Official / Sensitive



Equalities Comprehensive Impact Assessment - Head of service review

Reference: ECIA490507949

Submitted: 13 March 2023 14:10 PM

Executive summary

Title of policy / decision: Disability Strategy

Policy / decision type: Cabinet Decision

Overview of policy / **decision:** People with disabilities have the right to a full life but they are often marginalised within society. Whilst our current social care offer enables many good outcomes, we know that these aren't always consistent. Demographics and demand for our services are challenging and we need to use our resources efficiently.

There is opportunity to apply the social model of disability to address barriers in society and to develop our work to better meet what people with disabilities want from their lives. A clear strategic ambition and commitment to people in Essex will help enable us to focus our efforts on delivering a more holistic, person-centred and lifetime approach for people with disabilities.

Meaningful Lives Matter (MLM) is a well-established brand that is respected for its work with and in support of people with learning disabilities. We plan to refresh and redefine its meaning and purpose in enabling people with a wider range of disabilities, including physical and sensory impairments, to live their lives to the fullest.

What outcome(s) are you hoping to achieve?: The strategy aligns closely with ECC's Everyone's Essex 4-year plan for levelling up as it seeks to promote independence for adults with disabilities. It also aligns to the strategic framework set out within the Adult Social Care business plan and other related strategies such as the Carers Strategy and All-age autism strategy.

Engagement with people with disabilities and the carers, providers and partners that have a role in providing support to people, has taken place over the last few years and given indication of what people want in their lives and what their main strengths and challenges are. Whilst more focused engagement is underway, our learning in this area so far suggests four outcomes that are likely to be of key importance. These are:

- Meaningful relationships within a community, including with families, partners, friends, groups of people with similar interests and paid or unpaid carers
- A suitable place to live and call home, whether that is a person's own home or another accommodation that best allows their needs to be met
- Ability to maintain as good health and wellbeing as possible and personal safety.
- Access to meaningful activity during the day, such as education, employment and volunteering, or other fulfilling day activities, which may include opportunities to contribute to society and the economy.

Executive Director responsible for policy / decision: Nick Presmeg (Adult Social Care (DASS))

Cabinet Member responsible for policy / decision: John Spence (Health and Adult Social Care)

Is this a new policy / decision or a change to an existing one?: New policy / decision

How will the impact of the policy / decision be monitored and evaluated?: We will continue to engage

people with disabilities to understand how things are going in their lives and whether things are improving. We will also look at what our data and insight is telling us.

Using the MLM dashboard, we plan to measure:

- Number of people with disabilities who have a paid job. We want this to go up.
- % of people with disabilities who live in a care-home. We want this to go down.
- The number of adults with a learning disability and/or Autism known to ASC who have moved from a residential care package to a community services package. We want this to go up.
- Number of adults who have received a learning disability health check by the GP practice and have been provided a health action plan. We want this to go up.
- The percentage of adults referred to LLS who were signposted/ connected to resources and the intervention completed with no onward referral for ASC services. We want this to go up.
- The average percentage change in adults 'happiness index' pre/post LLS intervention. We want this to go up.
- Number of new Shared Lives placements. We want this to go up.
- The number of out of county placements for supported living and residential care. We want this to go down.
- % of people who have help from social care who are moving towards a goal. We want this to go up.
- % of people who have help from social care who have three or more 'good' relationships in their life. We want this to go up.

Where we can, we will look at how things are changing in different parts of Essex. We will also look at how things are changing for people of different race, gender, and sexual orientation. This is because we want things to get better for everyone. We want the change to be fair.

Will this policy / decision impact on:

Service users: Yes

Employees: Yes

Wider community or groups of people: Yes

What strategic priorities will this policy / decision support?: Health, Independence and Wellbeing for All Ages

Which strategic priorities does this support? - Health: Promoting independence

What geographical areas of Essex will the policy / decision affect?: All Essex

Digital accessibility

Is the new or revised policy linked to a digital service (website, system or application)?: No

Equalities - Groups with protected characteristics

Age

Nature of impact: Positive

Extent of impact: Medium

Disability - learning disability

Nature of impact: Positive

Extent of impact: High

Disability - mental health issues

Nature of impact: Positive

Extent of impact: Medium

Disability - physical impairment

Nature of impact: Positive

Extent of impact: High

Disability - sensory impairment

Nature of impact: Positive

Extent of impact: High

Sex

Nature of impact: Positive

Extent of impact: Low

Gender reassignment

Nature of impact: None

Marriage / civil partnership

Nature of impact: None

Pregnancy / maternity

Nature of impact: None

Race

Nature of impact: Positive

Extent of impact: Low

Religion / belief

Nature of impact: None

Sexual orientation

Nature of impact: None

Rationale for assessment, including data used to assess the impact: The impact of the Disability Strategy has been assessed based upon the group it is focused on and its scope and aims in this area. It is estimated that over 250,000 people have a disability in Essex. The strategy includes all people in Essex with a learning disability, physical disability, sensory impairment and autism and other types of neurodivergence where these are experienced to be disabling. It doesn't include everyone who would be defined as having a disability under the 2010 Equality Act as the Act includes and protects people who have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities; this would include disabling mental health conditions which are not included in the absence of another disability within the scope of the strategy. However, as the strategy is ambitious and sets out the strategic direction for the next four years to improve outcomes for the groups it covers, the impact has been assessed as high and positive.

The strategy will align with the ageing well approaches for adults with disabilities and includes adults in older age with disabilities within its scope, therefore the impact for older people is positive and medium. As women are more likely to have a disability than men (the 2021 Census showed that in England, 18.7% of females and 16.5% of males had a disability), the impact for sex is positive and low. Whilst it is not clear whether there is higher or lower prevalence of known disability in ethnic minority groups, people from ethnic minority backgrounds are more likely to face discrimination or additional barriers in accessing services which may lead to worse outcomes. For example, the Learning Disability Mortality Review (LeDeR) shows that health inequalities leading to early mortality are exacerbated for people with a learning disability who are also from an ethnic minority group. The strategy has a focus on improving access to healthcare and other types of support and will look at its outcome measures by different groups, including race, therefore, the impact for race is positive and low.

Engagement with people with disabilities and the carers, providers and partners that have a role in providing support to people, has taken place over the last few years and given indication of what people want in their lives and what their main strengths and challenges are. More focused engagement over the last few months has helped us to take a co-productive approach to developing the strategy. The draft strategy was published as part of a 12 week (including the Christmas period) public consultation on its content. The consultation included options to participate online, by telephone and in-person and audio, EasyRead and large print versions of the information to ensure accessibility for people with disabilities to participate. The online and in-person forums were supported by working with local disability voluntary sector organisations. 169 people have completed the consultation online or by telephone or hard copy and a further 44 people have been engaged in focus groups.

Feedback received in the consultation showed us that the vast majority of people agreed with and welcomed the priorities and areas of focus of the strategy document. However, it highlighted that a few aspects were missing, in particular, the need for improved financial support. We have amended the document to include these aspects, incorporating financial support within the theme of staying safe and well to recognise that financial wellbeing is an important component of overall wellbeing.

A significant number of people felt strongly that autism alone should be included within the strategy, rather than only when someone has autism alongside another disability. To recognise this, we have extended the strategy's scope to include people with autism where they experience it to be disabling, regardless of whether they have another disability.

What actions have already been taken to mitigate any negative impacts:

Levelling up - Priority areas & cohorts

Children and adults with SEND, learning disabilities or mental health conditions (taking an all-age approach)

Nature of impact: Positive

Extent of impact: High

Children on Free School Meals

Nature of impact: None

Working families

Nature of impact: None

Young adults (16-25 who have not been in education, training or employment for around 6-12 months)

Nature of impact: None

Harlow

Nature of impact: None

Jaywick and Clacton

Nature of impact: None

Harwich

Nature of impact: None

Basildon (Town) housing estates

Nature of impact: None

Canvey Island

Nature of impact: None

Colchester (Town) - Housing Estates

Nature of impact: None

Rural North of the Braintree District

Nature of impact: None

Rationale for assessment, including data used to assess the impact: The strategy includes adults with learning disabilities within its scope and is ambitious in what it aims to achieve for this group in terms of raising aspirations for people with disabilities and reducing the barriers that get in the way of people living the life they choose. Therefore, despite not specifically including children, or people with mental health conditions who don't have another disability, the impact for the cohort is high and positive.

The strategy covers all of Essex and therefore does not target specific geographical areas.

What actions have already been taken to mitigate any negative impacts:

Equalities - Inclusion health groups and other priority groups

Refugees / asylum seekers

Nature of impact: None

Homeless / rough sleepers

Nature of impact: Positive

Extent of impact: Low

Offenders / ex-offenders

Nature of impact: None

Carers

Nature of impact: Positive

Extent of impact: Medium

Looked after children

Nature of impact: None

Veterans

Nature of impact: Positive

Extent of impact: Low

People who are unemployed / economically inactive

Nature of impact: Positive

Extent of impact: Low

People on low income

Nature of impact: None

Working families

Nature of impact: None

Rationale for assessment, including data used to assess the impact: The strategy is focused on people with disabilities but by improving outcomes for this group will also impact on unpaid carers who care for a person with a disability. People with disabilities are more likely to be unemployed or homeless. The strategy aims to improve employment and activity outcomes for people with disabilities and to ensure they have a suitable place to live, and so will have a small positive impact on the economically inactive and homeless populations. Sources of data include:

A 2017 study by Crisis of 14,922 individuals, 70% of whom were homeless while the others were either at risk of homelessness or had a history of homelessness, found that 39% reported having a disability, higher than in the general population.

ONS: Between July and September 2021, 53.5% of disabled people aged 16 to 64 years in the UK were employed compared with 81.6% of non-disabled people.

What actions have already been taken to mitigate any negative impacts:

Equalities - Geographical Groups

People living in areas of high deprivation

Nature of impact: Positive

Extent of impact: Low

People living in rural or isolated areas

Nature of impact: None

People living in coastal areas

Nature of impact: None

People living in urban or over-populated areas

Nature of impact: None

Rationale for assessment, including data used to assess the impact: People who live in deprived areas are more likely to have a disability.

ONS: In the most deprived areas of England, there were higher levels of disability in younger age groups compared with the least deprived areas; for example, 21.6% of 40- to 44-year-olds were disabled in the most deprived areas compared with 8.1% in the least deprived areas.

What actions have already been taken to mitigate any negative impacts:

Families

Family formation (e.g. to become or live as a couple, the ability to live with or apart from children)

Nature of impact: Positive

Extent of impact: Low

Families going through key transitions e.g. becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities, onset of a long-term health condition

Nature of impact: Positive

Extent of impact: Medium

Family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities

Nature of impact: Positive

Extent of impact: Low

Families before, during and after couple separation

Nature of impact: None

Families most at risk of deterioration of relationship quality and breakdown

Nature of impact: Positive

Extent of impact: Low

Rationale for assessment, including data used to assess the impact: People with disabilities can experience additional challenges to relationships. The strategy will focus on supporting meaningful relationships for people with disabilities and therefore will support family formation, relationship sustainability and family life but only for families where a person has a disability; this will include families that are going through a transition where a person has been diagnosed with a disabling long term health condition. As this only accounts for a part of these groups the risk is mainly low and positive.

What actions have already been taken to mitigate any negative impacts:

Climate

Does your decision / policy involve elements connected to the built environment / energy?: No

Does your decision / policy involve designing service provision and procurement to minimise freight and staff travel and enable use of active and public transport options?: No

Does your decision / policy involve elements connected to waste?: No

Action plan to address and monitor adverse impacts

Does your ECIA indicate that the policy or decision would have a medium or high adverse impact on one or more of the groups / areas identified?: No

Details of person completing the form

I confirm that this has been completed based on the best information available and in following ECC guidance: I confirm that this has been completed based on the best information available and in following ECC guidance

Date ECIA completed: 13/03/2023

Name of person completing the ECIA: Rachel Williams

Email address of person completing the ECIA: Rachel.Williams@essex.gov.uk

Your function: Adult Social Care

Your service area: Strategy, Policy and Integration

Your team: Strategy and Innovation

Are you submitting this ECIA on behalf of another function, service area or team?: No

Email address of Head of Service: Ruth.Harrington@essex.gov.uk