

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



**1. Name of Strategy, Policy or Plan**

Glasgow City Health and Social Care Partnership: 2019 Framework Tender for Selected Purchased Social Care Supports 2019

**This is a :**

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

Background In June 2018, Glasgow Health and Social Care Partnership (GCHSCP) will re-tender the Framework Agreement for the provision of Selected Purchased Social Care Supports (2015 Social Care Framework.) The 2015 Framework established the Contractual basis for the purchasing of the following lots; 1 Care & Support 2 Building Based Day Ops and Employability 3 Community Based Day Ops and Employability 4 Building Based Respite and Short Breaks 5 Community Based Respite and Short Breaks 6 Technology Enabled Care For the following care groups; 1. Mental Health 2. Disabilities 3. Older People 4. Children affected by Disabilities The 2019 Framework Agreement helps to deliver the independent living agenda. It also contributes to the wider personalisation agenda in Glasgow and to shifting the balance of care out of the hospital and closer to the patient's home. Self-directed support addresses several of the Scottish Government's key themes. The type of care and support packages that can be delivered via self-directed support can help to prevent the deterioration of an individual's physical and mental ill health, contributing to a Healthier Scotland. It will also contribute to a Fairer and Wealthier Scotland as self-directed support can be used to support a person into employment, training and education. The policy also contributes to meeting a National Indicator: "Improve support for people with care needs". The policy is also in accordance with the conclusions of the Christie Commission (June 2011) regarding the future of public service delivery in Scotland. This Equality Impact Assessment was undertaken to formally capture contextual information relating to children and adult services for different protected characteristic groups at this time and will be used to inform ongoing strategy development, subsequent service change proposals and contributes to other equality impact assessments that will be undertaken to ensure any service change is compliant with the HSCP and Health Board's legal duties in respect of their Public Sector Duty. This Equality Impact Assessment will be re-visited once the 2019 Framework is in operation and will be used to provide a baseline for future strategy assessment.

**3. Lead Reviewer**

Debbie Miller – Commissioning Manager Adult Services

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

Paul Nolan (Senior Commissioning Officer); Isobel Crawford (Senior Officer)

**5. Impact Assessment**

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

Yes. The Council has a legal obligation to promote equality of opportunity and anti-discrimination and there are numerous robust contractual clauses within the Framework Agreement which compel Provider organisations to deliver on these obligations. The most notable clause is clause 31: 31. EQUAL OPPORTUNITIES AND NON-DISCRIMINATION 31.1 In providing the Services, the Provider shall comply with equal opportunities and the Public Sector Equality Duty and shall ensure compliance with the Council's written policies on such matters and with all Laws, regulations, codes of practice and guidance from time to time applicable in such regard. 31.2 The Provider shall provide such information and documentation to the Council as the Council may reasonably require from time to time for the purposes of: 31.2.1 assessing the Provider's compliance with its obligation under clause 31.1; 31.2.2 enabling the Council to review diversity in employment data such as total Staff in post, applications for posts, appointments to post, annual gender pay audits, promotions, performance reviews, training, disciplinary matters, grievances, tribunal matters and all other relevant information required for the Council to comply with its Public Sector Equality Duty; and 31.2.3 enabling the Council to review data in respect of complaints and satisfaction surveys in respect of the Provider's approach to equalities, diversity and human rights. 31.3 In delivering and reviewing the Services the Provider shall: 31.3.1 have regard to any guidance provided by Scottish Ministers for local authorities on the Public Sector Equality Duty (including assisting in or preparing reports in order to secure the Council's compliance with the Public Sector Equality Duty); 31.3.2 comply with

reasonable requests for information or data in respect of the Council's Public Sector Equality Duty including where the Council undertakes an equalities impact assessment and 31.3.3 compile and keep all required records in order that the Council may comply with the Public Sector Equality Duty including where the Council undertakes an equalities impact assessment. 31.4 The Provider shall deliver the Services in a non-discriminatory manner that ensures fairness and equality to all Service Users. The Provider recognises that the Council has a responsibility to monitor the extent to which the provision of the Services extends to groups who are at risk of social exclusion. The Provider agrees, where appropriate and practicable, to provide information to the Council in relation to employment and use of the Service by the following criteria: 31.4.1 age; 31.4.2 sex; 31.4.3 sexual orientation; 31.4.4 disability; 31.4.5 religion or belief; 31.4.6 race; 31.4.7 marriage and civil partnership; 31.4.8 pregnancy and maternity; and 31.4.9 gender reassignment. 31.5 The Provider shall not discriminate directly or indirectly, or by way of victimisation or harassment, against any person on grounds of gender reassignment, age, marriage or civil partnership, sexual orientation, disability, religion or belief, sex, pregnancy or maternity and race contrary to the Equality Act 2010. 31.6 The Provider shall notify the Council forthwith in writing as soon as it becomes aware of any investigation of or proceedings brought against the Provider under the legislation contained in the Equality Act 2010. Where any investigation is undertaken by a person or body empowered to conduct such investigation, and/or proceedings are instituted in connection with any matter relating to the Provider's performance of this Contract being in contravention of the Equality Act 2010, the Provider shall free of charge: (i) provide any information requested in the timescale allotted; (ii) attend any meetings as required and permit the Provider's affected Staff to attend; (iii) promptly allow access to and investigation of any document or data deemed to be relevant; (iv) allow itself and any Staff of the Provider to appear as witness in any ensuing proceedings; and (v) co-operate fully and promptly in every way required by the person or body conducting such investigation during the course of that investigation. Where any such investigation is conducted or proceedings are brought under the Equality Act 2010, which arise directly or indirectly out of any act or omission of the Provider, its agents or subcontractors, or the Staff of the Provider, and where there is a finding against the Provider in such investigation or proceedings, the Provider shall indemnify the Council with respect to all costs, charges and expenses arising out of or in connection with any such investigation or proceedings and such other financial redress to cover any payment the Council may have been ordered or required to pay to a third party. 31.7 In recognition of the Council's legal obligation to tackle discrimination and promote equalities and diversity in all its functions and policies under the Equality Act 2010 the Provider may be subject to the requirement to complete a questionnaire and/or provide information to the Council's officers on the extent and quality of the Provider's equalities and diversity policies and practice. Poor practice in this regard may result in the Council issuing a 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 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. 27. RACIAL DISCRIMINATION AND THE PROMOTION OF RACIAL EQUALITY

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

		Source
All	United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol website: <a href="http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf">http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf</a> requires all service provision to be concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.	United Nations Protocol Website
Sex	Lisney E. (2014) Disability and intersectionality: Multiple identities, cumulative discrimination, Scottish Women's Aid suggested that women with disabilities are vulnerable to physical, sexual, psychological and financial abuse. In a study across the European Union including Scotland, Shah S. et al ( 2015); Access to support services and protection for disabled women who have experienced violence; European Commission found that women with disabilities (women and girls who are deaf and those with long-term health Conditions) are more susceptible to different forms of violence across their lives compared with non-disabled women. The violence happens within a range of 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 & Intersectionally"
Gender Reassignment	Transgender people are one of the most marginalised protected characteristic groups in the UK. Trans people are likely to experience abuse at various point throughout their lives. In a study by Scottish Transgender Alliance (2008) 25% of respondents said they had to move from a family home due to family responses. This often results in homelessness, 46%	Scottish Transgender Alliance – Transgender experiences in Scotland 2008.

	had experienced transphobic abuse in relationships and 62% had experienced transphobic abuse from strangers in public places.	
<b>Race</b>	<p>Learning Disability Alliance Scotland (2017) in their report: "Black and Minority Ethnic (BME) People Lose Out Across Scotland" suggested that people from Black and Minority Ethnic (BME) communities are less likely to get a service than people from a White Scottish background. While the census shows that that BME people make up 5.2% of the Scottish population, the national database on learning disability, "ESAY" show only 1.24% of people with learning disabilities are from a BME background. There are some wide regional variations. Many BME communities are well established in Scotland and are likely to have a similar incidence of learning disability in the population. In the report by Trotter R. (2012); 'Over-looked Communities, Over-due Change' published by the Equalities National Council and Scope found many Black and Minority Ethnic (BME) people with disabilities reported that access to services can be compromised by poor translation, inconsistent quality of care and weak links between services and communities. People with disabilities are more likely to live in poverty but BME people with disabilities are disproportionately affected with nearly half living in household poverty. And like all people with disabilities, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society. The Scottish Government collects data on the number of direct payment recipients categorised by different ethnic groups. This information was provided for 83% of all direct payment recipients. Figures for 2010 show that 98% of recipients are white and 1% are Asian, the other categories each accounted for less than 1% of Direct Payment recipients.</p>	Learning Disability Alliance Scotland 2017, Trotter R 2012 and Scottish Government essay data 2010
<b>Disability</b>	<p>For people with disabilities, the Scottish Government reported poorer self-reported health, and a higher incidence of mental ill-health, than people without disabilities. People with impairments including hearing impairments, visual impairments and learning difficulties report barriers to accessing healthcare, and negative experiences of receiving healthcare. In social care, it found over a quarter of home-care clients have physical disabilities. The number of residential care places for clients with physical or learning disabilities has fallen since 2000, and the number of people with physical or learning disabilities being cared for at home has risen over the same period. It also found that disabled adults are less likely to engage with or participate in cultural events and activities than adults without disabilities, except for craft based activities. Barriers to increased participation include cost, transport, limited availability of audio-description, and low expectations. Regarding communication support needs, the Scottish Executive (2007) reported that "People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care". This is attributed to the training, awareness or attitudes of healthcare professionals, to the requirement for the patient to express his needs, and to the time constraints on consultations. The Scottish Government's 2008 review of Self Directed Support (SDS) involved case study participants from each disability client group. A large majority of SDS clients and their informal carers had positive experiences of using their SDS funding to directly purchase their support and employ Personal Assistants. Statistical data is available on direct payments only, though this includes data on the disabilities of direct payment recipients. Data collection is currently being reviewed so that information on other forms of self-directed support can be recorded. The statistical data shows that 40 per cent of people receiving Self-directed Support (Direct Payments) had a physical disability and 26 per cent had a learning disability. A further 3 per cent had both a physical and a learning disability. (National Statistics, Self-directed Support (Direct Payments), Scotland, 2011).</p>	Scottish Government Equality outcomes: disability evidence review (2013) Scottish Government Social Research Health and Scottish Government 2008 review of SDS
	<p>The Lesbian, Gay, Bisexual and Transgender (LGBT) Health and Inclusion Project LGBT Identities and Learning Disabilities (2015) project found that participants reported that there is a lack of support for people with learning disabilities to access support around sex and relationships in general. This can include misconceptions that all people with learning disabilities are asexual and that sexual urges generally are 'inappropriate'. Furthermore, participants discussed how people with learning disabilities can be infantilised which feeds into the notion that 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</p>	Scottish Surveys Core Questions 2015, Commission for Social Care Inspection 2008 and Social Care (Self-directed Support) Bill.

<b>Sexual Orientation</b>	<p>services that they have additional needs and stigma around LGBT identities can make it difficult to 'come out' to support workers. Participants identified a lack of easy-read and accessible information online and in hard copy for LGBT people with learning disabilities. This includes information about local LGBT support as well as broader education about sexual orientation or gender identity. Invisibility of LGBT identities in care settings and of people with learning disabilities in LGBT settings was also identified as problematic. Participants identified stigma and shame as reasons why LGBT people with learning disabilities may not come out to workers. Participants noted that the first time that people might be asked to consider or disclose their sexual orientation or gender identity may be when completing a monitoring form. This was identified as problematic as there is often not enough time to properly explore what this means. A 2008 report by the Commission for Social Care Inspection in England found that there were higher levels of satisfaction among lesbian, gay and bisexual direct payment recipients than in lesbian, gay or bisexual users of traditional social care. The report pinpointed 3 reasons for this. - Choice and consistency of worker to ensure positive attitudes to lesbian, gay and transgender people. - Flexibility over care tasks and times to enable people to meet with friends or attend events. - Control in deciding what to do if a worker is discriminatory. The 2019 Framework contract will support the ability of service users to exercise their choice to take a Direct payment. In 2015, 1.8% of Scottish adults (aged 25 to 75+) and 3.7% young people (aged 16 to 24) identified their sexual orientation as LGBTI. The Scottish Government does not currently collect data on the sexual orientation of direct payment recipients. Data collection on self-directed support is currently being reviewed to see how robust information on every protected characteristic can be collected.</p>	
<b>Religion and Belief</b>	<p>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>	
<b>Age</b>	<p>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 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 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.</p>	<p>Scottish Government SDS Act EQIA 2012 and Glasgow Disabilities Alliance (2015); Promoting wellbeing through the integration of health and social care in Glasgow: the views and priorities of disabled people;</p>

<b>Pregnancy and Maternity</b>	Laura A. and Carter C. (2010); Women with Learning Disabilities and Maternity Services in Leeds: found that the experiences of women with learning disabilities highlighted initial issues for concern that seriously contravene basic international and national human rights standards: -The lack of identification of a woman with a learning disability and therefore her lack of support; -The lack of information about crucial health and social issues that affect a woman with a learning disability; -The non-accessible information given to a woman with a learning disability; -The grave concerns with respect to the lack of a free and informed consent for deciding a termination that have been evidenced with respect to a woman with a learning disability	Laura A and Carter C 2010	
<b>Marriage and Civil Partnership</b>	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		
<b>Social and Economic Status</b>	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 Scottish Index of Multiple Deprivation evidenced that Glasgow is the most deprived city of Scotland, with half of its residents living in 20% of the most deprived areas of Scotland. Glasgow has 75,000 people with common mental health problems, e.g. depression and anxiety. This then exacerbates issues such as unemployment, homelessness, social exclusion, morbidity and mortality outcomes. This tender will maintain existing and develop new relationships with Mental Health Partners working with Glasgow to tackle these long standing challenges.	Scottish Government Equality Outcomes; Disability Evidence review 2013 and Glasgow Health and Inequalities Commission Report. (2016)	
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders</b>			
<b>C. Do you expect the policy to have any positive impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	The decision to tender for the 2019 Framework for selected social care supports in Glasgow will offer increased choice and control for all citizens in receipt of services under Section 12A of the Social Work (Scotland) Act 1968, the SDS Act 2013, Section 22 -24 of the Children (Scotland) Act 1995 and people who receive support as unpaid carers under the Carers Act Scotland 2018. This primary client groups eligible to access the Framework are children and adults with disabilities, people with mental ill health and older people. It is intended that they will benefit from the positive outcomes of self-directed support which include: greater flexibility, choice and control in care arrangements, better quality care and a more independent lifestyle. In 2011 63,458 people in Scotland received home care services, of whom 21,379 were male and 42,079 female. Numbers receiving these services by client groups were age 33,005 people; physical disabilities	None	None

	16,568; learning disabilities 4,266; dementia 3,358; mental health problems 2,766; people in other vulnerable groups 2,411; and not known 1,084. (source: National statistics; Home Care Services, Scotland, 2011)		
<b>Sex</b>	None	None	The 2019 framework tender is designed to offer services to meet the needs of all clients regardless of their gender.
<b>Gender Reassignment</b>	None	Framework Providers are required under the terms of the 2019 Framework contract to deliver services in accordance with the 2010 Equalities Act and therefore are prohibited from discriminating against adults and children on the basis of gender reassignment issues.	None
<b>Race</b>	None	Framework Providers are required under the terms of the 2019 Framework contract to deliver services in accordance with the 2010 Equalities Act and therefore are prohibited from discriminating against adults and children on the basis of race. Figures provided by Glasgow City Health and Social Care Partnership (April 2018) evidence that the BME population of Glasgow is 11.5% (68,684.) Whilst there is a general issue with recruitment across the city there have been no reports by Providers that they are unable to recruit staff from any Black and Minority Ethnic background. That said, the option of a Direct Payment allows services users to select their own staff, taking account of language, religious and cultural considerations.	None
<b>Disability</b>	The 2019 Framework will put in place a number of ranked lists of social care providers who are able to meet the needs of a broad range of service users with a diverse range of disabilities. The impact of an individual's disability in terms of leading a full and active life is therefore diminished by having a choice of providers able to offer support within the City. The Scottish Government review of SDS reports that it impacts positively on the lives of disabled people providing more options and choices for Service Users and their families. Self-Directed Support Scotland (SDSS) research findings evidenced 87% of respondents said their support met their needs. 75% said they can chose the support they need.	None	None
	None	Framework Providers are required under the terms of the 2019 Framework contract to deliver services in accordance with the	None

<b>Sexual Orientation</b>		2010 Equalities Act and therefore are prohibited from discriminating against adults and children on the basis of sexual orientation.	
<b>Religion and Belief</b>	None	None	None
<b>Age</b>	The 2019 framework agreement gives access to a range of specialist Providers to citizens of all ages in the city. Older adults in particular will have access to a number of care and support providers beyond the traditional option of Cordia homecare.	None	None
<b>Marriage and Civil Partnership</b>	None	None	None
<b>Pregnancy and Maternity</b>	None	None	None
<b>Social and Economic Status</b>	None	None	None
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	None	None	None
<b>D. Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	None	None	None
<b>Sex</b>	None	None	Social care work has historically attracted more female staff than males and at times this has led to difficulties providing services to individuals who have specifically needed a male staff team. The Framework Agreement is vulnerable to these recruitment challenges which will be kept under review through formal contract management activity.
<b>Gender Reassignment</b>	None	None	None
	None	None	To promote equality of opportunity and anti-discrimination it is

<b>Race</b>			necessary for social care Provider organisation's workforce composition to reflect the multi-racial characteristic of the city. The Framework Agreement is vulnerable to these recruitment challenges which will be kept under review through formal contract management activity.
<b>Disability</b>	None	None	None
<b>Sexual Orientation</b>	None	None	None
<b>Religion and Belief</b>	None	None	None
<b>Age</b>	None	None	None
<b>Marriage and Civil Partnership</b>	None	None	None
<b>Pregnancy and Maternity</b>	None	None	None
<b>Social and Economic Status</b>	None	None	None
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	None	None	None