

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



1. Name of Strategy, Policy or Plan

Learning Disability Specialist Residential Care Home

This is a : New Policy

2. Brief Description - Purpose of the policy, Changes and outcomes, services or activities affected

The planned closure of the long stay specialist learning disability Tier 4 hospital wards and the reconfiguration of specialist Tier 4 short stay assessment care and treatment wards creates the need for Glasgow City HSCP to develop alternative services to support people with learning disabilities assessed as requiring complex care. The national strategy for Learning Disability: The Keys to Life (2013) defines complex care as a term to “describe people with learning disabilities who require more intensive support. This includes people with challenging behaviour, autism spectrum disorder, mental health needs, people with profound and multiple disabilities, offending behaviour or a combination of these.” GCHSCP’s strategy is to develop a specialist residential care home service within Glasgow City with purpose built accommodation secured on a single site. The specialist care home will offer accommodation and support for 15 complex individuals. The care home will seek to support people who present severe challenges defined by Emerson (1995) as follows: “...severely challenging behaviour refers to culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour that is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities.” 2. The development of this specialist care home for adults with learning disabilities requiring complex care is in line with the guidance in the Keys to Life- National Learning Disability Strategy (2013). It also aligns with the aspiration of the Glasgow City Health and Social Care Partnership (GCHSCP) to deliver support at the right time, in the right place, and from the right person, and to provide health and social care services in local communities where possible. It supports the Partnership’s key priorities of shifting the balance of care and enabling independent living for longer. Improving performance in relation to delayed discharges remains a core priority of the GCHSCP. 3. In addition to demand for specialist services arising from changes to Tier 4 hospital provision, further demand analysis demand across different sections of complex care service delivery for adults and young people with learning disabilities in community settings has also been undertaken. The commissioning of a specialist care home capable of supporting adults with the most complex needs reflects Glasgow’s commitment to its citizens to support them to live their lives within their own community. The new care home would also enable a number of individuals currently placed and supported out with Glasgow’s boundaries to return to Glasgow and be closer to family and friends.

3. Lead Reviewer

Phillips, Katrina

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

Paul Nolan (Principal Officer Disabilities Commissioning); Isobel Crawford (Principal Officer Disabilities Commissioning); lynne mcdonald (Principal Officer Disabilities Commissioning); Debbie Miller (Commissioning Manager); Gareth Greenaway (Planning manager)

5. Impact Assessment

A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

Yes. Glasgow City Council (GCC) will be running the Tender and GCC has a legal obligation to promote equality of opportunity and anti-discrimination and the proposed contract for the care home service provider will include the undernoted contractual clauses which will compel the Provider organisation to deliver on these obligations. The most notable clause is clause 31: 31. EQUAL OPPORTUNITIES AND NON-DISCRIMINATION 31.1 In providing the Services, the Provider shall comply with equal opportunities and the Public Sector Equality Duty and shall ensure compliance with the Council’s written policies on such matters

and with all Laws, regulations, codes of practice and guidance from time to time applicable in such regard. 31.2 The Provider shall provide such information and documentation to the Council as the Council may reasonably require from time to time for the purposes of: 31.2.1 assessing the Provider's compliance with its obligation under clause 31.1; 31.2.2 enabling the Council to review diversity in employment data such as total Staff in post, applications for posts, appointments to post, annual gender pay audits, promotions, performance reviews, training, disciplinary matters, grievances, tribunal matters and all other relevant information required for the Council to comply with its Public Sector Equality Duty; and 31.2.3 enabling the Council to review data in respect of complaints and satisfaction surveys in respect of the Provider's approach to equalities, diversity and human rights. 31.3 In delivering and reviewing the Services the Provider shall: 31.3.1 have regard to any guidance provided by Scottish Ministers for local authorities on the Public Sector Equality Duty (including assisting in or preparing reports in order to secure the Council's compliance with the Public Sector Equality Duty); 31.3.2 comply with reasonable requests for information or data in respect of the Council's Public Sector Equality Duty including where the Council undertakes an equalities impact assessment and 31.3.3 compile and keep all required records in order that the Council may comply with the Public Sector Equality Duty including where the Council undertakes an equalities impact assessment. 31.4 The Provider shall deliver the Services in a non-discriminatory manner that ensures fairness and equality to all Service Users. The Provider recognises that the Council has a responsibility to monitor the extent to which the provision of the Services extends to groups who are at risk of social exclusion. The Provider agrees, where appropriate and practicable, to provide information to the Council in relation to employment and use of the Service by the following criteria: 31.4.1 age; 31.4.2 sex; 31.4.3 sexual orientation; 31.4.4 disability; 31.4.5 religion or belief; 31.4.6 race; 31.4.7 marriage and civil partnership; 31.4.8 pregnancy and maternity; and 31.4.9 gender reassignment. 31.5 The Provider shall not discriminate directly or indirectly, or by way of victimisation or harassment, against any person on grounds of gender reassignment, age, marriage or civil partnership, sexual orientation, disability, religion or belief, sex, pregnancy or maternity and race contrary to the Equality Act 2010. 31.6 The Provider shall notify the Council forthwith in writing as soon as it becomes aware of any investigation of or proceedings brought against the Provider under the legislation contained in the Equality Act 2010. Where any investigation is undertaken by a person or body empowered to conduct such investigation, and/or proceedings are instituted in connection with any matter relating to the Provider's performance of this Contract being in contravention of the Equality Act 2010, the Provider shall free of charge: (i) provide any information requested in the timescale allotted; (ii) attend any meetings as required and permit the Provider's affected Staff to attend; (iii) promptly allow access to and investigation of any document or data deemed to be relevant; (iv) allow itself and any Staff of the Provider to appear as witness in any ensuing proceedings; and (v) co-operate fully and promptly in every way required by the person or body conducting such investigation during the course of that investigation. Where any such investigation is conducted or proceedings are brought under the Equality Act 2010, which arise directly or indirectly out of any act or omission of the Provider, its agents or subcontractors, or the Staff of the Provider, and where there is a finding against the Provider in such investigation or proceedings, the Provider shall indemnify the Council with respect to all costs, charges and expenses arising out of or in connection with any such investigation or proceedings and such other financial redress to cover any payment the Council may have been ordered or required to pay to a third party. 31.7 In recognition of the Council's legal obligation to tackle discrimination and promote equalities and diversity in all its functions and policies under the Equality Act 2010 the Provider may be subject to the requirement to complete a questionnaire and/or provide information to the Council's officers on the extent and quality of the Provider's equalities and diversity policies and practice. Poor practice in this regard may result in the Council issuing a finding letter describing the nature of improvement required and associated timescales. Failure to adhere to the terms of the said letter within the stipulated timescale may be considered as a breach of contract that has not been remedied under clause 38 giving the Council the right to terminate the Contract forthwith. 31.8 In the event that the Provider enters into any subcontract in connection with this Contract, it shall impose obligations on its subcontractors in proportionate and relevant terms substantially similar to those imposed on it pursuant to this clause. Other relevant contractual clauses include: Grounds for termination of contract: 16.2.13 Not compliant with the requirements of the Equality Act 2010. 5.2 The Provider must at all times meet the standards detailed within relevant National Care Standards which will be regarded as minimum standards. The Provider must also adhere to the principles of dignity, privacy, choice, safety, realising potential and equality and diversity rights as an individual.

B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source
All	United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol website: http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf requires all service provision to be concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.	United Nations Protocol Website
Sex	Lisney E. (2014) Disability and intersectionality: Multiple identities, cumulative discrimination, Scottish Women's Aid suggested that women with disabilities are vulnerable to physical, sexual, psychological and financial abuse. In a study across the European Union including Scotland, Shah S. et al (2015); Access to support services and protection for disabled women who have experienced violence; European Commission found that women with disabilities (women and girls who are deaf and those with long-term health Conditions) are more susceptible to different forms of violence across their lives compared with non-disabled women. The violence happens within a range of	Lisney E (2014):

	<p>contexts (e.g. home, school, hospital) and is done by various perpetrators, including professionals and family members as well as partners. However, disabled women and girls face several obstacles when trying to access information and support to escape abusive relationships, both from women's support services (which are often not accessible) and disabled people's organisations (which do not often prioritise tackling gender-based violence). The voices and experiences of disabled women and girls are often hidden or not taken seriously</p>	
Gender Reassignment	<p>Transgender people are one of the most marginalised protected characteristic groups in the UK. Trans people are likely to experience abuse at various point throughout their lives. In a study by Scottish Transgender Alliance (2008) 25% of respondents said they had to move from a family home due to family responses. This often results in homelessness, 46% had experienced transphobic abuse in relationships and 62% had experienced transphobic abuse from strangers in public places.</p>	<p>Scottish Transgender Alliance – Transgender experiences in Scotland 2008</p>
Race	<p>Learning Disability Alliance Scotland (2017) in their report: "BME People Lose Out Across Scotland" suggested that people from Black and Minority Ethnic (BME) communities are less likely to get a service than people from a White Scottish background. While the census shows that that BME people make up 5.2% of the Scottish population, the national database on learning disability, ESAY show only 1.24% of people with learning disabilities are from a BME background. There are some wide regional variations. Many BME communities are well established in Scotland and are likely to have a similar incidence of learning disability in the population. In the report by Trotter R. (2012); 'Over-looked Communities, Over-due Change' published by the Equalities National Council and Scope found many Black and Minority Ethnic (BME) people with disabilities reported that access to services can be compromised by poor translation, inconsistent quality of care and weak links between services and communities. People with disabilities are more likely to live in poverty but BME people with disabilities are disproportionately affected with nearly half living in household poverty. And like all people with disabilities, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society. The Scottish Government collects data on the number of direct payment recipients categorised by different ethnic groups. This information was provided for 83% of all direct payment recipients. Figures for 2010 show that 98% of recipients are white and 1% are Asian, the other categories each accounted for less than 1% of DP recipients.</p>	<p>Scottish Government essay data 2010</p>
Disability	<p>The NHS Health needs Assessment report Update 2017 highlights that new legislation has brought about Integrated Joint Health and Social Care Boards to deliver health and social care services and drive forward improvements in health and well-being for local communities, including adults with learning disabilities. Though whilst the number of people with learning disabilities living into older age is increasing, with many presenting with a diverse range of complex and multiple interrelated health conditions, however life expectancy remains shorter when compared to the general population, often due to avoidable, preventable and manageable conditions. People with learning disabilities have a different pattern of health conditions from the general population and different causes of death. It is therefore important that reasonable adjustments are made to include them in all health services and preventative health screening programmes aimed at the whole population as well as target services and supports. People with learning disabilities are individuals who want to lead full and equal lives. For people with disabilities, the Scottish Government reported poorer self-reported health, and a higher incidence of mental ill-health, than people without disabilities. People with impairments including hearing impairments, visual impairments and learning difficulties report barriers to accessing healthcare, and negative experiences of receiving healthcare. In social care, it found over a quarter of home-care clients have physical disabilities. The</p>	<p>NHS Health Scotland People with Learning Disabilities in Scotland: 2017 Health Needs Assessment Update Report; Scottish Government Equality outcomes: disability evidence review (2013) Scottish Government ; Social Research Health; SDS Review - Scottish Gov</p>

	<p>number of residential care places for clients with physical or learning disabilities has fallen since 2000, and the number of people with physical or learning disabilities being cared for at home has risen over the same period. It also found that disabled adults are less likely to engage with or participate in cultural events and activities than adults without disabilities, except for craft based activities. Barriers to increased participation include cost, transport, limited availability of audio-description, and low expectations. Regarding communication support needs, the Scottish Executive (2007) reported that “People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care”. This is attributed to the training, awareness or attitudes of healthcare professionals, to the requirement for the patient to express his needs, and to the time constraints on consultations. The Scottish Government's 2008 review of Self Directed Support involved case study participants from each disability client group. A large majority of SDS clients and their informal carers had positive experiences of using their SDS funding to directly purchase their support and employ Personal Assistants. Statistical data is available on direct payments only, though this includes data on the disabilities of direct payment recipients. Data collection is currently being reviewed so that information on other forms of self-directed support can be recorded. The statistical data shows that 40 per cent of people receiving Self-directed Support (Direct Payments) had a physical disability and 26 per cent had a learning disability. A further 3 per cent had both a physical and a learning disability. (National Statistics, Self-directed Support (Direct Payments), Scotland, 2011). For people with disabilities, the Scottish Government reported poorer self-reported health, and a higher incidence of mental ill-health, than people without disabilities. People with impairments including hearing impairments, visual impairments and learning difficulties report barriers to accessing healthcare, and negative experiences of receiving healthcare. In social care, it found over a quarter of home-care clients have physical disabilities. The number of residential care places for clients with physical or learning disabilities has fallen since 2000, and the number of people with physical or learning disabilities being cared for at home has risen over the same period. It also found that disabled adults are less likely to engage with or participate in cultural events and activities than adults without disabilities, except for craft based activities. Barriers to increased participation include cost, transport, limited availability of audio-description, and low expectations. Regarding communication support needs, the Scottish Executive (2007) reported that “People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care”. This is attributed to the training, awareness or attitudes of healthcare professionals, to the requirement for the patient to express his needs, and to the time constraints on consultations. The Scottish Government's 2008 review of Self Directed Support involved case study participants from each disability client group. A large majority of SDS clients and their informal carers had positive experiences of using their SDS funding to directly purchase their support and employ Personal Assistants. Statistical data is available on direct payments only, though this includes data on the disabilities of direct payment recipients. Data collection is currently being reviewed so that information on other forms of self-directed support can be recorded. The statistical data shows that 40 per cent of people receiving Self-directed Support (Direct Payments) had a physical disability and 26 per cent had a learning disability. A further 3 per cent had both a physical and a learning disability. (National Statistics, Self-directed Support (Direct Payments), Scotland, 2011).</p>	
<p>Sexual Orientation</p>	<p>The Lesbian, Gay, Bisexual and Transgender (LGBT) Health and Inclusion Project LGBT Identities and Learning Disabilities (2015) project found that participants reported that there is a lack of support for people with learning disabilities to access support around sex and relationships in general. This can include misconceptions that all people with learning disabilities are asexual and that sexual urges generally are ‘inappropriate’. Furthermore, participants discussed how people with learning disabilities can be infantilised which feeds into the notion that</p>	<p>Scottish Surveys Core Questions 2015; Commission for Social care Inspection 2008; Social Care (Self-directed Support) Bill.NHS Health Scotland People with Learning Disabilities in Scotland: 2017 Health</p>

	<p>they would not need support around sex and relationships. Participants emphasised that this can be said for people with learning disabilities in general, and that LGBT people then face additional barriers. Participants identified risk of 'mate crime' and sexual or financial exploitation for people with learning disabilities in night-time venues, including the commercial gay scene. The stigma around learning disabilities can make it hard for people to disclose to LGBT support services that they have additional needs and stigma around LGBT identities can make it difficult to 'come out' to support workers. Participants identified a lack of easy-read and accessible information online and in hard copy for LGBT people with learning disabilities. This includes information about local LGBT support as well as broader education about sexual orientation or gender identity. Invisibility of LGBT identities in care settings and of people with learning disabilities in LGBT settings was also identified as problematic. Participants identified stigma and shame as reasons why LGBT people with learning disabilities may not come out to workers. Participants noted that the first time that people might be asked to consider or disclose their sexual orientation or gender identity may be when completing a monitoring form. This was identified as problematic as there is often not enough time to properly explore what this means. A 2008 report by the Commission for Social Care Inspection in England found that there were higher levels of satisfaction among lesbian, gay and bisexual direct payment recipients than in lesbian, gay or bisexual users of traditional social care. The report pinpointed 3 reasons for this. - Choice and consistency of worker to ensure positive attitudes to lesbian, gay and transgender people. - Flexibility over care tasks and times to enable people to meet with friends or attend events. - Control in deciding what to do if a worker is discriminatory. The 2019 Framework contract will support the ability of service users to exercise their choice to take a Direct payment. In 2015, 1.8% of Scottish adults (aged 25 to 75+) and 3.7% young people (aged 16 to 24) identified their sexual orientation as LGBTI The Scottish Government does not currently collect data on the sexual orientation of direct payment recipients. Data collection on self-directed support is currently being reviewed to see how robust information on every protected characteristic can be collected. McCann, E., Lee, R. & Brown, M. (2016). The experiences and support needs of people with intellectual disabilities who identify as LGBT: A review of the literature. <i>Research in Developmental Disabilities</i>, 57, 39-53. Identified 5 core areas key issues impacting on LGBT people with learning disabilities. The issues identified were (i) improving equality of access to health services and the making of reasonable adjustments; (ii) access to support and counselling to address gender and sexual identity issues and challenging heteronormative attitudes; (iii) access to support and counselling to address individual attitudes regarding their LGBT status; 40 (iv) access to education about being LGBT and social support networks; and (v) access to therapeutic interventions.</p>	Needs Assessment Update Report ;
Religion and Belief	Currently the HSCP does not have access to any data on discrimination experienced by adults or children on the grounds of religion or belief which would be relevant for this EQIA	
Age	Scotland's population is ageing. This is evident by the decrease in the population aged under 16 (-7 per cent) between 2000-2010 compared with increases in the populations aged 60-74 (+13 per cent) and those aged over 75 (+14 per cent). (The Registrar General's Annual Review of Scotland's Population - 2010)	Scottish Government SDS Act EQIA 2012
Pregnancy and Maternity	Laura A. and Carter C. (2010); Women with Learning Disabilities and Maternity Services in Leeds: found that the experiences of women with learning disabilities highlighted initial issues for concern that seriously contravene basic international and national human rights standards: -The lack of identification of a woman with a learning disability and therefore her lack of support; -The lack of information about crucial health and social issues that affect a woman with a learning disability; -The non-accessible information given to a woman with a learning disability; -The grave concerns with respect to the lack of a free	Laura A and Carter C 2010

	and informed consent for deciding a termination that have been evidenced with respect to a woman with a learning disability	
Marriage and Civil Partnership	Currently the HSCP does not have access to any data on discrimination experienced by adults or children on the grounds of marriage and civil partnership which would be relevant for this EQIA	
Social and Economic Status	Scottish Government Equality outcomes: disability evidence review (2013) Scottish Government Social Research found that people who live with a disabled adult in their family are more likely to be in relative poverty than those who do not; this gap narrowed in 2009/10, but widened again in 2010/11.	Scottish Government Equality Outcomes; Disability Evidence review 2013
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)		

C. Do you expect the policy to have any positive impact on people with protected characteristics?

	Highly Likely	Probable	Possible
General	<p>The decision to tender for a Specialist Care Home for people with learning disabilities requiring complex care in Glasgow will offer increased choice and control for all citizens in receipt of services under Section 12A of the Social Work (Scotland) Act 1968, the SDS Act 2013. The main benefit associated with the development of the service will be for those individuals in Specialist Hospital Wards (NHS resource that is closing) and individuals in unstable community based settings as well as those individuals receiving specialist services out with Glasgow's city boundary. The new service will be able to meet the needs for those with a diagnosed learning disability and with associated co-morbidity of complex presentations such as mental ill health, Autism Spectrum Disorder, challenging behaviour, profound and multiple disabilities, offending behaviour or any combination of these. These clients will benefit from the positive outcomes of care arranged and delivered in Glasgow with better familial and community connections. The service will deliver quality care and will deliver more positive outcomes.</p>		
Sex			The Specialist Care Home is designed to offer services to meet the needs of all clients regardless of their gender.

Gender Reassignment		The successful provider will be required under the terms of the GCC Specialist Care Home contract to deliver services in accordance with the 2010 Equalities Act and therefore are prohibited from discriminating against adults and children on the basis of gender reassignment issues	
Race		The Specialist Care Home Provider will be required under the terms of the GCC Specialist Care Home Contract to meet the stipulations of the 2010 Equalities Act and therefore are prohibited from discriminating against adults and children on the basis of race.	
Disability	The Specialist Care Home contract will deliver services that have been developed to meet the specific and presenting needs of individuals with learning disability and associated complex conditions and behaviours. The service will meet DDA access requirements and will be located within the Glasgow City boundary. It will therefore support individuals with disabilities to retain familial and community links to Glasgow. It will reduce transport requirements for older carers who may have associated age related disabilities.		
Sexual Orientation		The Care Home Provider will be required under the terms of the Specialist Residential Care Home contract to comply with the 2010 Equalities Act and therefore are prohibited from discriminating against adults and children on the basis of sexual orientation.	
Religion and Belief	none	none	none
Age	The Specialist Care Home will offer access to adults age 16yrs+ with assessed needs to a specialist service within their community. It will provide for all adult ages access to a resource within their community that has not previously been available.		
Marriage and Civil Partnership	none	none	none

Pregnancy and Maternity	none	none	none
Social and Economic Status	none	none	none
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	For adults with a learning disability and very complex needs who have spent the majority of their lives in institutional care settings or hospital care the development of a specialist care home model in Glasgow offers a unique opportunity to experience living in an alternative environment closer to community connections. It is the intention of the HSCP to offer placements to individuals that will deliver quality of life solutions that embed the principles of 'ordinary living'. The specialist care home will also offer opportunities for adults to develop their own skills with the goal of 'moving on' to even more independent models of support.	none	none

D. Do you expect the policy to have any negative impact on people with protected characteristics?

	Highly Likely	Probable	Possible
General	none	none	none
Sex			Social care work has historically attracted more female staff than males and at times this has led to difficulties providing services to individuals who have specifically needed a male staff team. The learning disability Specialist Care Home is vulnerable to these recruitment challenges which will be kept under review through formal contract management activity.
Gender Reassignment	none	none	none
Race	none	none	none
Disability	none	none	none

Sexual Orientation	none	none	none
Religion and Belief	none	none	none
Age	none	none	none
Marriage and Civil Partnership	none	none	none
Pregnancy and Maternity	none	none	none
Social and Economic Status	none	none	none
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders	none	none	none