

# PART A - Initial Impact Assessment

**Proposal Name:** Safeguarding adults update and delivery plan

**EIA ID:** 2313

**EIA Author:** Andrew Drummond

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**Proposal Outline:**

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, Making Safeguarding Personal principles: 1. Empowerment People being supported and encouraged to make their own decisions and informed consent 2. Prevention It is better to take action before harm occurs. 3. Proportionality The least intrusive response appropriate to the risk presented. 4. Protection Support and representation for those in greatest need. 5. Partnership Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. 6. 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.

- Partnership and Accountability Partnership Working through SASP- Build governance which ensures effective contribution to the delivery of the SASP Action plan and strategy in particular positive multi-agency working which prevents abuse and harm. - Proportionality and Protection Responsivity - Continue to improve responsivity so that majority of safeguarding concerns are screened within 1 day and 43 enquiries completed in 28 through: Recruitment to social work staff in MASH, including additional

investment to enable and ensure a timely response to concerns. Implementing interim agency capacity whilst recruitment underway to mitigate risks. Reviewing interagency responsibilities and reasons for referrals to Adult Care so that there are clear pathways in place to mitigate increased demand. Transparent reporting to Committee on progress made. - Empowerment and Prevention Early Indicators of Concern - Implement 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. - Confident practice Valuing our Workforce - Invest in learning and development for Adult Care SCC Workforce

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.

UPDATE October 23 The evidence originally included in the EIA was from 2021/2022 and it has now been updated for 2022/2023. The data from 22/23 can be found at the end of this document and it is referenced within the relevant sections of this EIA for the different protected characteristics. Although the total number of safeguarding contacts appears much lower for 22/23 the difference is largely due to a process change rather than an actual reduction in the number of referrals being received by the local authority. However, this change has not affected the figures for the number of safeguarding episodes or enquiries, which have reduced. In addition to the specific analysis completed for this EIA, further information regarding safeguarding performance more widely is provided in the Sheffield Adult Safeguarding Partnership (SASP) Annual Report for 2022/23. The Sheffield Adult Safeguarding Partnership (SASP) is a strategic, multi-agency partnership that brings together statutory and non-statutory organisations to actively promote effective working relationships between different agencies and professionals to address the issue of abuse and harm. Following implementation of the adult multi-agency safeguarding hub (MASH), as part of embedding and

building on the joint working relationships developed the next step is to establish and embed the guidance 'A summary of responsibilities for safeguarding: when and how to use the Sheffield MASH' to improve understanding of appropriate safeguarding referrals and partner responsibilities. The guidance sets out safeguarding organisational responsibilities more clearly, based on best practice, to improve proportionality of referrals. A consultation exercise will be carried out with a wide range of stakeholders. A This is now included on the Safeguarding Delivery Plan to ensure that the plan continues to be a live and regularly updated document to effectively coordinate all safeguarding improvement work for adults in Sheffield

Update March 24 - The summary of responsibilities guidance referenced above has had significant work since October 23. As detailed in the Committee Report there has been significant engagement with the ICB NHS and Voluntary Community and Faith Sector. From the VCF there was a wide range of attendees all inputting their views. With intentions to build on this, use this as momentum for building relationships with the VCF over 2024. As identified in the EIA previously and as referenced in the report the second biggest ethnicity group in Safeguarding Episodes is 'Undeclared/Not Known' making up 14.6%. We now have a programme of audits in place for Safeguarding and Liquidlogic which will both help drive improvements in this area.

Update September 24 - As noted above there was intention to build on initial work completed with the VCF. With this intention in mind a proposal was put to SASP for a post to work with VCF directly in supporting and developing their knowledge of Safeguarding Adults. Supporting groups who work with people in seldom heard communities to ensure people are empowered to access support where appropriate. Additionally with a role to help embed the Responsibilities for Partnerships Guidance which was approved at Committee in March. We're taking next steps with the VCF to agree which organisation will host this post will be able to update further at Committee in March 25. We continue to promote staff ensure data is up to date. At times when we receive an initial concern the information we receive doesn't contain a person's ethnicity. This translates to our Safeguarding data where in Q1 of 24/25 the data for Adult Safeguarding by Ethnicity is as below:-

White	- 75.98%
Mixed/Multiple	- 1.33%
Asian/Asian British	- 3.57%
Black/African/Caribbean/Black British	- 2.31%
Other Ethnic Group	- 0.63%
Refused	- 1.05%
Undeclared/Not Known	- 15.13%

Moving forward we need to further promote staff have appropriate conversations with the

person/their representative to ask their Ethnicity. This will be an action to be taken to the Safeguarding Practice Forum with Service Managers present. We also in audits check this data has been recorded and deliver the message in training that the data needs to be updated.

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**Proposal Type:** Non-Budget

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**Year Of Proposal:** 22/23, 23/24, 24/25

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**Lead Director for proposal:** Alexis Chappell

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**Service Area:** Adults Wellbeing and Care

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**EIA Start Date:** 02/09/2022

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**Lead Equality Objective:** Break the cycle and improve life chances

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**Equality Lead Officer:** Ed Sexton

## Decision Type

**Committees:** Policy Committees

- Adult Health & Social Care

## Portfolio

**Primary Portfolio:** Adult Care and Wellbeing

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**EIA is cross portfolio:**

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EIA is joint with another organisation:

No

## Overview of Impact

### Overview Summary:

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 its partner agencies.

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### Impacted characteristics:

- Age
- Disability
- Health
- Race
- Sex
- Carers
- Partners
- Sexual Orientation

## Consultation and other engagement

## Cumulative Impact

Does the proposal have a cumulative impact:

No

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Impact areas:

## Initial Sign-Off

Full impact assessment required: Yes

Review Date: 28/02/2025

## PART B - Full Impact Assessment

### Health

Staff Impacted:

Customers Impacted: Yes

**Description 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.

Name of Lead Health Officer:

Comprehensive Assessment Being Completed: No

Public Health Lead signed off health impact(s):

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description 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 in Sheffield. 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. UPDATE October 23 Table 1a shows the updated data for 22/23. There has been an increase in the proportion of people aged 60 and over involved in safeguarding enquiries, accounting for 73% of enquiries compared to 67% in the previous year. However, where previously referrals related to older adults were much more likely to be progressed to a safeguarding enquiry than those for younger adults, this difference (although still exists) has reduced. This data will be discussed at the next SASP Performance and Quality subgroup meeting, to consider if there is an increased risk for older people compared to the previous year or if the figures may be anomalous.

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description 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, including their carers (formal and informal).

## Care Experienced

**Staff Impacted:**

**Customers Impacted:**

**Description of Impact:**

## Disability

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description 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 in Sheffield. 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. UPDATE October 23 Table 4a shows the updated data for 22/23. Like the previous year the data shows large variation in in the proportions of referrals that are progressed to a safeguarding enquiry depending upon primary support reason. However, some of the most notable changes within this are: • Adults whose primary support reason is substance misuse support still only makes up 1% of all enquiries, however, the likelihood of referrals for these adults becoming an enquiry increased from 26% to 46%. • Adults whose primary support reason is social isolation/other still make up a small percentage of all enquiries, however, the likelihood of referrals for these adults becoming an enquiry increased from 20% to 34%.

## Partners

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description 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.

## Race

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description 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 adults of all races who may be at risk. Table 3 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 3 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. UPDATE October 23 Table 3a shows the updated data for 22/23. The data shows that there has been a percentage increase in referrals and enquiries related to White British clients and a general percentage decrease amongst all other client groups. The data again highlights that there is large variation in the proportion of referrals that are progressed to a safeguarding enquiry depending upon ethnicity, although the differences are not all consistent with the previous year. For example, compared to the example provided above for 21/22 data, in the most recent year

31% of referrals related to people within the black or black British Caribbean ethnicity were progressed to enquiry compared with 15% of referrals related to people within the black or black British other black background ethnicity. The data continues to indicate that further work is required to explore and understand the differences in progression rates. UPDATE September 24 As per the Initial Impact Assessment the percentage of % of adults with a Ethnicity not 'White' or 'Undeclared/Not Known' in Safeguarding in Q1 of 24/25 is low. More is need to improve data to enable to us to accurately pick specific trends. The post to work with the VCF approved by SASP will be able provide a direct link to seldom heard communities to pick up concerns and promote access to statutory services where appropriate.

## Sexual Orientation

**Staff Impacted:**

**Customers Impacted:**

**Description of Impact:**

UPDATE August 23 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 the health and wellbeing of adults at risk in Sheffield. 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'. 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. UPDATE October 23 Table 5a shows the updated data for 22/23. Unfortunately, the information remains unknown for the majority of individuals and as such the analysis is very limited in its use to identify any additional risk factors associated with LGBT clients.

## Action Plan & Supporting Evidence

**Outline of action plan:**

- 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. UPDATE October 23 Further analysis in this area is still required. Amended target date to April 24. SASP Performance and Quality sub group will consider the differences identified within client age groups.
- 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.

**Action plan evidence:**

See all data tables in the separate document attached.

**Changes made as a result of action plan:**

## Mitigation

**Significant risk after mitigation measures:** No

**Outline of impact and risks:**

## Review Date

**Review Date:** 28/02/2025