



## Areas for Consideration of Impact

### Protected Characteristics

<b>Age:</b> older people; middle years; early years; children and young people.
<b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
<b>Gender Reassignment:</b> people undergoing gender reassignment
<b>Marriage &amp; Civil Partnership:</b> people who are married, unmarried or in a civil partnership.
<b>Pregnancy and Maternity:</b> women before and after childbirth; breastfeeding.
<b>Race and ethnicity:</b> minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
<b>Religion and belief:</b> people with different religions or beliefs, or none.
<b>Sex:</b> men; women; experience of gender-based violence.
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual.

### Fairer Scotland Duty

<b>Low income</b> – those who cannot afford regular bills, food, clothing payments
<b>Low Wealth</b> – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
<b>Material Deprivation</b> – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
<b>Area of Deprivation/Communities of Place</b> - consider where people live and where they work (accessibility and cost of transport)
<b>Socio-Economic Background</b> - social class, parents' education, employment, income.

### Health Inequality (those not already covered in the Fairer Scotland Duty)

<b>Low literacy / Health Literacy</b> includes poor understanding of health and health services (health literacy) as well as poor written language skills.
<b>Discrimination/stigma</b> – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
<b>Health and Social Care Service Provision</b> - availability, and quality/affordability and the ability to navigate accessing these.
<b>Physical environment and local opportunities</b> - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.

<p><b>Education and learning</b> - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p>
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**Other**

<b>Looked after (incl. accommodated) children and young people</b>
<b>Carers:</b> paid/unpaid, family members.
<b>Homelessness:</b> people on the street; staying temporarily with friends/family; in hostels, B&Bs.
<b>Involvement in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.
<b>Addictions and substance misuse</b>
<b>Refugees and asylum seekers</b>
<b>Staff: full/part time; voluntary; delivering/accessing services.</b>
<b>Consumer duty</b>
<b>Armed forces covenant</b>

**Human Rights (note only the relevant ones are included below)**

<p><b>Article 2 – The right to no discrimination</b> – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person’s different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p>
<p><b>Article 3 - The right to life</b> (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p>
<p><b>Article 5 - The right not to be tortured or treated in an inhuman or degrading way</b> (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p>
<p><b>Article 9 - The right to liberty</b> (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p>
<p><b>Article 10 - The right to a fair trial</b> (limited right) – including the right to be heard and offered effective participation in any proceedings.</p>
<p><b>Article 12 - The right to respect for private and family life, home and correspondence</b> (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p>
<p><b>Article 18 - The right to freedom of thought, belief and religion</b> (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p>
<p><b>Article 19 - The right to freedom of expression</b> (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p>

## UNCRC

<b>Article 2</b> non-discrimination	<b>Article 15</b> freedom of association	<b>Article 30</b> children from minority or indigenous groups
<b>Article 3</b> best interests of the child	<b>Article 16</b> right to privacy	<b>Article 31</b> leisure, play and culture
<b>Article 4</b> implementation of the convention	<b>Article 17</b> access to information from the media	<b>Article 32</b> child labour
<b>Article 5</b> parental guidance and a child's evolving capacities	<b>Article 18</b> parental responsibilities and state assistance	<b>Article 33</b> drug abuse
<b>Article 6</b> life, survival and development	<b>Article 19</b> protection from violence, abuse and neglect	<b>Article 34</b> sexual exploitation
<b>Article 7</b> Birth, registration, name, nationality, care	<b>Article 20</b> children unable to live with their family	<b>Article 35</b> abduction, sale and trafficking
<b>Article 8</b> protection and preservation of identity	<b>Article 22</b> refugee children	<b>Article 36</b> other forms of exploitation
<b>Article 9</b> separation from parents	<b>Article 23</b> children with a disability	<b>Article 37</b> inhumane treatment and detention
<b>Article 10</b> family reunification	<b>Article 24</b> health and health services	<b>Article 38</b> war and armed conflicts
<b>Article 11</b> abduction and non-return of children	<b>Article 25</b> review of treatment in care	<b>Article 39</b> recovery from trauma and reintegration
<b>Article 12</b> respect for the views of the child	<b>Article 26</b> Benefit from social security	<b>Article 40</b> juvenile justice
<b>Article 13</b> freedom of expression	<b>Article 27</b> adequate standard of living	<b>Article 42</b> knowledge of rights
<b>Article 14</b> freedom of thought, belief and religion	<b>Article 28</b> right to education	

## ACHSCP Impact Assessment – Proportionality and Relevance

<b>Name of Policy or Practice being developed</b>	Independent Living & Specialist Housing Provision Market Position Statement
<b>Name of Officer completing Proportionality and Relevance Questionnaire</b>	James Maitland, Transformation Programme Manager
<b>Date of Completion</b>	11/10/2024
<b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>	<p>The Independent Living and Specialist Provision Housing Market Position Statement (MPS) is aiming to answer three main questions related to accommodation within Aberdeen City.</p> <ul style="list-style-type: none"> <li>• What accommodation provision do we have now?</li> <li>• What accommodation do we need in the short term?</li> <li>• What accommodation do we need longer term to provide for future needs?</li> </ul> <p>The intention is to identify any gaps in provision and the accommodation that will be required for those with care and support needs.</p> <p>This is specifically focussed on those who are not able to access mainstream housing and require additional considerations, for example, adapted housing and access to care within their home environment.</p>
<b>What are the means to be used to achieve the aim and are they appropriate and necessary?</b>	<p>ACHSCP has worked with service providers, colleagues, and teams within ACHSCP and more widely with partners to develop a detailed analysis and understanding, as far as we possibly could, of the accommodation needs of our citizens with specialist requirements.</p> <p>This Market Position Statement is not prescriptive. However, it sets out an aspiration that will help to ensure that the City's accommodation provision will meet the City's demographic need for the future.</p> <p>The Market Position Statement focuses on people who require Specialist housing provision. These are care homes, care at home, Amenity housing, sheltered housing, very sheltered housing, acquired brain injury, neurological conditions, bariatric care, substance use, mental health and learning disability, forensic mental health accommodation, homelessness, justice social work and children, young people with lifelong care support needs.</p>

	<p>In developing the MPS, challenges were identified relating to the availability of suitable accommodation, funding, recruitment and retention of specially qualified workforce and data. ACHSCP is working closely with partners to understand these challenges and to overcome them, and will continue to involve providers, people who use services and their loved ones in this work. These challenges will help to inform future strategic documents including, but not limited, IJB workforce plan, the Aberdeen City Council Local Housing Strategy and IJB Strategic Plan.</p>
<p><b>If the policy or practice has a neutral or positive impact please describe it here.</b></p>	<p>Ensuring that there is sufficient independent living housing to meet the needs of those who require it will have considerable positive impacts across all areas especially when people have been discharged from hospital and have a clear pathway back to community living.</p> <p>The positive impacts of this MPS will be achieved by evaluating inequities identified and promoting inclusion by addressing what needs to be done in the short, medium and long term to transform the service. The MPS has proposed that engaging citizens, staff and providing services by co-design and participation with ensure that change is lasting as people have been included. These will include business case to provide more support for people diagnosed with dementia with special consideration those with early onset diagnosis and their varying needs. Support for young people who are transitioning from children services to adult services and have lifelong care needs. The Market Position Statement considers having flexible units that can be used for independent living for those who need access to bariatric services. There is need to consider a pathway for those who have Acquired Brain Injury and Neuro rehabilitation and how they can live independently in community setting and have access to the health care they need. Consideration to converting sheltered housing to very sheltered housing and increasing the provision of and reducing reliance on the already scarce and stretched nursing care model will improve the outcomes of those being cared for as evidenced in the MPS.</p> <p>These will be assessed in full in the full integrated Impact Assessment (Stage 3).</p>
<p><b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b></p>	<p><b>Yes</b></p>
<p><b>Rationale for Decision</b> <b>NB: consider: -</b></p>	<p>As noted above the Market Position Statement aims to provide the information to inform future housing</p>

<ul style="list-style-type: none"> <li>• <b>How many people is the proposal likely to affect?</b></li> <li>• <b>Have any obvious negative impacts been identified?</b></li> <li>• <b>How significant are these impacts?</b></li> <li>• <b>Do they relate to an area where there are known inequalities?</b></li> <li>• <b>Why are a person's rights being restricted?</b></li> <li>• <b>What is the problem being addressed and will the restriction lead to a reduction in the problem?</b></li> <li>• <b>Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</b></li> <li>• <b>Are there existing safeguards that mitigate the restriction?</b></li> </ul>	<p>development to meet the needs of a range of people with varying needs in Aberdeen City. This is a complex landscape with considerable intersectionality between groups. It is the nature of this complex landscape that has led to the requirement for a Market Position Statement to be developed and as such a full integrated impact assessment is required to support the implementation and use of the MPS during the ten years it will be in place (2024 -2034).</p>
<b>Decision of Reviewer</b>	
<b>Name of Reviewer</b>	
<b>Date</b>	

### **Scottish Specific Public Sector Duties (SSPSED)**

#### Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

ACHSCP has implemented a collaborative and ethical commissioning model which aim to ensure that people with lived experience, providers and other stakeholders are part of the review and co-design process of contract development. This aims to ensure all new contracts are developed through an ethical and human rights-based lens.

This includes consideration of fair work practices for staff, regardless of employer, which encourage the development of a quality, sustainable, and appropriately valued work force.

Increasing awareness of the impact of service on both the climate and circular economy are directing our development of services to ensure that their carbon and environmental footprint is heading in the direction of net zero; financial transparency and commercial viability of any outsourced services forms part of the commissioning process and cycle but even more so recently with the increased cost of living which have seen increased pressures on independent services.

The MPS is a working document which will be used to inform planning and delivery to close the gap in demand and supply. As such there will require to be ongoing focus on ensuring

that collaborative and ethical commissioning principles and consideration of the impacts of this IIA are used to inform any new contracts required as a result of future developments in provision.

As standard, within the procurement activity for any new provider duties with regard to equality, human rights and fairer Scotland duty will be contained within the evaluation process and assessed, so that the successful provider may also address these duties.

The construction and or repurposing of housing stock will consider human rights, children's rights and Fairer Scotland Duties will be taken into account for any tendering process and in the subsequent final contractual agreements and or plans of work for construction or repurposing or redesign. New IIA's will be created and signed off prior to tendering and finalising contracts.

Providers of support services when construction and or repurposing is complete, the co-produced contracts mentioned earlier will, in their finalised form, take full account of human rights children's rights and Fairer Scotland Duties.

### ACHSCP Impact Assessment – The Integrated Impact Assessment

<p><b>Description of Policy or Practice being developed including intended aim.</b></p>	<p><u>Independent Living &amp; Specialist Housing Provision</u> <u>Market position statement 2024 - 2034</u></p> <p>The Independent Living and Specialist Provision Housing Market Position Statement is aiming to answer three main questions related to accommodation within Aberdeen City.</p> <ul style="list-style-type: none"> <li>• What accommodation provision do we have now?</li> <li>• What accommodation do we need in the short term?</li> <li>• What accommodation do we need longer term to provide for future needs?</li> </ul> <p>Short term is 0-3 years, medium term 4-6 years and long term is 7-10 years</p> <p>The intention is to identify any gaps in provision and the accommodation that will be required.</p> <p>This is specifically focussed on those who are not able to access mainstream housing and require additional considerations, for example, adapted housing and access to care within their home environment.</p>
<p><b>Is this a new or existing policy or practice?</b></p>	<p>New Policy document</p>
<p><b>Name of Officer Completing Impact Assessment</b></p>	<p>James Maitland, Transformation Programme Manager</p>
<p><b>Date Impact Assessment Started</b></p>	<p>11/10/2024</p>

<b>Name of Lead Officer</b>	Kay Diack, Strategic Home Pathways Lead
<b>Date Impact Assessment approved</b>	

### Summary of Key Information

<b>Groups or rights impacted.</b>	<p><b>Protected Characteristics</b></p> <p>The proposals of this MPS will have a positive impact as the housing and independent living provision will account for the persons needs and requirements and provision of a person centred care provides better outcomes and improved quality of life.</p> <p>The increase in choice and availability of accommodation will mean that people are living closer to their community and enjoying the benefits of connection and support.</p> <p>The MPS has a direct impact on</p> <ul style="list-style-type: none"> <li>• <b>Disability</b> People in this category are likely to suffer disability either temporary or long term. This include care homes, care at home, short term based care, amenity, sheltered, very sheltered, acquired brain injury, neurological conditions, bariatric care, substance use, mental health and learning disability, forensic mental health accommodation, justice social and children, young people with lifelong care support needs.</li> <li>• <b>Age</b> In Aberdeen City it is projected that there will be a 16.1% increase in the number of people over 75 by 2038.<sup>1</sup> Aberdeen City Health &amp; Social Care Partnership continues to develop approaches to ageing well which support all adults to consider what plans they should make for the future to support them as they age. This includes considerations around housing and future support needs. There are also options available that enable older people to remain in their own mainstream homes for longer, including access to adaptations, housing support and Care at Home and Technology Enabled Care.</li> </ul>
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<sup>1</sup> [Aberdeen City and Aberdeenshire Housing Needs & Demand Assessment 3: 2023 -2028](#)



Children and young people with lifelong support needs and their families have been included in this market position statement because by the time these children are 12 years old it can usually be ascertained if they will require lifelong care

The MPS is a strategic policy document and there are no direct impacts identified in relation to the following protected characteristics;

- Race
- Religion or belief
- Pregnancy & maternity
- Gender reassignment
- Sexual Orientation

It is recognised that those whose housing needs are met by the MPS will likely also be considered as having a range of protected characteristics. Person-centred planning supports these to be fully assessed on an individual level.

- Marriage and civil partnership

Should the work proposed proceed the impact on marriage and civil partnership will be positive because there are proposals to give considerations for those in marriage and civil partnership when proposing moving from their home for example to very sheltered on the implications of the partner moving from their home because they are the main carer. The impact on caring partner moving to continue providing care should be a separate assessment on their future life apart from the caring duties.

- Sex

The Impact on sex will be positive as numbers indicate that more men are likely to need care and support in later life. This numbers are better for planning and providing care, support and accommodation to targeted demographics.

### **Fairer Scotland Duty**

Positive impacts for people affected by low income, wealth, material deprivation, living in areas of deprivation as the MPS will lead to the development of appropriately designed, accessible accommodation that meets modern building standards

- **Low income**

Data and intelligence from the Aberdeen City Population Needs Assessment has informed our

	<p>understanding of the type and distribution of services required for the citizens of Aberdeen.</p> <p>A well-functioning housing system is about connecting communities and building better links between Housing, health, social care and providing everyone a safe, affordable home within the city's system. Housing for varying needs should be no different and the Local Authority can provide this by increasing housing supply, improving existing homes, working in partnership with partners, providers and ethical commissioning to ensure delivery of personalised care. The Scottish Index of Multiple Deprivation (SIMD) demonstrates that those citizens that are in areas of lower deprivation are more likely to require hospital admissions and or have poor or inadequate housing.</p> <ul style="list-style-type: none"> <li>• <b>Low wealth</b></li> <li>• <b>Material deprivation</b></li> <li>• <b>Area of deprivation / communities of place</b></li> <li>• <b>Socio-economic background</b></li> </ul> <p>Those who are older in the populations in Aberdeen and live in property purchased from Local Authority might be asset rich and cash poor. Traditionally these properties can be difficult to modify and adapt and this can lead to home owners ability to live in their homes in later life.</p> <p>It is widely recognised that much of the existing housing stock will not be suitable long term for people with specialist needs. This is in part due to accessibility of the accommodation and access to local services and community resources. Some groups requiring specialist provision will have specific accommodation needs which extend beyond the type of housing stock that is either currently available or will be developed. There are often additional costs to developing suitable accommodation such as provision of lift access or the ways in which homes are laid out and constructed.</p> <p><b>Health Inequality</b></p> <ul style="list-style-type: none"> <li>• <b>Low literacy / Health Literacy</b></li> </ul> <p>The outcome of the MPS and subsequent works, cannot predict either a positive or negative impact on low literacy and or health Literacy</p> <ul style="list-style-type: none"> <li>• <b>Discrimination / stigma</b></li> </ul>
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The outcome of the MPS and subsequent works will take account of the design and location of any new construction and the repurposing of existing building stock by collaborative engagement to help avoid any negative perception from local communities. Where negative perceptions are predicted, e.g. in respect of forensic accommodation or A&OD services, engagement activities and information sharing events will be planned and rolled out to mitigate against any negative impacts.

- **Health and social care service provision**

Housing is integral to delivery of health and social care services. Where a person lives has significant impact on their ability to continue to live in a homely setting in their own communities.

Set against the backdrop of current specialist housing provision and support, the MPS and subsequent works will lead to measurable improvements in respect of health and social care housing, care and support.

- **Physical environment and local opportunities**

The MPS and subsequent works will, with compliance with current planning and building regulations, lead to: improvements in the quality of housing stock and associated outdoor environments.

Local opportunities will arise in respect of

- 1) employment, both in the construction and subsequent staffing and maintenance of the specialised housing.
- 2) regular planned engagement with affected communities prior to design and construction stages for any new works will increase 'buy in' and lower and concerns or objections to any new works.

It is widely recognised that much of the existing housing stock will not be suitable long term for people with specialist needs. This is in part due to accessibility of the accommodation and access to local services and community resources. Some groups requiring specialist provision will have specific accommodation needs which extend beyond the type of housing stock that is either currently available or will be developed. There are often additional costs to developing suitable accommodation such as provision of lift access or the ways in which homes are laid out and constructed. Funding for such accommodation

provision is limited and therefore there will be ongoing challenges in how this is funded and what is therefore prioritised in any new developments.

- **Education and learning**

Evidence suggests that early, cyclical community engagement will help local communities to understand and accept the need for both service provision and the need for construction work.

Children and young people with lifelong care support needs in education and learning have been considered here.

### **Other considerations**

- **Looked after children and young people**

The impact on looked after children and young people will be a positive to this group.

The provision of co-designed, specialised housing will, in the long term, lead to improvements in the living arrangements and environments for any young people who must be cared for by Aberdeen City Council, ACHSCP, and for any of those who require Continuing Care.

The MPS proposes that should the work proceed the focus will be to provide support at home where possible or closer to home and within community setting and support networks. The MPS proposed support for parents and carers with built in respite when required to manage and mitigate stress can thatacerbate breakdown in care or placement.

There are a small but significant and growing number of children and young people that will require some form of specialist care setting due to their complex care needs, and these needs will continue into their adulthood.

Some of these young people will have been cared for by the local authority during their childhood years and as *Looked after Children under the Children (Scotland) Act 1995*, they may be eligible for Continuing Care packages, for example, to remain supported in the care setting they were living in on their 16<sup>th</sup> birthday, up until they reach the age of 21, where it is proposed that this extended care will allow them to progress towards more independent living.

Looked after children may well be disconnected from their birth family and community links, and a number will have experienced a background of

trauma which can compound their presenting needs on a lifelong basis. Some may be living within foster families and this commitment will not routinely be sustainable beyond the young person reaching adulthood. Whilst fostering 'payment for skills' is restricted to 18 years of age, (or to the age of 21 for some children who can be then supported to live more independently) alternative means of offering financial support to this group of carers may allow some arrangements to continue into adulthood where this negates the need to source alternative residential care for the adult with such complex needs.

- **(Unpaid) Carers**

Delivering on the aspirations of the Market Position Statement will have a positive impact on unpaid Carers. The design of any new builds will take account of:-

- 1) the potential need for future adaptations (e.g. corridors designed at a 1.4m width, rather than the 0.9m requirement of the of the current building standards, to allow for easy wheelchair access/ movement)
- 2) retrofits: e.g. the inclusion of ducting and passageways to allow for the easy introduction of new wiring or pipework when needed in future.

Delivering on the aspirations within the Market Position Statement will have a positive impact on Carers by ensuring those they care for have access to suitable housing to meet their individual needs.

Carers in couples / extended families should be considered to be for housing together if that is their wish to stay in the same dwelling such as moving to sheltered accommodation instead of one person moving to a care home.

- **Homelessness**

The MPS specifically identifies housing needs for a range of people in different circumstances across Aberdeen city. Whilst it does not directly look to address homelessness (Homelessness and those housed in temporary accommodation are in the remit of Aberdeen City Council) it will have an indirect positive impact by having a planned approach to housing provision which minimises the likelihood of requiring people to live in temporary accommodation or with family as a result of suitable housing being unavailable to meet their needs.

- **Involvement in the Justice System**

Forensic mental health is the specialist response to assessment, treatment, and risk management of people with a mental disorder who are currently undergoing or have previously undergone court proceedings. Some people are managed by the forensic mental health service under civil legislation, such as the Mental Health (Care and Treatment) (Scotland) Act 2003 if they are considered to be at a high risk of harming others or in some cases themselves. The [Independent Forensic Mental Health Review \(Barron Report\)](#) commissioned by the Scottish Government highlighted the key principles and aims to contribute to a cohesive culture within forensic mental health services.

- I. Detention and people's rights,
- II. reciprocity, rehabilitation and recovery
- III. person-centred practice.

- **Alcohol and other drug dependency**

Audit Scotland's [Drug and Alcohol Services](#) report 2021/22, stated there were 35,187 alcohol-related hospital admissions (stays) in Scotland. The majority of alcohol related hospital admissions (94%) were treated in general acute hospitals (33,060) with the remaining 6% of admissions (2,127) occurring in psychiatric hospitals. Men were 2.3 times more likely than women to be admitted to general acute hospitals for alcohol-related conditions (856 compared to 365 per 100,000 population). People in the most deprived areas were six times more likely to be admitted to general acute hospitals for an alcohol-related condition than those in the least deprived areas (991 compared to 153 per 100,000 population). Grampian health board in 2021/22 there were 1695 patients admitted. Within Care Homes, there were 60 long stay residents with alcohol related problems and 21 residents being recorded as having with acquired brain injuries in 2021/22.

- **Refugees and asylum seekers**

In the United Kingdom refugees have no resource to public funds and as such are not eligible to services. No Recourse to Public Funds. There is a small but increasing number of individuals with no recourse to public funds but, as Justice Social Work funding is ring fenced for work with offenders, housing and associated costs cannot be met. Nonetheless, these costs are currently being charged to Justice Social Work. This has implications on service provision under the human

rights act. Services will support refugees via third sector organisations where possible.

- **Staff: full/part time; voluntary; delivering/accessing services.**

The Market Position Statement will have a positive impact on staff as it considers changes in workforce both in demographics and how we work, including working patterns, where we work and other changes that support a sustainable future in specialist accommodation. Recruitment and retention of staff who have the requisite knowledge and understanding of providing support in each area will be critical to success.

- **Consumer duty**

The MPS is a strategic policy document and therefore has a neutral impact on the Consumer Duty. Any work with providers which is being considered will require a business case and IIA for consumer duty will be considered where applicable.

- **Armed forces covenant:**

The MPS is a strategic policy document and therefore has a neutral impact on Armed forces covenant and any work being considered will require a business case and include IIA to Armed forces covenant where applicable.

### **Human rights**

The MPS outlines a strategic approach which is explicitly human rights based. Those rights which are most likely to be impacted by the proposals within the MPS are;

- **Article 2 – the right to no discrimination**

The MPS takes a needs based approach to housing which is inclusive of provision of housing for a variety of needs and circumstances minimising direct or indirect discrimination, it will have a positive impact on this right.

- **Article 3 – the right to life**

This right specifically states that everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others. Suitable housing is an essential basic necessity which would enhance this right.

- **Article 9 – the right to liberty**

The right to liberty is a limited right. Consideration of this is specifically important in relation to

	<p>Housing for those with Forensic Mental health needs where secure arrangements are required. This will be monitored in line with development of provision in this area.</p> <ul style="list-style-type: none"> <li>• <b>Article 12 – the right to respect for private and family life, home and correspondence</b></li> </ul> <p>This is a qualified right and specifically includes the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making). The MPS has a positive impact on this right as there is a specific commitment to collaborative commissioning of housing with people with lived experience and a person-centred approach to individual housing provision.</p> <p><b>UNCRC</b></p> <ul style="list-style-type: none"> <li>• <b>Article 23 – Children with a disability</b></li> <li>• <b>Article 27 – adequate standard of living</b></li> </ul> <p>There are a small but significant and growing number of children and young people that will require some form of specialist care setting due to their complex care needs, and that this will continue in their adulthood. The nature of the care and support needs are broad, including but not limited to life-long targeted specialist health and care supports being required to sustain the young person throughout their adult years in a home setting or alternative residential/24hr care setting. The needs of this group include learning disabilities, cognitive/sensory impairment, mental health challenges, complex autism, extensive trauma background, complex physical health disability challenges.</p> <p>For a small but significant proportion of children open to children’s social work service in Aberdeen, the specialist care will be instrumental in supporting unpaid carers, usually family members thus allowing the young person/young adult to remain in their home or family network. Where this support is not provided, crisis can prevail and we see families enter crisis resulting in residential care options becoming inevitable. For other young people with complex needs, the specialist care will be to support the young adult in a more independent residential setting on a life-long basis.</p>
<p><b>Feedback from consultation and engagement and how this informed development of the policy or practice</b></p>	<p>The production of the Independent Living and Specialist Housing Market Position Statement will impact the identified groups when the work proposed on the forecast section. During the production of this MPS, the stakeholders</p>



	<p>engagement in workshops, interviews and for those with lived experience, market position statement working groups findings, project steering group (Mental health forensic accommodation).</p> <p>A summary of what we need is one Current linear Pathway. Access health care and how to be supported at home. High level support, crisis Support. Secondly Step down from hospital supported accommodation. Short term accommodation with support to enable continuation of recovery journey. Example Acquired Brain Injury</p> <p>Thirdly, short term crisis services. Residential care, Respite care, supported living providers has guest suite available for people in crisis as short term (unpaid carers, dementia care). Fourth Specialist provision identified. Small developments of accessible self-contained units with appropriate and identifies supported available for various groups</p> <p>Finally commissioning and ACHSCP strategic plan, Providers and commissioners work together, developing realistic options and providers becoming strategic suppliers across health and social care.</p>
<p><b>Performance Measures identified, where these will be reported and how impact will be monitored.</b></p>	<p>Data informed decision making is key to evidencing current need and future projections. Use of data will inform the commissioning of services and accommodation moving forward and this can be integrated to demonstrate baselines and improvements. The current available data shows key areas of change are required to build flexibility into how services for people with care needs are commissioned, e.g. people are living longer with more complexity of need. Enhancing data sharing in all areas would provide a better understanding of current patterns and support future projection and forecasting. The Market Position Statement has been added as part of the ACHSCP Delivery Plan where performance and evaluation measures will be reported.</p>

**Review**

<p><b>Date the Impact will be reviewed</b></p>	
<p><b>Rationale for Date</b></p>	

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

<p>The Independent Living and Specialist Housing Provision Market Position Statement addresses the wider issues facing those in need of accessing housing and independent living accommodation such as affordability, reducing stock, ageing population in social housing. The MPS highlights the Scottish Government consideration certain subgroups and how their needs are met. These subgroups of the population could be vulnerable with above average potential of losing their current housing, or are likely to have access to inadequate housing and support for care and higher health inequalities. These are older people, health workers, unpaid carer, people with physical disabilities, people with learning disabilities, people with mental health or substance misuse, families and lone parents, ethnic minority households, European Union migrant workers, gypsy travellers and show people, students, care experienced young people, homeless Households including young vulnerable adults, especially 16 year olds and those households fleeing domestic violence or abuse, lesbian, Gay, Bisexual and Transgender. By considering anyone in the above mentioned group in the IIA we will have a positive outcome including those who are protected in the Equality Act 2010.</p>			
	Yes /No	Details	Evidence
Protected Characteristics	Yes	Included in table above	Included in table above
Fairer Scotland Duty	Yes		Included in table above
Health Inequality	Yes	Example of a health inequality for those who have alcohol and other drug dependency	In 2020/ 21 there was calculated to be 60 long stay residents within Care homes in Aberdeen City who lived with alcohol related problems – e.g., Korsakoff's psychosis. Delivering on the MPS for 'Independent Living & Specialist Housing Provision' would result in a greater provision of accommodation suitable for people significantly affected by alcohol and other drug use, thereby freeing up space within existing care home settings.
Other Groups	Yes	(Unpaid) Carers,	the MPS and subsequent works will have an indirect positive impact by having a planned approach to housing provision which minimises the likelihood of requiring people to live in temporary accommodation or with family as a

			result of suitable housing being unavailable to meet their needs.
Human Rights	Yes	The Market position statement has considered human rights for all groups including those in the criminal justice system	Included in table above
UNCRC	Yes	Included in table above	Included in table above

<b>Will there be any cumulative impacts between this policy or decision and others</b>	<b>Yes</b>	The publication of this Market position Statement will be used by ACHSCP, ACC, Registered Social Landlords, care and support service providers to inform the city partnership gap in need and provision of service.
<b>Describe what this cumulative impact will be and include evidence mitigations in the sections below</b>	Financial climate and requirement to stay within existing budgets does not constrain the publication of this Market Position Statement (MPS). In the publication of the MPS is an opportunity to shape the market for private sector willing undertake projects and have ACHSCP commission their service. Aberdeen City Council has an opportunity to lobby Central Government, European Union or other sources for funding.	

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

<b>Stakeholder Groups</b>	<b>Feedback Received</b>	<b>Influence on Policy or Practice/Mitigating Actions</b>
Market Position Statement short life working group	Included in table above	Included in table above
Independent Living and specialist Housing Market Position Statement Steering Group	Included in table above	Included in table above
Mental Health Forensic Steering Group		Delivering on the MPS for 'Independent Living & Specialist Housing Provision' would result in a greater provision of secure, stable accommodation for people who require forensic mental health support within the community. This carefully designed accommodation

		will increase security and privacy for all community residents.
Lived experience engagements in sheltered housing	Included in table above	Included in table above

### Scottish Specific Public Sector Duties (SSPSED)

#### Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

ACHSCP has implemented a collaborative and ethical commissioning model which aim to ensure that people with lived experience, providers and other stakeholders are part of the review and co-design process of contract development. This aims to ensure all new contracts are developed through an ethical and human rights-based lens.

This includes consideration of fair work practices for staff, regardless of employer, which encourage the development of a quality, sustainable, and appropriately valued work force.

Increasing awareness of the impact of service on both the climate and circular economy are directing our development of services to ensure that their carbon and environmental footprint is heading in the direction of net zero; financial transparency and commercial viability of any outsourced services forms part of the commissioning process and cycle but even more so recently with the increased cost of living which have seen increased pressures on independent services.

The MPS is a working document which will be used to inform planning and delivery to close the gap in demand and supply. As such there will require to be ongoing focus on ensuring that collaborative and ethical commissioning principles and consideration of the impacts of this IIA are used to inform any new contracts required as a result of future developments in provision.

As standard, within the procurement activity for any new provider duties with regard to equality, human rights and fairer Scotland duty will be contained within the evaluation process and assessed, so that the successful provider may also address these duties.

The construction and or repurposing of housing stock will consider human rights, children's rights and Fairer Scotland Duties will be taken into account for any tendering process and in the subsequent final contractual agreements and or plans of work for construction or repurposing or redesign. New IIA's will be created and signed off prior to tendering and finalising contracts.

Providers of support services when construction and or repurposing is complete, the co-produced contracts mentioned earlier will, in their finalised form, take full account of human rights children's rights and Fairer Scotland Duties.

## ACHSCP Impact Assessment – The Review

<b>Name of Impact Assessment being reviewed</b>	
<b>Name of Officer completing review</b>	
<b>Date Review Commenced</b>	
<b>Reason for Review (scheduled or accelerated)</b>	
<b>Reason for Accelerated Review</b>	
<b>Name of Lead Officer</b>	
<b>Date Review Completed</b>	

### Summary of Key Information

<b>What amendments have been identified to the original Impact Assessment?</b>	
<b>What evidence do you have for these amendments?</b>	
<b>What actions have you taken to review the policy or practice in light of the review?</b>	

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	no		
Fairer Scotland Duty			
Health Inequality			
Other Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions