

For more information about the equality impact assessment process in commissioning, please see the EIA Guidance 2018 located in **Y:HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA.**

Equality Impact Assessment (EIA) - Service Specification

Please briefly describe the service	Safeguarding Children & Adults Service (CHCP)
Name & roles of person / people completing the EIA:	Lorna Morris, Designated Nurse Safeguarding Children,
Date of assessment:	31.10.18/ 22.01.19
Who will be affected by this service / who will be the key beneficiaries?	<p>The purpose of this service specification is for CHCP to assist the CCG to discharge certain specific duties in relation to safeguarding children and adults. As a social enterprise CHCP has statutory safeguarding responsibilities outlined in the Care Act 2014 and Working Together 2018. The discharge of their responsibilities is monitored by the CCG via contract monitoring mechanisms and on a multi-agency basis through the Local Safeguarding Children Board and Safeguarding Adults Board.</p> <p>All residents in Hull receiving a service from CHCP employed practitioners will be indirectly affected by this service and be key beneficiaries. Families and children will benefit from the multi-agency working arrangements through the Early Help and Safeguarding Hub (EHASH) and Multi-agency safeguarding hub (MASH) and from information sharing arrangements in relation to domestic abuse. CHCP practitioners and GPs/ practice staff will benefit from safeguarding training arrangements which will also benefit the people of Hull.</p>
What data sources do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data,	<ol style="list-style-type: none"> 1. Hull Joint Strategic Needs Assessment (JSNA)/ Hull Adult Health and Lifestyle Survey 2014/ Public Health England Health Profile, Kingston upon Hull 2014.

complaints, engagement feedback etc.)

2. Clinical insight owing to designated roles.
3. Jay report: <https://www.parliament.uk/business/committees-a-z/commons-select/communities-and-local-government-committee/inquiries/parliament-2010/jay-report-rotherham>.
4. Disability in the United Kingdom, Papworth Trust Report: [http://www.base-uk.org/sites/default/files/uk disability facts and figures report 2014](http://www.base-uk.org/sites/default/files/uk%20disability%20facts%20and%20figures%20report%202014).
5. Women and Equalities Committee Report on Transgender Equality: <https://www.parliament.uk/business/committees-a-z/commons-select/women-and-equalities>
6. Stonewall Report: Being the Gay One, 2007: <https://www.stonewall.org.uk/resources/being-gay-one-2007>
7. Religion or belief. A practical guide for the NHS: <https://www.clatterbridgecc.nhs/application/files/7214/3445/0178>

Needs and issues

What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?

General issues

Race

The 2011 Census noted that 10.3% of the population of Hull are black or minority ethnic residents. This compares to the 2001 figure of 3.8%. Many BME people are students or European migrants with only 2.8% of BME people over 65. The number of migrants living in Hull has increased from 10,000 in 2006 to 23,000 in 2016. 4.4% of residents fall in the White Other category in 2011 Census. This group is largely made up of EU migrants from Eastern European countries. The largest non-white ethnicity was Asian or Asian British, making up 2.5% of Hull's population (2016 JSNA). The most requested language in primary care services for 2017 was Polish (50%) followed by Arabic (8%) and Russian (6%), Kurdish, Somali and Mandarin (5%).

Three Domestic Homicide Reviews (undertaken by Hull Community Safety Partnership 2018) involve families from BAME communities. **Therefore, the service provided by CHCP must be available and accessible to all regardless of ethnicity. Where required, interpreting and translation services will be available to service users whose first language is not English. Issues in relation to ethnicity and culture will be explicit within training programmes, for**

<p>Disability</p>	<p>example FGM and the learning from the Jay report (2013/ 2015).</p> <p>From the 2011 Census 19.6% of the Hull population stated that their day to day activities were limited by disability (10% “limited a lot”, 9.6% “limited a little”). The local Health and Lifestyle Survey 2014 suggests that 27.7% of the population of Hull identify that they have an illness or disability which limits daily activities.</p> <p>Figures sourced from Projecting Older People Population Information System show the following estimates of people over 65:</p> <ul style="list-style-type: none"> • Learning Disability: 762 • Visual Impairment: 3,263 • Hearing Impairment – Moderate or Severe: 15,707 • Hearing Impairment – Profound: 402 <p>People from white ethnic groups are almost twice as likely as those from non-white ethnic groups to have a limiting long-standing illness or disability (20% compared with 11%) (source: Papworth Report).</p> <p>Over 11,000 people living in Hull in 2008 had a blue parking badge (estimate 75% will be over 65).</p> <p><i>“The number of people diagnosed with dementia by Hull GPs is 1,362; and the numbers are expected to increase by around 500. However, the level of people diagnosed is expected to be lower than the number of people actually living with dementia. It is estimated that 3,194 people actually have disease. In the next 15 years it is projected that this figure will increase by 29%” Hull Better Care Fund.</i></p> <p>Depression affects around 22% of men and 28% of women aged 65+ (Health and Social care Information Centre (2007), yet the Mental Health Foundation estimate 85% of these do not receive any NHS support for their mental health.</p> <p>Relevant issues/ needs</p> <p>Research shows that disabled people are more vulnerable to harassment and abuse (http://www.papworthtrust.org.uk).</p> <ul style="list-style-type: none"> • More than 20% of disabled people have experienced harassment in public • 9 out of 10 people with a learning disability have been the victim of hate crime <p>The Papworth report also raised concerns about disabled children:</p> <ul style="list-style-type: none"> • Only 1 in 13 disabled children receive a regular support service • About 60% of children with a learning disability have a mental health problem <p>Children with disabilities are identified as “children in need” under the Children Act 1989 and</p>
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	<p>research, including from serious case reviews identifies enhanced safeguarding vulnerabilities. Learning from local serious case reviews has identified the need for organisations to “Think Family” in regards to the needs of parents/ carers with learning disabilities. This is integral to the safeguarding training programme.</p>
<p>Gender / Sex</p>	<p>The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals. There are approximately 60,000 children under the age of 18 years. This equates to 20.6% of the local population. In the over 65 year age group the 2016 estimates suggest that there are 20,585 male and 24,244 females in this cohort.</p> <p>Relevant issues/ needs</p> <p>Although domestic abuse is not a gender specific crime, “<i>Domestic violence can affect one in four women in their lifetimes, regardless of age, social class, race, disability or lifestyle. Domestic violence accounts for between 16% and ¼ of all recorded violent crime</i>” (DH Guidance: Assessing Equality Impact in Safeguarding, 2011).</p> <p>Children living in households affected by domestic abuse may suffer harm, both directly and indirectly. Domestic abuse can have a damaging effect on the health and development of children and can occur during the ante-natal period. Everyone working with children and families should be alert to the frequent inter relationship between domestic abuse and child abuse and neglect (Briggs-Gowan et al “Parsing dimensions of family violence exposure in early childhood: shared and specific contributions to emergent psychopathology and impairment” 2018).</p>
<p>Gender reassignment</p>	<p>There are no official statistics nationally or regionally regarding transgender populations. However, GRIES (Gender Identity Research and Education Society – www.gries.org.uk) estimated that, in 2007 the prevalence of people who had sought medical care for gender variance was 20 per 1000,000 (10,000 people), of whom 6,000 had undergone transition.</p> <p>Relevant issues/ needs</p> <p>The Women and Equalities Committee report on transgender equality reports a significant concern about some social workers’ lack of knowledge on gender variance and recommended that this should be addressed through formal training. Evidence in the report submitted by Mermaids UK (who support young people with gender identity issues states:</p> <ul style="list-style-type: none"> • There have been many cases where, if families support their child’s gender variance, social services have attempted to remove children from the family home by treating this as a safeguarding concern and investigating the parents accordingly. • Many trans looked after children felt very unsafe.

<p>Sexual orientation</p>	<p>There are no statistics for how many LGBT people live within Hull. However, the Government estimates that 5% of the national population is lesbian, gay or bisexual.</p> <p>Relevant issues/ needs</p> <ul style="list-style-type: none"> • A significant proportion of older gay people are likely to live alone, have limited family support and rely on formal services for help in the future. • Many older gay people have experienced, or fear discrimination because of their sexual orientation and report this creates a barrier to receiving appropriate care and treatment (Stonewall, Being Gay One 2007). • Research from Stonewall, Being Gay One (2007) drew attention to widespread discrimination and negative attitudes towards gay, lesbian and bisexual employees within health services. • Incidence of violence related to homophobia is recognized by the Home Office. Police are obliged to record hate crime where the incident is motivated by prejudice or hate based on sexual orientation.
<p>Religion or belief</p>	<p>According to the 2011 Census, 54.9% of the population of Hull has identified themselves as Christian and 3.1% of the population is made up of other religions. The remainder did not state anything (7.2%) or stated “no religion” (34.8%).</p> <p>Relevant issues/ needs</p> <ul style="list-style-type: none"> • The majority of referrals into Channel are in relation to people holding extreme right wing beliefs. • The majority of vulnerable people discussed at Channel are under 18 years of age. <p>The Prevent agenda is explicit within the training programme delivered to health professionals.</p> <p>The NHS Religion and Belief Guide does not raise particular safeguarding issues. However, the service should ensure that all staff have training to ensure that they provide a sensitive and appropriate service for people based on their faiths https://www.clatterbridgecc.nhs.uk/application/files/7214/3445/0178</p>
<p>Age</p>	<p>The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals. There are approximately 60,000 children under the age of 18 years. This equates to 20.6% of the local population. In the over 65 year age group the 2016 estimates suggest that there are 20,585 male and 24,244 females in this cohort.</p> <p>Relevant issues/ needs</p>

	<ul style="list-style-type: none"> • Age related frailty and health conditions disproportionately affect older people such as dementia and increase a person’s dependency and susceptibility to harm or abuse (DH Guidance: Assessing Equality Impact in Safeguarding 2011). • Hidden Voices: Older Peoples Experience of Abuse 2006 – report by Action on Elder Abuse, found that 23% of calls to their help line were from older adults in care homes. This was disproportionately high given that only 4.9% of the survey group were in a care home setting. • The Blackwell Encyclopedia of Social Work defines young carers as “children or persons under 18 who provide or intend to provide care, assistance or support to another family member”. The amount or type of care does not predict how far the health or well-being of the young carer may be affected. If a local authority considers that a young carer may have support needs, it must carry out an assessment under Section 17ZA of the Children Act 1989.
<p>Pregnancy and maternity</p>	<p>Just over a decade ago, national statistics showed Hull had one of the highest teenage pregnancy rates in the country, including repeat pregnancies. Hull City Council and Hull PCT (prior to CCGs) launched a joint initiative to reduce numbers and as a result, figures from the ONS show that teenage pregnancies have reduced by 35% over the course of the 12 year strategy. This compares to a national reduction of 24%.</p> <p>Relevant issues/ needs</p> <ul style="list-style-type: none"> • 30% of domestic abuse starts in pregnancy (Lewis, Gwynneth, Drife, James et al “Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997-9 (2001)” DOH. • The months surrounding the birth of a baby carry the greatest risk for women developing mental illness and this can have a significant impact on the child as well as the mother. • Statistics demonstrate that women are at greater risk of domestic abuse during the ante-natal period (WHO “Intimate partner violence during pregnancy” 2011).
<p>Marriage or civil partnership</p>	<p>Data from the ONS covering the period 2008-2010 indicates that there were 18,049 Civil Partnerships in England and Wales during the 3 year period – 52% men and 48% women.</p>
<p>Any other relevant groups (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)</p>	<p>Socio-economic disadvantage</p> <p>Using the Index of Multiple Deprivation (IMD) 2015 score, Hull has moved from the 10th to the 3rd most deprived local authority out of 36. Child poverty (children living in households where income is less than 60% median household income before housing costs) is high in Hull.</p>

	<p>Three in ten (29%) of dependent children aged 0-19 years live in relative poverty compared to 18.05 across England (Public Health Outcomes Framework Data for child poverty or the year 2013).</p> <p>Relevant issues/ needs</p> <p>Research indicates poverty results in adverse effects on children (Wickham “Poverty and Child Health in the UK: using evidence for action” 2016, BMJ)</p>
How has engagement informed your service specification?	Engagement has taken place with CHCP safeguarding practitioners.
How has engagement reached out to groups representing a diverse range of protected characteristics?	
What has been put in place to ensure the accessibility and acceptability of the service design?	
How does service design reflect the insight gained through engagement (of different population groups)?	
Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract)?	Equality analysis will be discussed with CHCP at a review specification meeting.
How will you feedback to the groups you have engaged about service design?	

Follow up actions

Action required	By whom?	By when?
Update service specification with equality specific outcome	CCG designated leads for children and adults.	January 2020
Review equality analysis at review specification meeting	CCG designated leads for children and adults / CCG commissioning	July 2019

lead/ Director Nursing for CHCP

Signoff

Signed off by:

Name & Role



Mike Napier, Associate Director
of Corporate Affairs

Date:

25.01.18