

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, Vulnerable Child and Adult Services, Glasgow Alliance to End Homelessness

This is a : **New Policy**

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

Glasgow City Council (GCC) is seeking to establish an Alliance with provider organisations to end homelessness in Glasgow. Homelessness continues to affect too many people's lives and we know it has an impact beyond the inability to secure and sustain accommodation; it impacts on a person's health, financial and social well-being. The Alliance will coordinate access to and delivery of purchased homelessness services to Glasgow citizens, reducing the risk of / and the time spent homeless. Ensuring individuals have access to join-up services, which promote health and wellbeing and enable people to focus on their strengths and abilities to maximise their potential for independent living. To effect the changes needed a radical approach is required, what we have doesn't work and more of the same won't do, the Alliance will transform purchased homelessness services in Glasgow, Bringing together a range of partners with different expertise, skills and ideas we can achieve much more together. Involving relevant people in all aspects of what we do, providers, individuals with lived experience and other stakeholders, we can ensure that we have services and support in Glasgow that are flexible and meet individual and changing needs. This is an ambitious approach, requiring commitment and determination to achieve positive outcomes for service users across the city. The Alliance agreement will be in place for a 7-10 year period and it will:

- End rough sleeping in the city for Glasgow citizens
- Reduce homelessness/ duration of stay in temporary accommodation
- Reduce repeat homelessness

The Glasgow City Health and Social Care Partnership (GCHSCP) plans and deliver's integrated health and social care services in Glasgow and has carried out a strategic review of homelessness and engaged in a process of co-production with providers and individuals with lived experience. In order to improve the experience and outcomes for individuals, at risk of or experiencing homelessness, the Alliance will ensure the following approaches and services, identified through this process, are implemented:

- Asset-based approaches that build on service users' strengths and abilities
- Promote service user rights, choices and aspirations
- Promote community integration and active citizenship
- Rapid Rehousing approach, increasing access to tenancies with support
- Shift the balance of provision from large scale to small scale short-term building based emergency accommodation
- Ensure services and approaches address both complex needs and early intervention /prevention service options
- Shift focus to tenancy sustainment and independent living approaches
- Support access to education, training and employment opportunities
- Work with key stakeholders to identify and address complex and multiple needs.
- Maximise the use of, and access to, resources across a wide range of service areas, for example, Mental Health, Learning Disability, Addiction and Criminal Justice services.

The Alliance will manage and oversee an allocated budget of £23m in the first year and annual allocations thereafter as determined by the Integration Joint Board (IJB). The Alliance budget allocation which consists of currently committed expenditure for existing homelessness purchased services. As services are transformed the Alliance will redirect resources, within the available annual funding envelope, to develop and deliver the next stages of the change agenda. The Alliance will ensure that planning and decision-making in relation to all current purchased services (legacy services) will be concluded within the first 3 years. The Alliance will achieve this by:

- Retention of services if they fit the Alliance Plan.
- Service redesign / reconfiguration
- Withdrawal of services / termination of contracts
- Innovation / testing the marketplace

Alliance partners will, as part of the Alliance Agreement:

- Directly deliver services or
- Subcontract services to legacy / other providers
- Test the marketplace (tendering through GCC)

3. Lead Reviewer

Patricia Coltart

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

Moira Hood (Senior Officer)

5. Impact Assessment

A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy

| drivers in relation to Equality | | |
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| <p>The Invitation To Tender is a technical document outlining the tendering process, however, in equality impacting this document, the following specific legislations and policy drivers are relevant: • The Equality Act 2010 (General Duties) • 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 Glasgow City Health and Social Care Partnership (GCHSCP) and key stakeholders have a shared vision to eliminate homelessness in Glasgow, by ensuring that people have appropriate services and support options available to them, when they need them, and by seeking to prevent homelessness wherever possible. The Alliance will be formed by organisations who are willing to adopt a “best for people using services” approach in relation to decision-making and who are committed to delivering modern, “fit for purpose” services. The Alliance is not intended to be a separate legal entity and Alliance partners must have sufficient organisational seniority and delegated authority to make decisions as part of the Alliance, prior to submitting group bids within a tender process.</p> | | |
| 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>People assessed as homeless or at risk of homelessness come from diverse, religious, cultural and personal backgrounds with wide ranging housing, support and care needs. Providers will be required to meet these diverse needs including ensuring there are accessible services, access to interpreting services and the provision of multi-lingual public information. The Alliance will proactively encourage engagement with protected characteristic groups and promote accessibility to homelessness services. The Alliance will develop services that are able to respond to changing demands and individual needs and be inclusive, culturally appropriate and accessible. Care should be anticipatory to meet the needs of those with protected characteristics (defined within the Equality Act 2010) rather than reactive. Protected characteristics should not be viewed separately and the connections and their collective impact should be considered. Considering equalities and how services will be delivered to service users with additional needs, such as, physical, sensory or literacy needs or who do not speak or read English, is fundamental to the work of the Alliance. Activity and materials used to promote the Alliance and its services will be appropriate for those from protected characteristic groups. This will include developing strategies to ensure appropriate service delivery to specific groups of service users, such as, women, pregnant women, individuals from black and minority ethnic communities, LGBT communities, and individuals with disabilities. Monitoring of the uptake of specific groups of service users will be in line with the requirements of the Equality Act 2010.</p> | Equality Act 2010 |
| Sex | The Alliance has been designed to meet the needs of all Homeless people, no one will be refused access to assistance or support based on their gender. | Equality Act 2010 |
| Gender Reassignment | Transgender people are one of the most marginalised protected characteristic groups in the UK. Transgender 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. |
| Race | This Alliance is based on providing services within local communities; these services will be developed based on local need. This Alliance is being delivered on a city-wide basis and accordingly will reflect the population of the city as a whole. Glasgow has the largest percentage of ethnic minority groups (12%) of all Scottish cities. The Service Specification has clearly outlined that: People assessed as homeless or at risk of homelessness come from diverse, religious, cultural and personal backgrounds with wide ranging housing, support and care needs. Providers will be required to meet these diverse needs including ensuring there are accessible services, access to interpreting services and the provision of multi-lingual public information. Homeless applications recorded in Glasgow for 2016-17 reflected that 65.95% of the main applicants were white Scottish with the remaining 34.05% of other ethnic origin | Scottish Census 2011 and Scottish Govt homelessness stats – annual HL1 report – Glasgow 2016-17 |
| | According to the Scottish census in 2011, 23% of Glaswegians (of all ages) report being limited by a long-term health problem or disability in | |

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| Disability | their day-to-day activities, either 'a little' or 'a lot'. There is a higher percentage of people with a disability in Glasgow than in other Scottish cities and, than the Scottish average (20%). The Service Specification has clearly outlined that: This will include developing strategies to engage specific groups of service users, such as individuals with disabilities. | Scottish Census 2011 |
| Sexual Orientation | In 2015, 1.8% of Scottish adults (aged 25 to 75+) identified their sexual orientation as LGBTI. Monitoring of the uptake of specific groups of service users will be in line with the requirements of Equality Act 2010. | Scottish Surveys Core Questions 2015 and Equality Act 2010 |
| Religion and Belief | This Alliance has been designed to meet the needs of all homeless people, regardless of faith and belief. | |
| Age | According to the Scotland Census 2011, there were 593,245 people living in the Glasgow Health and Social Care area. There were 5378 homeless presentations in 2016/17. The majority of homelessness applications 72.9% are within the age range 26-59. Other Homeless applications: age range 16-17 1.8% age range 18-25 22.6% age range 60+ 2.7% | Scotland Census 2011 and Scottish Govt Homelessness Stats – annual HL1 report 2016/17 |
| Pregnancy and Maternity | Pregnancy and Parenthood in Young People Strategy states that, although parenthood is a positive experience for many young people, it is associated with increased risk of a range of poor social, economic and health outcomes for some. Good quality, integrated support for young parents and their families will contribute to better engagement with support services and in the longer term greater engagement in education, training and employment. This in turn will contribute to improved health and social outcomes for young parents and their children. | Scottish Government March 2016 |
| Marriage and Civil Partnership | Not Appropriate for this assessment | |
| Social and Economic Status | Glasgow had the highest number of births in Scotland, 6,833 (3,505 male and 3,328 female) in 2016. There were 49 still births this is the highest number of still births across all Local Authority areas. The next highest still birth rate was North Lanarkshire with 21. In comparison with all of Scotland still births 236, Glasgow had 21% of all still birth. (National Records of Scotland 2016) Over 34% of children in Glasgow were living in poverty in 2017. This is the highest among Scotland's major cities. (Understanding Glasgow) Just over three in ten adults (31 per cent) in the 10 per cent most deprived areas of Scotland rated their neighbourhood as a very good place to live in 2016, compared to almost eight in ten (78 per cent) of those living in the 10 per cent least deprived areas. (2016 Scottish Household Survey) | Sources in text |
| Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders) | We know that there are areas of Scotland where people face multiple, complex challenges; many have borne the brunt of welfare reforms and increasing pressure on public expenditure. Through our work, we see the everyday impact of a whole range of issues including poverty, drug and alcohol misuse and social isolation. These undermine people's opportunities, aspirations and hope and rob our society of their potential contribution. (Services (May 2018) Fiona Duncan, Chief Executive Lloyds TSB Foundation Scotland - At the heart of funding Scotland's charities) | Source in text |

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

| | Highly Likely | Probable | Possible |
|----------------|--|-----------------|-----------------|
| General | The Alliance will co-ordinate access to and delivery of purchased homelessness services to Glasgow Citizen's, reducing the risk of/and time spent homeless. Ensuring individuals have access to joined up services, which promote health and wellbeing and enable people to focus on their strengths and abilities to maximise their potential for independent living. | N/A | N/A |
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| Sex | The proposed changes are for all homeless / potentially homeless people irrespective of gender. | N/A | N/A |
| Gender Reassignment | N/A | The development of local community based services will improve resources and capacity and may improve provision for people who consider themselves to be Transgender. | N/A |
| Race | N/A | The development of local community based services will improve resources and capacity may improve provision for local ethnic communities. | N/A |
| Disability | N/A | The development of local community based services will improve resources and capacity may improve provision for people with a disability. | N/A |
| Sexual Orientation | N/A | The development of local community based services will improve resources and capacity may improve provision for people who consider themselves to be LGBTI. | N/A |
| Religion and Belief | N/A | The development of local community based services will improve resources and capacity may improve provision for local faith- based groups. | N/A |
| Age | Ensuring individuals have access to joined up services, which promote health and wellbeing and enable people to focus on their strengths and abilities to maximise their potential for independent living. | N/A | N/A |
| Marriage and Civil Partnership | N/A | The development of local community based services will improve resources and capacity may improve provision for all. | N/A |
| Pregnancy and Maternity | Better supports and identification of families that need support at an earlier stage will be the key to our Homelessness prevention and support strategy. | N/A | N/A |
| Social and Economic Status | This agenda has been driven by the deprivation that exists in the City. | N/A | N/A |
| Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders) | N/A | The development of local community based services will improve resources and capacity may improve provision for all. | N/A |
| D. Do you expect the policy to have any negative impact on people with protected characteristics? | | | |
| | Highly Likely | Probable | Possible |
| General | | | |

| | | | |
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| | None | None | None |
| Sex | None | None | None |
| Gender Reassignment | None | None | None |
| Race | None | None | No disproportionate impact |
| Disability | None | None | None. A simpler and less bureaucratic process should help disabled people to access support services. |
| Sexual Orientation | None | None | No, negative impact perceived. |
| Religion and Belief | None | None | None, Services and support being proposed are for people irrespective of faith or belief. |
| Age | None | None | None, services will be based on the needs of individuals |
| Marriage and Civil Partnership | None | None | None |
| Pregnancy and Maternity | None | None | None |
| Social and Economic Status | None | None | None. Social deprivation is a key factor in the move to providing more locality-based services. |
| Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders) | None Identified | None Identified | None Identified |