

South Gloucestershire Council

All-age learning disability strategy Initial equalities impact assessment (EIA)

DATE: 15 December 2021

1. Introduction

- People with learning disability are individuals, first and foremost. They should not be defined solely by their learning disability. People with learning disability have the right to live full and equal lives, with access to the same opportunities as other members of our communities.
- Despite this, we know that people with learning disability often experience many disadvantages compared to the rest of the population.
- People with learning disability have increased vulnerability. This is not simply the result of individual characteristics such as a learning disability but is also crucially affected by environmental factors such as wealth, social isolation and access to health and welfare services.
- South Gloucestershire Council's Public health team completed a learning disability (LD) needs assessment in 2019/20, with the aim of providing a comprehensive understanding of the health, wellbeing, education and social needs of people with learning disability across South Gloucestershire; to identify gaps in current service provision; to make recommendations for changes to meet people's needs; and reduce the inequalities experienced by this population group.
- This All-age learning disability strategy builds on the learning disability needs assessment and is for both children and adults with learning disability in South Gloucestershire. It aims to capture the needs of all people with learning disability in the area. This strategy has considered a wide range of needs, reviewing potential gaps in service provision relating to each of them.
- This strategy also has a focus on the parents and carers of people with learning disability as it is acknowledged that carers have a huge impact on the lives of people with learning disability at any age, and that caring can also have a big impact on an individual's own life and health.

2. Research, engagement and consultation

Please note - this section will be updated post consultation

2.1. Research - (source – learning disability needs assessment; SEN dashboard October 2021 and 2021 Spring School Census)

Adults

- It is important to note that there are no exact data regarding the number of people with learning disabilities who live in England, the Southwest region or South Gloucestershire. Instead, prevalence is based on disease registers, service use and modelled estimates, none of which can reflect prevalence with complete accuracy.
- The POPPI3 (projecting older people population data) and PANSI4 (projecting adult needs and service data) modelled estimates indicate the prevalence of people with learning disability in the South Gloucestershire adult population is around 2.4%. Estimated prevalence is highest in 18–24 year-olds, at 2.7%, and gradually decreases to be 1.9% of over 85 year olds.
- According to Quality Outcomes Framework (QOF) data, 0.4% of patients in South Gloucestershire (of all ages) are registered with a learning disability; this is lower than the national level of 0.5%. Around 0.38% of the adult population received long-term support from South Gloucestershire Council in 2018/19, higher than the national prevalence of 0.34% though it is thought that these figures are likely to be undercounts.
- The prevalence of all learning disabilities in adults (aged 18 and over) in South Gloucestershire is estimated to be 2.4% (5,333 adults), with a 0.5% prevalence (1,108 adults) of moderate or severe learning disabilities and a 0.1 % prevalence (252 adults) for severe learning disabilities alone.
- Data from the Adult Social Care Outcomes Framework (ASCOF) indicates that there were 845 adults (aged 18 or older) with a learning disability receiving long-term support from South Gloucestershire Council in 2017/18 – a rate of 3.8 people per 1000 population. This figure has grown to 860 for the midpoint of 2021.
- Of the adults with learning disability who are receiving long-term support from South Gloucestershire Council there is a higher proportion of male adult with a learning disability of 58.7% compared to the general population data of South Gloucestershire of 49.11%.

Gender	Direct Payment %	Dom Care %	Equipment %	Perm Placements %	Total %	% Population
Female	41.38%	37.85%	50.00%	44.80%	41.20%	50.89%
Male	58.28%	62.15%	50.00%	55.20%	58.70%	49.11%
Unknown	0.34%				0.1%	
Sum:	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Table 1 Gender - Data source - South Gloucestershire Council Learning Disability Equalities report November 2021

- There is a lower proportion of people aged over 65 with a learning disability of 10.12% compared to the general population data of South Gloucestershire of 23.78%.

Age Group	Direct Payment %	Dom Care %	Equipment %	Perm Placements %	Total %	% Population
18-64	97.93%	95.08%	75.00%	73.30%	89.9%	76.22%
65+	2.07%	4.92%	25.00%	26.70%	10.12%	23.78%
Sum:	100.00%	100.00%	100.00%	100.00%	100.00%	100%

Table 2 Age - Data source - South Gloucestershire Council Learning Disability Equalities report November 2021

- The data for sexual orientation for those with a learning disability in South Gloucestershire Council shows that most people with learning disability (87.8%) indicates do not know, is not recorded, prefer not to say or is undeclared. 12.2% indicated they are heterosexual; this may indicate that this is an area not discussed openly.

Sexual Orientation	Direct Payment %	Dom Care %	Equipment %	Perm Placements %	Total %
Heterosexual	12.41%	13.23%	16.67%	9.95%	12.2%
Not Known	5.86%	6.15%		17.65%	8.8%
Not Recorded	73.45%	68.00%	70.83%	20.81%	57.8%
Prefer Not To Say	7.93%	11.38%	8.33%	46.61%	19.2%
Undeclared	0.34%	1.23%	4.17%	4.98%	2%
Sum:	100.00%	100.00%	100.00%	100.00%	100.00%

Table 3 Sexual Orientation - Data source - South Gloucestershire Council Learning Disability Equalities report November 2021

- The ethnicity reported for people with a learning disability receiving a service in South Gloucestershire Council shows 93.5% of people are White British or any other white background; 1.7% are of Asian or Asian British background; 0.9% are of Mixed or Multiple ethnic groups background; 0.9% are of African, Caribbean or Black British background;.0.3 % from other ethnic minority groups with the remaining 2.6% reported as not known or not stated.

Ethnicity	Direct Payment %	Dom Care %	Equipment %	Perm Placements %	Total %
African	0.34%	0.62%			0.3%
Any Other Asian Background				0.45%	0.1%
Any Other Black Background	0.34%	0.62%			0.3%
Any Other Ethnic Group	0.34%	0.31%			0.2%
Any Other Mixed Background	0.34%	0.31%		0.45%	0.3%
Any Other White Background	2.41%	2.15%		1.81%	2.1%
Caribbean		0.62%			0.2%
Chinese	0.34%	0.62%			0.3%
Gypsy / Roma		0.31%			0.1%
Indian	0.69%	0.92%			0.6%
Not Known	2.41%	3.08%			2.0%
Pakistani	0.69%	1.23%			0.7%
Refused / Not Stated	0.69%	0.92%			0.6%
White And Asian		0.31%		0.45%	0.2%
White And Black Caribbean	0.34%	0.62%			0.3%
White British	91.03%	87.38%	100.00%	96.83%	91.4%
Sum:	100.00%	100.00%	100.00%	100.00%	100.00%

Table 4 Ethnicity - Data source - South Gloucestershire Council Learning Disability Equalities report November 2021

- The religion reported for people with a learning disability receiving a service in South Gloucestershire Council shows 47.1% are either Church of England, Christian, Methodist, Baptist or Roman Catholic; 50.9% reported as no religion, not known, other or prefer not to say; 0.7% Muslim: 0.3% Jehovahs Witnesses; 0.3% Sikh: 0.2% Hindu and 0.1% Jewish.

Religion	Direct Payment %	Dom Care %	Equipment %	Perm Placements %	Total %
Baptist	0.69%	0.62%		0.90%	0.7%
Buddhist	0.34%	0.31%			0.2%
Christian	10.00%	9.23%	12.50%	6.79%	9.0%
Church Of England	24.83%	26.15%	41.67%	53.39%	33.1%
Hindu	0.34%	0.31%			0.2%
Jehovahs Witness	0.34%	0.31%		0.45%	0.3%
Jewish				0.45%	0.1%
Methodist	1.38%	1.23%		1.81%	1.4%
Muslim	0.34%	1.23%		0.45%	0.7%
No Religion	15.86%	16.00%	8.33%	15.84%	15.7%
Not Known	35.52%	37.23%	29.17%	10.41%	29.5%
Other	0.34%			0.45%	0.2%
Refused/Prefer Not to Say	5.17%	4.62%	8.33%	6.79%	5.5%
Roman Catholic	4.14%	2.46%		2.26%	2.9%
Sikh	0.69%	0.31%			0.3%
Sum:	100.00%	100.00%	100.00%	100.00%	100.00%

Table 5 Religion - Data source - South Gloucestershire Council Learning Disability Equalities report November 2021

Children and Young People

- In 2019, a total of 1,063 children with learning difficulties as a primary SEN were known to schools in South Gloucestershire, corresponding to a rate of 28.7 children per 1,000 population. This is lower than the rate for both England (35.5 per 1000 population) and the South West region (31.6 per 1000 population).
- This proportion changes across school year groups, with 1.0% of pupils in the reception year having a learning disability compared to a peak of 4.2% in Year 7. Overall, 3.4% of male school children had a learning disability compared to 2.3% of female school children.
- In South Gloucestershire, the highest proportion of schoolchildren with a learning disability were Mixed and then White British ethnicities, where 3.1% and 3.0% of schoolchildren with a learning disability respectively belonged to these ethnic groups.
- The proportion of school children with a learning disability was lowest among those of Asian ethnicity at 1.7%. Within South Gloucestershire, 6.8% of pupils who are eligible for free school meals have a learning disability; this is compared to a learning disability prevalence of just 2.5% among children not eligible for free school meals.
- Children living in more deprived areas of England are more likely to have SEN associated with learning disabilities. This is similar in South Gloucestershire, where the proportion of children with learning disabilities is highest in the most deprived 20% of areas of South Gloucestershire (3.3%) and lowest in the least deprived 20% of areas (2.4%) .However, it is important to note that these data on free school meal status and deprivation provide no indication of whether deprivation is a cause or effect of having a learning disability.
- As the general population of South Gloucestershire increases, it is likely that the number of individuals with learning disabilities requiring services from the council will also increase. Amongst 0–24-year-olds, the number of service users in 2039 is anticipated to be 717 (expected range: 602 to 849), and adults with learning disabilities that require services from the council could number 962 (estimated range 744 to 1,241). These estimates are based on 2019 datasets and take into account the expected mortality rate.

- Within South Gloucestershire there are now approximately 7,800 children and young people between the ages of 0-25 years with Special Educational Needs and Disability (SEND). There are currently around 2,384 children and young people who have significant and complex special educational needs and/or disabilities who are in receipt of an Education, Health and Care Plan (EHCP).

Primary Need	Description	% total Primary Need with EHC plans 0-25 years
ASD	Autism Spectrum Disorder	30.2
SEMH	Social, Emotional, Mental Health	19.8
SLCN	Speech, Language and Communication Needs	17.0
MLD	Moderate Learning Difficulty	10.8
PD	Physical Difficulty	7.6
SLD	Severe Learning Difficulty	5.9
HI	Hearing Impairment	2.5
SpLD	Specific Learning Difficulty	2.4
PMLD	Profound, Multiple, Learning Difficulty	2.3
VI	Visual Impairment	1.3
MSI	Multi-Sensory Impairment	0.1

Table 6: Table to show percentage of each SEND need type in relation to children and young people with EHC Plans.

Race

The ethnicity of children and young people with SEN Support and with EHC Plans broadly mirrors the ethnicity profile of those learners without a special educational need or disability but with some differences for “White British” and “Black” students who are proportionately slightly more likely to have an EHC Plan. Table 7 shows that White British pupils represent the biggest proportion of students in South Gloucestershire.

Ethnicity	CYP with EHC Plans	CYP in receipt of SEND Support	All Pupils in South Glos.
White British	83.8%	82.8%	80.3%
Mixed	3.6%	4.9%	5.5%
White Non-British	3.2%	5.2%	5.9%
Asian	2.4%	2.2%	3.8%
Black	1.7%	1.6%	1.8%
Chinese	0.1%	0.3%	0.5%
Any other	0.7%	0.6%	0.7%
Unclassified	4.4%	2.4%	1.1%

Table 7 - Table % of children and young people with EHC Plans and SEND Support plans by ethnic group (Note - the ethnicity of all pupils across South Gloucestershire is included in the final column in order to show a comparator).

Source: SEN Dashboard October 2021 and 2021 Spring School Census

Safeguarding

In 2020-21, safeguarding referrals for individuals with a primary support reason of learning disability support accounted for 11.2% of all safeguarding referrals made to South Gloucestershire Council. The main abuse category is neglect and acts of omission, with these being most common among males between the ages of 21 and 67. However, the number of referrals due to other acts of abuse – be they financial, material, physical, psychological, emotional, discriminatory, domestic and sexual abuse – collectively account for 37.6% of all safeguarding referrals for adults with learning disability.

Employment

- In South Gloucestershire, 7.3% of working-age adults with a learning disability were in paid employment in 2018/19, higher than in the Southwest (5.9%) and England as a whole (6.0%). Despite this however, there is a 73.6% gap in the employment rate between those with a learning disability and the overall employment rate in South Gloucestershire.

Accommodation

- Data from the Adult Social Care Outcomes Framework (ASCOF) indicates that 64.7% of working-age adults with learning disabilities who receive support from social services at South Gloucestershire Council were reported as living in settled accommodation in 2018/19. This is lower than the proportion for the Southwest Region (77.2%) and England (77.3%) and was the lowest of all local authorities in the Southwest. 18.0% lived in unsettled accommodation, which was similar to the proportion for both the Southwest and England.
- A key area of focus for the learning disability and autism section of the NHS long term plan is reducing the number of inappropriate out-of-area placements. Placing people with learning disabilities in a local authority area away from their usual local authority of residence can be stressful for both the individual and their families, as well as incurring significant costs for the local authority of residence. Despite this, the number of new out of county placements for people in South Gloucestershire with learning disabilities more than tripled in 2018/19 compared to the previous financial year. As of November 2019, a total of 145 South Gloucestershire residents were in out of county placements for residential and nursing care. The majority of the 145 were in placements in neighbouring authorities; 33 were outside neighbouring authorities.

Transport

- Many people with a learning disability cannot drive and therefore depend on public transport. Good transport links are crucial for maintaining independence by enabling people to seek and sustain employment, access health services, and socialise without relying on family members, friends or carers.
- As of December 2019, South Gloucestershire Council currently had 54,192 concessionary Diamond Travelcards on issue but it was not possible to differentiate the number of travelcards specifically issued because of the applicant having a learning disability.

Health Screening

- People with learning disabilities are less likely to receive screening for cervical, breast and colorectal cancer than people without a learning disability. Research has shown that barriers to cancer screening for people with learning disabilities can include: a lack of accessible, easy read information about cancer screening, including a lack of easy read invitation letters to screening; time pressures faced by healthcare services; difficulties faced by individuals with communication and mobility; and limited training of healthcare professionals in providing screening services to people with learning disabilities.

Health Checks

- Approximately two thirds (68.5%) of eligible adults with a learning disability in South Gloucestershire received an annual GP health check in 2020/21.
- People with learning disabilities have poorer mental and physical health than the general population. Epilepsy was 23.5 times more common among people with learning disabilities compared to the non-disabled population in England. People with learning disabilities also had higher rates of other chronic mental and physical health conditions including dementia, heart failure, kidney disease and both type 1 and type 2 diabetes.
- Having a learning disability is also associated with many of the social determinants of poorer health, including poverty, poor housing conditions, unemployment, discrimination, interpersonal violence, and lower levels of social and civic participation.

Hospital Admission

- In South Gloucestershire, the rate of hospital admissions for people with learning disabilities have risen significantly over the last decade, with a 141% rise in all hospital admissions and 166% increase in emergency admissions between 2009/2010 and 2017/2018. The rate of both emergency and general hospital admissions among people with learning disabilities demonstrated a distinct pattern by local area deprivation, with those living in areas of higher deprivation having significantly higher hospital admission rates than those from less deprived areas.
- The recent learning disabilities needs assessment in South Gloucestershire identified that people with learning disabilities appear to have a higher proportion of emergency admissions compared to general admissions, with 60% of admissions among people reported as having a learning disability being an emergency compared to 32% of admissions being an emergency among the general population. Emergency admission rates have also been increasing more rapidly for people with learning disabilities than for the general population, though this could reflect improvements in coding for learning disability in hospital records, increased prevalence of learning disabilities in the population or an increase in people with learning disability requiring emergency treatment.
- The rate of both emergency and general hospital admissions among people with learning disabilities demonstrated a distinct pattern by local area deprivation, with those living in areas of higher deprivation having significantly higher hospital admission rates than those from less deprived areas.
- In most cases, learning disabilities were a secondary reason for admission to hospital. Instead, hospital admission was the result of another condition, either connected to their learning disability or otherwise. The most common reason for admission among people with learning disabilities was epilepsy, followed by respiratory diseases such as pneumonia and influenza.

Mortality

- According to the learning disabilities mortality review (LeDeR) 2019 annual report, people with learning disabilities die from an avoidable medical cause of death twice as frequently as people in the general population, and when restricted to medical causes of death that are treatable with access to timely and effective healthcare, the difference is fourfold between those with a learning disability and the general population. The most common causes of death amongst people with learning disabilities were respiratory diseases (20% of deaths), circulatory diseases (15%) and congenital and chromosomal abnormalities (14%). Of the deaths notified to LeDeR in 2019, 24% of adults and 20% of children died from bacterial pneumonia, and 17% of adults and 3% of children died from aspiration pneumonia.
- In the UK, most people die at age 65 or over; for people with learning disabilities 37% die at age 65 or above. The average age at death for people with a learning disability for males was 61 and for females was 59. The average gap in age at death between people with

learning disabilities and the general population was 22 years in males and 27 years amongst females.

- People with profound and multiple learning disabilities disproportionality died at younger ages. Of those who die in childhood, 46% have profound and multiple learning disabilities.
- People with learning disabilities are more likely than the general population of suffer from long term health conditions. The LeDeR report states that most deaths reported to them (94%) had at least one underlying long term health condition, but the average was three. Multi-morbidity is defined as the presence of two or more long-term health conditions that cannot be cured but can be controlled with appropriate medication or therapies. In England it is thought that 22% of the general population ages 0-64 have 3 or more multi-morbidities.

2.2. Research - National Driver and Policy

Several pieces of national legislation exist in relation to learning disability:

- *The Equality Act (2010)* is a legal framework to protect the rights of people with protected characteristics, including disability.
- *The Mental Capacity Act (2005)* aims to protect and empower people who may not have the mental capacity to make decisions for themselves, either some or all of the time.
- *The Children and Families Act (2014)* includes reference to children and young people under the age of 25 with special educational needs. Under the Act, children and young people with special educational needs will have their educational, health and social care needs outlined in a single Education, Health and Care (EHC) plan.
- Requirements for adult social care provision are outlined in the *Care Act (2014)*.

In addition, there are several pieces of policy and guidance:

- *Valuing People (2001)* was the seminal policy document outlining the Government's approach to learning disability, followed by the publication of *Valuing People Now* in 2009. Both focus on the fact that "all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect". Both policies place four principles – rights, independence, choice and inclusion – at the heart of action to improve the lives of people with learning disability.
- In May 2011, the BBC's Panorama programme revealed the emotional and physical abuse of adults with learning disability by staff working at the private Winterbourne View Hospital in South Gloucestershire, resulting in the Department of Health publishing *Transforming Care: A national response to Winterbourne View Hospital* in December 2012. The report focused on the need for community-based care for people with learning disability and expectations for a "substantial reduction in reliance on inpatient care for these groups of people", with a rapid reduction in the number of hospital placements and the closure of inpatient services. Nevertheless, multiple subsequent reports highlighted slow progress towards the Government's goal of moving people with learning disability out of hospitals and into the community.
- In 2015, a national plan was developed to close inpatient facilities and develop community services for people with learning disability, to be delivered through 49 Transforming Care Partnerships (TCPs). TCPs brought together local authorities, NHS Clinical Commissioning Groups (CCGs), NHS England, service providers, the voluntary sector and service users and their families to develop a three-year transformation plan for their local area. The Government's mandate to NHS England 2018-2019 included the objective of improving out-of-hospital care for people with learning disability, focusing on the need for better prevention, early intervention and access to integrated services, together with reducing

inappropriate out-of-area placements and reliance on inpatient care. TCP have been renamed to Assuring Transformation Partnership

- The NHS Long Term Plan was published in 2019, outlining the ambitions of the NHS over the next 10 years and including learning disability as one of its four clinical priorities. This includes improving community-based support, reducing the number of people with learning disability in hospital settings and reducing health inequalities through a focus on increasing uptake of annual health checks and reducing overmedication of children and young people with a learning disability.
- Sir Stephen Bubb “The Building Rights report” which is an independent review of services for autistic people and people with learning disability in Bristol makes three key recommendations to help services and systems become more aware and have a better understanding of the challenges faced by autistic people and people with learning disability. The report recommendations are:
 - Establish a ‘Charter of Rights’
 - Ensure a ‘Right to Challenge’
 - Establish an independent commissioner for autistic people and people with learning disability

2.3. Engagement - importance

Engagement, and co-production are very important in developing proposals for the delivery of our services to ensure that we meet local needs and provide value for money. We aim to listen carefully to views of residents and service users before developing proposals for consultation and subsequent decision, to ensure proposals reflect these views.

2.4. Engagement events

The purpose of the engagement events was to:

- Inform people about the council’s aim to develop an All-age learning disability strategy
- Seek input from a wide range of stakeholders to co-produce a draft All-age learning disability strategy based on the needs and views of local people which is then subject to consultation.
- Explain that the new strategy is to complement not replace other strategies (for example the strategy for children and young people with SEND).
- Provide a framework for engagement that enables people to participate in a timely, accessible and appropriate manner suitable to their needs.

The following table sets out the engagement that has taken place to date:

Table 8 – List of Engagement events

Date	Who / What	Who	Outcome
Dec 2020	South Gloucestershire Learning Disabilities Partnership Board	Multiple partners from health, the Council, practitioners and the community and voluntary sector. Also includes reps for people with learning disability and parents and carers.	Set out the initial brief for the All-age learning disability strategy. Set up a subgroup specially to look at the All-age learning disability strategy.
Dec 2020	All-age learning disability strategy working group	Multiple partners from health, the Council, practitioners and the community and voluntary sector. Also includes reps for people with learning disability and parents and carers.	Set out values and principles. Proposed definition of learning disability. Agreed scope / themes of work to be undertaken. Identified key issues and priorities for the engagement process.
Jan-Mar 2021	Themed workshops <ul style="list-style-type: none"> • Education, employment and training • Housing and support • Independence and the community • Family, friends and carers • Health and wellbeing • Preparing for adulthood 	Multiple partners from health, the Council, practitioners, the community and voluntary sector and reps for people with learning disability and parents and carers.	Considered the strengths, weakness, opportunities and threats of each of the themes. Co-produced design of a survey for wider engagement. Co-produced focus group material for wider engagement.
May–Aug 2021	Wider engagement events <ul style="list-style-type: none"> • Online survey, including an easy read version • Focus group events for young people with learning disability • Focus group events for adults with learning disability • Focus group events for parent carers. • Open day events facilitated by 	Young people with a learning disability Adults with a learning disability. Parents and carers of people with a learning disability. Commissioners, providers, and practitioners who work with people with a learning disability.	Engagement feedback from: <ul style="list-style-type: none"> • people with learning disability • Parents and carers • Commissioners, practitioners and providers • Equalities data relating to respondents.

	Brandon trust and KIDS		
Sept-Oct 2021	Themed Workshops <ul style="list-style-type: none"> • Education, employment and training • Housing and support • Independence and the community • Family, friends and carers • Health and wellbeing • Preparing for adulthood 	Multiple partners from health, the Council, practitioners, the community and voluntary sector; reps for people with learning disability and parents and carers.	Summarised proposed key priorities and high-level actions for inclusion in the draft All-age learning disability strategy.

2.5. Engagement - key messages

- The voice of people with learning disability needs to be heard, listened to and acted on. When decisions are being made about services and facilities, there is a need for more coproduction.
- Support for parents and carers of people with a learning disability is not always easily available - especially around their mental health and wellbeing.
- Most of the support received by parents and carers was through friendship and peer groups which was invaluable.
- A range of good accommodation in areas with good transport links is important.
- People with learning disability need to be supported to live and participate in the community.
- There should be more opportunities for co-production.
- There should be more opportunities for integrated working across teams, departments and organisations.
- People would like to see a focus on independence, working towards clear goals and outcomes. They would welcome a progression model.
- More attention is needed for preparing for adulthood, for example better planning and joined up working. We also need to hear the voice of young people better in relation to preparing for adulthood.
- More help to navigate available information and advice about support and how to access services is required. People would like to see more face-to-face advice giving.
- There is still a lot of work to be done to reduce health inequalities, for example better access to cancer screening, dental practice, GP and annual health assessments.
- Stakeholders would like more support in employing Personal Assistants and explore alternative viable funding option(s) such as individual service funds.
- Some people need help to make and maintain relationships.
- We need to improve work opportunities for people with a learning disability.
- Using public transport can be a problem for some people.
- It is important for people to be able to access leisure and sport facilities in the community.
- People who work with people with a learning disability need better training to understand their needs better.

2.6. Engagement – resulting equalities data

Summary of respondent ‘Protected Characteristics’ from the survey for adults with learning disability (Table 9 – Table 14).

This provides a snapshot of the characteristics of the people that participated in the easy read engagement survey of which 32 adults with learning disability responded.

Age (T9)	
16-24	13%
25-34	31%
35-44	22%
45-54	28%
55-64	3%
65-75	3%

Are you? (T10)	
Female	53%
Male	47%
Other	
Don't want to say	

Do you identify as transgender (T11)	
Yes	-
No	94%
Don't want to say	6%

Are you? (T12)	
Bisexual - you are attracted to males and females	6%
Gay Man - you are male and attracted to males	
Gay Woman/Lesbian - you are a female and attracted to females	
Heterosexual/Straight - you are attracted to people of the opposite sex	66%
Other	
Don't want to say	28%

Please tell us your ethnic origin (T13)	
White - English / Welsh / Scottish / Northern Irish / British	91%
Mixed/multiple ethnic group - White & Black African	3%
White Irish	3%
Other	3%
Arab	
Asian/Asian British – Bangladeshi	
Asian/Asian British – Chinese	
Asian/Asian British – Indian	
Asian/Asian British – Other	
Asian/Asian British – Pakistani	
Black/African/Caribbean/Black British – African	
Black/African/Caribbean/Black British – Caribbean	

What is your religion/faith? (T14)	
No Religion	53%
Buddhist	
Christian	33%
Hindu	
Jewish	
Muslim	
Pagan	
Sikh	
Don't want to say	16%
Other - please say what	

Summary of respondent 'Protected Characteristics' from the survey for parent carers of people with a learning disability (Table 15 – Table 21).

This provides a snapshot of the characteristics of the 43 parents and carers that participated in the engagement survey.

Age (T15)	
16-24	
25-34	5%
35-44	20%
45-54	27%
55-64	20%
65-75	7%
Over 75	15%
Prefer not to say	6%

Are you? (T16)	
Female	78%
Male	17%
Other	
Don't want to say	5%

Do you identify as transgender? (T17)	
Yes	
No	98%
Don't want to say	2%

Do you consider yourself to be disabled? (T18)	
No	53%
Prefer not to say	3%
Yes - Physical impairment	10%
Yes - Sensory impairment	
Yes - Mental health condition	8%
Yes - Learning disability/ difficulty or cognitive impairment	5%
Yes - Long standing illness or health condition	18%
Yes – Other	3%

Are you? (T19)	
Bisexual - you are attracted to males and females	
Gay Man - you are male and attracted to males	
Gay Woman/Lesbian - you are a female and attracted to females	
Heterosexual/Straight - you are attracted to people of the opposite sex	85%
Other	3%
Don't want to say	12%

Please tell us your ethnic origin (T20)	
White - English / Welsh / Scottish / Northern Irish / British	88%
Mixed/multiple ethnic group - White & Black African	2%
White Irish	
White Other	4%
Arab	
Asian/Asian British – Bangladeshi	
Asian/Asian British – Chinese	2%
Asian/Asian British – Indian	2%
Asian/Asian British – Other	
Asian/Asian British – Pakistani	
Black/African/Caribbean/Black British – African	
Black/African/Caribbean/Black British – Caribbean	
Prefer not to say	2%

What is your religion/faith? (T21)	
No Religion	39%
Buddhist	3%
Christian	51%
Hindu	
Jewish	
Muslim	
Pagan	
Sikh	
Don't want to say	4%
Other - please say what	3%

Some issues have been identified in reviewing this data in relation to engaging with specific groups of people. These are captured in section 3 – “Key issues identified”.

2.7. Consultation

The purpose of the consultation process is to:

- Inform people about the content of the draft All-age learning disability strategy including the focus for the next 5 years.
- To provide a framework for consultation that enables people to participate in a timely, accessible and appropriate manner suitable to their needs.
- To ensure a suitable response level to the consultation.
- To gain feedback on the draft All-age learning disability strategy so that a final version can be created and provided to Councillors, along with the detailed consultation feedback from stakeholders, to enable Councillors to make an informed decision based on the needs and views of local people.
- To gather clear evidence to support the implementation of the final version of the strategy and future service delivery.

The consultation process will include the following activities:

Table 22 – Consultation activities

Date	Who / What	Members make up	Outcome
13 Dec 2021– 4 Mar 2022	<ul style="list-style-type: none"> • Survey (online, paper.) • Easy read survey • Focus groups for targeted equalities characteristics groups. • Targeted online survey via providers and voluntary groups distribution lists • Focus groups supported by voluntary groups and providers to complete survey. 	Young people with a learning disability Adults with a learning disability Parents and carers of people with a learning disability Commissioners, providers and practitioners who work with people with a learning disability.	Consultation feedback from: <ul style="list-style-type: none"> • people with learning disability • parent carers • commissioners, practitioners and providers • targeted equalities characteristics groups Equalities data set of response.

3. Issues identified

3.1. From the research and engagements events

The following issues have been identified from the research and engagement events:

ID	Issues
E1	Engagement with some equality groups was low for example race, religion and sexual orientation.
E2	Some people with a learning disability cannot access online material for various reasons.
E3	Some parents and carers of people with a learning disability cannot access online material for various reasons.
E4	Advice and guidance are not always available or accessible for people with learning disability or their parent carers.
E5	There is limited changing facilities in the community for personal care which can exclude some people with a learning disability from accessing their community.
E6	Some facilities in the community are not inclusive for people with learning disability
E7	Some employers do not have the support they need to employ / support people with learning disability within their organisation. This means there is less meaningful employment opportunities for people with learning disability.
E8	The system culture could be more aspirational for people with learning disability.
E9	There is reduced number of people with learning disability accessing preventative health services such as screening and accessing vaccination.
E10	People with learning disability reported that some information shared regarding their health was confusing and they did not understand.
E11	There is a reduced amount of information for people with learning disability to access in relation to relationships and sex and that the information available is not always shared.
E12	Parents and carers of people with a learning disability felt there was limited mental health and wellbeing material for them to access.
E13	There is insufficient housing stock and housing options for some people with learning disability to live in their community.
E14	People with learning disability are not always allowed to make informed choices or take positive risks to promote their independence.
E15	The voice of people with learning disability is not always heard or acted upon.
E16	There is a general feeling that life skills for people with learning disability (e.g., support to get a job, manage money, form filling) could be increased.
E17	It is felt that planning for adulthood is less prepared for people with learning disability and more time is needed to plan.

3.2. From the consultation

The following additional issues have been identified during the consultation:

Please note - this section will be updated post consultation

ID	Issues

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4. How the strategy intends to address the key equality issues

The following sets out how the strategy intends to address all the key issues.

Please note - this section will be updated post consultation

ID	Issue	What the strategy will do to address the issue
E1	Engagement with some equality groups was low for example race, religion and sexual orientation.	As part of the consultation of the All-age leaning disability strategy we will seek to conduct some focus sessions to gather feedback from South Gloucestershire race equalities group and South Gloucestershire equalities voice support group.
E2	Some people with a learning disability cannot access online material for various reasons.	As part of the enabling actions within the strategy itself we will be looking to develop a better information and advice provision ensuring information that is accessible, comprehensive, up to date and easy to find and understand for people with learning disability, their families, parents and carers and professionals, using a variety of media including digital and face to face.
E3	Some parents and carers of people with a learning disability cannot access online material for various reasons.	
E4	Advice and guidance is not always available or accessible for people with learning disability or their parents and carers.	
E5	There is limited changing facilities in the community for personal care which can exclude some people with a learning disability from accessing their community.	As part of priority 4 Promote independence - ensuring people are safe and connected to their community , we will: <ul style="list-style-type: none"> • Advocate all new major community planning schemes to ensure there is adequate disability changing facilities to administer personal care. <ul style="list-style-type: none"> ○ We have submitted a bid for funding of Changing Places, Once/if funding is confirmed we will be able to say where they will be located.
E6	Some facilities in the community are not inclusive for people with learning disability	As part of priority 4 Promote independence - ensuring people are safe and connected to their community , we will: <ul style="list-style-type: none"> • Develop a learning disability friendly ethos locally to include awareness raising, training and a network of local champions to ensure that local communities and services are more aware and supportive of people with learning disability and provide safe spaces for people with learning disability to access within the community. • Develop support for services and organisation about their responsibilities to provide reasonable adjustments for people with learning disability and audit how these reasonable adjustments can be provided.

		<ul style="list-style-type: none"> • Increase the amount of inclusive play as part of public open spaces with input from parent and carer groups. • Work across education, health and social care as well as voluntary and independent sector to develop more life skills training options to promote independence.
E7	Some employers do not have the support they need to employ / support people with learning disability within their organisation. This means there is less meaningful employment opportunities for people with learning disability.	<p>As part of priority 2 Increase employment and vocational education and training opportunities for people with a learning disability, we will:</p> <ul style="list-style-type: none"> • Work both regionally and locally to engage and support employers so they are confident and have the capacity to establish opportunities for those with learning disabilities and/or difficulties. • Work with providers and community support services to encourage more sustained and wrap around support for people with learning disability to gain and maintain employment.
E8	There is a system culture that could be more aspirational for people with learning disability.	<p>As part of priority 2 Increase employment and vocational education and training opportunities for people with a learning disability, we will:</p> <ul style="list-style-type: none"> • Work with partners in education and health and social care to raise aspirations regarding employment, starting with early years and promoting ability not disability.
E9	There is reduced number of people with learning disability accessing preventative health services such as screening and accessing vaccination.	<p>As part of priority 6 Work in partnership with health to deliver better health and wellbeing outcomes for people with a learning disability and their parents and carers, we will:</p>
E10	People with learning disability reported that some information shared regarding their health was confusing and they did not understand.	<ul style="list-style-type: none"> • Support the work of the clinical commissioning group (CCG) in improving the uptake and quality of annual health checks and health action plans for people with learning disability across GP practices in South Gloucestershire. All people with learning disability who are on the GP register should be offered an annual health check in a format that they understand. This should result in a health action plan. Ensure adequate measures are put in place to monitor the progress. • Improve the uptake and quality of accessing core health and screening services such as dentist, optician, cancer screening and vaccine programmes for people with learning disability, ensuring they have

		<p>appropriate support to access preventative services and treatment where required.</p> <ul style="list-style-type: none"> • Ensure that accessible information is provided and promoted about these services to desensitise the process and stress the importance of them for people with learning disability. • Ensure services know where they can obtain support to train their staff and get advice around reasonable adjustments, mental capacity and best interest decisions.
E11	<p>There was a reduced amount of information for people with learning disability to access in relation to relationships and sex and that the information available was not always shared.</p>	<p>As part of priority 6 Work in partnership with health to deliver better health and wellbeing outcomes for people with a learning disability and their parents and carers, we will:</p> <ul style="list-style-type: none"> • Develop sex and relationship training for practitioners, as well as for people with learning disability, their parents and carers and schools. This should include the development of more creative resources to support conversations about sex and relationships with both people with learning disability and their families.
E12	<p>Parent carers of people with a learning disability felt there was limited mental health and wellbeing material for them to access.</p>	<p>As part of priority 5 Promote support networks for family, friends and parents and carers who support people with a learning disability, we will:</p> <ul style="list-style-type: none"> • Work with public health, promote and expand the range of mental health and wellbeing services for parents and carers.
E13	<p>There is insufficient housing stock and housing options for some people with learning disability to live in their community.</p>	<p>As part of priority 3 Provide a range of good quality housing and support options for people with a learning disability with a clear pathway on how to access them, we will:</p> <ul style="list-style-type: none"> • Develop effective partnerships with housing and support providers to ensure a wide range of housing options and support is available. Offer different funding models to meet the forecasted need for people with learning disability feeding into the departmental commissioning plan and the council housing strategy. • Ensure that appropriate, flexible accommodation options are commissioned for people with co-existing learning disabilities and autism.

		<ul style="list-style-type: none"> Support education provision and the voluntary sector to work with housing providers to develop their own supported living and independence training schemes.
E14	People with learning disability are not always allowed to make informed choices or take positive risks to promote their independence.	<p>As part of priority 1 Effective planning for smooth transitions for young people preparing for adulthood, we will:</p> <ul style="list-style-type: none"> Develop more self-advocacy services that young people with a learning disability can access, considering the ways and the different types of media that can be used to support engagement. Engage more with schools, colleges and community groups to enable young people to be more involved in the coproduction of the future design and promotion of services that will build confidence and self-esteem for young people. Develop a positive peer mentoring programme for young people and their parents and carers to link up with those who have taken positive risks in life to raise aspirations.
E15	The voice of people with learning disability is not always heard or acted upon.	
E16	There is a general feeling that life skills for people with learning disability (e.g., support to get a job, manage money, form filling) could be increased.	<p>As part of priority 1 Effective planning for smooth transitions for young people preparing for adulthood, we will:</p> <ul style="list-style-type: none"> Have a focus on practical independence training within education and within the community. <p>As part of priority 3 Provide a range of good quality housing and support options for people with a learning disability with a clear pathway on how to access them, we will:</p> <ul style="list-style-type: none"> Look to develop opportunities for people with learning disability to access a learning flat. Work with housing and support providers deliver a sustainable supported living framework providing an environment that builds independence among people with learning disability. Ensure the use of assisted technology is promoted and maximised. <p>As part of priority 4 Promote independence ensuring people are safe and connected to their community, we will:</p>

		<ul style="list-style-type: none"> • Work across education, health and social care as well as voluntary and independent sector to develop more life skills training options to promote independence. • Provide more support when filling out forms e.g. job applications, benefit applications.
E17	<p>It is felt that planning for adulthood is less prepared for people with learning disability and more time is needed to plan.</p>	<p>As part of priority 1 Effective planning for smooth transitions for young people preparing for adulthood, we will:</p> <ul style="list-style-type: none"> • Start conversations about transition planning with people with learning disability and their parents and carers from year 8. This would include conversations about the adult services offer. • Increase the rollout and use of transition assessments for young people with a learning disability. • Plan for transition earlier, ensuring timely reviews especially for those with complex needs, and identifying clear timely transition goals and outcomes. Provide more taster days to visit provisions and settings.

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5. EqIAA OUTCOME

Please note - this section will be updated post consultation

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input type="checkbox"/>	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input type="checkbox"/>	
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

6. Sources of information used

The following sources of information have been used within this document.

- All-age learning disability engagement feedback
- South Gloucestershire learning disability health needs assessment
- South Gloucestershire Council learning disability equalities report November 2021 (adults)
- SEN dashboard October 2021
- 2021 Spring school census