Item 8 Appendix 2



**Form to be used for the Full Equalities Impact Assessment**

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| **Service Area:**  **ASC** |  | **Section:**  **Policy** | | **Date of Initial assessment:** | | | **Key Person responsible for assessment:**  **Val Johnson** | | | **Date assessment commenced:**  **18.02.16** | | | |
| **Name of Policy to be assessed:** | | | | **Safeguarding Children, Young People and Vulnerable Adults** | | | | | | | | | |
| 1. **In what area are there concerns that the policy could have a differential impact**   **Other strategic/ equalities considerations** | | | | ***Race***  ***Yes, positive*** | | | | ***Disability***  ***Yes, positive*** | | | | ***Age***  ***Yes, positive*** | |
| ***Gender***  ***Yes, positive*** | | | | ***Religion or Belief***  ***Yes, positive*** | | | | ***Sexual Orientation***  ***Yes, positive*** | |
| 1. **Background** | | | | In October 2013 the City Council commissioned an independent review of its Section 11 Safeguarding Children arrangements. Although there had been no specific complaints, a number of serious case reviews and domestic homicide reviews had identified a number of actions for the City Council and other local agencies. The subsequent policy review involved consultation with all key officers and included consultation on the need to place a greater emphasis on vulnerable adults, the need to review the content of training to include child sexual exploitation, and the need to support front line staff working with vulnerable adults and children. The self-assessment and action plan has since been reviewed on an annual basis.  Statistical evidence indicates that Oxford City is very different to other parts of Oxfordshire. There are issues in Oxford which have a direct and indirect impact on the well-being and welfare of children, young people and vulnerable adults. These include differences in the demographic make- up of the city, including population age groups, ethnicity and relatively high levels of deprivation in some areas of the city. Of particular concern are educational attainment, child poverty (at rates higher than the national average), homelessness and overcrowding.  <https://www.oxford.gov.uk/downloads/file/2248/indices_of_deprivation_2015_oxford_report>  <https://www.oxford.gov.uk/info/20125/education_and_skills/455/education_and_skills_in_oxford>  <https://www.oxford.gov.uk/info/20131/population/497/poverty_and_deprivation>  The majority of services for children, young people and vulnerable adults are provided by other agencies such as education, health and social care. But the City Council needs to play a strong leadership role and influence other agencies if the needs of vulnerable groups in the city are to be understood and met.  The City Council has a Children and Young People’s Plan which sets out all the services provided by the Council and the work it undertakes with partners to safeguard and promote the wellbeing of children and young people. In particular these services include the Housing Sustainability, Housing Adaptations, Domestic Abuse, Drug, Human Trafficking and Child Sexual Exploitation work and the Youth Ambition/ NEET intervention and support services.  The primary aim of the Safeguarding Policy is to set out how the City Council will comply with its safeguarding functions in 2016-2017.  The objectives of the policy are:   * To ensure that the City Council’s policies and practices fulfil its duty to safeguarding and promote the welfare of children and young people * To improve opportunities for children and young people who lives in areas of deprivation and/or who experience poverty and disadvantage * To ensure that the City Council’s policies and practices fulfil its duty to safeguarding and promote the welfare of adults at risk of harm.   The City Council’s safeguarding plan is intended to benefit all children, young people and adults in Oxford, particularly those who are most excluded and at risk of harm. | | | | | | | | | |
| **3. Methodology and Sources of Data**:  The methods used to collect data and what sources of data | | | | A statutory annual safeguarding audit (‘Section 11’) is completed by the City Council and is assessed by the Oxfordshire Safeguarding Children’s Board. This is coordinated and led by the Policy & Partnership Team Leader. This audit includes a peer assessment of the City Council’s Safeguarding Policy & Procedures and Action Plan.  The most recent peer assessment was held in April 2015. This showed that the City Council has been rated either blue or green in all areas that were measured. Blue ratings are awarded as evidence of best practice, whilst green ratings are awarded when all points are met and most points are evidenced (i.e. 75% met).  <http://occweb/intranet/documents/keeping-people-safe-section-11-template-and-action-plan-2015>  Additional detailed information can be found in:   * Oxfordshire Safeguarding Children’s Board meetings, data and reports * Oxfordshire Safeguarding Adults Board meetings, data and reports * PAQA performance data and reports * Multi Agency Safeguarding Hub (MASH) performance data and reports   Other documents that provided data and identified potential gaps in provision included Joint Needs Evidence, Oxford City Children and Young People’s Plan and Oxford City Older People’s need Assessment. Supporting performance and monitoring information is available through the Health and Wellbeing Board. | | | | | | | | | |
| **4. Consultation**  This section should outline all the consultation that has taken place on the EIA. It should include the following.  • Why you carried out the consultation.  • Details about how you went about it.  • A summary of the replies you received from people you consulted.  • An assessment of your proposed policy (or policy options) in the light of the responses you received.  • A statement of what you plan to do next | | | | The Safeguarding Policy has been developed and implemented by City Council Officers across all service areas and with the input from Members.  As part of the Council’s most recent annual safeguarding audit, a questionnaire was circulated among all staff that have been identified as requiring safeguarding training as part of their role. There were over 150 responses to this questionnaire. The results indicate that 100% of staff know how to report safeguarding concerns to a line manager, safeguarding officer, or the Multi Agency Safeguarding Hub; and 97% are aware of the procedures to use when raising a safeguarding concern. 85% of City Council staff are either quite confident or very confident in raising a safeguarding concern.  Although the audit ratings and questionnaire responses are very good, the City Council wants to ensure that it continues to develop its policies and procedures as required. | | | | | | | | | |
| **5. Assessment of Impact:**  Provide details of the assessment of the policy on the six primary equality strands. There may have been other groups or individuals that you considered. Please also consider whether the policy, strategy or spending decisions could have an impact on safeguarding and / or the welfare of children and vulnerable adults | | | | The 2015 the Safeguarding Review highlighted that there have been 23 referrals from the City Council service areas to the County Council in 2015: 9 relating to adults, 14 relating to children. The nature of referrals in order of prevalence are:   * Sexual abuse/CSE: 6 * Homelessness (including children sleeping in cars): 4Mental health (including suicide threats): 3 * Neglect: 3 * Domestic violence: 2 * Financial abuse: 2 * Physical health: 2 * Self-neglect: 2 * Parental substance misuse: 1   (Some referrals are made for more than one reason. This is why the number of referrals does not match the number of different concerns raised in the referrals.)  There were 12 corporate safeguarding referrals that were made in 2015: 7 of these have been in relation to adults; 5 in relation to children. By contrast, in the first quarter of 2016, 14 corporate referrals and 1 escalation have been made during this three month period alone. The referrals related to 9 adults and 5 children. The escalation related to a family comprising of children and adults. The concerns raised in relation to children related to child cruelty/abuse by a parent (3), intra sibling abuse (2) and neglect (1). The concerns raised in relation to adults related to mental health (5), self neglect (3) threats to kill (2), and financial abuse (1).  With the implementation of the MASH, the Council has been able to analyse data relating to referrals, which indicates that it is ‘outstanding’ in sharing relevant information in a timely fashion.  Despite progress in the use of data analysis the Council is mindful not to make assumptions around groups with protected characteristics who may be a higher risk of being vulnerable. However, both national and local statistics do indicate that:  **Race:** Culture, ethnicity and family background can have significant impact on child attainment and well-being. BME groups in particular are over represented in child protection, with a higher number on Child Protection plans (DCSF, 2009). Evidence also suggests that African Caribbean and Pakistani children are in general terms at greater risk of academic underachievement (DfE, 2015: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439861/RR439A-Ethnic_minorities_and_attainment_the_effects_of_poverty.pdf>),  **Disability:** Disabled children and adults are more at risk of harm and abuse. They are over-represented as subjects of safeguarding cases and suffer disproportionately from bullying (NSPCC 2014[: https://www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-summary.pdf](file:///C:\Users\Val.Johnson\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\2NZGZ8N6\:%20https:\www.nspcc.org.uk\globalassets\documents\research-reports\right-safe-disabled-children-abuse-summary.pdf)). Greater social difficulties are faced in terms of accessing opportunities for education, play and leisure. There is also a greater likelihood of developing mental health problems in children with learning difficulties: 36% of children and young people with learning disabilities will have a mental health problem, compared with 8 % of non-disabled children. (Emerson and Hatton (2007): <http://bjp.rcpsych.org/content/191/6/493>.).  **Age:** The City’s safeguarding policy is specifically targeted at safeguarding children, young people and their families. It also covers adults at risk. It should therefore impact positively on all age groups.  **Gender:** Girls are more at risk of forced marriage, and female genital mutilation. They are more likely to victims of cyber bulling and are less likely to be happy with their health and self-image.(HSCIC, 2015: <http://www.hscic.gov.uk/catalogue/PUB19244>).  More females than males are Not in Education, Employment or Training (House of Commons Library, 2016: <http://researchbriefings.files.parliament.uk/documents/SN06705/SN06705.pdf>) Oxford City NEET figures are found at <https://www.oxford.gov.uk/downloads/file/2325/february_2016_chart_of_the_month_jsa_claimants_and_neet_statistics>.  All of these factors make individuals more vulnerable to exploitation and abuse.  **Religion or Belief:** There is an emerging national issue of radicalisation and the Government has developed a Prevent’ Strategy to help with the prevention of extremism (Note that groups/ individuals at risk of extremism or being radicalised are not uniquely identifiable by this characteristic.)  <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf>  The Muslim Council of Great Britain monitors the level of Islamophobia in Britain today. The state that in the last year there have been attacks against mosques, physical abuse against Muslims, anti-Muslim graffiti , a rise in verbal abuse, hate mail and reports of s of Islamophobia in schools.  <http://www.mcb.org.uk/islamophobia/>  **Sexual Orientation** Due to the stigmatisation attached to different sexual orientation it can have a significant impact on a child, young person or adult’s mental well-being. There can be a greater risk of self-harming. (DoH, 2011: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213764/dh_124514.pdf>)  Homophobia has also been identified as an area of concern for children in schools (DoH, 2011). | | | | | | | | | |
| **6. Consideration of Measures**:  This section should explain in detail all the consideration of alternative approaches/mitigation of adverse impact of the policy | | | | A number of the activities set out in the Children and Young People’s are aimed at reducing inequalities through positive action and targeting resources at particular groups.  The actions contained in the Safeguarding Action Plan are aimed at:   * Ensuring regular review of the Policy and Procedures * To improve our response to new emerging priorities for safeguarding * Develop our understanding of CSE and other models of exploitation * Recognise the important role that the Council’s functions have in identifying and safeguarding * To work closely with partners to proactively share information and intelligence * To ensure effective escalation procedures are in place.   Oxford City Council has a strong record of supporting people who are vulnerable and at risk, e.g. of becoming homeless, and of being proactive in the implementation of new public safety initiatives | | | | | | | | | |
| **6a. Monitoring Arrangements:**  Outline systems which will be put in place to monitor for adverse impact in the future and this should include all relevant timetables. In addition it could include a summary and assessment of your monitoring, making clear whether you found any evidence of discrimination. | | | | We will continue to complete our statutory annual safeguarding audit. Our Action Plan and Training Programme are continually reviewed to ensure that they address emerging issues, including those issues that are identified at Serious Case Reviews. and other emerging issues.  The Action Plan is monitored on a quarterly basis by the Director of Community Services and the Portfolio Holder. It is also reviewed regularly (every three months) by the Named Safeguarding Officers Group to capture any emerging issues from the community.  Data analysis from MASH referrals and case studies will be an important aspect in monitoring the impact of the effectiveness of the policy and the improved outcomes as a result of interventions. It is also hoped that new reporting features of the MASH will act as a better mechanism for the Council to keep track of and learn from the outcomes of its referrals (including accountability for relevant agreed response rates from social services). | | | | | | | | | |
| **7. 12. Date reported and signed off by City Executive Board:** | | | |  | | | | | | | | | |
| **8. Conclusions**:  What are your conclusions drawn from the results in terms of the policy impact | | | | Safeguarding and promoting well-being is a priority for the City Council. We have a robust policy and procedures in place which are regularly monitored. We continue to develop our Action Plan to address emerging issues. There has been an increase in referrals made by service areas and also made at a corporate level. We believe that this is due to the programme of awareness-raising that we have undertaken with these service areas, encouraging staff to share any concerns that they might have.  City Council officers will continue to lead on the Oxford Community Safety Partnership’s action plans for Human trafficking, CSE, sex working, sexual abuse, domestic abuse, Preventing extremism, FGM and honour-based violence.  Some key Council services directly contribute both to care plans for children and to help early intervention work, such as:   * Housing Sustainability Team * Domestic Abuse, Drug, Human Trafficking and Child Sexual Exploitation work * Youth Ambition/ NEET intervention and support   Full information of contact details, key partnerships and safe reporting channels can be found at : <https://www.oxford.gov.uk/info/20101/community_safety> | | | | | | | | | |
| **9. Are there implications for the Service Plans?** | | | YES | | **NO** | **10. Date the Service Plans will be updated** | | | April 2017 | | **11. Date copy sent to Equalities Officer in HR & Facilities** | | 24/05/16 |
| .**13. Date reported to Scrutiny and Executive Board:** | | |  | |  | **14. Date reported to City Executive Board:** | | | **16th June 2016** | | **12. The date the report on EqIA will be published** | |  |

Signed (completing officer) Signed (Lead Officer)

**Please list the team members and service areas that were involved in this process:**

Organisational Development & Learning Advisor/ Equalities