

## **Integrated Impact Assessment – Summary Report**

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Each of the numbered sections below must be completed  
Please state if the IIA is interim or final

### **1. Title of proposal**

Withdrawal of funding from collective advocacy

### **2. What will change as a result of this proposal?**

To meet the EIJB savings target of £2.2 million through reduction in spend on block contracts and Service Level Agreements, it is proposed to disinvest in collective advocacy.

It should be noted that the proposal to be considered in this IIA is based on the worst-case scenario of a total removal of funding from affected organisations. However, officers will consider all available evidence, including the impacts noted in the IIA, when making their recommendations to the EIJB, and may therefore recommend an alternative option, such as retaining or recommissioning contracts.

The EIJB commissions £1.6 million of advocacy, split between individual and collective advocacy. The current advocacy landscape is outlined in the table below. Approximately £400,000 of this is collective advocacy.

Independent Advocacy Services Lot 1	Advocard	Provision of collective and individual advocacy services for MH	£558,091
Independent Advocacy Services Lot 2	Advocard	Provision of individual and collective advocacy services for people with problem drug and alcohol use.	£47,577
Independent Advocacy Services Lot 3	Partners in Advocacy	Provision of individual and collective advocacy services for people with LD, PD, OP, dementia and sensory impairment.	£297,358
Independent Advocacy Services Lot 4	VoiceAbility	Provision of individual and collective advocacy services for unpaid carers	£167,761
Carers Transition	Carers Council	Individual and collective advocacy and information for unpaid carers who support someone who uses mental health and learning disability services	£19,000
Stroke	EARS	To provide independent advocacy support and representation to Adults aged 16+ in Edinburgh, West Lothian,	£51,608

		East Lothian and Midlothian who have survived a Stroke.	
Arts and Creativity	CAPS	Collective advocacy through arts, including annual exhibition planning and support	£65,796
Thrive Lot 8	VOCAL	The service provides a central point of contact for carer engagement in the design, delivery and review of mental health services	£32,448
More -P Training Programme	Patients Council	Deliver Mind Our Rights Education Programme (MORE-P) and its workshops within Mental Health Service Provision	£67,500
Service User Led Research/Support Groups	CAPS	Service user led research (eating disorders) and 2 collective advocacy groups	£29,745
Edinburgh Prison and Welfare	Advocard	Individual advocacy for people who are affected by welfare reform or changes to benefit entitlement and individual advocacy for people detained within HMP Edinburgh	£67,330
Collective Advocacy and Education	CAPS	To strengthen the collective voice of people with mental health issues and help inform positive change	£185,673
			<b>£1,589,886</b>

Whilst the provision of independent advocacy is a statutory duty under the Mental Health (Care and Treatment) (Scotland) Act 2003, the act does not specify the type of advocacy that should be provided. In addition, there is an opportunity to revise our current advocacy contracts and ensure a more efficient and joined-up approach in future.

### **3. Briefly describe public involvement in this proposal to date and planned**

Affected providers were notified that they were in scope in late March 2025. A more detailed communication was sent on 3 April outlining the specific proposed changes to their contracts or SLAs. Providers were notified that the finalised proposals would be considered by the EIJB on their meeting of 26 August 2025.

### **4. Is the proposal considered strategic under the Fairer Scotland Duty?**

Yes

### **5. Date of IIA**

Wednesday 28<sup>th</sup> May (10-12) and Thursday 12<sup>th</sup> June (10-12.30)

**6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)**

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Robert Smith	(Facilitator)	
Cat Young	(Lead officer)	
Rhiannon Virgo	Programme Manager	Feb 2020
Holly Hart	PMO Officer (Scribe)	Sept 2024
Ben Baldock	CEO, AdvoCard	
Claire MacLeod	Assistant Service Manager, Penumbra	
Dave Budd	Services Manager, Service Manager	
Ele Davidson	Collective Advocacy Manager, CAPS Advocacy	
Ian Waitt	Mental Health Officer Service Manager, EHSCP	
Ivan Cohen	Board Director, Partners in Advocacy	
Jane Crawford	CEO, CAPS Advocacy	
Jess Wade	CEO, Partners in Advocacy	
Jo Kyrtsi	Engagement, Partners in Advocacy	
Joanna Eceiza	Contracts Officer, EHSCP	
Lauren Stonebanks	CAPS Collective Advocacy group member and trustee, Collective Advocacy	
Sheena Lowrie	Senior Development Manager, EHSCP	
Andrew Main	Planning and Performance East Lothian, HSCP	
Neil Stewart	Planning and Commissioning Officer, EHSCP	
Simon Porter	CEO, REH Patients Council	
Suzanne Swinton	CEO of SIAA	
Rhona Wilder	SIAA	
Barry Hunter	Senior Operations Manager, Penumbra	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<p><a href="https://www.edinburghhsc.scot">Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a></p> <p><a href="https://www.gov.scot">Supporting documents - Scottish Household Survey 2021 - telephone survey: key findings - gov.scot (www.gov.scot)</a></p> <p>Thrive Welcome Teams Trak data</p> <p><a href="https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr214.pdf">https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr214.pdf</a></p> <p><a href="#">Scottish Government Mental Health and Wellbeing Strategy</a></p> <p><a href="#">AUDIT Scotland Report on Adult Mental Health</a></p> <p>Joint Edinburgh Carers Strategy <a href="#">7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26.pdf</a></p>	<p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>Provides robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland’s homes</p> <p>Referral and demographic data for MH single point of access (NHS access only)</p> <p>Report by the Royal College of Psychiatrists recommending CAPS experience-led Personality Disorder Training.</p> <p>Mental Health and Wellbeing Strategy 2023 – 2025 which describes the approach the Scottish Government will undertake to improve mental health for everyone in Scotland.</p> <p>The report contains a number of recommendations for the Scottish Government, local authorities and partners, many of which reflect the themes set out in The Scottish Government Strategy.</p>

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	<p>Joint Edinburgh Carers Survey:  <a href="https://www.vocal.org.uk/wp-content/uploads/2021/11/Full-Data-Set-Report-2021.pdf">https://www.vocal.org.uk/wp-content/uploads/2021/11/Full-Data-Set-Report-2021.pdf</a></p> <p><a href="#">Human Rights Bill: Consultation Summary</a></p> <p>Scottish Public Health Observatory  <a href="https://www.scotpho.org.uk/health-wellbeing-and-disease/mental-health/key-points/">https://www.scotpho.org.uk/health-wellbeing-and-disease/mental-health/key-points/</a></p> <p>Mental Health Strategy [2017-2027]  <a href="https://www.gov.scot/publications/mental-health-strategy-2017-2027/">https://www.gov.scot/publications/mental-health-strategy-2017-2027/</a></p> <p><a href="#">Joint Strategic Needs Assessment – Health Needs of Minority Ethnic Communities (2018)</a></p> <p>The Scottish Health and Ethnicity Linkage Study3 (SHELS) -  <a href="https://www.ed.ac.uk/usher/scottish-health-ethnicity-linkage">https://www.ed.ac.uk/usher/scottish-health-ethnicity-linkage</a></p>	<p>The VOCAL Carers Survey gathers the views of carers looking after people in Edinburgh and Midlothian</p> <p>Summary of feedback from consultation for the Human Rights Bill</p> <p>Rates of physical ill health among those with long-term mental health problems are much higher than the general population. Life expectancy for men with a diagnosis of schizophrenia is 20 years less than the general population and for women is 15 years less. Approximately one-fifth of premature deaths are due to suicide and accidental death; however, a large proportion is due to physical illness.</p> <p>In 2018, on the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) that measures mental wellbeing among adults and teenagers, the mean score for Scottish adults aged 16+ was 49.4. This was the lowest value since the time series began in 2008</p>

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		<p>although the decrease has been slight and gradual. The WEMWBS scale runs from 14 (the lowest level of wellbeing) to 70 (the highest).</p> <p>Nineteen percent of those aged 16+ years in Scotland in 2018 reported having a General Health Questionnaire (GHQ) score of 4 or more, an indicator of potential mental health problems. This was the highest level recorded since 2008. In 2016/17, 11% of adults had two or more symptoms of depression and 6% had previously self-harmed.</p> <p>The guiding ambition for mental health is simple but, if realised, will change and save lives - <b>that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.</b> That means working to improve:</p> <ul style="list-style-type: none"> <li>• Prevention and early intervention;</li> <li>• Access to treatment, and joined up accessible services;</li> </ul>

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		<ul style="list-style-type: none"> <li>• The physical wellbeing of people with mental health problems;</li> <li>• Rights, information use, and planning.</li> </ul> <p>The report found that suicide rates among the Polish community in Scotland are higher than the Scottish average. The impact of racism and hate crime which contribute to social exclusion and negatively affect mental and physical health.</p> <p>This study shows varying patterns of psychiatric hospitalisation by ethnic group in Scotland, with the differences only partly explained by socio-economic circumstances. For South Asian and Chinese groups in particular, they suggest under and late utilisation of mental health services. The findings indicate the need for culturally appropriate and sensitive mental health services that will improve access for minority ethnic groups to community and specialist mental health services.</p>

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<p>Data on service uptake/access</p>	<p>CEC Monitoring returns from independent advocacy providers.</p> <p>National Benchmarking data</p> <p>Thrive Data</p> <p>Thrive Collective quarterly</p> <p><a href="#">Thrive Collective Impact Report</a></p>	<p>Independent advocacy services in the city are accessed by a wide range of people including people with mental health issues, people with a physical or learning disability, substance misuse issues, older people, people who have autistic spectrum condition or people with dementia.</p> <p>In Edinburgh, over 10,200 hours of collective advocacy are provided in a year. 1214 people are actively involved. 381 people have been trained in education.</p> <p>REH Patients Council have trained more than 530 participants in relation to human rights legislation and mental health service provision in Scotland.</p> <p><a href="#">2021/22 LGBF</a> data shows an increase in the number of people supported to live as independently as possible.</p> <p>Quantitative and Qualitative Data from Thrive Welcome Team, including demographic, equalities data. 3,424 people seen by TWT since Nov 22 and demonstrates decline in referrals to psychological therapies.</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
	<p><a href="#"><u>Annual SLA reports</u></a></p> <p><a href="#"><u>Thrive Progress Report</u></a></p> <p><a href="#"><u>TRAK data (Psychological Therapies)</u></a></p> <p><a href="#"><u>Mental Health Inpatient Census 2023</u></a></p> <p><a href="#"><u>Arts as Advocacy - CAPS</u></a></p> <p><a href="#"><u>The Value of Collective Advocacy</u></a></p>	<p>Demonstrate the uptake of services within 3 partnerships of the Thrive Collective.</p> <p>Exploring investment of £1.8 million to support 4,367 people, with a minimum social value of £7.13 for every pound spent on the Thrive Collective programme.</p> <p>Annual and interim reporting across all SLA on what is being delivered across Edinburgh and the impact of such activities</p> <p>This document sets out the aspirations of Thrive Edinburgh and what has been delivered against Thrive Pillars and Adult Health and Social Care Workstreams and Change Programmes in 2023.</p> <p>Data shows significant decrease of people being referred to psychological therapies.</p> <p>Results of the seventh Mental Health and Learning Disability Inpatient Census and Outwith NHS Scotland Placements Census, 2023.</p> <p>519 Mental Health Advocacy Recipients at a cost of £152.64 per person. Achieved through the arts and building connections. The social return</p>

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	<p><a href="https://capsadvocacy.org/wp-content/uploads/2025/06/CAPS-Lived-Experience-Projects-.pdf">https://capsadvocacy.org/wp-content/uploads/2025/06/CAPS-Lived-Experience-Projects-.pdf</a></p> <p><a href="#">Collective Advocacy achievements over the years</a></p> <p><a href="https://www.outofsightoutofmind.scot/">https://www.outofsightoutofmind.scot/</a></p> <p><a href="#">What does it mean to you? (2024) — Out of Sight Out of Mind</a></p> <p><a href="#">Out of Sight Out of Mind Exhibition - website</a></p> <p><a href="#">AdvoCard Annual Reports</a></p> <p><a href="#">REHPC Reports</a></p> <p><a href="#">Advocard Reports – AdvoCard</a></p>	<p>on investment is £ 25.54 for every £1 spent.</p> <p>Detailing the value of using collective advocacy. For every £1 spent there is a social return on investment of £12.64</p> <p>Lothian wide CAPS projects delivered £ 45,900 of free experience led training last year. Read about the work of six different experience led mental health collective advocacy groups.</p> <p>CAPS work over its 34 years including significant national achievements via Collective Advocacy.</p> <p>Report capturing In 2024 Out of Sight Out of Mind exhibition showed artworks made by 310 people who have experience of mental health issues and report which collates what the exhibitions meant to people.</p> <p>AdvoCard report showing uptake of services and use of advocacy in Edinburgh.</p> <p>REHPC reports showing the benefit of collective advocacy, and its involvement when strengthening the patient voice,</p>

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	<p><a href="#">CAPS independent Advocacy – Reports and Newsletter</a></p> <p><a href="#">Scottish Mental Health Festival 2024 Report</a></p> <p><a href="#">MWCS monitoring report for Advocacy in Scotland</a></p>	<p>as well as the patient experience. The reports shows outcomes, as well as research into experiences of patients on psychiatric wards.</p> <p>Reports including peer research, completed by collective groups into a wide variety of issues facing people in Edinburgh.</p> <p>See all CAPS reports and publications over its 10 different Collective Advocacy projects.</p> <p>Including details of the OOSOOM exhibition and its huge significance in their calendar of events.</p> <p>Report showing the types and amount of advocacy available in Scotland, recommendations, and good practice guidance.</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p><b>A Just Capital- Actions to End Poverty in Edinburgh</b></p>	<p>In the wealthiest city in Scotland, it is estimated that almost 78,000 people are living in relative poverty, representing some 15% of the population and as many as 1 in 5 children.</p> <p>Poverty in Edinburgh is real and damaging, but it can be solved. By implementing the calls to</p>

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	<p data-bbox="379 1774 970 1845"><a href="#">Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</a></p> <p data-bbox="379 1917 1011 1989"><a href="#">Coronavirus: Mental Health in the Pandemic Study   Mental Health Foundation</a></p>	<p data-bbox="1082 421 1503 573">action we make in this report, we think the city can set a course to end poverty in Edinburgh by 2030.</p> <p data-bbox="1082 654 1544 967">Identified six areas for action – fair work, a decent home, income security, opportunities to progress, connections, health and wellbeing - and one cultural challenge that should serve as a lens through which each action should be approached.</p> <p data-bbox="1082 1048 1544 1523">To end poverty in the city, the single biggest transformation Edinburgh could achieve would be to make the experience of seeking help less painful, less complex, more humane, and more compassionate. We call on City of Edinburgh Council to lead in the design and delivery of a new relationship based way of working for all public services in Edinburgh.</p> <p data-bbox="1082 1603 1544 1962">There is no solution to poverty in Edinburgh without resolving the city’s housing and homelessness crisis. We call on the Scottish Government, as an urgent priority, to ensure the city has the right funding and support to meet its social housing expansion needs.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">Poverty commission reports</a></p> <p><a href="https://capsadvocacy.org/wp-content/uploads/2025/05/PC-24-report-final.pdf">https://capsadvocacy.org/wp-content/uploads/2025/05/PC-24-report-final.pdf</a></p> <p><a href="#">Social Isolation and Loneliness – Scottish Government publication</a></p> <p><a href="#">SIMD</a></p> <p><a href="#">SHS</a></p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>MH Foundation Covid 19 report: Pandemic effect on mental health</p> <p>End Poverty Edinburgh is a group of independent citizens aiming to raise awareness of poverty in Edinburgh, influence decision-making, and hold the city to account.</p> <p>Conference space for people to have their voice heard – this year focused on what makes a house a home. For 12 years, CAPS has organised this annual event – planned and designed and only attended by, people with lived experience of mental health issues.</p> <p>Data showing the importance of social connections to combat the effects of social isolation and loneliness.</p> <p>Index of Multiple Deprivation</p> <p>Scottish Household Survey</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on equality outcomes	<p><a href="#">JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</a></p> <p>“Advances equality of opportunity in shaping policy and delivery of services” (Public Sector Equality Duty, Equality Act 2010).</p> <p>“Improves the physical health of people with severe and enduring mental health problems to address premature mortality” (Mental Health Strategy, 2017-2027).</p> <p>“Inform and support people to manage and maintain their health, and to manage ill-health” (The Healthcare Quality Strategy for NHS Scotland, 2010).</p> <p>“To reduce premature mortality for people with poor mental health” (Charter of Rights and Actions for Change, 2016).</p>	<p>Provides data on demographics of minority ethnic communities</p> <p>Actions to deliver equality outcomes and address health inequalities are not mutually exclusive but intrinsically linked i.e. health inequalities reflect the health gaps associated with people’s unequal positions in society. Given this, health inequalities relate to and interact with other structures of inequality, e.g. age, ethnicity and disability.</p> <p>Therefore, in order to address health inequalities effectively, consideration must be given to the associated implications and complex intersections between people with Protected Characteristics, identified as: age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, race and ethnicity, religion and belief, and sexual orientation.</p>
Research/literature evidence	<p>Simmons, M.B. and Gooding, P.M. (2017) Spot the difference: shared decision making and supported decision making in mental health, Irish Journal of Psychological Medicine</p>	<p>Independent advocacy is a form of supported decision making. Supported decision making according to Simmons and Gooding (2017) can be viewed as an ethos rather than a mechanised model, characterised by:</p>

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	<p><a href="#">Creative Health: The Arts for Health and Wellbeing</a></p> <p><a href="#">Getting the inactive active: Barriers to physical activity and their potential policy solutions   Scottish Parliament</a></p> <p><a href="#">Social Finance – Independent advocacy for independent lives.</a></p>	<ul style="list-style-type: none"> <li>• Support to strengthen self-determination regardless of a person’s apparent cognitive ability under current laws;</li> <li>• Viewing autonomy as a relational or interdependent;</li> <li>• Respecting of so-called ‘dignity of risk’;</li> <li>• Providing an alternative to substituted decision making, paternalism and a ‘best interest’ approach</li> <li>• Driven by the rights, will and preferences of the individual concerned;</li> <li>• Upholding the principles of equality and non-discrimination;</li> <li>• Reflecting developing human rights norms.</li> </ul> <p>Cross party report that details how the arts can help meet major challenges facing health and social care: ageing, longterm conditions, loneliness and mental health.</p> <p>Scottish Government report that explores the barriers and consequence to inactivity and solutions to these.</p> <p>“Independent advocacy for independent lives”: Report</p>

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	<p data-bbox="379 712 986 779"><a href="#">Mainstreaming Equalities and Outcomes – EIJB progress report 2020.</a></p> <p data-bbox="379 896 766 929"><a href="#">SMHLR recommendations.</a></p> <p data-bbox="379 1886 1050 1953"><a href="https://www.gov.scot/publications/independent-advocacy-guide-commissioners/">https://www.gov.scot/publications/independent-advocacy-guide-commissioners/</a></p>	<p data-bbox="1082 421 1544 779">shows that for every £1 spent on advocacy, a <b>£12 saving</b> is made to other public services. Approximately £7 is saved by the NHS and £5 is saved by the local authority. A groundbreaking evidence base to grow inclusive support services for people with learning disabilities and autistic people.</p> <p data-bbox="1082 862 1544 1070">3 of the 5 Equalities Outcomes that EIJB are working towards include references to people having their voices heard. Or an increased ability to influence service delivery.</p> <p data-bbox="1082 1153 1544 1361">Scott Review recommendations to Scottish Government, states that individual and collective advocacy should be sustainably funded. It makes the following recommendations:</p> <p data-bbox="1177 1406 1544 1550">11.22 People with mental or intellectual disability should have a right to collective advocacy.</p> <p data-bbox="1177 1594 1544 1921">11.23 There should be a legal duty on the Scottish Government to secure and support effective collective advocacy organisations for people with a mental or intellectual disability at a local and a national level.</p> <p data-bbox="1082 1960 1513 2027">Provision of different types of advocacy</p>

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	<p><a href="https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/">https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/</a></p>	<p>1. Independent Advocacy – A Guide for Commissioners (Scottish Government, 2013)  This statutory guidance is published to help NHS Boards and Local Authorities comply with their duties under Section 259 of the 2003 Act:  Section 5.1 restates Section 259:  <b><i>“Every person with a mental disorder shall have a right of access to independent advocacy ...”</i></b>  Section 5.3 supports Section 259 by referring to more than one type of independent advocacy:  <b><i>“This right applies to everyone who has a mental disorder, and to all types of independent advocacy.”</i></b></p> <p><b>Principle 4 states:</b></p> <p><b><i>‘Independent advocacy is accessible.’</i></b></p> <p><a href="https://shorturl.at/t797j">https://shorturl.at/t797j</a>  Section 6.2 reiterates the Act’s broad definition of independent advocacy:  <b><i>“Independent advocacy organisations may provide individual or group advocacy. The Act is not specific about the type or types of independent advocacy services to which a patient should have a right of access. Any or all of the various types may be appropriate depending on the</i></b></p>

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	<p><a href="https://shorturl.at/oEKfN">https://shorturl.at/oEKfN</a></p>	<p><b><i>circumstances and personal preferences of the patient concerned.</i></b></p> <p>2. Mental Health (Care &amp; Treatment) Act Code of Practice Vol. 1 Section 99 specifies: <b><i>"Independent advocacy organisations may provide individual or group advocacy. The Act is not specific about the type or types of independent advocacy services to which a patient should have a right of access. Any or all of the various types may be appropriate depending on the circumstances and personal preferences of the patient concerned."</i></b></p> <p>3. Easy-read Guide to Independent Advocacy A user-facing guide clarifies: <b><i>"What does the law say? Under the new Act people with learning disabilities and people with a mental illness have a right to independent advocacy. You do not have to be in hospital to get this right. This means that you should be able to have an independent advocate and/or join an advocacy group if you want to."</i></b></p> <p>The guide outlines three advocacy categories: self-advocacy (collective), professional advocacy</p>

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		(individual), and citizen advocacy.
Public/patient/client experience information	<p>AdvoCard (2020) Mind Our Rights “Body Image, Human Rights and Mental Health” Event report.</p> <p>Edinburgh Carers Council (2020) ‘Carers Rights Event’ report.</p>	<p>AdvoCard’s report outlined a strong argument for training for all staff on human rights and remove any barriers to the realisation of people’s human rights in mental health services. There should be either shared or supported decision making approaches used in the delivery of mental health services and recognise that people’s physical health is as important as their mental health. Professionals need to value the voice and opinions of people with lived experience and have cognisance that everyone has a right to a private life. There should be more information on human rights should be readily available and accessible for people with mental health issues with the focus should be on the UNCRPD.</p> <p>The ECC report highlighted several key issues and outline a need for better carer identification and for professionals to have a better understanding of what information can be appropriately shared with a carer, rather than using confidentiality to not share information with the carer. They</p>

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	<p>REH Patients Council (2021) Second Patient Experience at Royal Edinburgh Hospital Report.</p> <p><a href="#">CAPS Reports</a></p>	<p>highlight the need for more funding for carer services and a complete overhaul of the current complaints systems to improve it, recommending a different system, Care Opinion, a route for carers to raise complaints or suggestions about services.</p> <p>The REH Patients Council second patient experience report puts forward a convincing argument for why a human right based approach to care and treatment which is fully compliant with the UNCRPD should be taken at the Royal Edinburgh Hospital. It outlines a need to move away from substituted decision making to supported decision making. There should be training for staff on trauma informed approaches and an evaluation of all hospital policies especially on the use of restraint, restrictions, and non-consensual treatment. The report puts forward the need for better patient involvement in decisions around development of their own care and treatment plans as well as better information for patients on wards including about their care and treatment plan.</p>

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	<p><a href="https://capsadvocacy.org/news/testimonials-in-support-of-caps/">https://capsadvocacy.org/news/testimonials-in-support-of-caps/</a></p> <p><a href="#">REHPC – Strengthening The Patients Voice</a></p> <p><a href="#">dementia-scotland-everyones-story.pdf</a></p>	<p>Detailing activity undertaken by CAPS Independent Advocacy’s Collective Advocacy team over the years. Shows current newsletters as well as toolkits, resources and reports created by people with lived experience.</p> <p>Read testimonials about the impact on people and other professionals of losing the CAPS projects under threat. This is a growing compilation of the strength of people’s feelings about the impact that Collective Advocacy has had on them.</p> <p>This report captures what patients shared about their experiences in the Royal Edinburgh Hospital (REH) as part of a quality improvement project run by the REH Patients Council.</p> <p>Examples of the impact specifically on people with dementia.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	Consultation report on the commissioning of independent advocacy services (April 2021).	<p>The recommendations from the consultation report include the following:</p> <ul style="list-style-type: none"> <li>• Ensure that the face to face model of service delivery is an option for people who use advocacy services.</li> </ul>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		<ul style="list-style-type: none"> <li>• Ensure that staff have training to help advocacy partners with sensory impairments. This could include the use of BSL, Makaton, Talking Mats and other alternative communications.</li> <li>• Explore the potential of additional independent advocacy services for people from LGBT+ communities and other minority groups.</li> <li>• Explore the potential of advocacy workers having translation skills in several languages including Spanish and Polish.</li> <li>• Explore if there can be a dedicated service for carer advocacy that helps carers with issues on benefits and finance.</li> <li>• Look into gaps for people with autistic spectrum condition, eating disorders or people who present at accident and emergency.</li> </ul>
Evidence of unmet need	Monitoring returns from independent advocacy providers.	Year on year the advocacy providers continue to see increased demand on their services. Service prioritisation, means that there is currently limited scope for a more preventative approach and some providers are running waiting lists for accessing their services.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<p>AdvoCard individual advocacy services continue to see volumes above the anticipated service volumes. Any reduction in collective advocacy will inevitably mean that demand on individual services will increase.</p> <p>Disinvestment and reduction of community mental health services will increase the demand and need for people to have a voice through collective advocacy. Current CAPS survey on drop in centres has generated over 100 responses so far.</p>
Good practice guidelines	<p>Letter from Scottish Government</p> <p><a href="#">Advocating for human rights - SIAA</a></p>	<p>Letter from Scottish Government officials on behalf of Nicolas White, head of Advocacy, Access and Models of Care highlighting the importance of collective advocacy and reiterating “As you are aware, Section 259 of the Mental Health (Care and Treatment) (Scotland) Act 2003 is clear that everyone with a mental illness, learning disability, dementia and related conditions have a right of access to independent advocacy; and accordingly it is the duty of each local authority and health board to work collaboratively to secure the availability of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services.”</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">Legal definition and components of independent advocacy – SIAA briefing</a></p> <p><a href="#">Lang May Yer Voice Sound: Sustaining Collective and Citizen Advocacy Models - SIAA</a></p> <p><a href="#">The Right of Advocacy - MWCS</a></p>	<p>SIAA document explaining how collective advocacy is a model for people to realise their human rights, via advocacy.</p> <p>SIAA briefing on independent advocacy legal definitions.</p> <p>SIAA paper explaining the importance of Collective advocacy and recognition that it is a statutory right.</p> <p>Report on advocacy in Scotland and the monitoring and review arrangements that all local authorities and health boards have in relation to their statutory duties to report on advocacy strategy, funding and plans.</p>
Carbon emissions generated/reduced data		
Environmental data		
Risk from cumulative impacts	CEC monitoring reports from advocacy contracts.	The individual advocacy services are currently delivering high levels of service volume, and in many cases, more than the expected service volumes anticipated in the contracts.
Other (please specify)	<a href="#">Right of Access to Independent Advocacy – Interim Guidance from Mental Health (Scotland) Act 2015</a>	Interim Guidance from Scottish Government which explains people’s rights to access different models of

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><u>Mental Health (Care and Treatment)(Scotland)Act 2003 – advocacy definition.</u></p> <p><u>Mental Health (Care and Treatment)(Scotland)Act 2003 – Code of Practice</u></p> <p><u>Independent advocacy for independent lives   Social Finance</u></p>	<p>advocacy, including collective advocacy, as a result of the 2015 Mental Health (Scotland) Act.</p> <p>Legal definition of advocacy stating they are “services of support and representation made available for the purpose of enabling the person to whom they are available to have as much control of, or capacity to influence, that person’s care and welfare as is, in the circumstances, appropriate”</p> <p>Includes multiple references to group advocacy being provided to people, including :</p> <p>Local authorities and Health Boards should make arrangements to ensure that their staff are aware of a patient's right of access to independent advocacy and the role of independent advocates and advocacy groups. Any or all of the various types [of advocacy] might be appropriate depending on the circumstances and personal preferences of the patient concerned.</p> <p>Evidence base to grow inclusive support services for people with learning disabilities and autistic people</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<a href="#">East Lothian Independent Advocacy Strategic Plan 2024-2028   East Lothian Council</a>	Impact on Pan Lothian contracts – this link is to the Eastlothian advocacy site and shows the scale of their programme of work/strategic plan.
Additional evidence required		

**8. In summary, what impacts were identified and which groups will they affect?**

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>Positive</p> <p>The provision of independent advocacy is a statutory requirement. Under this proposal, independent individual advocacy will be maintained.</p> <p>The contract and SLA savings as a whole will help the EHSCP meet its statutory obligations by ensuring that resources can be prioritised to support the most vulnerable, by delivering efficiencies wherever possible. This will strengthen statutory services.</p> <p>The EIJB has delivered over £100m of savings over the last three years through a range of savings projects. There are few options remaining to deliver savings that do not impact on direct statutory service provision, and which would directly affect people who use our services, staff and providers. This proposal does not remove statutory services which form part of an individual’s package of care. If this saving does not proceed, alternatives will have to be found with potentially greater impacts on people with protected characteristics.</p> <p>This proposal provides an opportunity to rationalise and reshape the advocacy provision in Edinburgh to ensure</p>	<p>All</p> <p>All</p> <p>All</p> <p>All</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
that it is as efficient and effective as possible while providing best value for money.	
<p>Negative</p> <p>Individuals have historically contributed valuable insights through mechanisms like the Patients’ Council. Removing their involvement risks losing critical perspectives that can shape more effective and compassionate services. <b>Mitigation:</b> Lived experience panels are being developed to ensure that critical perspectives continue to shape services.</p> <p>Older adults with mental health issues already face barriers to accessing care. Reducing collective advocacy could further marginalize them, making it even harder to receive the support they need.</p> <p>The change may exacerbate existing health inequalities, particularly for those with complex needs who rely on advocacy to ensure their voices are heard.</p> <p>Older people and those in their middle years are more likely to be living with dementia and/or acting as unpaid carers. These dual roles increase their reliance on advocacy and support services, making them particularly vulnerable to cuts. <b>Mitigation:</b> Individual advocacy will still be available to provide support, however, capacity may not be sufficient to meet demand.</p> <p>One group which risks disinvestment is a women’s group and this would differentially impact both women and older people. Collective knowledge would be lost as well as social connections and citizenship.</p> <p>Eating disorders and Borderline Personality Disorders are more prevalent among women, and CAPS collective advocacy groups provide a safe, understanding space to share experiences, access peer support, and influence service design. The disbanding of these groups would disproportionately affect women, particularly those living with these disorders, who often face stigma, isolation, and barriers to accessing appropriate care.</p>	<p>Older people and people living in their middle years</p> <p>Older people and people living in their middle years</p> <p>Older people and people living in their middle years</p> <p>Older people and people living in their middle years</p> <p>Older people and people living in their middle years</p> <p>Women, Older people and people living in their middle years</p> <p>Women with eating disorders and BPD</p>

<b>Equality, Health and Wellbeing and Human Rights and Children’s Rights</b>	<b>Affected populations</b>
<p>These groups often serve as informal therapeutic environments where women can build trust, share coping strategies, and reduce feelings of shame. Their removal may lead to increased distress and disengagement from services.</p>	<p>Women</p>
<p>Advocacy groups empower women to speak up about their needs and contribute to shaping services. Losing this avenue may hinder recovery and reduce their sense of agency.</p>	<p>Women</p>
<p>Redesigning service delivery without the input of collective advocacy groups may lead to inefficiencies, duplication of effort, and services that do not meet the real needs of users, resulting in higher costs over time.</p>	<p>All protected characteristics</p>
<p>Also, services may miss systemic issues which currently are identified early, allowing them to address problems more effectively through early intervention.</p>	<p>All protected characteristics</p>
<p>Currently, young people and people experiencing mental health issues are able to design their own workshops to deliver services which will have the greatest impact on them. This has positive impacts on other parts of the service and therefore the loss of input from those with lived experience will be detrimental. One example of this is the CAPS personality disorder project.</p>	<p>Young People, People experiencing mental health issues</p>
<p>CAPS have a collective LGBTQIA+ group which was set up as part of Thrive because services were either absent or not sufficient. This group encompasses a range of protected characteristics including providing safe and inclusive space for people with different gender identities including trans and people from minority ethnic groups. People would lose their trusted staff, friends and group members who they could speak to if they were at risk of harm. While alternative provision exists for people of minority ethnicities, it is not necessarily intersectional and there is a risk of lack of inclusivity of LGBTQIA people.</p>	<p>Lesbian, gay, bisexual and heterosexual people</p>
<p>This Thrive approach of collaboration and inclusivity has been recognised as a benchmark of good practice. If there were to be disinvestment, this collaborative approach and the positive outcomes it produces would be lost. There would be a cumulative impact of the</p>	<p>All protected characteristics</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>potential loss of funding to other Thrive contracts meaning there would be fewer or no safe spaces left available for people with protected characteristics to access.</p> <p>CAPS Collective advocacy also delivers training on equalities and human rights to students who are going into professional services. <b>Mitigation:</b> this is not a delegated service to the EIJB. Universities and training colleges are responsible for developing professional training in line with best practice.</p> <p>It was identified that women account for the majority of unpaid carers, making up to 80% of working populations. As such, they are disproportionately impacted by the loss of collective advocacy groups for carers.</p> <p>One key protected characteristic which will be differentially impacted is that of disabled people – whose issues are often compounded by the high likelihood of falling into multiple categories of protected characteristics. The loss of this service is likely to be detrimental to people with this protected characteristic. There could be further disengagement from statutory services and increased potential for people to end up in crisis. In particular, people with learning disabilities and mental health issues will be negatively impacted.</p> <p>In addition, for people with disabilities or long-term conditions, there is an increased number of systemic barriers. As an individual, someone may lack the empowerment to advocate for themselves or seek the help they are entitled to. One example of this is in the CAPS eating disorders group where individuals didn’t have a collective voice to incite change however, through CA, the group members were able to produce self-help guides for doctor’s surgeries which enabled improved care and diagnosis of eating disorders in men.</p> <p>People living with drug and alcohol issues don’t have the same access to mental health pathways. CA allows people to make connections and increase peer understanding as well as assert their rights for access to services. As a result of closure, there won’t be the same service provision because the services often</p>	<p>Students</p> <p>Women, Carers, Unpaid Carers</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>People with disabilities or long-term conditions</p> <p>Promote healthier lifestyles including:</p> <ul style="list-style-type: none"> <li>• diet and nutrition,</li> <li>• sexual health,</li> </ul>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>target the actual alcohol and drugs as the focus and not the underlying issue or systemic issues surrounding a person. Independence, non-judgemental and trauma informed approaches are the reasons collective advocacy is trusted by people who use drugs/alcohol. <b>Mitigation:</b> the Edinburgh Alcohol and Drugs Partnership will continue to provide tailored services to support people living with drug and alcohol addictions. This will enable the funding for advocacy to focus on the provision of advocacy.</p> <p>People who are categorised as minority ethnic require information and understanding of their rights (in particular if these are different from their origin country). They are more at risk of coercive practice and therefore the role of CAPS CA is vital as it can provide like-minded and safe spaces to access the required services. As well as many other protected characteristics, there is evidence that this group are disproportionately impacted in terms of health, income and socio-economic status. Many studies have identified a disproportionate impact of statutory mental health interventions on people from minority ethnic groups. Similarly, CAPS can provide a quick response to emerging groups of people that are arising and need help. They were able to produce welcoming training to GP staff groups to aid their interaction with Black and Minority Ethnic groups. At present, there is no alternative provision as there is no other availability for this level of tailored training. <b>Mitigation:</b> Workforce training was identified as a key aspect of the Strategic Plan. As implementation plans are developed, joined-up training plans will be created to ensure that the EHSCP workforce is skilled appropriately.</p> <p>Many people within these CA groups are unmarried and it was identified that a loss of CA will remove the sense of belonging and increase social isolation associated with not being part of a family or partnership.</p> <p>Conversely, where CA provides support and an outlet for an individual carer in a relationship, this external support will be lost. A loss of service will impact the carer themselves as well as for their loved one receiving care as they try to seek help from CA. In addition, care responsibilities are set to increase with</p>	<ul style="list-style-type: none"> <li>• difficulties with substance use</li> <li>• physical activity</li> <li>• life skills</li> <li>• wellbeing and mental health</li> </ul> <p>Minority Ethnic People</p> <p>People who are unmarried, married or in a civil partnership</p> <p>Carers</p>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>the reduction in funding across the sector and therefore there will be a cumulative impact on this protected characteristic. <b>Mitigation:</b> Anyone in a caring role can request an Adult Carer's Support Plan and may be able to access support via the carers pathways and funding.</p> <p>In older married couple where one member of the couple has dementia, there has been seen to be a withdrawal of support from their previously established communities. CA provides strategies and support to alleviate this isolation. Edinburgh has always been an example of good practice and a bastion of lived experience involvement benefitting group members and wider services.</p> <p>For care experienced children and young people, there is a differential impact of childhood trauma, personality disorder as well as adult protection and mental health issues. Often there is marginalisation by the care network so a potential loss of CA would widen this impact.</p> <p>In the Carers Scotland Act there is a requirement for unpaid carers to be involved in the development of the Local Carers Strategy. CA enabled carers rights to be advocated for; it highlights what their entitlements are and ensures they are met. A loss in funding will mean access to carers to input into the system will be lost and carers, including staff members who are carers themselves too, will increase their risk of falling into poverty. <b>Mitigation:</b> Officers developing the Local Carers Strategy are cognisant of their responsibilities and will use a range of approaches to ensure that unpaid carers can continue to be involved.</p> <p>For people with low literacy/numeracy, CA provides an opportunity for services to be tailored to their requirements. This could be where people can come to discuss what their services mean and find information that makes sense to them on an individual level with the support of others. Members state that the overall trend of moving to online is overwhelming and inaccessible to them, rather than helpful – although this depends on individual communication support needs. <b>Mitigation:</b> the EHSCP will continue to support many people with low literacy and numeracy through individual advocacy and other social work services.</p>	<p>People who are unmarried, married or in a civil partnership</p> <p>Care experienced children and young people</p> <p>Carers (including young carers and carers with protected characteristics)</p> <p>People with low literacy/numeracy</p>

<b>Equality, Health and Wellbeing and Human Rights and Children's Rights</b>	<b>Affected populations</b>
<p>All of CAPS' groups workshops try to eliminate discrimination and harassment and improve access and quality of services. Everyone is equal in the groups which helps foster good relations between themselves and service providers. All viewpoints are considered and they work together to achieve a common goal. This support enables group members to form networks, resilience and community capacity.</p> <p>A negative impact that was also identified, which impacts all protected characteristics, includes the fact that collective advocacy is the most effective and efficient means of representing people in a range of group scenarios. The current advocacy contract includes the expectation that where large scale investigations (LSI) are being conducted, and as part of statutory intervention, independent advocacy may receive a referral to support those who are part of the investigation. As such, the advocacy service would determine whether the support required was individual in nature or collective. Notionally, a collective approach would be initiated where the outcome of the LSI had a commonality in terms of outcome - for example, a care home closure. Therefore, the loss or reduction in funding will result in a loss of the most effective/efficient method of providing service to these groups.</p> <p>In addition, the loss of services would impact future opportunities. If EHSCP wanted to increase Collective Advocacy services in the future, the reduction in this service now would heavily impact availability. If funding is withdrawn, there is a risk that there will be no experienced organisations or staff remaining.</p> <p>There will be a negative impact on the ability to eliminate discrimination and harassment as CA reduces stigma and meets the needs of the people. People will not be able to speak in groups about harassment and how to e.g. report hate crimes. Similarly, reducing funding would remove access to bespoke groups which give people equality of opportunity to have their voices heard.</p> <p>Many of the contracts are pan-Lothian and therefore reduction in Edinburgh services would have a knock-on detrimental impact across Mid and East Lothian.</p>	<p>All</p> <p>All</p> <p>All</p> <p>All, but especially people at risk of hate crimes</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p><b>Mitigation:</b> Mid and East Lothian HSCPs are responsible for providing services in their geographical areas. Nevertheless the impact of removing Edinburgh’s share of pan-Lothian services is acknowledged and careful transition planning will take place if the proposed reduction is approved.</p> <p>For rural/semi-rural or coastal communities there is an increased isolation and underrepresentation: Rural and coastal areas already face barriers to service access, including fewer public transport links, lower digital connectivity, and limited local infrastructure. Without collective advocacy, people in these areas—particularly disabled and older people—lose a localised, community-specific platform to raise issues. Collective advocacy is a vital tool to ensure geographic equity in policy influence. Collective advocacy helps rural and coastal citizens spotlight local needs like access to GP services, mental health support, and social care, which are often harder to secure outside urban cores.</p> <p>There were also negative impacts surrounding the business community. There would be a reduced ability to contribute to inclusive economic development: Small and social enterprises often play a role in local health and wellbeing strategies (e.g., supported employment, accessible venues, community-led care). Collective advocacy has created space for businesses aligned with social goals to partner with service users and advocacy groups. Disconnection from people-centred policy: businesses that benefit from local investment and footfall are ultimately impacted by the social wellbeing of the communities they serve. Without collective advocacy to influence inclusive public policy, community-business alignment is weakened, potentially reducing sustainability. <b>Mitigation:</b> The EIJB spends approximately £27 million with the third sector, providing ongoing support for the local business community.</p> <p>The final category includes staff who would be impacted by the removal of funds. Firstly, staff with protected characteristics would be affected and, as stated above, this could include carers and young people who may be at risk of falling into poverty. Staff would also be impacted emotionally as the loss of these services would have both a personal and professional</p>	<p>Disabled people and older people living in rural and coastal communities</p> <p>Business community</p> <p>Staff (internal and external)</p> <p>Young People</p>

<b>Equality, Health and Wellbeing and Human Rights and Children's Rights</b>	<b>Affected populations</b>
implications as they witness the impact of these services on group members. If funding was withdrawn, there would also be associated redundancies, particularly in CAPS and the Patients' Council as these providers only deliver collective advocacy.	Carers  Staff with protected characteristics

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<b>Positive</b>	
<b>Negative</b>  There is also the provision of groups to take place online, therefore reducing the carbon footprint of multiple people travelling to a single site. Running individual advocacy only may increase the environmental impact as there will be more journeys required by individual officers and people.	<b>All</b>

<b>Economic</b>	<b>Affected populations</b>
<b>Positive</b> A positive economic impact of this proposal is that the withdrawal of funding from collective advocacy will allow EHSCP to continue to meet its statutory obligations to provide care and support for those who need it most.	<b>All</b>
<b>Negative</b>  Collective advocacy providers are likely to be impacted financially over and above the loss of EIJB funding. Many alternative sources of funding classify all types of advocacy as statutory services, which they do not fund. There is the additional issue that the services cannot be funded independently by service users as they need to be free to the individual at point of access.  It was identified that collective advocacy has a positive economic impact as they encourage empowerment with their group members and this has resulted in people	Third sector providers, local businesses  People at risk of falling into poverty, who are on

Economic	Affected populations
<p>seeking out paid and volunteer work, who state that they otherwise would not be able to participate. The disinvestment from collective advocacy and subsequent reduction in available groups may result in people never seeking out these opportunities. This could impact both the individual financially as well as wider society for their contribution financially and through their work. CA groups can also facilitate key skills in maximising income. <b>Mitigation:</b> The City of Edinburgh Council provides employability, benefit and income maximisation support through alternative channels.</p> <p>As it has been already identified, there is evidence that these groups improve health and wellbeing. Without them, there could be a negative economic impact as the attendees may require further input from other statutory services. This may put additional economic pressures on GPs, hospitals and other services with already long waiting lists. One mitigation for this could be alternative services however there are a reduced number of alternative signposting options as a result of the cumulative impact closure of multiple contracts. For many protected characteristics, there may be a bigger differential impact as they fall into multiple of these groups.</p> <p>In addition, it was raised that the use of volunteers as part of running collective advocacy groups provides good value for money and return on investment in comparison than funding staff and resources as part of frontline statutory services.</p>	<p>Benefits or who are unemployed</p> <p>All</p>

**9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

All services affected by this proposal are carried out by third sector organisations. Robust contract management processes exist to ensure that equality, human rights, environmental and sustainability issues are handled appropriately.

**10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

If this proposal is approved by the EIJB, a robust communications plan will be developed in conjunction with our Communications Team to ensure that all relevant people are notified appropriately.

- 11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

No

**12. Additional Information and Evidence Required**

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

- 13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Regularly review the IIA to ensure any new impacts are captured	Andy Hall, Director: Strategy	September 25	Quarterly review
Agree a recommendation for approval by the EIJB for these contracts/SLAs and notify providers in advance.	Andy Hall, Director: Strategy	8 August 25	N/A
Agree monitoring of the impacts identified above (eg demand for statutory services)	Susan McMillan, Performance and Evaluation	1 October 25	Annual review
Work with providers to develop a robust transition plan for service users if the proposals are agreed	Planning and Commissioning Officers	TBC	

- 14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

Yes – within section 8 there are many impacts for which there are no mitigating factors or alternative service who can provide the same service. These include negative Equality, Health and Wellbeing and Human Rights and Children’s Rights impacts as well as negative economic impacts.

**15. How will you monitor how this proposal affects different groups, including people with protected characteristics?**

**16. Sign off by Head of Service**

**Name: Andy Hall**

**Date: 15 August 2025**

**17. Publication**

Completed and signed IIAs should be sent to:  
[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

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