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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. Please refer to the EQIA Guidance Document while completing this form. 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:

Development of an Enhanced Community Living Service for 6 Adults with Learning Disabilities

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

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

In 2022, Glasgow Health and Social Care Partnership (GCHSCP) plan to publish a tender for an Enhanced Community Living Service (ECLS) securing the delivery of support to 6 Adults with Learning Disabilities and Complex Care Support Needs. The term “complex care” is used in this document in accordance with the definition in the Government’s ‘Keys to Life Strategy’ – Scotland’s national policy on improving the life of people with learning disabilities. ‘The Keys to Life’ definition of “complex care needs” is as follows:

“generally used to describe people with learning disabilities who require more intensive support and includes people with challenging behaviour, autism spectrum disorder, mental health needs, people with profound and multiple disabilities, offending behaviour, or a combination of these”.
 (The Keys to Life, Scottish Government, 2013.)

The decision to commission this service at this time, is based on the acknowledgement that some adults with learning disabilities who have complex care needs require more intensive supports which are shared or clustered in nature, in order to be able to live successfully in the community. The ECLS will be registered as a care home with the Care Inspectorate and have a clear emphasis on being person centred and improving the life chances of those it supports.

The service will operate in Kirkintilloch over 2 bespoke houses which are co-located in a residential area. This service does not replace any existing services in the area, instead it seeks to improve the options available for Glasgow Service Users who currently are not afforded the opportunity of Enhanced Care in the Greater Glasgow area.

GCHSCP has struggled to source and provide appropriate Enhanced Support Services within its own borders for a very small number of adults with learning disabilities and complex needs, who have not been successfully supported in the community based service models available to people with learning disabilities in Glasgow. This has resulted in some Service Users being subjected to prolonged periods of delayed discharge in hospital or placements being made in Enhanced Services throughout Scotland and occasionally in England too. The development of this service within the Greater Glasgow boundary will facilitate the discharge of these individuals to an Enhanced Community Living Service close to their original family and community connections.

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The model and delivery of this service is in support of the following national policy drivers... the Independent Living Agenda, Keys to Life, The Same as You, Personalisation and the Scottish Government's Coming Home Agenda, which places a duty on Councils to address the need for suitable accommodation and support for adults who have been delayed discharge in long term hospital care or supported far from their own community and families.

The new service will meet the needs primarily of Adults with Learning Disabilities but would be cognisant of the duty on GCHSCP to make available a service which is inclusive of additional protected characteristics of those being referred.

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: Geri McCormick	Date of Lead Reviewer Training: August 2022
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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):

Paul Nolan Isobel Crawford Debbie Miller Jennifer Ferguson

<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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1.	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.	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	As part of Glasgow's social work assessment processes all nominees to this service will be assessed, including collection of protected characteristic data. This will extend to age, sex, disability and race though personal care plans will ensure all relevant information is captured and used to inform a person-centred care approach.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☒	<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>	The Council has a legal obligation to promote equality of opportunity and anti-discrimination and there are numerous robust contractual clauses within the Enhanced Community Support Contract which compel the Provider organisation to deliver on these obligations. The most notable clause is below and robust contract management arrangements between the HSCP and service Provider will ensure these contractual obligations are upheld. The Disabilities commissioning team will allocate a dedicated contract link officer to monitor the delivery of this service by the provider and to ensure that contract clauses such as those regarding equal opportunity and non-discrimination are delivered upon. 31. EQUAL OPPORTUNITIES AND NON-DISCRIMINATION 31.1 In providing the Services, the Provider shall comply with equal opportunities and the Public Sector Equality Duty and shall	The characteristics of service users accessing the service will be reviewed systematically as part of the disabilities commissioning team contract management activity

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	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		ensure compliance with the Council's written policies on such matters and with all Laws, regulations, codes of practice and guidance from time to time applicable in such regard. 31.2 The Provider shall provide such information and documentation to the Council as the Council may reasonably require from time to time for the purposes of: 31.2.1 assessing the Provider's compliance with its obligation under clause 31.1; 31.2.2 enabling the Council to review diversity in employment data such as total Staff in post, applications for posts, appointments to post, annual gender pay audits, promotions, performance reviews, training, disciplinary matters, grievances, tribunal matters and all other relevant information required for the Council to comply with its Public Sector Equality Duty; and 31.2.3 enabling the Council to review data in respect of complaints and satisfaction surveys in respect of the Provider's approach to equalities, diversity and human rights. 31.3 In delivering and reviewing the Services the Provider shall: 31.3.1 have regard to any guidance provided by Scottish Ministers for local authorities on the Public Sector Equality Duty (including assisting in or preparing reports in order to secure the Council's compliance with the Public Sector Equality Duty); 31.3.2 comply with reasonable requests for information or data in respect of the Council's Public Sector Equality Duty including where the Council undertakes an equalities impact assessment and 31.3.3 compile and keep all required records in order that the Council may comply with the Public Sector Equality Duty including where the Council undertakes an equalities impact assessment. 31.4 The Provider shall deliver the Services in a non-discriminatory manner that ensures fairness and equality to all Service Users. The Provider recognises that the Council has a responsibility to monitor the extent to which the provision of the Services extends to groups who are at risk of social exclusion.	
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			The Provider agrees, where appropriate and practicable, to provide information to the Council in relation to employment and use of the Service by the following criteria: 31.4.1 age; 31.4.2 sex; 31.4.3 sexual orientation; 31.4.4 disability; 31.4.5 religion or belief; 31.4.6 race; 31.4.7 marriage and civil partnership; 31.4.8 pregnancy and maternity; and 31.4.9 gender reassignment. 31.5 The Provider shall not discriminate directly or indirectly, or by way of victimisation or harassment, against any person on grounds of gender reassignment, age, marriage or civil partnership, sexual orientation, disability, religion or belief, sex, pregnancy or maternity and race contrary to the Equality Act 2010. 31.6 The Provider shall notify the Council forthwith in writing as soon as it becomes aware of any investigation of or proceedings brought against the Provider under the legislation contained in the Equality Act 2010. Where any investigation is undertaken by a person or body empowered to conduct such investigation, and/or proceedings are instituted in connection with any matter relating to the Provider's performance of this Contract being in contravention of the Equality Act 2010, the Provider shall free of charge: (i) provide any information requested in the timescale allotted; (ii) attend any meetings as required and permit the Provider's affected Staff to attend; (iii) promptly allow access to and investigation of any document or data deemed to be relevant; (iv) allow itself and any Staff of the Provider to appear as witness in any ensuing proceedings; and	
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			(v) co-operate fully and promptly in every way required by the person or body conducting such investigation during the course of that investigation. Where any such investigation is conducted or proceedings are brought under the Equality Act 2010, which arise directly or indirectly out of any act or omission of the Provider, its agents or subcontractors, or the Staff of the Provider, and where there is a finding against the Provider in such investigation or proceedings, the Provider shall indemnify the Council with respect to all costs, charges and expenses arising out of or in connection with any such investigation or proceedings and such other financial redress to cover any payment the Council may have been ordered or required to pay to a third party. 31.7 In recognition of the Council's legal obligation to tackle discrimination and promote equalities and diversity in all its functions and policies under the Equality Act 2010 the Provider may be subject to the requirement to complete a questionnaire and/or provide information to the Council's officers on the extent and quality of the Provider's equalities and diversity policies and practice. Poor practice in this regard may result in the Council issuing a mind to comply letter describing the nature of improvement required and associated timescales. Failure to adhere to the terms of the said letter within the stipulated timescale may be considered as a breach of contract that has not been remedied under clause 38 giving the Council the right to terminate the Contract forthwith. 31.8 In the event that the Provider enters into any subcontract in connection with this Contract, it shall impose obligations on its subcontractors in proportionate and relevant terms substantially similar to those imposed on it pursuant to this clause. Other relevant contractual clauses include: Grounds for termination of contract: 16.2.13 Not compliant with the requirements of the Equality Act	
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			2010. 5.2 The Provider must at all times meet the standards detailed within relevant National Care Standards which will be regarded as minimum standards. The Provider must also adhere to the principles of dignity, privacy, choice, safety, realising potential and equality and diversity rights as an individual.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☒ 4) Not applicable ☐	<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>	We have reviewed the following key sources of information: 1. United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol website: http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf requires all service provision to be concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.	

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4.	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. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	<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> <i>(Due regard to promoting equality of opportunity)</i> <i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i>	The tender team for this procurement exercise commissioned the services of The Advocacy Project who undertook a programme of consultation with adults with complex needs and their carers in order to enhance the service specification for this contract. The consultation exercise used a number of formats included meetings in hospital, questionnaires and meetings between carers and the disabilities commissioning team. A report was published, elements of which have been included in the service specification. A summary of the TAP consultation report can be accessed using the link below: https://www.yoursupportglasgow.org/media/37025/tap-consultation-summary-2019.pdf	Potential service users and carers will be a key component of the tender evaluation team and work is underway to design a tender evaluation strategy which allows service users and carers to make a meaningful contribution the decision as to which provider shall be awarded this contract.

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	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? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	<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>	The waterloo enhanced community support service will be barrier free and physically accessible to everyone. All 3 parts of the general duty have been considered in the design of the service which is fully DDA compliant.	

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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐ The British Sign Language (Scotland) Act 2017 aims to	<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> <i>Written materials were offered in other languages and formats.</i> <i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i>	The following contract clause has been specifically included in the enhanced community support contract to ensure nobody is discriminated against in the functioning of the new service: Communication and Involvement The Provider will use the Personal Plan to identify opportunities to increase the Service User's ability to communicate effectively. The Personal Plan will include a communication plan and will ensure that this is implemented and used by all staff supporting the Service user. Staff will have appropriate skills, training, and understanding required to support Service users whose communication may be impaired. The Provider will involve and include Service users and their parents/guardians/carers /individuals with proxy powers in decisions about the service and future developments, particularly in the promotion of greater choice in how services are delivered. This includes involving advocacy representatives where appropriate. The provider will be able to demonstrate the direct involvement of service users in the design and operation of the service, and involvement of Guardians or Representatives or family members where appropriate The Provider will ensure that cultural, religious, spiritual and sexual orientation are fully acknowledged within the Support Plans they agree with Service Users and/or parents/guardians/carers/ individual with proxy powers.	

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	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.		In order to promote Service user involvement, the Provider will be familiar with a wide range of strategies and interventions to support people with communication needs. The Provider will consider the application of augmentative and alternative communication aids (AAC) to support communication with Service Users. AAC is an umbrella term for devices, systems and interventions that include an element of technology, ranging from 'low technology devices and systems such as pictures /recognised symbols such as Talking Mats and Bliss Boards through to more advanced 'high technology', powered devices and systems that produce vocal or visual technology communication.]	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	Age 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). Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation	The waterloo enhanced community living service is available to all adults aged 16 and over meeting the inclusion criteria (as set out in the introduction to this EQIA). There are no age cut offs above aged 16. Age will be considered alongside all protected characteristics when developing person-centred care plans. Scotland's population is ageing. This is evident by the decrease in the population aged under 16 (-7 per cent) between 2000-2010 compared with increases in the populations aged 60-74 (+13 per cent) and those aged over 75 (+14 per cent). (The Registrar General's Annual Review of Scotland's Population - 2010) The Scottish Government is aware that older people account for a significant minority of direct payment users in Scotland, according to the latest statistics 33% of direct payment recipients		

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	2) Promote equality of opportunity  3) Foster good relations between protected characteristics.  4) Not applicable 	are aged 65 and over (National Statistics, Self-directed Support (Direct Payments), Scotland, 2011) However that it is a small number in terms of the overall number of older people receiving social care who could potentially benefit from self-directed support. Statistical data on age and self-directed support is available in relation to direct payments only, though this includes statistical data on the age of direct payment recipients. Data collection is currently being reviewed (as of July 2011) by a group comprised of colleagues from analytical services, local authority officials and other stakeholders. The group is looking at ways of collecting data on all forms of self-directed support. The Scottish Government commissioned a review of self-directed support in 2008. The review involved case study participants from every age group and found that there were benefits older people in maintaining a lifestyle that involves a sustained income, social networks and / or learning opportunities (Tony Homer and Paula Gilder, A Review of Self-directed Support in Scotland, 2008). In 2010 Alzheimer Scotland published research into personalisation and dementia which found that when empowered to direct their own support individuals and their families can arrange more personalised support that better meets their outcomes (Alzheimer Scotland, Lets Get Personal - Personalisation and Dementia, 2010.) Glasgow Disabilities Alliance (2015); Promoting wellbeing through the integration of health and social care in Glasgow: the views and priorities of disabled people; Glasgow Disabilities Alliance, 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	
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		great concern to older disabled people who were placed in care as disabled children and who may still be dealing with the psychological consequences of this. When we asked people about their concerns, many people were really 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. We have some GDA members who are relatively young who have been moved into nursing care and their experiences were not positive in this regard. Scottish Government SDS Act EQIA 2012 Glasgow Disabilities Alliance (2015); Promoting wellbeing through the integration of health and social care in Glasgow: the views and priorities of disabled people;	
(b)	Disability Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?	The enhanced community living service is designed to add to the service options available to Glasgow's adult LD population with complex needs. The service is designed to protect the characteristic of disability. For people with disabilities, the Scottish Government reported	

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Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	poorer self-reported health, and a higher incidence of mental ill-health, than people without disabilities. People with impairments including hearing impairments, visual impairments and learning difficulties report barriers to accessing healthcare, and negative experiences of receiving healthcare. In social care, it found over a quarter of home-care clients have physical disabilities. The number of residential care places for clients with physical or learning disabilities has fallen since 2000, and the number of people with physical or learning disabilities being cared for at home has risen over the same period. It also found that disabled adults are less likely to engage with or participate in cultural events and activities than adults without disabilities, except for craft based activities. Barriers to increased participation include cost, transport, limited availability of audio-description, and low expectations. Regarding communication support needs, the Scottish Executive (2007) reported that "People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care". This is attributed to the training, awareness or attitudes of healthcare professionals, to the requirement for the patient to express his needs, and to the time constraints on consultations. The Scottish Government's 2008 review of Self Directed Support involved case study participants from each disability client group. A large majority of SDS clients and their informal carers had positive experiences of using their SDS funding to directly purchase their support and employ Personal Assistants. Statistical data is available on direct payments only, though this includes data on the disabilities of direct payment recipients. Data collection is currently being reviewed so that information on other forms of self-directed support can be recorded.	
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		The statistical data shows that 40 per cent of people receiving Self-directed Support (Direct Payments) had a physical disability and 26 per cent had a learning disability. A further 3 per cent had both a physical and a learning disability. (National Statistics, Self-directed Support (Direct Payments), Scotland, 2011) The Mental Welfare Commission carried out research into the experience of Adults with Learning Disabilities who were long stay hospital patients. “Some people in hospital told us that they had experienced threats or attacks from other patients. Some people said they didn’t like the other patients and that they had been bullied. Some said they had seen people being restrained which made them feel scared. Some people told us they had been treated with restraint or seclusion. These are restrictive practices. These might be used to control a person’s behaviour. People told us that these restrictive practices feel like punishment. Some people told us about injuries that had been caused as a result of being restrained. Some autistic people and people with learning disability in hospital said they found it hard to tell someone when something happened to them, or they didn’t tell someone when something happened because they were afraid that they would be punished if they did.” The Enhanced Community Living Service will support the transition of adults from long stay hospital settings into their own homes. (Scottish Government essay data) Keys to Life – This Government Policy sets out a strategy to improve partnership working across Health and Social Care sectors which will deliver better outcomes for adults with learning disabilities within their own communities and ensure services are tailored to individual needs. This policy is predicated on the human rights of people with learning disabilities and states that People with learning disabilities should have a range of support and services to meet the following needs:	
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		a place to live, security, social and personal relationships, leisure, recreation and work opportunities. For any of these needs the level of support will vary. A person with learning disabilities may need: 1. occasional or short-term support; 2. limited support, for example, only during periods of change or crisis 3. regular long-term support, perhaps every day; or 4. constant and highly intensive support if they have complex or other needs which are related. The Development of the Enhanced Community Living Service would seek to target Adults with Learning Disabilities in categories 3 & 4, arguably this represents those with the highest need and who are most challenging to support. The service would provide an opportunity to live long term in a community where they can have their everyday needs met as enshrined within the human rights agenda. The Christie Report – compels HSCP's to ensure they are meeting the following standards when planning new services for adults with learning disabilities; • People have choice and control in their daily lives and are supported to live as independently as they can; • People enjoy the best possible health and emotional wellbeing; • People have good things to do that help them achieve their full potential • People are safe, respected and included in their communities; • People are involved in the planning, development, design and delivery of services that help them to achieve the outcomes they want; • Statutory bodies fulfil their statutory legal responsibilities, adhere to meeting quality standards, services	
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		are safe and continually improving; The development of an Enhanced Community Living Service would support GCHSCP in achieving these outcomes for service users currently delayed discharge or living geographically removed from their communities. Service Users will be encouraged to participate in the design of their services and make choices about their support arrangements. In the Coming Home Report, 2018, Dr Anne MacDonald evidenced that Delayed Discharge Data collected indicated that 67 people were delayed discharge as of the specified date of 31st January 2017. This group were also primarily male, and challenging behaviour was also a significant factor, with 73% displaying current challenging behaviour. 57% were identified as having been admitted to hospital due to challenging behaviour, or service breakdown in relation to challenging behaviour. 8 More than 22% had been in hospital for more than 10 years, and another 9% for five to ten years. The main barrier to discharge was lack of accommodation, followed by lack of suitable service providers. This relates to a range of issues, such as difficulties in commissioning, and a need for different community-based solutions. The Enhanced Community Living Service would directly address this group's specific needs, supporting those who have most likely experienced service breakdown due to changing behaviour. Early indications of those being identified for this service are predominantly male. <i>Scottish Government Equality outcomes: disability evidence review (2013) Scottish Government Social Research Health</i> <i>Scottish Government 2008 review of SDS</i> <i>No Through Road: People With Learning Disabilities in Hospital. Mental Welfare Commission 2016</i>	
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		<i>Keys to Life – improving quality of Life for People with Learning Disabilities (Scottish Government 2013)</i> <i>The Christie Report - Commission on the Future Delivery of Public Services June 2011</i> Coming Home - A Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs Dr Anne MacDonald Scottish Government (2018)	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	If an adult with the protected characteristic of gender reassignment presented within service, staff would follow appropriate guidance (EHRC) to ensure informed person centred care is delivered. Contract clauses included above prohibit the discrimination of adults living with gender reassignment .at the Enhanced community living service. Discrimination will be treated as a breach of contract.	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☒	Currently the HSCP does not have access to any data on discrimination experienced by adults or children on the grounds of marriage and civil partnership which would be relevant for this EQIA. Due to the complex needs of the adults accessing the new service we anticipate most of the nominees to be unmarried.	
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the	It is anticipated that the service users who access the service will be considered in law to be Vulnerable Adults and subject to Adults With Incapacity (AWI) Legislation which makes this characteristic less relevant than the other protected characteristics.	

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	General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☒		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	Learning Disability Alliance Scotland (2017) in their report: "BME People Lose Out Across Scotland" suggested that people from Black and Minority Ethnic (BME) communities are less likely to get a service than people from a White Scottish background. While the census shows that that BME people make up 5.2% of the Scottish population, the national database on learning disability, ESAY show only 1.24% of people with learning disabilities are from a BME background. There are some wide regional variations. Many BME communities are well established in Scotland and are likely to have a similar incidence of learning disability in the population. In the report by Trotter R. (2012); 'Over-looked Communities, Over-due Change' published by the Equalities National Council and Scope found many Black and Minority Ethnic (BME) people with disabilities reported that access to services can be compromised by poor translation, inconsistent quality of care and weak links between services and communities. People with disabilities are more likely to live in poverty but BME people with disabilities are disproportionately affected with nearly half living	

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		in household poverty. And like all people with disabilities, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society. The Scottish Government collects data on the number of direct payment recipients categorised by different ethnic groups. This information was provided for 83% of all direct payment recipients. Previous Figures show that 98% of recipients are white and 1% are Asian, the other categories each accounted for less than 1% of DP recipients. Discrimination on the grounds of race is specifically prohibited under the terms of this contract and equalities monitoring will be a key element of contract management arrangements at the service. All communication support needs for people who do not have English as a first language will be met including the requirement to provide interpreting and translation support to advocates and family members.	
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒	Currently the HSCP does not have access to any data on discrimination experienced by adults with Learning Disabilities on the grounds of religion or belief which would be relevant for this EQIA. However, where an individual expresses a faith and belief all proportionate measures will be taken to ensure this characteristic is protected and rights to observance supported as part of a person-centred care plan.	

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	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	Sex Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	Lisney E. (2014) Disability and intersectionality: Multiple identities, cumulative discrimination, Scottish Women's Aid suggested that women with disabilities are vulnerable to physical, sexual, psychological and financial abuse. In a study across the European Union including Scotland, Shah S. et al (2015); Access to support services and protection for disabled women who have experienced violence; European Commission found that women with disabilities (women and girls who are deaf and those with long-term health conditions) are more susceptible to different forms of violence across their lives compared with non-disabled women. The violence happens within a range of contexts (e.g. home, school, hospital) and is done by various perpetrators, including professionals and family members as well as partners. However, disabled women and girls face several obstacles when trying to access information and support to escape abusive relationships, both from women's support services (which are often not accessible) and disabled people's organisations (which do not often prioritise tackling gender-based violence). The voices and experiences of disabled women and girls are often hidden or not taken seriously. Lisney E (2014): "Disability & Intersectionality" In terms of the protected characteristic of sex, there are more males than females who have a diagnosis of learning disability in Glasgow and more males than females are admitted to the	

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		specialist tier 4 inpatient services accessed by Glasgow citizens. This has resulted in a disproportionate requirement for this accommodation and service model from male inpatients. Research indicates that females with a diagnosis of learning disability are more vulnerable than the wider population. Careful consideration will be given to the protection of all service users accessing the service irrespective of sex. Interpersonal risk assessments will be undertaken prior to admission of any service user to ascertain the suitability of the shared service model for each individual, and any additional risk/vulnerability arising from the protected characteristic of sex which needs to be taken in to account by the service.	
(i)	Sexual Orientation Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☒ 2) Promote equality of opportunity ☒ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	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. 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	

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		difficult to 'come out' to support workers. Participants identified a lack of easy-read and accessible information online and in hard copy for LGBT people with learning disabilities. This includes information about local LGBT support as well as broader education about sexual orientation or gender identity. Invisibility of LGBT identities in care settings and of people with learning disabilities in LGBT settings was also identified as problematic. Participants identified stigma and shame as reasons why LGBT people with learning disabilities may not come out to workers. Participants noted that the first time that people might be asked to consider or disclose their sexual orientation or gender identity may be when completing a monitoring form. This was identified as problematic as there is often not enough time to properly explore what this means. A 2008 report by the Commission for Social Care Inspection in England found that there were higher levels of satisfaction among lesbian, gay and bisexual direct payment recipients than in lesbian, gay or bisexual users of traditional social care. The report pinpointed 3 reasons for this. - Choice and consistency of worker to ensure positive attitudes to lesbian, gay and transgender people. - Flexibility over care tasks and times to enable people to meet with friends or attend events. - Control in deciding what to do if a worker is discriminatory. The 2019 Framework contract will support the ability of service users to exercise their choice to take a Direct payment. In 2015, 1.8% of Scottish adults (aged 25 to 75+) and 3.7% young people (aged 16 to 24) identified their sexual orientation as LGBTI	
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		The Scottish Government does not currently collect data on the sexual orientation of direct payment recipients. Data collection on self-directed support is currently being reviewed to see how robust information on every protected characteristic can be collected.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	Socio – Economic Status & Social Class 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? 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) Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined	Scottish Government Equality outcomes: disability evidence review (2013) Scottish Government Social Research found that people who live with a disabled adult in their family are more likely to be in relative poverty than those who do not; this gap narrowed in 2009/10, but widened again in 2010/11. The provision of specialist residential care in East Dunbartonshire may create barriers for some families/carers and advocates in terms of increased travel time and cost. In this event reimbursement of reasonable travel costs will be made available to Families/Guardians and advocates.	

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	(particularly those with lived experience of socio-economic disadvantage)? 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? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 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? 6. How has the evidence been weighed up in reaching our final decision? 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.		
(k)	Other marginalised groups 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?	Any additional marginalising factors that sit outwith the protections afforded by a protected characteristic will be considered as part of an individual care plan.	

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8.	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? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☒	There are no elements of costs savings in this service and the service is likely to be relatively expensive compared to other adult LD services due to the significant staffing ratios and the need for a highly trained and specialist workforce	
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	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.	All staff will be trained to deliver trauma informed practice and person-centred care planning informed by an understanding of human rights and the relevant parts of the Public Sector Equality Duty.	

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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.

The decision to commission the enhanced community living service will offer increased choice and control for those Service Users accessing the Service for Adults with Learning Disabilities under Section 12A of the Social Work (Scotland) Act 1968.

The client group eligible to access this new service are adults with complex disabilities, with additional support needs. It is intended that they will benefit from the development of a bespoke service designed to meet their specific needs in their own community with the necessary specialist supports. Various consultation exercises have so far guided decision making which will be then be further honed to meet personal need and choice once the referral process has been completed.

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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 part of the design of this service money has been invested in employing the services of The Advocacy Project to gather the views of adults with similar needs to those who will end up using this service and also their carers / Guardians.

*

- **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.

The tender project team for this service (which hasn't commenced yet) will be testing new and innovative ways to involve service users and carers in the evaluation of the procurement exercise. Embedding the voice of service users and carers will be at the heart of this commissioning project.

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)
Ongoing for life of contract	
The Disabilities Commissioning team.	

Structured strategic contract management activity coordinated by the disabilities team but also involving service users and carers

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

Feb 2023

Lead Reviewer:

EQIA Sign Off:

Name: Geri McCormick

Job Title: Head of Service Commissioning

Signature: Geri McCormick

Date: 08.09.22

Quality Assurance Sign Off:

Name: Alastair Low

Job Title: Planning Manager

Signature: Alastair Low

Date: 20/09/22

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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:

Development of an Enhanced Community Living Service for People with Learning Disabilities

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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