

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

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Directorate:

SC – OPPD – Sensory and Autism Services

Name of policy, procedure, project or service

Sensory Strategy

What is being assessed?

Sensory Strategy – All age

Responsible Owner/ Senior Officer

Beryl Palmer, Manager Sensory and Autism Services

Date of Initial Screening

17 June 2015

Version	Author	Date	Comment
v.1.3	Guy Offord	30/1/18	Revision following public consultation and review by Diversity Team

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Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	NO	HIGH			The Sensory Strategy document and the contributing Joint Needs Assessment (JNA) describe a demographic where a disproportionately higher percentage of people with sight impairment, hearing impairment or both (dual impairment) are older. The Strategy sets out recommendations for better information, prevention and access to services for all age groups, including children and the expectation is that any targeted implementation will be specifically tailored for age groups.
Disability	NO	HIGH			The purpose of the Sensory Strategy is to improve information and services for people of all ages who have a sensory impairment. The Strategy acknowledges that people who have a learning disability are statistically more likely to also have a sensory impairment. The Strategy also acknowledges that people with other additionally disabilities, alongside a sensory impairment, may be exponentially disadvantaged or

					vulnerable (i.e. people with a physical disability plus sight impairment may be particularly vulnerable to falls). The purpose of the Strategy is to encourage Kent agencies to work together to improve information and services for these groups. Statistically it is likely that there are many people in Kent with a sensory impairment, or likely to be diagnosed with a sensory impairment, that do not receive a currently available service, nor are they aware of it. Professionals have told us that they do not always have enough information to improve access, services and pathways for people with sensory impairments
Gender	NO		NONE	Gender should have no impact on the implementation of any of the recommendations made in the Sensory Strategy. However they may be instances of services that are biased towards one sex.	
Gender identity	NO		NONE		It is assumed that gender identity should have no impact on the implementation of any of the recommendations made in the Sensory Strategy. However this will be monitored during the implementation of the strategy.
Race	YES		LOW	It is acknowledged that some ethnic groups may be harder to reach than others. This should be factored into any planning ahead of implementation of the recommendations made in the Sensory Strategy.	
Religion or	NO		NONE		Religion or belief should have no impact on the implementation of any of

belief					the recommendations made in the Sensory Strategy.
Sexual orientation	NO		NONE		Sexual orientation should have no impact on the implementation of any of the recommendations made in the Sensory Strategy.
Pregnancy and maternity	NO		NONE		Pregnancy or maternity should have no impact on the implementation of any of the recommendations made in the Sensory Strategy.
Marriage and Civil Partnerships	N/A	N/A	N/A		
Carer's responsibilities	NO	HIGH			The purpose of the Sensory Strategy is to improve information and services for people of all ages who have a sensory impairment. Implementation of the recommendations laid out in the Strategy should support and ease carer's who care for people with sensory impairments or support carers who have sensory impairments themselves.

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

State rating & reasons

Low risk of adverse impact but high relevance directly to disability and indirectly to age:

The purpose of the Sensory Strategy is to improve information and services for people of all ages who have a sensory impairment. The Strategy acknowledges that people who are older or who have a learning disability are statistically more likely to also have a sensory impairment. It also acknowledges that people with other additionally disabilities, alongside a sensory impairment, may be exponentially disadvantaged or vulnerable (i.e. physical disability plus sight loss may be particularly vulnerable to falls). The purpose of the Strategy is to encourage Kent agencies to work together to improve information and services for these groups.

Context

Statistically it is likely that there are many people in Kent with a sensory impairment, or likely to be diagnosed with a sensory impairment, that do not receive a currently available service, nor are they aware of it.

Sight Impairment

Older People within Kent

The number of older people in Kent is projected to increase by 67% by 2033. The largest increases will be in Dartford (32%) and Ashford (31%). However, east Kent coastal districts Shepway, Dover and Thanet will continue to have the largest proportion of older people in their population.

It is often expected that sight will deteriorate with age and therefore, people just ‘accept’ their sight is failing (UK Vision Strategy).

ESTIMATES REGARDING CHILDREN IN KENT:

Projected number of children in the Kent aged 0 -19 with visual impairment (2.4 in every 1000) 0-19 Kent pop = 367,402 (ONS)	882
Actual number of children in Kent aged 0-19 with moderate, severe or profound visual impairment (November 2016) (an additional 28 under assessment) (child level data is not collected on mild visual impairment)	407

Hearing Impairment**Deafness**

This refers to those who are those who are Deaf, deafened or hard of hearing and there are two main types of hearing impairment – conductive and sensorineural. Age is the biggest single cause of hearing impairment. According to Action on Hearing Loss, 50% of people over the age of 60 have some degree of hearing impairment. 71.1% of over 70 year-olds and 41.7% of over 50 year-olds have some kind of hearing impairment.

Numbers of Clients on Hearing Impairment Register by Category			
HI Register Category	18-64	65+	Total
Deaf without Speech	332	127	459
Deaf with speech post lingual	625	1998	2623
Deaf with speech pre lingual	497	83	580
Hard Of Hearing	557	5431	5988
Total	2011	7639	9650

Deafblind**Level of Need in the Population – Kent Statistics**

The Sense and Centre for Disability Research (CeDR) report identifies an upper and a lower estimate for prevalence in dual sensory impairment.

The lower estimate includes only those with a severe sight and hearing impairment. The upper estimate includes all those with any impairment in both hearing and sight (as defined by the Annual Population Survey).

Using Sense and the CeDR prevalence rates it is estimated that there are around 3,026 people in Kent that have a more severe impairment of both hearing and sight.

THE TOTAL DEAFBLIND POPULATION WITHIN KENT (CCG POPULATIONS) USING THESE FIGURES

Mid-year population estimate	Total population	Population divided by 100,000	Cases per 100,000	Total number of cases
2015	1,524,719	15.25	572 212 (severe)	8,723 3,233
2030	1,678,600	16.79	806 343 (severe)	13,529 5,757

There will be a need to raise awareness of sensory impairments when commissioning services for these client groups as well as having access to specialist sensory services. Also there needs to be reasonable adjustments written into specifications for other commissioned services e.g. public health.

Currently available services in Kent are geographically patchy and pathways between services are poor. Some groups (i.e. people with learning disabilities) cannot access these services easily, or at all.

People with Sensory Impairments have told us that there are some services that they would like that are currently unavailable. It is planned to commission a new co-produced sensory contract by April 2019.

Professionals have told us that they do not always have enough information to improve access, services and pathways for people with sensory impairments.

People with Learning Disabilities

There is a significant population of people with learning disabilities in Kent who are statistically more likely to have sight impairment.

The Sensory Joint Needs Assessment and Strategy Recommendations for Commissioning are contained in Appendix 1.

The Kent and Medway Public Health Observatory Joint Needs Assessment chapter concerning sensory impairment can be found:

<http://www.kpho.org.uk/joint-strategic-needs-assessment/jsna-population-groups/jsna-sensory-impairment>

Aims and Objectives

The Kent Sensory Strategy aims to bring together all Kent agencies and organisations involved with the support and care of people with sensory impairments, with a common agreed set of priorities that will inform collective

decision making for the next few years. These priorities have been drawn from several sources, including consultations with Kent D/deaf, deafblind and sight impaired people, their carers and families.

Beneficiaries

People with sensory impairments in Kent, their carers and families.

Information and Data

The [Sensory] Joint Needs Assessment (JNA) describes the national and local picture in relation to prevalence of sensory disabilities and also the local support and services that are currently available.

The Sensory Strategy uses the JNA data but also reflects the views and feedback of services users, their families and carers, plus professionals and agencies working with people with sensory impairments. A series of six underpinning principles and eleven broad outcomes are made (see appendix 2), leading to a number of suggestion actions for implementation of each commitment. For example the consultation feedback highlighted the issue of the lack of close links between education and social care for children and their families. This resulted in added actions to outcome 8.

Involvement and Engagement

In developing the draft Sensory Strategy we engaged with:

Consultative group of professionals (meetings)

Consultative sub-group (Learning disability) of professionals (meetings)

Relevant agencies and organisations staff (questionnaire)

Existing customer groups (i.e. Deaf Clubs, VI groups and Deafblind Forum) – (questionnaire and meetings)

Ad-hoc invited customer groups – (questionnaire and meetings)

We were able to better map the current landscape and identify good practice, and also gaps in support and services, both in terms of geography and also in terms of what people told us they want. The main outcomes for protected groups

Potential Impact

The adoption and implementation of the Sensory Strategy will improve information, services and pathways for Kent people with Sensory Impairments, their carers and families.

Adverse Impact:

It is imperative that this impact assessment is followed in order that people with sensory impairments and/or learning disabilities have full access to the consultation and discussions, and are able to understand and give their views. It is planned to hold ESTHER cafés to engage with people with sensory impairments and/or learning disabilities and feedback on the consultation in March 2018. Also the results of the consultation will be published on Kent.gov.

Positive Impact:

See potential impact.

JUDGEMENT**Option 1 – Screening Sufficient****NO**

The Sensory Strategy has no adverse impact on any group with protected characteristics.

Option 2 – Internal Action Required**YES****Option 3 – Full Impact Assessment****YES****Action Plan**

There is a need make sure when commissioning that the any new all age service is responsive to all the different age groups. Any new sensory contracts needs to ensure that there is sufficient marketing of the service to make sure as many people with sensory impairments are aware of the service.

During the implementation of the strategy any gender, gender identity, religion and belief, sexual orientation and carer's responsibilities differences or impacts will be monitored and changes made to the equality assessment as required.

Monitoring and Review

Monitoring and review

We will continue to consult with services users, their families and carers and also professionals and agencies to check that the strategy is bringing the expected benefits.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer**Signed:****Name:** Beryl Palmer**Job Title:** Manager Sensory and Autism Services**Date:****DMT Member****Signed:****Name:** Anne Tidmarsh**Job Title:** Director Older People and Physical Disability **Date:**

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale
Age	Any new commissioned all age service is responsive to all the different age groups.	Ensure there is a seamless lifespan sensory impairment pathway established leading to better outcomes for children and adults. This pathway will be aligned with the lifespan pathway plan for individuals with complex learning and physical disabilities.	Services are responsive to the needs all age groups.	Beryl Palmer	April 2019
Disability	Possible cumulative impacts of multiple impairments.	The Strategy does not set out to detail solutions for these groups but instead outlines recommendations that are intended to provoke further discussion and decision making amongst relevant Kent Public Sector	People with multiple impairments are recognised, considered and catered for.	Beryl Palmer	April 2019

		agencies. Next steps: engage with relevant public sector agencies and develop an action plan.			
Disability	Statistically it is likely that there are many people in Kent with a sensory impairment, or likely to be diagnosed with a sensory impairment, that do not receive a currently available service, nor are they aware of it.	The Strategy's recommendations are focused on improving awareness and prevention. Task group(s) should develop an action plan that encompasses these recommendations and improves service coverage	More people with a sensory impairment are made aware of and utilise services	Beryl Palmer	April 2019
Disability	Professionals have told us that they do not always have enough information to improve access, services and pathways for people with sensory impairments	Develop action(s) within the action plan that focus on improving the volume and quality of information for professionals on various platforms and in multiple	Information for professionals is easily and readily accessible from a variety of sources and is current and relevant	Beryl Palmer	April 2019

		formats			
Gender	Possible bias by services towards one sex.	Task group(s) to investigate/determine whether there is any bias towards one sex in existing and potential new services	No bias towards one sex from any services	Beryl Palmer	April 2019
Race	Some ethnic groups may be harder to reach.	When developing actions, task group(s) to consider the cultural differences of all ethnic groups and plan accordingly, making sure that a range of solutions are made available	A concerted effort is made to engage with all ethnic groups, and feedback is sought, reviewed and acted upon	Beryl Palmer	April 2019
Carers	Consider the needs of people with Sensory Impairments who are themselves carers.	When developing actions, consider the needs of carers who have sensory impairments and make relevant provision	Carers who have sensory impairments are treated fairly and equitably	Beryl Palmer	April 2019

Appendix 1

Sensory Joint Needs Assessment and Strategy Recommendations for Commissioning

- Ensure consideration of sensory impairment issues and services in DH Long Terms Condition agenda, including the Kent Integrated Dataset, risk stratification and integrated health and social care teams.
- As part of a Sensory Public Health Improvement Strategy carry out health promotion campaigns aimed at raising people's awareness of the need for regular sight and hearing tests, targeted particularly at risk groups e.g. older people, diabetics, young people at risk of hearing impairment from the effects of loud music and noise in the workplace.
- Improve the provision of information on services and support available, ensuring it is available at key locations and is available in accessible formats.
- Develop and implement clearer pathways for accessing services; and improve processes for joined up assessment and delivery of services, for example Eye Clinic Liaison Officer posts.
- Carry out sensory impairment awareness training of health and social care staff to help identify individuals with sight and hearing impairments and refer onto appropriate services.
- Transform services by developing new ways of working e.g. clinic approach for equipment assessment and provision to achieve efficiencies and meet increasing demand.
- Ensure sensory environmental audits are carried out to improve access for those with sight or hearing impairments e.g. colour contrast and loop system.
- Establish on an ongoing basis self-management and peer support programmes for sensory impaired people.
- Continue to develop personalised services for sensory impaired people, maximising opportunities for choice and control.

- Ensure sensory impaired people benefit from the opportunities to be gained from new technologies including Telecare and communication aids.
- Ensure the development of appropriate health and social care services to meet the specific needs of people with learning disabilities who have sensory impairments.
- Ensure the development of appropriate emotional support and mental health services for sight impaired, d/Deaf and deafblind people, particularly at the point of diagnosis.
- Ensure consistent availability of communication support for d/Deaf and deafblind people across all health settings.
- Ensure effective joint working between health and social care services for sight impaired people and d/Deaf people for those with a dual sensory impairment.
- Ensure an effective low vision service for sight impaired adults and children.
- Establish child centred clinics, with a multi-disciplinary approach facilitating access to a range of services.
- Develop consistent vision screening for children in schools.
- Further work to be carried out on locality prevalence rates, service mapping, current levels of activity, pathways and the identification of additional unmet needs and gaps in services.
- Wider engagement with service users and other stakeholders.
- Development of a Sensory Commissioning Strategy and Implementation Plan.
- Closer working with the Falls Service to better understand the impact that sensory impairment has upon falls prevalence.
- Ensure the impact and burden of glaucoma care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for glaucoma.

- Ensure the burden of age related macular degeneration care is managed with appropriate use of step down care to primary care practitioners / optometrists. Ensure equitable consistent and timely access to care for macular degeneration care.
- Ensure the burden to the health economy is minimized when commissioning services for age related macular degeneration using safe and effective therapies.
- Ensure equitable consistent and timely access to care for cataract services with appropriate use of step down care to primary care practitioners / optometrists for pre and post-operative assessments
- Health and Social Care partners to support any current plan(s) developed by the diabetic eye screening service Commissioners and Providers so as to reduce DNA rates.

Appendix 2**Unpinning Principles:**

- i) to ensure early intervention and prevention (including identification of sensory impairments and screening)
- ii) to deliver improved outcomes
- iii) to improve the quality of services
- iv) to ensure equity of access (for example through the use of BSL, translators and lip reading and promotion of the accessible information standard)
- v) to seek innovative improvements to service performance
- vi) to deliver value for money
- vii) to regularly engage with and seek feedback from individuals with sensory impairments and their families and carers
- viii) to co-produce services with service users and carers as well as with the voluntary and community sector
- ix) to increase the understanding of sensory impairment

11 Outcomes in Strategy:

1. The needs of sensory impaired children and adults are included and addressed within the public health and prevention agenda.
2. Individuals are well informed about services, resources and information available; information is provided in line with the Accessible Information Standard.
3. Children and adults are supported and enabled to be as independent as possible.
4. d/Deaf, deafblind and sight impaired children and adults receive skills training (habilitation and rehabilitation) and equipment to increase their independence.
5. Services are responsive and personalised enabling children and adults to access opportunities appropriate to their needs.
6. Individuals with sensory impairments have access to emotional support programmes and appropriate mental health services.
7. Appropriate specialist services are provided for children and adults with learning disabilities.
8. Seamless all age, lifespan pathways are developed for sensory impairment leading to better outcomes for children, young people and adults; these are aligned to other relevant pathways.
9. Reasonable adjustments are made to services to ensure that sensory impaired individuals have equal access to mainstream services.

10. Children and adults with sensory impairments are able to access universal services and feel fully included in their community.
11. Families and carers of sensory impaired receive help and support in their caring role and their own needs as carers are addressed.