

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Learning disabilities and behaviour that challenges: service guidance

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

The following characteristics were identified from the related guidance on the prevention and interventions for people with learning disabilities and whose behaviour that challenges and will be relevant for this review.

Ethnicity

- access for those from minority ethnic groups and older adults

Age

- a higher prevalence of restraint with young males
- access issues for older adults

Degree of disability

- needs of those with profound disabilities, particularly individuals who are non-verbal
- support for language skills both for those who have low verbal ability and those service users, families and carers who may have difficulty with English

Socio-economic status

- potential impact of socioeconomic status on early intervention from lack of funds/funding support

Religion or belief

- specific issues in relation to religion that may impact on the challenging behaviour of older children and young people

Sexual orientation

- Older children and young adults may have specific issues relating to sexual orientation that may impact on challenging behaviours

Other

- needs of those within the criminal justice system

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

People with dementia who demonstrate behaviour that challenges as a result of the dementia are excluded from scope as this population is likely to be covered in another NICE guideline.

Completed by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

Yes, stakeholders disagreed that people with a learning disability and behaviour that challenges that may be attributed to dementia should be excluded from scope as they would be as likely to experience the same difficulties as people with a learning disability and behaviour that challenges that is not attributed to dementia, and may face additional challenges to access due to their condition (which relates to disability - a protected characteristic). It was noted that a diagnosis that may explain the behaviour that challenges prior to admission to a treatment and assessment centre would not necessarily be known or relevant to a service model guideline.

Stakeholders also pointed out that people with learning disabilities and who also experience sensory impairment may find it more difficult to express their needs which may result in increasing behaviour that challenges. As sight and hearing problems occur at much higher rates in people with learning disabilities compared to the general population this is of particular issue for the population in this scope. One stakeholder pointed out that “communication and social inclusion are important aspects of valuing and supporting people with learning disabilities to lead as comfortable and participatory lives as possible.” Which may be made difficult if people do not have access to hearing aids or spectacles.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

In response to stakeholder comments the scoping group agreed that people with dementia with a learning disability and behaviour that challenges would be in scope of this guideline.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

Yes, an alternative version of the 'Information for the Public' document: 'Easy read' versions for people with learning disabilities or cognitive impairment is recommended.

Updated by Developer _____Jonathan Senker (Chair) _____

Date _____21.10.15_____

Approved by NICE quality assurance lead _____

Date _____

3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Equality and diversity issues have been considered throughout the development of the guideline. More specifically the Guideline Committee has addressed the equality and diversity issues identified in the scope in the following ways:

Ethnicity, religion or belief

The Guideline Committee recommended that support should be given that respects people's cultural, religious and sexual identity (1.2.3). The Committee reviewed the evidence that knowing and navigating services were a barriers to black and minority ethnic families and from this made a recommendation that staff should have the skills, knowledge and qualities they need to support people, this includes understanding and respecting the person's faith, culture, identity and values (1.9.1). This was also relevant when people were planning respite care, when a person would stay at another residence or unit for a short break. The Guideline Committee recommended that respite care staff should understand and respect people's cultural norms and values (1.7.2). The guideline also recommends that when a person needs to go into hospital then services should support people maintain links with family, friends and community, including members of the person's religious community (1.8.6).

Age

Age was given as a factor that could impact on good care in that, during transitions, services often stopped before new service were put in place, and planning for services was generally reactive rather than proactive. The Guideline Committee reviewed the evidence that a lack of knowledge of people in the community who are likely to need service in the future was a barrier to planning ahead. The Guideline Committee recommended that local areas should develop local services for people with a learning disability and behaviour that challenges based on local need, and that services should address the needs of different age groups but also take a 'whole life' approach to planning (1.1.5). Services for children and young people were also given

consideration within the guideline (section 1.6).

Degree of disability

The guideline made the recommendation that to enable person-centred care, support should be given that takes into account the severity of the person's learning disability, their developmental stage, and any communication difficulties or physical or mental health problems (1.2.3), in line with the recommendations in the Clinical Guideline (NG11).

Degree of disability is also considered in the recommendations about developing community capacity. The recommendation states that 'Local authorities and clinical commissioning groups, acting through the single lead commissioner, should provide a range of services in the community for people with a learning disability and behaviour that challenges should be able to cater for lower level needs up to intensive, complex or fluctuating needs' (1.4.1). A further recommendation states that 'make sure planning and delivery is based on an assessment of the likely current and future local service needs for people with learning disabilities and behaviour that challenges from population prevalence rates of children, young people and adults with learning disabilities, together with known data on the proportion of this population who are likely to have different types of challenging behaviour' (1.1.5)

People with learning disabilities and highly complex needs are likely to be few in number in any one neighbourhood. People with highly complex needs are at greater risk of being sent out of area for specialised care, often far from home. The reason given for this is that it is not cost effective to commission services for such small numbers of people locally. The Guideline Committee made a recommendation that local authorities and clinical commissioning groups, acting through the single lead commissioner should consider jointly commissioning the most specialised behaviour support services across areas for people with particularly complex needs to prevent people being sent far from home (1.1.2, 1.1.3).

Socio-economic status

The Guideline Committee considered the economic impact on families of having a child in a residential placement and made the recommendation that local authorities

and clinical commissioning groups should take into account in local authority contracts that some families may need financial support to help them see their child and for their child to come and visit them (1.6.7).

Sexual orientation

We did not identify any research evidence related to sexual orientation that may impact on challenging behaviours. However the Guideline Committee made a consensus recommendation that people's support should be such that it respects their cultural, religious and sexual identity (1.2.3).

People in contact with the criminal justice system

The review found a good amount of evidence that related to people with learning disabilities and behaviour that challenges who have come into contact with or were at risk of coming into contact with the criminal justice system and these recommendations formed a key part of the service model.

The Guideline Committee reviewed the evidence that people with mild learning disabilities were at greater risk of being involved with the criminal justice system and unknown to community learning disability services. The Committee made the following recommendations about meeting the needs of people with learning disabilities and behaviour that challenges who have or are at risk of coming into contact with the criminal justice system. Make sure planning and delivery: is based on an assessment of the likely current and future local service needs for people with learning disabilities and behaviour that challenges that have different types of challenging behaviour and makes use of other sources of information, such as records of referrals from liaison and diversion teams, youth offending teams and police. (1.1.5) Local areas should develop their local capacity by providing a range of services including for people in contact with, or at risk of contact with, the criminal justice system (1.4.1, 1.4.11).

The guideline also recommends that community learning disability teams should refer to appropriate specialists, such as community forensic teams, as soon as possible if risky or offending behaviour develops to reduce the likelihood of this behaviour from repeating (1.4.5). In order to identify people at risk of being involved

with the criminal justice system and not diverted to more appropriate care, community learning disability teams should maintain good communication and links with the police and liaison and diversion teams so that they can advise on assessments of vulnerability, particularly for people with mild or borderline learning disabilities who may otherwise not be identified as vulnerable. (1.4.6)

The Guideline Committee reviewed the evidence that there was a lack of provision of low and medium secure placements for people in their local area, which meant some people were being sent out of area, often far from home. The guideline made the recommendation that people with learning disabilities who are subject to, or eligible for, a forensic community rehabilitation order or a community treatment order should be supported to live in the community and in the least restrictive setting. They should be found a place to live as close to home as possible, supported by community forensic teams (1.4.12).

The Guideline Committee reviewed the evidence that people with learning disabilities who were subject to a control order in the community, often felt isolated and missed the community of the hospital. The Guideline Committee made the recommendation that community forensic teams should stay in frequent contact with the person they are supporting, to help them to build and maintain social links in their community.

1.4.13

People with learning disabilities and behaviour that challenges and who are in contact with the criminal justice system could be at risk of falling between services. The Guideline Committee made the following recommendations: that forensic learning disability teams and probation services should work together to agree who is best able to support the person in meeting the requirements of their treatment or rehabilitation order (1.4.14). Forensic learning disability services, mental health, learning disability and social care services should establish close links with each other (1.4.15). In order to recognise and refer appropriately to forensic services, commissioners should plan for and resource training among service providers who provide day to day support to people with a learning disability and behaviour that challenges who are at risk of offending (1.9.4).

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

People with communication difficulties, non-verbal communication.

People with communication difficulties, or whose communication is not verbal were identified as a group that may be at greater risk of poor outcomes. In response the Guideline Committee ensured that speech and language professionals were referred to in the recommendations that talked about different staff and skills required (1.2.7).

The guideline made the recommendation that support should be given that takes into account the severity of the person's learning disability, their developmental stage, and any communication difficulties or physical or mental health problems (1.2.3). This is in line with the recommendations in the Clinical Guideline (NG11).

The Guideline Committee also recommended that local authorities should ensure that parents and carers of children and young people and adults with a learning disability and behaviour that challenges have support to care for that person from the following specialist services: speech and language therapy (1.3.1). Local authorities and clinical commissioning groups, acting through the single lead commissioner, should ensure people can get support through their team from: speech and language therapists (1.4.3).

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Where equalities issues were discussed, they are reported in the LETR tables in the full guidelines under 'other considerations'.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The Guideline Committee have ensured that their recommendations do not make access to health and social care services more difficult. Recommendations 1.4.1 and 1.4.2 relate to developing community capacity aim to improve access to services locally rather than out of area for this specific group. Recommendations 1.1.5 and 1.1.6 relate to planning and delivering services according to local need aim to develop services based on local need and provide a single care pathway and point of access for people accessing services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The Committee has sought to ensure that the recommendations do not have an adverse impact on people with learning disabilities. The guideline aims to improve care for this population.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

The Committee has made a number of recommendations which seek to address equalities issues. These are detailed in section 3.1 above.

Completed by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Updated by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____

5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

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Approved by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____