Bromley
Safeguarding
Adults Board

Initial Equality Impact Assessment Form

Safeguarding Adults in Bromley Multi-Agency Policy and Procedures

1b.   What category of EIA is this? Please tick one of the following:

Part of planned work	
Developing new policies	
Changing/ updating existing policies	✓

1c.   Timetable for assessment:

Start Date	May 2009
Projected end date	March 2010

1d.   Who will do the EIA? Please complete the following table:

Name	Job Title	Roles & Responsibilities within EIA Team
Ruth Warren	Adult Safeguarding Co-ordinator	Report Author
Susannah Simpson	Adult Safeguarding Manager	Practice Lead
Aileen Stamate	Quality Assurance Manager	Quality Standards
Sarah Reardon	BSAB administrator	Performance Statistics

1e.   Identify any other resources that are needed to support EIA:

STAGE 2 – ANALYSE THE POLICY

2a. Briefly describe the aim of the policy:

This policy is maintained by the Bromley Safeguarding Adults Board

To promote the safety and well-being of vulnerable adults in Bromley
To ensure a multi-agency process is in place to support local agencies develop effective partnership work to prevent the ill-treatment and neglect of vulnerable adults

2b. Set out the policy objectives:

1. To raise the awareness of abuse within Bromley and increase the reporting of abuse
2. To ensure that professionals and the public are aware of the process for reporting suspected abuse
3. To reduce the incidence of abuse of vulnerable adults within Bromley
4. To support more effective protection of vulnerable adults from abuse

2c. Break down the policy into its key areas:

Raising Awareness
Referral
Multi-agency Safeguarding strategy planning
Risk assessment and Risk management
Safeguarding investigation
Adult protection planning
Improving the response to abuse
Monitoring outcomes
Service user feedback
Training the workforce

2d. List the intended recipients of the policy:

1. **Staff of statutory partner agencies and practitioners with lead agency responsibility for safeguarding adults**
2. **Adults at risk of abuse, their families and carers**
3. **Providers of health social care and housing services**
4. **Local voluntary organisations, faith and community groups and the wider public**

The policy and procedures document:

- **clarifies the roles and responsibilities of the partner agencies involved in safeguarding adults in terms of preventing abuse and reporting concerns**
- **provides detailed guidance to practitioners to ensure that victims are appropriately supported after abuse, and the risk of repeated abuse is reduced or eliminated. Action is taken against alleged abusers or to provide support in the form of information, advice or services, as appropriate.**

Safeguarding adults work is specifically aimed at groups of people who have historically been discriminated against. Discrimination may also mean that vulnerable adults have difficulty making their concerns heard or their complaints believed.

The processes of multi-agency strategy discussion, investigation and protection planning following a referral seeks to manage risk and identify those who need to be involved, by placing the adult at risk at the centre of the intervention at its outset.

The safeguarding policy and procedures were revised by the multi-agency Policy Procedures and Protocols sub-group of Bromley Safeguarding Adults Board and published in mid- December 2008. The procedures were launched in a series of multi-agency training events held between January and March 2009. To support the effective implementation of the procedures, a training strategy, which focuses on competency based training comprising of six levels, have been developed. This supports the safeguarding policy and defines the required competencies for effective adult protection based on the standards.

Vulnerable adults and stakeholders have been made more aware of abuse and how to report it through a number of initiatives publicising the revised policy and procedures. The publication and distribution of the new leaflet, 'How to Stop Abuse' (which was produced in consultation with Bromley Sparks) and Public information events were held in Bromley and Orpington shopping centres in June 2009. The events were linked to a national campaign run by World Elder Abuse Day.

2e. Identify partner organizations and any other departments involved in delivering the policy:

London Borough of Bromley, Adult and Community Services, Environmental Health and Community Safety
Metropolitan Police (Bromley Division)
Bromley Primary Care Trust
Oxleas NHS Foundation Trust
South London Healthcare NHS Trust
Care Quality Commission
London Ambulance Service
Bromley Victim Support
Bromley Council on Ageing
Learning Disabilities Forum
Carers Bromley
Domiciliary Care and Care Home Provider Forums

2f Identify and list any stakeholders concerned with the delivery of the policy:

Vulnerable adults who are users of social care services, their families and their informal carers
Care Home Forum
Domiciliary Care Forum
Voluntary organisations and other community organisations not represented on Bromley Safeguarding Adults Board
London Borough of Bromley Adult and Community Services
Care Quality Commission

STAGE 3 – ANALYSE THE EQUALITY ISSUES OF THE KEY AREAS OF THE POLICY

Category:	Age	Disability	Gender	Race	Religion/ Belief	Sexual Orientation
Considered in EIA?	✓	✓	✓	✓	✓	✓

Key Areas	All Associated Documents
Raising Awareness	Safeguarding Adults in Bromley Procedures Document comprising : Safeguarding Adults Partnership strategy Practice guidance Adult Protection Procedures Practitioner's toolkit Alerters guide for staff and volunteers of all partner agencies How to stop Abuse – easy read leaflet for people who use social care services , their families, carers, friends and the general public. Produced with Bromley Sparks, introduced in July 2008, updated in January 2010 No More Secrets – Please Say Something posters distributed throughout borough in Summer 2009 to; hospitals, clinics , GP surgeries, Social Services Council reception areas and partner agencies Bromley Safeguarding Adults Board Newsletter, introduced in December 2009 for publication three times per year in Decemeber Spring and mid-summer
Referral	Carefirst forms to record progress of safeguarding casework: SA 1 Referral
Multi-agency Safeguarding strategy planning	SA 2 strategy discussion/meeting
Risk assessment and Risk management	Carefirst Form SA 1 referral, SA 2 strategy discussion/meeting, SA 3 Safeguarding Investigation and SA 3A Risk assessment
Safeguarding investigation	SA 3 Safeguarding investigation SA 3a Safeguarding Risk assessment SA 6 Review of Adult Protection plan
Adult protection planning	SA 1 Referral SA 2 strategy discussion/meeting SA 3 Safeguarding investigation SA 3a Safeguarding Risk assessment SA 4 Safeguarding Case Conference SA 5 Adult Protection plan

Improving the response to abuse	SA 6 Review of Adult Protection plan Performance Monitoring data monthly reports
Monitoring outcomes	S A 7 Monitoring and Closure
Service user feedback	Service user feedback form developed as part of the quality audit of safeguarding casework within teams as first tier of the London Borough of Bromley Quality assurance framework.
Training the workforce	Safeguarding Training strategy 2009/2010 Multi-Agency Training Programme Multi-agency training Brochure developed January – March 2010 for publication April 2010 Alerter's guide Development of safeguarding information, resources on LBB intranet and external website, to provide a wide range of reference information for stakeholders, health and social care professionals.

What positive impact could the policy and procedures have overall and on different groups?

Overall
The launch of the procedures and the awareness raising activities supporting the publication of the December 2008 edition of the Multi-Agency procedures and the procedures for reporting abuse, has seen an increase in adult safeguarding referrals. This has been sustained in 2009/10. An increase in. national and local awareness of safeguarding may have contributed to the increase, in numbers of referrals of vulnerable adults in Bromley. In 2008/9 there were 381 referrals resulting from 449 alerts, an increase of over 200% from 2007/8. The Care Quality Commission indicated that this is in line with safeguarding referral patterns in comparator London boroughs.

Referrals are monitored across user groups rather than equality grouping. In 2008/9 the breakdown of referrals was as follows:
Older People   79%
Learning Disabilities   18%
Mental Health   2%
Physical Disability and Sensory Impairment   1%*

* This figure representing 4 referrals is disproportionately low compared to 2007/8. PDSI Referrals for 2009/2010 have already exceeded the previous year's total and are projected to rise by 85% by the end of the current year.

Reporting abuse and the protective/preventive measures put in place as part of the response to the referral, ensures that vulnerable people can be supported to cope with the impact of the abuse, so that the negative impact on their lives can be minimised.

Current data for 2009/2010 shows a continuing increase in the number of safeguarding referrals but the rate of increase has stabilised. This indicates that good public awareness of adult protection issues is making a contribution to ensuring that vulnerable people can be protected from abuse.

The safeguarding process aims to prevent or to reduce the risk of further abuse of vulnerable people, involving risk assessment, multi agency investigation and protection planning. It supports action against the alleged abuser or the provision of services, which may reduce stress within relationships between vulnerable adults and their carers, which may have caused unintended harm.

The definitions of abuse contained within the policy and procedures document covers discrimination including racist or sexist behaviour or harassment of a vulnerable adult based upon a person's age, culture, disability, ethnicity, gender, race or sexual orientation.

Age
As Bromley has the largest population of older people over the age of 85 of all the London boroughs, it is to be expected that older people would represent a large proportion of safeguarding referrals. The greatest positive impact has been on older people showing a 79% increase from 57 in 2007/8 to 301 referrals in 2008/9. The increase in reporting suggests both the safeguarding policy and procedures to health and social care professionals has improved awareness of adult safeguarding.

Disability
Within the Disability Equality Scheme the word 'disability' refers to "any person who has a physical or mental impairment, which has a substantial and long-term-adverse effect on his or her ability to carry out normal day to day activities". This may mean that the people who are affected by disability will not necessarily be in contact with health and social care services.

However, most people using social care services have some form of disability or long-term condition which represents a risk to their ability to live independently. Most people referred through the safeguarding process are already in receipt of social care services. The robust safeguarding procedures have a positive impact on the safety and sense of security for people with disabilities. It should be noted that of the 18% of referrals which relate to people with learning disabilities, a proportion relate to adults who are receiving services outside Bromley, (where the host local authority take the lead role in the safeguarding investigation).

People with mental health needs and people with dementia may be particularly vulnerable to abuse. The Bromley procedures contains a definition which seek to support health and social care professionals in recognising when safeguarding procedures should be employed, so that the potential for harm or exploitation is minimised.

Gender
Of the total number of referrals received during 2008/9 65% related to females and 35% to males. Given the high proportion of safeguarding referrals (79%) which relate to older people this may be more a reflection of the gender split of the older population of Bromley. Particularly in the upper age ranges of 80 to 84 years, 85 -89, and 90 plus, where women significantly out number men and where vulnerability to abuse, increases with extreme old age.

The referral data also includes incidents of domestic violence involving households where one or more of the people involved are vulnerable adults. Safeguarding is therefore seen as having a positive impact in offering another means of intervention to support vulnerable adults of either sex, experiencing domestic violence. The Safeguarding Adults in Bromley multi-agency policy and procedures links to domestic violence policies and initiatives.

Race
During 2008/9 a detailed analysis was undertaken of safeguarding referrals received between October – December 2008. The sample group selected was the older people group which had seen the largest increase in safeguarding referrals during 2008. The analysis showed that the proportion of ethnic groups represented, was broadly similar to the wider population of Bromley. The impact of the revised multi-agency procedures is therefore viewed as positive for the black and minority ethnic communities of Bromley. During 2009 and 2010 outreach to local community groups has continued to improve awareness and encourage reporting abuse of vulnerable groups within these communities. The percentage of referrals relating to White British remains stable at 80%. The mid year report for 2009/2010 show a small improvement in the recording of ethnicity for safeguarding referrals – a 2% decrease in the number of referrals where ethnicity is not captured the 2009/2010 mid year performance data shows 4% of safeguarding referrals are from BME communities, an increase of 2% from 2008/9.

Referrals are most often made by third parties who may not have accurate information about the ethnicity of the vulnerable adult, or refuse to disclose because they do not perceive the relevance of this information to the seriousness of the concern they are reporting. In 28% of referrals in 2008/9 the alleged perpetrators were family members: this is projected to increase to 33% in 2009/2010. Where family members who share culture and ethnicity with the alleged victim are alleged to be perpetrators of abuse, race is unlikely to be a contributory factor in increasing vulnerability to abuse.

Religion/Belief
The recording of statistics relating to faith /belief is limited when comparing safeguarding referrals and community care referrals. The reason for this is not known but it is believed the reason is refusal to provide information at the time of the referral. There is no evidence to suggest any correlation between religion/belief and risk of abuse; the multi-agency safeguarding framework applies to all vulnerable adults, irrespective of faith or belief.

Sexual Orientation

Data is not currently available on the sexual orientation of vulnerable adults referred to the service. This is not routinely monitored unless the sexual orientation of alleged victim is identified as a contributor to increasing their vulnerability to abuse or exploitation. There is no data on abuse of transgender people. All vulnerable adults irrespective of their sexual orientation have equal access to the adult safeguarding service.

A report by the Commission for Social Care Inspection Putting People First: Equality and Diversity Matters, indicates that 45% of lesbian gay and bisexual people who use social care services may be victims of discrimination because of their sexual orientation. This information will be highlighted to the lead agency workforce who provide a safeguarding service to ensure information regarding sexual orientation is captured.

Other Groups

The publication of the procedures has had a positive impact on the workforce undertaking safeguarding adults casework and those working within health and social care services. In addition those who act as alerter/referrers or who as registered managers contribute to the investigation process when abuse has occurred within their own service. Revised training competencies have been developed, which provides six levels of training designed to develop the confdence of the workforce in undertaking their responsibilities to recognise, report and respond to abuse, at the level appropriate to their job.

Analysis of the feedbackforms from course delegates attending the safeguarding training programme has indicated that staff have benefitted. Both the initial launch events and subsequent training courses have improved their knowledge of the procedures and their confidence in applying them. This feedback will be used to inform the commissioning of the second year of the training programme and to improve the content and delivery of the new courses at Level 5 and 6.

What negative impact could the policy/procedures have overall and on different groups and how can it be justified and/or eliminated?

Overall

The Transformation of Social Care agenda is promoting increased control and choice for people who use social care services, moving away from paternalistic approaches towards the assessment of need and provision of services. As a general principle the emphasis on personalised care means that the protection of adults at risk of abuse is unlikely to have an adverse impact on age equality, disability, gender, race, religion or belief or sexual orientation for people who access safeguarding services. Personalised care should help to ensure that equality of opportunity is promoted throughout the intervention with social care services.

However, one of the key concerns relating to the move to self-directed care that has been expressed by safeguarding professionals, has been the potential for increasing the access to vulnerable adults managing their individual budgets by unscrupulous people who may target them for exploitation or abuse. A risk averse approach would potentially undermine the benefits for increased autonomy, choice and control. However Supporting Independence in Bromley is seeking to combat this risk with the development of a risk enablement policy; which identifies risks and seeks to eliminate the potential harm. The implementation of the policy will be monitored alongside the safeguarding performance monitoring data for 2010/2011, to ensure there are no negative impacts in terms of exposure to risk to abuse.

The lack of specific data in respects of safeguarding activity across all the equality groups means that it cannot be proved categorically that the implementation of the Bromley safeguarding policy and procedures, has had no differential impact in relation to the religion/belief or sexual orientation; equality groups. It will therefore be necessary to improve the monitoring of safeguarding activity by religion and belief and sexual orientation to provide the evidence base to determine whether either of these are factors in causing vulnerability to abuse. Depending on the relationship between the perpetrator and the victim, incidents of abuse relating to these groups may be more readily identified as "hate crime" and investigated under community safety processes.

Age
Older people may be particularly vulnerable to abuse due to reduction in their social networks and social isolation as their health and mobility declines. Their need for support as their needs increase with advancing age may increase their vulnerability to abuse from those who seek to exploit their trust. There is a risk that older people may not be as willing to embrace the increased opportunities for empowerment, choice and control especially if they have already experienced abuse and are mistrustful. The multi-agency policies will therefore be monitored as the planned changes in the risk assessment and risk management framework are implemented to ensure that there is no unintended adverse impact on older people.

Disability
The policy covers those who have a physical disability or sensory impairment, an enduring mental health problem or a learning disability. The policy includes detailed information to ensure that these service users are not disadvantaged due to their disability and can achieve full access to the criminal justice system e.g by use of "Achieving Best Evidence" measures.

Gender

There are fewer safeguarding referrals for men than for women. The primary reason is more likely to be related to the large percentage of referrals relating to older people, where the demographic profile indicates that women significantly outnumber men in the upper age ranges, e.g. men over 85 represent only 26.3% of the population compared to 48% of the population as a whole.

Male population of Bromley Bromley aged over 18 years

18-64	48.8%
65-74	45.5%
75-84	39.5%
85+	26.3%
65+	40.9%
Overall	48.0%

However, men may vulnerable to some forms of abuse as it is reasonable to infer from the evidence of men's use of primary health care services that on a similar basis they are less likely to report abuse or seek help from social services at an early stage. The multi-agency safeguarding policy and procedures provide a framework protecting all adults at risk of abuse. Analysis of the improved range of performance monitoring data developed since the publication of the procedures, and the service user feedback forms implemented from February 2010 will be undertaken, to seek evidence for any adverse impact on safeguarding referrals related to gender.

Race

This assessment has already indicated that on available evidence safeguarding cases do correlate with the ethnic profile of the borough. There is no evidence to suggest vulnerable adults are less likely to report abuse or to be referred by third parties by reason of their ethnicity and race but national evidence of differential treatment of black and and other ethnic minorities in healthcare and especially mental health services does present a challenge to safeguarding services to ensure that minority communities are fully aware of and seek to access the help that is available when concerns arise.   The referral rates are lower than the whole population demographic profile of BME communities in Bromley but it should be noted that the greatest proportion of safeguarding referrals relate to older people in the upper age ranges where the number of BME elders are considerably fewer than the 14% of the borough-wide BME population.

The' How to Stop Abuse' leaflet is not currently available in a language other than English, but this has not been identified as an adverse impact. It has been distributed to local BME groups through the ethnic communities project. No specific requests have been received from the ethnic communities project for the leaflet to be translated.   The Adult Safeguarding Manager is visiting local BME groups as part of the Bromley Safeguarding Adults Board Communication

and Engagement strategy and has most recently met with the Chinese community in Orpington accompanied by an interpreter. The leaflet was well-received. It has been designed in an easy –read format to meet the needs of a range of people who use services including those with low literacy, limited knowledge of English and learning disabilities. As lead agency, the London Borough of Bromley does not automatically translate policy documents and all public information leaflets into other languages and formats. However it has a policy of meeting specific requirements on request. The needs of individuals who do not have English language skills are met during the safeguarding process by the use of interpreters.

The safeguarding team will continue work to provide a more secure evidence base for assessing differential impact on race by:
1. Monitoring safeguarding referrals by ethnicity to improve the proportion of cases where this information is known at the outset of the case, to ensure that any evidence of differences in referral rates is identified and addressed
2. Maintaining outreach to BME groups to raise awareness of adult safeguarding issues
3. The service user feedback survey will also be used to try and identify any other reasons why people from ethnic minorities may be more reluctant to disclose abuse or accept social services intervention when abuse is reported by third parties.

Religion/Belief
Sexual Orientation
The policy and procedures are anti- discriminatory. It is a core principle of the Safeguarding Adults in Bromley policy that all adults at risk of abuse have equal access to to the multi-agency framework to safeguard adults, irrespective of religion or belief or sexual orientation. However, since information about sexual orientation is not automatically sought at the point of referral unless it is relevant to the allegation, it is difficult to assess to what extent the sexual orientation of adults who use social care services has an impact on their vulnerability to abuse of any kind. Given the potential for discrimination by sexual orientation indicated by the CSCI report referred to on page 9, the safeguarding team will use the safeguarding training programme to raise awareness of lead agency practitioners in order that they record sexual orientation of adults at risk where this can be identified as an underlying reason for discriminatory or other forms of abuse.

Summary

Equality Group	Positive impact	Negative impact
Age	High	None
Disability	High	None
Ethnicity		Low
Gender		Low
Religion/belief		None
Sexual orientation		None

Recommendation

This initial impact assessment has identified a positive impact on the age and disability equality groups most likely to be at risk of abuse and needing to access safeguarding services. The attached action plan is a proposal to address all data collected to evidence there are no potential adverse impacts on the race, religion/belief and sexual orientation equality groups. It is then proposed to review the available evidence in 12 months time to determine whether a full impact assessment should be undertaken. This timescale will also allow consideration to be given to the Equality Impact Assessments to be published to support the government's new regulations for multi-agency safeguarding arrangements. This follows the No Secrets review and the implementation of the Safeguarding Adults in London Policy and Procedures now nearing completion.

March 2010 Final

STAGE 4 – SET OUT THE ACTION PLAN AND TARGETS

The equality action plan must be integrated into the performance centre improvement & efficiency plans/ service plans.

KEY AREA	EQUALITY CATEGORY	PROPOSED ACTION/ TARGETS	KEY MILE STONES/ TIMESCALE	WHO IS RESPONSIBLE?	RESOURCES & TRAINING REQUIRED?
Safeguarding Referrals	Religion and belief	Improve data capture of religion/belief at point of referral	Year ending March 2011	Safeguarding Tem	No
Safeguarding Referrals	Sexual orientation	Monitor safeguarding referrals where sexual orientation is a factor	Year ending March 2011	Safeguarding Team	No
Safeguarding referrals	Gender	Analyse feedback data from men to establish whether there are any specific factors which deter them from reporting abuse	With effect from February 2010 until end March 2011	Consultant Lead Practitioners	No

Safeguarding Referrals	Race	1. Monitoring of ethnicity of safeguarding referrals to be added to monthly performance reports to improve data capture at outset of referral. 2. Continue outreach to BME communities to raise awareness of safeguarding and monitor impact on referrals	With effect from April 2010 to end March 2011	Safeguarding Team	Interpreters as required Easy read leaflet for distribution
Risk assessment and risk management	Age	Monitor the impact of the implementation of the Supporting Independence in Bromley risk enablement policy	Year ending March 2011	Safeguarding Team	No
Training the workforce	Sexual Orientation	Raise awareness of lead agency practitioners to record sexual orientation of adults at risk where this can be identified as an underlying reason for discriminatory or other forms of abuse	With effect from April 2010	Adult Safeguarding Co-ordinator to ensure that this is included in Learning and Development training brief to providers	No

STAGE 6 – Submit Draft Action Plan BSAB Executive

Date submitted:	10.03.2010
Feedback:	Link Action plan to planned outreach activities to BME communities during 2010 as part of BSAB Safeguarding Communication and Engagement Strategy
Changes made: (If required)	Extend EIA action plan to cover outreach activities to Bromley's BME communities to raise awareness and monitor impact on safeguarding referrals in respect of adults from Bromley's minority ethnic communities.

STAGE 5 – Feedback From Stakeholders On Draft Action Plan

Stakeholder	Date consulted	Feedback	Impact on Action Plan
Departmental Equality Group			

STAGE 7 – Integrate Agreed Actions & Targets Into BSAB Work plans

Date complete:	

STAGE 8 – Produce And Publish EIA Report

Date published:	
	Initial EIA published on One Bromley and Bromley Knowledge on 18.03.10 pending consultation with Departmental Equalities Group