

Cabinet – 19 May 2020

Safeguarding Response during Covid 19

Portfolio: Councillor Wilson, Children's
Councillor Towe, Education and skills
Councillor Martin, Adult Social Care

Related portfolios

Service: Children's Services and Adult Social Care

Wards: All

Key decision: No

Forward plan: No

1. Aim

To provide Cabinet with an overview of the response by Children's Services and Adult Social Care in ensuring that key services continue to be delivered to vulnerable children and adults in Walsall

2. Summary

Since 23 March 2020, the United Kingdom has been in a state of lockdown as part of the response to the current Covid 19 response. This report outlines the current safeguarding arrangements for children and vulnerable adults currently taking place across Walsall and highlights potential risks and vulnerabilities once the current lockdown is eased and/or lifted.

3. Recommendations

- 3.1 Cabinet note the changes in delivery of services to vulnerable children and adults as a response to the Covid 19 pandemic designed to ensure that the safeguarding of our most vulnerable members of society continues.

4. Report detail - know

- 4.1 In common with other local authorities and statutory bodies, Walsall Children's Services and Adult Social Care and their statutory partners had begun to plan to meet delivery requirements prior to the announcement of the current lockdown

Children's Services

- 4.2 In response to the lockdown and social distancing measures Childrens Social Care have had to make significant changes to the way that services are being delivered. Across Children's Services, staff teams have been split into smaller units, with small numbers of staff working on a rota basis from 2 key sites at Essington Lodge and Fallings Heath, with others working from home but still carrying out social work duties. The number of staff working from the office is kept under review in order that social distancing can be safely maintained.
- 4.3 In Children's Social Care, social workers have rag rated all cases using Practice Guidance developed by the Principal Social Worker which considered risks regarding unmet need, whether those risks can only be managed through on-going face to face contact, whether the child is at risk of coming into care or there is a risk of their placement breaking down and the Covid 19 status of both the child and their family and the allocated social worker. These risks and the status of the RAG are reviewed by Managers regularly.
- 4.4 Social workers are maintaining face to face contact with all Red ragged families and children, those which require face to face meeting; workers are making use of Personal Protective Equipment (PPE), ensuring that social distancing requirements are met where possible in carrying these out.

Where contact can be safely maintained virtually, workers are making use of both phone calls and the WhatsApp video facility. Where children are under 16yrs of age, guidance has been issued which states that the WhatsApp facility can only be used by contacting the parent or carer first.

Meetings continue to take place virtually, including child protection conferences, statutory reviews, core group meetings, child in need meetings and strategy meetings.

Case files set out the current situation and rationale for risk assessment decisions being taken so this is clear when case files are reviewed in the future. Case recording relating to all decision-making about how specific circumstances are managed in relation to Covid-19 all recordings begin with 'Covid-19:' to identify this. This is done in individual case records and at the start of each meeting.

Guidance is also in place in respect of all meetings, reviews and conferences all of which continue on a virtual basis using Teams 360, Skype and WhatsApp.

Services to children with disabilities have also been reviewed. This cohort of children are among the most vulnerable and social distance guidance has resulted in significant changes to the support that can be provided, including the cessation of overnight care and short- breaks. The staff teams continue to provide remote and virtual support to these families including, for example, the collection of prescriptions to support families who are shielding.

- 4.5 All statutory safeguarding responsibilities continue to be fulfilled during this period, although with a greater focus on these responsibilities being delivered virtually. This is in line with national guidance and responses from other local authorities. Covid 19 guidance from the Department of Education in respect of flexibilities accrued under Covid 19 legislation is disseminated on a daily basis.

One area that has had to be addressed which is outside of statutory guidance but is understood and being accepted by the courts is the cessation of the majority of family time/contact sessions between children in care and their families. It is clear that in line with current guidance that face to face contacts are not able to take place, unless in exceptional circumstances. The majority of contacts are now being managed virtually and these contacts are being supported by the child's carers and the Family Time Service. The courts are aware that this is the position being taken by local authorities across the country and although can't legally endorse this position, they are understanding of the current position.

- 4.6 Children's Services has not seen any significant increase in referrals since the lockdown commenced and since schools closed. Referrals in respect of children who are living in households where there is domestic abuse continue to be received from West Midlands Police; however, we have not seen the increase in referrals related to domestic abuse and violence that is generally being reported in the media nationally.

Referrals in respect of children who have been reported by parents to West Midlands Police as missing have also reduced significantly.

The service is preparing for a significant increase in referrals once current restrictions are lifted and schools start to re-open and individual children become visible again. We are preparing for increases of work at the front door but also new information coming to light on open cases which may require safeguarding action. We are also preparing for increased activity as the backlog of court cases need to be progressed when the courts re-open. Demand and capacity is likely to be a significant challenge for the service going forward. Our current planning will seek to mitigate against this impact.

- 4.7 Some of the possible additional implications for the current crisis is an increase in the number of looked after children. This will not only be as a result of new children coming into local authority care but also a reduction of children exiting the care system. Due to the current situation a high number of cases are not able to progress through court proceedings, including fewer Adoption Orders being made. We are also experiencing children in care remaining in placement for a longer period of time as movement between households is restricted and in line with national guidance children who reach the age of 18yrs. remaining looked after and in placement beyond their 18th birthday if this is what they want to happen.
- 4.8 Colleagues in Access & Inclusion have developed a similar set of guidance in respect of their work with children. As of Friday 24 April, 80% of Walsall schools were open at this time to support our children and families. There were nearly 600 children attending each day and the number of vulnerable Children attending has been slowly growing day by day. The attendance by this cohort of children is of particular concern nationally as well as locally and while it remains the responsibility of parents to ensure their child's attendance at school, social workers are actively encouraging parents to consider returning their child to their school.
- 4.9 Governor Services are providing a daily newsletter to all schools which collates national, regional and local updates in respect of Covid 19 for schools and education providers.

- 4.10 The Virtual School has continued to work with our looked after children and Young people have educational resources to help them complete their school Work. This has included:
- Providing 50 children/young people with laptops/tablets to enable them to Access their school's online learning platform.
 - Providing paper learning materials to children who do not like to use a Computer to complete their work
 - Providing games and puzzles to our children in early years and art Resources for our older young people
 - Sending regular updates to our parents/carers on new learning websites

Adult Social Care

- 4.11 Adult Social Care have made considerable changes to the way it is working due to Covid 19 ensuring that we observe social distancing requirements and prioritise those most in need of care and support. Most staff are now working from home with Goscote day centre open for a different purpose. Day services have ceased and the priority is to work flexibly with health and social care colleagues in the provision of PPE and practical support to care homes including the newly commissioned Hollybank provision.
- 4.12 Adult Social Care practitioners have been issued clear guidance concerning home visits and these should only take place if **absolutely necessary** following a risk assessment and use of appropriate PPE. Visits to care homes, hospitals and supported living have also been understandably restricted and there is increasing use of technology to support contact through office 365 teams, Skype and WhatsApp video.
- 4.13 Technology is also supporting contact within teams and with our partners facilitating daily conversations to co-ordinate and prioritise resources. A whole systems approach is facilitating timely discharges from hospital and practical advice and support to care homes is preventing hospital admissions through the newly developed Enhanced Support Team. The multi-agency Quality in Care Team are supporting with understanding and responding to the considerable challenges in residential and nursing home provision for older people.
- 4.14 Home care providers are also facing considerable challenges and being supported to be flexible through Care Act easements (see 4.15 & 4.16) and are able to access PPE as required from Goscote. Adult Social Care practitioners are RAG rating everyone in receipt of a package of care in their own homes, completing a wellbeing checklist and ensuring that care and support needs are continuing to be met, with weekly monitoring calls as required. Home care providers are also RAG rating as part of business continuity planning.
- 4.15 The Coronavirus Act 2020 came into force on 1st April 2020 with Care Act easement guidance issued on 31st March 2020. This makes changes to the Care Act 2014 to enable local authorities to prioritise the services they offer in order to ensure the most urgent and serious care needs are met, even if this means not meeting everyone's assessed needs in full or delaying some assessments. The local authority should only take a decision to begin exercising the Care Act easements when the workforce is significantly depleted, or demand on social care increased and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking

life. A Framework which sets out how and when the Council will implement the Care Act Easements has been created to ensure clarity and transparency (See Appendix 1).

- 4.16 Adult Social Care have made the decision to move to stage 2 of the Care Act easements. This decision permits individual service types to prioritise short term allocation of care and support using current flexibilities within the Care Act. Home Care provider flexibility creates capacity to take on new packages of care and continue to delivery existing packages of care safely within reduced resources. The RAG rating assurance activity (4.12) ensures oversight and accountability of the providers.
- 4.17 Safeguarding referrals have not seen an increase currently and awareness about hidden abuse such as domestic abuse and self-neglect is being raised within Adult Social Care, with partners and the community. Weekly updates on legal and practice guidance are being communicated to all Adult Social Care staff and more often if required.

Safeguarding Partnership

- 4.18 The Head of Service for Safeguarding (Children's Services) and the Principal Social Worker (Adult Social Care) host a weekly meeting with partners from across the wider Walsall Safeguarding Partnership. This meeting includes West Midlands Police, the Walsall Clinical Commissioning Group, all the health care providers, National Probation Service and the Community Rehabilitation Company.
- 4.19 This provides an opportunity for all partners to update on their ability to continue to provide a safeguarding response across Walsall, highlight any local concerns or risks in order that these can be resolved within this meeting on a mutual support basis or escalated as necessary.

Thus far, all services report that they are able to continue to meet their Statutory requirements in respect of safeguarding activity.

- 4.20 This Partnership meeting also agrees a set of weekly Key Messages from the Safeguarding Partnership which are widely circulated. They have included Messages in respect of exploitation, domestic abuse and self-neglect.
- 4.21 All the partners have noted the potential for increase in demand once the lockdown is lifted and visibility of vulnerable children and adults is increased. Specifically, there are concerns in relation to children and vulnerable adults who may be living with domestic violence, substance misuse issues, self-neglect and/or mental health vulnerabilities which is hidden by the current lockdown and the changed way in which services are necessarily having to be delivered at this time.

Council Corporate Plan priorities

- 4.22 Safeguarding vulnerable adults and children from avoidable harm is one of Walsall Council's priorities under its "People" priority which seeks to ensure that the most vulnerable citizens are protected from avoidable harm, including treating and caring for people in a safe environment.

Risk management

- 4.23 There are significant risks associated with failing to implement the required social Distancing requirements in that this provides an opportunity for the coronavirus to Continue to spread across both our workforce and to vulnerable children and adults.
- 4.24 There are also risks to vulnerable children and adults in delivering services in this modified manner to ensure that staff and those with whom we work are protected from Covid 19.

Both Children's Services and Adult Social Care have sought to mitigate these risk through RAG rating the risks and vulnerabilities of those with whom we are working.

Financial implications

- 4.25 The total cost of any additional costs accrued by both Children's Services and Adult Social Care are unknown at this stage. These could include staffing, PPE, deep clean costs, food packages, and additional costs associated with children remaining in the cars of the local authority for longer than anticipated. The Council has received funding to help respond to the arising costs that relate to the Covid-19 outbreak. Any additional costs that are identified will go through the Covid-19 governance process where funding arrangements will be considered.

Legal implications

- 4.26 Covid 19 legislation introduced on 28 March 2020 provides both Children's Services and Adult Social Care with a range of flexibilities in relation to the delivery of services. These are designed to enable services to continue to be delivered at a time when there are significant travel restrictions and there is a potential for increased staff absence due to sickness.

Procurement Implications/Social Value

- 4.27 There are no procurement implications.

Property implications

- 4.28 There are no property implications

Health and wellbeing implications

- 4.29 The effective delivery of high quality services to protect children and vulnerable adults from avoidable harm has a direct impact on the health and well-being of children, young people and vulnerable adults.
- 4.30 It directly links to the corporate priorities to that People have increased independence, improved health and can positively contribute to their communities and that Children

are enabled to have the best possible start and are safe from harm, happy, healthy and learning well.

- 4.31 Providing a co-ordinated strategic response to ensuring that children and vulnerable adults are safeguarded is consistent with the Marmot Principles that we give every child the best start in life and enable all children, young people and adults to maximise their capabilities and have control over their lives.

Staffing implications

- 4.32 There are no direct staffing implications. The availability of staff is closely monitored by both Directorates and across the Partnership in order to ensure that key safeguarding and service responsibilities can continue to be met.

Reducing Inequalities

- 4.33 The implications for reducing inequalities have been taken into account and assessed as set out below.
- 4.34 There is no evidence that the decisions taken to deliver services differently in order to comply with Covid 19 requirements will directly impact negatively for people with protected characteristics.

However, there is considerable concern the lack of visibility of children and vulnerable adults who may be living with domestic violence, substance misuse issues, self-neglect and/or mental health vulnerabilities is considerably exacerbated by the current lockdown and the changed way in which services are necessarily having to be delivered.

Consultation

- 4.35 In these extraordinary times, consultation as services have moved from direct to virtual has been limited, especially given the timeframe within which decisions have had to be made in order to comply with Government directives regarding work places, social distancing and the requirements to reduce and limit travelling.

Children's Services were able to consult with statutory Safeguarding Partners prior to Moving to virtual child protection conferences.

- 4.36 There has been no consultation undertaken with members of the public as the timescales within which delivery has had to be altered in order to address the public health challenges have not been conducive to this happening.

5. Decide

- 5.1 The Covid 19 pandemic guidance from Public Health England and the U.K. government in relation to maintaining social distancing and reducing travel has been clear. As a result, Children's Social Care and Adult Social Care have had no option but to decide to change service delivery in the manner outlined within this report.

6. Respond

- 6.1 As the current Covid 19 pandemic has developed and guidance from Public Health England and the U.K. government as evolved and been shared, Children's Services and Adult Social Care have reviewed service delivery. This has ensured that services can continue to be delivered in a way that maximises staff safety and meets the identified needs of children and vulnerable adults.

7. Review

- 7.1 The delivery methodology of services to vulnerable children and adults will be kept under review as guidance in respect of the current lockdown evolves to ensure that staff and those citizens who use these services are kept safe during the pandemic. As the lockdown requirements change, services will be reviewed to facilitate a move back to a different style of delivery commensurate with Public Health England guidance.

Background papers

There are no background papers

Authors

Carol Boughton
Head of Safeguarding
☎ 07944280045
✉ Carol.Boughton@walsall.gov.uk



Sally Rowe
Executive Director
11 May 2020

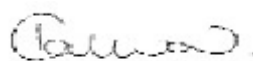


Councillor T. Wilson
Portfolio holder, Children's
11 May 2020

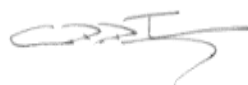


Councillor R. Martin,
Portfolio holder, Adult social care
11 May 2020

Seanna Lassetter
Principal Social Worker Adult Social Care
☎ 07387 527482
✉ Seanna.Lassetter@walsall.gov.uk



Kerri Allward
Interim Executive Director
11 May 2020



Councillor C. Towe
Portfolio holder, Education and skills
11 May 2020

Framework for the implementation of the Care Act Easements created as per the Coronavirus Act 2020

This document sets out how and when the Council will implement the [Care Act Easements](#) that came into force on 31 March 2020. The Government has put in place a range of measures to help the care system manage pressures to ensure the best possible care for people during this unprecedented period. This document encapsulates the national guidance and the [Ethical Framework for Adult Social Care](#) and the Council will ensure that all decisions it makes will be as per the above.

The Council will do everything they can to continue meeting their existing duties prior to the Coronavirus Act provisions coming into force. It should be noted that these easements can only be used by local authorities where it is essential to maintain the highest possible level of service. In the event that they are unable to do so, it is essential that they are able to streamline present assessment arrangements and prioritise care so that the most urgent and acute needs are met. The powers in the Act enable them to prioritise more effectively where necessary than would be possible under the Care Act 2014 prior to its amendment (referred to in this guidance as the Care Act). They are time-limited and are there to be used as narrowly as possible.

The overriding purpose of these easements is to ensure the best possible provision of care to vulnerable people in these exceptional circumstances. In order to help ensure that they are applied in the best possible way, with the greatest regard towards the needs and wishes of care users and their carers, the following protections and safeguards will apply.

Proposed Changes:

1. The Council will not have to carry out detailed care and support assessments in compliance with the pre- amendment Care Act 2014. Instead the Council will consider the implementation of a simpler care and support assessment and care and support plan. During this time, LA's will still be expected to consider people's needs and the easements will only apply when it is no longer possible for them to carry out the pre-amendment duties. This relates to people likely to be in need of care and carers.
2. Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3, the right to private and family life under Article 8 and the right to not be discriminated against under Article 14.
3. Duties imposed under the Equality Act 2010 also remain, including duties to make reasonable adjustments, the Public Sector Equality Duty and duties

towards people with protected characteristics. These should underpin any decisions made with regard to the care and support someone receives during this period

4. The law now permits the Council to provide services to meet care needs and complete a financial assessment at a later date and then charge retrospectively for the services that are provided but only if the person is informed that there may be a charge at when the service is carried out; or before it is carried out.
5. The easements relieve the Council of a duty to prepare pre-amendment Care Act care and support plans. Care planning should still be, Person led, Person centred and Proportionate to the complexities of the individual's needs.
6. The duties imposed on the Council to meet eligible care and support needs, or the support needs of a carer are now replaced with a power to meet needs. The Council will endeavour to maintain the status quo in respect of meeting needs but in the event they are unable to do so the Care Act Easements allow the Council to prioritise the most pressing needs and to subsequently reduce other care provisions.

Steps Local Authorities should take before exercising the Care Act easements

The Council should only take a decision to begin exercising the Care Act easements when the workforce is **significantly depleted**, or **demand on social care increased**, to an extent that it is no longer reasonably practicable for it to comply with its Care Act duties (as they stand prior to amendment by the Coronavirus Act) and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking life. Any change resulting from such a decision should be proportionate to the circumstances in a particular Local Authority.

Social care varies greatly across Local Authorities and the decision to operate the easements should be taken locally. It should be agreed by the Director of Adult Social Services (DASS) in conjunction with or on the recommendation of the Principal Social Worker. The Director of Adult Social Services and the Principal Social Worker must ensure that their lead member has been involved and briefed as part of this decision-making process. The Health and Wellbeing Board should be kept informed. The decision should also be fully informed by discussion with the Local NHS CCG leadership.

There are 4 stages of easements:

- Stage 1 - Operating under the pre-amendment Care Act, therefore Business as usual.
- Stage 2 – Applying flexibility under the pre-amendment Care Act - Decision for individual service type to prioritise short term allocation of care and support using current flexibilities within the Care Act. For example changing, delaying or cancelling some service types.

- The relevant Director (reports to DASS) /Group Manager should consult the Principal Social Worker and should detail the reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; impact of the decision on families and carers of people who ordinarily use the service; and possible alternative sources of care and support and the likelihood of this being available. Appendix 1.
- Where the Principal Social Worker is satisfied, this position can then be presented to the Director of Adult Social Services (or alternate locally agreed senior) for a final decision about moving into stage 2
- Stage 3 – Streamlining services under the Care Act Easements – this allows the Council to create formal Care Act assessments, application of eligibility and review. There is an expectation that the Council will do everything they can do to continue to meet needs as per the Care Act 2014.
 - The relevant Director (reports to DASS) / Group Manager will need to consult the Principal Social Worker and be clear about the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; and impact of the decision on families and carers of people who ordinarily use the service.
 - If the Principal Social Worker is satisfied that the Care Act easements need to be enacted, a meeting of the Senior Management Board should be called for a final decision. The decision should also consider and be informed by a conversation with the local NHS Leadership.
 - The Director of Adult Social Services and the Principal Social Worker should ensure that their lead member has been involved and briefed as part of this decision-making process. Appendix 2.
 - DHSC should be notified
- Stage 4 – Prioritisation under the Care Act easements. The Council will make decisions about changing support for people after considering capacity across the whole of social care. This will include reallocation of resources from different service types that may not be under pressure to those that are.
 - In this situation, the relevant Director (reports to DASS) / Group Manager should consult the Principal Social Worker. They should detail the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; impact of the decision on families and carers of people who ordinarily use the service; possible alternative sources of care and support and the likelihood of this being available.
 - If a Local Authority decides it may need to move into stage 4, the Principal Social Worker should call an Emergency Decision Meeting of the Director

of Adult Social Services where a decision about whether and how to prioritise care across ASC will need to be made.

- Sufficient care and support will have to remain in place at all times in order to ensure that the Convention rights of all those in need of care and support, and of carers, are respected.
- The Director of Adult Social Services and the Principal Social Worker must ensure that their lead member has been involved and briefed as part of this decision-making process.
- DHSC should be notified.
- Any decisions taken to prioritise or reduce support should be reviewed every two weeks with the Principal Social Worker. Full service should be restored as soon as is reasonably possible.

Individual services are expected to collate data and information on a regular basis so as to allow them to understand and evidence any changes in demand or staffing capacity and the Assistant Directors are expected to be continually analysing this data across the whole of their service area. Any decisions made in relation to the Care Act easements should be informed by discussions with local partners. Recording remains a priority will ensure accountability and will provide evidence of the reasons behind their decisions.

Monitoring Risk

The Council has already mapped all existing known packages for complexity and need and should where possible have also mapped the care and support needs of those that self-fund.

It is important that mapping at this stage considers the complexity, risk and level of need within the care package and not just the current delivery. This should allow for a better understanding of the risk should there be an impact on care delivery. This includes considering unpaid carers. This will ensure Local Authority knowledge of an individual informs any prioritisation work needed, should the situation require it.

The Council has chosen to 'RAG-rate' (Red, Amber, Green) their packages of care and have them split between High, Moderate and Low needs. This overall well-being check assessment records the highest risk rating for any category considered that includes medication, personal care needs and nutrition. These assessments are recorded and clearly identify the most essential element of care for mapping purposes. As individual circumstances change so often, contact numbers are being provided so that urgent updates may be provided and there are weekly monitoring calls to those who require them. As part of business continuity plans, home care providers are also being asked to 'RAG-rate' care packages to support any future mapping that may be required.

Safeguarding

Safeguarding adults remains a statutory duty of Local Authorities to keep everyone safe from abuse or neglect. The Coronavirus Act 2020 does not affect the safeguarding protections in the Care Act, particularly at Section 42 of the Care Act. It is vital that Local Authorities continue to offer the same level of safeguarding oversight and application of Section 42. However, it is also important that safeguarding teams are proportionate in their responses and mindful of the pressure social care providers are likely to be under.

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	Safeguarding Response during Covid 19		
Directorate	Adult Social Care & Children's Services		
Service	All		
Responsible Officer	Carol Boughton		
Proposal planning start	March 2020	Proposal start date (due or actual date)	28 March 2020

1	What is the purpose of the proposal?	Yes / No	New / revision												
	Show which category the proposal is and whether it is new or a revision.														
	Policy	Yes	Revision												
	Procedure	Yes	Revision												
	Guidance	Yes	Revision												
	Is this a service to customers/staff/public?	Yes	Revision												
	If yes, is it contracted or commissioned?	No													
	Other - give details														
2	What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change? Since 28 March 2020, the United Kingdom has been in a state of lockdown as part of the response to the current Covid 19 pandemic. The changes put in place to ensure that the requirements of the lockdown are adhered to i.e. staff are kept safe, services continue and those who are most vulnerable are protected.														
3	Who is the proposal likely to affect? <table border="1"> <tr> <td>People in Walsall</td> <td>Yes / No</td> <td>Detail</td> </tr> <tr> <td>All</td> <td></td> <td rowspan="4">The proposal is designed to ensure that essential services to children and vulnerable adults continue throughout the pandemic while ensuring that staff remain safe.</td> </tr> <tr> <td>Specific group/s</td> <td>X</td> </tr> <tr> <td>Council employees</td> <td>X</td> </tr> <tr> <td>Other (identify)</td> <td></td> </tr> </table>			People in Walsall	Yes / No	Detail	All		The proposal is designed to ensure that essential services to children and vulnerable adults continue throughout the pandemic while ensuring that staff remain safe.	Specific group/s	X	Council employees	X	Other (identify)	
People in Walsall	Yes / No	Detail													
All		The proposal is designed to ensure that essential services to children and vulnerable adults continue throughout the pandemic while ensuring that staff remain safe.													
Specific group/s	X														
Council employees	X														
Other (identify)															
4	Please provide service data relating to this proposal on your customer's protected characteristics. The mid- year 2017 census data indicates the Walsall population is 281,293 of which 21.2% are under 16yrs of age and 17.8% are 65yrs and older. In addition there are residents who, at any given time may be vulnerable due to ill health, including mental ill health, living with substance misuse and those who are subjected to hidden harm crimes, including exploitation, domestic violence, female genital mutilation, modern slavery, cuckooing and being trafficked. Details in relation to exact numbers of														



	citizens vulnerable and experiencing this type of harm are unknown due to the hidden nature of these crimes.			
	Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).			
	<p>Due to the rapidity with which the nation moved into total lockdown, consultation with service users and the wider public has not been possible.</p> <p>Children's Services were able to consult with the statutory safeguarding partners prior to moving to virtual conferences.</p>			
6	Concise overview of all evidence, engagement and consultation			
	<p>Due to the rapidity with which the nation moved into total lockdown, consultation with service users and the wider public has not been possible.</p> <p>Children's Services were able to consult with the statutory safeguarding partners prior to moving to virtual conferences.</p>			
7	How may the proposal affect each protected characteristic or group? The effect may be positive, negative, neutral or not known. Give reasons and if action is needed.			
	Characteristic	Affect	Reason	Action needed Yes / No
	Age	<p>There is no evidence that the decisions taken to deliver services differently in order to comply with Covid 19 requirements will directly impact negatively for people with protected characteristics.</p>		
	Disability			
	Gender reassignment			
	Marriage and civil partnership			

	Pregnancy and maternity	However, there is considerable concern the lack of visibility of children and vulnerable adults who may be living with domestic violence, substance misuse issues, self- neglect and/or mental health vulnerabilities is considerably exacerbated by the current lockdown and the changed way in which services are necessarily having to be delivered.
	Race	
	Religion or belief	
	Sex	
	Sexual orientation	
	Other (give detail)	
	Further information	
8	Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details.	(Delete one) Yes
	Those living with domestic violence, substance misuse issues, self-neglect and/or mental health vulnerabilities may be experiencing more than form of harm and may well have more than one protected characteristic.	
9	Which justifiable action does the evidence, engagement and consultation feedback suggest you take?	
A	No major change required	
B	Adjustments needed to remove barriers or to better promote equality	
C	Continue despite possible adverse impact Given the national lockdown requirements to work from home, reduce travel and ensure social distancing in order to reduce the possible transmission of coronavirus there are no alternative arrangements at this moment which will ensure ongoing service delivery to vulnerable citizens.	
D	Stop and rethink your proposal	

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome

Where the assessment indicates a potential negative impact (B, C or D in question 7), identify how you will reduce or mitigate this impact. The full impact of a proposal will only be known once it is introduced, so always set out arrangements for reviewing the actual impact of the proposals e.g. 6 month or 12 months after implementation.

Identify who the monitoring will be reported to and what it is part of e.g. service monitoring or project monitoring. Then ensure the outcome of each action is added, this is just as important as identifying the potential impact.

Update to EqIA	
Date	Detail
	Use this section for updates following the commencement of your proposal.

Contact us

Consultation and Equalities
Change and Governance

Telephone 01922 655797

Textphone 01922 654000

Email equality@walsall.gov.uk

Inside Walsall: http://inside.walsall.gov.uk/equality_and_diversity-7.htm