



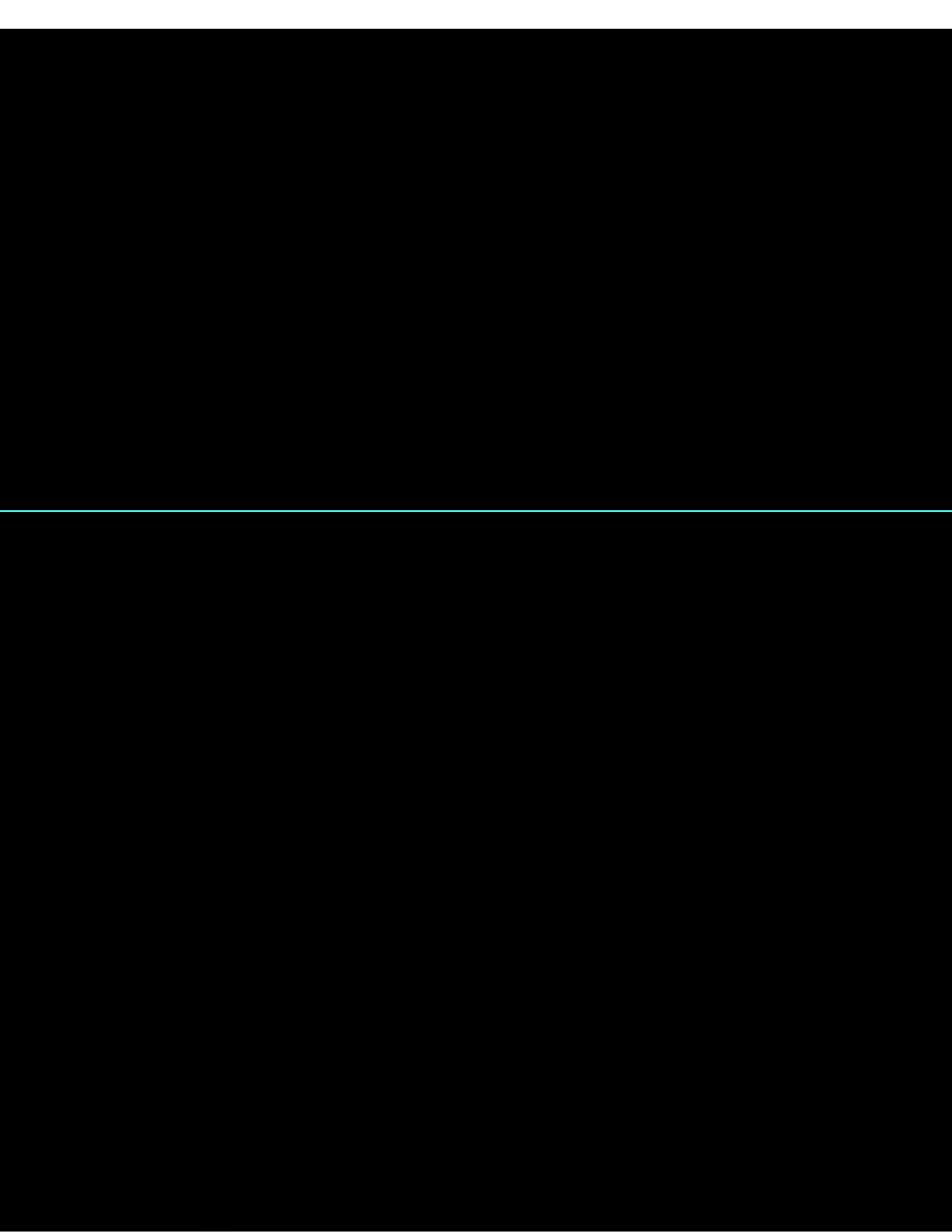
Reference number	EIA000171
Date Submitted	19/01/2024
Subject of the EIA	Shared Lives, Expansion of Service



Brief description of the policy, service or function covered by the EIA

Shared Lives is a radical form of regulated social care. This approach centres on families sharing their home, family and community life, to support vulnerable adults in leading fulfilling and active lives. Uniquely, Shared Lives enables citizens, from all backgrounds, to draw on their families, friends and neighbours in supporting some of our most isolated and vulnerable citizens within the city. Shared Lives carers share their lives and often their homes with those they support. Shared Lives is a longstanding approach. Historically, this scheme has been primarily used by people with a learning disability. A 2022 study by Shared Lives Plus confirmed that those with associated learning disabilities continue to be the largest single group supported by shared lives. It is however acknowledged that Local Authorities have the potential to expand and support diverse cohorts of citizens who would benefit from a flexible support of shared lives. This includes supporting needs associated with an acquired brain injury, sensory impairment, mental ill health, substance abuse, domestic violence and hospital discharge. Shared Lives was recognised in the government's 2021 social care white paper as an example of innovation which could be scaled up. The use of Shared Lives schemes is often as an alternative to home care and residential care for citizens in need of support. Shared Lives remains a highly cost-effective form of adult social care provision. An independent review found that in England and Wales, involvement with Shared Lives resulted in an average saving of between £8k and £30k per annum, depending on the person's support needs and local alternative services. The Care Act (2014) sets out a legal framework that moves social care towards helping people and their communities to realise their potential and to take control of their lives. The Health and Social Care Act 2012 imposes a duty on local authorities to ensure that care is provided to those who have an assessed eligible need. The delivery of Shared Lives provides citizens with the opportunity of receiving care in their own home, another citizen's home or within their local community. The primary purpose of social care is stated as enabling people to live well, through a focus on their physical and mental well-being, their personal relationships and their control over their day to day lives. To achieve these goals, services must be arranged around and in support of people's informal networks of support: the friendships, family and community relationships upon which we all depend. Birmingham Context: The Shared Lives Scheme within Birmingham has primary





Please describe the impact to the age characteristic

The data set for citizens currently accessing Shared Lives is shown below:

18-24	33	30.8%
25-34	26	24.3%
35-44	8	7.5%
45-54	14	13.1%
55-64	12	11.2%
65-74	13	12.1%
85+	1	0.9%
Grand Total	107	

The data highlights that 55.1% of citizens currently accessing these services are aged between 18-34. With a maturing population, the impact here on growing the service will be that it will cater for those adults who are older and are currently living with older parents or carers who do not want their loved ones to move into residential care when they are no longer able to care for them. This will allow citizens to stay in their community with someone looking after them, giving them a sense of security and familiarity. There are a variety of options to be considered both internally and externally to provide services for citizen's with Learning Disabilities, Physical Disabilities and Mental Health. The potential growing of the service will support with long term planning for care of adults and particularly older adults. As we aim to grow the service, we will increase our service offer to meet the needs of this protected characteristic.



Please describe the impact to the disability characteristic

Long Term Access and mobility only 1 0.9%











Please describe the impact to the ethnicity and race characteristic

Birmingham is the first minority majority city with a diverse population.

A breakdown of the ethnicity/race of citizen's accessing these services is detailed below:

- Asian/Asian British 11 10.3%
- Black/Black British/Caribbean or African 14 13.1%
- Mixed or Multiple Ethnic Groups 7 6.5%
- Other Ethnic Group 4 3.7%
- Refused 1 0.9%
- White 65 60.7%
- Not Recorded 5 4.7%
- Grand Total 107

4.7% of citizens currently accessing Shared Lives do not have their ethnicity recorded. Given the diversity of the city, with 60.7% of white service users, the impact of this work may be to increase the numbers of citizens from Black and Minority Ethnic Groups accessing Shared lives. The potential to grow the service would offer opportunities to target communities with few carers and subsequently to match those under represented in the statistics i.e. catering for a more diverse demographic. This would have a positive impact on the lives of citizens as the service would cater to a wider cultural need of citizens, making the services even more personalised.

How will you mitigate against any negative impact to the ethnicity and race



<p>What religions could be impacted by this proposal?</p>	<p>["Christian", "Buddhist", "No religion", "Hindu", "Muslim", "Sikh"]</p>
<p>Please describe the impact to the religion or beliefs characteristic</p>	<p>Birmingham is the first minority majority city with a diverse population.</p> <p>A breakdown of the religions of citizen's accessing these services is detailed below:</p> <p>Christian 38 35.5%  Hindu 1 0.9%  Muslim 6 5.6%  No Religion 37 34.6%  Other Religion 11 10.3%  Refused 1 0.9%  Sikh 3 2.8%  Not Recorded 10 9.3%  Grand Total 107</p> <p>The data held shows that 35.5% of the citizen's currently accessing Shared Lives are Christian. Give the diversity of the City, the impact of growing the service may enable us to market the service to the whole community, via targeted marketing, which should attract citizens from a broad section of faiths. An expansion of services would mean an increase in opportunities to access the service for all religions.</p>
<p>How will you mitigate against any negative impact to the religion or beliefs characteristic?</p>	<p>There are a variety of options to be considered both internally and externally to provide services for citizen's with Learning Disabilities, Physical Disability and Mental Health. Citizens individual needs will be recognised through assessments which would be shared with relevant agencies and stakeholders.</p> <p>As we are potentially expanding the service, we will increase our service offer to meet the needs of this protected characteristic.</p>

<p>Does this proposal impact people's sexual orientation as per the Equality Act 2010?</p>	<p>Yes</p>
<p>What sexual orientations may be impacted by this proposal?</p>	<p>["Straight or heterosexual", "Gay or lesbian", "Bisexual", "Pansexual", "Asexual", "Queer", "All other sexual orientations"]</p>



<p>Please describe the impact to the sexual orientation characteristic</p>	<p>Citizens Research has found that many LGBTQ+ people with a disability face discrimination and abuse because of the sexuality or gender, including from those paid to support them. This can impact on their decisions of whether to disclose their sexuality to paid staff (School of Social Care Research).</p> <p>A breakdown of the sexual orientation of citizens currently accessing those services is shown below:</p> <p>Sexual orientation Numbers of citizens currently accessing the service</p> <p>Gay or Lesbian 0</p> <p>Heterosexual/Straight 3</p> <p>Prefer not to say 8</p> <p>Other 2</p> <p>Not recorded 94</p> <p>Total 107</p> <p>The total shows that 87.8% of citizens accessing these services does not have their sexual orientation recorded. The impact of growing this service means that we may be able to develop better recording of data for both citizens and carers. This would then allow us to better cater to the needs of a variety of citizens with diverse backgrounds.</p>
<p>How will you mitigate against any negative impact to the sexual orientation characteristic?</p>	<p>There are a variety of options to be considered both internally and externally to provide services for citizens with Learning Disabilities, Physical Disabilities and Mental Health. Signposting our citizens to community services and support groups with an expertise in LGBTQ+ and disability. As we are potentially expanding the service, we will increase our service offer to meet the needs of this protected characteristic.</p>



How will you ensure any adverse impact and mitigation measures are monitored?

Due to lack of recorded data in many areas of protected characteristics of citizens a review will be required to identify how recorded data in these areas can be improved. An equality impact log will be undertaken, it will highlight areas of responsibility and time frames to ensure mitigations are put in place and adverse impacts are dealt with accordingly.  
As we are potentially expanding the service, we will increase our service offer to meet the needs of this protected characteristic.

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