

# Community Impact Assessment

**Name of Proposal: Whole-Life Disability Strategy**

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## Completing a CIA

- A CIA will help you to identify the potential **impacts, risks and benefits** of your proposed policy, service or project. Doing this at an early stage enables engagement and research to be undertaken to identify actions that will either **lessen the risk** or **maximise the benefits**. The assessment will also help you to identify mitigating factors whereby risks may be balanced out to an extent by the benefits.
- This template should be used to support the development of a proposal during the **planning stage**, therefore supporting the council's approach of [Achieving Commissioning Excellence](#).
- A good CIA will involve input from more than one person. A **Project Team** should be identified with different, but relevant expertise to ensure that a full range of views are considered.
- **Engagement and/or consultation** should take place with appropriate and representative groups of people that are most likely to be affected. This must then be used to help shape the design/outcomes of the project. Please note that due to the publication of CIAs, it is advisable not to record personal details of members of the public, such as names or addresses.
- **Once completed**, the main findings from your CIA should be transferred to the '**Checklist and Executive Summary**' template. Then both documents need to be approved/signed off by the appropriate people. Depending on the size of your project, this could be your manager, project lead, sponsor or SLT.
- For CIAs that are going to **Cabinet**, only the '**Checklist and Executive Summary**' should be submitted as part of the Cabinet Papers. The full CIA document should be submitted as a **Background Paper**.

## Completing the CIA template

This table describes what is required when completing the key sections of your assessment.

Which groups will be affected	Benefits	Risks	Mitigations / Recommendations
<p>Which groups of people will be impacted by the proposed policy, service or project? This could be people in a particular area, a street, or a group of people with similar characteristics e.g. older people, young people or people with care needs.</p> <p>Also consider staff, residents and other external stakeholders.</p>	<p>Think about the impact the proposal may have on each of the different category areas, and identify the benefits of each decision.</p>	<p>Think about the impact the proposal may have on each of the different category areas, and identify the risks associated with the proposal.</p>	<p>Set out any recommendations as to how the benefits will be maximised and the risks minimised.</p> <p>Also highlight any trade offs that may occur.</p>
<p><b>Please note:</b></p> <ul style="list-style-type: none"> <li>• Potential impacts should <b>not</b> be included if it is considered highly unlikely that they would occur.</li> <li>• Where <b>no major impacts</b> have been identified, please state N/A.</li> <li>• Due to the publication of CIAs, it is <b>advisable not to record personal details of members of the public</b>, such as names or addresses.</li> </ul>			
<p><b>Evidence Base: (Evidence used/ likelihood/ size of impact)</b>            How certain are you about the assessment of each potential impact, and what evidence have you used to arrive at the decision?            E.g. Data – population trends data, census data, service data. Research – national, regional, local research. Engagement/ Consultation – with partners, the public, the voluntary sector.</p>			

Use the following template to highlight the impacts of your proposal on each of the following categories: the Public Sector Equality Duty (PSED), Health and Care, the Economy, the Environment, and Localities/ Communities.

# Community Impact Assessment Template

**Public Sector Equality Duty (PSED)** – Use this section to identify if the proposal will impact on our legal obligations under the Equality Act 2010 for both residents and staff. In summary, those subject to the general equality duty must have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups and foster good relations between different groups.

Please consider:

- Who is currently using the service, across the protected characteristics?
- What do we know about their experiences and outcomes?
- What relevant information is available from the Census and population trends data?
- What were the findings of the engagement/consultation?
- Is there any relevant national, regional and/or local sources of research/evidence available?
- Is there any relevant information from partners or voluntary, community, social enterprise organisations?
- What is the analysis of the impact on those with relevant protected characteristics?

Protected Characteristics:	Which groups will be affected	Benefits	Risks	Mitigations / Recommendations
<ul style="list-style-type: none"> <li>• <b>Race</b></li> </ul>	Potentially those from White British ethnic background (in the long term)	Further research to try and establish the reasons why those from White British ethnicity have a significantly higher prevalence of Limiting Long Term Illness than many other ethnic groups	No risks; we are just seeking to develop a greater understanding of the reasons behind the 2011 Census data differences	No direct impact of strategy on grounds of race, however work with Public Health Colleagues to better understand the reasons for the higher prevalence of Limiting Long Term Illness in those of White British ethnicity could yield benefits in the longer term.
<ul style="list-style-type: none"> <li>• <b>Disability</b></li> </ul>	Disabled citizens of all ages	The strategy advocates prevention, reduction or delaying needs and documents a series of actions under each aspect as to how we will do this (and what will change as a result). In this sense we are aiming to address presenting issues as early as possible (from childhood where appropriate and at the	<p>There is a risk that disabled people may perceive some elements of the strategy as providing a mandate to cut services, or that resources are the primary concern</p> <p>Some readers may feel the strategy lacks detail on specific conditions or disabilities, and our plans for those.</p>	This is a different approach to that which many will have become used to, and we appreciate this may take a little time to understand. It should be understood that doing the right thing (in working to help people manage by themselves as far as possible, in order to prevent issues becoming more problematic) whilst ensuring that when help is needed to meet eligible needs it is provided at the right time, in the right place, at the right cost, that resources will be directed where they have the most impact, instead of

		<p>earliest stage where the onset of disability and associated need comes later in life). We want people to have the information, advice &amp; guidance to help them make good choices about their health, education, care and finances to make the most of their potential through the whole life-course, and to help people do things for themselves rather than recourse to paid services in the first instance.</p>		<p>intervening too late when things are in crisis or have become substantially worse.</p> <p>The structure of the strategy is quite deliberate in that it outlines our aspirations for people with disabilities of any kind, and sets out what we will do to try and help people achieve those aspirations, but it cannot reasonably contain our plans for every type of disability across all ages. The detail for specific cohorts of disabled people – such as adults with learning disabilities, or children with sensory impairments – will be contained in separate delivery plans across a wide range of teams and service areas, and individual officers will be accountable for delivery of those plans.</p>
<ul style="list-style-type: none"> <li>• <b>Sex</b></li> </ul>	<p>Females with a learning disability</p>	<p>Further research will develop an understanding of the reasons for the lower life expectancy amongst females with learning disabilities than males, which is the opposite of trends amongst the population who do not have a learning disability</p>	<p>Failure to recognise, identify and address the issues which lead to lower life expectancy for females with LD, and indeed both sexes with LD with respect to the rest of the population.</p>	<p>Whilst at this stage the Strategy does not identify specific measures to address the differences in life expectancy for people with disabilities the approach of prevent-reduce-delay need will in the long term reap benefits for the long term health of people with disabilities. For those with learning disabilities in particular attention will be given to the promotion of healthy lifestyles, diet and exercise in the community based options developed under the Community Offer 2020 programme.</p>
<ul style="list-style-type: none"> <li>• <b>Age</b></li> </ul>	<p>Disabled citizens of all ages – see also headline data contained within the Strategy on</p>	<p>One of our key objectives is to better prepare people for adulthood and that will start at the earliest point in childhood. Our aim is for</p>	<p>Legislation is seen to be an entitlement to paid services</p> <p>Fixed interpretations on the implications of legislation</p>	<p>We will continue to meet all assessed eligible needs in line with relevant primary legislation at each stage of a disabled person's life (and the needs of their parents and carers), in accordance with</p>

	differences in life expectancy/mortality rates for people with disabilities vs the rest of the population	<p>disabled people to be as independent, healthy and happy as they can be, by building on their existing strengths and circles of support</p> <p>Life expectancy for people with disabilities and/or mental health conditions could be improved by making better lifestyle choices earlier in life</p>	<p>could inhibit innovation and creative approaches to meeting needs.</p> <p>Views could be perpetuated that different entitlements apply at different ages, and that those entitlements predicate the way needs are met.</p> <p>Are public health improvement programmes currently accessible to people with disabilities?</p>	<p>the Children Act 2014 (and SEND Code of Practice), Care Act 2014, and associated Carers legislation. Age will not be a barrier in this sense, but we will be advocating different approaches to meet needs, which may not necessarily be predicated on access to paid services as a matter of course</p> <p>We will need to work with our colleagues in Public Health to develop accessible advice, guidance and support to live healthy lifestyles for people with physical, learning or sensory impairments or disabilities.</p> <p>We will need to reflect in our service/support planning activity for the growth in the numbers of people with a disability living to older ages with learning disabilities (14%) and mental health (18%) conditions and the impact this will have on resources</p>
• <b>Religion or Belief</b>	No specific impact	Possibility to work with faith groups to improve access to places of worship/meeting places	Limited knowledge of religious beliefs/faiths of disabled people in Staffordshire at present	Will be a need to broker better links between the Authority and faith/religious groups and undertake further research on this topic
• <b>Gender Reassignment</b>	No specific impact	No impact	No risks	No impact on those who have been gender reassigned or are planning to undertake such change
• <b>Sexual Orientation</b>	No specific impact	No impact	No risks	No impact of strategy on citizens irrespective of sexual orientation
• <b>Pregnancy and Maternity</b>	Parents during the pregnancy and early years phases	Strategy sets out plans to work with the NHS to identify potential issues as soon as possible during	Strategy advocates the importance of identification/diagnosis as early as possible, and sets	Delivery plan accompanying strategy sets out details of the Council's Early Years offer for families of children with Special Educational Needs & Disabilities

		pregnancy, and then coordinate support at the earliest point to help ensure parents have the information they need to make informed decisions for the benefit of their child and themselves	<p>out commitments to work with Health Visiting, Midwifery and other professionals as appropriate to the needs of the family to give them the best possible start</p> <p>Could be emotional wellbein/ psychological impact however if (following screening during early pregnancy) parents made a decision to terminate the pregnancy</p>	Links will need to be made to the NHS Better Birth programme to identify what support is in place for both parents for whom issues may be identified during pregnancy, and also counselling other support for any parents who subsequently decide to terminate the pregnancy
<p>• <b>Marriage and Civil Partnership</b></p> <p>The duty to have due regard to the need to eliminate discrimination also covers marriage and civil partnerships in relation to employment issues.</p>	No specific impact	Limited potential for impact	Links could be made to assess the extent of emotional abuse, financial control and other relationship related crime perpetrated against people with disabilities	To be included within scope of subsequent discussions and plans with the OPCC and Staffordshire Police on crime against people with disabilities and strategies/actions to combat this – see also page 18 below
<p><b>Impact on SCC Staff</b></p> <p>If the proposal affects SCC staff, consider the workforce profile compared against the protected characteristics pre and post change, the impact of job losses, available support for staff, and HR protocols.</p>	The strategy sets out our vision, objectives and high level commitments. Whilst the staff required to deliver the vision will be expected to work in a way which upholds this (principally in applying asset based planning approaches) the strategy itself does not impact directly on	<p>Staff will apply asset based, person centred planning approaches in practice, to help people connect with family &amp; community based support networks, and foster greater self-reliance.</p> <p>Many staff are already working in this way across the social care workforce</p>	<p>Some staff may find it challenging to adapt to this way of working if they ave traditionally viewed there role as being a ‘care giver’</p> <p>If approaches are applied poorly the public may perceive the application of such approaches as being driven by money/cutting back care packages rather than an approach which is about helping people</p>	Disability workforce development programme across Adult Learning Disability, SSOTP, and Children’s Disability workforce to address.



	staffing numbers or job roles		achieve more for themselves	
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**Evidence Base: (Evidence used/ likelihood/ size of impact)**

Many successful examples of the benefits of asset based planning available from practice evidence and case files locally, including the internationally recognised Active Support model which has been successfully applied in Staffordshire Day Services. (<http://arcuk.org.uk/activesupport/>). Again Asset Based Planning is an Internationally recognised and tested approach to which has been proven to help promote and strengthen the factors which support good health & wellbeing, protect against poor health, and foster communities & networks which sustain health. (<http://www.skillsforhealth.org.uk/services/item/469-asset-based-approaches>)

Over 200 people with lived experience of SEN and Disability responded to age-specific questionnaires in the Autumn of 2017 to inform the strategy and this is reflected in the 'you told us' section. We also did face to face sessions with around 20 adults with learning disabilities at the WhyCh community hub in August 2017 to understand what was important to them in their lives. Further work needs to be done to fully engage citizens with sensory impairments and older adults with disabilities between April and June 2018 as these groups were under represented in the returns to the Autumn questionnaires

Data sources for full Insight report are:

- Insight, Planning & Performance Team - All Age Disability – Evidence base to support strategy development: October 2017
- DfE National Statistics – Special Educational Needs in England: January 2017
- School Census, January 2017
- Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI)
- 2011 Census data (specifically Limiting Long Term Illness – LLTI – data by ethnic group)



**Health and Care** – Use this section to determine how the proposal will impact on resident’s health and wellbeing, and whether the proposal will impact on the demands for, or access to health and care services. Please consider the Care Act 2014 and the Health and Social Care Act 2012.

<b>Category Area</b> (Areas highlighted are suggestions only and there may be other impacts in these categories)	<b>Which groups will be affected</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
<b>Mental Health and Wellbeing</b> Will the proposal impact on the mental health and wellbeing of residents or services that support those with Mental Health issues?	See opposite	Whilst the focus of this strategy is on meeting the needs of disabled people it does recognise that emotional wellbeing & mental health issues are often experienced by people with disabilities, either because they are a factor of their condition or because they arise as a secondary issue resulting from social isolation, a lack of self-esteem or confidence, or through finding difficulties securing and sustaining employment for example. The strategy promotes the importance of social inclusion, of connecting disabled people with their communities to help meet their needs and build social networks, and advocates the importance of a good education & employment for both financial and mental wellbeing.	We (SCC) will need to work effectively with partners to deliver the benefits of the strategy to emotional wellbeing and mental health. For example NHS provider services for community mental health and ASD services, schools, education and training providers and employers for education and employment outcomes, as well as the DWP and JobCentre Plus	Work streams that will oversee the delivery of activity that ultimately delivers our vision will need to set appropriate milestones with regard to emotional wellbeing indicators.  We will work with partners to develop and strengthen relationships where they are the primary agent in delivery to achieve those outcomes

<p><b>Healthy Lifestyles</b> Will the proposal promote independence and personal responsibility, helping people to make positive choices around physical activity, healthy food and nutrition, smoking, problematic alcohol and substance use, and sexual health?</p>	<p>All people with a disability, especially with respect to addressing prevalent issues such as weight management and life expectancy (see headline stats in the Strategy document)</p>	<p>The ethos of personal responsibility and looking to family, friends and community resources to meet needs before recourse to paid for services is the cornerstone of the new strategy. There is an expectation that by taking active steps to prevent, reduce or delay needs later on by making informed choices throughout the life course individuals of any age with a disability will be healthier, more independent and happier</p>	<p>Existing Public Health programmes may not be readily accessible to individuals with particular needs or disabilities.</p> <p>Could be perceived as the Council delegating responsibility for health &amp; wellbeing to the individual solely to save money.</p> <p>Could be difficult quantify the impact of the strategy on healthy lifestyles in a SMART, measurable way.</p>	<p>We will need to do further work with Public Health colleagues to mitigate this, and ensure health promotion and prevention campaigns are accessible and understandable to people with learning disabilities and sensory impairments for example.</p> <p>There is an obvious need for the Council to live within its means but in this respect doing the right thing, to ensure people have the information they need to make good lifestyle choices that result in better health later on, is the primary goal. The fact that such approaches prevent, reduce or delay further needs and associated costs is the secondary effect of this, but saving money is not the primary objective in itself.</p>
<p><b>Accidents and Falls Prevention</b> Does the proposal reduce or increase the risk of: falls in older people, childhood accidents, road accidents, or workplace accidents?</p>	<p>Limited specific impact of strategy on this area.</p>	<p>No direct impact</p>	<p>As an increase is predicted (see headline statistics in the Needs Analysis section of the Strategy) in the number of people living to old age (i.e. 65+) with learning disabilities (14%) and mental health conditions (18%) there could be a corresponding increase in the number of falls amongst the elderly population</p>	<p>Review current Falls Prevention strategy and approaches to ensure they address the needs of older people with disabilities within their scope and amend/update were required</p>
<p><b>Access to Social Care</b> Will the proposal enable people to access appropriate interventions at the right time?</p>	<p>Those eligible for Social Care support</p>	<p>The strategy is clear that we will meet assessed needs in line with statutory requirements set out in the</p>	<p>The way we will need to balance choice with affordability in how we will meet statutory need may be</p>	<p>We need to be clear that we will always meet assessed eligible needs, but that we reserve the right to do so at the lowest cost to the Council, so that we can</p>

	following assessment	Children Act 1989, Children & Families Act 2014 and Care Act 2014 as applicable to the age & circumstances of the individual. It sets out how we will meet statutory need in a way which is affordable for the Council both now and in the future.	perceived by some readers that only those that can afford to pay extra have access to a range of options that meet their assessed care needs as we will meet assessed need at the most advantageous price.  The approaches we are advocating are also based on the principle that we expect people to look to help themselves by linking with their friends, family, and community circles of support as far as possible rather than look to services to provide support in the first instance	continue to afford to pay for the support that those that most need it both now and in the future.  We will look for new ways to meet needs so whilst that may mean the way we meet assessed eligible needs for some people may change it does not by proxy mean we will no longer meet those needs (and be in breach of our statutory obligations)  We will need to look at how the 'People Helping People' approach can be developed in local communities to help meet the needs of those with a range of disabilities. This will need further detailed thought and planning through 2018 and beyond.
<p><b>Independent Living</b> Will the proposal impact on people's ability to live independently in their own home, with care and support from family, friends, and the community?</p>	Those people with a disability for whom independent living is an achievable goal	One of the key principles of the Strategy is on promoting and developing the skills for independence from the earliest age. For disabled adults to be as independent as they can be the work done through childhood is pivotal in achieving this aim. We are advocating positive risk taking, a more inclusive approach to education for young people with SEND, and the development of skills that help individuals stay healthy, safe and happy into adulthood, be	There may be a perception that this means by proxy we are leaving individuals or their families to fend for themselves, or expecting them to do things that they are not able to master.  Relatives may have concerns over what this means, or perhaps that their son/daughter sibling may be placed some distance away from them.	There is no expectation from the strategy that individuals who need support to meet their needs will be left without help. Part of the answer will be to ensure good quality, accessible information on local support options, activities and advice/guidance is available through the web and other media as appropriate to the needs of the individual.  Similarly no individual will be asked to do things they are unable to do without support or guidance.  For those individuals with more complex needs we will be applying the principles of Active Support to help develop their

		that through independent travel training, training, employment, or skills such as feeding themselves, or buying a snack from a shop, as appropriate to the needs and capabilities of the individual		skills and abilities  Decisions on what type of placement and where individuals are placed will reflect family and support factors to ensure that no individual is left isolated and away from their natural circles of support.
<b>Safeguarding</b> Will the proposal ensure effective safeguarding for the most vulnerable in our communities?	All people with a disability	We will meet all statutory requirements relating to the Safeguarding of individuals with a disability, and their families, as a matter of course – this strategy does not affect that absolute commitment (see also crime section in Localities & Communities section of this assessment below)	No risks as Safeguarding considerations will never be compromised by this Strategy.	Whilst there are no risks associated with the Strategy, we will be developing work streams with the OPCC to look at crime committed against people with disabilities – both hate crime and ‘mate crime’ where vulnerable individuals are taken advantage of – to develop new approaches to identifying such crimes and tackling them.

**Evidence Base: (Evidence used/ likelihood/ size of impact)**

Active support is an internationally accredited model to develop new skills and greater independence, especially for individuals with learning disabilities that may lack the ability to develop these skills without additional support. Further information is available at: <http://arcuk.org.uk/activesupport/>


There is also considerable evidence on the benefits of employment to mental wellbeing, please see: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214326/hwwb-is-work-good-for-you.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf) for further research on this aspect.

The following link: <https://www.cdc.gov/ncbddd/disabilityandhealth/healthyliving.html> describes how disability and poor health don't automatically go hand in hand, and that it is perfectly possible for people with a disability to achieve optimal health depending of course on their circumstances. It also contains useful information on how people with a disability can attain optimal health across a range of areas

**Economy** – Use this section to determine how the proposal will impact on the economy of Staffordshire and the income of residents.

<b>Category Area</b> (Areas highlighted are suggestions only and there may be other impacts in these categories)	<b>Which groups will be affected</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
<b>Economic Growth</b> Will the proposal promote the county as a “go to” location for business, and make it easy for businesses to start up, innovate and expand?	Economic growth not specifically impacted	No substantial impact	None resulting from the strategy	None required
<b>Poverty and Income</b> Will the proposal have an impact on income? Will it reduce the gap between high and low earners?	Low income families could have a reduced choice over care and support options.	We will still meet all assessed eligible needs in line with applicable legislation (Children & Families Act 2014, SEND Code of Practice 2015, Care Act 2014). The proposals will not in themselves result in any families or individuals having a reduced income, this will only happen if they choose a more expensive support option to meet eligible needs than that which the Council is able to offer The strategy (and our approaches to working with partners such as the DWP) will advocate the benefits of employment for disabled people and we will be seeking to improve the	Perception that families on lower incomes will not be able to afford the same level of choice in provision to meet needs as those with greater resources.  Partner agencies and the local provider market may lack the skills at the outset to help people with specific disabilities, especially learning disabilities & autism, into sustained employment.	-All eligible needs will still be met in line with the legislation applicable to each individual and/or their family.  Where individuals are asked to make a contribution to their care (in line with the Care Act) this will be tested to ensure it is fair and affordable for them  Market facing work as part of the ‘Developing the Community Offer 2022’ programme will focus specifically on this area to develop local capacity & skills to support people with disabilities into employment  Work with the DWP/Job Centre Plus will seek to build their skills and local capacity to provide specialist solutions and advice to people with disabilities seeking to enter the workplace  Expansion of IPS employment support in

		number of disabled residents in the County in paid employment		Staffordshire for those with complex and enduring mental health conditions also offers potential for additional support to these groups.
<b>Workplace Health and Environments</b> Will the proposal impact on working conditions and the health of Staffordshire's workforce?	Not specifically	No impact	No Impact	None required
<b>Access to jobs/ Good quality jobs</b> Will the proposal create the right conditions for increased employment in more and better jobs?	All residents with the potential to enter the job market irrespective of disability	Strategy advocates the importance of employment on financial, social and emotional wellbeing.	See section on poverty and income above  Much work still to be done with local employers to develop approaches which support people with any disability into the workplace	We want to see peoples ambitions to work realised where this is possible, but concerted efforts need to be made in the following areas:  -Work with local employers to help them gain the skills and knowledge they need to recruit and successfully support people with physical, learning and sensory disabilities & impairments into the workplace to provide a good range of employment options for those wanting to work.  -work with DWP/Job Centre plus and Community based organisations to ensure good quality advice and support is available to people with disabilities to help them find and apply for work  -work with our Employment and Skills commissioning team to make sure opportunities from the ESIF programme are maximised for people with disabilities.

				-work with local support provider and specialist agencies to ensure capacity exists within the market to provide bespoke support to those who need it to enter the employment market as part of the 'Developing the Community Offer 2022' programme
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**Evidence Base: (Evidence used/ likelihood/ size of impact)**

The strategy does not contain specific service change proposals in detail or options on future service provision, but instead communicates a clear vision and descriptions of what SCC will offer to disabled citizens, and what it will expect people to do for themselves. It also references partners such as the NHS, DWP and Job Centre Plus where it is anticipated they will play a greater role in delivering particular elements of the vision than SCC.



**Environment** – Use this section to identify the impact of the proposal on the physical environment. How does the proposal support the utilisation and maintenance of Staffordshire’s built and natural environments, thereby improving health and wellbeing and strengthening community assets?

<b>Category Area</b> (Areas highlighted are suggestions only and there may be other impacts in these categories)	<b>Which groups will be affected</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
<b>Built Environment/ Land Use</b> Will the proposal impact on the built environment and land use?	No impact	No impact	No risks apparent	None required
<b>Rural Environment</b> Will the proposal impact on the rural natural environment or on access to open spaces?	No substantial impact	May be some impact in encouraging some people with a disability to engage in outdoor/physical activity – see also transport section below	No substantial risks	None required
<b>Air, Water and Land Quality</b> Will the proposal affect air quality (e.g. vehicle, industrial or domestic emissions), drinking water quality or land quality (e.g. contamination)?	No impact	No impact	No risks apparent	None required
<b>Waste and Recycling</b> Will the proposal affect waste (e.g. disposal) and recycling?	No impact	No impact	No risks apparent	None required
<b>Agriculture and Food Production</b> Will the proposal affect the production of healthy, affordable and culturally acceptable food?	No impact	No impact	No risks apparent	None required

<p><b>Transport</b> Will the proposal affect the ability of people/ communities/ business to travel? Will the proposal impact on walking/ cycling opportunities?</p>	<p>People of any age with disabilities, but particularly those who have become reliant on taxis (especially single person journeys), and those less used to independent travel.</p>	<p>Those who are able will become more independent and mobile by being able to use public transport</p> <p>This will be encouraged from an early age where appropriate so that people with disabilities are used to making their own way around were they are able to</p> <p>Obesity is also twice as prevalent in those with learning disabilities in early adulthood as the rest of the population – walking and cycling will also benefit their health and weight management</p>	<p>Concerns may be raised about this being seen as leaving vulnerable groups to fend for themselves or in potentially risky positions if they become confused whilst attempting to travel independently.</p> <p>Risk of isolation if disabled people feel either afraid or confused by independent travel and instead choose not to leave the house or travel far from where they live</p> <p>Risk of isolation for those who live in rural communities that are not served by buses or other public transport</p>	<p>Independent travel training roll out continued and approaches to see how this is best delivered for younger people (where appropriate) to be investigated</p> <p>Work with community based organisations and with district/community nurse services (including those run independently or by volunteers) to reduce rural isolation</p> <p>Work with bus companies and transport providers to upskill staff to give them the skills and knowledge to support people with learning disabilities and autism to use public transport, as well as those with physical disabilities or sensory impairments who may already be able to use without issues.</p> <p>Investigate with Public Health partners ways of promoting healthy eating and exercise to adults with learning disabilities in particular to address obesity prevalence in this group</p>
<p><b>Noise</b> Will the proposal cause disruptive noise?</p>	<p>No impact</p>	<p>No impact</p>	<p>No risks</p>	<p>None required</p>

**Evidence Base: (Evidence used/ likelihood/ size of impact)**

We will develop approaches with our own delivery staff and public health colleagues that promote independent travel where appropriate and programmes to promote healthy eating and exercise such as walking or cycling. The separate transport project proposals will detail the former (including numbers in scope). The impact of the latter is more difficult to estimate but we will work with Public Health colleagues to investigate how this might be done over the lifetime of the Strategy.

**Localities / Communities** – Use this section to identify the impact of the proposal on communities. How will the proposal strengthen community capacity to create safer and stronger communities? It is important to recognise the different localities and communities your proposal may impact upon, and identify any communities that could be more adversely impacted than others. District Commissioning Leads (DCL's) have a great deal of knowledge about their relevant locality and they must be engaged with as part of your Project Team at an early stage of the process.

<b>Category Area</b> (Areas highlighted are suggestions only and there may be other impacts in these categories)	<b>Which groups will be affected</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
<b>Community Development/ Capacity</b> Will the proposal affect opportunities to work with communities and strengthen or reduce community capacity?	Whilst the impact of the strategy on individuals is hard to accurately predict it is hoped subsequent work to develop the market for community based activities & grow local circles of support will have tangible benefits for people with a disability	The strategy advocates an approach that better connects people with disabilities to their communities and looks to develop local circles of support to avoid the need to rely on Council services where possible.  We want Staffordshire to be a disability friendly community where people can access community activities and venues and people with disabilities feel safe and part of their community	It could be perceived that we expect communities, family and volunteers to fill gaps left by the withdrawal of paid-for services  Is there sufficient capacity and desire within communities to develop and support the growth of community initiatives?  This is a different conversation with the public than traditional approaches where people have looked to the Council's services to meet needs in the first instance. Do we understand the concerns or anxieties this will generate?	We will continue to meet all eligible assessed needs in line with our Statutory requirements. We will however expect people to help themselves where they can, and we will ensure appropriate information, advice and guidance is available to do so.  The new model for Staffordshire Libraries demonstrated that considerable appetite exists in communities for the things people care about, and over 200 volunteers now man many of our County Libraries, enabling them to stay open.  By a full process of engagement with people with disabilities, their parents & carers and local communities we will seek to address concerns raised but also demonstrate where asset based approaches have worked in practice to allay fears about new ways of working

<p><b>Crime/ Community Safety</b> Will the proposal support a joint approach to responding to crime and addressing the causes of crime?</p>	<p>Victims and potential victims of disability hate crime and 'mate crime'</p>	<p>Raised awareness of hate crime and 'mate crime' perpetrated against people with disabilities</p> <p>We will try to develop 'safe spaces' for people with disabilities to go if they are scared, confused or anxious</p> <p>Reduced reported crime against people with disabilities</p>	<p>We will be heavily reliant on the OPCC and Staffordshire Police, as well as local venues, businesses and communities to make this happen. Could be limitations in our influence, and in the capacity of other agencies to support our aims on this aspect.</p> <p>Difficult to accurately predict the likely impact</p>	<p>Meet with OPCC and relevant officers within Staffordshire Police to discuss what can be done to combat crime against people with disabilities, and develop a greater understanding of the nature and size of the problem and what can be done about it.</p> <p>Develop approaches with schools to educate and inform young people about disability to promote inclusion and a culture of support</p> <p>Seek to source regular data on such crime to assess whether crime against people with disabilities is reducing or growing</p> <p>Work with community leaders, DCL, local organisations, VCS etc. to develop local approaches to identification of perpetrators and 'hot spots' of crime</p>
<p><b>Educational Attainment and Training</b> Will the proposal support school improvement and help to provide access to a good education? Will the proposal support the improved supply of skills to employers and the employability of residents?</p>	<p>All young people with a disability, and adults with a disability continuing in education &amp; training beyond the age of 25.</p>	<p>More children &amp; young people with SEND successfully educated in mainstream settings</p> <p>Enhanced inclusion within schools communities</p> <p>Support and expert guidance from Special Schools to support mainstream schools to help them successfully educate YP with SEND</p>	<p>Fears from some parents that their child/young person will not be educated in the environment they view as 'best' for them</p> <p>Concerns over bullying in mainstream settings</p> <p>Needs careful management to avoid actually exacerbating problems by attempting to educate in an inappropriate setting</p>	<p>We will ensure parents are communicated with at all stages and the best options for them and their child discussed openly, with the advantages and drawbacks of each option set out clearly.</p> <p>We will work closely with schools to ensure young people with disabilities educated in mainstream settings are safe and welcome in their school community, and that any incidents of bullying are swiftly and successfully dealt with.</p>

		<p>Reduced travel times and costs for YP to access education</p> <p>Young people better able to make friendships closer to where they live by mixing with local peers</p> <p>Improvements in educational attainment for YP</p> <p>Better preparedness for adulthood by ensuring education plans reflect medium-long term aims and eventual training/employment desires beyond the age of 18/25 years</p>	<p>Need to manage expectations of parents to ensure they are realistic and achievable for their child and for themselves, as well as affordable (both for SCC and for the family)</p>	<p>Many factors will be taken into account when assessing the best educational environment for each young person, not least parental choice but also potential for the best academic achievement and long term prospects, suitable peer groups and overall school dynamic, travel arrangements and expertise/skill mix within the school staff to provide te best education &amp;support. Recent case evidence from EHCP teams will support this</p>
<p><b>Leisure and Culture</b> Will the proposal encourage people to participate in social and leisure activities that they enjoy?</p>	<p>All people with a disability</p>	<p>A cornerstone of the Strategy is that we expect people with a disability (of any age) to play a full and active role in society, and to engage fully with friends, family and the local community to do so. We want people to develop and sustain local circles of support and to be as self-reliant as they are able.</p>	<p>Concerns over access to social and leisure activities including day opportunities</p> <p>Concerns over the ability of community based activities and leisure options to meet the needs of people with disabilities including adaptations</p> <p>Concerns over continued funding of some community and leisure facilities</p>	<p>Ensure good quality, accessible information is available via a range Of formats to help people find out about activities, clubs, leisure opportunities and events in their local area, for example via the SEND Local Offer and Family Partnership, or Staffordshire Connects</p> <p>Work with local providers to ensure those with assessed needs have a good range of opportunities to choose from under our Community Offer 2022 programme that develop their skills and independence</p> <p>Identify access issues and work with</p>

				<p>local settings and businesses to address those</p> <p>Develop an understanding with the public that services funded by the Council and its partners are not the 'default' option or position with regard to community activities, and that lots of things are happening in our communities irrespective of public sector funding</p>
<p><b>Volunteering</b> Will the proposal impact on opportunities for volunteering?</p>	<p>Those people with disabilities (and/or their carers) who wish to volunteer in the community</p>	<p>Sense of belonging and contribution to society and their local community</p> <p>Developing skills and knowledge through volunteering that may help secure a job or further training</p> <p>Helps inform the Council and its partners where there are gaps, unmet needs and system issues through lived experience and feedback to the Authority, for example via the SEND Family Partnership or All-Age Disability Partnership</p>	<p>People may lack information about local opportunities to volunteer, or how they can get involved</p> <p>Volunteer role needs careful management, to manage expectations about what can be achieved &amp; level of influence in decision making, as well as the work burden on individuals and their families arising from volunteering</p>	<p>Ensure good quality, accessible information is available via a range of formats to help people find out about volunteering opportunities and events in their local area, for example via, Staffordshire Council of Voluntary Youth Services the SEND Local Offer and Family Partnership, or Staffordshire Connects</p> <p>Structured and well managed approach to promoting and supporting volunteer roles needs to be taken, to ensure the expectation and workload for volunteers is manageable and does not impact on their own self-care or those for whom they care for. Adequate support and training to be in place for all volunteer roles supporting formal fora for service users, parents and carers who support the Authority in the capacity of shadow boards to share lived experience of disability, and in the sharing of information and peer support to others</p>



<p><b>Best Start</b> Will the proposal impact on parental support (pre or postnatally), which helps to ensure that children are school-ready and have high aspirations, utilising a positive parenting approach?</p>	<p>All children &amp; young people with a Special Educational Need and/or Disability</p>	<p>Earliest identification of potential issues either through pregnancy or in early childhood so that robust plans can be put in place to prevent or reduce further needs through childhood wherever possible</p> <p>Early Years forums allow for early joint agency planning to meet needs from the age of two years</p>	<p>Heavily reliant on Midwifery, Maternity and Health Visiting services for earliest identification; further work needs to be done with these services to develop robust joint working arrangements with the Council</p> <p>Early Years only support planning processes from two years upwards, may be missed opportunities before this to plan to meet certain needs earlier</p> <p>Some conditions such as ASD may not be apparent until later in childhood (and diagnosis may take some time to be secured) and opportunities for effective planning to reduce needs later on may be missed</p>	<p>Work with NHS CCG led Better Birth programme to look at practice in Pre-natal and Ante-natal screening, Midwifery and Health Visiting services to look at ways to improve early identification &amp; diagnosis of conditions as early as possible</p> <p>Work with commissioners and providers of the Schools Nursing and Special School Nursing services to ensure effective arrangements are in place to identify issues as well as plans to meet needs early are in place.</p> <p>Work with commissioners and provider of ASD assessment and diagnostic service to ensure effective early diagnosis and planning arrangements are in place</p> <p>Work with Hearing Impairment, Visual Impairment, ASSIST, Educational Psychology, Occupational Therapy and Speech &amp; Language Therapy services (amongst others) to develop robust plans to address needs as early as possible to prevent or reduce further needs later on</p>
<p><b>Rural Communities</b> Will the proposal specifically impact on rural communities?</p>	<p>Some risk apparent for those who live in remote rural areas around accessing services</p>	<p>Strategy itself has no significant benefits for those living in rural areas</p>	<p>Some risks for those in remote rural areas who do not have their own transport to access community based activities, support or services locally</p>	<p>Investigate ways in which the use of new technology can mitigate this risk</p> <p>Where the transport arrangements are required in order for a child or young person to access education and this cannot be provided in other ways this will be arranged by the Local Authority</p>



				For adults with a disability or sensory impairment where the need for transport is essential to meet the assessed care needs of the individual this will be provided by the Council
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**Evidence Base: (Evidence used/ likelihood/ size of impact)**

County libraries operating model; Police recorded crime statistics and SCC autumn 2017 disability questionnaires and face to face sessions (40 people), EHCP planning arrangements and case evidence, review of volunteer roles and feedback from volunteers on SEND Family Partnership Parent Steering Group.

DRAFT