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**NHS Greater Glasgow and Clyde**  
**Equality Impact Assessment Tool**

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

**Name of Policy/Service Review/Service Development/Service Redesign/New Service:**

Glasgow City Health and Social Partnership -redesign and deregistration of Mental Health Care homes with Glasgow City Council

**Is this a:** Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review

**Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).**

In Mental Health, there is a recognised need for people to be supported who are vulnerable due to severe and enduring mental health or due to period of mental health instability and the individual requiring a more supportive structure of support. Those individuals are not at a stage to live independently in their own tenancy, but there is the potential for recovery and the possibility of moving on to more independence at a later stage. To promote and foster a more independent way of living for this client group, it is expected that providers will offer a range of supports to enable this shift, and support people to be a part of their community. It is recognised this pathway is not suitable for everyone and there may be times that a person requires the long-term support available at supported accommodation and this is acknowledged by the HSCP.

The models of mental health supported accommodation in Glasgow have been in place for over 30 years and are now considered outdated in their design. Following a consultation event with providers of mental health supported accommodation there was a unanimous agreement to work in partnership with the HSCP to consider options for the re-design of the models of support. Partnership working with providers was established to progress the redesign and deregistration of Mental Health Care homes and support accommodation within Glasgow HSCP to meet the changing needs of those presenting to the local authority with complex mental health needs. Research, analysis and audits of data have identified a changing presentation of those being referred for accommodation, both in terms of diagnosis, age and other demographic information. Some of this evidence has been detailed in the MH commissioning Commodity Sourcing Strategy.

Historically, accommodation registered as a 'Care Home' with Care Inspectorate has meant that those living in this type of environment have been faced with financial restrictions and potentially unrealistic settings as part of their recovery and preparation for moving on to their own accommodation. Accommodation was developed and promoted as a 'home for life' rather than a transitional period where support is provided, and individuals are encouraged to reach their full potential and become positive and valued members of their local community.

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The expectation of the provider is that they understand the complexity and challenges that supporting individuals with a wide spectrum of needs, ranging from: severe and enduring mental health; people with neuro diverse conditions; a range of personality disorders and associated behavioural issues, can present. Additionally, the co-morbidities that exist alongside mental health needs, requires flexible, adaptable service models with a skilled workforce to sustain the levels of support and resilience required.

### **Current Demand**

The referrals into the service will come from a range of settings, and at variable stages in their recovery and wellbeing. The details below provide evidence of the current demand:

#### **1) Demand from hospital discharge**

Delayed discharge from hospital is the main source of demand for supported accommodation. In Glasgow, on average there are 14 people waiting on discharge from MH campus across Glasgow on a weekly basis. A snapshot of one week highlights the demand and reasons for the delay in moving on from hospital. There is continued demand for placements for people who are delayed in MH campus or acute sector who require a more supported nursing/care home setting to manage their mental health and wellbeing. Approximately 5 of delays await Supported Accommodation.

#### **2) Forensic use of Mental Health Supported Accommodation**

The HSCP MH Supported Accommodation continue to provide the primary route for discharge from low secure units. There is currently no other recognised pathway for this care group.

In 2024 there are 58 people in low secure beds for whom the expectation is that they will eventually progress to community-based accommodation with some level of social care support. The timescale for Discharge for those group can range from 1-10 years.

#### **3) Young People in transition**

There is a growing demand from young people with complex and or additional support needs to access mental health accommodation-based support. The young person resource prioritisation group (RPG) has advised the services commissioned are not specifically designed to meet the challenges of people with the level of complex needs presented though mental ill health, autism/neuro divergent and/or social, emotional and behavioural challenges.

Data over the past 12 months has shown an increase in demand for neuro- divergent young people. This group present challenges for current models of support and development of specific services to meet the needs of this group needs to be considered within the commissioning opportunity. Reasons for referral for supported accommodation have identified that this can be due to family/carer stress breakdown that leads to hospital admission. The young person can be stable but is unable to return to the family home, and homelessness

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services is not an option. They become delayed in hospital waiting for an appropriate resource. Supported Accommodation Resource Allocation Group (SARA) is a multi disciplinary group that meets to consider referrals for MH supported accommodation referrals. This comprises OT representation, Health, social work, MH Commissioning representatives. SARA have one specific resource for young people and vacancies are limited. It is identified that these young people have very limited independent living skills and require intensive support in this area in addition to mental health support.

### **4) Stepping down from higher need mental health nursing care home**

There are times when people can step down from nursing care homes and access a lower level of support. This could be following a period of rehab and recovery. The numbers here are not significant with only 2-3 per year however it recognised supported accommodation models can meet the needs of this group.

### **5) Internal transfer from one supported living services to another**

Due a range of issues there can be the need for transfer between resources. There can be different reasons for this such a move: incompatibility with other residents; the property can no longer meet physical care needs; care breakdown with provider; or fleeing violence or exploitation in an area; vigilante behaviour.

### **6) Leaving homelessness or addiction services**

There is a growing focus on supporting people with mental ill health and co-morbidities that are in temporary support provisions and have been there for long periods. It is recognised their needs are not being fully met within these models, yet their complexity makes it a challenge for other commissioned care group services.

There is evidence of the growing need for collaboration across commissioned care groups services and look to share/pool resources to design services to meet multiple needs. This service would need to offer a period of stabilisation and structured support.

The current commissioned Homelessness services can meet a level of complexity, offering robust interventions, with the support from the Complex Needs team.

Exploration of how this could be widened to new service models is required.

### **Areas for Improvement**

Considering all the sources into supported accommodation and as the profile of people waiting is changing, so too is the expected nature and type of models changing, people are expecting a modern and flexible approach to support. The following issues can be summarised:

- The acceptance of the current care home models of supported accommodation is declining due to the financial implications of having a

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personal allowance and managed funds for daily living. People have capacity to make choices around where they live, with people declining accommodation with significant impact on personal finances, i.e. being left with personal allowance of £34.00 approximately per week.

- To recognise the need for long term supported accommodation and not just short-term recovery focused. Some individuals will never live successfully or safely on their own.
- No clear pathways to recognise multiple outcomes, i.e. short-term intervention, long-term need, sustaining the individual in the right model of supported accommodation at the right time.
- Limited accessible accommodation for aging population or disabled needs. HSCP would look to work in partnerships with providers, RSLs or HA to potentially identify more accessible accommodation, allowing forward planning and longevity of environments and designs fit for purpose and the future.
- Limited use of Technology enabled care to promote independence and/or reduce direct care. Outcomes from our Test for change will give learning and development opportunities.
- Limited opportunities for providers to develop and innovate the models of support. Greater flexibility around support provision and not restricting hours solely identified to an individual, even if not utilising full hours. For example, rather than all people living in an accommodation being defined as having 30hrs per week, the total hours for a project would allow scope to go up and down for a persons' needs, crisis in mental or physical health etc.

*To have supported accommodation that delivers person centred support to meet the current and future needs of Adults of Glasgow who have complex support needs due to mental health conditions.*

*To have accommodation available to GCHSCP to allocate based on priority of need.*

*To grow the market for sustainable, affordable, accessible and modern supported living models of accommodation.*

*To have a variety of support providers across GCHSCP who can deliver recovery based mental health support and provide the support to help people to move on as part of their recovery, where possible.*

*Services that can deliver innovative and flexible models of support across Glasgow with the opportunity to diversify to respond to and meet a wide range of complex needs.*

*To have supported accommodation models that maximise independence with use of Technology enabled care systems in place.*

*This links to **the National Health and Wellbeing outcomes:***

***2 - People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable,***

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*independently and at home or in a homely setting in their community*

**3** - *People who use health and social care services have positive experiences of those services, and have their dignity respected.*

**4** - *Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.*

**5** - *Health and social care services contribute to reducing health inequalities.*

**7** - *People who use health and social care services are safe from harm.*

**9**- *Resources are used effectively and efficiently in the provision of health and social care services.*

*The delivery of these aims will meet a key vision of **GGC Mental Health Strategy 2023-28: of having community resources that support rehabilitation and recovery from complex mental health problems nearer to home and in the least restrictive setting.***

**Planned Approach**

There is evidence of the growing need for collaboration across commissioned care groups services and look to share/pool resources to design services to meet multiple needs. These service changes will involve new tenancy agreements being issued by providers, moving to occupancy agreements reflecting the move from care home registration to that of supported living with 'Care at Home'. Those supported will move to greater financial freedom as individuals' benefits will be maximised and property costs for accommodation will move to housing benefit. People will be supported to develop great rehab skills in independent living, increase their skills around budgeting for a tenancy etc. Support directly delivered will be more flexible to respond to individual needs, flexing where necessary up and down in intensity in times of crisis and changing needs. Support will be more responsive to reflect changing complex needs with opportunities to be more proactive than reactive.

**Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)**

<b>Name:</b> Lorraine Taylor	<b>Date of Lead Reviewer Training:</b>
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**Please list the staff involved in carrying out this EQIA**

**(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):**

Maureen McMaster, Principal Officer  
Shirley Findlay, Senior Officer

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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p>1. <b>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal, what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</b></p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Monitoring of the uptake of specific groups of service users will be in line with the requirements of the Equality Act 2010 for all characteristics.</p> <p>To help support the development and redesign of the services, information on the needs of the target group was collected. The information helps in the support and training of staff required to deliver this service.</p>	<p>HSCP will continue to collate data from annual census of those currently accommodated, waiting lists for SARA accommodation, referral information, including those declined accommodation, complex cases where needs cannot be met, failed placements and out of area placement requests.</p>
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p>2. <b>Please provide details of how data captured has been/will be used to inform policy content or service design.</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for</i></p>	<p>Annual census, SARA accommodation referral information. Accommodation Based Strategy(ABS) meetings, delayed discharge information, The information collected will help the HSCP understand effective service design. It will tell us:</p> <ul style="list-style-type: none"> <li>• what is the right staff mix</li> <li>• what environment is best,</li> <li>• what training do staff need,</li> <li>• how are people managed in the community</li> <li>• the partnerships with community mental</li> </ul>	<ul style="list-style-type: none"> <li>• Because of the current environmental factors, the HSCP may face difficulties accommodating those individuals with physical/mobility issues where disabled accessible accommodation is</li> </ul>

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>health teams, GP, allied health professionals and district nursing effective</p> <ul style="list-style-type: none"> <li>• what factors need to be enhanced</li> <li>• lessons learned from the Test for Change Project for TEC</li> </ul> <p>Greater emphasis on recovery and rehabilitation, people developing necessary skills to live successfully in the community as Glasgow citizens.</p> <p>Protected characteristics information is gathered and analysed to ensure (where practical) that no barriers are faced in any offer of accommodation.</p> <p>Collecting specific data and monitoring service outcomes builds evidence on the effectiveness of the service redesign and will demonstrate if development of similar models is required</p>	<p>required. HSCP would look to work in partnerships with providers, RSLs or HA to potentially identify more accessible accommodation, allowing forward planning and longevity of environments and designs fit for purpose and the future.</p> <p>Geographically, accommodation across Glasgow is older, tenement style accommodation, with stairs, restricted space in the areas people specify as their preferred areas to live.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through</i></p>	<p>Mental Health and Wellbeing Strategy 2023 Mental Health and Wellbeing First Delivery Plan</p> <ul style="list-style-type: none"> <li>• Outcome 1 - Improvements in mental wellbeing and support out with a hospital environment</li> <li>• Outcome 2 - Supported and cared in an environment free from stigma and discrimination</li> <li>• Outcome 4 - Equipping communities to support people's mental health</li> <li>• Outcome 6 - Increases availability of effective</li> </ul>	

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	<p>boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>support to support mental health</p> <ul style="list-style-type: none"> <li>• Outcome 9 - The development of a diverse, skilled and sustainable workforce</li> </ul> <p>Glasgow City Health and Social Care Partnership Strategic Plan 2023-26</p> <ul style="list-style-type: none"> <li>• Prevention, early intervention and harm reduction</li> <li>• Providing greater self-determination and choice</li> <li>• Shifting the balance of care</li> <li>• Enabling independent living for longer</li> <li>• Public Protection</li> </ul> <p>Greater Glasgow and Clyde NHS Strategy for Mental Health Services 2023-2028. The primary aims of this strategy are to increase community-based responses and increasing access to services.</p> <p>Data gleaned from SARA groups, Accommodation Based Support outcomes and annual census information collated by MH commissioning team. Analysis and further discussion with Providers, Care managers and focus groups and individual discussions with service users and MH Network focus group.</p>	
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the</i></p>	<p>Consultation has been undertaken and is ongoing linked to the Mental Health Strategy, and individual discussions with residents in a variety of current MH accommodation. Meeting with lived experience people through Mental Health Network focus group.</p>	<p>Service users potentially refusing offer of independent advocacy.  HSCP, Care Manager and</p>

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	<p>did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>service. Feedback included concerns about waiting times at the drop-in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Ensuring all service users who will be living in projects during process of deregistration are offered independent advocacy services, to ensure their views are heard and represented.</p> <p>All service users will be offered income maximisation to ensure they are fully informed of their financial rights.</p>	<p>Provider will work alongside service users to ensure that they are 'heard', and concerns are addressed by the relevant professional or support services.</p> <p>Income maximisation can be difficult due to individuals being scared or paranoid about sharing information. Work and communication of the implications will be explained to service users at levels where they can understand. Explaining that there will likely be increased entitlement to benefits, greater financial freedom, supporting further independent living.</p> <p>However, where welfare Guardianship or corporate appointeeship is in place for a person, the financial implications will be explained if external Guardians to ensure all parties are clear on implications, responsibilities and expectations.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If</p>	<p><i>An access audit of an outpatient physiotherapy</i></p>	<p>Currently not all of our services are fully accessible to those with physical disability or mobility needs.</p>	<p>Ensure the requirements of DDA are being met</p>

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	<p>this is a policy that impacts on movement of service users through areas are their potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Historical, this relates to the building environments across Glasgow, for example currently some care home registered services are individual flats within traditional tenement buildings with stairs, restricted access to entrances and internal fittings that are in keeping with older properties . Accessibility is an important element of the service to meet both mental health and physical health needs of service users.</p> <p>HSCP is currently developing new build projects through SHIP that the design has included TEC, internal fittings etc that we would anticipate future proofing the environment. E.g. ligature free fittings, TEC integrated to the fabric of the building.</p> <p>We recognise that we have ageing population, where people have co-morbidities alongside their initial mental health diagnosis. We are aware that we are unable to always meet the needs of all who present for accommodation because of that, however work continues to seek accessible accommodation for all.</p> <p>Some services have outdoor space can be accessed and has adapted options to support people with physical disabilities, but this is not standard across all services. There will be no change in location for any of the services.</p>	<p>Work alongside providers and RSLs and HA to potentially identify more suitable properties that would meet disability requirements for the future.</p> <p>The HSCP may still continue to struggle to obtain and develop fully accessible accommodation for both those with mobility and physical difficulties. The HSCP will continue to collate data on new contractual arrangements, for both KPIs for met and unmet needs. This will help inform future service development and evidence the need for services to evolve further.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's</i></p>	<p>The service specification details the requirements of the provider to meet the communication needs of service users.</p> <p>The Contract ensures there is clear communication</p>	<p>The Service Specification will outline the need for clear communication between the various stakeholders / partners involved.</p>

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	<p>users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>and notification process to ensure staff are keep up to date on the service.</p> <p>The service will be communicated to the appropriate service users on an individual basis.</p> <p>Where required the service would arrange interpreter services for service user who requires this.</p>	<p>Provider(s) must evidence in how they will work with service users and partners to continuously develop the service and how they will gather the views and feedback</p>
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	

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<p>(a)</p>	<p><b>Age</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>Services are registered with Care Inspectorate for adults aged 18yrs and over. There is no upper age limit, but the expectation is that those over the age of 65hrs would be carefully considered alongside our older people services around the appropriateness of MH accommodation in the long term (limiting the number of moves a person has to their final accommodation placement).</p> <p>Social Work gather information on needs and unmet needs of patients/service users, and this is gathered and reported through social work/health hospital discharge meetings. Annual census completed by Mental Health Commissioning can gather rich information on demographics of service users both currently accommodated and referred for supported accommodation. This helps inform future planning and service development needs.</p> <p>The needs of this population are monitored and reviewed through social work/hospital discharge planning meetings and the level of unmet need recorded. This information is then applied to future commissioning of services.</p> <p>As stated previously, services are registered to provide support to those individuals aged 18yrs and over. Those under 18yrs are supported by Children and families' services. We work alongside our colleagues as part of transitioning to adult services for those identified as requiring ongoing support.</p> <p>There is a growing demand from young people with complex and or additional support needs to access mental health accommodation-based support. The</p>	<p>Those under the age of 18yrs of age and supported through our children and families' services.</p> <p>Recently developed complex needs nursing home care services was as the result of recognising gaps in provision collated from the information gathered around demographics from both NHS and HSCP data.</p> <p>The HSCP will work alongside providers to develop services that promote and encourage independent living. Recovery and Rehabilitation to the community with good mental health is key to successful tenancy sustainment. Supported accommodation that is deregistered will provide opportunities to experience 'real life' experiences in the safe confines of supported living with staff support and supervision. Professional support from external and partner agencies promoting independent advocacy, income maximisation, daily living skills for tenancy sustainment, community links and good neighbour skills are all critical to someone's move to their own tenancy.</p> <p>Continued regular review of an</p>
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		<p>young person resource prioritisation group (RPG) has advised the services commissioned are not specifically designed to meet the challenges of people with the level of complex needs presented though mental ill health, autism/neuro divergent and/or social, emotional and behavioural challenges</p> <p>We currently only have one service that is specifically for the age range 18yrs to 34yrs, recognising specific support needs for younger people. We work hard to ensure people are offered accommodation that is age appropriate, recognising existing service user demographics to ensure peer groups, relationships etc.</p>	<p>individual's needs will take place to ensure appropriate supports are in place to meet changing needs.</p>
<p>(b)</p>	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>• 26.9% of referrals are not suitable for SARA due to the complexity of their support needs, which are summarised below:             <ul style="list-style-type: none"> <li>• Physical frailty and high level of personal care needs</li> <li>• 'Risks are too high' due to suicidal ideation, ADHD, ASD, distressed behaviours</li> <li>• Individuals requiring intense rehabilitation</li> </ul> </li> </ul> <p>The services are targeted in the first instance, to those individuals who has a diagnosed mental health condition, added to other co morbidities that require supported accommodation.</p> <p>As stated previously, not all of our services can offer fully disabled access to properties. From our referrals data, around 55% of referrals declined for SARA accommodation was due to needs being better met by Alcohol Related Brain Disorder (ARBD) service, Older People Physical Disabilities</p>	<p>Ensure the legal status of service users and their specific legal requirements are understood by staff.</p> <p>Service users are supported in their recovery and rehabilitation towards independent living through refresh and development of new occupancy agreements that promote independence and responsibilities for all involved. HSCP and support providers will ensure service users are offered independent and specialist professional support from organisations such as, Independent Advocacy, Welfare Rights, CMHT, community organisations, etc. This is a continuation of the existing work delivered by providers. Whilst the move to develop services</p>

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		<p>Team(OPPD), Learning Disabilities or Nursing Home care. Those individuals can be supported with individualised packages, bespoke if necessary to meet the complex needs.</p> <p>At the time of our census in February 2024, 21% of those who were resident in our accommodation had some form of needs that were supported by, TEC aids, OT assessed aids to help with mobility, personal care, pain management and palliative care, declining health needs. This data was reported by accommodation providers on their knowledge of the person.</p>	<p>take place, providers and service users will be offered external support to minimise the impact on a person well-being. Ensuring information is delivered at a pace and format that a person can understand, take cognisance of language etc. The HSCP will continue to work to deliver accommodation that meets the accessible needs of all requiring supported accommodation across the city.</p> <p>Continued regular review of an individual's needs will take place to ensure appropriate supports are in place to meet changing needs.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<p><b>Gender Reassignment</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p>	<p>No disproportionate impacts identified.</p> <p>It is acknowledged that Trans individuals are more likely to experience homelessness than the general population in line with wider statistics relating to LGBT people.</p>	<p>The HSCP will work alongside providers to develop services that promote and encourage independent living. Recovery and Rehabilitation to the community with good mental health is key to successful tenancy sustainment. Supported accommodation that is deregistered will provide opportunities to experience 'real life' experiences in the safe</p>

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	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>confines of supported living with staff support and supervision. Professional support from external and partner agencies promoting independent advocacy, income maximisation, daily living skills for tenancy sustainment, community links and good neighbour skills are all critical to someone's move to their own tenancy. Continued regular review of an individual's needs will take place to ensure appropriate supports are in place to meet changing needs.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(d)</p>	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>This will be subject to review should the need arise.</p> <p>Accommodation is focused on individualised need. MH accommodation requires the minimum criteria of a mental health diagnosis, requiring specialist support that cannot be met within a community setting. All accommodation is recovery and rehabilitation focused which is temporary. The expectation is that people will be in supported accommodation for the least amount of time necessary, to support and assist their recovery, and readiness to move on to less supported accommodation.</p> <p>Services are registered as single-person</p>	<p>The HSCP will work alongside providers to develop services that promote and encourage independent living. Recovery and Rehabilitation to the community with good mental health is key to successful tenancy sustainment. Supported accommodation that is deregistered will provide opportunities to experience 'real life' experiences in the safe confines of supported living with staff support and</p>

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	<p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>accommodation. More often, we are supporting a person to access specialised complex need accommodation. It may already have been 'tested and tried' to support the person in their own home with an individualised package, but is no longer feasible, safe or meeting the person's needs.</p> <p>There are financial implications for couples in line with care home or 'specialised accommodation' funding and this impact needs to be carefully explored and discussed with the relevant individuals.</p>	<p>supervision. Professional support from external and partner agencies promoting independent advocacy, income maximisation, daily living skills for tenancy sustainment, community links and good neighbour skills are all critical to someone's move to their own tenancy.</p> <p>Continued regular review of an individual's needs will take place to ensure appropriate supports are in place to meet changing needs.</p>
(e)	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>There is no impact as this service is not designed to meet the needs of service users where this would apply.</p> <p>Should a service user become pregnant, they would be fully supported to access more suitable alternative accommodation where necessary.</p> <p>Service users who are pregnant would continue to have their needs met through an alternative service model.</p>	<p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of people.</p> <p>As stated previously, HSCP will work alongside providers to develop services that promote and encourage independent living. Recovery and Rehabilitation to the community with good mental health is key to successful tenancy sustainment. Supported accommodation that is deregistered will provide opportunities to experience 'real life' experiences in the safe</p>



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			<p>confines of supported living with staff support and supervision. Professional support from external and partner agencies promoting independent advocacy, income maximisation, daily living skills for tenancy sustainment, community links and good neighbour skills are all critical to someone's move to their own tenancy. Continued regular review of an individual's needs will take place to ensure appropriate supports are in place to meet changing needs.</p> <p>Current registration for our services are for single people only over the age of 18 yrs of age. Anyone who becomes pregnant would be supported to access more suitable accommodation that meets their continuing needs, whether that is alternative suitable accommodation with supports, own tenancy with continuing supports etc.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<b>Race</b>	No disproportionate impacts identified.	Ensure the legal status of service users and their specific legal

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<p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>Within the service redesign, the provider is asked to support the service user with communication where required, which would include access to an interpreter.</p> <p>In residential settings the care home, where possible, may employ staff appropriate to race and cultural beliefs. Services providing residential settings also have established links with community groups who can offer specific volunteers and activities unique to a person's race and culture.</p>	<p>requirements are understood by staff.</p> <p>Service users are supported in their recovery and rehabilitation towards independent living through refresh and development of new occupancy agreements that promote independence and responsibilities for all involved. HSCP and support providers will ensure service users are offered independent and specialist professional support from organisations such as, Independent Advocacy, Welfare Rights, CMHT, community organisations, etc. This is a continuation of the existing work delivered by providers. Whilst the move to develop services take place, providers and service users will be offered external support to minimise the impact on a person's well-being. Ensuring information is delivered at a pace and format that a person can understand, take cognisance of language etc. The HSCP will continue to work to deliver accommodation that meets the accessible needs of all requiring supported accommodation across the city.</p> <p>Continued regular review of an individual's needs will take place to ensure appropriate supports are in place to meet changing</p>
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			needs.
(g)	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No disproportionate impacts identified. Services are open to everyone regardless of religion and belief. Service users are supported to attend their places of worship or belief if required by the providers.</p>	<p>Services will continue to support access to language and cultural places that recognise a person individual belief without prejudice or conflict. Promotion and support of individuals culture, race or beliefs helps support successful community integration in local communities. Providers also, where practical, will put in place staffing and supports that recognise cultural differences. E.g. female staff or male staff for particular aspects of someone care that would respect cultural expectations.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h)	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>Currently, there is only one gender specific service for females in a 5 bedded sharing living service that is registered as a care home. This gender specific requirement was dictated historically by the inheritance requirements to the Management Trust who owns and leases the building to the provider. It was for single woman over the age of 40yrs old.</p> <p>The HSCP expects that all other services are open</p>	<p>The gender specific service is detailed by the Legacy inheritance of the building to the management trust who own and lease the building as for female residents only.</p> <p>All other services are open to all genders, but careful</p>

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	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>to all genders, Careful risk management planning is considered where residents in projects could present physical or emotional risks to a particular gender, we cannot guarantee male or female only staff in these other projects.</p> <p>Where there is a requirement for gender specific support this will be included within the individual care plan and the services will meet this need, which is detailed within the service specification. This could potentially include those who have been a victim of gender-based violence, both male and female.</p>	<p>consideration is given to risk management where specific risks are identified for both current and potential new residents in projects.</p> <p>Staff employed in services are not gender or race specific but reflect the multicultural mix in society.</p> <p>Providers also, where practical, will put in place staffing and supports that recognise cultural differences, or those who have been subjected to gender-based violence, both male and female. E.g. female staff or male staff for particular aspects of someone care that would respect cultural or gender violence experienced experiences.</p>
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and</p>	<p>No disproportionate impacts identified.</p> <p><b>LGBT young people are at a higher risk of homelessness that their non-LGBT peers. 24% of the young homeless population in the UK identify as LGBT according to 2015 research by Albert Kennedy Trust.</b></p> <p><b>There is currently no official data in relation to LGBT adults who are homeless in Scotland. UK studies (Fraser et al 2019) suggests that 25% of homeless persons in the</b></p>	<p>As stated previously, HSCP will work alongside providers to develop services that promote and encourage independent living. Recovery and Rehabilitation to the community with good mental health is key to successful tenancy sustainment. Supported accommodation that is deregistered will provide opportunities to experience 'real</p>

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	<p>victimisation</p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>UK may be LGBT despite composing only 5% of the total population.</p>	<p>life' experiences in the safe confines of supported living with staff support and supervision. Professional support from external and partner agencies promoting independent advocacy, income maximisation, daily living skills for tenancy sustainment, community links and good neighbour skills are all critical to someone's move to their own tenancy. Continued regular review of an individual's needs will take place to ensure appropriate supports are in place to meet changing needs.</p> <p>Given the likely over representation of LGBT people in homelessness in general, there will be an expectation that providers of this service will be sensitive to discrimination, harassment and victimisation and assist those individuals to achieve equality of opportunity.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(j)</p>	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p><b>The Fairer Scotland Duty (2018) places a duty</b></p>	<p>The redevelopment of the services continues to protect socio-economic groups and social class.</p> <p>The service within Glasgow will positively impact on those who may be experiencing poverty. Previously family may have been restricted in travelling to see their family member when placed out with Glasgow in hospital, out of area care homes etc.</p>	<p>Provider(s) must evidence in their tender submission how they will deliver the service to meet the needs of people.</p> <p>HSCP and providers will support all individuals to have full income maximisation, provide financial management</p>

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<p><b>on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></b></p> <p>Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:</p> <ol style="list-style-type: none"><li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li><li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</li><li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</li><li>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</li><li>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</li><li>6. How has the evidence been weighed up in reaching our final decision?</li><li>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)<sup>21</sup> provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When</li></ol>	<p>The services are all accessible by public transport and supports families to visit without significant financial impact that out of area placements may have.</p> <p>The impact of having to require vehicles or the use of private taxi arrangements is reduced.</p>	<p>support if required (appointeeship or intrust accounts, AWI if appropriate) to ensure a person is fully supported to develop the necessary skills to live independently in the community. The change from care home registration for some accommodation to supported living affords 'real time' skills for service users. Supporting people to budget and financially manage payments of utilities, daily budgeting, household expenses in the safe space of supported accommodation. The partnership of welfare Rights Teams who have the expertise and skills to maximisation will be offered to all. Staff teams will also be encouraged to attend appropriate Benefits training to have awareness of a person's entitlements.</p>
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	<p>engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>These services target at supporting people who have been marginalised as result of the mental ill health including ex-offenders.</p> <p>The aim of the service is to develop and sustain the skills to live successfully in the community for people who have complex mental health needs and improve mental health and wellbeing. People accessing the service may have had failed placements and/or who have been in hospital for a long period of time as a suitable resource is not available that can meet their needs. The services will deliver a high quality and specialist support model to meet the challenges this group may present. Providers will deliver care specific to individual needs, focussing on recovery and rehabilitation. Evidencing good practice and identifying gaps where they can work along HSCP and partners to meet the needs from those gaps.</p>	<p>HSCP will work alongside providers to develop services that promote and encourage independent living. Recovery and Rehabilitation to the community with good mental health is key to successful tenancy sustainment. Supported accommodation that is deregistered will provide opportunities to experience 'real life' experiences in the safe confines of supported living with staff support and supervision. Professional support from external and partner agencies promoting independent advocacy, income maximisation, daily living skills for tenancy sustainment, community links and good neighbour skills are all critical to someone's move to their own tenancy. Continued regular review of an individual's needs will take place to ensure appropriate</p>

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			<p>supports are in place to meet changing needs.</p>
8.	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>It is anticipated that there will be some cost savings from deregistration and redesign of services that and it is anticipated that some of those savings will be reinvested into new building developments that will support future long-term planning to meet the accommodation needs of the changing service user needs that we need to meet.</p> <p>Support and Care will not change towards service users, but how the costs are met through budgets will see a move to housing and property costs will be the responsibility of the individual. It will be expected that greater flexibility in care and support hours delivered will allow a more targeted approach to people changing needs.</p>	<p>Individuals will be supported to maximise their income and where appropriate claim benefits, including housing benefit to meet the costs of their accommodation</p>
	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
9.	<p><b>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b></p>	<p>Training requirements are defined in the Service Specification and Contract for the services. These align with both Care Inspectorate and SSSC requirements for staffing.</p> <p>Staff teams will also be encouraged to attend appropriate Benefits training to have awareness of a person's entitlements.</p>	<p>Providers will have access to appropriate open training offered by HSCP. It is expected that the provider will also develop any additional training plans that will continue to develop a skilled and experienced workforce that meets the needs of service delivery.</p>

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient



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care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

These services meet all national and local policy/strategy. The shift towards community living and maximising independence promotes human rights of the service users.

The services are designed to be a step down from a medical model of support. The people moving, have been assessed as requiring continued staff support, but would benefit from community living with support from staff trained in providing support for mental health. Continued links and partnerships with CMHT, community organisations, social care supports will continue to promote and build on individual strengths for independent living. Each person will have a strengths-based support plan with recovery goals. This is a live plan and is developed in partnership with the person, their family and team around the person. Independent Advocacy services will be offered to anyone moving to the services. Regular reviews will take place to reassess needs, adjust and develop support plans that reflect current needs and future goals that are person centred.

Additionally, people moving to our accommodation will have consented to this move. If they do not have capacity to consent, then the decision would be reached by their guardian under Adult with Incapacity legislation. Any restrictions to liberty will be legally applied via the Compulsory Treatment Order or the guardianship in place.

Please explain in the field below any human rights-based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .

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This service meets all national policy/strategy. PANEL and FAIR duties were applied during the development of the Service Specification. A full understanding of these principles and the progress being made to achieve these will be measured through the review and evaluation of the service.

\*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake.
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it.
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

**Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.**

	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
The care provider will implement a process to capture equalities data. This data will be used to provide information on <ul style="list-style-type: none"><li>• Gender</li><li>• Age</li><li>• Sex</li><li>• Race</li><li>• Religion</li><li>• Disability</li><li>• Sexual orientation</li><li>• Married /Civil partnership status</li><li>• Increasing accessilbilty options</li></ul>	6 monthly collection	Senior Officer

**Ongoing 6 Monthly Review** please write your 6 monthly EQIA review date:

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**Lead Reviewer:  
EQIA Sign Off:**

**Name  
Job Title  
Signature**

**Lorraine Taylor  
Service Manager  
Lorraine Taylor**

**Date**

**11/2/25**

**Quality Assurance Sign Off:**

**Name  
Job Title  
Signature  
Date**

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL  
MEETING THE NEEDS OF DIVERSE COMMUNITIES  
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

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