

update August 2023

Part A

Initial Impact Assessment

Proposal name

Safeguarding Adults Update and Delivery Plan

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 strengths-based 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
 - 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 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.
 - effective multi agency arrangements in place to effectively screen and respond to Safeguarding via Hub
- Confident practice
 - Establish a safeguarding adult learning and development framework for safeguarding and implementation arrangements so that all staff have completed relevant minimum standards of safeguarding training.

The ambition is that adults in need of care and support live safely and well free from abuse and neglect

UPDATE August 23

Over the past twelve months good progress has been made towards implementing the delivery plan and several of the actions on the original endorsed plan have been successfully completed. The delivery plan has been updated to reflect this, and now contains only ongoing actions from the original plan and any new actions that have been incorporated in the plan as they have been identified, for example, through the 'Safe and Well' clinic that has been established and the independent review commissioned for the safeguarding partnership. This ensures that the plan continues to be a live and regularly updated document to effectively coordinate all safeguarding improvement work for adults in Sheffield.

Proposal type

- Budget Non Budget

If Budget, is it Entered on Q Tier?

- Yes No

If yes what is the Q Tier reference

Year of proposal (s)

- 21/22 23/23 23/24 24/25 other

Decision Type

-
- Committee (e.g. Adult Committee)
- Leader
- Individual Coop Exec Member
- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

Lead Committee Member

Lead Director for Proposal

Jenna Tait

EIA start date

01/09/2022

Equality Lead Officer

- Adele Robinson
- Annemarie Johnston
- Bashir Khan
- Beverley Law
- Ed Sexton
- Louise Nunn

Lead Equality Objective ([see for detail](#))

- | | | | |
|--|---|---|--|
| <input checked="" type="radio"/> Understanding Communities | <input type="radio"/> Workforce Diversity | <input type="radio"/> Leading the city in celebrating & promoting inclusion | <input type="radio"/> Break the cycle and improve life chances |
|--|---|---|--|

Portfolio, Service and Team

Is this Cross-Portfolio

- Yes
- No

Portfolio

People

Is the EIA joint with another organisation (eg NHS)?

- Yes
 - No
- Please specify

Consultation

Is consultation required (Read the guidance in relation to this area)

- Yes
- No

If consultation is not required please state why

Are Staff who may be affected by these proposals aware of them

- Yes
- No

Are Customers who may be affected by these proposals aware of them

- Yes
- No

If you have said no to either please say why

Initial Impact

Under the [Public Sector Equality Duty](#) 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 [Council website](#) including the [Community Knowledge Profiles](#).

Identify Impacts

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

<input checked="" type="radio"/> Health	<input type="radio"/> Transgender
<input checked="" type="radio"/> Age	<input type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input type="radio"/> Voluntary/Community & Faith Sectors
<input type="radio"/> Pregnancy/Maternity	<input type="radio"/> Cohesion
<input checked="" type="radio"/> Race	<input type="radio"/> Partners
<input type="radio"/> Religion/Belief	<input type="radio"/> Poverty & Financial Inclusion
<input checked="" type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> Other
<input type="radio"/> Cumulative	

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

<input type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

If yes, details of impact

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

Local Area Committee Area(s) impacted

- All Specific

If Specific, name of Local 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 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?

Yes No

Date agreed

Name of EIA lead officer

Part B

Full Impact Assessment

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No *if Yes, complete section below*

Staff

Yes No

Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is 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 the health and wellbeing of adults at risk.

The delivery plan includes milestones that should have a positive impact on staff working in adult health and social care. Reducing waiting lists, making processes simpler, improving multi agency joint working and an improved learning and development framework are all expected to improve the experience of staff.

Comprehensive Health Impact Assessment being completed

Yes No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes N

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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Table 1 in the evidence section illustrates that the majority of safeguarding enquiries completed are for older adults i.e. those in age groups of 60 and older. As a result it is anticipated that the delivery plan will have a positive impact on older adults in Sheffield. However, safeguarding referrals are received in adult social care about adults of all ages.

Table 1 also highlights that safeguarding referrals received that relate to older adults are more likely to be progressed to a safeguarding enquiry than those for younger adults. However, a high number of safeguarding referrals are also received for younger age groups, which suggests that there are potentially adults whose circumstances do not meet the statutory criteria for a safeguarding enquiry but who are in need of some support. The improvement of the prevention model and multiagency working included in the delivery plan is expected to achieve a positive impact for these adults.

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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[UPDATE August 23](#)

[Table 4 in the evidence section illustrates the variation in numbers of safeguarding referrals received and safeguarding enquiries completed for people based on the person's recorded primary care reason \(where a person is in receipt of care and the reason is known\).](#)

[Table 4 shows that there is large variation in the proportions of referrals that are progressed to a safeguarding enquiry depending upon primary support reason. For example, just 8% of referrals related to people with no recorded primary support reason/need are progressed to enquiry compared with 41% of referrals related to people who are recorded to have a learning disability as their primary support reason. As another example, 33% of referrals related to people who are recorded to have a hearing impairment as their primary support reason, are progressed to enquiry.](#)

As a result, it is anticipated that the delivery plan and improvements made will have a positive impact on adults with a disability.

As part of the Adult Care and Wellbeing 'Festival of Involvement' in June 2023 there was an event dedicated to discussing safeguarding and the safeguarding delivery plan. The event was co-hosted with members of the Safeguarding Adults Board Customer Forum, and members of the public were invited. Attendees included individuals with physical and/or learning disabilities, ensuring views of individuals within particular cohorts were represented in discussions about what does good safeguarding look like, how it should be measured, and the information and advice available.

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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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

Yes No

Impact on Customers

Yes No

Details of impact

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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Table 2 in the evidence section illustrates that the majority of safeguarding enquiries completed are for females. As a result, it is anticipated that the delivery plan will have a positive impact on female adults in Sheffield. However, safeguarding referrals are received in adult social care about adults of all sexes and the changes will have a positive impact for all.

Table 2 also shows that the proportion of referrals received that are progressed to a safeguarding enquiry is very similar for males and females.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

UPDATE August 23

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Table 5 in the evidence section illustrates the attempted analysis of safeguarding referrals and enquiries by sexual orientation. Unfortunately, the information is unknown for the majority of individuals and as such the analysis is very limited in use.

One of the actions in the delivery plan that has been completed, is for SCC to issue a statement regarding 'Conversion Practice'. *Is there a link to a public copy of the document that could be added here?* This position statement supports adults and young people with diverse gender and sexuality expressions enabling them to live, work, learn or worship in the city free of abuse i.e., bullying discrimination, homophobia or transphobia, social isolation, and rejection.

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

UPDATE August 23

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One of the actions in the delivery plan that has been completed, is for SCC to issue a statement regarding 'Conversion Practice'. *Is there a link to a public copy of the document that could be added here?* This position statement supports adults and young people with diverse gender and sexuality expressions enabling them to live, work, learn or worship in the city free of abuse i.e., bullying discrimination, homophobia or transphobia, social isolation, and rejection.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Owners of actions on the safeguarding delivery plan are SCC employees alongside representatives from partners from the Sheffield Adult Safeguarding Partnership. Where any actions are identified as impacting staff or customers of partner organisations this will be discussed and managed jointly where required.

The aim of the safeguarding delivery plan is 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 the health and wellbeing of adults at risk in Sheffield.

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Other

Please specify

Impact on Staff

Yes No

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

Age range	Contacts		Episodes		Enquiries		
	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

Sex	Contact		Episode		Enquiry		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of sex contacts that become an 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%

Table 3: Safeguarding contacts April 21 – March 22 by ethnicity

See table at end of document

[Table 4: Safeguarding contacts April 21 – March 22 by primary support reason](#)

See table at end of document

[Table 5: Safeguarding contacts April 21 – March 22 by sexual orientation](#)

See table at end 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 No

Date agreed of EIA lead officer

Review Date

Table 3: Safeguarding contacts April 21 – March 22 by ethnicity

Ethnicity	Contact		Episode		Enquiry		
	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 Background	104	1.2%	44	0.8%	8	0.5%	7.7%
Mixed/Multiple Heritage	91	1.0%	35	0.6%	14	0.8%	15.4%
Not known / undeclared / refused	1761	20.3%	1138	20.5%	280	16.1%	15.9%
Other Ethnic Group	79	0.9%	44	0.8%	15	0.9%	19.0%
White - English/Welsh/Scottish/British/Northern Irish	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%

Table 4: Safeguarding contacts April 21 – March 22 by primary support reason

Primary Support Reason	Contacts		Episodes		Enquiries		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of primary support reason contacts that become an enquiry
Learning Disability Support	555	6%	445	8%	225	13%	41%
Mental Health Support	734	8%	282	5%	97	6%	13%
Physical Support - Access and Mobility Only	538	6%	422	8%	172	10%	32%
Physical Support - Personal Care Support	1953	22%	1632	29%	714	41%	37%
Sensory Support - Support for Dual Impairment	5	0%	3	0%	1	0%	20%
Sensory Support - Support for Hearing Impairment	18	0%	16	0%	6	0%	33%
Sensory Support - Support for Visual Impairment	32	0%	18	0%	9	1%	28%
Social Support - Asylum Seeker Support	1	0%	1	0%	0	0%	0%
Social Support - Substance Misuse Support	73	1%	53	1%	19	1%	26%
Social Support - Support for Social Isolation / Other	188	2%	130	2%	38	2%	20%
Social Support - Support to Carer	120	1%	94	2%	24	1%	20%
Support with Memory and Cognition	186	2%	166	3%	80	5%	43%
No support or reason not recorded	4289	49%	2292	41%	353	20%	8%
Total	8692	100%	5554	100%	1738	100%	20%

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Table 5: Safeguarding contacts April 21 – March 22 by sexual orientation

Sexual Orientation	Contacts		Episodes		Enquiries		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of sexual orientation category contacts that become an enquiry
A. Bisexual	8	0%	6	0%	2	0%	25%
B. Gay Man	3	0%	3	0%	0	0%	0%
C. Heterosexual/Straight	674	8%	529	10%	239	14%	35%
D. Lesbian/Gay Woman	3	0%	0	0%	0	0%	0%
E. Other - Please State	30	0%	23	0%	10	1%	33%
F. Declined To State	124	1%	101	2%	46	3%	37%
G. Still To Be Obtained	1590	18%	1296	23%	576	33%	36%
H. Unknown	6260	72%	3596	65%	865	50%	14%
Total	8692	100%	5554	100%	1738	100%	20%

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