# **Equality Impact Assessment** Number 1243

#### Part A

### **Initial Impact Assessment**

#### **Proposal name**

Safeguarding Adults Update and Delivery

### Brief aim(s) of the proposal and the outcome(s) you want to achieve

The Adult Health and Social Care Strategy 'Living the Life You Want to Live' made a commitment towards improving outcomes for adults from abuse and neglect and enabling a shift towards prevention of harm. An adult safeguarding delivery plan has been developed including key milestones to outline how that commitment will be achieved.

The delivery plan outlines ways of working that incorporate the six principles of safeguarding as outlined in the Care Act, Making Safeguarding Personal and strengthsbased approaches.

Care Act principles of safeguarding:

- Empowerment
  - People being supported and encouraged to make their own decisions and informed consent
- Prevention
  - It is better to take action before harm occurs.
- Proportionality
  - The least intrusive response appropriate to the risk presented.
- Protection
  - Support and representation for those in greatest need.
- Partnership
  - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability
  - Accountability and transparency in safeguarding practice

Making Safeguarding Personal involves respecting the views of vulnerable people. It means that when practitioners are working with a person where safeguarding processes are necessary, that we take the time to listen and understand and support their wishes and desired outcomes.

The delivery plan is organised into four themes as shown below, along with examples of some of the milestones under each theme.

- Leadership and governance
  - o Commission a thematic and benchmarking review of Safeguarding Adult Referrals (SAR), Domestic Homicide Reviews (DHR), Deprivation of Liberty (DoLS), to establish areas for learning and improvement
  - Review current Safeguarding Adult Referral process to ensure in line with benchmark and best practice and take learning and recommendations to the Safeguarding Board.
- Outcomes and experiences
  - Safeguarding Waiting list reduced to acceptable risk levels
  - Embed learning from thematic review of SAR, DHR, DoLS into practice
- Providing support
  - robust arrangements for identifying early indicators of concern, preventing abuse and neglect, preventing poor outcomes through lack of care continuity, and responding to safeguarding in regulated care environments.

| <ul> <li>effective multi agency a<br/>respond to Safeguardin</li> </ul>   | rrangements in place to effectively screen and g via Hub  |
|---|---|
| safeguarding and imple  | g adult learning and development framework for<br>mentation arrangements so that all staff have<br>imum standards of safeguarding training. |
| The ambition is that adults in need abuse and neglect   | of care and support live safely and well free from  |
|   |   |
| Proposal type   |   |
| ● Budget ○ Non Budget   |   |
| If Budget, is it Entered on Q Tie  ○ Yes ○ No   | r?  |
| If yes what is the Q Tier reference   |   |
| Year of proposal (s)  |   |
| ○ 21/22 <b>●</b> 23/23 ○ 23/24  | ○ 24/25 ○ other   |
| Decision Type  ○ Coop Exec  ● Committee (e.g. Health Commit  ○ Leader  ○ Individual Coop Exec Member  ○ Executive Director/Director  ○ Officer Decisions (Non-Key)  ○ Council (e.g. Budget and Housin  ○ Regulatory Committees (e.g. Lice | g Revenue Account)  |
| Lead Committee Member   | Cllr Angela Argenzio & Cllr George Lindars-Hammond  |
| Lead Director for Proposal  |   |
| Alexis Chappell   |   |
| Person filling in this EIA form   |   |
| Jenna Tait  |   |
|   |   |
| EIA start date 01/09/   | 2022  |
| <b>Equality Lead Officer</b>  |   |
| O Adele Robinson  | O Beverley Law  |
| Annemarie Johnston  | • Ed Sexton   |
| O Bashir Khan   | O Louise Nunn   |
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### **Lead Equality Objective (**see for detail)

| <ul> <li>Understanding</li> </ul> | ○ Workforce | O Leading the city in | O Break the cycle and |
|-----------------------------------|-------------|-----------------------|-----------------------|
| Communities                       | Diversity   | celebrating &         | improve life chances  |
|                                   |             | promoting             |                       |
|                                   |             | inclusion             |                       |

# **Portfolio, Service and Team**

| Is this Cross-Portfolio                                      | Portfolio                  |                   |
|--|----------------------------|-------------------|
| ○ Yes • No   | People                     |                   |
| Is the EIA joint with another organis<br>○ Yes ● No Please s | · • /                      |                   |
| Consultation   |                            |                   |
| <b>Is consultation required (Read</b> ○ Yes ○ No             | d the guidance in relation | on to this area)  |
| If consultation is not required                              | please state why           |                   |
| Are Staff who may be affected  ● Yes ○ No                    | l by these proposals aw    | are of them       |
| Are Customers who may be af  ○ Yes    ● No                   | fected by these propos     | als aware of them |
| If you have said no to either p                              | olease say why             |                   |

### **Initial Impact**

Under the <u>Public Sector Equality Duty</u> we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the <u>Council website</u> including the <u>Community Knowledge Profiles</u>.

### **Identify Impacts**

#### Identify which characteristic the proposal has an impact on tick all that apply

| · · · · · · · · · · · · · · · · · · ·                                    |
|--|
| ○ Transgender  |
| O Carers   |
| <ul> <li>Voluntary/Community &amp; Faith Sectors</li> </ul>              |
| O Cohesion   |
| O Partners   |
| O Poverty & Financial Inclusion  |
| O Armed Forces   |
| Other  |
|  |
| <ul><li>Poverty &amp; Financial Inclusion</li><li>Armed Forces</li></ul> |

| <b>Cumulative Imp</b>                   | act                                     |
|---|---|
| <b>Does the Proposal hav</b> ○ Yes ○ No | <u>.</u>                                |
| O Year on Year                          | Across a Community of Identity/Interest |
| O Geographical Area                     | O Other                                 |
| If yes, details of impact               |   |
| Proposal has geograph  ○ Yes            | nical impact across Sheffield           |
| If Yes, details of geograp              | hical impact across Sheffield           |
| Local Area Committee  ● All ○ Specific  | Area(s) impacted                        |
| If Specific, name of Local              | l Committee Area(s) impacted            |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

#### **Initial Impact Overview**

# Based on the information about the proposal what will the overall equality impact?

The proposal is consistent with the legal requirements placed on local authorities in section 149(1) of the Equality Act 2010, and the overall impact is expected to be positive. The delivery plan aims to develop a more efficient and person-centred approach and to ensure citizens' voices and experiences help to inform and develop the processes.

The nature and purpose of Adult Health & Social Care means that people sharing the protected characteristics of Age and/or Disability will be directly impacted by the proposals. However, the safeguarding remit means that people sharing certain other protected characteristics (e.g. Sex, Race) may also be particularly affected.

There is currently no indication of any disproportionate impact for staff at SCC and it's partner agencies.

**Is a Full impact Assessment required at this stage?** ● Yes O No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

| Initial Impact Sign Off   |            |                          |           |
|---|------------|--------------------------|-----------|
| EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off? |            |                          |           |
| O Yes   | O No       |                          |           |
| Date agreed   | 02/09/2022 | Name of EIA lead officer | Ed Sexton |

# Part B

# **Full Impact Assessment**

| Hea  | lth   |  |   |   |  |
|--|---|--|---|---|--|
|  |   |  |   | t impact on health and well-being rminants of health)?  |  |
| • Y  | 'es   | ○ No   | if Yes, comple  | ete section below   |  |
|  | _   |  | _   |   |  |
| Staf<br>● Y  | -   | ○ No   | Customers<br>● Yes  | ○ No  |  |
| • 1  | CS  | 0 110  | • 163   | O 140   |  |
| Deta   | ails of i   | mnact  |   |   |  |
| She that neg imp   | effield, to<br>t adults i<br>glect. De<br>pact on t<br>e deliver<br>rking in a<br>upler, im | o enable a shin need of carelivery of the health and plan included adult health proving mult | nift towards preview and support live milestones outlined wellbeing of access milestones thand social care. | an is to improve outcomes for adults in vention of harm and ultimately to ensure we safely and well free from abuse and fined in the plan should achieve a positive idults at risk.  That should have a positive impact on staff Reducing waiting lists, making processes working and an improved learning and ed to improve the experience of staff. |  |
| Con  | Comprehensive Health Impact Assessment being completed                                      |  |   |   |  |
| 0 Y  | 'es   | • No   |   |   |  |
| Please attach health impact assessment as a supporting document below. |   |  |   |   |  |
| Pub  | lic Heal  | ith Leads ha   | as signed off th  | he health impact(s) of this EIA   |  |
| 0 Y  | ′es O ľ   | V  |   |   |  |
|  | ne of He<br>d Office  |  |   |   |  |

| Age   |  |
|---|--|
| Impact on Staff  ● Yes ○ No   | Impact on Customers  ● Yes ○ No  |
| Details of impact   |  |
| Sheffield, to enable a shif<br>that adults in need of care<br>neglect. Delivery of the n                                    | ing delivery plan is to improve outcomes for adults in ft towards prevention of harm and ultimately to ensure and support live safely and well free from abuse and nilestones outlined in the plan should achieve a positive wellbeing of adults at risk in Sheffield  |
| enquiries completed are f<br>As a result it is anticipate   | ection illustrates that the majority of safeguarding for older adults i.e. those in age groups of 60 and older. In the delivery plan will have a positive impact on However, safeguarding referrals are received in adult of all ages.   |
| adults are more likely to younger adults. However received for younger age whose circumstances do but who are in need of so | at safeguarding referrals received that relate to older be progressed to a safeguarding enquiry than those for r, a high number of safeguarding referrals are also groups, which suggests that there are potentially adults not meet the statutory criteria for a safeguarding enquiry ome support. The improvement of the prevention model included in the delivery plan is expected to achieve a adults. |
|   |  |
| Disability  |  |
| Impact on Staff ○ Yes ○ No  | Impact on Customers  ● Yes ○ No  |
| Details of impact   |  |
| Sheffield, to enable a shif<br>ensure that adults in need<br>abuse and neglect. Delive                                      | ing delivery plan it to improve outcomes for adults in ft towards prevention of harm and ultimately to of care and support live safely and well free from ery of the milestones outlined in the plan should on the health and wellbeing of adults at risk.   |

| Impact on Staff       Impact on Customers         ○ Yes       ○ No         ○ Yes       ○ No   |
|---|
| Details of impact   |
| Details of impact   |
|   |
|   |
|   |
| Race  |
| Impact on Staff Impact on Customers   |
| ○ Yes ○ No ○ Yes ○ No   |
|   |
| The aim of the safeguarding delivery plan it to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on adults of all races who may be at risk.  Table 2 in the evidence section illustrates the variation in numbers of safeguarding referrals received and safeguarding enquiries completed for people of different ethnicities. In 20% of cases there is no record of a person's ethnicity which impacts the usefulness of the data and highlights an improvement required in the information held.  Table 2 shows that there is large variation in the proportions of referrals that are progressed to a safeguarding enquiry depending upon ethnicity. For example, 25% of referrals related to people within the black or black British Caribbean ethnicity are progressed to enquiry compared with 7% of referrals related to people within the black or black British other black background ethnicity. More work will be required to understand the differences highlighted. |
|   |
| Religion/Belief   |
| Impact on Staff       Impact on Customers         ○ Yes       ○ No         ○ Yes       ○ No   |
| Details of impact   |
|   |
|   |
|   |
|   |

| Impact on Staff  ● Yes ○ No  | Impact on Customers  ● Yes ○ No  |
|--|--|
| Details of impact  |  |
| SG is everyone's busi  | iness - so all AHSC workforce expected to be aware of / involved.  |
|  |  |
| <b>Sexual Orientation</b>  |  |
| Impact on Staff  ○ Yes ○ No  | Impact on Customers  ○ Yes ○ No  |
| Details of impact  |  |
| Conversion therapy states  | ment   |
|  |  |
|  |  |
| Gender Reassignmer   | nt (Transgender)   |
| Impact on Staff ○ Yes ○ No   |  |
| Details of impact  |  |
|  |  |
|  |  |
|  |  |
| Carers   |  |
| Impact on Staff ○ Yes ○ No   | Impact on Customers  ● Yes ○ No  |
| Details of impact  |  |
| Sheffield, to enable a shif<br>that adults in need of care<br>neglect. Delivery of the m | ing delivery plan it to improve outcomes for adults in it towards prevention of harm and ultimately to ensure and support live safely and well free from abuse and nilestones outlined in the plan should achieve a positive wellbeing of adults at risk, including their carers (formal |

Sex

| Poverty & Financial Inclusion                                |                                 |  |  |
|--|---------------------------------|--|--|
| Impact on Staff  O Yes  O No                                 | Impact on Customers  ○ Yes ○ No |  |  |
| Please explain the impa                                      | act                             |  |  |
|  |                                 |  |  |
|  |                                 |  |  |
|  |                                 |  |  |
|  |                                 |  |  |
| Cohesion   |                                 |  |  |
| Staff  | Customers  O Yes  O No          |  |  |
| O Yes O No  Details of impact                                | ○ Yes ○ No                      |  |  |
| Decails of Impact  |                                 |  |  |
|  |                                 |  |  |
|  |                                 |  |  |
|  |                                 |  |  |
| Partners   |                                 |  |  |
| Impact on Staff  |                                 |  |  |
| <ul><li>Yes</li><li>No</li><li>Impact on Customers</li></ul> |                                 |  |  |
| O Yes O No   |                                 |  |  |
| Details of impact  |                                 |  |  |
|  |                                 |  |  |
|  |                                 |  |  |
|  |                                 |  |  |
| Armed Forces   |                                 |  |  |
| Impact on Staff ○ Yes ○ No                                   | Impact on Customers  ○ Yes ○ No |  |  |
| Details of impact  |                                 |  |  |
|  |                                 |  |  |
|  |                                 |  |  |

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| Impact on Customers  ○ Yes ○ No |  |  |
|---------------------------------|--|--|
| Details of impact               |  |  |
|                                 |  |  |
|                                 |  |  |

## **Action Plan and Supporting Evidence**

#### What actions will you take, please include an Action Plan including timescales

- April 23: Complete further analysis to explore the differences identified within ethnicities
  and understand these further with a view to developing a more detailed action plan if
  required.
- Revise this document at 6 month intervals in line with the proposed timescale for updates on the delivery plan to committee, or sooner where any significant changes are made to the delivery plan.

**Supporting Evidence** (Please detail all your evidence used to support the EIA)

Table 1: Safeguarding contacts April 21 – March 22 by age group

|              | Contacts |                   | Episodes |                   | Enquiries |                    |  |  |
|--------------|----------|-------------------|----------|-------------------|-----------|--------------------|--|--|
| Age<br>range | No       | % of all contacts | No       | % of all episodes | No        | % of all enquiries | % of age range contacts that become an enquiry |  |
| 18-29        | 1398     | 16%               | 673      | 12%               | 158       | 9%                 | 11%  |  |
| 30-39        | 1304     | 15%               | 602      | 11%               | 128       | 7%                 | 10%  |  |
| 40-49        | 1182     | 14%               | 549      | 10%               | 109       | 6%                 | 9%   |  |
| 50-59        | 1152     | 13%               | 644      | 12%               | 177       | 10%                | 15%  |  |
| 60-69        | 895      | 10%               | 650      | 12%               | 207       | 12%                | 23%  |  |
| 70-79        | 900      | 10%               | 780      | 14%               | 285       | 16%                | 32%  |  |
| 80-89        | 1183     | 14%               | 1047     | 19%               | 426       | 25%                | 36%  |  |
| 90-99        | 619      | 7%                | 565      | 10%               | 237       | 14%                | 38%  |  |
| 100+         | 59       | 1%                | 44       | 1%                | 11        | 1%                 | 19%  |  |
| Total        | 8692     | 100%              | 5554     | 100%              | 1738      | 100%               | 20%  |  |

Table 2: Safeguarding contacts April 21 – March 22 by sex

|        | Contact |                   | Episode |                   | Enquiry |                    |   |  |
|--------|---------|-------------------|---------|-------------------|---------|--------------------|---|--|
| Sex    | No      | % of all contacts | No      | % of all episodes | No      | % of all enquiries | % of sex<br>contacts that<br>become an<br>enquiry |  |
| Female | 4954    | 57%               | 3339    | 60%               | 1036    | 60%                | 21%   |  |
| Male   | 3738    | 43%               | 2215    | 40%               | 702     | 40%                | 19%   |  |
| Total  | 8692    | 100%              | 5554    | 100%              | 1738    | 100%               | 20%   |  |

<u>Table 3: Safeguarding contacts April 21 – March 22 by ethnicity</u>

See table on last page of document

| Detail any changes made as a result of the EIA |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Following mitigation is there still significant risk of impact on a protected characteristic. ○ Yes 

No

| If yes, the EIA will need corporate escalation? Please explain below  |      |  |  |  |  |  |  |  |
|---|------|--|--|--|--|--|--|--|
|   |      |  |  |  |  |  |  |  |
|   |      |  |  |  |  |  |  |  |
| Sign Off  |      |  |  |  |  |  |  |  |
| EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off? |      |  |  |  |  |  |  |  |
| ○ Yes   | O No |  |  |  |  |  |  |  |

of EIA lead officer

Ed Sexton

Review Date 0

Date agreed 02/09/2022

01/03/2023

|  | Contact |                   | Episode |                   | Enquiry |                    |  |
|--|---------|-------------------|---------|-------------------|---------|--------------------|--|
| Ethnicity  | No.     | % of all contacts | No.     | % of all episodes | No.     | % of all enquiries | % of ethnicity contacts that become an enquiry |
| Asian or Asian British - Other   | 224     | 2.6%              | 124     | 2.2%              | 24      | 1.4%               | 10.7%  |
| Asian or Asian British - Pakistani   | 190     | 2.2%              | 118     | 2.1%              | 36      | 2.1%               | 18.9%  |
| Black or Black British - African   | 126     | 1.4%              | 65      | 1.2%              | 17      | 1.0%               | 13.5%  |
| Black or Black British - Caribbean   | 99      | 1.1%              | 70      | 1.3%              | 25      | 1.4%               | 25.3%  |
| Black or Black British - Other Black<br>Background   | 104     | 1.2%              | 44      | 0.8%              | 8       | 0.5%               | 7.7%   |
| <b>™</b> ixed/Multiple Heritage  | 91      | 1.0%              | 35      | 0.6%              | 14      | 0.8%               | 15.4%  |
| 💫 ot known / undeclared / refused  | 1761    | 20.3%             | 1138    | 20.5%             | 280     | 16.1%              | 15.9%  |
| <b>O</b> ther Ethnic Group   | 79      | 0.9%              | 44      | 0.8%              | 15      | 0.9%               | 19.0%  |
| Mite - General Second S | 5793    | 66.6%             | 3794    | 68.3%             | 1290    | 74.2%              | 22.3%  |
| White - Other White Background   | 225     | 2.6%              | 122     | 2.2%              | 29      | 1.7%               | 12.9%  |
| Total  | 8692    | 100.0%            | 5554    | 100.0%            | 1738    | 100.0%             | 20.0%  |