



Adult Social Care Outcomes Framework

Equality Analysis

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Equality Analysis

Prepared by the Department of Health

Introduction

The Adult Social Care Outcomes Framework (ASCOF) was first launched on 31 March 2011, following consultation on a broader, more transparent and outcome-focused approach to presenting information on what adult social care has achieved.

The ASCOF is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services. Locally, the ASCOF will be used for 'benchmarking' and comparison between areas.

The 2013/14 Framework has been published in collaboration with the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA).

Equality analysis

Title: The 2013/14 Adult Social Care Outcomes Framework (ASCOF)

Relevant line in:

A Vision for Adult Social Care: Capable Communities and Active Citizens

Transparency in outcomes: a framework for quality in adult social care

Caring for our future: Reforming Care and Support

The 2012/13 Adult Social Care Outcomes Framework

What are the intended outcomes of this work?

The Adult Social Care Outcomes Framework, first launched in March 2011, is a set of measures which are of value both locally and nationally in demonstrating the outcomes achieved by adult social care. It is a tool to set direction for local authorities, support local accountability for the delivery of adult social care, and allow local authorities to benchmark their performance against other authorities.

The ASCOF measures and drives improvement across key outcomes for people who use care and support services in England and their carers, and has been developed jointly by the Department of Health and local government. The Framework measures the success of the adult social care system in delivering personalised care that promotes people's independence, and ensures that people have a positive experience of their care and support.

As a set of robust, comparable measures of social care outcomes, the framework supports local authorities to compare their performance with other councils, identify scope for improvement, and measure progress against local priorities. The framework also supports people to check how well their council is doing in delivering good outcomes for users of care services and their carers, strengthening the accountability of councils to their local citizens.

The Department, in collaboration with the Association of Directors for Adult Social Services, the Local Government Association and the social care sector, has committed to conducting an annual review of the framework to ensure that it is achieving its aims, and to identify areas for future improvement. The 2013/14 ASCOF updates the framework for the year beginning April 2013.

The ASCOF has an important role in supporting transparency both locally and nationally on equality. It enables councils and the local people to whom they are accountable to identify inequalities of access, experiences and outcomes across the protected characteristics, as a first step towards taking action to remedy local inequalities. The ASCOF will support the Department's understanding of care outcomes by protected characteristics, and help to inform national policies and priorities

It is important to note that the current set of outcome measures contain a number of 'placeholders' for areas of work where the Department is working to develop further measures. In continuing to develop the framework, the Department is committed to supporting the

availability of disaggregations by equality groups for the outcome measures where this is proportionate and feasible, with the agreement of local government.

Who will be affected?

Local government, social care providers, the social care workforce, users of adult social care and carers.

Evidence

In evaluating the potential impact of the Adult Social Care Outcomes Framework on those with protected characteristics, we have drawn evidence from a number of sources. From these sources we know that:

- The number of users of adult social care rises with age. Around 0.5 million of younger adults aged 18-64 years receive adult social care¹, whilst 1 million of people aged over 65 years receive social care. The proportion of younger adults receiving social care is 1.4%, whilst 11% of older people receive social care².
- Over 50% of older supported care home residents and over 30% of older supported home care users are aged 85 or over. Social care in old age is heavily concentrated on the oldest, who generally have the greatest needs.
- More women than men receive adult social care. Approximately 0.9 million women are in receipt of adult social care in comparison to 0.56 million men receiving social care³. This is due to the longer average life expectancies and higher rates of disability in old age for women compared to men.
- The majority of adult social care users are from white ethnic groups. 90% are from white ethnic groups, whilst Asian or Black ethnic groups make up 5.7% of social care users⁴.
- Amongst people aged over 65 years, 83% have physical disabilities, 14% have mental health problems and 3% have learning disabilities or are vulnerable people. Amongst adults aged between 18 and 64 years, 36% have physical disabilities, 33% have mental health problems, 27% have learning disabilities and 3% have been involved in either substance misuse or are considered as vulnerable adults⁵.
- The Health and Social Care Information Centre Personal Social Services Adult Social Care Survey, England 2010 -11 found that services from the White ethnic group reported having a higher quality of life than users from the Mixed, Asian and Black groups⁶.
- The Health and Social Care Information Centre Survey of Carers in Households 2009/10 found that around 5 million adults in England, or 12% of the population, look after or give special help to a sick, disabled or older person. 15% of all households in England contain a carer, representing around 3 million households²³
- Two-thirds of carers are in their mid-forties or older. They are most likely to be within the 45-64 years age bracket (42%), with a quarter aged 65 or over⁷.
- Women are more likely to be carers than men are. The Health and Social Care Information Centre survey found that 60% of all carers were women⁸.
- Less than half of all carers are in part/full-time employment. The Health and Social Care Information Centre Survey found that 46% of all carers were in full-time (26%) or part-time (20%) employment⁹.
- The proportion of all people aged 16 and over providing care in the UK by ethnicity was according to the Census (after age standardisation): 13% of both White and Asian ethnic groups, 11% in Mixed ethnic groups, 9% in Black ethnic groups and 7% of

Chinese and other ethnic groups¹⁰.

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Prior to the publication of the first ASCOF in March 2011¹¹, we sought to confirm evidence of variability through local data and qualitative evidence via the consultation launched in November 2012. The original consultation document and the response can be found here: http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125464. The Department received a number of responses that corroborate our assessment that there is some lack of equality in social care outcomes.

How have you engaged stakeholders in testing the policy or programme proposals?

The ASCOF outcomes measures for 2013/14 have been agreed between the Department of Health, the Association of Directors of Adult Social Services and the Local Government Association. In future years, the framework will continue to be developed and agreed jointly. In doing so, we will continue to ensure that all measures retain their outcome focus, and have a strong rationale for their inclusion, based on outcomes that matter to people who use services and carers.

In November 2010, the Department announced a fundamental review of national collections of adult social care data from local authorities. This review has been a co-production between the Health and Social Care Information Centre, the Department and local government, with the objective of build a minimum data set of outcome-focused information, which is of direct relevance to users of care, carers and the public. The recommendations of this review were released for consultation in June 2012 by the HSCIC. The consultation summary document was published by the Information Centre in September. The original consultation document and the response can be found here: <http://www.ic.nhs.uk/work-with-us/consultations/consultation-on-adult-social-care-data-developments-2012>. The responses were used to inform proposals for the content of the 2013/14 ASCOF, which has been co-produced by the Department, the Local Government Association and the Association of Directors of Adult Social Services.

Summary of Analysis

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

It is envisaged that the ASCOF will provide an important contribution to equality by helping drive self-directed support, ensuring that priorities and desired outcomes are not imposed on people by services, but that people using services dictate what is important. The ASCOF supports greater transparency on equality both locally and nationally, and will support local and national action to identify instances of discrimination and opportunities to advance equality.

As part of the fundamental review of data collections of national adult social care data, a framework of standardised equality and client classifications has been developed. The framework underpins the wider work of the review, which has been a co-production between the Health and Social Care Information Centre, the Department and local government. The review has considered the equality data which is required as part of national collections to support both national and local decision making. Where local authorities wish to collect further equality data beyond that which is required for national collections, in order to inform local decision making, the framework will support good practice and enable councils to do this consistently across collections. This framework was consulted on and is subject to further development before being released.

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

Age

Evidence

It is known that the number of users of adult social care rises with age,¹ and that the majority of carers are in their mid-forties or older, with most within the 45 – 64 years age bracket⁷

How the ASCOF will advance equality

In recognition of this, several measures in the framework focus specifically on older people – either directly by focusing on that age group, or indirectly by measuring outcomes supported by a service that is mainly used by older people. For example, Domain two of the 2013/14 ASCOF contains a specific outcome measure for older people: *2B. The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.* This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode and the data can be disaggregated by age specifically.

The introduction of the Carers' Survey and inclusion of measures in the ASCOF on carer satisfaction with social services (and other measures) from 2012/13, will allow for comparison between councils to support benchmarking, drive improvement and strengthen accountability for the outcomes and experiences of carers, and can be disaggregated by age.

Disability

Evidence

In 2010, over half of supported residents aged 18-64 had a learning disability, 21% had a mental health problem, 18% had a physical impairment and the remaining 2% were in the substance misuse of other vulnerable people category¹².

How the ASCOF will advance equality

Four outcome measures are focused on outcomes for people with learning disabilities or mental health problems. These are:

1E. The proportion of adults with learning difficulties in paid employment;

1F. The proportion of adults in contact with secondary mental health services in paid employment;

1G. The proportion of adults with learning disabilities who live in their own home or with their family; and,

1H. The proportion of adults in contact with secondary mental health services living independently, with or without support.

Measure 1E is intended to improve the employment outcomes for adults with learning disabilities, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing²¹ and financial benefits²². Measure 1F is intended to measure improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination.

Measure 1G is intended to improve outcomes for adults with learning disabilities by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing exclusion. Measure 1H is intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion.

Gender

Evidence

Evidence of equality issues related to gender include:

- i) women (partly due to longer life expectancy) can expect to live more years in poor health than men from 65 onwards;¹²
- ii) there are gender differences in causes of death and illnesses, some of which have socio-economic links, some linked to behaviours (such as smoking and alcohol consumption) and some due to past working environments (such as pneumoconiosis in men);¹²
- iii) men are also less likely to utilise services that address lower-level needs, though the reasons for this are unclear and could be the result of a number of factors;¹² and,
- iv) under the age of 65, a larger proportion of women than men were carers.¹²

How the ASCOF will advance equality

The Department's proposals to improve quality of services – and through this outcomes for individuals – will affect men and women differently in accordance with the proportion they make of those using services. The disaggregation by gender for the majority of the measures will support equality of outcomes by gender.

Gender reassignment

Evidence on the experience or outcomes of transgender people in relation to adult social care is not currently collected as standard data within adult social care collections.

Pregnancy and Maternity

It is not anticipated that the proposals will have a significant effect on pregnancy and maternity issues as a whole.

Ethnicity

Evidence

There is evidence of a disparity in effectiveness of social care services for people of different ethnicities:

- 54.8% of Asian people and 60.4% of Black people said that equipment they had received from services had “made their quality of life much better”, compared to an average of 68.5% across all ethnicities;¹²
- 69.2% of Asian people said they were “very happy” with the way people who discussed their needs had treated them, compared to an average of 87.1% across all ethnicities;¹²
- older Asian people (including Indian, Pakistani, Bangladeshi and other Asian groups) are less likely to live alone: while among White men aged 85 and over the proportion living alone was 42%, it was only 16% among Asian people and 23% among the Chinese or Other group;¹²
- among African Caribbean men over 50, the risk of a potentially life threatening ailment is more significant than other groups. Yet the frequently present at a time when the chance of preventative intervention is too late.¹²
- the Health and Social Care Information Centre Personal Social Services Adult Social Care Survey, England 2011-12 Provisional data, found that services from the White ethnic group reported having a higher quality of life than users from the Mixed, Asian and Black groups.¹³

How the ASCOF will advance equality

Action to tackle equality will be led from the local level by councils working in partnership and held to account by local citizens. Equality disaggregations at the local authority level are published where available. This includes a breakdown of the data by ethnicity for the majority of the outcome measures. As ethnicity is a key disaggregation within the current social care data collections, councils should be able to robustly identify equality impacts between people of different ethnicity.

Religion and belief

Evidence

There is limited evidence around religion and belief in relation to social care services, however there is anecdotal evidence where providers have failed to understand the specific needs of their service users with regards to religious beliefs.

How the ASCOF will advance equality

The ASCOF measures based on user and carer surveys are disaggregated down to the level of religion and belief where available. In practice there are likely to be significant gaps in the data on these characteristics at least in the short to medium term, reflecting the content of records held locally by councils. Councils will be able to use this information to identify any differences in outcomes between people of different religions and beliefs.

Marriage and Civil Partnerships

It is not anticipated that the proposals will have a significant effect on marriage and civil partnerships issues as a whole.

Sexual-orientation

Evidence

Evidence shows that people from Lesbian, Gay, Bisexual and Transgender (LGBT) groups are more likely to make themselves known to social services at a greater level of need.¹⁵ This may be because of the stigma of needing support, or because it is perceived that the care system is not culturally sensitive.

A report by Age Concern highlighted that LGBT people may have greater need for professional care services as they are 4.5 times as likely to have no children to call upon for extra help. LGBT people are also 2.5 times more likely to live alone compared to their heterosexual counterparts.¹⁶

How the ASCOF will advance equality

Where available and robust, measures based on user and carer surveys will be disaggregated by sexual orientation, supporting councils to identify equality impacts between people of different sexual orientation. However, it should be noted that in practice there are likely to be significant gaps in the data for this characteristic, at least in the short-term. This reflects the content of records held locally by councils.

Any other groups

Supporting a more local focus allows councils covering rural areas to tailor their approach to the specific needs of those areas. A focus on outcomes may be particularly helpful in rural areas where the previous emphasis on service activity possibly did not take full account of challenges such as long commutes. Locally focussed, disaggregated data allows for more account to be taken of the different demographics of regional areas in data analysis.

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

One objective of the Adult Social Care Outcomes Framework is in part to inform local conversations about priorities and quality. The ASCOF will support the development of local accounts, which local authorities will use to set out their priorities and progress to local people. The ASCOF will support councils to develop their local accounts by providing high-level information that can validate the account and the priorities it sets out, as well as supporting more detailed comparisons.

Conversations should promote understanding by giving services more appreciation of the outcomes that are important to their customers and by giving people using services and their carers a greater understanding of the often difficult choices faced by providers and

commissioners.

What is the overall impact? Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

The Department considers the ASCOF to be a positive support to equality. The ASCOF, by furnishing councils with comparable, outcome focused measures, disaggregable by equality characteristic when the data source permits, should promote transparency of councils' track record on equality, underpinning more robust scrutiny by local people and supporting councils to improve.

The first ASCOF data publication (provisional) in September 2012 included equality disaggregations at the local authority level where available. This breakdown is summarised in the following table and includes the disaggregations which will be available for the 2013/14 data. This table also shows where equality and client group disaggregations are published outside of the ASCOF returns, for example as part of the underlying data source.

Measure	Equality disaggregations in 11/12, 12/13 and 13/14	Client group disaggregations in 11/12, 12/13 and 13/14
1A: Social care-related quality of life	Age, Gender, Ethnicity**, Religion*, Sexual orientation*	Physical Disability (PD) (all ages)** Learning Disability (LD) (all ages)** Mental Health (MH) (all ages)** Substance Misuse (all ages)** Vulnerable people (all ages)**
1B: The proportion of people who use services who have control over their daily life	Age, Gender, Ethnicity**, Religion*, Sexual orientation*	PD (all ages)** LD (all ages)** MH (all ages)** Substance misuse (all ages)** Vulnerable people (all ages)**
1C: Proportion of people using social care who receive self-directed support, and those	Age	PD (18-64 and 65+**)

receiving direct payments		LD (18-64 and 65+**) MH (18-64, 65+) Substance misuse (18-64, 65+**) Other vulnerable people (18-64, 65+)** Older people (65+) Carers (18-64, 65-74 & 75+)**
1D: Carer-reported quality of life	Age, Gender, Ethnicity,** Religion*, Sexual orientation*	Carers
1E: Proportion of adults with learning disabilities in paid employment	Gender	LD (18-64)
1F: Proportion of adults in contact with secondary mental health services in paid employment	Gender	MH (18-69)
1G: Proportion of adults with learning disabilities who live in their own home or with their family	Gender	LD (18-64)
1H: Proportion of adults in contact with secondary mental health services living independently, with or without support	Gender	MH (18-69)
1I (2013/14 only): Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.	Age, Gender, Ethnicity**, Religion*, Sexual orientation	Physical Disability (PD) (all ages)** Learning Disability (LD) (all ages)** Mental Health (MH) (all ages)** Substance Misuse (all ages)** Vulnerable people (all ages)**
2A: Permanent admissions to residential and nursing care homes, per 100,000 population	Age (18-64, 65 and over)	PD (18-64) LD (18-64) MH (18-64)

		Substance misuse and other vulnerable people (as one group)**, not allocated by client group**
2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service	Age (65-74, 75-84, 85+), Gender	Older people (65+)
2C: Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population	Age (18+)	Adults aged 18+
3A: Overall satisfaction of people who use services with their care and support	Age, Gender, Ethnicity**, Religion*, Sexual orientation*	PD (all-ages)** LD (all-ages)** MH (all-ages)** Substance misuse (all ages)** Vulnerable people (all ages)**
3B: Overall satisfaction of carers with social services	Age, Sex, Ethnicity, Religion*, Sexual orientation	Carers
3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for	Age, Sex, Ethnicity**, Religion*, Sexual orientation*	Carers
3D: The proportion of people who use services and carers who find it easy to find information about services	Age, Gender, Ethnicity**, Religion*, Sexual orientation*	PD (all-ages)** LD (all-ages)** MH (all-ages)** Substance misuse (all-ages)** Vulnerable people (all-ages)** Carers
4A: The proportion of people who use services who feel safe	Age, Sex, Ethnicity**, Religion*, Sexual orientation*	PD (all-ages)** LD (all-ages)** MH (all-ages)** Substance misuse (all-ages)**

		Vulnerable people (all ages)**
4B: The proportion of people who use services who say that those services have made them feel safe and secure	Age, Gender, Ethnicity**, Religion*, Sexual orientation*	PD (all ages)** LD (all ages)** MH (all ages)** Substance misuse (all ages)** Vulnerable people (all ages)**

* Although the underlying survey results will in theory be disaggregated by religion and sexual orientation, in practice there are likely to be significant gaps in the data on these characteristics at least in the short/medium term. This reflects the content of records held locally by councils.

** This information is not published as part of the adult social care outcomes returns, however it is published elsewhere

The Department has acknowledged that there are gaps in its equality data, however the Department is committed to supporting the availability of disaggregations by equality groups where this is proportionate and feasible, with the agreement of local government. As part of the continuing work to develop social care data collections from 2013/14 onwards, the Department will be considering what further disaggregations of the outcome measures may be supported by the data collections. These disaggregations can be used to identify variability in quality and outcomes for the protected characteristics and drive forward investigation and action at both the local and national level.

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

The Department's Equality and Human Rights Assurance Group (EHRAG) has used the ASCOF outcomes measures and indicators to support the development of an action plan to deliver the Department of Health's statutory equality objectives. The EHRAG provides oversight and assurance for the Departmental Board that the Department is meeting its equality and human rights aspirations and legal obligations and recommends equality objectives to the Departmental Board. The following actions have been agreed with the EHRAG:

- The Department will obtain a year on year national view of local authority performance on the Adult Social Care Outcomes Framework in respect of people having a positive experience of care and support, to inform future policy development and implementation; and,
- The ASCOF will be used to monitor outcomes by protected characteristics where data are available. Equalities issues will be considered in the development and implementation of new policies, drawing on the available evidence including the ASCOF, and evidenced through equality analyses where appropriate.

Indicators in the ASCOF will be also used to measure success of the action plan.

The Equality Act 2010

Councils and other public bodies are required to give due regard to equality legislation. The Equality Act 2010 states that:

(1) A public authority must, in the exercise of its functions, have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and,
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Public Sector Equality Duty commenced on 5 April 2011 and covers the following protected characteristics:

- age;
- disability;
- gender reassignment;
- marriage and civil partnerships (eliminating discrimination);
- pregnancy and maternity;
- race;
- religion or belief;
- sex; and,
- sexual orientation.

Further information on the Equality Act 2012 and the Public Sector Equalities Duty can be found here:

<http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/equality-duty?view=Binary> or

http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/policy_and_dm_guide_update.doc

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

- the ASCOF will be used to monitor outcomes by protected characteristics where data are available;
- the Department is committed to supporting the availability of disaggregations by equality groups for the outcomes measures where this is proportionate and feasible, with the agreement of local government;
- as part of the continuing work to develop social care data collections from 2013/14 onwards, the Department will be considering what further disaggregations of the outcome measures may be supported by the data collections; and,
- continuing to work with councils to determine what equality information should be collected, in accordance with the respective legal duties of local authorities and the Department.

Please give an outline of your next steps based on the challenges and opportunities you have identified.

- continued engagement with the Equality and Human Right Assurance group to ensure the ASCOF supports the delivery of the Department of Health's equality objectives;
- the outcomes framework will continue to be developed and agreed jointly by the Department of Health, the Association of Directors of Adult Social Services and the Local Government Association; and,

- the Department will carry out an annual review of the outcome measures included in the ASCOF to ensure that the framework is achieving its aims and to identify areas for further improvement, including in relation to the protected characteristics.

For the record

Name of person who carried out this assessment:

Mia Snook

Date assessment completed:

20 November 2012

Name of responsible Director/Director General:

Glen Mason

Date assessment was signed:

20 November 2012

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