Comprehensive Area Assessment

Equalities Impact Assessment of the second trial stage of Comprehensive Area Assessment

February 2009
Equalities Impact Assessment

1 This document sets out how the inspectorates provide assurance that local public services, working in partnership, are addressing the needs of their diverse communities. To do this we are carrying out an Equalities Impact Assessment (EIA) of Comprehensive Area Assessment (CAA) as is required by our equalities legal duties.

2 The EIA principle agreed by the joint inspectorates is that CAA teams will look for evidence of how well public services are meeting the needs of equality groups and will report where we find evidence of poor outcomes for these groups that are not being robustly addressed by the public bodies in the area.

3 The EIA process for CAA is an ongoing one which tests out at each stage of the development of CAA how well we have assessed and reported equalities issues.

4 This document reports on our findings after our second trialling stage of developing CAA. It sets out how we will amend our approach to year one of delivering CAA based on our learning so far about what works and what needs to be improved.

5 Following the publication of the CAA reports in year one, the inspectorates will publish a third report which will set out our evaluation of how effective the EIA principle was delivered in practice. We will use this evaluation to inform the delivery of CAA in year two.

Our vision and commitment

6 Comprehensive area assessment aims to stimulate continuous improvement in the way local public services are run and the outcomes they deliver to communities. The approach to developing CAA must ensure that inspectorates promote equality and diversity both within our inspectorates and through our work with public services and the public.

7 Each of the inspectorates has a strong commitment to diversity, equality, human rights and focusing on service users. This commitment is based not only on legal obligations to ensure equal opportunities, but more importantly is good practice and helps to create an inclusive local environment and stronger communities. Undertaking the EIA will help to ensure that CAA promotes equality of opportunity and positive attitudes to and good relations between different groups.

8 Our approach to equality impact assessment for CAA was jointly developed and agreed by the inspectorates and published in early 2008. It is available at www.audit-commission.gov.uk/caa/equalityimpactassessment.asp.

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1 The inspectorates responsible for developing and delivering CAA are: Audit Commission; the Commission for Social Care Inspection (CSCI); the Healthcare Commission; HM Inspectorate of Constabulary; HM Inspectorate of Prisons; HM Inspectorate of Probation; and, the Office for Standards in Education (Ofsted). In April 2009, the Care Quality Commission will take over from the Commission for Social Care Inspection, Healthcare Commission and Mental Health Act Commission. In this framework document, \'we\' refers to these inspectorates.
How we will assess equality impacts in CAA

9 The approach to considering equality and diversity issues was considered at the outset of developing CAA. It was agreed that the most effective way to consider equality and diversity is to look at how well public services are meeting the needs of the diverse groups within communities. This will focus on whether groups and individuals who can experience discrimination and disadvantage receive equitable outcomes from their local public services. By diverse groups we mean: disabled people; black and minority ethnic groups; older and younger people; gay, lesbian, bisexual people and people of transgender; women and men; and people who hold religious or other belief systems. We will assess whether local services address citizens’ human rights. Our assessments will recognise the different nature of diversity in different places.

10 To meet with the overall requirement of CAA to focus assessment and regulation on areas where there is a need to improve performance, the approach to considering equality outcomes for diverse groups will consider the evidence of poorer outcomes. If we find that outcomes delivered are less equitable for some groups and individuals in areas and the local public bodies are not seeking to address this, then we will identify this in our assessment and highlight the need for further action to investigate and address the causes.

Amendments made for the trial stage

11 The key improvement area emerging from the first ‘action learning’ stage for CAA was that we needed to develop a more structured approach to identifying inequitable outcomes for diverse groups.

12 To enable this to happen for the second trial stage the inspectorates collated the data and intelligence available in the public domain about poorer public service outcomes for groups and individuals who can be subject to discrimination and disadvantage. The objective set for the trial stage was to improve the information that we provide for our teams about inequitable service outcomes for different groups/communities in areas. This was supplemented by other evidence gathered locally by teams.

13 We also looked to map where information about outcomes for groups and individuals who can experience discrimination and disadvantage was hard to find. For instance; many of the indicators in the National Indicator Set do not give detailed demographic information. Gaps in information available in the public domain will lead to a closer focus on what the Local Strategic Partnership (LSP) has done to understand the needs of diverse communities in areas where there is little available information.

14 The trial teams were asked to look for evidence of how well inequitable service outcomes were being addressed by the local public bodies through local strategic partnerships, what actions they are taking to address these poor outcomes and whether they have ensured that there are sufficient resources and capacity to deliver improvements. Where we found that either the poor outcomes have not been identified or there are
inadequate plans in place to improve services, then this was to be highlighted in the trial reports.

15 Information about poorer public service outcomes for groups and individuals who can be subject to discrimination and disadvantage was considered by the trial teams under each of the three key questions.

- Question 1. How well do local priorities express community needs and aspirations?
- Question 2. How well are the outcomes and improvements needed being delivered in the following areas?
- Question 3. What are the prospects for future improvement?

**Key issues emerging from the second trialling stage**

16 Overall our evaluation of how well this amended approach worked in the trial sites is that the EIA approach is successful and we will adopt this for the first year of CAA. The more structured approach undertaken in the trial stage worked and enabled the trial teams to focus on and highlight inequitable outcomes that were not being effectively addressed by the local strategic partners.

17 Our evaluation of the work of all the trial teams has helped us to understand how we can improve guidance and training to support the delivery of the agreed EIA approach in year one of CAA. There are three key areas where the joint inspectorates will improve the support, information and guidance available to area teams.

- Mapping the Gaps. Undertaking research to give area teams a clear picture of where there will be gaps in information on outcomes for diversity groups. The evidence of service outcomes for different diversity groups varies. For instance, only some of the national indicators require that AIBs report on performance by demographic breakdown and there is no process for reporting on service outcomes for the Lesbian, Gay, Bi-sexual and Transgender communities and individuals. Knowing where there will be gaps in evidence will be just as informative for area teams as evidence of poor outcomes, as this will prompt them to look for evidence of how the LSP has addressed these gaps in knowledge. If there is limited information available and the LSP has not moved to fill this gap in their intelligence then this will help us make a judgement about their effectiveness in addressing inequality.

- Developing guidance for area teams on assessing how effectively LSPs engage with diversity groups and especially groups and individuals more marginalised and seldom heard. We will base this guidance on the contributions of our external diversity stakeholders. The guidance will stress the importance of area teams not attempting to carry out this engagement work themselves where an LSP has not addressed this. Working with marginalised and seldom heard groups is a specialist area that requires time and trust to build effective relationships which we will not have the capacity to address. Where
the area team find evidence of a lack of engagement with these groups then this will be the judgement reached.

- Training and advice for the area teams. As part of conducting the EIA of CAA the joint inspectorates have identified that making negative judgements about diversity and equality is an area where staff can feel they lack expertise and confidence. The joint inspectorates will develop a package of training and briefing to support the area teams in making these judgements.

18 We consulted with our external stakeholders about the outcomes from the trial stage and the findings of these meetings are set out in Appendix one below. We will use their feedback as the basis for training, guidance and briefing for area teams. A key issue that they raised with the joint inspectorates was their dislike of the term ‘people made vulnerable by their circumstances’. It was felt that this may dilute the focus on issues of discrimination and also suggested that the individual was part of the problem rather than the inadequacy of public services in responding to people’s needs. As a result of these discussions we will ensure that where we use the phrase ‘people made vulnerable by their circumstances’ we are clear that this is different from groups and individuals most likely to experience discrimination and disadvantage in accessing public services.
Appendix 1 – feedback from external equalities stakeholder meeting

19 We met with our external equalities stakeholders to feed back the joint inspectorate initial findings from the trial stage of CAA which took place over the summer 2008.

20 We held two meetings with our external equalities stakeholders. One with stakeholders from the full spectrum of diversity groups and a further one specifically with disabled people. The feedback from these meetings is set out below.

Disability group consultation for CAA

21 We commissioned an external organisation to arrange and facilitate a meeting with disabled people so that we could seek their direct input into the design of CAA, as required by our legal equality duties. We have set out their views in paragraphs 22 to 33 below.

Judging effective engagement

22 Public organisations invest significant time preparing for inspection, often at the expense of delivery of services. They tend not to invite challenging voices to engage with the process and the constraints of being funded make people reluctant to tell it how it is. It is important for them to engage with disabled people with different levels and types of impairment. However individuals should be prepared to talk about others experience rather than just telling their story. The focus on individual diversity strands fails to recognise the multiple aspects of many people’s identity.

23 In relation to commissioning, equality impact assessments are not being done and there is no enforcement taking place.

24 Too often consultation is part of ticking the box and feedback is minimal. Good feedback should explain what was heard and what has changed as a result. If the organisation or partnership decides it is not going to respond to issues raised it should explain why, and some felt, provide means to challenge the decision. It is important to reach out beyond the usual suspects. The scope of consultation is often limited but participants want the opportunity to explore barriers which impact on their quality of life.

25 A move to involvement throughout the life cycle of projects and working groups would be welcomed – the costs of failing to get service changes right for all residents was highlighted.

Outcomes that matter

26 The key issue is equity of access. Discussion around a number of themes highlighted general issues about inconsistency, dignity, underlying negative attitudes amongst some officers and piecemeal approaches to assessing equality impacts.

27 In health, the need is to consider the whole patient journey – the experiences and the barriers which people face in accessing service.
Many doctors view disabled people through their impairment, treatment is inconsistent and certain conditions are stigmatised with the fault attributed to the patient.

28 Approaches to equality often focus on neighbourhoods and some organisations fail to recognise that disabled people live within all their neighbourhoods.

29 Benefit entitlement rules (council tax reduction, Disability Living Allowance) are inconsistently applied between places and individual officers. Similarly the criteria for social care entitlement vary between places and individual assessments are inconsistent. The rationing of resources and inconsistent application of eligibility criteria has significant impacts on people’s quality of life. The development of In Control and individualised budgets assumes that individuals have the capacity and ability to manage their own services, and commissioning arrangements may provide only an illusion of choice.

30 Some good services with positive outcomes for disabled people were identified including:
   - exercise on prescription available in four centres across a borough;
   - leisure officers to assist access to council facilities; and
   - health trainers.

31 Transport was problematic for example, the need to book ring and ride service the day before.

32 Housing should be built to Lifetime+ standards across all tenures. There was concern that the provision of adaptations in homes in specific areas meant that disabled neighbourhoods were being created. Planning applications for essential accessibility are treated in the same way as other resident preferences.

33 The principles of inclusive design should be applied to all new buildings – and Part M of the Building Regulations was thought to be inadequate.

Response to issues raised

A theme running through all aspects of the CAA framework and guidance is the consideration of how well local partners know and meet the needs of groups and individuals who are subject to disadvantage and discrimination. This specifically includes disabled people. The joint inspectorates will consider how well local services are meeting the needs of disabled people and whether disabled people are consulted on and involved in the design of services. We will report clearly where their needs are not being met or we have concerns about them being met in future.

Where we find that the LSP has little or no information about service needs or outcomes for disabled people within their area then we will conclude that the LSP has not placed sufficient focus on improving services to meet the needs of these groups and individuals.
Training for the CAA Leads has included engagement and involvement of disabled people. The suggestions for issues to consider and questions to ask identified by disabled people has formed the basis for this training. Further guidance will be developed to assist the area teams. The joint inspectorates would like to thank the disabled stakeholders for their valuable input and assistance.

**General diversity stakeholders consultation**

34 Following the trial stage of CAA the joint inspectorates had identified two key areas which they wanted to discuss with the external stakeholders group:

- What does good engagement by local public services look like from the perspective of people you work with in terms of:
  - understanding their needs and aspirations;
  - the quality and fairness of outcomes they experience; and
  - whether plans for improvements will deliver?
- Defining people made vulnerable by their circumstances. Participants were invited to discuss the definition being used, and advise the joint inspectorates on an appropriate focus for making effective judgments about outcomes for people made vulnerable by their circumstances.

**Judging effective engagement**

35 Participants shared the joint inspectorates’ analysis that data sources are patchy and limited in their capacity to provide evidence about the complexity of needs and aspirations, or of service user experiences. This is complicated by the fact that many users/citizens have multiple identities and fit into more than one ‘equality’ category.

36 Engagement with communities is one way to supplement data. But they also pointed to other sources of evidence and intelligence that could guide service design and local actions.

**Supplementary sources of information:**

37 There was a wide range of ideas and recommendations of the evidence and questions that the CAA teams could ask about an LSPs commitment to understanding their communities needs and aspirations.

- Area teams should assess how much effort has been made locally to disaggregate their data sources – are they learning from others how to tackle this issue? Are they making best use of the data that does exist, or of the opportunities they have to fill in the data gaps?
- There are other sources of evidence about whether partners are rigorous in their approach to defining needs and service quality. The public sector equality duties – specifically Equality Impact Assessments and Equality Schemes, plus the Equality Standard (soon to be the Equality Framework) and other sectoral standards should be interrogated as part of the evidence gathering.
In addition, has the LSP completed an EIA on the Sustainable Community Strategy (SCS) and the Local Area Agreement? Is the SCS ‘equality blind’ or does it commit to narrowing the gap?

How is the LSP monitoring its compliance with the equality legislation, which outlaws discrimination in relation to the provision of goods facilities and services on the grounds of sexual orientation and faith, religion or belief?

LSPs should not wait for ‘perfect data’ before acting. If the evidence is ‘good enough’ then they should be acting on it; and community-led initiatives will generate more information and understanding to guide the development of services.

LSPs should be sharing data sources, and the analytic skills and resources needed to make best use of their collective data. Data in this context means not just statistical information, but also local research and consultation exercises with users and their advocates, monitoring data, complaints and other customer and resident data.

Community engagement: its role in assessing the area

Participants suggested that the joint inspectorates could explore the following issues.

For many community organisations, a lot of pre-engagement work is needed to bring them up to speed with the ways that decisions are taken and how they can be influenced, the significance of the Local Area Agreement (LAA) and LSP, the opportunities for them to engage locally and ‘have their say’. Does the LSP show evidence of this preparatory work?

Is the LSP allocating enough time and resources to make community engagement meaningful? Can the contacts and relationships be sustained? Are they making provision for ongoing discussion and dialogue, linked to changes in practice?

Is the LSP funding voluntary and community groups to commission or conduct their own research into needs, aspirations and experiences?

Are they funding advisory groups e.g. expert patient groups, older people advisory groups, user panels, migrant forums? Or holding regular ‘open days’ for particular groups, so that they can come and discuss their needs and experiences.

What opportunities do equality groups have to debate and challenge the public services’ definition of their needs and aspirations – are they still within the silo-terms of the individual professions and services? Who has defined the desirable outcomes for vulnerable people?

Are equality groups involved in the assessment of whether a particular outcome is satisfactory? Or advising on the interaction of multiple services for that outcome to be achievable? Example was given of getting people in receipt of incapacity benefit into sustainable employment and the support and organisational changes needed to make that a successful outcome for the individual.
• Are diverse communities seen as ‘part of the solution’ and being supported and commissioned to provide services?
• Are communities consulted about improvement plans and the likelihood of them resulting in the desired improvements?
• Increasing numbers of vulnerable service users are making use of personalised budgets? How do partners engage with them?
• Is there a golden thread between consultation, decisions, operational planning and service monitoring? Can the LSP point to instances where priorities and practice have changed as a result of engagement?
• There was recognition that there would be local differences and conflicts – including between different equality strands and the needs of different vulnerable groups. Was the LSP transparent and accountable about how such decisions were made, and what the trade-offs were? Was that information fed back to the groups concerned?

39 An overarching theme was the quality of LSP’s community engagement practice with equality and diversity groups, especially where there is a sustainable community strategy (SCS) or LAA target relating to ‘stronger communities’. While there are many sources of best practice, there are some important issues that particularly apply to engaging with people who suffer unequal outcomes and are discriminated and disadvantaged.

• Has the LSP reached out beyond the Council for Voluntary Service (CVS) representatives on the LSP? For instance research shows that very few women are on LSPs.
• Can the LSP point to a ‘mapping exercise’ of the different community groups and voices and can the LSP demonstrate that it has engaged with groups representing the full range of equality issues?
• Many groups active in relation to equality and diversity issues are not formalised organisations, and may be off the radar for the council and for the voluntary sector umbrella groups that are present on the LSP. What effort is the LSP making to reach out to and support small and less visible groups of users and citizens? For example what efforts is the LSP making to reach out and engage with gypsies and travellers?
• How is the LSP engaging new and emerging communities e.g. migrant workers?
• Inequality and vulnerability arise from a number of different causes. Is ‘holistic’ engagement being undertaken where the whole-life experiences of different groups are the focus, rather than separate service experiences? One example of good practice was that a youth group had invited partners to hear ‘life stories’.

**Response to the issues raised**

| Training for the CAA Leads has included engagement and involvement of diverse groups. The suggestions for issues to consider and questions to ask identified by the diversity stakeholders group has formed the basis for this training. Further guidance will be developed to assist the area teams. |
The joint inspectorates would like to thank the external stakeholders for their valuable input and assistance.

**Defining people made vulnerable by their circumstances**

40 The overwhelming message from the stakeholders was that there were serious concerns about the phrase ‘vulnerable people’ which was used in the CAA consultation document. In their view the term ‘vulnerable’ was unhelpful on a number of levels. It had patronising overtones, did not include many of the ‘equality strands’ and was seen as conveying a negative message by some excluded groups. A major concern was that this definition ignored the history and language of equality, discrimination and disadvantage.

**Response to the issues raised**

The joint inspectorates recognise that the issues of inequality and discrimination need to be considered separately from those of people whose circumstances make them vulnerable.

We consider how well local public services meet the needs of people whose circumstances make them vulnerable because these are people who are dependant on these public services to meet their needs.

Consideration of these needs and how well they are met is a theme running through all aspects of the CAA framework and guidance. We define the term ‘people made vulnerable by their circumstances’ to mean people made vulnerable through a combination of:

- Need and how dependant upon public services they are to address that need (for example related to illness, the need for care and support and homelessness);
- How at risk they are of harm; and
- How marginalised in society they are.

**Focusing on the needs of people made vulnerable by their circumstances**

41 Stakeholders made the following suggestions to help the joint inspectorates assess how well public sector organisations were focusing on the needs of people made vulnerable by their circumstances.

- There are certain circumstances that will make people vulnerable that are entirely predictable e.g. homelessness, rape, domestic violence. What are the public bodies doing to ensure they are prepared to respond and that people who suffer these experiences know how to access help?

- Area teams should consider complaints and compliments:
  - how are vulnerable groups able to use these processes;
  - are arrangements made so they can articulate their concerns;
  - what issues have been raised through these processes; and
  - what have been the outcomes?
- Area teams should make direct contact with advocacy/advice organisations - e.g. ask the local Citizens Advice Bureau what its top ten presenting issues were.
- Issues should be triangulated with the voluntary sector. However, this would need careful thinking as they might be fearful of losing their grant if they are critical.
- We should not only talk to the voluntary organisations on the LSP - engage directly with service users.

**Response to the issues raised**

| Training for the CAA Leads has included engagement and involvement of diverse groups. The suggestions for issues to consider and questions to ask identified by the diversity stakeholders group has formed the basis for this training. Further guidance will be developed to assist the area teams.  

The CAA teams will not engage directly with service users (although each inspectorate does seeks the views of service users as part of our service inspections), Our role within CAA is to make a judgement about how well the LSP engages with service users and whether the views of service users influence the improvement of services. If we can find no evidence of this we will conclude that the LSP is not informed by the views of people made vulnerable by their circumstances or their experience of services, nor that these views are driving service improvements.  

The joint inspectorates would like to thank the external stakeholders for their valuable input and assistance. |
Diversity Stakeholder Organisations

RNID
National association for voluntary and community Action
Employers Forum on Age and Belief
Age Concern
National Centre for Independent Living
Black Training and Enterprise Group
Black South West Network
Action for Children
Refugee Council
Shelter
Equality and Human Rights Commission
One North West
Government Equalities Office
Revolving Doors Agency
Voice of Children in Care
Shaw Trust
HMI Probation
Turning Point Women’s Centre
Healthcare Commission
Equality 2025
Women’s Resource Centre
Communities and Local Government
POLARI
National Housing Federation
London Gypsy and Traveller Unit
BECON
Oxfam UK poverty programme
National Childrens Bureau
NSPCC
Turning Point
Action with communities in rural England (ACRE)
Lesbian and Gay Foundation
Healthcare Commission
Youth Justice Board
Chair Civil Service Disability Network