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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:

Review of Private Sector Adaptation Policy: Opt Out of "Assisted Living"

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

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

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

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

Currently there is restricted choice for Private Sector Adaptations provision, limited to "Assisted Living" hosted by City Building (an Arms Length External Organisation.)

The policy aims to support greater choice in the provision of Adaptations within the Private Sector, enabling the service user to choose their own contractor and be in control of their own adaptations programme, should they wish to do so. This is in line with the Personalisation agendas, providing the service user with more control over how and who installs adaptations, as well as flexibility to add affordable privately funded work.

The purpose of the additional policy links to organisational priorities within Glasgow City Strategic Plan For Health And Social Care 2023 – 26:

Partnership Priority 2: Supporting greater self-determination and informed choice.

Partnership Priority 3: Supporting people in their communities.

In addition the Policy also supports the Local Housing Strategy :

LHS Priority 4: Supporting people to live independently and well at home in the community - Fund adaptations to affordable and private sector homes

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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: Karen Lockhart – Head of Older People & Primary Care Services, North West Locality, Glasgow HSCP	Date of Lead Reviewer Training: None
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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):

Kirsty Nicholson – Occupational Therapy Care Group Lead

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
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>	<p>Adaptations are recommended and provided for disabled people, who might be physically/ cognitively impaired, and from all ages and backgrounds. Demographic and Background information is captured as standard within the OT assessment in Carefirst, however not all OT assessments result in the provision of Adaptations, therefore this will not be accurate to report on the full process of providing an adaptation. There is no other current collation of this information once an adaptation is recommended and passed to Neighbourhood Regeneration Services for progression.</p> <p>Although there is no specific reporting of this information at present, it is recognised that the OT assessment will identify specific equality related needs, in particular for disability, and result in case by case recommendation for adaptations directly based on disability needs.</p>	

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the 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>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>Once an adaptation is recommended and passed to the relevant provider, there is currently no information regularly collated or used to inform any gaps or under representation of groups. However, by the very nature of the OT assessment and disability needs identified to meet criteria for provision of an adaptation, it is assumed that all adaptations requests are as a result of assessing an individual's disability need. There is information collated from the grant form outlining ethnicity, age group and nationality. This information is not reported on regularly and a recommendation would be to provide this information on a regular basis for any future service development.</p> <p>We report on the number of adaptations completed, and any complex extension to the Scottish Government for Housing Regulatory reasons. In year 2022 – 2023 Glasgow City HSCP reported 358 Private Sector Adaptation Applications (excluding those that cancelled within the financial year).</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3. How have you applied learning from research evidence about the experience of equality groups to the service or</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote</i></p>	<p>The high level principles of the Glasgow City Partnership Joint Protocol Housing Solutions & Adaptations support an assessment of applicant to ensure people (with disabilities) can live in their homes as long as they want to, putting the person at the centre of the solutions,</p>	

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	<p>Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input 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>a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>encouraging realistic expectations and also offering a range of potential options.</p> <p>The actions from this proposed policy also relate to the “Private Housing Scheme of Assistance” https://www.glasgow.gov.uk/CHttpHandler.ashx?id=6499&p=0 where overarching principles note “Adaptations for People with a Disability”- The Housing Scotland Act 2006 places a general duty on local authorities to provide assistance to make a house suitable for a disabled person where the house is or will be that person’s only or main residence. From 1st April 2016, equipment & adaptations for private sector housing come under the responsibility of the Glasgow City Health & Social Care Partnership. Glasgow City Council’s Housing and Regeneration Services Private Sector team will continue to manage this service on the Partnership’s behalf.</p> <p>As a result where an applicant whose needs have been assessed as critical and the works are in relation to the provision of a standard amenity or essential structural work which will facilitate other permanent changes to an existing house, Glasgow City Council will offer a mandatory grant of 80%, irrespective of income, towards the approved cost of the work. However, this will not include work to extend any structure to create additional living accommodation or work to create living accommodation in a separate building from the current living accommodation.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard</p>	<p><i>A money advice service spoke to lone parents (predominantly women)</i></p>	<p>Service user engagement and experience was collated using the following methods:</p>	<p>Ongoing engagement – service user</p>

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<p>to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>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>to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<ol style="list-style-type: none"> 1. Detailed case study of a service user who challenged the current system of using “Assisted Living”, and subsequently progressed their complex adaptation using their own choice of contractor. This noted several issues and frustrations with the current lack of choice, process, and support for this alternative pathway. 2. Following this, several service users who have used “Assisted Living” service for adaptations were surveyed in a retrospective telephone questionnaire, with the outcome noting the majority of users were satisfied with the “Assisted Living” process for non-complex adaptations. However a small minority who with hindsight, would have opted to choose their own contractor. 3. Following the agreement to test the option to undertake adaptations out with the “Assisted Living” agreed pathway, two service users completed a telephone survey, detailing their experience of “opting out” of Assisted Living. This detailed in the main that the service user where highly satisfied with the outcome, though experience some difficulties along the way navigating and managing the building and grant application process themselves. 	<p>feedback following implementation</p>
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>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?</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>The service currently being delivered is provided within a person's home, and aims to directly increase the accessibility of their home environment in accordance with their disability needs and recommended adaptations to overcome barriers. Recommendations are aligned to the personalised assessment and criteria for adaptation provision, which ensures the persons critical needs are addressed either by adaptation, rehabilitation or recommendation of other housing solutions or interventions.</p>	

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Alongside the policy implementation, a customer service leaflet has been drafted noting the customer's options for adaptations and pathways for assessment and adaptation provision. The HSCP will ensure this is available in both easy read versions and other languages.</p> <p>A range of language interpreter services are available both through the council and health services, for the customer at each stage of the process, from assessment through to completion of the adaptations.</p> <p>The Policy and associated customer leaflets will be evaluated for accessibility within the local established guides as detailed in the "Guide to creating Accessible Print Publications" before being published publicly.</p> <p>The policy references and signposts people to advocacy services such as "Care & Repair" for support to progress adaptations out with the established "Assisted Living" ALEO adaptations support. Any scribing needs for filling in forms can be assisted through Care & Repair or other advocacies.</p> <p>Interpretation services are available for support throughout the Adaptations process and can be accessed using the following "How to book a BSL Interpreter or Translation"</p>	

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	<p>using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>											
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required									
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The assessment and provision for adaptations is not limited by age grouping, with all ages accepted into the service. Eligibility for adaptations, is limited to “critical” need (see “Assistance for Disabled Adaptations”) and as such anyone who does not meet the “critical” criteria will not be financially supported. However other supports that will enhance the person ability to remain at home may be recommended, for example, signposting, third sector provision, other housing options or solutions, or another service.</p> <p>Date of birth data collated at point of Grant application evidences the most prevalent age group to benefit from an Adaptations intervention is in the 65 year and above, with an aging population being assisted to remain at home longer. (see below)</p> <table border="1" data-bbox="880 1134 1641 1310"> <thead> <tr> <th colspan="2">Age Profile of Grant Applicants for adaptations 2022-23</th> </tr> </thead> <tbody> <tr> <td>0-17 yrs</td> <td>3.5%</td> </tr> <tr> <td>18-65 yrs</td> <td>30%</td> </tr> <tr> <td>Over 65 yrs</td> <td>66.6%</td> </tr> </tbody> </table>	Age Profile of Grant Applicants for adaptations 2022-23		0-17 yrs	3.5%	18-65 yrs	30%	Over 65 yrs	66.6%		
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<p>(b) Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>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>This service is directly targeted at people with disabilities, for the provision of adaptations to reduce disability barriers and provide positive outcomes for a range of disabilities, inclusive of sensory, physical, cognitive, learning or other disabilities. It is anticipated this policy will have a positive impact by offering more choice to the service user. However existing provision will continue to be available.</p> <p>It is recognised that disabled people are more likely to experience poverty and to mitigate this Glasgow City Council will offer a mandatory grant of 80%, irrespective of income, towards the approved cost of the work.</p> <p>Alongside the policy implementation a customer service leaflet has been drafted noting the customer's options for adaptations and pathways for assessment and adaptation provision. The HSCP will ensure this is available in both easy read versions and other languages.</p> <p>The Policy and associated customer leaflets will be evaluated for accessibility within the local established guides as detailed in the <u>"Guide to creating Accessible Print Publications"</u> before being published publicly.</p> <p>The policy references and signposts people to advocacy services such as <u>"Care & Repair"</u> for support to progress adaptations out with the established "Assisted Living" ALEO adaptations support. Any scribing needs for filling in forms can be assisted through Care & Repair or other advocacies.</p> <p>Interpreting services are available for support throughout the Adaptations process and can be accessed using the following <u>"How to book a BSL Interpreter or Translation"</u></p>	
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No evidence or data to suggest there is an impact</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p>	<p>No evidence or data to suggest there is an impact</p> <p>If a couple require assessment, then both individuals needs will be taken in to consideration as part of the overall provision.</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>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>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>	No evidence or data to suggest there is an impact	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>No evidence or data to suggest there is an impact</p> <p>It is recognised that the current staff within Assisted Living have culturally sensitive training in place. However this cannot be guaranteed should the service user choose their own contractor, however they can continue to opt for Assisted Living, with the guarantee that this training has been completed. The HSCP will ensure customer leaflets are available in both easy read versions and other languages.</p> <p>A range of language interpreter services are available both through the council and health services, for the customer at each stage of the process, from assessment through to completion of the adaptations.</p> <p>The Policy and associated customer leaflets will be evaluated for accessibility within the local established guides as detailed in the <u>"Guide to creating Accessible Print Publications"</u> before being published publicly.</p> <p>The policy references and signposts people to advocacy services such as <u>"Care & Repair"</u> for support to progress adaptations out with the established "Assisted Living" ALEO adaptations support. Any scribing needs for filling in forms can be assisted through Care & Repair or other advocacy's.</p> <p>Interpreting services are available for support throughout the Adaptations process and can be accessed using the following How to book an Interpreter or Translation - Glasgow City Council</p>	

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<p>(g)</p>	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>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>It is recognised that the current staff within Assisted Living have culturally sensitive training in place. However this cannot be guaranteed should the service user choose their own contractor, however they can continue to opt for Assisted Living, with the guarantee that this training has been completed. In addition the service user can also request male or female contractors with Assisted Living.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p>	<p>No evidence or data to suggest there is an impact</p> <p>It is recognised that the current staff within Assisted Living have culturally sensitive training in place. However this cannot be guaranteed should the service user choose their own contractor, however they can continue to opt for Assisted Living, with the guarantee that this training has been completed. In addition the service user can also request male or female contractor with Assisted Living.</p>	

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	<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>		
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	No evidence or data to suggest there is an impact	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 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 (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 	<p>Glasgow City Council will offer a mandatory grant of 80%, irrespective of income, towards the approved cost of the work. It is recognised that if individual opt to choose their own contractor then there can be no guarantees on the cost and charges applied to those adaptations. In addition, if the person chooses additional work that is not grant eligible, then this will limit choice for people who live in poverty. However current service provision with current contractors win Assisted Living will continue to be available.</p>	

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	<p>of place more affected by disadvantage in this case than others?</p> <p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>Glasgow city are unable to offer major adaptations to temporary accommodation. The policy will not impact on this. Minor adaptations can be supported through the Homeless team.</p> <p>The assessment does not discriminate based on marginalised groups – all groups are entitled to assessment.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the</p>	<p>Adaptations are not an income generator for the HSCP , however the new policy may have a knock on effect for City Building’s “Assisted Living” should the demand re-route to external contractors by choice of the service user.</p>	

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	<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>It is recognised that the current staff within Assisted Living have culturally sensitive training in place. However this cannot be guaranteed should the service user choose their own contractor, however they can continue to opt for Assisted Living, with the guarantee that this training has been completed.</p> <p>All staff including City Building and social work staff have access to Equalities and Human Rights training on the internal platform "Gold"</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.

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* .

This policy support disabled people rights to independent living

*

- **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.

Communication via customer service leaflet and information on website will be made available to the public, following Policy agreement.

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

Lead Reviewer:

EQIA Sign Off:

Name Karen Lockhart
Job Title Head of Older People & Primary Care Services – North West Locality
Signature
Date 19/03/24

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature *Alastair Low*
Date 08/04/2024

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

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

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