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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:

Removing the provision of a Supported Living Service within Glasgow HSCP Care at Home Services

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).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

GCHSCP intend to remove the Supported Living Service from HSCP Care Services. The intention would then be for a planned transition of service users who are currently supported by the Supported Living Service to transfer to the mainstream Home Care Service.

Supported Living Service

The Supported Living Service was designed to support individuals who need social support along with personal care assistance but wish to live as independently as possible. These services of personal care and non-personal care are tailored to the individual's needs and would not be available within the mainstream home care service.

Service users may prefer the Supported Living Service for reasons which may include:

Live more Independent

Supported living will support individuals to live more independently while still receiving the necessary care. They have control over their daily routines and decisions, which can significantly enhance their quality of life.

Tailored Care

The support provided is tailored to specific needs. This can include help support with daily tasks, medical needs, or developing life skills, ensuring that the care is relevant and effective.

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Comfort of Home

Many supported living services allow individuals to stay in their own homes or in a homely environment, which can positively impact their mental well-being and sense of security.

Social Interaction

Supported living often includes opportunities for social interaction, either through shared living arrangements or community activities. This can help reduce feelings of isolation and improve overall happiness.

Longer Visits

This service provides longer visits with the Service User and ensures that the support remains effective over time.

The Supported Living Service may offer a balanced approach that combines independence with the necessary support which make it an attractive option for many service users and families.

The HSCP directly provided Supported Living Service is a registered care at home service. It offers a flexible, person-centred approach which includes social care support (non-personal care) for service users who are frail elderly and are all living at home. There are currently 39 service users.

Proposal

This proposal is to transition service users who currently are supported by the Supported Living Service to the mainstream Home Care. This has the potential for significant negative impact on equality as the service is directly targeted at the frail vulnerable service users. The service offers a flexible, person-centred approach which includes social care support (non-personal care) and is currently provided to 39 people, who all live at home as follows:

- Age 80 years old or above 61.54%
- Age 70 or above 33.33%
- Age 65 or above 5.13%

The service is a city-wide service, but capacity has been reduced due to recruitment challenges, and referral levels have reduced from Intermediate Care and from the Hospital Discharge Pathway. The existing service user group would be assessed via our new strength-based assessment approach to ensure their current care and support needs can be met, either from mainstream Care at Home Services or,

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if their needs exceed care at home, then alternative care and support will need to be considered with the service user and their family to support their individual care needs.

Service users will have their personal care needs met within mainstream Home Care services however, this shall remove support being provided by HSCP Care services for non-personal care and alternative would need to be found through GCHSCP Maximising independence and fairer access to social care routes. It would be anticipated there could be a challenge from families, local communities, advocacy services and service users as this would be a change to their current provider of support.

There is also potential for socio economic impact for those who are unable to meet the change in service provision. Ongoing work will be required to monitor the equality and socioeconomic impact of this reduction including engagement with service users.

There will be no impact on delayed discharges. It is anticipated that a very small cohort of current service users' care needs may be better met in the care home sector due to frailty levels and dementia diagnoses. This has always been the pathway for support as individuals decline in the community and are no longer able to live at home.

This proposal includes 59.3 WTE, of which 75 are Home Carers and 4 supervisor staff, and 3 SCWs that will be integrated into the mainstream Home Care service.

An impact assessment is required to consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Trade Unions as proposals are developed and implemented.

This proposal is in line with the Review of Access to Social Care. In September 2024 the IJB approved the review of access to social care. The review did not propose any changes to existing relevant policies. It was to ensure that SDS resources are allocated to meet assessed need in a consistent way. It set out that the HSCP will update how we consistently apply our eligibility criteria; refresh our signposting to alternative supports within local communities; update our social work assessments to be strength-based and apply a more consistent allocation of resources where people's needs are equivalent. As there is no change in policy an EqlA was not required. However, an EqlA has been undertaken on the implementation of the approach as good practice and to ensure equality impacts and opportunities for further mitigation are a core consideration throughout implementation. This EqlA can be accessed [here](#).

Care at home services

Currently, the GCHSCP Care Services delivers approximately 94,000 visits every week. The service operates 7 days a week, 365 days a year. During these visits the 2,800 highly trained and skilled home carers deliver a range of support services to ensure people are enabled to live well at home and manage the daily tasks of living whilst maximising their independence and personal choices. Tasks include supporting people to wash and dress, have meals and take their medication, or more complex like supporting people to care for their stoma

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or catheter, using equipment to enable people to get in and out of bed or the toilet and administering medication when people are unable to manage these tasks independently.

The overall current service profile for people receiving Home Care demonstrates that there is a very frail elderly population reliant on these vital services:

- Average Age - 79
- 55% female and 45% male
- Average Hours of homecare per week per person 9.6 hours

The aim is to transition service users from Supported Living Services into the mainstream Home Care service and integrate individuals more fully into community-based home care, promoting inclusivity and equality. By moving to mainstream home care, service users will continue to receive the support they require within their own homes and will also continue to enhance their independence and quality of life. This will also continue to ensure all individuals, regardless of their needs, have access to flexible and responsive care that meets their specific requirements.

This approach aims to provide a more sustainable model of care and is in keeping with GCHSCP's fairer access to social care, while also ensuring that service users continue to receive the necessary support to live safely in their own homes focussing on enhancing the quality and accessibility of our services. GCHSCP Care Services primary objective is always to improve the overall experience and outcomes for service users by assessing their specific needs and ensuring equitable access to care. This approach underscores our commitment to delivering high-quality care that prioritises the well-being and dignity of our service users.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The decision to conduct an Equality Impact Assessment (EQIA) for the cessation of Supported Living Service and transfer of service users to mainstream Home Care service was driven by several key factors. Firstly, this change directly impacts a vulnerable population, making it essential to assess and mitigate any potential adverse effects on equality. The EQIA ensures that the transition promotes inclusivity and does not inadvertently disadvantage any group.

This will align with organisational priorities by providing integrated and community-based care, which is a core objective of the strategic plan. The move to mainstream home care services is intended to enhance the quality of life for service users by offering care within their own homes, fostering greater independence and social inclusion. This approach is also in line with our commitment to delivering sustainable care solutions

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The EQIA must consider proportionality and relevance, to ensure any change is implemented in a way that is fair and equitable. It will help to consider the specific needs of service users and aims to provide the least restrictive and most beneficial form of care. This is crucial for complying with legal obligations under the Equality Act 2010, which mandates that public bodies must consider the impact of their decisions on equality.

This will also support specific locally identified outcomes, such as improving access to quality care and promoting social inclusion for all community members. By conducting an EQIA, GCHSCP Care Services can identify and address any potential legal risks, ensuring that the policy is implemented in a manner that upholds the rights and well-being of all service users

Individual protected characteristics or any combination thereof has no bearing on a person's eligibility to access the Home Care service. GCHSCP, Glasgow Homecare adhere to the principles of the Equality Act 2010, The Human Rights Act 1998, Glasgow HSCP Eligibility Criteria and operate based on supplying services upon assessed need and / or relevant demand. GCHSCP Glasgow Homecare delivery service to agreed standards in respect of safeguarding vulnerable adults, dementia awareness and challenging behaviour, load handling, fire safety, health & safety and first aid / medication prompts and food hygiene.

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)

Name: Gordon Bryan	Date of Lead Reviewer Training: 20 February 2025
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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):

Stewart Tees, Gordon Bryan

<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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1.	<p>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.</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>Care Services will naturally gather information on our service users. Our commitment remains to provide high-quality, person-centred care while continuously improving our data collection practices to better serve our community.</p> <p>The Home Care Service is largely delivered to elderly people but is open to people of all ages. The average age of those in receipt of a homecare service is 79 years. Glasgow population is estimated to be 631,970. People aged 65 and over, is approximately 14% of the population, which is 88,972 people. People aged between 18-65 is 69.6% and this equates to 440,371 people.</p> <p>Care Services service user group data through demographic projections, needs assessments and community engagement and this supports anticipated health and social care needs, potential mobility and accessibility requirements and /or Communication needs and preferences</p> <p>All service users access the service based on assessed need. The Glasgow City HSCP Eligibility Criteria is applied.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the</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</i></p>	<p>Care Services review service user data to inform policy content and service design, ensuring that home care services are inclusive, equitable, and supportive of all service users.</p> <p>Home Care have a strict policy to review any incidents of discrimination, harassment, and victimisation reported by service users and staff. This</p>	

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<p>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>activity found promotional material for 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>data will ensure HSCP identify patterns and areas where additional training or policy changes are needed and other policies need to be implemented.</p> <p>Care Services review data to update anti-discrimination policies and implement targeted training programs to address identified issues, ensuring a safe and respectful environment for all.</p> <p>Care Services review data on the specific needs of service users, including those with disabilities, to ensure that services are tailored to meet their individual requirements. This includes accessibility needs, dietary preferences, and cultural considerations.</p> <p>Care Services use data to design services that promote equal access and opportunities for all service users. This can also ensure that care plans are flexible and can be adjusted based on ongoing feedback and changing needs.</p> <p>Care Service also review feedback from service users and staff on their experiences and interactions within the home care service. This feedback helps identify areas where relations between different protected characteristics can be improved.</p> <p>Care Service use the data to plan and implement community engagement activities to bring together service users from diverse backgrounds, fostering understanding and mutual respect.</p>	
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			<p>Care Service can design and deliver care that is equitable, responsive, and tailored to the needs of all service users.</p> <p>By collecting and reviewing data, Care Services can continuously improve its policies and service design, ensuring that HSCP meet the diverse needs of all service users.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
3.	<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 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><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 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>Glasgow Homecare service information & National Records for Scotland</p> <p align="center"></p> <p>NRS - Life Expectancy (20-22) Report.pdf</p> <p>Care Services actively participates in regular forums with other local authorities and engage with other external partners to foster collaborative learning and apply insights from research.</p> <p>These interactions provide valuable opportunities to share best practices, discuss emerging trends, and address common challenges in the field of care services. By leveraging the collective knowledge and experience of various stakeholders, Care Services can implement innovative solutions and continuously improve the quality of care provided to service users.</p>	

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	<p>4) Not applicable</p>		<p>This collaborative approach ensures that the service remains responsive to the evolving needs of the community and continually upholds the highest standards of care.</p> <p>In reviewing the Supported Living Service, Glasgow City Care at Home Service will re assess all service users and carefully consider and gather experiences of equality groups to ensure it is inclusive, equitable, and responsive to the diverse needs of all service users:</p> <p>Understand Equality Groups Needs Individuals from equality groups, such as those with disabilities, older adults, and minority ethnic communities can often face unique challenges in accessing and receiving care. Older adults and disabled individuals can be particularly reliant on social care services and may experience significant disadvantages if their specific needs are not adequately addressed Glasgow City Care at Home Service must ensure the mainstream home care service is equipped to meet the specialised needs of these groups.</p> <p>Promote Inclusivity and Social Integration Social isolation can be a significant concern for individuals in a Supported Living Service. By transitioning to mainstream home care, Glasgow City Care at Home Service will continue to promote greater social integration and inclusivity. Glasgow City Care at Home Service understand the importance of addressing social determinants of health, such as social isolation, to improve overall well-being and social connections and community</p>	
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engagement for service users, which enhance quality of life.

Ensuring Adequate Training and Support for Staff

Glasgow City Care at Home Service ensure staff are trained in providing high-quality care. Glasgow City Care at Home Service operate a comprehensive training programmes for home care staff to ensure they are well-equipped to support individuals with diverse needs. Glasgow City Care at Home Service will continue with training to address the specific requirements of equality groups, such as those with disabilities or complex health conditions

Legal and Ethical Considerations

Glasgow City Care at Home Service understand legal and ethical considerations, particularly in relation to the Equality Act 2010 and the Human Rights Act 1998. Glasgow City Care at Home Service also understand the importance of ensuring that service changes do not inadvertently discriminate against or disadvantage any group. By conducting an Equality Impact Assessment (EQIA), the change has been designed to uphold the rights and well-being of all service users, ensuring compliance with legal obligations and promoting fairness and equity.

Monitoring and Evaluation

To ensure the effectiveness of the change and its impact on equality groups, Glasgow City Care at Home Service operate a robust monitoring and evaluation framework. Regular assessments are conducted to identify any potential issues and make

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necessary adjustments, ensuring that it continues to meet the needs of all service users.

By continually reviewing and applying these experiences, Glasgow City Care at Home Service aims to provide a more inclusive, equitable, and effective model of care. This approach ensures that the transition from Supported Living Service to mainstream home care services is implemented in a way that respects and upholds the rights and well-being of all individuals.

[Health and Social Care Standards: My support, my life](#)

Glasgow City Care at Home Service is committed to adhering to national research and guidelines, including those from the Equality and Human Rights Commission (EHRC), to ensure that our employment practices are fair and inclusive.

Care Services recognise specific needs of staff and by following these guidelines, there will always be an aim to create a supportive and equitable work environment for all our staff.

This proposal is in line with the Review of Access to Social Care. In [September 2024 the IJB approved the review of access to social care](#). The review did not propose any changes to existing relevant policies. It was to ensure that SDS resources are allocated to meet assessed need in a consistent way. It set out that the HSCP will update how we consistently apply our eligibility criteria; refresh our signposting to alternative supports within local

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			communities; update our social work assessments to be strength-based and apply a more consistent allocation of resources where people’s needs are equivalent. As there is no change in policy an eqia was not required. However, an eqia has been undertaken on the implementation of the approach as good practice and to ensure equality impacts and opportunities for further mitigation are a core consideration throughout implementation. This EqIA can be accessed here .	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What 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><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the 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</i></p>	<p>Glasgow City Care at Home Service as a statutory registered service must arrange focus groups with Service Users across Home Care to discuss their experiences and challenges with current home care services. HSCP will do this in several ways:</p> <ul style="list-style-type: none"> • Surveys and Questionnaires Distribute surveys and questionnaires to gather detailed feedback from a broader range of service users and stakeholders. • Newsletter within updates on the service and feedback • Complaints Procedures <p>Care Services are then able to gather qualitative and quantitative data on service user experiences, focusing on accessibility, communication, and overall satisfaction with the home care service.</p> <p>Care Services can identify specific barriers and challenges faced by different groups, such as</p>	<p>A comprehensive engagement plan will have to be implemented.</p> <p>This would include initiating staff engagement sessions and continuing dialogue with trade unions through the 4-weekly Care Service Trade Union Liaison meetings. This would happen in line with proposed key dates.</p> <p>A detailed plan will be developed for the 39 service users affected and this could focus on a case-by-case approach to address individual concerns.</p> <p>Families would be involved in one-to-one meetings to</p>

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<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>requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>physical accessibility issues, communication barriers, and cultural sensitivities.</p> <p>If a Service User has a compliment or complaint and there are several ways for them or their family to engage with Care Services. This can consist of a Compliments and Complaints Form, which is held within the Care Diary (in their home), or the Service Information Guide, which is also held within the Care Diary (in their home), both detail the compliments and or complaints and process. Additionally, Care Services encourage Service Users (and families) to use the QR Code provided, which is available year-on-year feedback to help us improve our services, which is also held within the Care Diary (in their home).</p> <p>Care Services also regularly gather insights through other platforms, e.g. focus groups, surveys, and newsletters to ensure we meet needs effectively.</p> <p>Care Services focus groups, surveys and newsletters. This ensured that diverse perspectives were considered and that everyone had a voice in shaping policy and procedure</p> <p>HSCP can review feedback highlighted for example the need for better accessibility features, more inclusive communication practices, and culturally sensitive care options and any positive feedback on good practice.</p> <p>By engaging with Service Users and using their feedback to inform policy and service design, Care Services can ensure that it meets the diverse needs</p>	<p>discuss the changes and provide reassurance.</p> <p>Advocacy support will be available to help service users and their families understand the transition and address any anxiety. Advocacy workers from organizations such as The Advocacy Project and Who Cares? Scotland can provide independent support, helping service users express their views, understand their rights, and make informed decisions about their care. This support will ensure that service users feel heard and supported throughout the transition</p>
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of all service users, to help us continue promoting equality and diversity.

Recognised Trade Unions

Actively engage with the recognised trade unions to ensure perspectives and concerns of staff are considered:

1. Consultation

Hold initial consultation with trade union representatives, to continue a collaborative relationship and ongoing dialogue, explaining the purpose of the service review or policy change and seek their input on potential impacts and concerns.

2. Staff/TU Meetings

Schedule meetings to provide a platform for continuous feedback and ensure staff/trade unions are kept informed of progress and any changes. Regular interaction helps build trust and ensures that their concerns are addressed in a timely manner.

6. Transparent Communication

Maintain transparent and open communication throughout the process and progress. Transparency will ensure trust and trade union involvement.

7. Feedback Mechanism

Ensure feedback mechanism at trade union relationship meetings to provide ongoing input and raise concerns as they arise to capture a wide range of perspectives.

8. Addressing Concerns

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			<p>Take the concerns and suggestions of trade unions seriously and address them at trade union relationship meetings. Demonstrating that their input has been considered and acted upon helps build a positive and collaborative relationship.</p> <p>Staff Engagement Care Services staff engagement is currently conducted at local level with Area Operations Managers and Coordinators, for staff to discuss any concerns or issues, including pressures.</p> <p>Care Services will continue to have a robust feedback system to promptly address any concerns raised by service users and their families.</p> <p>Care Services commitment to upholding the highest standards of care remains unwavering and continuously strive to improve services based on the valuable feedback received.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>An access audit of an outpatient physiotherapy 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.</i></p>	<p>Care Services must ensure services are physically accessible to everyone. This involves conducting thorough assessments of each service user home environment to identify and address any potential barriers to movement. For instance, HSCP evaluate the needs of Service Users to facilitate safe and independent navigation. Additionally, HSCP Care Services consider the layout and accessibility of common areas to ensure that all service users, including those with mobility impairments, can move freely and comfortably. By proactively addressing these barriers, we can create an inclusive</p>	<p>There is no anticipated change to physical accessibility, Care services will continue to provide thorough assessment to identify and address any potential barriers to movement.</p>

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<p>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>(Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>environment that supports the well-being and independence of all service users.</p> <p>The Home Care Service is indiscriminate, and it can therefore be delivered to where it is required so is in theory open to marginalised groups. It is not necessary to have a fixed address to receive the service.</p> <p>To ensure that Care Services are physically accessible to all service users, including those with disabilities, the Assessment Team will conduct comprehensive evaluations of everyone's needs. This involves identifying and addressing any potential barriers to accessibility within their home environment. The team consider factors such as mobility, sensory impairments, and the need for assistive devices. By doing so, they can recommend necessary modifications or equipment to facilitate safe and independent living. Care Services assess the suitability Home Care and ensure the care is tailored to meet the requirements of each service user. This holistic approach ensures that all aspects of home care are inclusive and supportive of the diverse needs of service users.</p> <p>However, it is recognised that there may be practical difficulties in delivering the service to those service users who have a chaotic lifestyle or who have no reliably fixed address or other place where the service can be delivered.</p> <p>This change will not impact the physical accessibility of the service. GCHSCP remain committed to ensuring that all service users have equal access to</p>	
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			care. The priority of GCHSCP is to continue to provide high quality, accessible care to everyone who needs it.	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service 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 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</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's 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>Care Services have developed and implement policies that explicitly prohibit discriminatory language and behaviour.</p> <p>Care Services must continually foster good relations and this includes community engagement through Focus Groups, Surveys and Newsletters to our Service Users. HSCP organise such platforms to bring together service users from diverse backgrounds and these interactions help build mutual understanding and respect, fostering a more inclusive service.</p> <p>Care Services must maintain an open and transparent communication with service users about policy changes and service updates. HSCP ensure that everyone is informed and can ask questions and provide input.</p> <p>Care Services recognise the importance of clear communication with existing staff group regarding this change and propose the following measures:</p> <ol style="list-style-type: none"> Transparent Briefings: Hold local meetings to explain the reasons behind this cessation. Open Dialogue: Encourage open discussions where all staff can voice concerns and ask 	<p>To ensure service users and their families are well-informed about the transition from supported living to mainstream home care, a comprehensive communication plan would have to be implemented. This plan includes sending detailed letters outlining the changes and how it could impact care, for example:</p> <ul style="list-style-type: none"> Differences between supported living and mainstream home care, including changes in visit times and the number of carers involved reasons for the transition, such as improving efficiency, resource allocation, or enhancing care quality how changes may affect daily care routine of service users and addressing potential concerns

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<p>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>questions to address any misconceptions and foster a supportive environment.</p> <ol style="list-style-type: none">3. Written Communication: Provide information to service users and families about the change in service, ensuring all staff have access to the same information and can refer to it as needed.4. Support System: Offer support to staff who may feel affected by this change, ensuring they understand their value and role within the team. <p>By taking these steps, we aim to maintain a positive and inclusive workplace for all our staff.</p> <p>Care Services are part of the GCHSCP and aligned with Glasgow City Council there are available documents in accessible formats and this ensures that communication materials are available in multiple formats, including large print, Braille, and British Sign Language (BSL), to accommodate the diverse needs of service users.</p> <p>Furthermore, Interpreter and translation services are available and advised. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed.</p> <p>Given there is a smaller cohort of 39 service users, the care service can ensure engagement with each service users and family on a one-to-one basis. This approach is crucial for developing tailored care plans that address the specific needs and preferences of each service user as they transition to mainstream home care. By holding one-to-one meetings, the care service can provide detailed information,</p>	<ul style="list-style-type: none">• measures being taken to ensure that the quality of care remains high, such as reassessment, including review care plans, Home Carer training, and enhanced communication <p>Additionally, Care Services would also be able to meet with those and service users and families who are affected by the change on a one-to-one basis will be arranged to address any concerns, as above and provide reassurance. The Area Operations Manager would be involved in these discussions to ensure continuity of care and to answer any specific questions.</p> <p>Furthermore, Care Services would also be able to provide information on independent advocacy support services to assist and support service users understand their rights, express their views, and make informed decisions about their care. These steps will help maintain trust and ensure service users' needs continue to be met effectively. This</p>
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			<p>address any concerns, and offer reassurance about the continuity and quality of care. This engagement will help build trust and ensure that each service user's care plan is comprehensive and responsive to their unique circumstances, thereby facilitating a smoother and more supportive transition</p> <p>A detailed plan will be developed for the 39 service users affected and this could focus on a case-by-case approach to address individual concerns.</p> <p>Families would be involved in one-to-one meetings to discuss the changes and provide reassurance.</p>	<p>support can be particularly valuable during transitions, such as moving from supported living to mainstream home care to maintain service users' best interests.</p>
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>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).</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>The Home Care Service is largely delivered to elderly people but is open to people of all ages. The average age of those in receipt of a homecare service is 79 years. Glasgow population is estimated to be 631,970. People aged 65 and over, is approximately 14% of the population, which is 88,972 people. People aged between 18-65 is 69.6% and this equates to 440,371 people. All service users access the service based on assessed need. The Glasgow City HSCP Eligibility Criteria is applied.</p> <p>Services are delivered in line with the National Care Standards and the SSSC code of practice regular</p>	<p>Potential negative impacts –</p> <ul style="list-style-type: none"> • Service Users may view a loss of access to specialised care tailored to their specific needs, which could affect their health and well-being. • Supported living service offers longer visit times and a smaller, consistent group of carers, allowing for stronger relationships and understanding of service user needs. • Mainstream home care has a larger staffing establishment and therefore requires a more specific care plan which is less person centred and more task focused. • Service users may experience anxiety and stress due to the changes in Home Carer. • The stability and familiarity provided by a smaller group of supported living carers can be crucial for individuals with complex needs or

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	<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>inspection and registration is completed.</p> <p>The Home Care Services service is available to those who have been assessed by Glasgow Homecare as having a need for it and who would benefit from it. Assessed service users aged under 65 and / or private individuals who have not been assessed by Glasgow Homecare can access the service by paying the full, unsubsidised cost.</p> <p>Charges will be applied in line with Social Work Charging Policy and would be required to be reviewed and updated as required to reflect this. This Policy and associated EqIA will be reviewed annually.</p>	<p>those who thrive on routine. More task focused visits within mainstream home care might not be sufficient to address all the needs of the service users.</p> <ul style="list-style-type: none">• Supported living service is designed to promote independence by providing flexibility and personal choice within care visits and a task focused mainstream home care, could potentially hinder the service users' ability to maximise their independence.• The consistent support in supported living helps to mitigate feelings of loneliness and isolation. The more task focused visits in mainstream home care might not provide the same level of social interaction and emotional support• Service users will have to be reassessed to identify a care plan that meets their individual needs.• Care will be provided by highly skilled Home Carer professionals however, they may not always be by the smaller staffing group previously supported in Supported Living Service.• Services will continue, such as personal care provided based on assessed need, while others, like social interaction, may be signposted through maximising independence.• The transition could place additional caregiving responsibilities on family members leading to physical and emotional stress.• Mainstream home care services may not always provide the same level of consistency
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			<p>and continuity of care as Supported Living Services.</p> <ul style="list-style-type: none">• Staff accustomed to working in Supported Living Services may also face challenges adapting to the mainstream home care service. <p>Mitigating risks –</p> <ul style="list-style-type: none">• Care plans must be strictly reviewed for each service user transitioning from Supported Living Service to Mainstream home care, tailored to their specific needs and preferences to ensure continuity of care. Ensure that reassessments are thorough and involve input from service users and families to tailor care plans.• Care Services must continue with enhanced training programmes to ensure home care staff will always be equipped to handle any complex needs and implement regular supervision and quality checks to maintain high standards of care.• Community engagement initiatives should also be promoted for social interaction and reduce isolation, such as regular social activities, community centres, and virtual engagement options. Clearly communicate the service change. Provide information on alternative support services including options available through self-directed support (SDS) for alternative providers, and community resources to ensure service users have access to necessary social interactions and activities.• Establish clear communication channels and care protocols to ensure consistency. Effective
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			<p>initial communications to service users and their families will be crucial in alleviating potential burden. Offer information on respite SDS, care services and local support groups.</p> <ul style="list-style-type: none">• Care Service monitor and evaluate processes regularly to assess the quality of home care services and address any issues promptly.• Offer support and training to help Home Carers (Supported Living) transition to the mainstream home care. Implement regular feedback mechanisms to address staff concerns and improve job satisfaction• Establish a comprehensive monitoring and evaluation framework to track service quality and compliance. Regularly review and audit care practices to ensure accountability• Transferring service users from supported living to mainstream home care or alternative SDS provider will result in a change in the staff-to-service user ratio, as more carers will be involved with shorter visit times. However, to reassure service users that their needs will still be met, it with detailed care plans, ensure effective communication among carers, and continue with training to home care staff. By maintaining a high standard of care through these measures, service users can continue to receive the support they need, despite the changes in the care structure• Care will be provided by highly skilled Home Carer professionals
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			<ul style="list-style-type: none"> • Service users will have personal choice in the way they wish to use their assessed budget, either through internal Care at Home providers or through alternative providers, in line with business as usual. • Engagement with each service users and family on a one-to-one basis. This approach is crucial for developing tailored care plans that address the specific needs and preferences of each service user as they transition to mainstream home care. By holding one-to-one meetings, the care service can provide detailed information, address any concerns, and offer reassurance about the continuity and quality of care. This engagement will help build trust and ensure that each service user's care plan is comprehensive and responsive to their unique circumstances. • It is essential to ensure that all changes comply with relevant legal and ethical standards, such as the Equality Act 2010 and the Human Rights Act 1998, to safeguard the rights and well-being of older adults.
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>It is recognised that due to the nature of the services provided, the review of access to Social Care Services is more likely to impact on Disabled People compared to nondisabled service users.</p> <p>It was highlighted in the review of access to social care that Disabled People are more likely to be impacted as the service is directly targeted at people who have been assessed as</p>	<p>As above</p>

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<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>having a critical or substantial need for support. There is a commitment to a Maximising Independence programme focused on prevention, early intervention and redirection based on a risk-enabling, strengths and reablement-based system of assessment and support planning, which was deemed the appropriate strategic response and best route to maintaining a sustainable community health and social care system in the city. Service users will be encouraged and supported to shape their own care while mitigating risk by being provided with a range of choices for how they are provided with support. This approach will consider and support equity principles the HSCP will be duty bound to consider other, more cost-effective alternatives to ensure we deliver best value through fair and equitable use of resources.</p> <p>All service users access the service based on assessed need. The Glasgow City HSCP Eligibility Criteria is applied in the provision of services.</p> <p>Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed.</p>	
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It is likely that service users with mental and / or physical disabilities will be impacted by the introduction of the service. This is due to the inherent nature of the service user client group, given that homecare services are typically required by those with mental and / or physical disabilities. All service users accessing the service are assessed against the same HSCP eligibility criteria.

To ensure that Care Services are physically accessible to all service users, including those with disabilities, the Assessment Team will conduct comprehensive evaluations of everyone's needs. This involves identifying and addressing any potential barriers to accessibility within their home environment. The team consider factors such as mobility, sensory impairments, and the need for assistive devices. By doing so, they can recommend necessary modifications or equipment to facilitate safe and independent living. Care Services assess the suitability Home Care and ensure the care is tailored to meet the requirements of each service user. This holistic approach ensures that all aspects of home care are inclusive and supportive of the diverse needs of service users.

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		<p>In addition, language and format supports are available on request to support understanding and participation in the process.</p> <p>At an individual basis Legal Guardians and Carers will be fully involved and it may be necessary to bring in Independent Advocacy Services to support understanding and participation, particularly those with a learning disability.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(c)</p>	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</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>No data is held on the gender reassignment status of users of the homecare. The gender reassignment status of any individual, or any other protected characteristic, has no bearing on their eligibility for Home Care Service. The service is delivered based on assessed need and / or demand. Staff are aware of legal protection and appropriate use of language and approaches for recording of information and assessment are applied.</p> <p>Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed.</p> <p>No negative impact as this protected characteristic is not relevant to an</p>	<p>As above</p>

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		individual's ability to access the service.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</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>No data is held on the marital or civil partnership status of Home Care service users. A person's marital or civil partnership status has no bearing on their eligibility for the hot meals service as the service is delivered on the basis of assessed need and / or demand.</p> <p>No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.</p>	As above
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p>	<p>No data is held on the pregnancy and maternity status of Home Care service users.</p> <p>No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.</p>	As above

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	<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>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</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>80.71% of the population in Glasgow identifies as White (Scottish, other British, Irish, other nationality), and 19.29% identify as from a BME background.</p> <p>All homecare training includes culture, religion, and spiritual beliefs training as part of the induction so as HSCP can deliver services in an appropriate and sensitive way.</p> <p>Interpreter and translation services are available and advised. Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed.</p>	<p>As above</p>

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		<p>No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.</p> <p>In addition, it is acknowledged that within this protected characteristic, there may be individuals whose first language is not English and who require additional communication support Interpreter support and access to translated materials is available on request to support understanding and participation in the process.</p> <p>The policy applies equally to persons of different race. However, it is recognised that Minority ethnic communities are more likely to be living in poverty compared to white people. Full details of mitigations and exceptions are as outlined above. Mixed or Multiple Ethnic Groups are not identified as being at higher risk above any other non-white groups.</p>	
<p>(g)</p>	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>No data is held on the religion and/or beliefs of Home Care service users.</p> <p>A person's religion or belief has no bearing on their eligibility Home Care service users as the service is delivered based on assessed need and / or demand.</p>	<p>As above</p>

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	<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>All homecare training includes culture, religion, and spiritual beliefs training as part of the induction so as HSCP can deliver services in an appropriate and sensitive way.</p> <p>No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</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>Two thirds of homecare service users across the Care Services area are female and one third male. Homecare services are predominantly provided to older people within Glasgow. In 2024, the majority of females over 65 in Glasgow is 58%, whilst men account for 42%. Therefore, the provision of homecare services to females is slightly higher than their general population representation. However, this can be partially explained by females having a higher life expectancy than males (78.3 years versus 73.6 years) within Glasgow, Scotland.</p> <p>There is a higher proportion of females receiving homecare in general in line with the general homecare profile. All service users are assessed under the same HSCP eligibility</p>	<p>As above</p>

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		<p>It is also recognised that a disproportionate number of carers are female, potentially on low incomes. It is also recognised that carers are likely to experience significant financial challenges that may have a negative impact on their health and wellbeing. Care assessments and reviews will continue to be based on meeting an individual's assessed needs. As part of implementation, Carer support has been integrated throughout.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</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>No data is held on the sexual orientation of service users. A person's sexual orientation has no bearing on their eligibility for Home Care service users as the service is delivered based on assessed need and / or demand. Same-sex couples will receive a Home Care service, if both parties meet the eligibility criteria. GCHSCP Eligibility Criteria is applied.</p> <p>Staff are aware of legal protection and appropriate use of language and approaches for recording of information and assessment are applied.</p> <p>Services are delivered in line with the National Care Standards and the SSSC code of practice regular inspection and registration is completed.</p>	As above

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		<p>No negative impact as this protected characteristic is not relevant to an individual's ability to access the service.</p> <p>There may be wider considerations for LGBTI+ people in accessing care packages given a higher risk of social isolation and lack familial care support.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>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?</p> <p>The Fairer Scotland Duty (2018) places a duty 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: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty:</p>	<p>In 2024, 19% of single female pensioners and 13% of single male pensioners were in relative poverty before housing costs across Scotland. Furthermore, 23% of single female pensioners and 18% of single male pensioners were in poverty after housing costs. Over the past ten years, the poverty rate before housing costs for single female pensioners has been higher than that for single male pensioners.</p> <p>The Home Care service is available to those who have been assessed by Glasgow Homecare as having a need for it and who would benefit from it. Assessed service users aged under 65 and / or private individuals who have not been assessed by Glasgow Homecare can access the service by paying the full, unsubsidised cost. There is a difference in the applicable</p>	As above

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<p>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</p> <p>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)?</p> <p>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?</p> <p>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</p> <p>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?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>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)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>	<p>charge for service users aged under 65 and over 65 due to the national policy of free personal care for people aged 65+. The provision of free personal care is enacted under the Community Care and Health (Scotland) Act 2002.</p> <p>Service users will have personal choice in the way they wish to use their assessed budget, either through internal Care at Home providers or through alternative providers, in line with business as usual.</p> <p>Any potential reduction to a care package budget may have a greater impact on people on lower incomes who are unable to supplement their support* by other financial means if they wished to do so. *Beyond the level to which the individual has been assessed as requiring. Opportunities are taken to explore if people may be entitled to other benefits or income, with referrals made to appropriate agencies.</p>	
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<p>(k)</p>	<p>Other marginalised groups</p> <p>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 & refugees and travellers?</p>	<p>The Home Care service can be delivered to where it is required so is in theory open to marginalised groups. It is not necessary to have a fixed address to receive the service. However, it is recognised that there may be practical difficulties in delivering the service to those service users who have a chaotic lifestyle or who have no reliably fixed address or other place where the service can be delivered.</p>	<p>As above</p>
<p>8.</p>	<p>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?</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>Any proposed service changes are designed to enhance the quality and accessibility of services while considering budget constraints.</p> <p>The primary objective is to ensure equitable service delivery for Service Users. In keeping with fairer access to social care.</p> <p>For example, by removing the internal option for Supported Living and transferring to mainstream home care, Care Services can better allocate resources and provide consistent care.</p> <p>This includes transferring individualised care plans that address the specific needs of each service user, ensuring they continue to receive an appropriate level of support as they move over to mainstream home care.</p>	<p>As above</p>

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Additionally, Care Services would be required to ensure there is no detriment for Home Carer team members, due to the unique challenges associated with this transition. This would ensure teams are well-equipped to provide high-quality care while managing costs effectively.

Care Services will ensure governance to monitor and evaluate the progress of service users transitioning to mainstream home care, to monitor any gaps in service and make necessary adjustments promptly, ensuring that all service users receive equitable care.

Care Services would also focus on community engagement to support service users during their transition. Promoting, local community supports and organisations, providing additional resources and support networks.

Overall, these changes are focused on maintaining a high standard of service whilst considering the budget constraints. By prioritising equitable service delivery, Care Services would aim to ensure service users receive the care and support they need during their transition from Supported Living to mainstream home care

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		<p>Furthermore, to prevent discrimination, promote equality of opportunity, and foster good relations between protected characteristic groups, significant investments have been made in learning and development. This includes comprehensive training programs for all staff on equality and diversity. These programs cover topics such as unconscious bias, cultural competence, and anti-discrimination laws.</p> <p>Shadowing and peer support is established to encourage collaboration and mutual learning among staff from diverse backgrounds. Furthermore, resources such as educational materials, online courses are provided to ensure continuous learning and improvement.</p> <p>By investing in these learning opportunities, HSCP aim to create a more inclusive and respectful environment where everyone feels valued and empowered.</p>	
		Service Evidence Provided	Service Evidence Provided
9.	<p>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</p>	<p>As Care Services are strictly aligned to GCHSCP and GCC policies and procedures this ensures HSCP strictly adhere to learning and development. This ensures HSCP prevent discrimination and to promote equality</p>	

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	<p>equivalent) covering equality, diversity and human rights.</p>	<p>of opportunity and foster good relations between protected characteristic groups.</p> <p>This includes implementing comprehensive training programs for all employees on equality and diversity. Programs that cover essential topics such as unconscious bias, cultural competence, and anti-discrimination legislation. Regular workshops and seminars are held to deepen understanding and enhance skills in these areas are available.</p>	
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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 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.

GCHSCP Care Services understand that a transition for service users from Supported Living Services to mainstream home care services, it is crucial to identify and address any potential risks that could impact the human rights of patients, service users, and staff. This change aims to provide more integrated and community-based care, but it also presents several challenges that must be carefully managed to ensure that

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the rights and well-being of all individuals are upheld. Below, we outline the key risks associated with this policy change and their potential implications.

Loss of Support Service

Supported Living Service is considered a specialised support tailored to the unique needs of individuals with disabilities or complex health conditions. Transitioning service users to mainstream home care may potentially impact the quality of care.

Mitigation: Implement training for home care staff to ensure they are equipped to handle the specific needs of these service users and regularly review and update care plans to maintain high standards of care.

Task focused care / Risk of Isolation

Moving to mainstream home care could lead to increased isolation, as service users times will be shorter and there may be fewer opportunities for social interaction and community engagement with home carers.

Mitigation: Encourage home carers to facilitate connections with local community centres and social groups and implement regular check-ins and social activities to reduce isolation.

Training for Home Care Staff

Mainstream home care staff may not have the same level of training or experience in dealing with the service users who used who previously relied on Supported Living Service. This could lead to complaints for service users who perceive they are not receiving appropriate and effective care

Mitigation: Provide refresher training for home care staff on handling complex needs and disabilities and offer continuous professional learning opportunities to keep staff updated on best practices.

Increased Burden on Family

Transitioning to home care may place a greater burden on family members who may need to take on more caregiving responsibilities. This can lead to physical, emotional, and financial stress for families, impacting their overall well-being and concerns related to the right to family life and health

Mitigation: Effective initial communications to service users and their families will be crucial in alleviating the burden on family members, ensuring they are well-informed and supported throughout the transition process to mainstream home care.

Potential for Inconsistent Care

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Mainstream home care services may not provide the same level of consistency and continuity of care as Supported Living Service. This inconsistency can affect the stability and predictability of care, which can be crucial for individuals with complex needs

Mitigation: Establish clear communication channels and care protocols to ensure consistency and regularly monitor and evaluate care delivery to maintain high standards.

Legal and Ethical Concerns

There are potential legal and ethical concerns related to the transition, including compliance with the Equality Act 2010 and the Human Rights Act 1998. Ensuring that the transition does not discriminate against or disadvantage any group is essential to uphold the legal rights of service users.

Mitigation: Conduct thorough legal reviews to ensure all policies comply with relevant legislation and provide comprehensive communication briefings on legal and ethical standards for all staff.

Impact on Staff

Staff members who are accustomed to working in Supported Living Service may face challenges adapting to the mainstream service model. This could lead to job dissatisfaction, increased stress, and potential turnover, impacting the quality of care provided to service users

Mitigation: Offer support and training to help staff transition to mainstream home care and implement regular feedback mechanisms to address staff concerns and improve job satisfaction.

Monitoring and Accountability

Ensuring that there are robust monitoring and accountability mechanisms in place is essential to safeguard the rights of service users. Without proper oversight, there may be a risk that the quality of care could decline, with a potential for human rights violations.

Mitigation: Establish a comprehensive monitoring and evaluation framework to track service quality and compliance and regularly review and audit care practices to ensure accountability.

In conclusion, while the transition from Supported Living Service to mainstream home care services aims to provide more integrated and community-based care, it is essential to carefully consider and address the potential risks involved. By doing so, Glasgow City Care at Home Service can ensure that the rights and well-being of all service users, patients, and staff are protected, and a new service model is implemented in a fair and equitable manner.

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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* .

As Care Services are strictly aligned to GCHSCP and GCC policies and procedures this ensures HSCP have undertaken a human rights-based approach to ensure that the rights and responsibilities of all stakeholders are fully understood and respected, as follows:

- **Participation**

GCHSCP actively involve service users, staff, and community representatives in the development process through consultations, focus groups, surveys and newsletters. This ensured that diverse perspectives were considered and that everyone had a voice in shaping policy and procedure.

- **Accountability**

HSCP established clear mechanisms for accountability, including regular monitoring and reporting on the implementation of the policy through our Quality Assurance approach. This ensures that any issues are promptly addressed and that the policy remains aligned with human rights standards.

- **Non-discrimination and Equality**

GCHSCP always conduct thorough equality impact assessments to identify and mitigate any potential discriminatory effects of the policy. Measures are put in place to promote equality and ensure that all individuals, regardless of their background, have equal access to services.

- **Empowerment**

GCHSCP provide robust training and resources to empower service users and staff to understand their rights and responsibilities. This included information sessions, educational materials, and support services to help individuals advocate for themselves and others.

- **Legality**

GCHSCP and GCC policy complies with all relevant human rights laws and standards. Legal advice was sought to confirm that the policy upholds the principles of fairness, justice, and respect for human dignity.

By applying these principles, Care Services not only respects but actively promotes the human rights of all individuals involved. This approach has led to a more inclusive, equitable, and effective service that meets the needs of our diverse community and service users.

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*

- **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.

Date for completion

Who is responsible?(initials)

A comprehensive engagement plan will have to be implemented, with service users, their families and carers and staff.

Establish a comprehensive monitoring and evaluation framework to track service quality and compliance. Regularly review and audit care practices to ensure accountability

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

Lead Reviewer:

Name

EQIA Sign Off:

Job Title

Signature

Date

Quality Assurance Sign Off:

Name

Job Title

Signature

Date

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**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:

--

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

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