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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:**

Retender of an Adult Disabilities Shared Lives Contract

Is this a: **Current Service**  **Service Development**  **Service Redesign**  **New Service x**  **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).**

Glasgow City Council intends to retender its Adult Shared Lives contract at the expiration of the current contract in July 2025. Planning for the procurement exercise has commenced. The contract will be on similar terms to the existing contract and will be for a duration of 5 + 2 years. The current provider of Glasgow's Shared Lives (SL) Service is Cornerstone. The obligations on whichever organisation is awarded the new contract will be as follows:

- The SL model centres on sharing home, family, and community life in the interest of offering people the opportunity for fulfilling, safe and active lives. It enables people from all kinds of backgrounds to draw on the network of families, friends and neighbours to support adults with disabilities in the SL carers own home. The Provider will be expected to deliver the Services in line with Shared Lives Plus guidance, ensuring a focus on high quality personalised support which meets the needs and requirements of the individual Service User as identified in their outcome-based support plan. The Provider and self-employed SL Carers should ensure the provision of an environment in which individual Service Users are able to live as independently as possible within the constraints of their disability or illness and which allows them to live their lives in a family home. The accommodation, care and services provided should be matched as closely as possible to the requirements of each individual enabling the individual to lead as fulfilling a life as they possibly can.
- The Provider will be expected to ensure that the home of the SL Carer is suitable for the person they are supporting, including access requirements, equipment within the premises and access to a self-contained bedroom for the Service User is provided.
- All SL Schemes operate on the basis that an adult Service User in need of accommodation and support can have those needs met through living with, or having regular stays with, an approved SL carer. Service Users require to be matched for compatibility with SL carers. A SL carer and a Service User are introduced and get to know each other and if a positive compatibility is established, they will go on to share family and community life with the ongoing support and supervision of the SL Scheme workers. Following matching of the Service User to the SL carer, the carer's home is used as the location of the Service, whether on a long term basis,

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for respite care or any combination of these two categories of care. The Service User will integrate with and become part of family life, participate in family events with the SL carer and get to know and enjoy the carer's family and friends.

- The Provider will recruit Shared Lives carers who will, under the terms of a Carer Agreement between carer and Provider, deliver care and support (which may include accommodation) to no more than two adult Service users at one time.
- The SL carer is screened, appointed, supported and supervised by the Provider.
- The Service is based on a number of important principles:
  - Rigorous assessment and approval of SL carers by an independent panel
  - Careful matching of Service User to SL carer (who will operate on a self-employed basis)
  - Support to SL carers from the SL scheme Provider in the form of training, reviews, negotiated agreements, financial planning, placement support and supervision.
    - The Provider will recruit, train and match a self-employed SL carer, with reference to the specific needs and aspirations of the individual Service user.
    - Referrals will be made exclusively from GC HSCP Social work staff and will be from adult Learning Disability, Autism and Physical Disability, Mental Health and young people in transition client groups.
    - The Provider will monitor the individual placement support arrangements and the performance of the SL carer.
    - The following values and principles should underpin the delivery of the Services:
      - Individual Service Users have choice and control over their own lives through the use of personal budgets and self-directed support
      - Service Users will be supported to connect with and contribute to the community within which they live
      - Service Users will be supported to move on to independence where appropriate and fully participate in their community.
      - Service Users will benefit from the provision of best practice care from the Shared Lives Carers as managed by the Provider.
      - Delivery of services will be in accordance with Shared Lives Plus, Good Practice Guidance

This service has been selected for an EQIA because it is due for re-tender.

GCCHSCP is committed to the expansion of SLS in Glasgow because there is strong evidence from the national coordinating body (Shared Lives Plus) that where SLS schemes are more successful, then outcomes for service users are very good. This is a cost effective model of support that service users speak very highly of.

The experience in Glasgow over the last twenty years is that it has been very challenging for us to grow the SLS market. We have learned the lessons as to why that is and as a result of that learning we are intending to make three significant changes in our approach going forward:

- Less emphasis on placements needing to be within Glasgow's boundaries. Placements outwith Glasgow but funded by us could be more achievable. Placements outwith Glasgow would only proceed following consideration of maintaining a connection with existing community/family and with the informed consent of the service user or Guardian.
- Moving from a single supplier framework (Cornerstone) to a multiple supplier framework.

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- Reflecting on what different approaches the HSCP management team can take to promoting the service and making it a standard offer to people at the point of young people transitioning from children’s services into adult services. A stronger emphasis on leadership and advertising the benefits of SLS.

**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)**

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| <b>Name:</b> Paul Nolan | <b>Date of Lead Reviewer Training:</b> 25 <sup>th</sup> April 2024 |
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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):**

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| Debbie Miller – GCCHSCP<br>Margaret Kelly – GCC HSCP<br>Paul Nolan – GCC HSCP |
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|   | <i>Example</i>  | <b>Service Evidence Provided</b>  | <b>Possible negative impact and Additional Mitigating Action Required</b> |
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| 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</b> | <i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i> | Referrals for the SL Service will be generated from the HSCP Social work function following statutory assessment of need under the Council’s obligations to the 1968 Social Work Scotland Act. Data gathered on all potential nominees to the service will be held on the Council’s Care First 6 system as a matter of course are as follows: <ul style="list-style-type: none"> <li>• age</li> <li>• disability</li> <li>• pregnancy and maternity</li> <li>• race</li> <li>• religion or belief</li> <li>• sex</li> </ul> |   |

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| <p>protected characteristic data omitted.</p> |  | <p>In the last six years of this contract being in operation only <b>five adults</b> have been placed in Shared Lives placements funded by Glasgow. This small and disappointing number of placements is largely attributable to the fact that it has been incredibly challenging for the current Service Provider to identify and recruit adult shared lives carers in order to operate and grow the service.</p> <p>The above six equalities categories of information is available in respect to the five current service users however the number of service users is currently insufficient to draw any firm equalities conclusions from.</p> <p>The current Provider keeps track of the age, sex and race of referrals made by the Council to it. The current data includes the five Cornerstone service users are all white British. Four are female and four are aged between 20 and 30.</p> <p>'Shared Lives Plus' is the national coordinating body and the UK membership charity for people living and working in Shared Lives services across Britain. Until May this year Shared Lives Plus had a Development Manager in Scotland who was supporting Glasgow HSCP with its vision for a larger and broader Shared Lives service in Glasgow. Unfortunately, due to financial pressures on the Shared Lives Plus organisation, they have withdrawn from development support operations in Scotland. The Scottish Government does not currently fund any of Shared Lives Plus work in Scotland, and as other significant sources of funding for Shared Lives Plus have fallen, the role of the Scottish Development Fund manager has been terminated and they have not been able to contribute to this EQIA with a Scotland wide Equalities perspective.</p> |  |
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|   | <i>Example</i>  | Service Evidence Provided  | <b>Possible negative impact and Additional Mitigating Action Required</b>  |
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| <p><b>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</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 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>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 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>Social work referrals to the Shared Lives service Provider will include the equalities data referenced above. This will most usually be communicated securely in the form of a Statutory Support Needs Assessment. This equalities Data is used by the Shared Lives Provider to assist in matching potential shared lives service users with potential shared lives carers.</p> | <p>As part of this EQIA we have made contact with Ewan King, the Chief Exec of Shared Lives Plus in England. He has conceded that the national coordinating body lacks detailed Equalities data in respect of shared Lives services throughout the UK...however do plan to collect better information going forward. Shared Lives Plus in England also hope to start a new project soon on recruiting Carers from diverse communities. Glasgow commissioning staff will continue to periodically link with the National coordinating body on these issues.</p> <p>Monitoring of the access and utilisation of the Shared Lives service by specific groups will be undertaken in line with the requirements of the Equality Act 2010 through HSCP Contract Management Framework processes. This contract will be assigned to a specific member of the Disabilities commissioning team to build effective working relationships and assist promotion of the service and monitor take-p. The Invitation To Tender, and the new SL contract will reflect the requirement for those agencies providing the service to</p> |

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|  |  |  |  | <p>actively address equalities issues. In particular the Contract will include the following clause:</p> <p><b><i>“The Provider shall provide such information and documentation to the Purchaser as the Purchaser may reasonably require from time to time for the purposes of enabling the Council to review data in respect of complaints and satisfaction surveys in respect of the Provider’s approach to equalities, diversity and human rights.”</i></b></p> <p>These contractual obligations relating to equalities monitoring will be an integral part of the SL contract management framework, conducted in the first instance by a senior officer on the Disabilities Commissioning team at a frequency of six months. The future SL service Provider/s in Glasgow will promote equality of opportunity by making available to the HSCP’s Disabilities commissioning team equalities data on the carers that is has been able to recruit to facilitate SL placements. The Invitation To Tender and the evaluation scoring will also reflect the need for those agencies providing the service to actively address equalities issues, have an ethos that shows understanding of and empathises with, the circumstances and experiences of service users.</p> |
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|    |  |  |   | <p>In addition to the above the SL Service contract awarded by the Council to Provider partner/s following the successful conclusion of the tender exercise will include two comprehensive and specific clauses which specify the Council's requirements in terms of Equalities and Human Rights.</p> <p>Specific needs due to protected characteristics of service users will be identified during the referral and assessment process by HSCP staff and the SL providers will be required to make appropriate adjustments to the delivery of the Service.</p> |
|    |  | <b>Example</b>   | <b>Service Evidence Provided</b>  | <b>Possible negative impact and Additional Mitigating Action Required</b>   |
| 3. | <p><b>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</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</i></p> | <p>For people with disabilities, the Scottish Government reported (Scottish Government Equality outcomes: disability evidence review (2013) Scottish Government Social Research) poorer self-reported health, and a higher incidence of mental ill-health, than people without disabilities. People with impairments including hearing impairments, visual impairments and learning difficulties report barriers to accessing healthcare, and negative experiences of receiving healthcare.</p> <p>In social care, it found over a quarter of home-care clients have physical disabilities. The number of residential care places for clients with physical or learning disabilities has fallen since 2000, and the number of people with physical or learning disabilities being cared for at home has risen over the same period.</p> | <p>In dialogue with the current SL Provider, we have agreed a plan going forward that future SL Providers in Glasgow will collate equalities data for service users. This information will likely come in the first place from the Council's Support Needs Assessment. This information will be captured in future by the SL Provider at the referral stage. Equalities data will be scrutinized as part of Contract Management Framework arrangements and any</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>more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p> | <p>It also found that disabled adults are less likely to engage with or participate in cultural events and activities than adults without disabilities, except for craft based activities. Barriers to increased participation include cost, transport, limited availability of audio-description, and low expectations.</p> <p>Regarding communication support needs, the Scottish Executive (2007)91 reported that “People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care”. This is attributed to the training, awareness or attitudes of healthcare professionals, to the requirement for the patient to express his needs, and to the time constraints on consultations.</p> <p>The SL contract will operate on the basis that the SL Provider organisation is only responsible for identifying SL carers for adults referred to it by GCC social work officers. Therefore the scope of the responsibilities of the Provider is limited to the individual service users who the Council nominates. In the first 5 years of the contract only 5 service users have been referred to the service by social work officers and the current provider has been able to identify suitable SL carers for all those service users which are appropriate and do not constitute any breach of equalities duties.</p> <p>In January 2024 the Disabilities Commissioning team met with Ben Hall from Shared Lives Plus. Ben was able to share with us a number of positive stories about SLS elsewhere in the UK and the following learning:</p> <ul style="list-style-type: none"> <li>- t a National Level across Britain there are approx. 600 members supported in 150 schemes. This has allowed Service Users alternatives to traditional models of care and has a good track record in supporting Service Users to build long terms relationships with carers and their families which has nurtured personal growth and fuller lives.</li> <li>- There has been a steady development of the service across a range of Care Groups.</li> </ul> | <p>issues escalated to the relevant commissioning manager.</p> <p>Any SL service Provider in Glasgow will be responsible for supporting the HSCP’s commitment to equal opportunities and preventing unlawful discrimination and these requirements will be embedded within the terms of Glasgow’s SL Contract.</p> |
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|    |  |   | <ul style="list-style-type: none"> <li>- Estimated cost effectiveness, where the standard charge offer a £8k - £30k saving on traditional models of support.</li> <li>- Ben outlined 2 of the most successful areas in Scotland (Fife and The Borders) and the reasons for their popularity. This comes down to confidence in the schemes due to good community awareness and use of champions with the social work department.</li> </ul>  |  |
|    |  | <i>Example</i>  | <b>Service Evidence Provided</b>  | <b>Possible negative impact and Additional Mitigating Action Required</b>  |
| 4. | <p><b>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.</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><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></b></p> <p><b><i>(Due regard to promoting equality of opportunity)</i></b></p> <p><b><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in</i></b></p> | <p>The Service Review has engaged with two existing care provider organisations and the national leading agency for oversight of SL services in Scotland... ‘Shared Lives Plus.’</p> <p>As part of the preparations for this tender and EQIA the current cohort of Shared Lives carers and service users were consulted during an engagement exercise led by 2 officers from the Disabilities Commissioning team. The main focus of the session was getting feedback from carers and service users on their experiences and asking them how we can make the service better in future.</p> <p>Feedback from SL carers is that most carers greatly enjoy their role as SLS carer and wholeheartedly believe that the person they support is an integral and equal part of the family. Carers wish for more flexibility from the social work department in how requests for holidays are treated and also have concerns about the sometimes poor level of understanding some care managers have about the SLS model. Some carers have articulated that the current financial settlement for being a SL carer does not always adequately compensate families for the costs of providing a 24/7 model of support.</p> <p>Information gathering has led us to identify that the number one challenge for SL Providers meeting the needs of service users in</p> | <p>The majority of those supported by Shared Lives in the UK are disabled people, or autistic people. This is the same situation in Glasgow where the five adults supported under the current contract all have (learning) disabilities.</p> <p>A dedicated Consultation with Cornerstone Carers and service users was undertaken in July 2024 as part of this procurement exercise.</p> <p>Feedback from carers has taught the HSCP that we need to procure a multi-supplier framework for the next SL contract and that consideration needs to be given as to how to increase knowledge of the SL model amongst HSCP Care managers. We have also identified through our consultation that the HSCP Client contribution policy risks placing some SL service users in a position of not having sufficient funds to be able to</p> |

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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><i>households at risk of low incomes.</i></p> | <p>Glasgow is the challenges associated with recruiting carers who are able to offer SL placements within Glasgow’s boundaries. This has been a significant factor in the SL contract only being able to respond to 5 referrals in the last 5 year.</p> <p>Our intelligence informs us that of the current cohort of SL carers the service is well adapted to meeting the needs of adults with complex needs / disabilities and service users in receipt of a Shared Lives service are in stable and appropriate care settings.</p> <p>Feedback from Carers during our conversations will be integrated into the service specification, for example we want to move to a multi-supplier framework to add more flexibility and also remove the requirement for placements to be within Glasgow.</p> <p>It has not been possible at this stage to extend our communication strategy to potential service users because one of our greatest challenges to overcome is not having sufficient carers to draw upon to offer a service to those in need.</p> | <p>be active participants in community life. This specific challenge can best be met by making sure that SW staff and SLS staff are both aware of the contribution that the Council’s Income maximisation team can make in reducing poverty amongst adults with disabilities.</p> <p>We know that disabled people can experience multiple disadvantages arising from their intersecting identities. Disabled people disproportionately experience domestic abuse and exploitation and are over-represented in care settings as adults. Adult Shared Lives placements offer a community based alternative to more traditional and institutional care settings and therefore we are re-tendering this service with the intention of increasing the number of adults who can access this service.</p> <p>As part of our commitment to user involvement current SL Carers and Service Users have been invited to suggest scenarios which will be used to ensure the tender evaluation exercise reflects the concerns and priorities of users and carers.</p> |
|   | <p><b>Example</b></p>                            | <p><b>Service Evidence Provided</b></p>   | <p><b>Possible negative impact and Additional Mitigating Action Required</b></p>   |

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| <p>5.</p> | <p><b>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?</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><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. (Due regard to remove discrimination, harassment and victimisation).</i></p> | <p>Accessibility to the SL Service will be through one referral route....from GCHSCP social work care management teams. The Adult SL service is accessible to all adults (16+) who meet the Council's eligibility criteria for a funded SL placement. Disability will not be a barrier to accessing the service. Disability will be a key component of referrals from social work practitioners working in the fields of:</p> <ul style="list-style-type: none"> <li>• Learning Disability</li> <li>• Mental Health</li> <li>• Older People and Physical Disability</li> </ul> <p>As part of the matching process during the referral journey any specific barriers and specific needs associated with protected characteristics will be assessed and resolved jointly in a tri-partite manner between HSCP staff, the service provider and the service user.</p> | <p>Environmental considerations will be an integral part of the referral and nominations process and will be managed by jointly in a partnership approach between Provider and Care management.</p> <p>Where appropriate adaptations to the carers home will be offered in line with the statutory Social work assessment to ensure it is physically accessible. Such investments will require the support of HSCP Occupational therapists.</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><b>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</b></p>  | <p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was</i></p>   | <p>- Following contract award the successful Provider/s will have a contractual obligation to promote the service amongst not only potential carers but also HSCP operational social work teams. This will be a partnership approach shared with the Disabilities Commissioning team</p>  | <p>Without the identification and successful recruitment of Shared Lives Carers the SL service will be unable to offer placements to adults in need of a shared lives placement. There is a complex and mutually</p>  |

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| <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><b>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.</b></p> | <p><b><i>accompanied by a BSL signer to explain service changes to Deaf service users.</i></b></p> <p><b><i>Written materials were offered in other languages and formats.</i></b></p> <p><b><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></b></p> | <p>with the specific intention of a more widely recognised and understood service model in Glasgow with greater usage.</p> <ul style="list-style-type: none"> <li>- The strategic Lead for Learning Disabilities has given her commitment to demonstrate leadership on behalf of the council in promoting SLS.</li> <li>- There will be a renewed focus on YP in transition who should be made of this model at the point of considering options for support in adulthood.</li> <li>- We will watch and learn from experiences in England where recruitment of SLS carers from hard to reach communities is being tested.</li> <li>- 1 on 1 conversations with service users will need to use easy read formats and there will need to be interpretation services for non-english speaking service users and carers.</li> <li>- It may be appropriate during some discussions about SLS placements for independent advocates to become involved in promoting the rights of vulnerable adults.</li> </ul> | <p>interdependent relationship between the SL service Provider and the source of its referrals....Glasgow City HSCP Social work teams. The SL Service Provider needs to identify SL carers who are compatible with the individuals whom are being referred to it. As part of the Procurement exercise for the new contract organisations who wish to join the new SL framework will need to answer an evaluation question on how they intend to identify and recruit shared lives carers from as many diverse communities as possible going forward. Part of the success of the future SL Service is to increase awareness of the benefits of the SL model. To this effect it will be a clear contractual requirement of the Service Provider/s to initiate and deliver whatever promotional and educational activities are deemed necessary to achieve the Key Performance indicator of 10 new Shared Lives placements funded by Glasgow throughout the duration of the Contract. Some of this educational and promotional activity will include presentations to operational social work teams from who referrals will be generated and also to communities of foster carers in Glasgow. Evidence from Shared Lives schemes elsewhere in Scotland indicates that a productive</p> |
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|            |  |  | recruitment ground for SL carers is the foster carer community.  |
| <b>7</b>   | <b>Protected Characteristic</b>  | <b>Service Evidence Provided</b>   | <b>Possible negative impact and Additional Mitigating Action Required</b>  |
| <b>(a)</b> | <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 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>The SL service is designed to meet the needs of adults. Eligibility for the service will commence at age 16+. Childrens needs for accommodation and support will be met through another service (fostering and adoption). Should a child require a similar model of care to the Adult Shared Lives service other more appropriate service options are available in Glasgow such as fostering and adoption service routes.</p> <p>No upper age limit restriction applies to the Adult SL service in Glasgow.</p> <p>The Disabilities commissioning team are committed to delivering on a renewed focus on making the SL service model more available to Young People approaching transition into adulthood....allowing for continuity of care for YP entering adulthood. This strategy would be in full consideration of the views of carers and Young people.</p> <p>Glasgow Disabilities Alliance (2015) found that older people with disabilities or those with more complex medical conditions greatly fear having to move into nursing homes due to inadequate housing provision, and/or support to assist them to remain in their own homes. This is a great concern to older disabled people who were placed in care as disabled children and who may still be dealing with the psychological consequences and trauma associated with those histories.</p> <p>In consultation with Glasgow residents GDA found that many people are fearful of their family home being taken away from them to pay for care / nursing homes, and also fearful that they would be forced to move from their home into care rather than having adaptations / support to continue living at home. Some</p> | <p>We will make it very clear in the procurement ITT that the Provider is required to support the HSCP in its strategic aim to develop the SL service particularly for YP coming through transition.</p> <p>This will be made explicit in the Invitation to tender documents</p> |

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|                   |   | <p>GDA members who are relatively young who have been moved into nursing care and their experiences were not positive in this regard.</p> <p>The Shared Lives service is intended as more person centred and familial solution than the more traditional 24 hour institutional care solutions which have been commissioned in the past. Different solutions are required for our diverse community of adults in need and some service models are more suited to some individuals than others. In developing the SLS model in Glasgow we hope to expand the menu of services to choose from.</p>   |   |
| <p><b>(b)</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 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>Adults with Learning Disabilities, Physical Disabilities and or Mental Health needs including autism are all eligible for referral to the SL service. Adults with multiple pathologies who experience a number of different disabilities (intersectionality) are also eligible for accessing the service. The commitment to develop this service in Glasgow is a reflection of the fact that outcomes for adults with disabilities in Scotland is worse than those without disabilities.</p> <p>For example, people with learning disabilities have poorer health and more complex health comorbidities when compared to the general population (Emerson et al., 2011; Truesdale &amp; Brown, 2017). The latest Learning Disability Mortality Review (LeDeR, 2023) suggests individuals die on average 20 years young than their non-learning disabled peers, with a high prevalence of preventable deaths reported (Hislop et al., 2013).</p> <p>Extensive research has been conducted over the years to determine contributing factors which influence poor health outcomes for this population, with several identifying barriers to accessing health services (Allerton &amp; Emerson, 2012). A study conducted by Cooper et al. (2014) determined that annual health checks conducted by primary care improved health outcomes for people with learning disabilities as well as being a cost-effective intervention with the NHS England LeDeR (2021) demonstrating</p> | <p>Following contract award the successful Service Provider/s will be required to work in partnership with the HSCP Disabilities commissioning team to promote the access routes and benefits of the SL Service to multiple Social work care management teams with the intention of not inadvertently excluding any one specific service user group on the basis of their Disability.</p> <p>Each service users specific needs will be at the centre of the assessment process and will need careful consideration during the early stages of the SLS Carer-matching - process.</p> <p>How service users unique needs are put at the forefront of the matching process will be one of the tendering evaluation questions for bidders to answer as part of this procurement.</p> |

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|            |  | <p>an increased risk of premature death without an annual health check.</p> <p>In 2022 the Scottish Government implemented “The Annual Health Checks for People with Learning Disabilities (Scotland) Directions 2022”. This direction imposed a duty on health boards to offer all individuals with a learning disability, or who identify as having a learning disability, an annual health check in order to reduce health inequalities associated with this population.</p> <p>This specific Adult Shared Lives service is specifically aimed at adults with disabilities. Access to the service will be determined by the Council’s statutory obligations to undertake a SNA which will identify individual needs. A matching process will follow subject to the recruitment of suitable carers and home adaptations will be available where evidenced. Independent Advocacy referrals can be considered as part of the statutory assessment process. Due to the specific nature of the target group attention will be required to make available various communication models as required.</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>There is no anticipated impact on gender reassignment as a consequence of the tendering of this SLS contract. Gender reassignment will be considered as part of the matching process, to ensure the service user is supported by their carer where this need is identified as part of the statutory assessment process.</p> <p>Transgender people are one of the most marginalised protected characteristic groups in the UK. Trans people are likely to experience abuse at various point throughout their lives often resulting in homelessness. People with this characteristic are unlikely to be represented within this client group, though the Equality considerations included in the Service Specification</p>  | <p>Transsexualism (the desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment) and Gender dysphoria (discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth and the associated gender role and/or primary and secondary sex</p> |

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| <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> | <p>require the Provider(s) to recognise all protected characteristics of their Service users and staff.</p> <p>Data on gender reassignment is not collected routinely as part of the Councils Adult Support Needs Assessment process. All of the adults who have previously, and are currently accessing a Shared Lives service in Glasgow, have some form of Learning Disability. It would therefore be unusual for the adults being referred to this service to be eligible for Gender re-assignment under the terms of the 2012 Scottish Government Gender Reassignment Protocol (GRP)</p> <p><a href="https://www.publications.scot.nhs.uk/files/cel2012-26.pdf">efaidnbmnnnibpcajpcglclefindmkaj/https://www.publications.scot.nhs.uk/files/cel2012-26.pdf</a></p> <p>The Protocol aims to standardise gender reassignment clinical pathways in NHS Scotland and requires that all gender reassignment procedures should be... 'provided on the basis that there is clear evidence of benefit to the patient.' Many of the adults eligible for accessing a SL Service will not have the capacity to participate in a Gender reassignment clinical pathway.</p> <p>It is also noted however that the issue of sexuality and gender reassignment can be a complex and controversial one for the SL Service target group. The Lesbian, Gay, Bisexual and Transgender (LGBT) Health and Inclusion Project LGBT Identities and Learning Disabilities (2015) project found that participants reported that there is a lack of support for people with learning disabilities to access support around sex and relationships in general. This can include misconceptions that all people with learning disabilities are asexual and that sexual urges generally are 'inappropriate'. Furthermore, participants discussed how people with learning disabilities can be infantilised which feeds into the notion that they would not need support around sex and relationships. Participants emphasised that this can be said for people with learning disabilities in general, and that LGBT people then face additional barriers (Intersectionality). Participants identified risk of 'mate crime' and sexual or financial exploitation for people with learning</p> | <p>characteristic... are not grounds for exclusion from accessing Glasgow's SL service.</p> <p>Any referral of an individual to the SL Service from a GCHSCP care manager which included reference to gender reassignment, Transsexualism or Gender Dysphoria would require a collaborative approach between the Social Work Care manager, The SL Service Provider and the GCHSCP Disabilities Commissioning team to coordinate a response which did not discriminate.</p> <p>It is acknowledged that the issue of Gender and carer-matching needs to be sensitively handled. Not all citizens with an interest in becoming a SLS carer will be familiar with the complexities of the protected characteristic of gender reassignment.</p> |
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|            |   | <p>disabilities in night-time venues, including the commercial gay scene. The stigma around learning disabilities can make it hard for people to disclose to LGBT support services that they have additional needs and stigma around LGBT identities can make it difficult to 'come out' to support workers or carers. Participants identified stigma and shame as reasons why LGBT people with learning disabilities may not come out to others. Participants noted that the first time that people might be asked to consider or disclose their sexual orientation or gender identity may be when completing a monitoring form. This was identified as problematic as there is often not enough time to properly explore what this means for the person with a Disability.</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><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>This scenario of the HSCP needing to place a married couple/civil partnership in a SLS placement hasn't arisen previously. Experience would suggest that other more independent models of support might be more suitable in this type of situation....such as supports within the couple's <i>own home</i>. If this scenario did arise we would work with the provider and the married couple to take forward the referral in as sensitive a way as possible.</p>   |  |

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| <p>(e)</p> | <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>1) Remove discrimination, harassment <input type="checkbox"/> victimisation</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>This scenario of the HSCP needing to place a pregnant woman in a SLS placement hasn't arisen previously. Experience would suggest that other more independent models of support might be more suitable in this type of situation....such as supports within the woman's own home. If this scenario did arise we would work with the provider and the pregnant woman to take forward the referral in as sensitive a way as possible.</p>  | <p>Equality and anti-discriminatory contractual obligations require any SLS Provider to recognise all protected characteristics of children and young people and staff. Should a scenario arise where it is appropriate for the Council to organise a mother and baby adult shared lives placement, the solution would be a Tripartite approach to taking forward a referral with the SU, council and provider to ensure that needs are met both for the mother and child in a SL setting.</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>(f)</p> | <p><b>Race</b></p> <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>The SL service is eligible for all adults who meet the Council's eligibility for a funded SL placement regardless of race and national identity.</p> <p>The Learning Disability Alliance Scotland (2017) in their report: <b>"BME People Lose Out Across Scotland"</b> suggested that people from Black and Minority Ethnic (BME) communities are less likely to get a service than people from a White Scottish background. While the census shows that that BME people make up 5.2% of the Scottish population, the national database on learning disability, ESAY show only 1.24% of people with learning disabilities are from a BME background (there are some wide regional variations). Many BME communities are well</p> | <p>As part of the HSCP's Contract Management Framework processes the SL Service provider will be obliged to report any referrals they have received from HSCP Social work care management teams which they have not been able to take forward on the grounds of race and compatibility / availability of carers.</p> <p>There is recognition that although the current number of service users is</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>established in Scotland and are likely to have a similar incidence of learning disability in the population. However the SL Service is not responsible for the number of adults referred to it from BME backgrounds by Social work services. It is however responsible for ensuring that any referrals of vulnerable adults from a BME background experience the same equality of opportunity and experience as those referrals of service users with a white Scottish background.</p> | <p>small (5) that only white people have currently used the SLS contract in Glasgow.</p> <p>Cultural and racial needs will need to be at the forefront and integral to carer matching processes.</p> <p>Access to interpretation and translation services may be necessary in order for the Council to make long-lasting and successful SLS placements with non-English speaking service users.</p> <p>In addition to the above the Disabilities Commissioning team have extended an invitation to the national SL Plus Coordinating body to work with us on improving the evidence base of detailed Equalities data in respect of shared Lives services throughout the UK. SL Plus do plan to collect better information going forward and also hope to start a new project soon on recruiting Carers from diverse communities. Glasgow commissioning staff will continue to periodically link with the National coordinating body on these issues and Ewan King from SL Plus has been invited to Glasgow to discuss in more detail with us some of these issues.</p> |
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| <p><b>(g) 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><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 checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p> | <p>The SL service is eligible for all adults who meet the Council's eligibility for a funded SL placement regardless of the religion and belief of the service user. Currently the HSCP does not have access to any data on discrimination experienced by adults or children on the grounds of religion or belief which would be relevant for this EQIA.</p> | <p>The very real challenge for any SL service Provider in Glasgow is to identify and recruit SL carers who are compatible with the service users with whom they are going to share their home and lives. Religion and belief considerations are one of the key characteristics that would be at the heart of any 'Matching' and 'Compatibility' exercise as part of the early stages of the placement protocol.</p> <p>Religion or belief would be a critical consideration of the matching process for any carer and service user compatibility test.</p> <p>Any SLS referral to a SL provider agency which failed on the basis of religion or belief characteristics would be shared with social work care management teams and the HSCP Disability commissioning team with a view to rectifying and solving any issues and also taking a 'lessons learned' approach.</p> <p>At the current time it is recognised that of the five Cornerstone SLS Service users all are white British people.</p> <p>It is also worth noting that the Disabilities Commissioning team will be monitoring the outcome of the Shared Lives Plus work on recruiting</p> |
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|     |   |   | carers from more diverse communities in England.   |
|     | <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><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 checked="" 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> | <p>The SLS will be open to everyone regardless of their sex. It will be necessary to ensure the SLS Provider is able to support referrals of individuals who may have been the victim of gender based violence. Such skilled supports will not be the sole responsibility of the SLS Provider however. These needs will need to be identified and negotiated between the referring agency (GCC Social Work) and the Provider and prior to any placement commencing. Appropriate training will need to be organised for any SLS carer wishing to be part of a service users life who has a history of Gender based violence.</p> | <p>It will be a shared responsibility between the HSCP and any future SLS Provider that appropriate training is identified and sourced and delivered for adults needing this support as part of their personal care plan.</p> <p>As part of this EQIA we have refreshed our knowledge of what specialist training is available on the subject of adults with disabilities and gender based violence. There are 2 specific resources which we have identified which are relevant to this EQIA:</p> <p>The Scottish Commission for people with Learning Disabilities (SCLD) have written a powerful report on the experiences of the victims of gender based violence and what recommendations can be made from research....” <b><i>Unheard-Unequal-Unjust--But-not-Hidden</i></b>”</p> <p>In addition, SCLD have shared with us access to a Google Drive with a range of training resources, toolkits etc. on the subject of Gender-Based Violence.</p> |

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|            |   |   | <p>Both tools will be useful in managing scenarios where service users with a history of gender based violence accessing a SLS need additional and skilled supports on this subject.</p>   |
| <p>(i)</p> | <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><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 checked="" type="checkbox"/></p> | <p>The issue of sexuality can be a complex and controversial one for the SL Service target group. The Lesbian, Gay, Bisexual and Transgender (LGBT) Health and Inclusion Project LGBT Identities and Learning Disabilities (2015) project found that participants reported that there is a lack of support for people with learning disabilities to access support around sex and relationships in general. This can include misconceptions that all people with learning disabilities are asexual and that sexual urges generally are 'inappropriate'. Furthermore, participants discussed how people with learning disabilities can be infantilised which feeds into the notion that they would not need support around sex and relationships. Participants emphasised that this can be said for people with learning disabilities in general, and that LGBT people then face additional barriers (Intersectionality). Participants identified risk of 'mate crime' and sexual or financial exploitation for people with learning disabilities in night-time venues, including the commercial gay scene. The stigma around learning disabilities can make it hard for people to disclose to LGBT support services that they have additional needs and stigma around LGBT identities can make it difficult to 'come out' to support workers or carers. Participants identified stigma and shame as reasons why LGBT people with learning disabilities may not come out to others. Participants noted that the first time that people might be asked to consider or disclose their sexual orientation or gender identity may be when completing a monitoring form. This was identified as problematic as there is often not enough time to properly explore what this means for the person with a Disability.</p> | <p>There is no anticipated impact on sexual orientation associated with this tender activity and contract award. If sexual orientation comes up through the statutory assessment of personal need, this would be taken forward through the Carer matching process.</p> |

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|     | Protected Characteristic   | Service Evidence Provided   | Possible negative impact and Additional Mitigating Action Required  |
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| (j) | <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 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="https://www.gov.scot/resources/consultation-papers/Fairer-Scotland-Duty-guidance-for-public-bodies/">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> </ol> | <p>During consultation with Cornerstone Shared Lives carers in July 2024 the issue of fair remuneration for the services and supports the carers deliver was raised. Shared Lives carers are funded by the Shared Lives service Provider and the fees the Shared Lives Carers receive is based on what rates each Provider tendered during the procurement exercise. The Council or HSCP does not set the rates of remuneration for Shared Lives carers and the Council do not have control over what fees are paid to Shared Lives carers.</p> | <p>To address concerns about income levels and financial sustainability it will be necessary for social work professionals to offer an assessment by the Council’s Income maximisation team to both carers and service users at the point of referral to the SLS.</p> |

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|     | <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)<sup>21</sup> 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 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>No anticipated impact.</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>Adult Shared Lives placements offer an economical support option and represent a Best Value alternative compared to other models of support including Supported Living where an</p> |

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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 checked="" type="checkbox"/></p> |  | <p>average package costs c£53 K per person per year. Shared Lives Plus – the national umbrella body for Shared Lives, estimates savings between £8k and 30k per annum per placement in comparison to alternative service models.</p>   |
|           |  | <p align="center"><b>Service Evidence Provided</b></p> | <p align="center"><b>Possible negative impact and Additional Mitigating Action Required</b></p>  |
| <p>9.</p> | <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>The review and commissioning of any service will ensure existing and successful providers recruit staff who are confident and competent when working with diverse need as per each protected characteristic group. There is now free training available and this will be made available to all providers.</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 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.

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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.

The decision to retender the SLS is in support of Disabled People’s right to live as independently as possible and be active participants within their community.

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\* .

\*

- **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.**

1. The GCHSCP Disabilities Commissioning Team will not be responsible for delivering the Adult SL Service in Glasgow which is the subject of this EQIA. The Disabilities Commissioning Team will however be responsible for Contract monitoring and performance managing the delivery of the SL service by one or more registered Care Providers. The Disabilities Commissioning team are committed to mainstreaming equality throughout all the services for which it has contractual responsibility. This amounts to c.£80M of activity in Glasgow. This includes the Adult Shared Lives Contract. In addition to ensuring that equality and diversity is part of the structures, behaviour and culture of GCHSCP, it is also our responsibility to mainstream equality for all by ensuring that those organisations that deliver services on behalf of the Council can also demonstrate their commitment to equality in all that they do, ensuring that all partner organisations consider equalities when undertaking social care services such as Shared Lives within our City.

The Disabilities Commissioning Team and the wider Social work Commissioning section in Glasgow have been working to ensure that EQIA's are undertaken every single time a new or existing social care contract is tendered on the open marketplace as is a bare minimum. It is also incumbent on us that actions arising from the assessments are included in procurement and contract management activity. Evidence of this commitment is the implementation of a new and revised Contract Management Framework and Provider Service Return which places more explicit focus on monitoring compliance with equalities policies and training in purchased services. In practical term this means that all the care Providers who deliver services to adults with Disabilities in Glasgow (c.40+) are involved in a specific risk assessment every six months (minimum). The new risk assessment includes a specific question for each and every Provider organisation to answer on the subject of 'Equality and Diversity' and a second question on 'Co-Production and the Involvement of service Users'. In addition, as part of routine Service Review activity Providers have to submit their "Equality Diversity and Inclusion policies for scrutiny by the Disabilities Commissioning Team". The wider Social Work Commissioning Team are working with the Supplier Development Programme to increase diversity within the supply chain, to include businesses led by, for and with people with protected characteristics as defined by the Equality Act 2010 and the Fairer Scotland Duty. We also intend to develop an Annual Equality Return for partner providers to monitor numbers of diverse providers and give them an opportunity to share any equality monitoring data to inform service delivery, review and procurement.

Further information can be found in the Market Facilitation Plan including; promoting sustainability, fair work practices and the importance of equality, human rights and maximising independence for those accessing support.

Ongoing work in Commissioning has been highlighted throughout the report, particularly in relation to our improved TIDE report score, and there is a specific section on our progress which can be found on page 11 of the above report.

2. As part of the Strategic Development and planning for this tender two separate meetings have been coordinated and held by GCHSCP's Disabilities Commissioning Team with current Shared Lives Carers. During these consultation meetings Carers were asked if they, or the people they care for, had any specific concerns about Equalities and the Shared Lives Service. Additionally the same Carers were asked a question about discrimination

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and if there was anything in the way that Shared Lives services are commissioned in Glasgow which can be improved from an Anti-discrimination perspective. These consultation events took place in July 2024

**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> |
|--|---|--------------------------------------|
| <ul style="list-style-type: none"> <li>- <b>The Disabilities Commissioning Team to maintain periodic communications with Ewan King, the Chief Exec of Shared Lives Plus in England. Whilst Shared Lives Plus currently lacks detailed Equalities data in respect of shared Lives services throughout the UK they do plan to start a new project soon on recruiting Carers from diverse communities. This would be valuable learning for Glasgow which has several diverse communities. Any learning from Shared Lives Plus on this subject to be disseminated and implemented by Glasgow’s own SL Service Providers.</b></li> <br/> <li>- <b>The Weightings for this Procurement Project tender evaluation strategy to be reviewed and discussed, including consideration of weighting for Questions specifically with an Equalities theme.</b></li> <br/> <li>- <b>Performance management of this contract to be undertaken using the revised Contract Management Framework. The new contract management framework to include six monthly risk assessment of Shared lives Providers including two specific questions on Commitment to Equalities and Co-Production (involvement of service users in service planning).</b></li> <br/> <li>- <b>Ensuring Service Users have having sufficient funds to be able to be active participants in community life will be monitored. Rights will be protected by making sure that SW staff and SLS staff are both aware of the contribution that the Council’s Income maximisation team can make in reducing poverty amongst adults with disabilities.</b></li> </ul> | <p>Throughout duration of contract lifespan. Contract duration is 7 years. (PN)</p><br><p>Tender documents including evaluation strategy to be finalised by Oct 2024. DM (Disabilities Commissioning Manager) &amp; PN &amp; representatives from the Commissioning Development Team.</p><br><p>The Senior Officer from the Disabilities Commissioning team who will be appointed as the Contact link (MK)</p><br><p>Ongoing. GCC HSCP social work staff, Commissioning staff and SLS Providers. GCC HSCP Finance staff also have a role to play in ensuring that client contributions for this service are sustainable and don’t discriminate.</p> |                                      |

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

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|                       |                   |                  |   |
|-----------------------|-------------------|------------------|---|
| <b>Lead Reviewer:</b> | <b>Paul Nolan</b> | <b>Name</b>      | <b>Paul Nolan</b>                                   |
| <b>EQIA Sign Off:</b> |                   | <b>Job Title</b> | <b>Principal Officer Disabilities Commissioning</b> |
|                       |                   | <b>Signature</b> |   |
|                       |                   | <b>Date</b>      | <b>28/08/24</b>                                     |

|                                    |  |                  |                         |
|------------------------------------|--|------------------|-------------------------|
| <b>Quality Assurance Sign Off:</b> |  | <b>Name</b>      | <b>Alastair Low</b>     |
|                                    |  | <b>Job Title</b> | <b>Planning Manager</b> |
|                                    |  | <b>Signature</b> | <b>A Low</b>            |
|                                    |  | <b>Date</b>      | <b>24/09/24</b>         |

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

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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