

## **Race Equality Impact Assessment of Valuing People Now**

The purpose of this report is to examine how this policy may make it difficult for some communities to receive a fair and good service. It is prepared in response to a request made at the National Learning Disability and Ethnicity Network (NLDEN) conference held in April 2008.

This work was requested by the lead for the Valuing People Support Team (Sue Carmichael). This was then coordinated by the lead of NLDEN (Bridget Fisher) in conjunction with the National Advisory Group on Learning Disability and Ethnicity (NAGLDE). Significant contribution was made by Dr Ghazala Mir (lead of the National Ethnicity Training Network).

Members of NAGLDE wanted to note that this impact assessment seems to be quite late in the process. An impact assessment should look at groups that are already excluded to see if Valuing People Now could affect them in a positive way or leave them out even more. The consultation deadline has already passed and the fact that not many replies have included comments about ethnicity does not mean that there are not issues. In fact this could be a sign that minority ethnic communities are still so left out that they probably do not know about the policy or have the support to comment upon it. A lack of comment should not mean an assumption that all is fine - the number of comments does not necessarily show how the policy will affect minority groups who may have already been left out. Therefore the equality impact assessment should have been part of the whole review process.

In order to make this assessment as useful as possible the report has concentrated on the priorities of Valuing People Now. Each section has a brief outline of that priority, followed by analysis of the likely causes of disadvantage and finally targets that should remove barriers to people with learning disabilities from BME communities experiencing the same positive outcomes. In the DH paper on Initial Equality Impact Assessment there is reference to "the policy strategy is also likely to include commitments to publish more detailed delivery aims, such as statutory guidance for the field." We hope that the targets contained within this document will be built into this guidance.

The request within the DH paper for more detailed evidence "as to the extent to which these differing sub-groups will be affected differently as this strategy is implemented" is possibly not so relevant to the BME group where ample evidence has been collected including that within the original VP document "Learning Difficulties and Ethnicity", the 2 Partnership Board surveys, the Framework for Action on Ethnicity for Partnership Boards and several reports on ethnicity research from the University of Lancaster. It is on the basis of this knowledge that we base our recommendations.

# The Five Key Areas

## **Personalisation.**

People having real choice and control over their lives and services through individual budgets, direct payments and person-centred planning, underpinned by strong self-advocacy and family carer support.

Targets for BME – none.

Communication is vital and the personalisation message must be explained fully and checked for comprehensiveness to the service user and families (person centred planning). Personalisation is going to be the main driver for addressing cultural needs so it is absolutely vital that funding is designated for this work. All other targets directly link into this agenda.

Suggested Targets

Target 1

That every person with learning disabilities from minority a community has a named support who will link with them and their family directly (and who will be fully trained in cultural expectations of their client group). This worker to be the lynch pin for ensuring the Valuing People Now agenda is understood and accessed by people from minority communities.

Target 2

If this commitment to choice and control is to be realised for people from BME communities, Direct Payments should be widely promoted – with families adequately supported to understand budgeting arrangements and beneficial outcomes.

Close attention and meaningful interpretation of the phrase below should help meet these targets

Valuing People Now 5.2.2 –“ Local authorities and others need “NEW SYSTEMS” that give people more control over their support and allow them to use resources more flexibly.”

## **What people do during the day {and evenings and weekends}**

People to be socially included in their local communities, with a particular focus on paid work and as a result seeing big changes in traditional day services.

Helping people to get lives in the local communities will focus on paid work and changes to traditional day services.

What is a local community? Does this mean people with learning disabilities are more limited in the range and variety of people that they meet? BME service users may have a wider community than that perceived by social care workers and by their families. Has this change been fully explored and evaluated with BME service users and their families? Many families are concerned over the safety, well being and educational development of a person with learning disabilities. Day service modernisation may be happening without full reference to their concerns. Much support is needed in communities to explain changes and investment needed to make changes meaningful. "I used to go to the day centre now I go to the park".

Service users and families from BME communities are known to have poorer economic situations than the majority population. Paid employment may not be the normal experience for many families. This combined with on going poor explanation of both the limits and potential of each individual's learning disability may mean that the ambition of employment may not even be on the "radar" of some people from minority communities. In order to give them the same aspirations and thus opportunities, extra investment will be needed. There is the possibility that without this input the drive for life-enhancing opportunities will not be equally sought and therefore not equally gained by people from minority communities. The work in Newham(VPN 6.2.9) should have a specific section on inter-agency working that involves BME 3<sup>rd</sup> sector organisations.

#### Suggested Targets

##### Target 3

That one of the "Getting a Life" sites is chosen to target an area with high BME population. (VPN 6.2.5)

##### Target 4

That the Day Service modernisation is fully explained by staff who understand concerns of BME families. Thus making "prioritise change for people from BME communities who currently use traditional day services" (VPN 6.2.4) happen "with" people rather than "to" people. The named support worker suggested in Target 1 ensures life opportunities , including work, are fully appropriate and beneficial to the people they support from minority communities. (LDDF again to be used proportionally)

Valuing People Now 6.2.1 The policy objective is "to support people to live the lives they want as equal citizens in their community...". This presupposes an understanding that all communities have a similar recognition of what life as an "equal citizen" may be.

## **Better Health**

Work will ensure the mainstream NHS provides full and equal access to good quality healthcare for people with learning disabilities and that specialist healthcare services are modernised.

Targets for BME- none.

We felt there was some evidence of poor equality monitoring in this section as no reference was made to higher level of poor health in minority communities making risk even higher for people with learning disabilities from these communities. The DRC's formal investigation ("Equal Treatment Closing the Gap") into primary healthcare for people with learning disabilities from minority communities states "People with Learning Disabilities and/or mental health problems from BME communities face complex barriers. These range from the practical –e.g. lack of health information available in community languages – to the attitudinal" We also cannot find acknowledgement of the work "Health Action plans and Black and Minority groups" R. Flynn. DH 2003.

Target 5

"The health agenda will be a priority for the Valuing People delivery support programme for the next three years and for LDDF in delivering the PSA indicator on health equalities." (VPN7.3.1) This work should take full account of the extra needs of BME communities and LDDF should be designated accordingly (Equal amounts do not deliver equality when a group is severely disadvantaged)

Target 6

The DH preferred framework for health checks (which the VPST is promoting at regional events VPN 7.2.3) to include all aspects of health prevalent in BME communities.

## **Access to Housing**

Housing for people with learning disabilities will reflect what they want and need. There will be an emphasis on proper housing, that is home ownership and real tenancies.

Targets for BME –none.

We were disappointed not to find specific mention within VPN section on ethnicity and housing of the cultural variation in understanding and valuing individual housing need. BME communities may not have the same value base concerning individual achievement over communal well being. This was comprehensively outlined in the original Valuing People documentation. ("Learning Difficulties and Ethnicity" DH 2001 pages 29-35) . The base line for planning housing for people from minority communities may be different and without paying full attention to their options will be limited.

## Target 7

All those actively involved in delivering the housing policy of VPN (including staff from housing associations, LAs, "Mixed Communities" programme etc receive training to be aware of these differences in attitude to independence. Unless this happens the pledge "support providers need to provide services and support that responds to people's different cultural backgrounds" (VPN 8.2.11) will be difficult to achieve.

## Target 8

If the chosen option is for the person with a learning disability to remain in the family home then plans need to be in place to support aging family carers in BME communities and to ensure adaptations etc make living at best levels. Choice in housing will need to be reviewed (another link to Target 1)

## **Making Sure That Change Happens**

### **Advocacy**

People with learning disabilities will be encouraged to speak up and have their voices heard. They will be given information to make good choices, to understand their legal rights and challenge when those rights are not respected.

Issues around advocacy again raise the difference between attitudes to individualism versus collectivism. By not acknowledging this VPN is in danger of non-delivery to many from BME communities. The recommendation that the Valuing People national advocacy fund will pay particular attention to people at greatest risk of losing choice and control in their lives, such as those from minority communities" will need careful examination. From whom do people from BME communities lose control? Before this agenda can be carried forward the all involved will need to respect BME values.

## Target 9

The new advocacy development programme (VPN 9.3.1) has funding specifically to support work BME groups and that there is at least one action and learning site concentrated on an area of high BME population.

### **Partnership with Families**

Family carers are recognised as essential long term partners in achieving positive change for people with learning disabilities.

It is encouraging to see the promise that "£3 million per year funding for an information service/helpline for carers that will be in place in summer 2008 and will provide easy access to accurate, up to date and relevant information . People from

minority ethnic communities are among those identified as being a focus for this service.

Members of NAGLDE emphasised for this report that family carers and service users must feel confident and comfortable in using services and not be scared that services will be removed from them if they complain . Family carers need reassurance that professionals have adequate knowledge ,skills and competencies in Assessment, Formulation, Intervention and Outcomes. That means that they are confident that the care mgt process and the interventions used arise from a basic principle that all needs are not the same and that difference in service planning, service provision and service delivery is valued in a positive way. The local actions outlined in VPN 10.2.5 will go a long way to meet these concerns.

#### Target 10

Families from BME communities are enabled to fully participate in the new initiatives for carers and benefit from the recognition of their role. This would be most likely to happen if Target 1 was implemented.

### **Including Everyone**

This section will be key to making sure the Learning Disability improvement agenda is beneficial for people from minority communities. However, as shown, we believe their needs must be considered in every part of VPN.

The evidence that 52% of Partnership Boards used LDDF to develop ethnicity work is encouraging but we think it was only 52% of those that responded to the survey giving a falsely positive picture. Although constant monitoring of progress should encourage service improvement, it is difficult to justify the resources spent, in time and money, on further surveys of Partnership Boards and ethnicity if failings revealed are not dynamically acted upon.

This report forms part of the assessment mentioned in VPN 11.2.4. BUT, even if there is no evidence of negative impact there may be poorer service delivery by indifference if BME communities are not fully supported to benefit from every section of VPN. "Local agencies will have information on the ethnicity of people with learning disabilities, their use of public services and the differences between that and usage for the population as a whole. This will enable targeting of initiatives to introduce culturally appropriate services that will achieve greater equality of opportunity and outcome" (VPN 11.2.5)

#### Target 11

To make this a reality a person within each agency must be designated the accountable lead and progress monitored against equality legislation

The further development of the leadership programme may have positive outcomes but only if those taking part are able to sustain their learning and finances are available to alter practice.

#### Target 12

A review of those who took part in Ethnicity Leadership programmes to see what has altered as a result of their attendance. A further leadership programme will reflect this.

### **People as Local Citizens**

Many people with learning disabilities experience hate crime. People need to feel safe in their communities and guidance will be produced for advocacy groups and LAs on addressing these issues.

Hate crime against people with Learning disabilities who are from minority communities is often a double attack with racism also being used within the abuse. Any work done on tackling hate crime should consider the impact of racism or people from minority communities will not have the tools to combat hate crime.

BME families frequently are concerned about the safety of family members with disabilities and packs for self advocates may need to be promoted and explained to families.

#### Target 13

Home office grants to support voluntary sector initiatives should include work considering the double whammy of race and disability-driven abuse.

### **Relationships**

There will be a focus on relationships when planning with people about their own lives, including personal and sexual relationships.

This work must be carried out sensitively and with respect for family values within minority communities. In promoting personal relationships "local commissioners and service providers should pay greater attention to being sensitive to different approaches from different cultural groups" (VPN 12.3.2) The basis for this work possibly springs from a westernised model of relationships. There is a danger that supporting people with learning disabilities from other cultures in the relationship work may be seen as too complex and therefore not attempted. In order for this section of VPN not to fail minority communities., staff should be trained in cultural expectations within communities and be able to support people in appropriate relationships. Possibly Black 3<sup>rd</sup> Sector groups could have significant input here.

## **Making the Transition to Adulthood a positive experience**

“Aiming High for Disabled Children” has a clear commitment to person centred planning from age 14. Young people with learning disabilities should be able to access the same opportunities as every one else as they move into adult life.

Young people from minority communities with learning disabilities face a bewildering range of demands, as work on the Moving on up project has shown([www.movingonup.info](http://www.movingonup.info)) They may have been educated to expect different life goals than their family believe is possible. The range of VPN is all part of transition. Any work around person-centredness needs explanation to families (see again target 1)

### Target 13

Any multi-agency transition strategy should include representatives from minority groups within its implementation group.

## **Implementation**

The remainder of Valuing People Now considers the process of getting it right. Within every aspect of this,- staff recruitment, training and commissioning there should be inbuilt development to ensure ethnicity is part of any developments. This is covered by the race equality legislation. We have reflected within this report where we would like to see training and policy change. If our recommendations were implemented then these improvements should follow.. We would like to see the LDQ training for staff having a discrete element on ethnicity and cultural good practice. When in-service training for staff on the “whole life” agenda takes place good practice for minority communities should be built in as a matter of course.

Within this remit it is difficult to comment on National and Local leadership and support. More should be done to make the policies of Valuing People known to communities. Understandably families want to know how policies will affect their individual situation. They need someone who can explain this to them and help them access the better services VPN promises. Partnership Boards need further support to address improved outcomes for BME groups. The Valuing People regional advisers should include ethnicity in supporting best practice reviews of all Partnership Boards in 2008 (VPN 15.3.1 ). In the CSCI review of Partnership Board effectiveness, work with minority communities should be included. Local leadership on this issue should be improved by the leadership course and as equality assessment is more rigorously applied. NAGLDE has repeatedly suggested that clear national leadership is needed in Learning Disability and Ethnicity.

People working in learning disability should be encouraged to gather evidence (possibly overseen by regional VPST lead) on any impact new initiatives are having on the lives of people from minority communities. Successful developments need to be reported and shared. We have some of this work in place but it is ad hoc and poorly funded. Without formal mechanisms for evidence collection, it will be difficult to assess if VPN is impacting positively in people's lives.

When the DH commissions the next major survey of the lives of people with learning disabilities (possibly 2009) attention should be paid to finding and reporting on the lived experience of people with learning disabilities from minority communities.

Bridget Fisher

26.5.08