

Embedding anti-discrimination practice in adult safeguarding

**Improving outcomes for vulnerable people
from diverse backgrounds in Norfolk**

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Anti-discrimination enshrined in law

The **Equality Act 2010** is anti-discrimination legislation

The Public Sector Equality Duty (PSED) requires us to consider how we “**eliminate unlawful discrimination**”

- This means every person we support should have **their individual needs** comprehensively addressed
- They should be treated equally and without discrimination regardless of any protected characteristic

The Duty is **pro-active** - we should be actively demonstrating how we “promote equality of opportunity” – including in safeguarding practices



An anti-discrimination framework

“Respecting diversity, promoting equality and ensuring human rights will help to ensure that everyone using health and social care services receives safe and good quality care.”

‘Human rights principles’ embedded in inspection frameworks.

- fairness
- respect
- equality
- dignity
- autonomy (choice & control)



These principles should be at the heart of the safeguarding process and planning and delivery of care

Safeguarding as a “human right”

Article 2: Right to life

Article 3: Inhuman and degrading treatment

Article 5: Deprivation of liberty

Article 8: Respect for private and family life, home and correspondence. People have a right to expect to live their life without unnecessary state interference.

Private life broadly defined and covers (links to “protected characteristics”)

- sexual orientation
- lifestyle choices
- personal identity
- how someone chooses to look or dress
- body autonomy
- friendships and other relationships
- personal information



Understanding vulnerability... anti-discrimination by design

Good insight into the needs and experiences of diverse communities is critical to safeguarding. This allows us to **identify, assess and reduce risk** more sensitively and effectively

People's identities are complex and multi-layered and shaped by their experiences, culture and history. They influence how people respond or react in different situations

Not a “one-size fits all” approach but evidence tells us some people **may** be more vulnerable / at risk of abuse or exploitation and share multiple “protected characteristics”

- Age
- Gender
- Disability
- Race, nationality, ethnic or national origin.
- Religion or beliefs (including related cultural / spiritual practices)
- Personal relationships

Understanding Norfolk's diverse communities today



Ethnic diversity in Norfolk

7% of population ethnic minority (Census est.)

School Population Census (2018) - **15%** of pupils were not White British

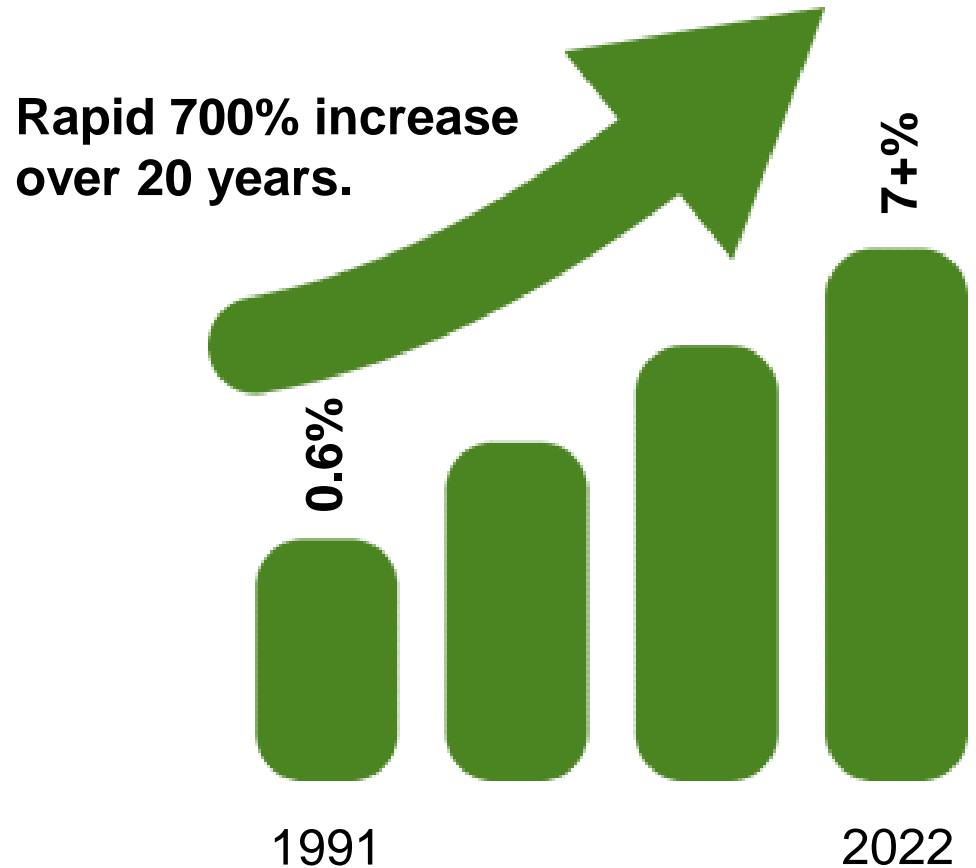
- **White Other – 3.5% or 32,000 people**
- Asian / Asian British – 1.5% or 15,000 people
- Mixed ethnic background 1.2% or 11,000
- Black British/Black/African/Caribbean – 0.5% or 6000
- Gypsy & Traveller - 25000
 - 7 Local Authority Sites
 - 100s of private sites
 - 150 UEs
- Arab – 0.1% - 1,300 people

Caution over the figures:



ONS estimates our Asian population is 15,000 people...
But others estimate 25,000+

Since 1991, rapid year-on-year 700% increase in ethnic diversity in Norfolk



- From 6600 to 100,000+ people
- 160 languages now spoken
- 80+ active Black, Asian & Arab community groups across the county.

Migration to Norfolk



Economic migration to Norfolk to employment in agricultural, food-processing & hospitality sectors:

- 1950s & 60s Greek Cypriots & Italians
- 1990s Portuguese
- 2004 people from Eastern European countries

Overseas recruitment by big Norfolk employers:

- Bernard Matthews, **hospitals, social work & engineering** sectors – recruited staff from Zimbabwe, Nigeria, Philippines, India, Spain, Italy.
- More **social work & teaching staff** to be recruited from Kenya & overseas

Norfolk's migration story is unique

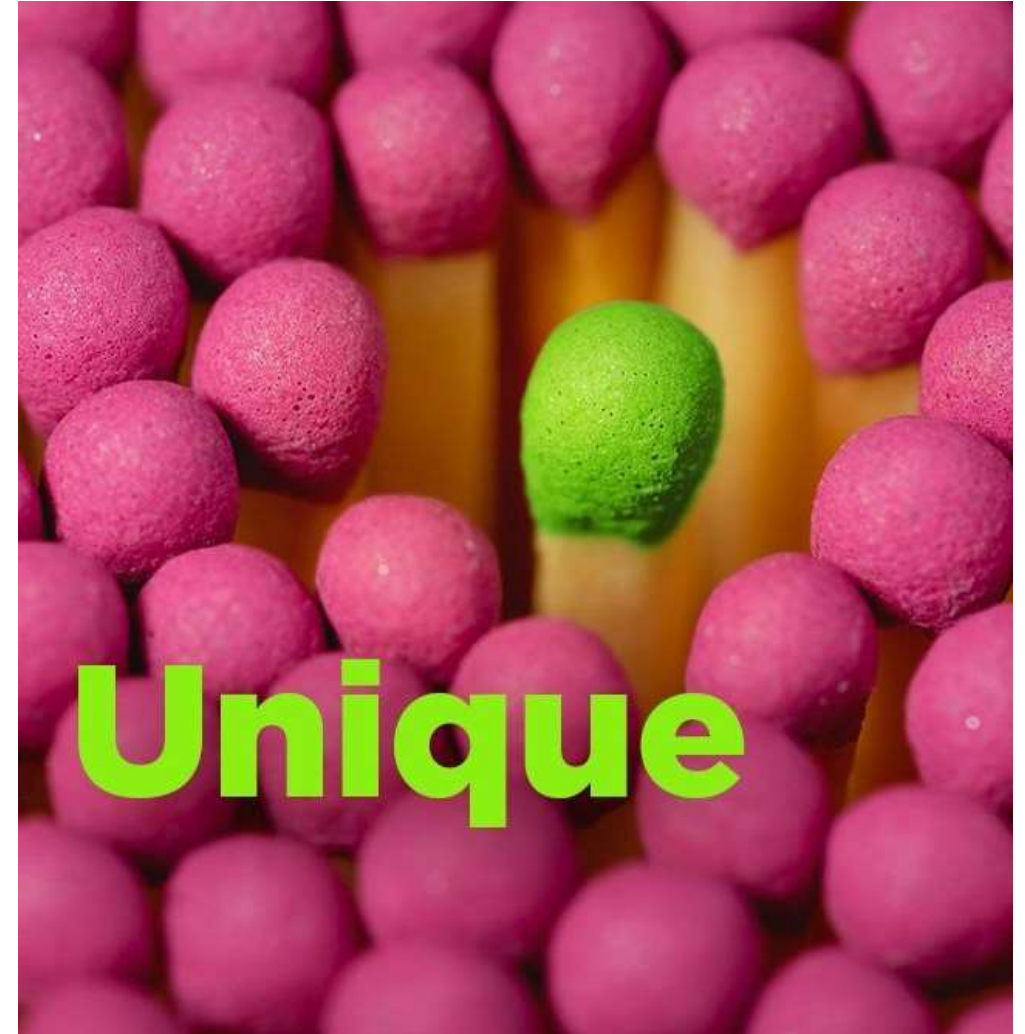
Most UK migration typically to urban areas and is why most research focusses on larger cities

From 1990s onward, Norfolk's agricultural economy attracted migrant workers to small towns and rural communities.

These locations were characterised by

- Aging population & out-migration of younger members of community
- No previous exposure to diversity
- No experience of immigration

This had an impact on community cohesion and integration



Eastern European population

- Focussed around King's Lynn, Breckland & Norwich
- Poland, Lithuania, Estonia, Latvia, Russia, Bulgaria, Romania, Kosovo
- Since 2021, following Brexit, 'exodus' of workers leaving Norfolk
- **Made up approx. 8% of our 27,000 social care workforce**



Norfolk's Romanian Orthodox Church



Russian Speaking people of Norwich and Norfolk

@Public group · 781 members



Bulgarians in Norwich and Norfolk (BNN)

Private group · 4.1K members



KingsLynn Latvia

@Public group · 752 members



Norwich Congolese Community Group

Retirement and assisted living facility



Zimbabwean Community Association Norwich

Community

African & Caribbean Market

Friday 3 & Saturday 4
September
10am - 5pm

The Forum, Norwich



Norfolk's Black population

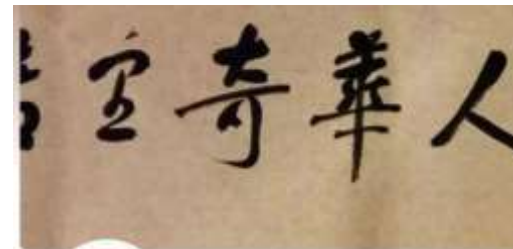
- Norfolk's Black population primarily Black British & Black African – the Black Caribbean community is very small
- Norfolk's rich Black history is of long standing
- Largest "community" est. to be Congolese, approx. 250+ in and around Norwich
- Communities from Zimbabwe & Nigeria
- Conflict since late 90s in Ethiopia, Eritrea, Sudan, Rwanda led to resettlement in Norfolk from these countries
- Black Caribbean community from Jamaica, Trinidad, Tobago and other islands, some from the Windrush generation

Norfolk's Asian population

- Largest Asian community is Indian, centred around Norwich, also Great Yarmouth and Kings Lynn
- Second largest is Chinese, mainly Norwich and Kings Lynn. Families from mainland China, Hong Kong, Taiwan, Malaysia, Singapore
- Next in size - Bangladeshi & Pakistani populations (similar in size)
- Bangladeshi population in Norwich has strong links with Rose Lane & Aylsham Road Mosques
- Afghani population (150) focussed around Norwich



Bangladeshi grocery shop owner Ajman Miah says he was first immigrant to open a store on Magdalen Street over 40 years ago.



Norwich Chinese Community Centre

@NorwichChineseCommunityCentre · Community organisation



West Norfolk & District Chinese Association

@wndca · Local business

Norfolk's Arab population

- Primarily focussed around Norwich, Great Yarmouth and Kings Lynn
- Links with the Dereham Road Mosque
- Largest community Syrian (300+)
- Iraqi (150), linked with Norfolk's Shia Islam community - Hellesdon
- Jordan, Sudan, Tunisia – & more



Members of Norfolk's Syrian refugee community visit Hunstanton.

Norfolk's faith diversity

Adds another layer of complexity to definition of 'community'

Most diverse faiths represented in Norfolk - Muslim, Jewish, Sikh, Hindu

7 Mosques in Norfolk, comprising Sunni, Sufi and Shia worshipers – estimated to be around **6000** Muslims in Norfolk

Three Jewish communities, a Gurdwara and numerous Buddhist groups



Older & disabled people in Norfolk



25% of people in Norfolk are aged 65+ years. Now expected to live almost 50% of their remaining life with at least one limiting long-term physical / mental health condition

20% men and 30% of women currently need help with at least one “Activity of Daily Living” (BMC)

- People living with dementia in Norfolk predicted to increase to 21,400 by 2030
- 200,000 people have some degree of hearing loss (RNID)
- 36,000 people have some degree of sight loss (Vision Norfolk)
- 2,700+ adults with learning disabilities are known to ASSD - 90% receiving some form of long-term support
- Est. 5080 adults with autism in Norfolk and 2039 older adults with autism (2017)
- Around 1 in 7 people (15+% of people in the UK) are believed to be neurodivergent

As communities grow and age, more diverse older people will likely need assistance in future. Some may never have accessed adult social care services before

The diversity of paid / unpaid carers supporting older and disabled people has changed in recent years

LGBTQ+ people in Norfolk

3.1% of the UK adult population (16+ years and over) identified as lesbian, gay or bisexual (LGB) in 2020

National LGBT Survey (2018)

- 16% of LGB people who accessed / tried to access public health services reported a negative experience because of their sexual orientation.
- 27% were worried or anxious about asking for advice and support
- 40% of trans people who accessed / tried to access public health services reported a negative experience because of their gender identity
- 21% reported their specific needs had been ignored or not considered
- 18% had avoided treatment for fear of a negative reaction



Norwich Pride - 2021

A small study of LGB people's experiences in residential care (2021) found:

- Low levels of knowledge / awareness in care homes
- Resistance to the topic from staff (covert and overt)
- Religious beliefs of service users and staff identified as a barrier
- Staff with low confidence to sensitively enquire about sexual/gender difference

Hardship inequality and vulnerability

Clear link between poverty, increased vulnerability and poor health outcomes

- Older people with smaller fixed incomes will be amongst the hardest hit as the cost of living escalates
- There are more older single women with small private pensions living in Norfolk
- 50% of households living in poverty include a disabled person in the UK
- People in zero-hour contracts, in the “gig” economy and single income households are also at far greater risk of falling into difficulty
- In Norfolk there are higher proportions of **women** and **migrant workers** in these categories



Mental health & relationship break-downs


- Post-pandemic research shows a significant worsening of mental health
- **Young adults** and **women** found to have been most affected
- Mental health impacts on people who are unemployed are deemed widespread and severe with 1-5 people have suicidal thoughts
- 1/5th of adults reported a complete breakdown of a close relationship in the pandemic
- Domestic abuse reports continue to rise

New Norfolk equalities evidence base

Objective – A whole-Council review of how the Council works and communicates to identify any evidence of inequality in systems and outcomes


500+ (local & national) public source datasets informed the review. We are now sense-checking findings to inform next steps

Headline findings for Adult Social Care

- Now likely more older and disabled people from diverse ethnic minorities in Norfolk who may have less experience / understanding / access to care & support services
 - People from Black, Asian and other diverse ethnic minorities do not appear to be proportionately represented as service-users – **we need to understand more about this**
 - LGBTQ+ service users are virtually invisible
 - Tiny numbers of Gypsy, Roma and Traveller service users recorded
 - Black, Asian, Arabic and other ethnic minority staff are well represented in social care. Racism continues to be reported
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Recognising risks / barriers for vulnerable people - an anti-discrimination perspective



- Some vulnerable people continue to be **invisible** to us. There are still “closed” communities in Norfolk
 - Some people actively fear state interventions / consequences for them, their families and or their communities because of past history
 - Some people feel their needs or their culture or their identity will not be understood or met - particularly when they don't meet professionals who they identify with
 - Some people may strongly believe that particular behaviours or practices are “normal” – including practices which are not in accordance with UK law. This may be reinforced within their community or family networks
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Some people move around or live in insecure housing so may struggle to build a supportive network because they constantly move from place to place

Physical, social and digital barriers still prevent people from accessing advice and support. Financial hardship will likely compound this problem

Some people cannot ask for help because of communication barriers. They may not be able to leave their home, use the phone, read information or speak to professionals alone

Some will have had very poor past experiences – e.g. racism, homophobia, discrimination, meaning they lack trust and confidence in services

As a result of one or more of these factors - people may be at far greater risk of criminal / sexual exploitation or abuse



Becoming an effective anti-discrimination practitioner - 1

We may not be in a position to change how services are provided but we can take **personal responsibility** for becoming an effective anti-discrimination practitioner.

Here are just some suggested anti-discrimination actions you can take. You may identify others based on your reflections today

1. Educate yourself about the culture, identities, experiences and needs of the people you come into contact with

- Learn to recognise the common barriers that different people face when they access services due to their age, ethnicity, gender identity, sexual orientation, sex, religion, faith, or belief etc.
- Observe who is and isn't present and ask yourself if there are people you might expect to see who are missing and ask why this might be the case

2. Find out how you can help dismantle any barriers you identify

- This may be as simple as routinely checking the accessibility of any information you produce, or this may involve you reaching out to people who are under-represented, and actively promoting your services

Becoming an effective anti-discrimination practitioner - 2

3. **Reflect** on assessments or decisions you make about other people and check they are “**culturally competent**”

Satisfy yourself you have

- Fully appreciated how a person’s identity, background, experiences, needs and circumstances have affected the situation and what is happening to them
- Used this to help inform your decisions about what you should do

If you are responsible for safeguarding or referring people to other services consider if there may be elements of **cultural interpretation** coming in to play

If the person you are trying to keep safe is from a different background / has different experiences to you, it can be easy to make assumptions – even unintentionally

To avoid this you can

- Reflect on whether you are showing professional curiosity
- Consider whether you need to use trauma informed techniques
- Invite challenge on your beliefs from other professionals with a different viewpoint
- Draw on other expertise from inside or outside of your team or from within communities

Becoming an effective anti-discrimination practitioner - 3

4. Communicate respectfully about race, ethnicity, gender identity, sexual orientation, religion etc...

- Use words that are inclusive and sensitive to make people feel understood and valued. This helps to build trust and confidence
- Modelling good practice supports the development of an inclusive culture in your own teams

5. Recognise that you won't get this right every time.

- If someone tells you that you've said something discriminatory / offensive, listen and ask them to explain so that you fully understand their experience
- Thank people for trusting you to listen, offer an apology and identify how you can learn from the situation
- Consider sharing your experience with colleagues and reiterate your personal commitment to anti-discrimination practice

6. Be confident you know how to **report** hate / discrimination that you see or hear about

- Check you know what your policies and procedures are for reporting
- Make sure you know your responsibilities - especially if you are a manager
- Reach out if someone you know says they have experienced this. Help them to ask for advice / support

Joanna, Jon, and Ben - recommendation M:

“Racism has been closeted in health & social care services for people with cognitive challenges for too long.

The aversion to dealing with it parallels the long and persistent history of racism itself.

It suggests denial and / or uncertainty about whether to challenge the perpetrator”

“Ignoring behaviour, which is prohibited by law, disadvantages the people responsible, erases the experience of services’ employees and ignores contexts.

Although there are **no quick fixes**, questions hinge on how to reduce racism and how to respond when it occurs.”

7. Supporting the development of an inclusive culture where racism / discrimination is always challenged and staff are proactively supported will also benefit service users





- Wherever possible use **specific, relevant** language to describe someone.
- Try not to “lump” people together – e.g. “BAME” and avoid implying that groups always have the same social, economic & cultural experiences
- Saying nothing with respect to prejudice, discrimination racism or ignorance is harmful. This is because if you say nothing, people may think you feel the same way...

Thank you for listening



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