Kent County Council: Equality Analysis/ Impact Assessment (EqIA)

Directorate/ Service: OPPD/Sensory and Autism Services

Name of project: Sensory Assessment and Rehabilitation Service

Responsible Owner/ Senior Officer: Beryl Palmer

Version: 4.0

Author: Guy Offord

Pathway of Equality Analysis: ASCH DMT 19th September 2018

Summary and recommendations of equality analysis/impact assessment.

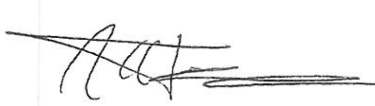
- **Context**
  Currently statutory assessment and rehabilitation for people with sensory impairments is outsourced to two voluntary organisations. This service model is not repeated with any other client group. There are issues with this service model including the quality of rehabilitation, duplication and fragmentation of service.
- **Aims and Objectives**
  It is proposed to bring the assessment and rehabilitation for people with sensory impairments back in-house to make it fit for integration with health and Local Care arrangements going forward and make access to assessment and rehabilitation clearer.
- **Summary of equality impact**
  This change should not have any adverse impact on the client group other than a change of contact, as it involves just a change of provider. It will however reduce the number of points of referral and contact, reduce duplication and fragmentation of the service which will constitute a positive impact for those with sensory impairments and their carers.

Adverse Equality Impact Rating Low

Attestation
I have read and paid due regard to the Equality Analysis/Impact Assessment concerning assessment and rehabilitation services for sensory impaired people. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service
Signed: Name: Beryl Palmer

Job Title: Sensory and Autism Services Manager Date: 7 January 2019
DMT Member
Signed: Name: Anne Tidmarsh



Job Title: Director Older People and Physical Disability

Date: 8 January 2019

Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Could this policy, procedure, project or service promote equal opportunities for this group?

Protected Group	Please provide a brief commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	**Medium negative impact** Screen	**Low negative impact** Evidence	**High/Medium/Low Positive Impact** Evidence
Age	No.	Yes - Decommissioning of grant funded services to bring the assessment and rehabilitation function in-house may affect older people (55+) and people with dementia currently accessing this support via grant funded services, as they may experience a change in the provider delivering their current service offer. This should not have an adverse impact on this group.	No.	Yes – Bringing the assessment and rehabilitation function in-house will reduce the points of referral from over 9 to 2, reduce duplication and gaps in service.
Disability	No.	Yes - Decommissioning of grant funded services to bring the assessment and rehabilitation function in-house may affect people with a disability currently accessing	No.	Yes – Bringing the assessment and rehabilitation function in-house will reduce the points of referral from over 9 to 2, reduce duplication and gaps in service and provide an equitable service across client

		this support via grant funded services, as they may experience a change in the provider delivering their current service offer. This should not have an adverse impact on this group.		groups.
Sex	No.	Yes - The service will continue to be accessible to all regardless of sex, although there are more females over 55 than males.		Yes – Bringing the assessment and rehabilitation function in-house will reduce the points of referral from over 9 to 2, reduce duplication and gaps in service and provide an equitable service across client groups.
Gender identity/ Transgender	No.	Unknown - The service will continue to be accessible to all regardless of gender identity /transgender, and we therefore assume there will be no impact to this group. We have no statistical or anecdotal evidence to underpin this, but will monitored as part of the quality monitoring of the	No.	No.

		service.		
Race	No.	No – the service will be accessible to all regardless of race. However, we do not know currently if there are certain sensory conditions that are more prevalent in certain ethnic groups. For example, there is some evidence that Asians have a significantly higher prevalence of cataract compared to people of European descent (Das et al, 1994, 1990). This will be monitored as part of the quality monitoring of the service.	No.	No.
Religion and Belief	No.	No - There will be no change to the eligibility criteria about religion and belief, therefore there will be no change in the services available for people based on this. People of different religions may have differing attitudes towards	No.	No.

		services that impact on social and familial support systems. At present there is no data to suggest there are different rates of sensory impairments in different religions, but religious beliefs need to be taken into account in the delivery of this service. The proposed change should not have an adverse impact on this group.		
Sexual Orientation	No.	Unknown - The service will continue to be accessible to all regardless of sexual orientation, and we therefore assume there will be no impact to this group. We have no statistical or anecdotal evidence to underpin this, but will monitored as part of the quality monitoring of the service.	No.	No.
Pregnancy and Maternity	No.	Unknown - The service will continue to be accessible to all	No.	No.

		regardless of Pregnancy and maternity status, and we therefore assume there will be no impact to this group. However, we have no statistical or anecdotal evidence to support this decision, but will monitored as part of the quality monitoring of the service.		
Marriage and Civil Partnerships	N/A	N/A	N/A	N/A
Carer's Responsibilities		No – Carers of those with sensory impairments will continue to be entitled to a carers assessment.		

Part 2

Equality Analysis /Impact Assessment

Protected groups

All people with hearing and/or sight impairments including those deafblind and their Carers in Kent or who are the responsibility of KCC.

Information and Data used to carry out your assessment

- Joint Strategic Needs Assessment;
- Sensory Strategy;
- Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population, Full report. Prepared for RNIB by Access Economics Pty Limited July 2009.

Who have you involved consulted and engaged?

A Kent Sensory Strategy was adopted by KCC in June 2018. There was extensive consultation on the Strategy through a number of different methods. Its development was supported by a Consultative Group made up of community, voluntary sector and other health and KCC representatives. A wide-ranging consultation exercise was also carried out with the public and staff through face to face meetings, questionnaires and feedback forms. We also considered information on prevalence and needs, national policy, research, and Best Practice from across the UK. The findings of this has been considered within this project.

Some key themes identified by people with sensory impairments were:

- Poor experience in health settings, this was not just relating to sensory services but all services;
- A lack of information, advice and guidance, particularly when newly diagnosed. Once issued with hearing aids, they were “written off” and for sight impaired service users there was “nothing else that could be done”;
- The real value of equipment provision, but a need to check that people know how to use the equipment they have been given and some concerns over the lack of opportunities to trial complex equipment for deafblind people;
- The need for emotional support and peer support, particularly for those who are suddenly or traumatically deafened or sight impaired;
- Deafblind people experience duplication in assessment;
- A need for improved communication between agencies and better information, advice and guidance;
- Parents finding the challenge of raising a child with sensory impairment to be great and require more support;
- Lack of parental understanding of the statutory assessment process.

The proposed change to the current service configuration will address many of these themes e.g. Deafblind people experience duplication in assessment and poor experience in health settings, this was not just relating to sensory services but all services through Local Care arrangements going forward.

Analysis

Key data

As noted above, there is evidence of increasing demographic demand in relation to people living longer and with more complex sensory impairments. This means that it is essential to ensure that any new models are fit for the future and able to meet the changing needs of people.

The RNIB Sight loss data tool version 3.6 2016 shows the following data for the England and Kent population in regard to visual impairment, as per Table 1 below:

Table 1: Population with a moderate or severe visual impairment

	0 – 17 years	18-29 years	30-64 years	65 plus years	Total population
England Population (2016)*	11,785,277	8,693,242	24,906,707	9,882,841	55,268,067
Kent Population (2016)*	333,045	219,436	683,488	169,279	1,541,893
% of population with a moderate or severe visual impairment	0.18%	0.15%	1.4%	24%	3.4%
No of people with a moderate or severe visual impairment In England	21,213	13,039	348,693	2,371,881	2,754,826
No of people with a moderate or severe visual impairment In Kent	**618**	**324**	**9,440**	**41,780**	**52,162**

*Taken from the RNIB Sight Loss data tool version 3.6 2016

Data suggests that there is likely to be a 64% increase in adults with a visual impairment from 2010 and 2030.

Action on Hearing Loss data (2017) states that **one in six** people in the UK have a hearing impairment, with this increasing to one in five people over the next 15-20 years.

The Action on Hearing Loss Hearing Matters Report (2015) reported some national statistics on hearing loss in the UK, some of the data is outlines below in table 1:

Table 5: Population with a Hearing Loss

Age	England Total Population*	England Population with a Hearing Loss*	Kent Total Population**	Kent Population with a Hearing Loss**
17-29	9,293,698.00	158,000.00	236,899.00	**4,027**
30-39	7,103,213.00	199,000.00	172,964.00	**4,846**
40-49	7,625,767.00	625,000.00	214,917.00	**17,614**
50-59	6,903,869.00	1,305,000.00	196,834.00	**37,206**
60-69	5,889,392.00	2,101,500.00	179,351.00	**63,997**
70-79	3,972,370.00	2,395,500.00	120,634.00	**72,747**
80 plus	2,589,877.00	2,434,500.00	79,980.00	**75,182**
TOTAL	**43,378,186**	**9,218,500**	**1,201,579**	**275,619**

* *Action on Hearing Loss – Hearing matters Report 2015*
***ONS 2015 population data*

The number of older adults with a hearing impairment is set to increase by 110% between 2014 and 2030.

In Kent, there are approximately 275,619 adults with a hearing loss in Kent and approximately 24,471 people (adults and children) across Kent with a **severe or profound** hearing loss. Of these, there are 1,133 adult cases open within OPPD, where there is a hearing impairment indicated – very low numbers, given the high prevalence.

Adverse Impact,

The proposal should have no adverse impact on people with sensory impairments as this project is just changing the provider of assessment and rehabilitation. There will be a change of point of referral and contact. There will be no change to the actual assessment.

Positive Impact:

Although there will be a change in the point of referral and contact it will be one point for all people, unlike the current arrangements where there are multiple points of contact.

JUDGEMENT

Given that the main change in this proposal is to change the provider of assessment and rehabilitation and there will be less duplication and fragmentation the judgement is:

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required **~~YES~~/NO**
There is potential for adverse impact on particular groups and we have found scope to improve the proposal…

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	Change of provider	Clear communication with service users	Short term change for existing users	Beryl Palmer	0-6 months	None
Disability	Change of Provider	Clear communication with service users	Short term change for existing users	Beryl Palmer	0-6 months	None

Have the actions been included in your business/ service plan?
Yes/No

Appendix

Please include relevant data sets

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.gov.uk

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published.

The original signed hard copy and electronic copy should be kept with your team for audit purposes.