

Equality Impact Assessment Tool: Policy, Strategy and Plans
(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Relationships & Sexual Wellbeing

A Policy and Practice Guidelines for those who work with People with Learning Disabilities

For
Glasgow City Council Social Work Services
And NHS Greater Glasgow and Clyde

2011

Please tick box to indicate if this is: **Current Policy, Strategy or Plan** **New Policy, Strategy or Plan**

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

Introduction

This updated policy provides a framework within which those staff working with adults with learning disabilities can work together to ensure that the rights and responsibilities of adults in their care, in line with their capacities, are developed and upheld in relation to sexual health and relationships. It is intended to support and offer guidance to staff and carers in this complex and often difficult area. The update has been undertaken following recent changes in legislation including equalities legislation such as the Equality Act 2010 and the Adult Support and Protection (Scotland) Act 2007.

All individuals with a learning disability have the right to explore and express their sexuality and to have positive relationships. Glasgow City Council and NHS Greater Glasgow and Clyde are fully committed to providing access to high quality services, which enables individuals with a learning disability to reach their fullest potential in life including the important areas of sexuality, positive relationships and sexual health and wellbeing.

The emphasis of this work will be to consistently build the information, skills and resources of adults to enable them to achieve a positive state of wellbeing whilst simultaneously recognising and addressing the fact that adults with learning disabilities face considerable challenges in doing so both in terms of their vulnerability to abuse and also in terms of their experience of discrimination and exclusion.

This policy will be implemented in conjunction with other relevant sexual health and social care legislation, policies and guidance. Implementation will take cognisance of the various strategies affecting the care, welfare, education and ongoing support of adults with learning disabilities.

This policy was first developed and implemented in 2005. It was the result of a needs assessment, which took place with adults with learning disabilities, their parents and unpaid carers, and staff working to support them in a range of services. From the needs assessment a working group of staff from both Health and Social Work Services developed the original policy document.

A working group from both organisations has updated this version in the light of subsequent legislation, policy, significant reorganisation of services and research evidence.

3 Lead Reviewer

Isla McGlade Clinical Team Leader NHS GGC Learning Disability Services
Nicky Coia Principal Health Improvement Officer - Sexual Health NHS GGC
Lorna Durie Senior Officer Adult Care Glasgow City Council
Glasgow ACE members
Enable Glasgow members

4. Please list all participants in carrying out this EQIA:

Isla McGlade Clinical Team Leader NHS GGC Learning Disability Services
Nicky Coia Principal Health Improvement Officer - Sexual Health
Lorna Durie Senior Officer Adult Care
Glasgow ACE
Enable Glasgow

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5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality		
Yes, this approach was taken throughout the writing process both in the original 2005 and again in the updated version.		
B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?		
		Source
All	The policy works to facilitate a rights based approach to social justice and inclusion for people with learning disabilities with a particular focus on the aspects of their lives associated with relationships, and sexual wellbeing.	<p>The Same as You? Scottish Executive (2000)</p> <p>NHS Health Scotland (2004) Health Needs Assessment Report: People with Learning Disabilities in Scotland, Edinburgh.</p> <p>NHS GG&C Learning Disability Health</p>

		Needs Assessment (2011)
Gender	<p>Issues surrounding gender are broadly similar to the non learning disabled population. GBV is a particularly key issues with Childhood sexual abuse for boys ranging from 16-38% and for girls 33-68% National Health Needs Assessment 2004. We have no accurate figures for adults with Learning Disabilities but figures are thought to be significant. Differing from non LD Population of a 50-50 male to female ratio, there is a 60-40% split of male to female people with a learning disability. In some instances issues more usually associated as disproportionately affecting women such as aspects of GBV and Forced Marriage have been recognised as affecting men as well as women.</p>	<p>NHS Health Scotland (2004) Health Needs Assessment Report: People with Learning Disabilities in Scotland, Edinburgh.</p> <p>NHS GG&C Learning Disability Health Needs Assessment (2011)</p>
Ethnicity	<p>The are difficulties experienced by BME people in terms of explicit racism and more implicit or hidden discrimination or barriers through issues like language/communication support. The relationship between ethnicity and moderate to profound LD is unclear. The HNA states “ If socioeconomic deprivation has no effect on the prevalence of moderate to profound LD, then the main mediators by which ethnicity might be linked to increased rates of LD would be via consanguineous marriage or biological factors such as iodine deficiency, which is the commonest cause of LD in the developing world. However, a small number of studies in 1993 and 1998 do link socioeconomic deprivation with severe</p>	<p>The Same as You? Scottish Executive (2000)</p> <p>Health Needs Assessment for PWLD in NHSGGC 2011 Baumeister A.A.,</p>

	<p>LD in which case socioeconomically deprived ethnic minority groups will have additional reason to experience higher prevalence rates of severe LD.</p>	<p>Kupstas F.D. & Woodley-Zanthos P. (1993). <i>The New Morbidity: recommendations for action and updated guide to state planning for the prevention of mental retardation and related disabilities associated with socioeconomic conditions</i>. SCDD Online Library. 40 Bacharach V.R. & Baumeister, A.A. (1998). Direct and indirect effects of maternal intelligence, maternal age, income, and home environment on intelligence of preterm, low-</p>
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		birth-weight children. <i>Journal of Applied Developmental Psychology</i> , 19 , 361-375.
Disability	<p>People in Glasgow with learning disabilities live their lives facing difficulties on account of their disability or due to disability discrimination.</p> <p>For example, a non-disabled person in Glasgow may find that s/he has gaps in basic information about the changes associated with puberty. S/he may have a parent or carer who might feel embarrassed to talk about these issues, not have the right information, or be worried about the timing of providing this information. The young person's teaching at school may not cover this set of issues and so the young person would need to try and source the information themselves perhaps using the internet.</p> <p>For a young person with a disability the same dynamic may be in place with a parent or carer facing the same feelings. In addition, many parents of disabled people face such challenges as sourcing appropriate information resources or in some cases a belief that their child cannot handle this kind of information; or that it will "open a can of worms" when they believe these matters are not relevant for their child. The young person may similarly not receive the right information in school or information may not be presented in ways s/he can understand it. Similarly, it will be more difficult for the young person to source information privately and then find information in a format that s/he can understand.</p> <p>By extension it seems likely that people with learning disabilities will face extra barriers as they become adults, to all aspects of having the right information, skills, values, resources or opportunities to form peer groups that is required to have a positive sense of sexuality, sexual health and wellbeing.</p>	<p>The Same as You? Scottish Executive (2000)</p> <p>NHS Health Scotland (2004) Health Needs Assessment Report: People with Learning Disabilities in Scotland, Edinburgh.</p> <p>NHS GG&C Learning Disability Health Needs Assessment (2011)</p>
Sexual	People with LD have different sexual orientations and therefore will experience the same	

Orientation	challenges through discrimination as the non LD population but more often may be hidden and unacknowledged.	
Religion and Belief	It is recognised that in our society individuals and groups can be discriminated against on the basis of their religious beliefs and cultural values. Cultures and religions have differing sexual norms. It is important to remember that in all religions and cultures there are a range of views and values held by families and individuals, carers and staff	
Age	<p>This area of policy work does not apply to children whose care is provided in different service areas. People with Learning Disabilities for the first time are living longer often with conditions that are more complex and multiple health needs. We are recognising this change within the policy and a section is detailed in relation to this group.</p> <p>Current policy thinking as described in the Christie Report, underlines the importance of considering age in an overall community inclusion approach.</p>	<p>Holland A.J., Benton M. (2004). Ageing and its consequences for people with Down's syndrome: A guide for parents and carers. Published by Down's Syndrome Association, Teddington.</p> <p>Satge D.& Sasco A.J. (2002) A reduced breast cancer incidence in Down syndrome. Have screening guidelines to be</p>

		adapted in this population? British Medical Journal, 324, 1155.	
Social and Economic Status	People with LD are often unable to work (or are not provided with the correct quality of support, supported opportunities to enter the workplace or the length of time the support can be offered for) and may require constant care, often provided by parents/carers. This often results in families being dependant on welfare and experiencing significant financial constraints. This can affect the ability of individuals to pursue the same social and leisure activities and develop social networks that non-disabled people take for granted. This in turn limits the relationship opportunities for individuals.	NHS Health Scotland (2004) Health Needs Assessment Report: People with Learning Disabilities in Scotland, Edinburgh. NHS GG&C Learning Disability Health Needs Assessment (2011)	
C Do you expect the policy to have any positive impact on equalities or on different equalities groups?			
	Highly Likely	Probable	Possible
General	Yes the policy has at the outset a detailed section specifying the implications for people with protected characteristics.		
Gender	There are sections on gender		

	<p>sensitive practice, gender based violence and transgender issues. This provides staff with guidance on best practice in relation to these issues.</p>		
Ethnicity	<p>The policy includes specific sections on ethnicity and avoiding cultural assumptions. The policy raises awareness of specific issues such as forced marriage and FGM.</p> <p>This provides staff with guidance on best practice in relation to these issues.</p>		
Disability	<p>The whole policy is specific to the needs of people with learning disabilities with references throughout to issues for people with multiple and complex needs.</p> <p>This provides staff with guidance on best practice in relation to these issues.</p> <p>An accessible version of the policy</p>		

	is also being prepared in conjunction with people with learning disabilities.		
Sexual Orientation	The policy has specifically considered and described issues relating to sexual identity including the likelihood that some staff may not identify or acknowledge this, and offering guidance on responding sensitively to these issues.		
Religion and Belief	There is a section on religion and belief, however many of the issues are similar to those in relation to ethnicity so in the policy these have been framed together.		
Age	<p>The policy includes a section on the growing needs of people as they grow older and some specific indicators of ill health that staff should be vigilant to.</p> <p>The policy has been framed in similar ways to other GCC policy documents for sexual health including the one for Looked After and Accommodated Children and similar to this policy it has referenced transition issues with</p>		

	<p>reference to teenagers moving into adult services.</p> <p>The policy specifically seeks to encourage staff to avoid the assumption that older adults do not have sexual feelings.</p>		
Social and Economic Status			During this process we have noted that reference to social and economic status is not as strongly referenced as it was in the previous 2005 version of the policy.

D Do you expect the policy to have any negative impact on equalities or on different equalities groups?			
	Highly Likely	Probable	Possible
General			There is the potential for practice guidance to raise difficult issues in relation to individuals rights and the concerns that some families may have in term of their values and attitudes. This may be focussed on religious beliefs.
Gender			No
Ethnicity			No
Disability			No

Sexual Orientation			No
Religion and Belief			
Age			No
Social and Economic Status			No

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E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy	Section on Socio economic status to be included in section 3	
E2 action to compensate for identified negative impact	The policy includes guidance on managing disagreement with family members on approaches to Relationships learning opportunities. This includes the practice of issuing the accessible policy for all the family to consider and underlining individuals rights to make informed decisions.	
E3 Further monitoring – potential positive or negative impact	The impact of the policy will be monitored through the experience and feedback of staff during training and feedback from staff in terms of their ongoing practice. It is intended to re-establish and continue the Relationships groups for people with learning disabilities following the policy implementation and these groups will be monitored and in due an evaluation will be undertaken.	
E4 Further information required		

6. **Review: Review date for policy / strategy / plan and any planned EQIA of services**

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Lead Reviewer: Name: Isla McGlade
Sign Off: Job Title Clinical Team Leader NHS GGC Learning Disability Services
Signature I McGlade
Date: 7th December 2011

Please email copy of the completed EQIA form to alastair.low@ggc.scot.nhs.uk

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