it is not possible to identify and specify needs and experiences (and subsequent mitigations) particular to the SBNI in respect of the screening of this guidance.

However, it is possible for this screening to highlight and focus on those general equality impact issues that are evidence-based and that SBNI member agencies and other relevant agencies will need to take cognisance of when they apply the guidance in their operational contexts. It is expected that all relevant agencies, dependent on the context of their work, engagement with children and young people and the nature of service delivery will consider the generalities of the particular needs and experiences below in respect of the impacts on the different categories and adjust, change and mitigate where appropriate.

The guidance highlights general equality issues that agencies must consider when applying it.

<b>Category</b>	<b>Needs and Experiences</b>
Gender	<p>Research and practice evidence show that boys and girls experience CCE differently. Boys are often coerced into street-level crime, while girls may face sexual exploitation alongside criminal activity. Gender norms can influence disclosure, with boys less likely to seek help due to stigma and fear of criminalisation, and girls facing additional risks of victim-blaming. Transgender and non-binary young people may encounter further barriers to disclosure and support due to prejudice or lack of understanding among practitioners. These dynamics highlight the need for gender-conscious, trauma-informed approaches that avoid stereotyping and ensure safeguarding responses are equitable and sensitive to individual needs.</p> <p>Staff require training on gender dynamics in CCE, including the intersection with sexual exploitation, to ensure responses are informed and sensitive. They need awareness of implicit bias and how gender norms can influence safeguarding decisions, as well as confidence in supporting transgender and non-binary young people appropriately. Equality issues for staff include gender imbalance in safeguarding roles, with women often over-represented in frontline positions and men under-represented in social care. There is also a risk of gendered assumptions in staff deployment, such as assigning female staff to sexual exploitation cases by default. To address these</p>

	<p>issues, organisations must promote an inclusive workplace culture and ensure equal access to specialist training for all genders.</p>
Age	<p>Younger children have limited cognitive and emotional capacity to understand exploitation risks and require simplified, age-appropriate communication. Younger children rely heavily on parental/carer involvement; older teens may seek autonomy and confidentiality. Older adolescents may have greater independence and mobility, making them more vulnerable to grooming and peer pressure and may experience heightened risk of criminalisation, being perceived as perpetrators rather than victims.</p> <p>Priorities will focus on protection from harm and exploitation, access to trusted adults and advocacy tailored to developmental stage. Also, there is a need to avoid punitive responses for exploited behaviour.</p> <p>There is a risk of age-related stereotyping (e.g., assuming older teens are complicit), communication barriers if language and materials are not age-appropriate, with a disproportionate criminal justice response for older teens. Overall there is a need for tailored interventions by age group to ensure equitable safeguarding.</p> <p>In relation to staffing training, it is important to recognise exploitation indicators across age ranges with an understanding of legal frameworks (e.g., age of criminal responsibility and confidence in applying a non-criminalising approach for older teens.) There is a risk of bias in decision-making based on age, with a need for consistent safeguarding practice regardless of age.</p>
Religion	<p>Cultural and faith considerations may influence how children and families engage with services. Some families may have specific expectations around gender roles, confidentiality, or the involvement of faith leaders in safeguarding processes. Religious beliefs can also affect perceptions of authority and trust in statutory agencies.</p> <p>There is a need for culturally sensitive practice that respects religious beliefs while prioritising children and young people’s safety. Practitioners must avoid assumptions based on faith and ensure safeguarding responses are equitable and inclusive.</p> <p>For staff, awareness of how religion and cultural norms can shape engagement and disclosure in CCE cases is required. Training should include understanding diverse faith practices and how these intersect with safeguarding duties. Equality issues for staff include the risk of unconscious bias or stereotyping based on religion, and the need for an inclusive workplace culture that respects staff members’ own religious beliefs. Organisations should ensure equal access to training and avoid scheduling</p>

	practices that conflict with religious observance.
Political Opinion	<p>In communities where, paramilitary influence or strong political identity exists, trust in statutory agencies may be affected. Families and young people may fear engagement due to perceived associations with political groups or concerns about community repercussions. Safeguarding interventions must be sensitive to these dynamics while prioritising children and young people’s safety.</p> <p>Safeguarding responses must remain impartial and avoid reinforcing political divisions. Practitioners should ensure decisions are based solely on risk and need, not political affiliation or community pressures.</p> <p>Practitioners need awareness of how community dynamics can influence engagement, discovery, and disclosure in CCE. Training will include strategies for impartial practice and managing hostility or mistrust linked to political contexts. Equality issues for staff include the risk of perceived bias or pressure from community expectations, and the need for organisational support to uphold neutrality. Employers should also ensure staff safety when working in politically sensitive areas.</p>
Marital Status	<p>Children and young people from households with one parent or with caring responsibilities may face additional vulnerabilities due to reduced support networks and increased stress within the home. Limited caregiver availability can affect supervision, engagement with services, and ability to attend appointments.</p> <p>Safeguarding responses must ensure equal access to support regardless of family structure. This may require flexible engagement approaches, additional practical support, and consideration of the family’s caring responsibilities to avoid disadvantage.</p> <p>Practitioners may also have caring responsibilities that impact their availability for training, deployment, or out-of-hours work. Organisations should provide flexible working arrangements and avoid assumptions about staff capacity based on family status. Equality issues include ensuring equal opportunities for progression and training for staff with dependants and promoting a supportive workplace culture.</p>
Dependent Status	<p>Families with caring responsibilities may need flexible engagement approaches and additional support to ensure participation in safeguarding processes. Reduced availability and increased stress within the home can impact supervision and engagement with statutory agencies.</p>

	<p>Safeguarding responses must avoid assumptions about a parent or carer's capacity to protect based on dependency. Equal access to support should be maintained, with practical adjustments such as flexible appointments and tailored interventions.</p> <p>Practitioners with caring responsibilities may face challenges in attending training, working unsocial hours, or responding to emergencies. Organisations should provide flexible working arrangements and avoid assumptions about staff capacity or commitment based on family status. Equality issues include ensuring equal opportunities for progression and training for staff with dependants and fostering a supportive workplace culture.</p>
Disability	<p>Children and young people with physical or learning disabilities may face significant barriers to disclosure and increased risk of exploitation due to dependency on others, communication challenges, and social isolation. They may require adapted safeguarding approaches, including accessible formats, specialist advocacy, and tailored interventions to ensure their voices are heard.</p> <p>Safeguarding responses must provide accessible communication formats, specialist support, and avoid discriminatory assumptions about capacity or credibility. There is a risk of under-identification of exploitation in disabled children if practitioners lack training or rely on stereotypes.</p> <p>Practitioners with disabilities may require reasonable adjustments to participate fully in safeguarding work, including flexible working arrangements, accessible training materials, and adapted environments. Equality issues include ensuring equal opportunities for progression and avoiding assumptions about capability based on disability. Organisations should promote an inclusive culture and comply with legal obligations for reasonable adjustments</p>
Ethnicity	<p>Newcomer families and minority ethnic groups may face language barriers and cultural differences that affect engagement with safeguarding services. Cultural norms may influence perceptions of authority, trust in statutory agencies, and willingness to disclose exploitation. Without appropriate support, these barriers can lead to under-reporting and increased vulnerability.</p> <p>There is a risk of exclusion without translation services and cultural competence training for practitioners. Agencies must provide interpreters, culturally sensitive practice, and avoid discriminatory assumptions based on ethnicity or immigration status. Safeguarding responses should actively</p>

	<p>promote inclusion and equity.</p> <p>Practitioners from minority ethnic backgrounds may experience barriers to progression or feel isolated in predominantly homogenous teams. Equality issues include the need for inclusive workplace culture, equal access to training, and proactive measures to address racism or microaggressions. Organisations should also ensure recruitment and promotion practices are fair and representative.</p>
<p>Sexual Orientation</p>	<p>LGBTQ+ young people may experience targeted exploitation and stigma, which can increase vulnerability and reduce willingness to disclose abuse. Fear of discrimination or being outed can create additional barriers to engagement with safeguarding services. Inclusive, confidential, and affirming approaches are essential to ensure safety and trust.</p> <p>Safeguarding responses must be inclusive and avoid heteronormative assumptions. Practitioners should use appropriate language, respect confidentiality, and challenge discriminatory attitudes. There is a risk of under-identification of exploitation if services fail to recognise the specific vulnerabilities faced by LGBTQ+ young people.</p> <p>Practitioners who identify as LGBTQ+ may face workplace discrimination or feel uncomfortable disclosing their identity. Equality issues include ensuring an inclusive organisational culture, equal access to training and progression, and zero tolerance for homophobia or biphobia. Employers should provide clear policies and support networks to promote equality.</p>

## 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.**

It is possible that some of the work taken forward under the priorities and aims set out in the CCE practitioner's guidance may impact on people with multiple identities. The SBNI recognises that the needs and experiences of people with multiple identities will vary across our work.

The SBNI are committed to ensuring that potential impacts are considered and mitigated, the SBNI will screen policies and strategies individually, where applicable, to ensure that the potential impacts of each policy or strategy are considered fully in that context.

## 2.5 Making Changes

**Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?**

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
<ul style="list-style-type: none"> <li>• The draft guidance has been written in a manner to make it accessible to a wide group of stakeholders and the general public. The guidance was co-designed through a series of cross-departmental workshops.</li> <li>• A gender -conscious, trauma-informed and culturally sensitive approach was applied.</li> <li>• Addressed diversity and equality issues when designing guidance.</li> <li>• Where specific priorities and aims result in products being commissioned and created, the SBNI will ensure that such relevant work will be screened.</li> </ul>	<ul style="list-style-type: none"> <li>• Child friendly version of the practitioner guidance</li> <li>• During the design process for CCE training material, ensure that equality issues are inculcated, alongside cultural competence</li> <li>• Discussion at CE Committee meetings</li> <li>• Listen to the voices of children and young people</li> <li>• Information from CCE Screening Tool to collect and analyse data</li> <li>• Patterns of safeguarding vs. criminalisation across demographics (from NRM data and multi-agency feedback).</li> </ul>

## 2.6 Good Relations

**What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)**

<b>Group</b>	<b>Impact</b>	<b>Suggestions</b>
Religion	Tackling any inequalities in the safeguarding and promoting the welfare of children and young people will help promote equality of opportunity and good relations.	Continued focus on partnership working and public participation where appropriate.
Political Opinion	Tackling any inequalities in the safeguarding and promoting the welfare of children and young people will help promote equality of opportunity and good relations.	Continued focus on partnership working and public participation where appropriate.
Ethnicity	Tackling any inequalities in the safeguarding and promoting the welfare of children and young people will help promote equality of opportunity and good relations.	Continued focus on partnership working and public participation where appropriate.

### (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	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

**Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?**

**Please tick:**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

The target audience includes all SBNI member agencies and any agencies providing services under contractual/service level agreements. It is also relevant to all organisations and individuals who come into contact with children and young people and their families, including those working with adults who are parents or have contact with children. It is individual agency's responsibility to ensure that equality considerations are consistently kept under review and responded to.

The main equality issues that have been identified have been addressed in the guidance and the consultation thereof. It is not thought that subjecting the plan to an EQIA will identify further opportunities to promote equality of opportunity.

The guidance covers a wide range of issues across the safeguarding and protection of children and young people who may be victims of or vulnerable to CCE in Northern Ireland. It has the aim of improving the safeguarding and promotion of the welfare of children and young people by ensuring all member and partner agencies work together in partnership to prevent and protect them from risk and harm (inclusive of all relevant section 75 groups).

The SBNI recognises the need to consider the impact on Section 75 groups of this guidance and subsequent policies and programmes of work. The needs, experiences and priorities of these groups will vary and any related policies and procedures will be equality screened as appropriate as they are developed and taken forward.

Therefore, a full Equality Impact Assessment is not required at this stage.

**(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 applicable	Not applicable

**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>
Not applicable	Not applicable

**(5) CONSIDERATION OF HUMAN RIGHTS**

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

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

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

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

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

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

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

N/A
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**(6) MONITORING**

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

Equality & Good Relations	Disability Duties	Human Rights
<ul style="list-style-type: none"> <li>• Regular organisational returns which includes: (HSCT/PSNI/Education/YJA/CVS)</li> <li>• Feedback from CCE or CE problem profile</li> <li>• Discussion at CE Committee meetings</li> <li>• Learning from Case Reviews</li> <li>• Information from CCE Screening Tool</li> <li>• Patterns of safeguarding vs. criminalisation across demographics (from NRM data and multi-agency audits).</li> <li>• Feedback from staff training on CCE with a focus on equality and cultural competence.</li> </ul>	<ul style="list-style-type: none"> <li>• CE Committee assurance discussions</li> <li>• Partner equality reports</li> <li>• Feedback from training</li> </ul>	<ul style="list-style-type: none"> <li>• Partner NRM return process data (referral volumes, timeliness, RG/CG outcomes).</li> <li>• CE Committee thematic reviews</li> <li>• Safe practice indicators (themes from audits and committee discussions, e.g., fear of reporting by practitioners or children).</li> </ul>
<p>The SBNI will continue to monitor requests for alternative formats to inform the development of information in various formats at the time of publication.</p>		

Approved Lead Officer:



Position:

Director, SBNI

Date:

25/11/25

Policy/Decision Screened by:

Deirdre Grant, Professional Officer, SBNI  
Child Exploitation Lead

**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

