

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



1. Name of Strategy, Policy or Plan

Glasgow City Health and Social Care Partnership : Policy Development : Resource Allocation For Adults

This is a : Current;#Current Policy

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

This policy framework articulates the approach of Glasgow City Health and Social Care Integration Joint Board to the allocation and distribution of Glasgow City Council's (GCC) resources to meet the assessed support needs of its citizens. The policy applies across all adult care groups – older adults over 65 years, younger adults with a physical or learning disability, adults with mental health problems and/ or addiction issues and young people with disabilities transitioning into adult services from 16 years or later. This policy framework on resource allocation for adults eligible for social care support aim set out with clarity the policy framework for the allocation of resources, the processes for resolving any areas of dispute that may arise and to recommend further actions that support service user, carer and practitioner awareness. This policy framework also required to make explicit and transparent the approach that will be taken by all officers in the discharging of Glasgow City Council's statutory duties that ensures fairness in the prioritisation and allocation of resources for the City's most vulnerable and at risk individuals. The Glasgow City Health and Social Care Partnership aspire 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 where 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. The Partnership requires to make explicit its approach to managing the allocation of resources and to support operational staff in the delivery of consistent practice and informed decision-making in relation to managing the community care budget for adults. The detail of this policy development is set out in a paper (item 8) to the Glasgow City IJB meeting on 20th June 2018 and can be accessed via the web link below: <https://glasgowcity.hscp.scot/meeting/20-june-2018> This EqIA was presented to the Service Managers Group for comments.

3. Lead Reviewer

Katrina Phillips

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

Gareth Greenaway (planning manager); Debbie Miller (Commissioning (Personalisation) 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

In 2014, following the introduction of the Self Directed Support (Scotland) Act 2013 and in line with statutory guidance, Glasgow City Council implemented, following consultation, a single eligibility criteria framework for access to adult social care services. Associated guidance was also produced for social work practitioners and service users. In 2017, Audit Scotland produced a progress report on the implementation of self-directed support (SDS) within Scotland. An action plan to address the recommendations from that report relevant to Glasgow City Health and Social Care Partnership (GCHSCP) was presented to the IJB Finance and Audit Committee in September 2017. Key recommendations within the Audit Scotland report include: - to ensure that there is clear guidance for staff on discussing the balance between innovation, choice and risks with service users and carers and implementing local policies in practice; and - to work with service users and carers to review assessment and support planning processes to make them simpler and more transparent. Self-directed support addresses several of the Scottish Government's key themes. The type of care and support packages that can be delivered via self-directed support can help to prevent the deterioration of an individual's physical and mental ill health, contributing to a Healthier Scotland. It will also contribute to a Fairer and Wealthier Scotland as self-directed support can be used to support a person into employment, training and education. The Council has a legal obligation to promote equality of opportunity and anti-discrimination and there are numerous robust contractual clauses within the Framework Agreement which compel Provider organisations to deliver on these obligations. The most notable clause is clause 31 This Equality Impact Assessment is undertaken to formally capture contextual information relating to social care services for different protected characteristic groups. This Equality Impact Assessment ensure any service change is compliant with the Glasgow City Council and Glasgow City Health and Social Care Partnership's respect of the Equality Act 2010 and their legal duties in respect of the Public Sector Duty. There is currently approximately 43,000 adult clients on the caseload of social work services within GCHSCP. Approximately 60% of whom are aged between 16 years and 64 years of age, with approximately 40% over the age of 65 years. Approximately, 75% of clients identified themselves as white, 1% as black, 2.5% as Asian, 1.5% as 'other ethnic background', and 20% declined or not indicated. The split between clients recorded as either male or female was approximately 50% each.

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>For individuals whose needs are assessed as meeting Glasgow City Council(GCC)'s eligibility criteria for access to social work services, a more detailed assessment of need will then take place. This more detailed assessment will be led by a social care practitioner who will seek to involve the individual as fully as possible in this process and will also seek the views and contributions of primary carers. They will be required to confer with legal proxies for example a Welfare Guardian or a Financial Power of Attorney. They will also seek input from health professionals, in particular the individual's GP and other relevant professionals potentially already involved in their care or able to inform on their needs. GCC discharges its statutory duty to assess need through its social care practitioners (also known as the 'assessor'). United Nations Convention on the Rights of Persons with Disabilities and Optional 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.</p>	<p>United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol: http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf</p>
Sex	<p>This section must be read in context with the intersectionality for all the protected characteristics. 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, which – to its mind – translated into there being no gender implications for Self Directed Support. The Poverty Alliance (2013) qualitative investigation into lone parenthood provides an interesting 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.</p>	<p>Poverty Alliance[.]org/userfiles/files/EPIC/Reports/EPIC_Research_Surviving_Poverty2013[.]pdf</p>
Gender Reassignment	<p>This section must be read in context with the intersectionality for all the protected characteristics. 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</p>	<p>Scottish Transgender Alliance – Transgender experiences in Scotland 2008</p>
	<p>This section must be read in context with the intersectionality for all the protected characteristics. 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</p>	<p>Sources in text</p>

<p>Race</p>	<p>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. Source: Malzer (2013) Barriers to Accessing Services for Older People in South Glasgow Currently Glasgow services is providing support for over 80 regularly used languages in the city. A range of learning opportunities is provided across the city for English for Speakers of Other Languages (ESOL). The Council is also working in partnership with Colleges to improve consistency of provision and to better match demand for ESOL. Through Glasgow Life programme, a total of 1,236 learners participated in ESOL learning courses in 2015. (GCC.2013. Census 2011)</p>	
<p>Disability</p>	<p>This section must be read in context with the intersectionality for all the protected characteristics. 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: The common barriers facing disabled people: • Physical access to buildings •Communication issues •Provision of advice and support (People with learning disabilities) 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.</p>	<p>Sources in text</p>
<p>Sexual Orientation</p>	<p>This section must be read in context with the intersectionality for all the protected characteristics. The Scottish Transgender Alliance explored the difficulties faced by transgender people in Scotland when accessing services and more specifically, the lack of understanding and appreciation of their 'gender identity' out with specialist services. Although Lesbian, Gay, Bisexual and Transgender plus (LGBT+) people can access mainstream services, review of published literature suggests that perceive discrimination prevent LGB&T+ people to engage with mainstream services, due to fear of stigma and discrimination from service providers and other service users. Lesbian, Gay, Bisexual and Transgender plus (LGBT+) Disabled Men and Women and Social Care Support (2016) found that LGBT+ disabled people who use self-directed social care support require that support to be personalized and organized and delivered in ways which maximize wellbeing (as per all users of social care). However, revealing, discussing and organizing needs which might be said to relate to 'being and doing' LGBT+, may prove challenging if staff</p>	<p>Sources in text</p>

	and services are not open to discussing or responding to such needs	
Religion and Belief	This section must be read in context with the intersectionality for all the protected characteristics. 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.	Sources in text
Age	This section must be read in context with the intersectionality for all the protected characteristics. Trottier (2017): Women's experiences of self-directed support, Health and Social Care Alliance Scotland in a small scale mixed method research found that there are distinct differences between the age groups, with older women more likely to choose options that allow for greater control over decision-making. . The ability to access quality services is a fundamental aspect in ensuring that older people enjoy a high quality of life once leaving the labour market. Research has demonstrated the need to involve older people in the decision making processes underpinning service design and delivery, whilst also ensuring individuals from across the protected characteristics are represented. Furthermore, it is important to be aware of potential impacts associated with age discrimination that leads to inequality in terms of access to services and user experience amongst different age groups, and the need to develop multi-dimensional approach to tackling inequality as a consequence of age discrimination.	Sources in text
Pregnancy and Maternity	This section must be read in context with the intersectionality for all the protected characteristics.	
Marriage and Civil Partnership	This section must be read in context with the intersectionality for all the protected characteristics.	
Social and Economic Status	This section must be read in context with the intersectionality for all the protected characteristics. SCVO (2014) (web-link: https://scvo.org.uk/post/2013/07/10/regulations-and-statutory-guidance-to-accompany-the-social-care-self-directed-support-scotland-act-2013) expressed their concern relating to the current substantial and poverty inducing changes to benefits drive through the intentions behind the Self Directed Support legislation. They felt that already, people may have lost amounts of significant income, without even considering the potential loss of mobility components/support in the transfer to Personal Independence Payment (PIP).	Sources in text
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).	Sources in text

	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 Self Directed Support 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
General	Application of the policy will ensure there is a more transparent, consistent and equitable process to underpin the assessment and resource allocation process. 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. A range of additional supports are available to support this.	N/A	N/A
Sex	As above	N/A	N/A
Gender Reassignment	As above	N/A	N/A
Race	As above	N/A	N/A
Disability	As above	N/A	N/A
Sexual Orientation	As above	N/A	N/A
Religion and Belief	As above	N/A	N/A
Age	As above	N/A	N/A
Marriage and Civil Partnership	As above	N/A	N/A
Pregnancy and Maternity	As above	N/A	N/A
Social and Economic Status	As Above	N/A	N/A

Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	As above	N/A	N/A
D. Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	Probable	Possible
General	N/A	N/A	Where the person's assessed need can not be met within their current accommodation / environment, it may be necessary for an individual's care setting or model of care to change in order to meet those assessed care needs. 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	N/A	N/A	As above
Gender Reassignment	N/A	N/A	As above
Race	N/A	N/A	As above
Disability	N/A	N/A	As above
Sexual Orientation	N/A	N/A	As above
Religion and Belief	N/A	N/A	As above
Age	N/A	N/A	As above
Marriage and Civil Partnership	N/A	N/A	As above
Pregnancy and Maternity	N/A	N/A	As above
Social and Economic Status	N/A	Should resource allocation amount reduce, service users with personal finances will be more able to consider 'topping up' their care than people with limited or no personal finances	N/A
Other marginalised groups (homeless,	N/A	N/A	As above

addictions, asylum seekers/refugees, travellers, ex- offenders			
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