



HARINGEY COUNCIL EQUALITY IMPACT ASSESSMENT FORM: SERVICE DELIVERY

Service:	Adult and Community Services
Directorate:	Adult Social Services
Title of proposal:	Adult Safeguarding Prevention Strategy 2014-17
Lead Officer (author of the proposal):	Helen Constantine
Names of other Officers involved:	Rebecca Waggott

Statement of purpose

In making this proposal, we have been mindful of our public sector equality duty to have due regard to the need to:

- a) eliminate discrimination;
- b) advance equality of opportunity between different groups and;
- c) foster good relations between groups in Haringey.

In addition, we are committed to ensuring that we promote social inclusion in all council services making sure that they address the needs of those vulnerable residents who rely most heavily on them. The most socially excluded residents predominantly have the protected characteristics defined in the Equality Act 2010.

The purpose of this assessment is to:

- a) Identify whether and to what extent this proposal could produce disadvantage or enhance opportunity for any groups with the protected characteristic defined in the Equality Act 2010;
- b) Establish whether the potential disadvantage is significant enough to call for special measures to remove or reduce the disadvantage;
- c) Identify and set out the measures that will be taken to remove or reduce the disadvantage;
- d) Where mitigation measures are not possible, to set out and explain why;
- e) To ensure that Members are fully aware of the implications the proposal may have for **the Council's public sector equality duty before they decide on the proposal.**

Step One: Identify the aims of the proposal

1) Please state:

- What problems the proposal is intended to address
- What effects it is intended to achieve
- Which group(s) it is intended to benefit and how

During 2012/13 we received over 1400 safeguarding alerts. This represents a 47% increase in alerts from 2011/12. This is encouraging as it shows that our work to outreach to adults at risk, raising awareness of safeguarding issues within our communities and making it **'everyone's business' has been** effective. We want any potential safeguarding issues to be reported to us to allow us to consider the matter and take appropriate action as necessary.

Of the 1408 alerts received in 2012/13, 520 (37%) were referred to the safeguarding team for further investigation, as they were found to have safeguarding content. This represents a 10% increase in referrals from 2011/12, indicating that there has been a smaller increase in referrals than safeguarding alerts. Equally, we are concerned that a significant number of our residents may need to be safeguarded from abusive behaviour and for their safety to be maximised. The introduction of Personalisation and the aim for adults in the local community to have maximum choice and control over their circumstances, makes it even more important to have checks and resources in place to ensure adults at risk remain safe.

Haringey's Safeguarding Adults Board (SAB) has recognised the need to empower and offer choice to people and, at the same time, equip them with information and tools to protect themselves. Within this context, the SAB has developed a multi-agency Adult Safeguarding Prevention Strategy 2014-17, which represents a commitment across the different agencies involved with adults to promote a safer Haringey. This strategy sets the strategic direction for prevention in adult safeguarding and the main priority areas for the different agencies that care and support adults at risk in our community.

It is intended that the Adult Safeguarding Prevention Strategy 2014-17 will increase awareness of the need to safeguard adults at risk throughout the community, with staff and with our partners. The priorities of the strategy include identifying people at risk of abuse; raising public awareness; providing information, advice and advocacy; providing training and education; and interagency collaboration. It is, therefore, intended that this strategy will affect adults at risk in our community in a positive way by raising awareness and increasing the availability of information about adult safeguarding amongst everyone involved with adults at risk. In line with the [*No Secrets*](#) guidance (Department of Health, 2000), Haringey defines an 'adult at risk' as any person over the age of 18 years who needs community care services because of mental or other disability, age or illness and who are, or may be, unable to take care of themselves against significant harm or exploitation.

Step Two: Consideration of available data, research and information

- 1) Using data from equalities monitoring, recent surveys, research, consultation etc. are there group(s) in the community who:
 - are significantly under/over represented in the use of the service, when compared to their population size?
 - have raised concerns about access to services or quality of services?

Gender

Haringey is an exceptionally diverse borough. According to the 2011 Census, out of the 254,900 residents in the borough, 50.5% are female and 49.5% are male. Of the safeguarding referrals received during 2012/13, approximately 55.8% were for women and 44.2% were for men. This shows that women are slightly more likely than men to be the subject of safeguarding referrals in Haringey.

Age

Older people are disproportionately represented in adult safeguarding referrals, particularly amongst the 75-84 age group. The table below compares the age profile of adults subject to safeguarding referrals in 2012/13 with the wider population profile of Haringey, according to the 2011 Census.

Age category	12/13 referrals	Haringey
18-64	48.8%	66.4%*
65-74	13.1%	4.9%
75-84	21.8%	2.9%
85+	16.2%	0.9%
Total	100%	80.7%

*Please note that this figure is for 20-64 year olds, due to the categories used in the 2011 Census

Ethnicity

According to the 2011 Census, 60.5% of Haringey's population falls within the 'White' category. Although a similar proportion of safeguarding referrals are made for 'White' adults (62.8%), there appears to be an over-representation of 'White British' adults and an under-representation of adults falling into the 'other White background' category. 'Black Caribbean' adults are also over-represented in the 2012/13 safeguarding referrals compared with their representation in the Haringey community.

The safeguarding referral data shows that referrals are made for most ethnic groups represented within the local community, however, there is some over- and under-representation of particular ethnic groups. This highlights the importance of ensuring that information regarding adult safeguarding and how to report it is widely available to all

groups living in Haringey in a variety of formats, including for those adults whose first language is not English. As a result, a key action in the Adult Safeguarding Prevention Strategy 2014-17 delivery plan is to review existing information available to the public and to draw up proposals for increasing the availability of adult safeguarding information and different formats.

Ethnic group		2012/13	Haringey
White	White British	42.1%	34.7%
	White Irish	4.0%	2.7%
	Traveller of Irish Heritage	0.2%	0.1%
	Gypsy/Roma	0.0%	
	Any other White background	16.5%	23.0%
Mixed	White and Black Caribbean	0.4%	1.9%
	White and Black African	0.4%	1.0%
	White and Asian	0.4%	1.5%
	Any other Mixed background	0.6%	2.1%
Asian or Asian British	Indian	3.3%	2.3%
	Pakistani	0.4%	0.8%
	Bangladeshi	0.0%	1.7%
	Any other Asian background	3.1%	3.2%
Black or Black British	Caribbean	15.9%	9.0%
	African	5.4%	7.1%
	Any other Black background	2.5%	2.6%
Other Ethnic Groups	Chinese	0.2%	1.5%
	Any other ethnic group	4.4%	4.8%
Total		100%	100%

Service User Group

Adult safeguarding referral data is categorised by service user group for our annual Abuse of Vulnerable Adults (AVA) data return to Government. The table below shows that most safeguarding referrals in 2012/13 were for people with a physical disability, frailty or sensory impairment. Further analysis of the data shows that older people with a physical disability or sensory impairment are the most affected group, with 38.8% of all referrals made for people in this group over the age of 65. However, younger adults under the age of 65 appear to be disproportionately affected amongst those with a mental health issue or learning disability.

Service User Group	12/13 referrals
Physical disability/frailty/ sensory impairment	47.9%
Mental health	28.8%
Learning disability	16.8%
Other vulnerable adults	6.0%
Substance misuse	0.6%

2) What factors (barriers) might account for this under/over representation?

It is difficult to determine with any certainty why any group is over- or under-represented in the use of safeguarding services. However, it is not surprising that older people, women and people with physical disabilities, mental health issues or learning disabilities are the subject of safeguarding referrals, as these characteristics may put these groups at greater risk of abuse. The Social Care Institute for Excellence (SCIE) [Report 41: Prevention in Adult Safeguarding](#) (2011) highlights research by Choi and Mayer (2000), which analyses risk factors for older adults using data from a county adult protective services in the US. It found that people who were most frail and dependent were at an increased risk of maltreatment. The SCIE report also points to a major UK survey of over 2000 people aged over 65 living in private households, which found that the risk factors for neglect included being female, aged 85 and over, suffering bad health or depression and being in receipt of, or in touch with, **services (O'Keefe et al, 2007)**. This research highlights the importance of identifying the risk factors involved in adult safeguarding referrals and using this information to target prevention work where it is needed most.

The Social Care Institute for Excellence (SCIE) [Report 41: Prevention in Adult Safeguarding](#) (2011) highlights that research consistently identifies people with learning disabilities as being at risk of all types of abuse. Bruder and Kroese (2005) cite authors who identify the following additional risk factors: poor social skills and poor judgement; poor communication skills; physical dependence; a lack of education about appropriate sexual behaviour; and a lack of knowledge about how to defend against abuse. The report also notes that it has also been suggested that people with learning disabilities have been educated or reinforced to be compliant, and as a result, lack practice in making independent decisions in everyday life. Therefore, a key area of adult safeguarding prevention work proposed by SCIE is the training and education of vulnerable groups, and this forms part of our Adult Safeguarding Prevention Strategy 2014-17 delivery plan. Small group training approaches are thought to help raise awareness of abuse amongst adults at risk and enable them to build skills to protect themselves from abuse.

Reasons for the over- and under-representation of different ethnic groups in the safeguarding referral data is not clear. It may be that certain groups within the community are better able to access safeguarding services when needed or that awareness of adult safeguarding issues is greater in some communities. It is therefore important that information about adult safeguarding and where to report it is available in a range of community languages and that training and education of vulnerable adults reaches all sectors of the community.

3) What other evidence or data will you need to support your conclusions and how do you propose to fill the gap?

Information regarding the gender, age, ethnicity and service user group of people subject to a safeguarding referral is currently recorded, therefore, no further data is required. This information will continue to be reviewed by the Safeguarding Adults Board to monitor service usage and to plan appropriate safeguarding prevention activities.

4) What barriers and factors might account for under/over representation?

See Step 2 above.

Step Three: Assessment of Impact

1) How will your proposal affect existing barriers? (Please tick below as appropriate and use the space to explain why)

Increase barriers?	<input checked="" type="checkbox"/> Reduce barriers	No change?
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The Adult Safeguarding Prevention Strategy 2014-17 will help to reduce any existing barriers as the prevention work planned within the strategy will include reviewing the current adult safeguarding information and the formats available to ensure that adult safeguarding information is easily accessible across the local community. **The strategy's** delivery plan also includes work around the training and education of vulnerable groups, the local community, staff and other partners. Therefore, the strategy will help to ensure that adults at risk, professionals and the wider community, will have greater awareness of adult safeguarding and how to report it.

Due to the nature of adult safeguarding, any over-representation of particular groups may indicate that these groups are most 'at risk'. Therefore, the Adult Safeguarding Prevention Strategy 2014-17 aims to promote awareness of adult safeguarding amongst the wider community as well as targeting particular 'at risk' groups. In addition, the strategy aims to make safeguarding services accessible to all groups in the community to ensure that any adult living in Haringey can access safeguarding services if required.

2) What specific actions are you proposing in order to reduce the existing barriers and imbalances you have identified in Step 2?

Some of the key actions from the Adult Safeguarding Prevention Strategy 2014-17 delivery plan which will help to minimise any barriers to the adult safeguarding service include:

- Analyse the annual safeguarding referral data (including Hate Crime data) to identify **safeguarding adults' risk factors**. Using this information, plan targeted safeguarding awareness/training interventions with key groups.
- Analyse the annual safeguarding referral data to identify trends in black and minority ethnic (BME) referrals. Using this information, plan targeted safeguarding awareness/ training interventions with key groups.

- Review existing information available to the public and draw up proposals for increasing the availability of adult safeguarding information and different formats (e.g. for people whose first language is not English).
- Run annual awareness campaigns for adult safeguarding to increase public awareness and for Council staff and partners.
- Carry out an audit of local advocacy services and report on recommendations in order to ensure that adults at risk are provided with advocacy services enabling them to voice their concerns.

3) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

A possible barrier to people's access to adult safeguarding services could be their ability or willingness to report safeguarding incidents. By ensuring that vulnerable adults, staff, partners, and the wider community are aware of what adult safeguarding is and how to report it, this will increase the likelihood that the adult at risk, or any member of the community involved with them, will report their concerns. This will be addressed primarily through information provision and training. The significant increase in safeguarding reports in 2012/13 suggests that our work to outreach to adults at risk, raising awareness of safeguarding issues within our communities and making it 'everyone's business' has been effective. We will therefore continue to raise community awareness of adult safeguarding to minimise this potential barrier.

Step Four: Consult on the proposal

1) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

In summer 2013, a consultation was carried out on the draft Adult Safeguarding Prevention Strategy 2014-17. Presentations were made to the Older People's, Learning Disabilities and Carers Partnership Boards and a survey about the strategy was published on the Council's website. The feedback was broadly supportive of the aims and priorities of the strategy and some individual comments and suggestions were received. The main points raised within the consultation are summarised below:

- Public awareness and empowering individuals should be a high priority. This could be achieved through providing accessible adult safeguarding information/training online and in different languages. It should be considered how to provide information to hard to reach groups, such as the black and minority ethnic (BME) community, carers and people who fund their own care.
- Community groups, such as Neighbourhood Watch, could be provided with adult safeguarding information to help members of the community recognise the signs of abuse and to know how to report their concerns.
- Regular training and updates on safeguarding trends and legislation should be made available to ensure staff and the wider community have current knowledge of adult safeguarding issues.
- Service providers and other partners should be involved in efforts to prevent abuse and provide early intervention, including the implementation of adult safeguarding policies and procedures and monitoring of service providers.
- Adult safeguarding should be a priority for all employees and be reinforced through training and regular communication.

2) How, in your proposal have you responded to the issues and concerns from consultation?

Feedback from the consultation has been incorporated into the strategy and the actions in its delivery plan to ensure that residents' suggestions are reflected in our plans for adult safeguarding prevention work.

3) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

The final version of the Adult Safeguarding Prevention Strategy 2014-17 and its delivery plan have been **published on the Council's website, together with a short report on the consultation findings.**

Step Five: Addressing Training

- 1) Do you envisage the need to train staff or raise awareness of the equalities issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

Staff will be kept informed of any equalities issues arising in the delivery of the prevention work contained within the Prevention Strategy's delivery plan. One of the actions in the delivery plan is to analyse safeguarding referral data to identify factors that indicate an increased risk of abuse among adults at risk in the community. The findings of this work will be presented to relevant staff teams in order to raise awareness among staff and identify actions for ongoing prevention work (e.g. risk assessments and prevention strategies). Any further equalities developments will also be incorporated into staff training and our safeguarding newsletter.

Step Six: Monitoring Arrangements

- 1) What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?
 - Who will be responsible for monitoring?
 - What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?
 - Are there monitoring procedures already in place which will generate this information?
 - Where will this information be reported and how often?

The Corporate Performance Team already collate information on the characteristics of people referred to the safeguarding team on a monthly basis in order to monitor use of the service. This information is considered by the Safeguarding Adults Board (SAB) and its Prevention Sub-group on a quarterly basis. The Prevention Sub-group will lead on the **implementation of the Prevention Strategy's delivery plan and will update the SAB on progress on a quarterly basis.** It is not proposed that any specific indicators are developed, as use of the service will continue to be monitored through the SAB and the Prevention Subgroup, and the existing data will enable us to establish the impact of the Prevention Strategy. Progress against the Prevention Strategy delivery plan will be reported in the SAB annual report, which is made available on our website.

Step Seven: Summary of Impact

Instruction: In the table below, summarise for each diversity strand the impacts you have identified in your assessment.

Age	Disability	Race	Sex	Religion or Belief	Sexual Orientation	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity
The strategy is intended to safeguard all regardless of their age. The data shows that older people are disproportionately represented in adult safeguarding referrals, particularly amongst the 75-84 age group, therefore, this strategy will impact more on this group	The strategy is intended to safeguard all regardless of their disability. The data shows that most safeguarding referrals in 2012/13 were for people with a physical disability, frailty or sensory impairment, therefore, this strategy will impact more on this group.	The strategy is intended to safeguard all regardless of their race. The data shows that there appears to be an over-representation of 'White British' and 'Black Caribbean' adults compared with the Haringey profile, therefore, this strategy will impact more on these groups.	The strategy is intended to safeguard all regardless of their sex. The data shows that women are slightly more likely than men to be the subject of safeguarding referrals in Haringey, therefore this strategy will impact more on this group.	The strategy is intended to safeguard all regardless of their religion or belief.	The strategy is intended to safeguard all regardless of their sexual orientation.	The strategy is intended to safeguard all regardless of their gender reassignment status.	The strategy is intended to safeguard all regardless of their marriage and civil partnership status.	The strategy is intended to safeguard all regardless of their pregnancy and maternity status.

Step Eight: Summarise the actions to be implemented

Issue	Action required	Lead person	Timescale	Resource implications
Identify people at risk of abuse	<ul style="list-style-type: none"> Analyse safeguarding referral data to identify risk factors Identify reasons for any variations in BME safeguarding referrals 	Safeguarding Prevention Subgroup	Annually from June 2014	To be delivered within existing resources
Increase public awareness, information and advocacy	<ul style="list-style-type: none"> Review existing information available to the public, including online info Run annual public / staff awareness campaigns Carry out an audit of local advocacy services 	Safeguarding Prevention Subgroup	<p>April 2014</p> <p>Annually in September</p> <p>March 2014</p>	To be delivered within existing resources

Training and education	<ul style="list-style-type: none"> • Carry out an audit of existing training with adults at risk • Establish standards and agreed competencies in adult safeguarding for all staff 	Training & Development Subgroup	March 2014	To be delivered within existing resources
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Step Nine: Publication and Sign Off

1) When and where do you intend to publish the results of your assessment, and in what formats?

The EOIA will be published on the Council's website once approved and signed off.

Assessed by (Author of the proposal):

Name: Rebecca Waggott

Designation: Business Improvement Officer

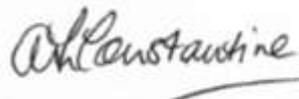
Signature: 

Date: 11/02/2014

Sign off by Directorate Management Team:

Name: Helen Constantine

Designation: Head of Business Management Services

Signature: 

Date: 11/02/2014