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

NHS
Greater Glasgow
and Clyde

1. Name of Strategy, Policy or Plan

TRANSITIONAL CHANGE PROGRAMME TO REVIEW OVERNIGHT SUPPORTS, INCLUDING ALTERNATIVE SUPPORT ARRANGEMENTS TO SLEEPOVERS

This is a : New Policy

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

In recent years, advances in technology enabled care have enabled more people to be cared for safely within their home environment, maximising the opportunity for independent living. GCHSCP considers that there will be further opportunities in the near future to significantly extend the use of technology enabled care to help meet the assessed need of individuals. GCHSP considers that such approaches are progressive, will be of benefit to the service user and offer better value for money than sleepover provision. This better use of resources will in turn have a positive impact on the overall availability of resources to meet people's needs. GCHSCP will work closely with services users and carers as part of the transition process and recognises some people's concerns that a move away from a sleepovers may lead to a change in care setting for some service users. GCHSCP will continue to strive to ensure people are supported to live as independently as possible in the setting that is most appropriate to meet their assessed need. An Overnight Support Steering Group will be established to review the current service models in place for overnight support to adults eligible for social care with a view to recommending future provision that aspires to meet the objectives of supporting people to live safely and independently as possible at home or a homely setting, in a cost effective and risk enabling way. Membership of the steering group will include people with lived experience, service user representatives and carers. It will also include HSCP staff and independent advocacy and care providers. Findings and recommendations from the review will be reported to the IJB and if approved, will inform service users (including their legal proxies), carers and service providers of any changes to practice or policy, as well as the approach to be undertaken by social work practitioners. In the interim, social work practitioners, when assessing and reviewing the care needs of individuals requiring overnight support, are guided to ensure that all suitable alternative options to sleepovers available at this point in time are given full consideration. Currently within GCHSCP there are approximately 300 sleep in shifts funded by the partnership supporting circa 551 clients. It is prposed that advannces in assisted technology will enable a more positive risk management approach following review or reassessmnet in relation to overnight care nights. It is anticpated that conjunction with the service users and carers the semnt process will consider what if any alternative overnight support arrangemnets can be implemented to provide more independence, privacy and financially sustainable models of support

3. Lead Reviewer

Phillips, Katrina

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

Katrina Phillips (Head of Service); Gareth Greenaway (planning); Debbie Miller (Commissiing Manager)

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

The objectives of the policy are consistent with the IJB's aspiration to deliver support at the right time, in the right place, and from the right person, and to provide health and social care services in local communities and in homely settings wherever possible. It aspires to maximise choice and control for service users and their legal proxies and to ensure resource is targeted on those with greatest need to mitigate risk. Successful introduction of alternative care support arrangements to sleepovers will help to ensure individuals continue to live as independently as possible using a risk enabling approach. Alternative arrangements to be considered include increases in waking night staff, response services and technology enabled care usage. The policy will support the review of overnight supports ensuring that no changes will be made to any service users exisiting overnight support without a formal statutory assessment or review of need in line with 1968 Social Work Scotland Act and will take into account the views of the service users, their family and carers.

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	There are currently around 32 providers delivering overnight supports to approximately 1038 service users under the 2015 Framework. Within this, on a nightly basis, there are 26 providers delivering approximately 295 sleepovers and 23 providers delivering waking night services. "The principles refer to people's rights and to their human dignity. They state that health and social care is not simply about sustaining people, but about supporting all of us to participate equally and actively as citizens in our communities." "Scotland is currently at the forefront of implementing technology within care settings, for example; over 80% of those in receipt of formal social care services already use telecare to support their independence at home), but there is still massive potential to reach more people, to offer more direct health/care support and to realise more benefits. It is imperative we continue to invest energy, imagination and resources to maintain our leading position." "Telecare technology helps service users to live more independent lives for longer. This results in better social care outcomes for individuals; takes the pressure off friends and family and; slows down the escalation of care need, reducing the dependency on more acute social care and healthcare services". 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. All of the following sections must be read in context with the intersectionality for all the protected characteristics. Where there is a dispute between the service user and the HSCP regarding prosoed support arraneegments the dispute will be presented to a risk enablemnet panel and where required may be exscalated via Glasgow City Councils Complaints Process. GCHSCP undertook as series of Engagmeent events with service users , carers and providers to ensure their understanding of the policy and to enable the EQIA to cosnider all questions, queries and concerns raised by thsi policy. The following issues were raised: • Service users feel worried about	Glasgow Integration Joint Board: 9th May 2019 ; Scottish Human Rights Commission (2017): Being Human: A human rights based approach to health and social care in Scotland (Revised); Alliance Scotland:PA Consulting: Transforming Glasgow's Care Offer by Mainstreaming Technology (2016); United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol: http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

	their care being taken away and moved into an institution • Some people fear 'core and cluster' models of care as a form of institutionalisation • What is the process when there is disagreement or dispute over the allocation of resource or model of care proposed? • How do we best meet assessed need and take account of the person's view within the current financial position All of these concerns are addressed within the policy framework which is a continutaion of an already established policy and process.	
Sex	Trottier (2017): Women's experiences of self directed support, Health and Social Care Alliance Scotland in a small scale mixed method research found that in spite of the overwhelming evidence that women face significant barriers to experiencing and accessing good mental and physical health, there was little consideration of gender at the time the changes came into force. More specifically, there was no regard for the gendered dimensions of health and social care. In its equality impact assessment of the proposed Social Care (Self-directed Support) Bill, the Scottish Government cited that its reviews of SDS never raised gender as an issue. The Poverty Alliance (2013) qualitative investigation into lone parenthood provides perspective regarding access to services and gender. Within this, their research suggests that although a large proportion of services are available to single parents, they are typically aimed at mothers, with little consideration of single fathers.	Poverty Alliance[.] org/userfiles/files/EPIC/Reports/EPIC_Research_Surviving_Poverty2013 [.]pdf
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% had experienced transphobic abuse in relationships and 62% had experienced transphobic abuse from strangers in public places	Scottish Transgender Alliance – Transgender experiences in Scotland 2008
	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	Source: Malzer (2013) Barriers to Accessing Services for Older People in South Glasgow; GCC.2013. Census 2011

Race	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. Findings from studies focusing on Glasgow ethnic minority populations in Glasgow show that there is a low level of awareness of services especially among older people from BME communities. Studies also suggest that older people do not know how to go about accessing social services due to lack of information. People often rely on third sector organizations or word of mouth to gather information about services. Evidence from across a number of research studies highlights that ethnic minorities in Scotland and in particular in Glasgow are significantly under-represented in many areas of service provision and face barriers to accessing services. For example, over three quarters (78.5%) social services users in Glasgow are of white ethnic origin compared to (4.5%) of BME, suggesting that people from BME population are less likely to use social services or are proportionately under-represented in accessing social services they might be entitled to.	
	Noted that the highest proportion of overnight sleepover support in Glasgow City is currently provided to people with a learning disability The common barriers facing disabled people: • Physical access to buildings •Communication issues •Provision of advice and support UN Convention on the Rights of Persons with Disabilities – Article 19 – Living independently and being included in the community: "Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community." The NHS Health needs Assessment report Update 2017 highlights that new legislation has brought about Integrated Joint Health and Social Care Boards to deliver health and social care services and drive forward improvements in health and well-being for local communities, including adults with learning disabilities. Though whilst the number of people with learning disabilities living into older age is increasing, with many presenting with a diverse range of complex and multiple interrelated health conditions, however life expectancy remains shorter when	NHS Health Scotland People with Learning Disabilities in Scotland 2017 Health Needs Assessment Update Report Scottish Government Equality outcomes: disability evidence review (2013) Scottish Government Social Research Health;

Disability	compared to the general population, often due to avoidable, preventable and manageable conditions. People with learning disabilities have a different pattern of health conditions from the general population. It is therefore important that reasonable adjustments are made to include people with learning disability in all health services and preventative health screening programmes aimed at the whole population as well as target services and supports. People with learning disabilities are individuals who want to lead full and equal lives. 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. Around a third of disabled people experience difficulties related to their impairment in accessing public, commercial and leisure goods and services. Moreover, a quarter of disabled people say that they do not frequently have choice and control over their daily lives. However technology was considered as one of the methods to reach out to this community, the Office for National Statistics, 2016 showed that: • 25% of disabled adults had never used the internet in 2016, down from 27.4% in 2015. •In 2016, 97.3% of disabled adults aged 16 to 24 years were recent internet users, compared with 99.4% who were not disabled. •Of disabled adults aged 75 years and over, 30.8% were recent internet users, compared with 48.1% who were not disabled. •Across all age groups, the proportion of adults who were recent internet users was lower for those that were disabled, compared with those that were not. •Since 2015, the number of

	disabled adults who had used the internet in the last 3 months has increased by 6.8% to 8.6 million in 2016. •There were 0.5 million disabled adults who had last used the internet over three months ago, making up 50% of the 0.9 million lapsed internet users. Scottish Government British Sign Language (BSL) National Plan 2017-2023 Action 41 require work with local authorities, providers and service users to improve the way that adult social care is delivered, including how residential care is commissioned and how care and support is delivered to people at home. The voices and experiences of service users, including BSL users will be at the center of these reforms and will shape planning and implementation and improve outcomes.	
Sexual Orientation	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. 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. Research from the Joseph Rowntree Foundation (2013) discusses housing and social care provision amongst the older LGB population, highlighting the need for specific services and appreciations regarding their position within society. Within this, they promote 'positive action' to	Scottish Surveys Core Questions 2015

	ensure these marginalised groups don't experience heightened social isolation in their later years.	
Religion and Belief	Scottish Executive. 2005. Faith Communities and Local Government in Glasgow, referred to faith communities as "under utilised resources" to promote engagement with the cities broad population. Although advancements have been made in recent years, it is clear further work could be done to fully engage with faith groups and subsequently, increase overall engagement with the cities diverse population in their role as communities' leaders in social care.	
Age	Alzheimer's Society: Assistive Technology and Dementia "Technology can give people with dementia help and support to remain independent, safe and socially involved. Carers may find it offers them support and reassurance as well. While assistive technology may not be suitable for everyone with dementia, for some people it can bring benefits that help them to live well with the condition. "Some assistive technology (such as telecare or remote monitoring) is focused on increasing safety and reducing risk. Products may not have been designed with the specific wants of the person with dementia in mind and, as a result, there may be less focus on this. Instead, it is expected that the person will adapt to the technology, not the other way round. Expecting the person with dementia to adapt, without listening to their views, can affect how keen they are to use the technology. This in turn will affect how successful it is." where service users can no longer be supported within their home environment due to increasing or changed care needs their ongoing support will be delivered within an age appropriate care environment	Sources within text
Pregnancy and Maternity	The Scottish Government Equal Impact Assessment stated they collected statistics on the gender of direct payment recipients. There have been reviews of Self Directed Support but gender has never been raised as an issue. This suggests the policy may not have a negative impact on either gender group. This is supported by our national statistics which shows proportionate numbers of men and women opting to receive a direct payment. Two responses to the consultation on a draft Bill raised the point that any impact (positive or negative) would be greater on women because they	Scottish Government EqIA: Social Care (Self-directed Support) Bill: Equality Impact Assessment (March 2012)

	form a disproportionately large share of the paid and unpaid care workforce. The Bill promotes equality of opportunity for all people in receipt of Social Care Services. There is no discernible advantage or disadvantage to people of different gender.	
Marriage and Civil Partnership	None	
Social and Economic Status	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. Concerns raised at stakeholder engagemnet sessions relating to financial ability of service users to constribute to their care packagae are addressed these concerns are addressed within this and other council policy frameworks which are a continutaion of an already established policy and process.	Scottish Government Equality Outcomes; Disability Evidence review 2013
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders	Providers & Personalisation Policy Briefing (2017) suggested that people who are homeless, or at risk of homelessness, may be able to access SDS if they are assessed as having on-going social care needs. Self-Directed Support (SDS) should not be applicable to homelessness accommodation or hostel accommodation but only applies to social care and support needs. The statutory guidance states that SDS cannot be offered for support provided under a Criminal Justice Order but can be offered for other social care support that the person may be receiving (E.g.: home care, personal care, housing support). People who are subject to a compulsory Drug Treatment Order cannot be offered choice under SDS for the compulsory part of the order, but may be eligible for SDS for other kinds of social care support.	

C. Do you expect the policy to have any positive impact on people with protected characteristics?

	Highly Likely	Probable	Possible
	Successful introduction of alternative care support arrangements to sleepovers, such as greater use of technology enabled care, will help to		

General	ensure individuals continue to live as independently as possible in a risk enabling approach. Replacing sleepover support, where appropriate to do so, with alternative approaches will better deliver 'best value' within the overall resources available and in turn, better support the overall sustainability of services to individuals and help to target resources more consistently and fairly. There is evidence to support that changes to overnight supports can promote feelings of self determination and increased privacy and dignity for the serviec user. The introduction of assisted technology could improve a service users ability to be supported within their own home and would uphold their right in respect of their right to private and family life.		
Sex	The particular needs of any individual with a protected characteristic will be taken fully into account as		

	part of the assessment process and reflected in the outcome based support plan.		
Gender Reassignment	As above		
Race	As above		
Disability	As above		
Sexual Orientation	As above		
Religion and Belief	As above		
Age	As above		
Marriage and Civil Partnership	As above		
Pregnancy and Maternity	As above		
Social and Economic Status	As above (care professionals will signpost service users and carers to agencies that can support income maximisation or support.)		
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders	As above		

D. Do you expect the policy to have any negative impact on people with protected characteristics?

	Highly Likely	Probable	Possible
		It is recognised that services users, carers and	Where the person's assessed need can not be met within their current accommodation / environment, it is possible an individual's care setting may have to change in order to meet those assessed care needs.

General		families may feel concerned about changes to elements of a care package, particularly if those care arrangements are long established and are perceived to be working well. An engagement event was undertaken in October 2018 that identified the main concerns of service users, their representatives and carers. These issues are highlighted in the progress report to the IJB and addressing them will form part of the EQIA action plan	However, this would ordinarily be in circumstances where there has been a change in assessed need or an opportunity has arisen for a move to better or more suitable accommodation. Issues arising for individuals in those circumstances will be considered on a case by case basis. Every effort should continue to be made to support individuals to live as independently as possible, in accordance with assessed need and within the set 'relevant amount' resource allocation. It is recognised that changes of a significant nature in an individual's care plan, such as a change of care setting, can be unsettling for the individual concerned and their family. Practitioners should continue to be sensitive to this when supporting people who require to make the transition to a new care setting or model of care.
Sex			As above
Gender Reassignment			As above
Race			As above
Disability			As above
Sexual Orientation			As above
Religion and Belief			As above
Age			As above
Marriage and Civil Partnership			As above
Pregnancy and Maternity			As above
		Should the assessed resource allocation amount	

Social and Economic Status		reduce, service users with personal finances will be more able to consider 'topping up' their care than people with limited or no personal finances	
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders			as above