

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 Partnership , Adult Disabilities commissioning Team's tender for an adult shared lives services (Adult Family Placement)

This is a : **New Policy**

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

The HSCP has approved the decision to award a contract by competitive tender for a Shared Lives Service. Adults aged 16+ to end of life with physical or learning disabilities or ASD will be eligible for the new service. Glasgow City Council already funds 22 adult individuals in Shared Lives placements, predominantly outwith the City boundaries. The contractual arrangements for these 22 individuals are a mix of arrangements and often rooted in distant history. The new service to be procured will not include any of the legacy business of 22 existing individuals. Shared Lives (SL) placements currently constitute only a small proportion of support arrangements for adults funded by the HSCP. Shared Lives placements have not previously been a strategic priority for us. Having looked beyond Glasgow City and consulted with local Care Managers and Shared Lives Plus (the UK SL network agency) it is clear there are multiple benefits to Service Users, carers, communities and the HSCP to re-invigorating our approach to the delivery of SL placements in Glasgow. While SL Schemes are consistently shown to deliver excellent support for individuals it remains an under-developed model of support in Glasgow. Through the procurement of the Service we are intending to expand upon the number of adults receiving support through a SL scheme. It is our clear strategy for SL to provide an alternative to residential care and other more traditional forms of care and support service.

3. Lead Reviewer

Debbie Miller, Commissioning Manager

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

Craig Cowan (Principal Officer Business Development); Jennifer Davies (Senior Officer Commissioning); Paul Nolan (Principal Officer Disabilities commissioning)

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

In equality impacting this policy, the following specific legislations and policy drivers are relevant: • The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 • Human Rights Act 1998 and the Equality and Human Rights commission • Procurement and the public sector equality duty: A guide for public authorities (Scotland) 2013 Implementing this policy requires the Partnership to complete a procurement exercise. The details of the policy and expectations of providers bidding to deliver it are outlined in the Invitation to Tender, which is a technical document outlining the tendering process. The service specification and contract is clear in its requirement for the Provider to deliver a shared lives service that meets the requirements of individual referred to it. In section 4.3 of the ITT for example is the following contractual obligation: "The Provider will ensure that its staff and SL Carers understand and are sensitive to the diverse needs of individuals. The Provider will be expected to be proactive in ensuring access to underrepresented groups." A further clause in section 4.3 requires the Provider to give due regard to The Public Sector Equality Duty: "The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to: • Eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010 • Advance equality of opportunity between people who share a relevant protected characteristic and those who do not • Foster good relations between people who share a relevant characteristic and those who do not. The Equality Duty is non-delegable. In practice this means that public authorities like GCHSCP need to ask their suppliers, such as the Shared Lives Provider, to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. The relevant protected characteristics covered by the Duty are: • Age • Disability • Gender Reassignment • Pregnancy and Maternity • Race • Religion or Belief • Sex • Sexual Orientation The Provider will ensure that its staff and SL Carers understand and are sensitive to the diverse needs of individuals. The Provider will be expected to be proactive in ensuring access to underrepresented groups.

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	<p>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. Dr. Mokrovich, J. T. (2011) Social Work Area Demographics, Glasgow City Council suggested that the population of Glasgow City will positively change, with an overall increase of +2.7% between 2008 and 2018, from 584,240 to 599,870. There are no current, definite learning disability prevalence rates based on studies in Scotland. Furthermore, the reported prevalence of learning disability, including severities, varies across studies and may be the result of different definitions, methodologies, clinical assessment tools, geographical areas, and demographics. The World Health Organisation (WHO) estimates that learning disability prevalence is about 3% overall in industrialised countries (Mental Retardation 1989). In England, the Department of Health estimates that there are approximately 210,000 people with a severe/profound learning disability, around 3.5 per 1,000, and 1.2 million people with a mild/moderate one, around 25 per 1,000 ('Valuing People' 2001). The then-Scottish Executive's report 'The same as you?' (2000) estimates in Scotland that approximately 20 per 1,000 of the population has a mild/moderate learning disability and 3-4 per 1,000 has a severe/profound one. Autism spectrum disorder (ASD) is a lifelong, complex developmental disability that affects how a person communicates, relates, and interacts with/to other people. It also affects how a person makes sense of the world around themselves. ASD broadly refers to a group of disorders. It includes the classical form of autism, as well as closely related disabilities that share many of its core characteristics (for example, Asperger syndrome and Rett's syndrome). All people with ASD have the 'triad of impairments': social interaction difficulties, language impairment, and reduced imagination and restricted activities. For quite some time, in the absence of prevalence studies that had taken place in Glasgow and even Scotland, estimating physical disability across the age bands for the City relied on a set of now-outdated UK representative household surveys that were conducted by the then- Office of Population, Censuses, and Surveys (OPCS) (known as the 'OPCS Surveys of Disability in Great Britain'). Four separate surveys took place between 1985 and 1988, and estimates were subsequently published in the late 1980s. In light of the OPCS surveys taking place some time ago, Glasgow City Council, along with a number of other local authorities throughout the country, participated in a research exercise in 2007 to estimate current and projected rates of physical disability. It was conducted by the Cathie Marsh Centre for Census and Survey Research (CCSR) at the University of Manchester, and results were published in 2009.</p>	Sources are quoted within this section
Sex	<p>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.</p>	Sources are quoted within this section
Gender Reassignment	<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</p>	Sources are quoted within this section

	<p>people to disclose to LGBT support services that they have additional needs and stigma around LGBT identities can make it difficult to 'come out' to support workers. 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</p>	
Race	<p>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 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.</p>	<p>Sources are quoted within this section</p>
Disability	<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 (then) Scottish Executive (2007)⁹¹ reported that "People with communication disabilities often report that they find it particularly difficult getting their needs met in primary care". This is attributed to the training, awareness or attitudes of healthcare professionals, to the requirement for the patient to express his needs, and to the time constraints on consultations.</p>	<p>Scottish Government Equality outcomes: disability evidence review (2013) Scottish Government Social Research Health</p>
Sexual Orientation	<p>Clarke H. and Cropley (2010), The birds and the bees, Sexuality and people with learning disabilities, Social Care on-line found that sexual identities can be controversial and sensitive area of research. People with learning disabilities have sexual needs but in many instances these desires are not supported or recognized and, in the past, they have largely been ignored. This is primarily because of society's long held attitudes and beliefs that people with learning disabilities are vulnerable and to be treated as "eternal children" who must be protected from harm. For example, a main finding was that many staff assumes that the service users they support are heterosexual. They concluded by stating that services need to make small changes in order to improve the experiences of service users when discussing relationships and sexuality with their paid carers. Lesbian, Gay, Bisexual and Transgender (LGBT) Health Inclusion Project (HIP) and Lewis, M. (2015) LGBT Identity and Learning Disabilities Round Table Report found that many LGBT people with a learning disability face discrimination because of their sexuality or gender. For example, some LGBT people with a learning disability are bullied or harassed. In addition, their family members or service staff might not acknowledge their identities or relationships</p>	<p>Sources are quoted within this section</p>
Religion and Belief	<p>We have been unable to source any relevant research material specific to this Equality characteristic in relation to adult Shared Lives services.</p>	<p>Sources are quoted within this section</p>
Age	<p>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</p>	<p>Sources are quoted within this section</p>

	<p>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>		
Pregnancy and Maternity	<p>Laura A. and Carter C. (2010); Women with Learning Disabilities and Maternity Services in Leeds: initial issues; Change 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</p>	Sources are quoted within this section	
Marriage and Civil Partnership	<p>We have been unable to source any relevant research material specific to this Equality characteristic in relation to adult Shared Lives services.</p>	Sources are quoted within this section	
Social and Economic Status	<p>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.</p>	Sources are quoted within this section	
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	<p>We have been unable to source any relevant research material specific to this Equality characteristic in relation to adult Shared Lives services.</p>	Sources are quoted within this section	
C. Do you expect the policy to have any positive impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
General	<p>The decision to tender for a new Adult Shared Lives service in Glasgow is driven by a strategic intention to improve and enrich the menu of service options available to adults with Disabilities in the City beyond the traditional service options of Supported Living and Residential Care.</p>		
Sex		<p>A Shared Lives placement can provide a safe and supportive route out of situations where domestic violence has been identified or may be a risk. The referral process into Shared Lives includes assessment of the care environment as being fit and safe. This will provide a secure environment for men and women being placed and ensures that shared lives carers have the appropriate processes in place to mitigate risk and manage concerns</p>	
Gender Reassignment		<p>Prior to an individual Shared Lives referral, HSCP Care Managers will develop an outcomes based support plan which will identify all unique needs and associated outcomes, including any issues in relation to gender re-assignment. The OB support plan will be shared with the SL Provider and gender reassignment needs will be reflected in the provider's own support plan. Clause 6.7 of the Service Specification clearly states: "The Provider will be required to produce its own support plan clearly indicating in greater detail, how the needs and outcomes described in the Purchaser's OBSP will be met by the SL</p>	

		placement. The Provider's support plan will be reviewed on a six monthly basis."	
Race		Should an individual referral to the Shared Lives service arise from a service user who is part of a BME community, shared lives carers have a requirement to meet individual service user needs including any cultural/racial needs. Racial needs would initially be defined in the HSCP's OBSP and then subsequently the SL Provider's support plan. Support plans will be regularly reviewed. Clause 4.2 of the Service Specification requires: "The Provider is required to have systems in place which track the delivery of outcomes for individual service users and include alerts if delivery of outcomes is delayed." The GC HSCP Care Management Personalisation assessment process includes capturing the details of service users' ethnicity in CF6. Data collection as part of the Contract Management Framework includes capture of periodic data on service user ethnicity.	
Disability	SL is a unique form of care and support that centres on sharing home, family and community life in the interest of offering people the opportunity for fulfilling, safe and active lives. Uniquely, it enables people from all kinds of backgrounds to draw on the network of families, friends and neighbours to support adults with disabilities in the SL carers own home. All SL Schemes operate on the basis that an adult Service User in need of accommodation and support can have those needs met through living with, or having regular stays with, an approved SL carer. Service Users require to be matched for compatibility with SL carers. It is anticipated that the procurement of a new and invigorated Adult SL service in Glasgow will have a positive impact on those individuals with Disabilities who access the service.		
Sexual Orientation		Should a referral arise for an individual service user with specific needs in relation to sexual orientation, the shared lives service will be under a contractual obligation to meet those individual service user needs. These needs would initially be identified in the HSCP's OBSP and subsequently in the SL Provider's support plan, which will be regularly reviewed. Clause 4.2 of the Service Specification requires: "The Provider is required to have systems in place which track the delivery of outcomes for individual service users and include alerts if delivery of outcomes is delayed." The GC HSCP Care Management Personalisation assessment process includes capturing the details of service users' ethnicity in CF6. Data collection as part of the Contract Management Framework includes capture of periodic data on service user ethnicity.	
		Should a referral arise for an individual service user with specific needs in relation to Religion	

Religion and Belief		and Belief, the shared lives service will be under a contractual obligation to meet those individual service user needs. These needs would initially be identified in the HSCP's OBSP and subsequently in the SL Provider's support plan, which will be regularly reviewed. Clause 4.2 of the Service Specification requires: "The Provider is required to have systems in place which track the delivery of outcomes for individual service users and include alerts if delivery of outcomes is delayed." The GC HSCP Care Management Personalisation assessment process includes capturing the details of service users' ethnicity in CF6. Data collection as part of the Contract Management Framework includes capture of periodic data on service user Religion and beliefs.	
Age	The Glasgow Disability Alliance has identified fears amongst older people regarding the prospect of moving into nursing or residential care homes. The procurement of a new adult SL service in Glasgow will have a positive impact because it will comprehensively offer an alternative to mitigate the risk of entering residential or nursing care. Evidence tells us that SL services elsewhere in the UK, and from our own legacy SL business, do provide a viable and effective alternative to nursing and residential placements for older adults		
Marriage and Civil Partnership	The SL service being procured has a requirement for all Shared Lives Carers to have the capacity to accept referrals from a maximum of up to 2 service users. This will specifically allow for service users who are married or in a civil partnership to maintain their cohabiting status should it be required.		
Pregnancy and Maternity		Should a referral arise for an individual service user with specific needs in relation to Pregnancy and Maternity, the shared lives service will be under a contractual obligation to meet those individual service user needs. These needs would initially be identified in the HSCP's OBSP and subsequently in the SL Provider's support plan, which will be regularly reviewed. Clause 4.2 of the Service Specification requires: "The Provider is required to have systems in place which track the delivery of outcomes for individual service users and include alerts if delivery of outcomes is delayed." The GC HSCP Care Management Personalisation assessment process includes capturing the details of service users' maternal status in CF6. Additionally Clause 17.1 and 18 makes allowances for shared lives carers to have contingencies in place to accommodate or plan for the continuation of the service in the event of a service user presenting as pregnant during the course of a SL placement.	
	The Costs to SL carers of delivering the service are mitigated by a suite of payments as defined		

<p>Social and Economic Status</p>	<p>in clause 10 in the SL Service Specification. It is important to note the following three principles on finance which are set out in Clause 10.1: "Financial arrangements need to be transparent, equitable, fair and easy to understand by all stakeholders. We draw your attention to the following Important principles: a. A SL Service must allow for Service Users to retain a level of disposable income that enables them to be independent, to pursue interests and participate in community life. b. No SL carer should subsidise the State to ensure that Service Users get access to the essentials of modern life. c. Fair remuneration policies for SL carers and reasonable contribution policies for Service Users are essential for the growth of a SL scheme in Glasgow." It is known and recognised that people with disabilities are disproportionately affected by poverty and therefore the procurement of this SL service provides a possible and viable alternative to living with the effects of poverty.</p>		
<p>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders</p>		<p>Members of any other marginalised groups will have access to the SL service as per the eligibility criteria.</p>	
<p>D. Do you expect the policy to have any negative impact on people with protected characteristics?</p>			
	<p>Highly Likely</p>	<p>Probable</p>	<p>Possible</p>
<p>General</p>	<p>None</p>	<p>None</p>	<p>None</p>
<p>Sex</p>			<p>Low potential risk of service not being able to meet the preferences of service users regarding sex of shared lives carers.</p>
<p>Gender Reassignment</p>			<p>The incidence of gender re-assignment issues in the adult learning disability community in Scotland is not known.</p>
			<p>GCHSCP cannot predict the level of demand from under-represented groups such as</p>

Race			BME communities and as such ensure preparedness to address the corresponding needs. (see actions)
Disability	None	None	None
Sexual Orientation			GCHSCP cannot predict the level of demand from service with specific needs in relation to sexual orientation and as such ensure preparedness to address the corresponding needs
Religion and Belief	None	None	None
Age	The Adult Shared Lives service is exclusively for people aged over 16. Younger service users are therefore not eligible but have access to a comparable fostering and adoption service commissioned by Children and Families services.		
Marriage and Civil Partnership		Referrals from married/civil partnered service users for a Shared Lives placement for both partners may be difficult to accommodate depending on the capacity amongst shared lives carers. We cannot anticipate the demand for a shared lives placement from married or civil partnered service users.	
Pregnancy and Maternity			SL carers are not under any obligation to continue a placement in the event of a Service user pregnancy. A pregnant service user would not be excluded from the Shared Lives service. Their needs would be articulated in the HSCP Care Manager OBSP and any referral would be considered for carer matching by the Shared Lives Service Provider.
			People with

Social and Economic Status			disabilities are traditionally less likely to engage with services and more likely to live in conditions of deprivation. The SL service provider cannot provide this service without an approach to Social Services being made.
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	None Identified	None Identified	None Identified