

**Independent Living Review  
Office for Disability Issues**

**Independent Living Strategy  
Equality Impact Assessment**

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# 1 Introduction

## 1.1 Equality Impact Assessment Context

The purpose of this assessment is to consider the impact of the cross-government Strategy on independent living on equality of opportunity on grounds of disability, age, race, religion or belief, sexual orientation, and gender. The public sector duties under the Disability Discrimination Act 1995, Race Relations (Amendment) Act 2000, and the Sex Discrimination Act 1975, require public bodies to conduct disability, race, and gender equality impact assessments on their functions and policies to ensure that impacts, (both positive and negative), have been successfully identified and, in the case of negative impacts mitigated, or, justified.

This Equality Impact Assessment (EIA) provides a summary of the anticipated consequences of the Independent Living Strategy as a whole in relation to equality issues.

In addition, it provides an initial assessment of where an equality impact assessment will be required for each of the policy commitments by Government Departments. For some of the commitments, considerable work has already been done to consider equality impacts; for others, the Strategy itself will help provide evidence and address any gaps, section 6 Annex A summarises these points. Progress will be reviewed as part of the Strategy.

In delivering the EIA we have used the same principle of co-production that we embraced in writing the Strategy. The Strategy was drawn up following consultation with, and the close working involvement of, disabled people and their organisations, and other government departments.

## 1.2 Policy Context

The Independent Living Strategy is intended to make progress towards the Government's aim that all disabled people, (including older disabled people), should be able to live autonomous lives, and to have the same choice, freedom, dignity and control over their lives as non-disabled people. The Review followed the commitment made by the Government in 2005 to deliver independent living for all disabled people, as set out in the Government's report 'Improving Life Chances of Disabled People'.<sup>1</sup>

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<sup>1</sup> Prime Minister's Strategy Unit, Cabinet Office, (2005), 'Improving the Life Chances of Disabled People'.

'Improving the Life Chances of Disabled People' argued that disabled people faced barriers in relation to their choice of home; personal relationships; opportunities for education, training and employment; access to healthcare; access to leisure activities; and, participation in the life of their local community and wider society. This was partly attributable to disabled people being expected to fit into services, and partly 'policies and practice not paying enough attention to enabling disabled people to be active citizens, or to supporting disabled people to help themselves'.<sup>2</sup>

Independent living means 'all disabled people having the same choice, control and freedom as any other citizen – at home, at work, and as members of the community. This does not necessarily mean disabled people 'doing everything for themselves' but it does mean that any practical assistance people need should be based on their own choices and aspirations'.<sup>3</sup>

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<sup>2</sup> Prime Minister's Strategy Unit, Cabinet Office, (2005), 'Improving the Life Chances of Disabled People'.

<sup>3</sup> Prime Minister's Strategy Unit, Cabinet Office, (2005), 'Improving the Life Chances of Disabled People'.

## 2 Purpose and Aims of the Independent Living Strategy

The Independent Living Strategy pieces together, into a single story, the new and existing Government commitments that will contribute to making progress on delivering independent living across a range of policy areas.

### 2.1 Focus of the Independent Living Strategy

In particular, the Independent Living Strategy focuses on barriers faced by, and policies aimed at:

- Young people in transition to adulthood (i.e. from beyond the age of 14)
- Older disabled people (i.e. from retirement age to beyond the age of 85)
- Disabled parents

Please see sections 3.27, 3.28 and 3.29 for further details.

The Strategy makes commitments relating to spreading the independent living message and strengthening the evidence base to inform independent living policy development and future investment in independent living.

It also has a series of commitments relating to access to the following mainstream goods and services:

- Support, Information, Advocacy and Brokerage (i.e. information, advice and support about independent living);
- Housing;
- Transport and Mobility;
- Employment and Economic Wellbeing; and,
- Personalisation, Choice and Control (i.e. more personally tailored health and social care services).

Please see sections 3.1 and 3.2 for further details.

### 2.2 Measuring Progress of the Independent Living Strategy

The Strategy sets out how the Government proposes to measure progress against the aims and intended outcomes of the Strategy.

It gives proposals for further consultation on the governance structure for monitoring the delivery of independent living with a focus on involving disabled people in this; and, supporting delivery and involvement of disabled people in the further development and implementation of independent living policy at regional and local levels.

The consultation began on 3rd March 2008 and runs until the 20th June 2008. The consultation will seek to address all equality issues raised in this EIA by working with disabled people, including disabled members of black and minority ethnic (BME) communities, and with disabled people who have particular experiences relating to their religion and/or belief, sexual orientation and gender. Please see section 5.2 for further details.

## 2.3 Cross-Government Commitments

The Independent Living Strategy includes a number of cross-government commitments. Individual departments will develop EIAs for the commitments on which they lead. These are as set out in the Annex A. Annex A also states whether an equality impact assessment:

- Has been completed;
- Will be developed as part of taking the Strategy forward;
- Needs to be completed on existing policy; and,
- Policy has been screened and EIA deemed not applicable (N/A).

Please see section 6 Annex A for further details.

# 3 Benefits of the Independent Living Strategy

The primary focus is on enabling disabled people to achieve independent living by exercising choice and control in their lives. It is expected that the Strategy will benefit disabled people in England with different impairments including:

- People with physical and sensory impairment;
- People with mental health support needs;
- People with learning difficulties or disabilities, (including people with developmental disabilities); and,
- People with multiple impairments (often referred to as those with 'complex needs').

The Strategy covers adult disabled people across the life course, starting with young people in transition to adulthood, from the age of 14, and, up to and including, older disabled people beyond the age of 85. However, disabled people are not a homogenous group and issues such as age, gender, race, sexual orientation religion and belief shape their lives and experiences. The impact of such issues upon the Strategy have been and will continue to be considered.

The Strategy looks at the barriers to independent living for disabled people. This Strategy is not likely to be directly discriminatory as its primary purpose is to promote equality for disabled people.<sup>4</sup> This EIA has identified that some encounter greater barriers than others and addresses this. Please see section 5 for further details.

## 3.1 Communication, Support, Information, Advocacy and Brokerage, and Development of Evidence Base

The Strategy will benefit all disabled people, spreading the independent living message.

The Strategy will develop a 'communication strategy' that focuses on promoting a shared understanding of the needs of disabled people and the principles of choice and control that underpin independent living. The Review found that some people

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<sup>4</sup> Discrimination can occur unlawfully on direct and indirect grounds. Direct discrimination arises where on prohibited grounds a person is treated less favourably than another has been or would be in a comparable situation.

who would be classed as disabled do not identify themselves as such. It is anticipated that the independent living message could be better communicated to these groups. Further, it is expected that service providers in the public, private and voluntary sectors – in particular, in adult social care, health, housing, transport, employment and advocacy and brokerage services - will benefit from the communication strategy. To this end we shall:

- develop a programme to build awareness and change attitudes in order to create support for an independent living approach;
- develop communication materials for practitioners to effectively explain the case and the ways of promoting it;
- use these materials to communicate independent living messages to a wide range of practitioners; and,
- communicate this agenda to disabled people with a particular focus on ‘seldom heard’ groups, for example, black and minority ethnic (BME) disabled people, older disabled people with high support etc.

The Strategy will strengthen the evidence base to inform future policy development and investment, and demonstrate how to use resources to better promote choice and control. We will develop two initiatives:

- action and learning sites to demonstrate the redeployment of resources from professional assessment and care management to user-led support, advocacy and brokerage; and,
- a regional initiative to demonstrate how we can invest in independent living for older disabled people in residential/nursing care or at risk of moving into care.

The Strategy makes commitments in relation to the provision of effective support, information, advocacy and brokerage services. These are a key aspect of enabling disabled people to make choices for themselves that might otherwise be made for them by other people. Our policy of transforming social care includes a commitment to a universal information, advice and advocacy service for people who need support in their lives. In particular:

- local organisations should consider the needs of disabled people within their community for support, information, advocacy and brokerage services and should consider co-ordinating their approaches through local strategic partnerships (LSPs);
- we will examine the case for investment in advocacy support in situations where disabled people are particularly at risk of losing choice and control;

- the Department of Health (DH) will invest in Action and Learning Sites to deliver the Life Chances commitment that by 2010, each locality will have a user-led organisation modelled on existing Centres for Independent Living (CILs); and,
- the Department of Health (DH) will develop a National Advocacy Qualification for independent advocates.

## 3.2 Mainstream Social Goods and Services

The Strategy aims to benefit disabled people's access to mainstream services - housing, transport, health, employment, personalisation, choice and control (i.e. personally tailored health and social care services), information, advice and support about independent living.

### 3.2.1 Housing

We will take action to maximise disabled people's housing opportunities and choices by:

- increasing the provision of housing advice and information;
- updating the Lifetime Homes standard, making it an essential element in the Code for Sustainable Homes and making adherence to it mandatory for all public sector funded housing by 2011;
- setting a clear target for the construction of all new housing to Lifetime Homes standard by 2013, with a commitment to review progress against this target by 2010;
- encouraging the adoption of Accessible Housing Registers and supporting the dissemination of good practice models;
- investing in rapid response repairs and adaptations services;
- developing a method to enable early identification of individuals who are at risk of health and care crises;
- increasing funding for, and improving, the Disabled Facilities Grants (DFG) system; and,
- continuing to invest in the Supporting People programme which promotes independent living by providing housing related support.

### 3.2.2 Transport and Mobility

We will consolidate progress made in the areas of training, information, and accessibility in public transport and consider action required to enhance the mobility

opportunities of people whose needs cannot be met by public transport. We will do this by:

- enhancing personal mobility and transport choices for disabled people based on evidence of what works;
- promoting the training of transport providers in the needs of disabled people;
- developing a strategy to provide information and confidence training for disabled people in using transport;
- working with local authorities to ensure accessibility planning is reflected in Local Transport Plans and Local Area Agreements; and,
- improving disabled people's participation in the development and implementation of transport policies.

### **3.2.3 Health**

Our Strategy aims to enhance the understanding of health services' contribution to independent living, to enable disabled people to have choice and control over their non-acute healthcare needs, and to enable them to manage their own long-term conditions. We will do this by:

- designing and delivering an education and awareness programme for National Health Service (NHS) staff on increasing choice and control, and on the Disability Equality Duty (DED);
- increasing the take-up of self-management programmes, such as the Expert Patients Programmes, and develop new approaches that work for disabled people; and,
- scoping good practice in enabling people to have choice and control over their continuing health care needs, and publishing good practice guidance.

### **3.2.4 Employment and Economic Wellbeing**

We want to enable individuals to remain in employment when they acquire an impairment or when an existing impairment or condition deteriorates. We will also ensure that benefit and charging systems, and recent reforms, do not create unnecessary barriers to independent living. We will:

- act to improve specialist employment support services for disabled people;
- develop a cross-government national strategy to enable people to remain in employment when they acquire an impairment or their condition worsens;

- increase access to volunteering opportunities for disabled people;
- change benefit reclaim processes and, if required, regulations to address disincentives and enable participation in public and civic life;
- examine the combined impact of reforms to the benefit system (Employment Support Allowance (ESA), Housing Benefit), employment support programmes, and charging policies within adult social care, to assess their role in promoting disability equality;
- consult on amending guidance on charging for residential care,(in line with current guidance on charging for community services), to remove the current disincentive to paid employment. The Department of Health (DH) will be considering this proposal, along with other proposals to amend the Charging for Residential Accommodation Guide (CRAG); and,
- review how Disability Living Allowance (DLA) and Attendance Allowance (AA) can better support independent living.

### **3.2.5 Personalisation, Choice and Control**

We will support the transformation of social care to deliver a system which will focus on timely, preventative and high quality personally tailored services. We want everyone – whether they receive state-funded support or fund support themselves – to have maximum control and power over the support services they receive and we will work with local authorities and key partners to help them deliver this. The long-term aim will be to ensure that every disabled person in receipt of social care, and/or related funding, has the opportunity to have choice and control over the state funding they receive. We will promote:

- increased personalisation of support through, for example, individual budgets and direct payments
- a strategic shift towards investment in early intervention and preventative approaches through initiatives such as the Partnerships for Older People Projects (POPP)
- the development of user-led organisations
- access to better information, advocacy and support so that people are able to navigate health and social care systems
- the take-up of direct payments.

### 3.2.6 Older Disabled People

The Strategy will particularly benefit older disabled people, from retirement age and beyond the age of 85, whose needs and aspirations for independent living have previously not been promoted.

The Strategy seeks to promote a co-ordinated, strategic approach to investing in independent living for older disabled people. It has the particular intention of closing some of these gaps in equal access and service provision, the vast majority of the commitments made in the Strategy will benefit disabled people. Specific policies which will support older disabled people include:

#### Housing

- improving housing advice and information, for example, through encouraging the use of the Accessible Housing Register and the adoption of the Lifetime Homes standard, (please see section 3.2.1).

#### Transport

- continuing progress on improving access to public transport and enhancing the mobility opportunities of disabled people, for example, working with local authorities to ensure that accessibility planning is reflected in Local Transport Plans and Local Area Agreements (please see section 3.2.2).

#### Personalisation

- promoting personalisation of health and social care services, and increasing the take up of direct payments, the system facilitating disabled people to choose and pay for their own care instead of receiving support directly from the local authority, amongst currently under-represented groups, (please see section 3.2.5).

#### Communication strategy

- a communication Strategy which will help to disseminate an understanding of what independent living means for older disabled people, (please see section 3.1).

In addition to this:

- the Office for Disability Issues (ODI), in partnership with other government departments, will develop and publish a cross-government toolkit that provides a 'one stop' information resource on independent living for older people at a national, regional and local level: and,
- the Office for Disability Issues (ODI) will investigate the case for investing in independent living for older disabled people in residential/nursing care or at risk of moving into care.

### 3.2.7 Young People In Transition to Adulthood

We will seek to ensure a seamless transition into adulthood for young disabled people, including those with complex health needs, in all aspects of their life, including between children's and adults' services, as well as housing, transport, employment, education and training. We will:

- as a first step, deliver a Transition Support Programme for 14-19 year olds, which will promote joint working, a holistic approach, and include access to an advisor or key worker, advocacy and support, and person centred planning approaches;
- in the longer-term, learn from, and build on, this Programme to improve practice in supporting the transition from childhood to adulthood between the ages of 14-25;
- deliver the cross-government strategy for post-16 learners with learning difficulties/disabilities which aims to create more sustainable and seamless services;
- carry out a public consultation on specialist disability employment programmes for disabled people who face complex barriers to enter and retain employment;
- reduce the proportion of young people aged between 16 and 18 who are not in education, employment or training;
- support young disabled people to become independent users of transport;
- address the housing needs of young disabled people by their inclusion in action to prevent homelessness amongst young people, paying particular attention to those with mental health support needs;
- support young disabled people to become active members of their community through their inclusion in the Young Advisors Programme; and,
- carry out a scoping study with a view to piloting and evaluating individual budgets for disabled children and young people.

### **3.2.8 Disabled Parents**

We will promote more joined-up working between health, education and social care to provide timely and flexible support where this is needed by families affected by parental disability. We will also encourage policies and services aimed at parents in general to include families affected by parental disability. Specifically, we will:

- promote good practice in children's and adults' health, education and social care by encouraging the development of inter-agency protocols to support disabled parents and their children;

- include parents with learning disabilities and parents with mental health support needs in local pathfinders to deliver intensive and tailored family support;
- ensure that all information produced by government departments aimed at parents will be made available in accessible formats;
- assist local authorities to develop a more strategic and joined-up approach to parenting support and to strengthen the use of evidence-based parenting interventions through extended schools' and children's centres; and,
- work across Government, to ensure those policies which tackle child poverty and unemployment, address the needs and circumstances of families affected by parental disability.

### **3.2.9 Cross-government and Co-production Model**

Finally, in supplement to this, it is anticipated that the Strategy will benefit disabled people by first, acting as a vehicle for providing a more coherent story about cross-government strategies that support independent living, and second, acting as a model to embed the principles of co-production, i.e. close involvement of disabled people and their organisations, in policy development for the future.

# 4 Evidence

The EIA aims to anticipate and identify potential benefits of the Independent Living Strategy and to minimise or eliminate negative outcomes. It draws on the data gathered during the Review process. The Review's methodologies and findings are discussed below.

## 4.1 Methodology

The Review process which involved five concurrent elements:

- we reviewed existing policies which support independent living and reviewed published research on independent living;
- we commissioned two specific research reports: a literature review into the costs and benefits of independent living; and, a review into the costs and benefits of housing adaptations. These reports can be found on the ODI website. We also commissioned a demographic analysis of ageing that will be published on the Office for Disability Issues (ODI) website in the near future;<sup>5</sup>
- we held a series of workshops to bring together disabled people and other stakeholders, including disabled parents, people with learning disabilities, people with mental health support needs, older disabled people and Deaf people, to examine barriers and solutions in particular policy areas;
- we held four regional events to help us to test out our emerging proposals with disabled people and other stakeholders, (as detailed above). A summary of what disabled people told us at these and our other 'co-production' events has been circulated to everyone we have been in contact with during the course of the Review. Annex A of the Independent Living Strategy highlights the main messages that were underlined during the course of the Review, for example, participants stressed the need for close involvement of disabled people in developing policy, and the need to reach out to Black and Minority Ethnic (BME) communities; and,
- we set up an Expert Panel which included disabled people and representatives from relevant organisations. The Expert Panel, chaired by Baroness Jane Campbell, helped to shape and steer the Review. Expert Panel members include a range of experts in the field of independent living, including disabled people, older disabled people, people from organisations of disabled people, user-led groups and service delivery organisations. Full details of the Panel and its meetings can

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<sup>5</sup> <http://www.officefordisability.gov.uk/>

be found on the ODI website.<sup>6</sup> Disabled people are also represented on the ODI Board of Management that shaped the direction of the Strategy. The Review also involved Equality 2025 in the development of proposals.

We shall continue to embrace the principle of co-production with disabled people and their organisations and, to work across government. An important part of the Strategy will be continuing to review and monitor progress towards achieving the goal of independent living for disabled people. Indeed, the Independent Living Strategy Consultation will consult on how to continue to involve disabled people in the development, implementation and delivery of the specific cross government commitments on independent living.

## 4.2 Findings

The primary focus of the Independent Living Strategy is around promoting equality for disabled people. By taking a life course approach the Review identified that different groups of disabled people have different needs and aspirations at different stages of their lives.

Some people, such as older people, Deaf people and people with mental health support needs, do not always identify themselves as being disabled and consequently do not always see independent living applying to them. The communication strategy seeks to address this issue, (please see section 3.1 for further details).

Key findings for the research on independent living highlighted areas in need of particular attention on the journey to realising the vision for equality for disabled people by 2025. These areas are discussed in section 4.2.1 to 4.2.9 below.

### 4.2.1 Disability and Employment

25% of disabled adults have no qualifications, compared to 9% of non disabled adults.<sup>7</sup>

Disabled people are far less likely to be in employment. Although there have been significant improvements in the employment rates of disabled people in the last decade, the employment rates of disabled people are just under 50%, compared with around 80% for the non-disabled population.<sup>8</sup>

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<sup>6</sup> <http://www.officefordisability.gov.uk/>

<sup>7</sup> Labour Force Survey, 2007 Q4

<sup>8</sup> Labour Force Survey, 1998-2007

Employment rates vary greatly according to the type of impairment a person has. Disabled people with mental health problems have the lowest employment rates of all impairment categories, at only 14 per cent.<sup>9</sup>

Nearly three-quarters of working age disabled people experience other barriers to employment, for example around 70% are aged 50 or over, and almost 8% of those who are not in employment have been out of work for 5 years or more.<sup>10</sup>

The Independent Living Strategy includes commitments that are designed to address some of these issues either in part or, in full. Please see section 3.2.4 for details of the Strategy's employment and economic wellbeing commitments.

#### **4.2.2 Disability and Access to Mainstream Social Goods and Services**

In 2005/06 25% of disabled people said they lived in accommodation which is not suitable for them.<sup>11</sup>

36% of disabled people have difficulties accessing goods, services and facilities.<sup>12</sup>

25% of disabled people have difficulties in using transport related to their health problem or disability.<sup>13</sup> Disabled people travel a third less often than the general public.<sup>14</sup>

The Independent Living Strategy includes commitments designed to address some of these issues. Please see section 3.2 for details.

#### **4.2.3 Older Disabled People**

The Review found that different people have different understandings of disability and independent living. In particular, some older people do not identify themselves as disabled people and do not have the same understanding of independent living as other groups of disabled people. Likewise policy makers and practitioners have often not understood or identified the relevance of independent living options for older people, and as a result older disabled people have been excluded from such opportunities.

In particular the options and opportunities for independent living, (such as direct payments and individual budgets, person centred support planning, timely access to housing aids, adaptations and equipment, amongst others), are more limited and

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<sup>9</sup> Labour Force Survey, 2007 Q4

<sup>10</sup> Labour Force Survey, 2007 Q4

<sup>11</sup> Survey of English Housing 2005-06

<sup>12</sup> Office For Disability Issues Annual Report 2007

<sup>13</sup> Office For Disability Issues Annual Report 2007

<sup>14</sup> Disabled Persons' Transport Advisory Committee, (DPTAC), (2002)

often not considered for older people who need support compared with younger age groups.<sup>15</sup>

However, once the principles and examples of choice and control have been unpacked, explained and examples of how these options and opportunities have changed people's lives, there is general agreement on the importance of the Independent Living Strategy for older disabled people. It was clear that older disabled people were facing similar barriers to independent living as other disabled people particularly in relation to having choice and control over how their support needs were met.

There is evidence that older disabled people are amongst those least likely to experience or exercise choice and control over the kind of support they receive; and, that this support does not enable them to live the lives they want to lead.<sup>16</sup>

There is also some evidence that targeting of services (to reach those in greatest need) is poor, and has particularly excluded older people with mental health problems and older people from certain ethnic minority backgrounds.<sup>17</sup>

Recent developments around independent living for older people have placed less emphasis on promoting and responding to the mental health needs of older people, yet depression is one of the most prevalent conditions in later life, estimated to affect one million older people.<sup>18</sup>

Overall, it is known and recognised across Government that some older disabled people are at greater risk of requiring increasingly intensive support and of moving to residential care; and, that older disabled people and those living on low incomes are more likely to experience poor physical and mental health than other groups.<sup>19</sup>

The Independent Living Strategy includes commitments designed to benefit older disabled people, please see section 3.2.6 for full details.

#### **4.2.4 Young Disabled People in Transition to Adulthood**

Disabled children are more likely to live in poverty when they reach adulthood compared to non-disabled children.<sup>20</sup>

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<sup>15</sup> CSCI, (2007), 'Making Choices, Taking Risks'; Bowers, H., et al, (2007) 'Person centred thinking with older people: practicalities and possibilities'.

<sup>16</sup> Rankin, J, (2005), 'A Mature Policy on Choice'; CSCI, (2007) 'Making Choices, Taking Risks'; Bowers, H., et al, (2007), 'Person centred thinking with older people: practicalities and possibilities'; PSSRU, (2005), 'Long Term Expenditure for Older People, Projections to 2022 for Great Britain'.

<sup>17</sup> PSSRU, (2005), 'Long Term Expenditure for Older People, Projections to 2022 for Great Britain'.

<sup>18</sup> Social Exclusion Unit, ODPM, (2005), 'Sure Start to Later Life'.

<sup>19</sup> Rankin, J, (2005), 'A Mature Policy on Choice'.

<sup>20</sup> BHPS, Wave 1 and Wave 13

The Review found that younger disabled people aspire to live in a more inclusive society but continue to experience significant barriers. Access to mainstream services including choice around inclusive education is critical to independent living.

The primary focus of the Independent Living Strategy is on adults, although an important part of the Strategy is aimed at the transition from childhood to adulthood, starting at around the age of 14.

The Independent Living Strategy includes commitments designed to benefit young disabled people in transition to adulthood. Please see section 3.2.7 for further details.

#### **4.2.5 Disabled Parents**

Disabled people are increasingly more likely to live in poverty compared to non-disabled people. The proportion of people in families with one or more disabled persons with income below 60% of median income before housing costs was 22% in 2005/06. At the same time, the equivalent proportion of people in families where no-one is disabled was 16%.<sup>21</sup>

The Independent Living Strategy includes commitments designed to benefit disabled parents. Please see section 3.2.8 for further details.

**The Review gave much thought to issues such as gender, race, religion and belief, and sexual orientation, that shape the particular experiences and lives of disabled people.**

#### **4.2.6 Race**

The Review made several findings in relation to race:

- disabled people from BME communities share the same difficulties regarding asserting their rights as anyone else, but as a result of inflexible and inappropriate service provision, they encounter additional barriers because of language, isolation, attitudes and stereotypes as well as having to deal with service providers who traditionally exhibit a very limited understanding or awareness of the complex cultural, religious and community relationships that disabled people encounter;
- one of the particular issues identified by many BME disabled people is that they did not know what help was available and that there was a lack of information available in community languages and the failure of service providers to reach into these communities; and,

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<sup>21</sup> HBAI, 2005-06

- the review also received evidence that the concept of independent living is less well understood in some BME communities, where independent living can be translated as “living on your own”.<sup>22</sup>

The Strategy proposes several means of addressing these issues.

- it is anticipated that the communication strategy detailed in section 3.1 will do much to spread the message of independent living to independent living practitioners so that they are able to incorporate the message into the services that they provide;
- it is planned that the Independent Living Strategy Consultation will reach out to the BME population, please see section 5 for further details. Although the Review involved some disabled people from BME communities and their organisations, it was recognised that further work is needed to ensure that the Independent Living Strategy tackles discrimination and promotes equality;
- the consultation on the Strategy will focus in particular on identifying the issues for BME communities, seeking means of involving them in the monitoring and implementation of the Strategy; and,
- the consultation will seek to ensure that religious requirements are met, any financial barriers that may hinder participation in the consultation events are considered and BME participants are helped to feel at ease during the consultation events so that the traditional barriers to BME participation in government policy development are diminished.

#### **4.2.7 Religion and Belief**

The Review did not identify any specific issues in the context of religion and belief and independent living or around religion and disability. However, there is often a close link between race, religion and belief, and culture and independent living will help people to exercise choice and control over how they live all of their lives, so some of the issues raised in the previous section 4.2.6 may be relevant here.

#### **4.2.8 Sexual Orientation**

The Review found that an important element of independent living is enabling disabled people to develop relationships and have a social life that non-disabled people take for granted.<sup>23</sup>

It is planned that the Independent Living Strategy Consultation will reach out to lesbian and gay people. The consultation on the Strategy will focus in particular on

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<sup>22</sup> ODI, (2007), ‘Independent Living Review Expert Panel Minutes’.

<sup>23</sup> ODI, (2007), ‘Independent Living Review Expert Panel Minutes’.

identifying the issues for lesbian and gay people, seeking means of involving them in the monitoring and implementation of the Strategy.

#### **4.2.9 Gender**

Disabled women experience particular disadvantages, for example they can experience barriers in accessing maternity and ante natal services, and social care services often fail to take account of their parenting role.<sup>24</sup> The review examined the particular barriers experienced by disabled parents. The majority of older people and carers are largely women so the positive impact of the Independent Living Strategy is likely to be disproportionately greater for this group.

It is planned that the Independent Living Strategy Consultation will reach out to disabled parents and female carers. The consultation on the Strategy will focus in particular on identifying the issues for the groups mentioned immediately above, and seeking means of involving them in the monitoring and implementation of the Strategy.

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<sup>24</sup> Morris, J., (1996), 'Encounters with strangers: Feminism and Disability'.

# 5 Further Action

## 5.1 Monitoring Progress

A key element of the Independent Living Strategy is to measure progress against outcomes detailed in Annexes A and B of the Strategy. This information will be published as part of the ODI annual reporting process.

In addition, the need for further research and analysis will be considered during the course of monitoring progress on the five year Strategy. The ODI will work with the Government Equalities Office and the Equalities Data Review to agree how best to capture information across all the equality strands, including through dis-aggregation of data at a local level where possible.

## 5.2 Activities

A major concern emerging from the assessment is the lack of statistical data, published research evidence for some equality groups and in particular, for BME groups and those with multiple impairments (complex needs). There has also been less engagement with some of these groups as part of the developing the Strategy.

The consultation on the Strategy will focus in particular on identifying the issues for these groups to ensure that full equality impact assessments can be completed on all elements of the Strategy.

### 5.2.1 Race, Religion and Belief

Key activities may include:

- organising pre-event workshops/consultation events to be led by BME disabled people or organisations to provide an opportunity for BME disabled people to engage in a familiar setting to discuss disability issues. The information gathered will be used to tailor the content of the event itself;
- using community media to promote independent living using BME community leaders and opinion formers to engage seldom heard groups;
- providing a short summary of independent living work in community languages on the website to ensure reaching disabled people who need information in community languages; and,

- outreach work to reach BME and hard to reach groups using existing community networks, events, festivals etc.

### **5.2.2 Sexual Orientation**

Key activities may include:

- organising pre-event workshops/consultation events to be led by members of the lesbian and gay community to provide an opportunity to spread the independent living message and sound out ideas of reaching out to the disabled lesbian and gay community.

### **5.2.3 Gender**

Key activities may include:

- further investigation into the effects of disability according to gender to identify focus groups that we can reach out to and include in the consultation events.

### **5.2.4 Additional**

We would welcome comments on this equality impact assessment in taking forward the Independent Living Strategy. We will regularly review this impact assessment as part of monitoring progress on the independent living Strategy.

## 6 Annex A: EIA Independent Living Strategy commitments

This table sets out the individual policy commitments in the Strategy and indicates whether an equality impact assessment is required or where one has already been completed.

No.	Policy area	Lead dept	Equality impact Assessment required
1.	Communications		
1.1	Awareness building and attitude changing programme to create support for an independent living approach	ODI	√ (to be developed alongside Strategy – one EIA to cover all 5 commitments)
1.2	Communicate independent living messages to practitioners	ODI with cross-govt input	√ (as per 1.1)
1.3	Communication materials for practitioners	ODI lead	√ (as per 1.1)
1.4	Communicate independent living messages to users and potential users of services and carers	ODI lead with cross-govt input	√ (as per 1.1)
1.5	Focus on specific communication needs of different groups of disabled people, including BME communities and older people	ODI	√ (as per 1.1)
2.	Action and Learning sites and Regional Initiatives		
2.1	Scoping work for two initiatives: 1. Action and Learning Sites to demonstrate the redeployment of resources	ODI	N/A

No.	Policy area	Lead dept	Equality impact Assessment required
	from professional assessment and care management to user-led support, advocacy and brokerage		
2.2	2. A regional initiative to demonstrate the efficacy of investing in independent living for older disabled people in care or at risk of moving into care	ODI	√ (to be developed alongside Strategy)
2.3	Following on from scoping exercise, decisions will be made concerning the design of, and investment in, the Action and Learning sites and Regional Initiative	ODI/ DH	√ (new)
3.	Housing		
3.1	Increase the provision of housing advice and information	CLG	√ (to be developed alongside Strategy)
3.2	Update Lifetime Homes standard and the Code for Sustainable Homes	CLG	Completed
3.3	Lifetime Homes Standards and the private sector	CLG	to be done by 2012
3.4	Accessible Housing Registers	CLG	√ (existing policy)
3.5	Investment to provide rapid response repairs and adaptations services	CLG	Completed
3.6	Early intervention	CLG	√ (existing policy)
3.7	Disabled Facilities Grant	CLG	√ (existing policy)
3.8	Supporting People	CLG	√ (existing policy)
4.	Transport and Mobility		

No.	Policy area	Lead dept	Equality impact Assessment required
4.1	Evidenced-based strategies for enhancing personal mobility options and transport choices for disabled people	DfT	√ (existing policy)
4.2	Training of transport providers	DfT	√ (existing policy)
4.3	Information and confidence training for disabled people	DfT	√ (existing policy)
4.4	Local transport plans and accessibility planning	DfT	√ (existing policy)
4.5	Stakeholder engagement including a specific focus on harder to reach groups	DfT	√ (existing policy)
5.	Health		
5.1	Education and awareness programme for NHS staff on increasing choice and control and on the Disability Equality Duty	DH	√ (existing policy)
5.2	Expert Patient programmes and self-management – increasing take-up of existing programmes and developing new approaches that work for disabled people (including older disabled people)	DH / OTS	√ (existing policy)
5.3	Choice and control and continuing health care	DH	√ (to be developed)
6.	Employment and wellbeing		
6.1	Action to improve specialist employment support services for disabled people	DWP	√ (to be developed alongside Strategy)
6.2	Cross-government national strategy aimed at enabling people to remain in employment when they acquire an impairment or their condition worsens	DWP	√ (existing policy)
6.3	Increase access to volunteering opportunities for disabled people	OTS	√ (to be developed alongside Strategy)
6.4	Participation in public and civic life	DWP/DH	N/A

No.	Policy area	Lead dept	Equality impact Assessment required
6.5	Investigation of impact of reforms to the benefit system, employment support programmes and charging policies within adult social care	ODI	√ (to be developed alongside Strategy)
6.6	Charging and residential care	DH/DWP	√ (to be developed)
6.7	The role of Disability Living Allowance and Attendance Allowance in supporting independent living	DWP	√ (to be developed alongside Strategy)
7.	Personalisation, choice and control		
7.1	Social care modernisation programme and Individual Budgets	DH / ODI	√ (existing policy)
7.2	Work with In Control Total and ensure that this initiative is linked in with the year Strategy	ODI	N/A
7.3	Continue to encourage and monitor take-up of direct payments by adults, particularly amongst currently under-represented groups	DH	√ (existing policy)
8.	Support, information, advocacy, and brokerage		
8.1	Support local organisations to develop local action plans for the mapping and provision of support, advocacy, information and brokerage services	CLG / DH	√ (existing policy)
8.2	Commission a scoping study to assess the need for, and the costs and benefits of providing, independent advocacy when disabled people are particularly at risk of losing choice and control	ODI	N/A
8.2.1	Subject to scoping study, commission research	ODI lead	√ (to be developed alongside research)
8.3	User Led Organisations	DH	Completed
8.4	National Advocacy Qualification	DH	√ (to be developed alongside research)
9.	Older disabled people		
9.1	Develop cross government toolkit to assist development of local IL strategies for older people	ODI and Cross govt –DH/CLG/	√ (new policy)

No.	Policy area	Lead dept	Equality impact Assessment required
		DWP/ DfT/ ODI	
10.	Transition to adulthood		
10.1	Transition between children's and adults' services	DCSF/DH	N/A
10.2	Deliver the transition support programme for 14-19 as proposed by the HMT / DfES report 'Aiming High for Disabled Children' including children with complex health care needs	DH/ DCSF	√ (existing policy)
10.3	Delivering the cross-government Strategy for post 16 learners with learning difficulties / disabilities	DWP/DIUS/DH/ DCSF	√ (existing policy)
10.4	Public consultation on specialist disability employment programmes for disabled people who have complex barriers to enter and retain employment	DWP	√ complete
10.5	Reduce the proportion of young people aged 16-18 who are not in education, employment or training.	DCSF/DWP	√ (existing policy)
10.6	Support disabled young people to become independent users of transport	DfT	√ (existing policy)
10.7	Meeting the housing needs of young disabled people	CLG/DCSF	√ (existing policy)
10.8	Support young people to become active members of their local community	CLG	√ (new policy)
10.9	Scoping study on individual budgets for disabled children and young people	DCSF	√ (existing policy)
11.	Disabled parents		
11.1.1	Promote good practice: SCIE resource guide	DH/SCIE	√ (new)
11.1.2	Promote good practice: Pathfinders	DH/SCIE/DCSF	√ (existing policy)
11.2	Involve disabled parents in all activities relating to supporting families	DH / DCSF / SCIE	√ (existing policy)
11.3	Work with government departments to help the policies to tackle child poverty and unemployment address the needs and circumstances of families affected by parental disability	DWP	√ (to be developed alongside Strategy)
12.	Monitoring and Legislation		

No.	Policy area	Lead dept	Equality impact Assessment required
12.1	Report on the Independent Living Strategy as part of the ODI annual reporting process	ODI	N/A
12.2	Life Chances Departments will review progress in time for the next Spending Review and performance framework whether further action to deliver outcomes is needed	Cross- govt	N/A
12.3	Government will review the need for legislation if sufficient progress has not been made against the outcomes by 2013	DH/ODi	N/A



