

Norfolk Safeguarding Adults Board (NSAB) Multi-agency Safeguarding Policy - Equality Impact Assessment 2023-24

Executive Summary

This assessment examines whether the NSAB Multi-Agency Safeguarding policy (the Policy) and associated guidance:

1. Demonstrates due regard to Public Sector Equality Duty under the Equality Act 2010.
2. Is leading to broadly equitable outcomes for residents, regardless of whether they share one or more protected characteristics.

The assessment has highlighted that:

- a) The Policy and associated guidance are compliant with the Equality Act 2010.
- b) All ethnic minority groups¹ are under-represented in safeguarding referrals and S42 enquires in comparison to Norfolk's population. In other words, relatively few safeguarding referrals are made in Norfolk for people from an ethnic minority group. This may or may not be a persistent trend – this should be carefully considered in future analysis.
- c) That people with some protected characteristics are particularly likely to be referred for safeguarding – for example, older people, some disabled people and women.

Recommendations

Findings from this assessment should help inform organisational and partnership decision-making relating to implementation of the Policy.

This assessment recognises it is not always possible to adopt a course of action that will best promote the needs of people with different protected characteristics, however it should enable decisions to be made, that consider every opportunity to minimise disadvantage.

1. Policy aim

The Policy provides a framework for statutory agencies (health, care, housing, policing, district, city and borough councils) and organisations in the independent and voluntary sectors in Norfolk, to work together to prevent abuse and neglect and ensure safeguarding concerns are reported, investigated. and addressed robustly.

¹ Ethnicity classifications follow the aggregated 2021 Census ethnicity categories [Ethnicity facts and figures](#)

The Policy is “based on the fundamental principle that all adults regardless of age, disability, gender, gender identity, ethnic, cultural, racial, national origins, religious belief/non-belief, or sexual orientation have the right to live safely, free from abuse and neglect. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens and the Equality Act 2010.”²

2. Public Sector Equality Duty

Public authorities and public service providers must carefully consider how their policies, decisions and activities pay due regard to the [Equality Act 2010](#) in order to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic³ and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

In practice, this means:

- Identifying potential impacts for people with protected characteristics which may occur through the application of a policy, associated guidance, or related activities.
- Wherever possible, working to minimise identified impacts where these cause disadvantage.
 - This may include considering different ways to meet the needs people with protected characteristics, taking account these may be different from the needs of other people who do not share these.

3. Assessment of the Policy

The way in which the Policy is implemented is determined by each member organisation of the NSAB, in accordance with their legal responsibilities and their organisational policies and procedures. Members may have their own safeguarding policies and procedures informed by the multi-agency policy.

Implementation of the Policy constitutes a “public function”, albeit this function may differ depending on an organisation’s legal responsibilities.

The assessment is informed by analysis of data from the Norfolk Safeguarding Adults Collection 2022/23 alongside other relevant evidence.⁴

² [Norfolk Safeguarding Adults Board - Multi-agency safeguarding policy and procedures](#)

³ [The protected characteristics](#)

⁴ Data sources are indicated throughout the assessment as a footnote.

This assessment considers the following groups:

- Adults (over the age 18 years)
- Disabled people
- Men and women
- People from black, Asian, Arabic and other diverse ethnic minority groups
- People with different sexual orientations and people who are transgender, non-binary or gender-fluid⁵

4. Key findings of the assessment

The Policy explains how it meets the requirements of the Equality Act 2010.

The Policy follows the statutory frameworks of the Care Act 2014 and the Mental Capacity Act 2005 and makes explicit reference to the Equality Act 2010 and the Human Rights Act (1998).

The Policy identifies that professionals following the policy should work to “safeguard adults in a way that is person-led”. For implementation, this means in practice:

- Recognising that being safe and well means different things to different people **including people with different protected characteristics**.
- Professionals are expected to engage people in discussions about how best to safeguard them in ways that enhances involvement, choice and improves quality of life, wellbeing, and safety.
- Professionals are expected to consider a person’s age, background, culture, health, wellbeing, and abilities or disabilities, and their lived experiences. **These will be influenced, to different degrees, by a person’s protected characteristics, including the intersection of these.**
- Safeguarding practice should improve outcomes working alongside people experiencing abuse or neglect. For example, this may include ensuring a disabled person’s communication needs are being met so they can fully participate or taking account of someone’s faith or cultural experiences.

The Policy explicitly states a commitment to “provide information, support and training in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult”.

Recognition of the need to ensure accessible advice, information, and guidance, in the widest sense, is essential to safeguarding adults. This is of critical importance for adults who have long-term physical health / mental health conditions or disabilities including people with multiple conditions or disabilities. This is because where accessible information is not provided this can create communications barriers.

For example:

⁵ There is not data available to support analysis of the impacts for these groups of people at present.

- A Deaf person who uses British Sign Language may not be able to communicate that they are experiencing abuse or neglect unless they are supported by a qualified interpreter.
- A person who is blind or partially sighted may not be able to use online reporting systems, so must have other mechanisms to report concerns.
- A person with a learning disability may not be able to read or comprehend information about safeguarding unless it is expressed in particular ways.
- A person who does not speak English as their first language may need information translating into their first language or require an interpreter to support them when working with safeguarding professionals.

The Policy makes direct reference to the different forms of abuse and neglect adults may experience, including different forms of abuse which may be more likely to be experienced by people who share certain protected characteristics - such as discriminatory abuse, sexual abuse, domestic violence, and modern slavery. The Policy establishes that anyone may experience one of more forms of abuse or neglect.

The Policy specifically recognises discriminatory abuse. Discriminatory abuse refers to forms of abuse motivated by prejudice or bias, including against those who have protected characteristics under the Equality Act.⁶

The supporting guidance makes it clear that recording of safeguarding incidents should include:

- Details of category of vulnerability (frailty, physical disability, mental health, learning disability etc.)
- Age
- Gender
- Ethnicity
- Religion
- Capacity and understanding
- Communication needs (sensory loss, language, other)

Monitoring of safeguarding referrals, interventions and outcomes in this way is essential to ensure that the NSAB has insight into the experiences of victims with different protected characteristics, the effectiveness of interventions to safeguard them, and understanding of whether there are any inequitable outcomes.

Although unpaid carers are not directly protected by the Equality Act 2010, the policy gives due regard to the role of informal carers in safeguarding and also to the impact on them. Informal carers may share one or more protected characteristic. It is noted that 60% of unpaid carers are women⁷.

⁶ [Discriminatory abuse self-assessment tool - Local Government Association](#) In the period 2022/23 there were 6 recorded "Concluded Section 42 Enquiries for discriminatory abuse" in Norfolk (none involving service providers).

⁷ [Women and unpaid care | Carers First](#)

Taking account of the above, the Policy and supporting guidance **demonstrates** “**due regard**” to **Public Sector Equality Duty**.

Potential impacts relating to the implementation of the policy are explored in more depth within the next section.

Age

In 2022/23⁸

| Age group | Percentage of safeguarding referrals in year | Percentage of S42 Enquiry |
|-------------|--|---------------------------|
| 18-64 years | 36% | 40% |
| 65-85 years | 33% | 33% |
| 85+ years | 30% | 26% |

While there is some difference between percentages for referrals and for Section 42 Enquiries – suggesting that people between the ages of 18-64 may be somewhat more likely to be identified in a Section 42 - broadly speaking the data shows adults of different ages are identified as being at risk of abuse.

When looking at the data it should be considered that the 18-64 group makes up a larger cohort of people in the general population - 58% of Norfolk's population⁹. This indicates that referrals for this age group may be proportionately lower than might be expected in comparison to Norfolk's population, however people in this group may also be less likely to be vulnerable to certain types of abuse and also less likely to have an identified care or support need.

Factors for consideration and potential impacts

Norfolk has an older and aging population. In 2021, 1 in 4 people were over the age of 65 years¹⁰. Older people are more likely to access some services and also be in receipt of social care as they age. This is mainly because of worsening health due to illness or disability and a combination of social factors relating to aging which increase vulnerability and reduce independence.

As a result, older people may be more likely to be identified as being at risk of abuse or neglect because they are more likely to experience professional health or social care interventions. 65% of people accessing long term support in adult social care in England were over 65 years (2015-23)¹¹

People may also be more likely to experience social isolation and loneliness as they age¹², which can lead to worsening health outcomes, neglect (including self-neglect) and increase the risk of some forms of abuse, including exploitation.

However, adults of all ages in Norfolk, including people with different disabilities, learning disabilities, neurodivergent conditions, and mental health conditions routinely come into contact with adult social care, health services, and other public

⁸ All data from Norfolk Safeguarding Adults Collection 2022/23

⁹ [Norfolk Insight - Norfolk Population Overview - 2023](#)

¹⁰ Norfolk and Waveney Population Overview - 2023

¹¹ Adult Social Care Statistics in England: An overview by region and local authority

¹² [Age UK - the impact of loneliness 2023-24](#)

services. It should therefore be considered that working age adults, who are not disabled or do not have substantial, or long-term health conditions may be the least likely access services or support routinely.

Therefore, there may be a risk that some safeguarding concerns are not identified at the earliest opportunity. This does not mean this group is not in need of safeguarding. As an example, national evidence shows a higher proportion of people aged 16-19 years were victims of any domestic abuse (8.0%) compared with those aged 60-74 years and over (3.2%).¹³

Perceptions about the differing vulnerabilities or lack of vulnerabilities of people of different ages, and particularly younger adults, may be a barrier to identification of abuse or neglect.

Disability

In 2022/23

| Disability | Percentage of safeguarding referrals in year | Percentage of S42 Enquiry |
|--|---|----------------------------------|
| Long-term health condition ¹⁴ | 46.9% | 47.3% |
| Sensory impairment | 3.6% | 3.6% |
| Learning, developmental or intellectual disability (including neurodivergent conditions) | 14.7% | 14.4% |
| Mental health condition (including dementia) | 31.5% | 31% |
| No relevant long-term reported health condition | 3.4% | 3.6% |

The data shows people with the recorded primary concern of a long-term health condition were the most likely experience a safeguarding referral and also a S42 enquiry. People with a mental-health condition (including dementia) were also more likely to experience a referral and a S42 enquiry, than people in other groups.

It should be considered that some people in these groups will have one or more health conditions or disability. For example, someone with a learning disability may also have a long-term health condition or mental health condition.

Factors for consideration and potential impacts

¹³ ONS - Domestic abuse victim characteristics, England and Wales 2023

¹⁴ Physical and neurological conditions including COPD, Cancers, acquired physical injuries, strokes, HIV/AIDS, Parkinsons, MND and acquired brain injuries.

Disability, under the Equality Act, is defined as “a physical or mental impairment that has a substantial and long-term negative effect on someone’s ability to do normal daily activities”. Around 20% of Norfolk’s population is disabled as defined by the Equality Act, compared to 17.7% of England’s population. This higher proportion is in part because of Norfolk’s ageing population – around 34% of people aged 65+ in Norfolk are disabled.

Around 8% of Norfolk’s population report having a long-term health or mental condition that does not reduce their ability to carry out day-to-day activities – and therefore, are not defined as being disabled. Around 27% of people aged 15-64 in Norfolk are understood to have a long-term health or mental condition.

It is estimated there are 12,700+ working age adults with a learning disability living in Norfolk, and in 2022, 2,700+ adults with learning disabilities were known to Adult Social Care with 90% receiving long-term support. The majority of this group are aged 18-64. Between 1 in 7 and 1 in 10 of all people in the UK are understood to be neurodivergent – this includes diagnosed conditions such as Autism and ADHD.

There are 6400+ blind and partially sighted people on the Norfolk Sight-loss register. An estimated 125,000 people in Norfolk have experienced hearing loss but only around 30% receive some support. There are around 500 people who use British Sign Language in Norfolk. 97% are known to Adult Social Care.¹⁵

Although some disabled people are in regular contact with health services or with Adult Social Care services, some people, including working disabled people, live fully independent lives and therefore do not access or require care or support routinely. Therefore, safeguarding concerns may not always be identified by professionals at an early opportunity.

In the UK, around 50% of households in poverty include a disabled person. National research shows working-age disabled people are most likely to be at risk of living in poverty.¹⁶ There are significantly higher living costs associated with having a disability or long-term health condition and a known correlation between poverty and deprivation and neglect and abuse, including increased risk of self-neglect, financial abuse, and some forms of exploitation.

There is a link between mental capacity and abuse and neglect, including self-neglect. It should also be considered that people who lack capacity (defined by the [Mental Capacity Act 2005](#)) or who have reduced capacity to make decisions or judgements may find it substantially more difficult to explain or report abuse or neglect. In 2022/23, around 30% of concluded S42 Enquiries involved someone who was judged to lack capacity, 98% of whom were recorded as having support provided by an advocate, family member or friend.

¹⁵All information about Norfolk’s population from adult health & wellbeing JSNA – Norfolk Insight 2021

¹⁶ From disability to destitution – [Joseph Rowntree Foundation 2022](#)

People with cognitive impairments, but who have capacity, and people who are non-verbal may also experience communication barriers and may also experience more limited access to professionals who can advocate or interpret for them.

Disabled people may also find it substantially more difficult to access information or advice about safeguarding if information is not provided in accessible formats - including people who are d/Deaf, blind, or partially sighted. Information may not always be readily available in a wide range of accessible formats, including audio/visual or easy-read formats.

Recording of disabled people's communication or other support needs may not be accurate or consistent, meaning that different professionals are not always made aware of the best way to communicate with a disabled person.

Some disabled people also experience barriers to accessing information and services online, including safeguarding reporting mechanisms because these are not designed to be fully accessible. For example - "it is difficult for blind and partially sighted people to access information on domestic abuse and domestic abuse services aimed at the general public since much of this information is in printed format or on inaccessible websites."¹⁷ Some disabled and older people experience barriers using mobile phones or touch screen technology because they do not have the necessary manual dexterity to use these.

Disabled people living in more rural areas of Norfolk may experience limited access to in-person services, because of a lack of accessible transport or because buildings are not accessible or because the locations that services are situated in are substantially more difficult to travel to or move around. Higher costs of accessible transportation can also impact on a disabled person's ability to travel to and from services, limiting in-person interactions with professionals.

Disabled people, particularly disabled people living alone, may also be more likely to experience social isolation and loneliness and therefore maybe at greater risk of abuse or neglect, including self-neglect or exploitation.

Some disabled people, including people with different learning disabilities or people with a range of cognitive impairments may be at greater risk of abuse, including sexual abuse because they do not recognise the behaviour as abusive. For example - a disabled person may not recognise they have experienced sexual abuse by a partner because they weren't given information around consent whilst growing up due to societal beliefs around disabled people and relationships. As another example, if a disabled person is asked if they feel 'safe' while living with a perpetrator of psychological abuse, they may answer 'yes' because they're not experiencing physical abuse, and they may not perceive that they are being verbally/psychologically abused.

¹⁷ [The Unseen: Blind and partially sighted people's experiences of domestic abuse - Safe lives](#)

Reasonable adjustments may not always be understood to be needed or routinely introduced so disabled people can access the support they need, particularly for people whose disabilities may not be visible, for example people with autism.

Perceptions about the vulnerability of different disabled people or their ability to make decisions or judgments may also be a barrier to the identification of abuse or neglect, or to the degree of risk. Additionally, disability hate crime continues to be under-reported and under-recorded nationally.

Men and women

In 2022/23

| Sex | Percentage of safeguarding referrals in year | Percentage of S42 Enquiry |
|-------|--|---------------------------|
| Women | 60.3% | 62% |
| Men | 39.7% | 38% |

This shows more women than men are more likely to be identified in a safeguarding concern.

Factors for consideration and potential impacts

There may be correlations between sex, aging, and worsening health which explain this pattern. Women in Norfolk live longer than men (as they do elsewhere in the UK). Across Norfolk the average life expectancy is approximately 80 years for men and around 84 years for women. Women are also more likely to experience some conditions linked to aging which increase vulnerability – for example dementia.

There are other factors to consider as to why women may be or may be perceived to be more vulnerable to abuse or neglect than men, including but not limited to:

- Biological / physiological differences between men and women (strength and size).
- Women are more likely to be financially dependent on family or partners and spouses. Women in Norfolk are more likely to be in part-time employment, or to be economically inactive, and are also more likely to be unpaid carers.
- Women are at greater risk of domestic abuse, forced marriage, honour-based abuse, and sexual exploitation.

Recently violence against women has been described as a “national emergency”, with crimes including stalking, harassment, sexual assault and domestic violence affecting one in 12 women in England and Wales, with the number of recorded offences growing by 37% in the past five years.¹⁸

¹⁸ [Violence against women and girls - GOV.UK](#)

Conversely, this may mean that men may be less likely to be identified as vulnerable to different types of abuse. For example, male victims of domestic abuse are substantially less likely to report abuse than women although fatalities for female victims are substantially higher¹⁹. Men with learning disabilities are more likely to be exploited including financially²⁰, and men more likely to experience some mental health conditions, and substance abuse²¹ which can increase vulnerability to neglect including self-neglect. Men are also more likely to be reported as having been trafficked for modern slavery – although this may be due to under-reporting of female victims of modern slavery and sex trafficking.²²

Perceptions of the relative vulnerability of men and women may also be a barrier to effective safeguarding.

People from diverse ethnic groups

In 2022/23

| Ethnic background | % of safeguarding referrals in year | % of S42 enquiry | Norfolk population (2021 Census) |
|--|-------------------------------------|------------------|----------------------------------|
| Asian, Asian British | 0.48% | 0.29% | 2.1% |
| Black, Black African, Black Caribbean, Black British | 0.48% | 0.23% | 0.9% |
| Mixed / multiple ethnic group | 0.5% | 0.81% | 1.6% |
| Another ethnic group | 0.82% | 0.52% | 0.7% |
| White British, White other | 83.2% | 83.6% | 94.7% |
| Unknown | 14.1% | 14.1% | N/A |

The data shows all ethnic groups²³ were under-represented in safeguarding referrals and S42 enquires in comparison to Norfolk's population.

In total, 96 (2.34%) safeguarding referrals were made for ethnic minority people and 32 (1.87%) for S42 Enquiries in the year. By comparison the ethnic minority population for Norfolk is around 5% (as high as 12% in urban areas - Norwich).

Asian or Asian British people, black, black African, black Caribbean, and black British people, and people who self-classify as being from other ethnic groups were also

¹⁹ [ONS Domestic Abuse Victim Characteristics - 2022](#)

²⁰ [ONS Disability and crime statistics in the UK - 2019](#)

²¹ [Adult substance misuse and treatment statistics - 2023](#)

²² [Modern slavery in the UK - Anti-Slavery International \(antislavery.org\)](#)

²³ Ethnicity classifications follow the aggregated 2021 Census ethnicity categories [Ethnicity facts and figures](#)

less likely to experience a S42 enquiry.

The “white other” ethnic group includes English, Welsh, Scottish, Northern Irish or British Irish people, Gypsy and Irish Traveller people, Roma people and people from “any other white background”. Therefore, some people from ethnic minorities in Norfolk will be within this group.

14% of people’s ethnicity was undeclared or unknown – it should be considered this group will include white British people and people from diverse ethnic minorities.

A snapshot from the NSAB dashboard in January 2023 shows:

| Ethnicity | Norfolk population | SG dashboard | England population |
|---|---------------------------|---------------------|---------------------------|
| Asian, Asian British | 2.1% | 0.7% | 9.6% |
| Black, Black British, Black Welsh, Caribbean or African | 0.9% | 0.7% | 4.2% |
| Mixed / multiple ethnic groups | 1.6% | 0.8% | 3% |
| White British, White other | 94.7% | 96.9% | 81% |
| Other ethnic group | 0.7% | 0.9% | 2.2% |

Again, all ethnic minorities are under-represented in the snapshot data (with the exception of the “other ethnic group”), accounting for just over 3% of the dashboard.

Factors for consideration and potential impacts

Ethnic groups are not homogenous, and self-classifications (using 2021 Census categories) do not capture the diversity of people from different ethnic groups in Norfolk. Within the broad groups, people will have recently come to the UK to live and work, or they will have been born in the UK, and have a long family history of living in the UK.

Norfolk’s ethnic minority population includes international and European workers and asylum seekers and refugees fleeing conflict and persecution. People will have come to Norfolk to live and work for short periods and people will have settled in Norfolk. They may or may not have families or informal support networks around them.

People of different ethnicities will have different lived experiences because of their culture, nationality, and faith, and because of their experience of having been born in Norfolk or having moved to live in Norfolk from elsewhere in the UK or abroad.

Importantly, all ethnic minority groups continue to be under-represented as long-term users of adult social care in Norfolk²⁴.

²⁴ [NHS Digital - Adult Social Care Collection](#) - clients accessing long term support at the end of the year, by ethnicity group, 2022-23

| Ethnicity | Long-term adult social care users | Norfolk population (2021 Census) |
|--|--|---|
| Asian, Asian British | 0.43% | 2.1% |
| Black, Black African, Black Caribbean, Black British | 0.43% | 0.9% |
| Mixed / multiple ethnic group | 0.56% | 1.6% |
| Another ethnic group | 0.43% | 0.7% |
| White British, white other | 90.3% | 94.7% |
| Unknown | 7.76% | N/A |

This means many people from diverse ethnic groups in Norfolk may not routinely be coming into contact with adult social care or meeting other safeguarding professionals. Research shows that generally migrant communities in the UK tend to use fewer services, including health services, than the local population.²⁵

Ethnic minority people may experience a range of barriers to accessing services and support (including safeguarding professionals), including:

- Financial barriers where poverty and deprivation are a factor - including because of a lack of access to secure housing or employment.
- Language or cultural barriers – including a lack of knowledge or understanding about what constitutes abuse or neglect or about UK law or the support frameworks.
- Wider social isolation – where they do not have family or informal support networks.
- Differing cultural expectations of what support should come from within families or from within their own communities
- Closed community or family groups.
- Limited knowledge about what support is available from different services.

Experience of racism and discrimination within society, can result in a fear of prejudice or discrimination, including from services designed to support and protect people. This may be because of a shared history of inequitable treatment, or because of direct personal experience of racism and prejudice. This may present as a genuine fear of professionals and public services.

Recent research about the experiences of Black women in Norfolk identified “it was not cultural to put one’s relatives in social care... reasons given ranged from pride in looking after one’s own elderly relatives, fear of discrimination, fear of being harmed or even poisoned with inappropriate drugs, fear of not being believed, ignorance of the services available, not being aware of their right to social care and lack of confidence in demanding their rights... Many also expressed fear of racial abuse and

²⁵ [Immigration and the NHS: the evidence - The Health Foundation](#)

discrimination as the main reason that older black people and disabled black people did not access adult social care services in Norfolk... Black people did not feel they were able to refer disabled relatives to Adult Social Care services, out of fear that they might be mistreated.”²⁶

There is a significant body of evidence showing inequalities of access to different public services (including health, education and criminal justice), and of systematically different or worse outcomes for people from black, Asian, Arabic, and other diverse ethnic groups. This includes Gypsy, Roma and Traveller people who have some of the poorest outcomes across a range of health and socio-economic indicators.

While people from ethnic minority groups likely have similar access to primary health care - people from some ethnic minorities are more likely to report poorer experience and outcomes from using health services.²⁷ In mental health services “rates of detention for people from the Black or Black British group were over 4 times those of people from the White group. The rates of use for community treatment orders for people from the Black or Black British group were over 10 times the rate for people from the White group.”²⁸

This collective experience of inequality should be considered a barrier to safeguarding as it can deter people from seeking support or trusting professionals who are seeking to keep people safe.

A lack of cultural competence in services and decision-making may also be a barrier to effective safeguarding. Culturally competent care is defined as being “sensitive to people's cultural identity or heritage... being alert and responsive to beliefs or conventions that might be determined by cultural heritage.”²⁹ Where this is lacking, misunderstandings and miscommunications can arise. These can lead to differences or biases in decision-making about whether people from some ethnic groups are more or less vulnerable to abuse or neglect.

It should be considered that cultural competence in safeguarding is not limited to understanding diverse ethnicities, but also must consider how the intersection of age, sex, gender-identity, religion, faith and belief and disability impact on people's lived experience and experience of discrimination. For example, a Black Muslim older woman may have very different needs and experiences, including experiences of racism and prejudice and different cultural and religious needs which may impact on how she will engage with professionals and on how professionals interact with her.

²⁶ Voices of black women in Norfolk - Black women's views and experiences about services and life in Norfolk – Dr Atuki Turner (report available on request from April 2022)

²⁷ [Health Inequalities - The King's Fund](#)

²⁸ [Inequalities in care - Care Quality Commission \(cqc.org.uk\)](#)

²⁹ [Culturally appropriate care - Care Quality Commission \(cqc.org.uk\)](#)

People who are transgender, non-binary or gender fluid and people of different sexual orientations

There is no data available with respect the safeguarding experiences of transgender, non-binary, and gender fluid people in Norfolk and very limited data relating to sexual orientation of people experiencing safeguarding referrals.

Transgender, non-binary and gender fluid people may face the same risks and safeguarding issues, including experience of domestic abuse and sexual exploitation but may be considered at greater risk of specific types of abuse. For example, transgender people are more likely to experience homophobic or transphobic bullying, discriminatory abuse and hate crime in society. People who are gay, lesbian, or bisexual are also at greater risk of homophobic hate crime. They may also be less likely to be recognised as victims of domestic abuse or able to access domestic abuse services, or these services may not meet their specific needs.

A resulting genuine fear of prejudice or discrimination may also be a barrier to reporting different types of abuse or neglect. People may feel they can't express or disclose their gender identity or sexual orientation because they're fearful about a prejudicial or discriminatory response, including from professionals providing support. There is limited robust national data to draw down in this area other than the government's 2018 LGBT Survey³⁰.

Transgender, non-binary and gender-fluid people and some lesbian, gay, bisexual people (particularly older LGBTQ+ people) may be at particular risk of experiencing social isolation as a result of their lived experiences, which may also be barrier to reporting and identification of abuse or neglect. Social isolation, homophobia and transphobia may also be causal factors for short or long-term mental ill-health and associated risks of safeguarding issues.

³⁰ [National LGBT Survey: Research report - GOV.UK](#)