



# EXECUTIVE

18 March 2021

## SECOND DESPATCH

Please find enclosed the following items:

**Item 7** Non Recent Child Abuse Support Payment Scheme  
Appendix D – Resident Impact Assessment (updated)

1 - 6

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**APPENDIX D**

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**Resident Impact Assessment**

**Title of policy, procedure, function, service activity or financial decision:** Non Recent Child Abuse Support Payment Scheme

**Service Area:** Resources and People

**1. What are the intended outcomes of this policy, function etc?**

At the meeting of the Executive on 28 September 2017, the Leader of the Council formally [apologised](#) to victims of child abuse in Islington care homes for the council's past failings. The apology was endorsed by the Council's Executive who recognised that some children in Islington's care had been subject to abuse during the 1960s and into the early 1990s and noted that the apology be extended to all victims who suffered child abuse whilst in the borough's care.

The council established a support service which consists of trauma counselling, specialist advice, support and assistance for care, housing, appropriate welfare benefits, access to further education and suitable employment and support to access to care records.

A Support Payment Scheme (SPS) is proposed to support those who suffered emotional, physical, and sexual abuse whilst resident in the council's children's homes from 1966 to 1995. The scheme's objective is to facilitate a fixed support payment to eligible survivors through a process that is as straightforward and quick to access as possible and minimises the need to re-live past trauma. Eligible survivors for the purposes of this scheme are those who:

- were placed by LBI in a LBI run children's home
- between 1966 and 1995; and
- suffered emotional (sometime referred to as psychological) abuse, physical abuse and/or sexual abuse there, other than any purely 'peer on peer' abuse.

**2. Resident / Population cohort Profile**

*Who is going to be impacted by this change i.e. residents/service users/tenants? Please complete data for your service users. If your data does not fit into the categories in this table, please copy and paste your own table in the space below. Please refer to **section 3.3** of the guidance for more information.*

It is estimated that up to 2,000 children were in the care of Islington Council between 1966 and 1995. Along with other London boroughs, Islington assumed responsibility for a number of children's homes in 1965.

There are various information gaps regarding the characteristics of children in Islington's care or placed in an Islington-run children's home during the period proposed for the scheme. Child care policy, data recording and reporting practices and requirements were different in comparison to children's social care today. This means that data related to protected characteristics is not sufficiently available for this assessment.

On this basis, information gleaned from previous national research and the learning from Lambeth Council has been used to identify the potential equalities impact for Islington's proposal. These are outlined below in Section 3.

### 3. Equality impacts

*With reference to the guidance, please describe what are the equality and socio-economic impacts for residents and what are the opportunities to challenge prejudice or promote understanding?*

Many care-experienced adults have experienced multiple disadvantage and challenges when entering care or whilst in care, often persisting into their adult life.

#### Age

Children entered care at any age and would have been vulnerable to abuse and neglect. Potential applicants will be adults of working age and a significant number nearing or of retirement age. Research indicates that life expectancy is lower for children in care. It is likely that some applicants may have developed long term health conditions. The scheme may be of particular importance to older applicants who may feel that they have less time to benefit from a support payment.

#### Gender

A [literature review](#) on the impact of institutional child abuse suggests that gendered assumptions such as the abuse of boys by men being worse than that of girls by men have led to varying amounts of compensation paid. Other assumptions have included female perpetrators seen as being less dangerous than male perpetrators and the likelihood of a survivor being believed or long term effects not seen as equally distressing. It could be suggested that the proposed scheme has a positive impact because it is a fixed payment that is not linked to the severity or type of abuse experienced by the applicant.

Research from the Independent Inquiry into Child Sexual Abuse (IICSA) outlines that, for child sexual abuse (CSA), victim and survivor gender impacts are related to mental health, internalising and externalising behaviours, offending, intimate relationships and sexuality, and pregnancy and childbirth. However, there is a lack of specific evidence on male victims and survivors.

#### Disability

The experiences of an adult with disabilities whilst in care can have a significant impact on their outcomes and functioning. For some, as children, they may not have been sufficiently diagnosed during this period. In 1997, William Utting<sup>1</sup> identified that children with disabilities were more likely to be living away from home than other children in long term foster care, respite care, a variety of registered children's homes, in residential schools and in hospitals. He concluded that children with disabilities were more likely to suffer abuse of various kinds than other children living away from home.

Care-experienced adults with disabilities are likely to:

- have lower incomes
- have experienced social isolation
- have specific language and communication needs
- have been vulnerable to abuse and, where this occurred, found it more difficult to report abuse coupled with challenges to achieving justice through the legal system

The support payment offered through the proposed scheme may contribute to their wellbeing and independence.

#### Race and ethnicity

Findings on children entering care by ethnicity have varied over the period that the proposed scheme relates to. For example, research conducted by Andrew Bebbington and John Miles (1989) outlined that children of Black-Caribbean and Black African heritage were slightly more likely to come into care than white children. However, children of mixed-parentage were two and half times more likely to enter care than white children. In 1997, the Utting report concluded that Black children and children of mixed parentage were always over-represented among children in local authority care and in schools for children with emotional and behavioural difficulties. They also tended to stay in care longer than white

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<sup>1</sup> Utting William, et al. *People like us: the report of the review of the safeguards for children living away from home.* (1997). London. Stationery Office/Great Britain. Department of Health/Great Britain. Welsh Office

children. Utting emphasised that Black children encountered institutionalised as well as personally focused racism. He regarded the lack of failure to understand and support specific health and personal care needs enabled a perception that these children were disregarded and they were relatively safe to abuse.

Recent research conducted by IICSA identified that victims and survivors from ethnic minority communities face additional barriers to engaging with support services and disclosing and reporting child sexual abuse. It found that there was a disproportionately low take up of statutory services by these communities. Lambeth Council has experienced a relatively lower number of people from Black Caribbean or mixed heritage communities applying to their redress scheme than expected. It is exploring various ways to increase uptake.

### **Socio-economic**

National research related to the period covered by the proposed scheme indicates that children from poorer socioeconomic backgrounds were likely to be overrepresented within the care system. As a result of being in care and childhood abuse, these adults are more likely to experience worse outcomes in education, employment and health. It is likely that they may live in social housing and on low incomes including benefits.

The proposed scheme has been designed to maximise the support payment received and minimise potential legal and administrative costs for applicants. However, the support payment may be counted as income or savings and affect an applicant's entitlement to benefits.

### **Health**

International and national evidence tell us that negative experiences and events including childhood abuse can lead to trauma and have a lasting impact on health and wellbeing in adulthood. When this happens, children can have physical and mental ill-health as they grow into adults and during their adult life. Children who are exposed to adverse childhood experiences are at a greater risk of death or injury before reaching adulthood, and of premature mortality later in life.

Children who have experienced abuse and neglect are likely to exhibit externalising behaviours such as substance misuse and addiction problems in response to the abuse. These behaviours are seen as coping strategies and vary with age and gender. We will need to ensure that further harm and impact on physical and mental ill-health as a result of receiving a support payment is minimised as far as possible.

A successful outcome from applying to the proposed scheme may have a positive impact on the applicants by enabling them with further choice and control over how their health, wellbeing and independence needs are met. Conversely, the consultation and process of applying to the scheme may unintentionally trigger or re-traumatise applicants with memories of what they experienced.

### **Other equality, diversity and inclusion impacts**

- It is likely that, since 1995, many children who were in Islington's care, have moved away from the borough. This is reflected in the range of care-experienced adults looked after by the Council who have accessed the care, support and trauma services for survivors. We will need to ensure that there is equitable access to the scheme for these potential applicants.
- Victims and survivors of CSA have been found to be more likely to have contact with the police, and to be charged with a criminal offence, than those who have not experienced CSA. Research indicates that adverse childhood experiences can lead to situations such as criminal activity or becoming a victim of abuse or exploitation. We will need to ensure that the proposed scheme does not unintentionally result in a negative outcome for these potential applicants albeit within the limits of the law and guidance set by central government on the use of public funding.
- The following information was not captured during the period of care that this scheme relates to:
  - Pregnancy / maternity
  - Religion or belief
  - Sexual orientation

It is unlikely that the proposed scheme will have a negative impact for these characteristics.

## Conclusion

The proposed SPS is likely to have a positive impact on the range of known equalities and diversity characteristics of children who were in the care of Islington Council within the eligibility period.

In tandem with the existing specialist support services, the proposed scheme is likely to contribute to advancing the health, wellbeing and independence of survivors. The proposed scheme must acknowledge and be responsive to a potential applicant's multiple and complex support needs developed as a result of childhood abuse. There will be a need to ensure that:

- equalities and diversity information is monitored and reported on throughout the implementation of the scheme
- a swift and compassionate process is in place to minimise impact on the health, wellbeing and independence of older applicants and/or those with disabilities.
- strategies are in place to address disproportionality in uptake by potential applicants from ethnic and cultural communities
- further harm and impact on an applicant's physical and mental ill-health or entitlement to benefits are minimised as far as possible
- strategies are in place to minimise triggering or re-traumatising applicant through the consultation on, or implementation of, the proposed scheme
- there is equitable access to information about the scheme for potential applicants
- strategies are in place that recognise the impact of institutional childhood abuse in a way that does not adversely affect the outcome for potential applicants

## 4. Safeguarding and Human Rights impacts

### a) Safeguarding risks and Human Rights breaches

*Please describe any safeguarding risks for children or vulnerable adults AND any potential human rights breaches that may occur as a result of the proposal? Please refer to **section 4.8** of the guidance for more information.*

- There are no known human rights breaches related to the proposed scheme.
- Adult safeguarding mitigations will be put in place for vulnerable applicants who may be at risk of exploitation or abuse if they receive a support payment from the scheme.

**If potential safeguarding and human rights risks are identified then please contact [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk) to discuss further:**

## 5. Action

*How will you respond to the impacts that you have identified in sections 3 and 4, or address any gaps in data or information? For more information on identifying actions that will limit the negative impact of the policy for protected groups see the guidance.*

Action	Responsible person or team	Deadline
Collect equalities information for both SPS applicants to the SPS and service users of the multi-agency survivors support offer to monitor impact, outcomes and build knowledge about our survivors. This should be incorporated into the performance reporting framework for the scheme and the overall programme.	Tania Townsend, NRCA Programme Lead	Support Services: April 2021 SPS: From inception


Action	Responsible person or team	Deadline
Put in place quality assurance mechanisms to ensure the eligibility and assessment used for the scheme does not promote negative outcomes linked to impacts resulting from childhood abuse experiences such as offending and mental health.	Yasmin Amevor	September 2021
Develop communication materials and templates for the scheme that use trauma-informed and inclusive language	Chris Roe Jenefer Rees	September 2021
Put in place access to tailored support throughout the scheme process that will help adults with disabilities who have communication and/or support needs	Tania Townsend Jim Beale	September 2021
Extend/put in place and promote accessible trauma counselling and emotional wellbeing support to potential applicants throughout the consultation on the proposed scheme and during the application process	Tania Townsend Jenifer Whitfield	March/April 2021
Engage with potential applicants from ethnic and cultural communities to determine ways to encourage take up, address barriers and support individuals	Survivors Support Service	July 2021
Put in place a regular programme of trauma-informed practice training for those administering the scheme and supporting applicants.	Jenefer Rees Yasmin Amevor	September 2021
Identify and embed the policies and procedures to identify and support vulnerable applicants who may be at risk of exploitation or abuse if they receive a support payment from the scheme.	Jenefer Rees Elaine Oxley	September 2021
Explore and develop an approach to minimise the impact of receiving a support payment whilst in receipt of benefits	Tania Townsend Robbie Rainbird	July 2021
Put in place a feedback mechanism to understand the experiences of the scheme from the applicants' perspective and improve it's operation.	Yasmin Amevor	October 2021
Put in place a regular communications and engagement plan to maximise awareness of the scheme and provide information in an accessible and supportive way	Chris Roe Will Simpson	July 2021

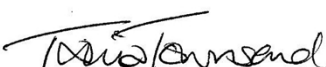
Please send the completed RIA to [equalites@islington.gov.uk](mailto:equalites@islington.gov.uk) and also make it publicly available online along with the relevant policy or service change.

**This Resident Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.**

**Staff member completing this form:**

**Head of Service or higher:**

Signed: 

Signed: 

Date: 24/02/2021

Date: 26/02/2021

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