

INITIAL EQUALITY IMPACT ASSESSMENT

Screening

Policy Aim

1. *Valuing People Now*: The next three years of Valuing People
2. Since Valuing People (2001), a lot of progress has been made for people with learning disabilities. Government has decided that it is time to 'refresh' the Valuing People policy. This document - *Valuing People Now* - is a draft of how government intends doing that from 2008 to 2011 for consultation. It responds to what people have told us over the last five years about what is working and what is proving difficult to change.
3. People with learning disabilities will benefit from this document, as will their carers and families and people working with them. *Valuing People Now* does not cover children with a learning disability because other policies (including *Aiming High For Disabled Children*) are already taking new action forward for children.

The main priorities for the refresh are:

- **Personalisation** – so that people have real choice and control over their lives and services
- **What people do during the day** (and evenings and weekends) - helping people to be properly included in their communities, with a particular focus on paid work
- **Better health** - ensuring that the NHS provides full and equal access to good quality healthcare
- **Access to housing** - that people want and need with a particular emphasis on home ownership and tenancies
- **Making sure that change happens** and the policy is delivered - including making Partnership Boards more effective

4. Related policy areas are in health and social care, voluntary and independent care provision, advocacy and representative organisations. Across Government, other related areas are housing, employment and transport.

Following the consultation process we will develop statutory guidance on the role of Learning Disability Partnership Boards, as

part of this work, we would expect to assess the potential impact on existing policies and service delivery.

However, in taking this work forward we will be looking at existing best practice in the field and current DH initiatives (such as Individual Budgets, User Led Organisations) to explore the potential for building on such. In this respect we see that this document will lead to the fuller implementation of existing policies (or legislation) that promote the equality of its intended target group i.e. 'people with learning disabilities' (as defined in the Valuing People White Paper, DH 2001). These include:

- *Valuing People* (2001)
- *The story so far* (2005)
- *Our health, our care, our say* (2006)
- *Improving Life Chances for Disabled People* (2006)
- *Mental Capacity Act* (2005) and *Code of Practice* (2007)
- *Improving Work Opportunities of People with Learning Disabilities* (2006)
- *Progression through Partnership* (2007)
- *Management of health for people with learning disabilities* (2007)
- *Disability Discrimination Act 1995 (and subsequent amendments) and Disability Equality Duty 2005*
- *Stronger Local Voice* (2006)
- *Race Relations Amendment Act 2000*
- *Better Services for People with Autism* (2006)
- *Aiming High for Disabled Children* (2007)

Screening

Question 1

For each of the six equality categories, ask the questions in the table below.

	Age	Disability	Race	Religion and	Gender	Sexual Orientation
1.a) Do different groups have different needs, experiences,	Y	Y	Y	Y	Y	Y

issues and priorities in relation to the proposed policy?						
1.b) Is there potential for or evidence that the proposed policy will promote equality of opportunity for all and promote good relations between different groups?	Y	Y	Y	Y	Y	Y
1.c) Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
1.d) Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular population group or groups?	Y	Y	Y	Y	Y	Y
1.e) Is there doubt about answers to any of the above questions (for instance there is not enough information to draw a conclusion)?	Y	Y	Y	Y	Y	Y

If the answer to any of the above is “yes”, you will need to carry out an equality assessment in the relevant equality area(s).

Question 2 Why have you come to these conclusions?

Write *short* notes to explain why you have drawn your conclusions including any evidence (of whatever type) that you have to support your assessment.

This strategy intends to address the specific inequalities experienced by people with Learning Disabilities in their every day lives. This is a direct response to the National Director, Rob Greig’s report on the progress of Valuing People ‘The Story So Far’, in which he consulted with approx 3,000 people for their views on what had changed and what still needed to happen to make rights, independence, choice and inclusion a reality for people with learning disabilities. Over a third of these respondents were people with learning disabilities.

With respect to the other groups under the 'equalities agenda' there is no evidence to suggest that this policy will have any adverse effect whatsoever; in fact the converse is likely. The underpinning intent of this 'strategy' is that people with learning disabilities will be given the support they need to follow individual pathways that meet their personal needs and aspirations. Thus we expect that issues of culture, ethnicity, age and gender (and possibly sexual orientation) will be given greater prominence than at present, through the personalisation approach that this document seeks to promote.

In terms of the 'evidence' to support the above claims, there is some hard data to show the differing needs and issues for various 'sub-groups' of people with learning disabilities (e.g. by gender, race, additional disability etc). The evidence available in relation to different aspects of life (e.g. housing, employment, healthcare) is that people with learning disabilities and people with mental health problems experience poorer outcomes from public services than other sections of society.

The following documents are key contributions to the evidence:

- 'Count me in' 2006 census on ethnicity in LD and MH services, Healthcare Commission, Mental Health Act Commission
- 'Making services better for people from ethnic minority groups with learning disabilities' (2005) C Hatton, commissioned by Care Services Minister
- 'Valuing People: the story so far' (2005) said that some places are starting to challenge the blocks to equal services faced by people from minority ethnic communities. It said that a national ethnicity leadership programme and national networks support local work across the country.

The DH programme of action has included initiatives to help partnership boards improve support for people with learning disabilities from BME communities, this included guidance, leadership training, prioritising ethnicity for learning disability development fund (LDDF) spending, and national and regional networks for services to share good practice.

The Valuing People Support Team (VPST) funded a national survey of all learning disability partnership boards in England, conducted between December 2004 and February 2005. Partnership boards varied in their commitment to improving services for people from

ethnic minorities. Only half of boards responded. Some responding boards stated that strategic planning to meet the needs of people from ethnic minorities was a low priority.

Rob Greig, National Director for Learning Disabilities, highlighted ethnicity as a key priority for service improvement in his review 'Valuing People: The Story So Far' (March 2005).

However, without more detailed evidence to start from on the different areas of policy covered by *V.P. Now*, it is difficult to make firm conclusions as to the extent to which these differing sub-groups will be affected differently as this strategy is implemented. More 'mainstream data' outlining differences outcomes against race or gender (for example) do not make reference to people with learning disabilities.

'Valuing People' developed with a major strand of work focusing on issues of culture and ethnicity which is explicitly concerned with people with disabilities, so this consultation on the policy next steps is a useful point at which to assess the impact on equality issues.

The policy strategy is also likely to include commitments to publish more detailed delivery aims, such as statutory guidance for the field. As such, any future policy that impacts on services will be subject to the equality screening and assessment process.

Based on the information set out above I have decided that an equality impact assessment is necessary.

Signed: Mary Mulvey

Business area: Social Care Directorate Date: 20 November 07

Impact Assessment

Title: *Valuing People Now* consultation

Aim and purpose of this section of the policy

Scoping Questions
<p>1. What evidence have you used to support the conclusions drawn in screening questions 1a – 1e? See above</p>
<p>2. What is the strength of this evidence - for instance</p> <ul style="list-style-type: none">a) well established and validated?b) strong evidence, but a few gaps?c) some evidence, but considerable gaps?d) anecdotal? <p>Well established and robust in relation to discrimination around disability. Limited in relation to evidence around ethnicity and gender. Some evidence on race and BME issues, complex and multiple disabilities and challenging behaviour, but considerable gaps around certain areas, for example gender, sexual orientation, age related issues and older people.</p>
<p>3. If the evidence is not sufficient, what other information is needed? We will consult on equality impact issues as part of the consultation of Valuing People Now, and use this information to inform the final policy.</p> <p>Further evidence may be necessary in taking forward the work on supporting implementation as part of the next phase.</p>
<p>4. In particular, are there people who may be affected by the policy area whose views and experiences should be sought? Feedback on specific proposals from groups of people with learning disabilities affected, for example cultural considerations for BME groups, people who fall through the gaps between services such as people whose behaviour challenges and people with autistic spectrum disorders.</p> <p>The consultation strategy will involve key representative groups and also seek views from individual service users who may be directly</p>

affected by the implementation of policy.	
5. Does the policy area:	Yes/ No
<ul style="list-style-type: none"> • Affect a large number of people (for instance it covers service provision such as primary care) • Have risks or potential attached to its implementation/delivery in relation to equality because for instance it relates to <ul style="list-style-type: none"> ○ strategies or services specific to a particular group like older people, pregnant women or mental health services for deaf people ○ or to a disease or service area where a disproportionate number of some population groups are affected such as CHD, HIV or ophthalmic services) <p>To note – the policy document is relevant to policy across government, however this impact assessment relates only to health and social care as these are the areas DH is best placed to assess. Other Government Departments have accepted responsibility for EIA on their areas of lead responsibility.</p>	<p>Yes</p> <p>Yes</p>

6. What is the <i>probability</i> of adverse or beneficial effects?		
• Risk of adverse effects on equality (indicate one)?		
		Probably will not have adverse effect <i>Low risk</i>
• Potential for benefit? (indicate one)		
Highly likely to promote equality of opportunity and good relations <i>High potential (low risk)</i>		
7. If the risks came to pass how substantial would these be (in terms of the number of people affected and the severity of the problem)?		
	A few people may be adversely	

	affected to some extent – but significantly less than the numbers that will benefit

Next steps

1. The availability and strength of evidence

With regard to the whole policy, the Learning Disability Task Force has an overview and scrutiny role to check up how policy is working. This includes a representative of the Ethnicity Advisory group.

All consultation on learning disability policy is carried out in the spirit of 'Nothing About us Without Us'¹, involving services users in policy and service development.

In addition, DH has been in regular contact with major research centres with expertise in this area.

- Personalisation

Learning Difficulties and Ethnicity (2001) Gazala Mir et al, was published with *Valuing People* to address issues of ethnicity for people with learning disabilities. It says that services should take account of the particular needs and values of people from difference minority ethnic communities. It also explores issues of simultaneous disadvantage experienced by people in relation to their race, impairment and gender.² It concludes that whilst there are some gaps around the views of people themselves, the main body of evidence is strong, and 'what is needed, now, is a commitment to develop services to address those needs'.

In addition, *The Impact of Person Centred Planning* Robertson et al (2005) found that for the group surveyed, the cost of care packages was significantly associated with certain factors including ethnicity, mental health diagnosis and employment status. However, this evidence is from a relatively small survey group (93 people). The report recommends CSCI collect data to monitor equity of the impact of person centred planning.

Additional evidence could be gleaned from other projects in the future, for example the Individual Budget pilots.

¹ <http://www.publications.doh.gov.uk/learningdisabilities/access/nothingabout/index.htm>

² *Learning Difficulties and Ethnicity* (2001) Mir, G et al.
<http://valuingpeople.gov.uk/dynamic/valuingpeople88.jsp>

- Better health

A useful guide of the key highlights of evidence for health inequalities for people with learning disabilities is provided in 'Ensuring that All Means All' (DH, 2003). This sets out common health problems for people with learning disabilities such as cancer, coronary heart disease, respiratory disease, respiratory disease and thyroid dysfunction. It discusses the barriers people experience in accessing primary and secondary healthcare.³

In addition, the Disability Rights Commission's Formal Investigation into primary health care for people with learning disabilities and mental health problems sets out a strong body of evidence regarding health inequalities for this group.⁴

- What people do during the day (this assesses the social care element – employment and education elements should be covered by DCFS, DIUS and DWP)

Improving working opportunities for people with learning disabilities (2006) was a report by the working group on LDs and Employment. It made recommendations to Ministers regarding inequalities of access to employment opportunities for this group. The policy proposals have been developed in direct response to this report to influence improvements and tackle barriers to employment.

- Other policy issues covered in *VP Now* may be for the relevant OGDs to consider, for example, housing for CLG, adult education and employment for DIUS and DWP. These departments are best placed to consider the policy elements that they lead.

The abundance of evidence on inequalities for this group makes action imperative. Current resource levels prevent commissioning of further intelligence at this stage; however this position will be reviewed following the consultation process.

³ [Ensuring that All Means All' \(2003\) DH](http://valuingpeople.gov.uk/dynamic/valuingpeople118.jsp)
<http://valuingpeople.gov.uk/dynamic/valuingpeople118.jsp>

⁴ [Closing the Gap – the DRC's formal investigation into health inequalities \(2006\)](http://www.equalityhumanrights.com)
<http://www.equalityhumanrights.com>

2. Follow up and engage other interested parties

As part of preliminary consultation on VP Now, officials have engaged a small number of key stakeholders through the VP Taskforce, including family carers and representation from the Learning Disability Ethnicity Advisory group. In particular, feedback on issues for people with LDs and family carers from BME groups has been taken on board in redrafting the consultation version of VP Now.

As part of the consultation, officials will continue seek feedback from the Ministerial-led programme board and all other interested stakeholder groups. The LD Taskforce will have a central role in the consultation, including the Ethnicity Advisory Group and the National Forum of people with learning disabilities.

Colleagues have commented on the thoroughness of the process undertaken to consult and involve policy colleagues and the quality of the document to date. Increasing involvement of cross-DH and cross-Government colleagues with the LD agenda has extended awareness of the issues still being faced and the challenges ahead to shift attitudes and change practices. It is the hope that this document continues the momentum forward and challenges us all to make the necessary changes happen.

3. Forming a judgement on the information – the impact assessment

As we are going to consultation with VP Now, we will await outcomes from the consultation before forming a final judgement on the information.

The summary above indicates there is robust and plentiful evidence regarding the inequalities people with learning disabilities experience in their lives and within this, how minority groups can experience simultaneous disadvantage and discrimination.

Important recent reports on experiences of people with disabilities, such as the Government's *Improving Life Chances for Disabled People* (2006) make recommendations for action. Many of the policy proposals contained in *VP Now* have been developed in response to these and to the National Director's review of *Valuing People, The story so far* (2005). This consultation on the progress

of learning disability policy involved 3,000 people in its consultation, including user-led organisations and BME organisations.

This policy seeks to support staff planning and delivering services to meet their legal requirements under the DDA, and as such it will have a positive impact on opportunities for people this client group. In addition, the principles of person centred approaches such as giving consideration to an individual's communication needs, are beneficial to other groups who use services, such as older people, people whose first language is not English, people with mental health problems and with autistic spectrum disorders.

Reduction in the documented health inequalities for people with learning disabilities, access to mainstream employment support tailored to the needs of individuals and an increase in the number of people who have real choice over where they live and who they live with. Implementation of DED by mainstream services.

The policy proposal sets out how we can bring these about, for example, it gives practical solutions to support full implementation of disability equality duty.

The policy details how groups within the LD client group, such as people who have complex and multiple disabilities, people with ASD's and people from BME communities require additional and adapted approaches to meet their individual needs.

It is likely that further consideration will be given, following the policy consultation, to review areas where policy requires further development for specific groups. This will be guided by the consultation responses, but could, for example, include separate piece of work on policy for people with ASD's, older people with learning disabilities. For NHS and social care organisations implementing policy, the policy proposals, once finalised, will help to implement DH and Government policy more fairly for this group.

This policy includes details of new cross-government indicators which will monitor progress of employment and housing issues. NHS organisations are legally required to promote disability equality, this policy will help them to do that in a comprehensive and inclusive way.

When finalising *VP Now*, following consultation, we will report on how the EqIA has been received and what we intend to change as a result.

4. Consultation on the findings of the EQIA

We will share the preliminary EqIA with stakeholders as part of the consultation on Valuing People Now. To do this, we will ensure questions on the EqIA are included in the easy read version of the consultation pack.

Any additional findings or comments from the consultation will be considered and will form part of the final report with a response.

5. Decision

We will make decisions on changes to the policy as a result of feedback from the consultation questions on the equality impact.

6. Publication of EQIA

This will then form the final Equality Impact Assessment, to be published with the final policy document.

Annex A

Details of evidence

The Healthcare Commission, Commission for Racial Equality and Mental Health Act Commission published their '*Count me in*' (2006) census of people with LD's and Mental Illness in health care services. Key findings in the learning disability sector show that:

- eleven per cent of inpatients with a learning disability were of black and minority ethnic origin – lower than the 20% for mental health inpatients.
- rates of admission were lower than average among the South Asian, Other Asian, Other White and Chinese groups, and two to three times higher than average in the Black Caribbean, White/Black Caribbean Mixed and Other Black groups.
- unlike mental health inpatients, no ethnic differences were observed for those detained on admission under the Mental Health Act 1983.
- rates of referral by carers were double the average among the White Irish, Other White and Black Caribbean groups.
- thirty-five per cent of inpatients were detained under the Mental Health Act on admission. Unlike the mental health inpatients, no ethnic differences were observed for detention rates among inpatients with learning disabilities.
- fifty-seven per cent of people with learning disabilities who participated in the census were in mixed sex accommodation. It should be noted that the census included people with a learning disability in a variety of accommodation models, including campus accommodation.

This is available at (on 09/10/07)

<http://www.healthcarecommission.org.uk/nationalfindings/nationalthemedreports/mentalhealth/countmein/2006.cfm>

Further evidence

Ethnicity research from the University of Lancaster:

[Supporting South Asian families with a child with severe disabilities: Executive Report \(2002\)](#)

[Future Demand for Services for Young Adults with Learning Disabilities From South Asian and Black Communities in Birmingham \(2002\)](#)

Hatton, C. (2005). *Improving Services for People with Learning Disabilities. from Minority Ethnic Groups*
<http://valuingpeople.gov.uk/dynamic/valuingpeople90.jsp>

ADASS report on spending pressures in local authorities (2005)
<http://www.adss.org.uk/publications/guidance/learning.pdf>

Learning Difficulties and Ethnicity (2001) Mir, G et al.
<http://valuingpeople.gov.uk/dynamic/valuingpeople88.jsp>