

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed

Please state if the IIA is interim or final

1. Title of proposal
Assisted Transport policy

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

- The existing assisted transport policy is outdated (10 years old) and requires modernisation.
- Edinburgh Health and Social Care Partnership is committed to Assisted Transport and recognises the important role it plays in supporting individuals to access services.
- Removal of any reference to charging for assisted transport or using disability/mobility benefits to fund it.
- The policy will stand alone, separate from any financial contribution policies.
- Greater flexibility around use Motability vehicles, recognising reliance on unpaid carers and individual circumstances.
- Stronger emphasis on independent travel training where appropriate, assessed case by case.
- The policy reflects shifts away from building-based services towards community-based opportunities.

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

None planned

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

Yes, the proposal would be considered strategic under the Fairer Scotland Duty as it relates to access to Transport which supports care needs.

5. Date of IIA
26th February 2026

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)

Name	Job Title	Date of IIA training
Matt Kennedy	Head of Service Assessment and care management	
Rhiannon Virgo	Corporate Strategic Lead – Finance (Facilitator)	Feb 2020
Lee-Anne McConnell	Business Manager (Scribe)	
Stella Morris	Learning Disability Service Manager	
Vicki Murray	Service Manager, West Localities and Citywide	
Rene Rigby	Independent Sector Lead, Scottish Care, Scottish Care Representative	
Daniel Strachan	Care Support Scotland	
Iain McGregor	Care Support Practitioner, VOCAL	

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 – where available use disaggregated data	<p>The Scottish Health Survey (2016) https://www.gov.scot/publications/scottish-health-survey-2016-volume-1-main-report/pages/60/</p> <p>https://www.edinburghhsc.scot/the-ijb/jsna/</p>	<p>The city of Edinburgh is in the second largest city in Scotland and has a population of approximately 520K. It is a compact area measuring approximately 9 miles across (east to west) and a similar distance north to south at the maximum point. The main conurbation to the north and east of the council area is a typically compact city environment, with some less intensely populated and semi-rural areas to the west and south.</p> <p>Edinburgh operates a typical UK local authority passenger transport & related fleet operation. Passenger transport is provided for social care purposes, in the main for people with learning disabilities and older people attending day support and/ or activities such as lunch clubs.</p> <p>The population in Edinburgh is projected to increase faster than any other city in Scotland over the next 20 years. Based on historical trend analysis, the annual population growth for the city is estimated to be between five to six thousand, with those aged 85+ projected to grow by 28% between 2012 and 2022. By 2037, the number of those aged 85+ is set to more than double. The number of people living with Dementia could rise by 61.7% to 11,548 people by 2035.</p> <p>In addition, the proportion of people with two or more long term conditions increases with age. recent study for instance suggests 1/3 (66.3%) of</p>


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		<p>people aged 46-48 years have two or more long term conditions in the 2021 Edinburgh Joint Strategic Needs Assessment.</p> <p>According to the Scottish Government Pupil Census data, there has been a marked increase in the numbers of young people with Additional Support Needs (ASN) in recent years, rising from a little over 4% of the total school roll in 2007 to 25% (primary) and 32% (secondary) in 2018. This has driven a growing need for special school and specialist resource base places.</p> <p>This trend is expected to continue in the future, fueled by a range of factors including:</p> <ul style="list-style-type: none"> – Increased recognition and awareness of certain categories of ASN leading to an increase in the number of children with ‘pupil plans’ – Medical advances improving the survival rates of children with very complex medical conditions – Increasing incidence of challenging behavioral issues – Underlying (and as yet unexplained) increases in the incidence of certain

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		<p>conditions (such as autism).</p> <p>The increases in complexity of conditions outlined above would be expected to be mirrored in the adult population, allied to gradually extending lifespans, which will also impact the overall number of adult’s requiring assisted travel and level of costs. Whilst there has been a gradual managed decline in provision of traditional day care services in favour of the use of personal budgets, there will always be some adult clients for whom a traditional service is required.</p> <p>Independent Travel Training (ITT) is one of the key aspects that supports children and adults with learning disabilities, providing a range of non-tangible benefits to the individual concerned that engender self-confidence, independence and self-esteem, including:</p> <ul style="list-style-type: none"> - Builds confidence and self-belief. - Improves social mobility and enhances prospects for further education, employment and training. - Promotes an understanding of the value of money - Improves focus on personal safety. - Assists in getting a job when leaving school or college by

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		<p>supporting travel to and from the workplace.</p> <ul style="list-style-type: none"> - Enables independent socialising / visits to family. - and friends as required to be incorporated in each user’s care plan. - Supports family integration by developing the capacity to undertake simple tasks such as visiting the local shops, hence reducing dependency on other family members. - Provides an important ‘enabler’ in allowing adult clients with learning difficulties to find and retain work. <p>The key benefit to CEC is the capacity that ITT has to reduce the cost burden of providing bespoke transport for clients with learning disabilities. In addition, a travel training programme can assist in fulfilling wider council policies and priorities relating to young people and adults.</p>
Data on service uptake/access		<p>Transport operations are managed in the main by the Transport Hub (TH) incorporating management of externally contracted passenger transport, along with some internally operated vehicles and drivers / passenger assistants (PA’s / Escorts). Costs of transport in Health and Social Care increased by 90% over the years 2016-2020.</p> <p>A robust policy that has all the processes and procedures in place</p>

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	<p>https://www.legislation.gov.uk/asp/2014/9/contents</p> <p>Adult day services and respite services survey: follow-up letter - gov.scot (www.gov.scot)</p> <p>Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf (evoc.org.uk)</p>	<p>will ensure that only travel that is required is provided and users will have a set expectation of what that provision is.</p> <p>Adult social care services face considerable challenges in order to address identified current and future demographic pressures. Transport / travel is integral to the delivery of preventative and proactive care services that enable people to participate in their community and neighbourhood.</p> <p>The way that the Council provides services has changed and will continue to develop and evolve with the impact of adult health and social care integration (as set out in the Public Bodies (Joint Working) (Scotland) Act 2014) and implementation of the Self-Directed Support (Scotland) Act 2013.</p> <p>Day opportunities for people with disabilities and older adults were in the main suspended as a result of the pandemic. Whilst a high number are now operational, not all are fully operational to pre-pandemic numbers.</p> <p>A review of support with travel and respite for adults with disabilities or additional support needs and those that care for them. December 2021.</p>

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		<p>Feedback from respondents of survey on benefits and impacts: There are ongoing discussions regarding transport arrangements for day services, including LCTS and HCL provision. Feedback from providers indicates that budgets are increasingly constrained, particularly in relation to services for older people. The current £11.03 charge per individual contributes towards attendance at the service and the provision of lunch; however, financial pressures are continuing to intensify. A further financial budget review is scheduled for March to assess sustainability.</p> <p>Availability remains the most significant challenge. The limited number of funded places has resulted in increased reliance on taxi transport, which incurs additional costs beyond the allocated funding for service places. This creates ongoing financial and operational pressures. The funding of both service capacity and associated transport continues to present sustained challenges.</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation	 <p>covid-19-in-scotland-poster Research Impa</p>	Women are known to be disproportionately affected by their Unpaid Caring role, with a greater impact for those over 50. Nationally women carers represent 60% of carers compared to men who represent 40%. Many

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	 covid-19-in-scotland Impact Research on U Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024.pdf	Unpaid Carers give up work to carry out their caring role and can struggle to re-enter the workforce. The Covid-19 Pandemic has had a significant impact on unpaid carers, therefore disproportionately women.
Data on equality outcomes	Transport help for older or disabled people - mygov.scot Chapter 4: Health Boards (Part 4 Chapter 1) - Mental Health (care and treatment) (Scotland) Act 2003: Code of Practice Volume 1 - gov.scot (www.gov.scot)	If you're over 60, or have a disability, you can travel for free on nearly all local bus services. Eligibility - Assisted travel / transport should be considered after all other options have been exhausted and the person has no other support (this must be evidenced in an application for funding of transport costs). 4) Generally, assisted travel / transport will be provided if: <ul style="list-style-type: none"> • statutory powers are in place and a person is attending a service as per an agreed care programme approach (Mental Health Care and Treatment (Scotland) Act 2003 (s27) • statutory powers are in place to address risk issues and ensure compliance with a care and support plan (Mental Health Care and Treatment (Scotland) Act 2003 (s27) • there is no other appropriate transport alternative, due to specific health and safety issues identified by the service (Mental Health Care and Treatment (Scotland) Act 2003 (s27)

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Research/literature evidence	<p>Keys to Life</p> <p>Health and Social Care Strategy for Older People - Scottish Government - Citizen Space (consult.gov.scot)</p>	<p>It is recognised that for people with more complex needs and people with profound and multiple learning disabilities, day centres will continue to be an important part of their overall support arrangements. However, it is essential that services and staff continue to develop person-centred approaches that enable people to make choices and follow activities that are meaningful to them. In this context, services should continue to make progress towards community-based models of care and to support people currently dependent on buildings-based care to graduate into alternative opportunities.</p> <p>Scottish Ministers recognise the important role community transport services play as part of the transport network in Scotland and that they play a major part in reducing isolation and increasing social inclusion.</p> <p>Local authorities are provided with resources for the support of community transport services through the local government finance settlement.</p> <p>The Scottish Government continues to provide grant funding to the Community Transport Association Scotland to develop the community transport sector in Scotland and to provide advice and support on issues affecting it.</p>

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Public/patient/client experience information	Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf (evoc.org.uk)	A review of support with travel and respite for adults with disabilities or additional support needs and those that care for them. Carried out by EVOG and published in December 2021.
Evidence of inclusive engagement of people who use the service and involvement findings	Transport allocation group Plans for assisted transport 1 year annual – total number	832 requests were brought to the group for the period Feb 25 – Feb 26 4 per week
Evidence of unmet need	Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf (evoc.org.uk)	A review of support with travel and respite for adults with disabilities or additional support needs and those that care for them. Carried out by EVOG and published in December 2021.
Good practice guidelines	Keys to Life Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)	The keys to life strategy recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by a vision shaped by the Scottish Government’s ambition for all citizens. Self-directed support is the way that all social care must be delivered in Scotland. The Social Care (Self-directed Support) (Scotland) Act 2013 and detailed Practitioner Guidance set out the principles and policy for delivering Self-directed Support (SDS). However, since the legislation

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	<p>Social Work (Scotland) Act 1968 (legislation.gov.uk)</p>	<p>was enacted, Care Inspectorate and Audit Scotland scrutiny has found that SDS has been implemented partially and inconsistently across Scotland. Evidence shows that some local areas have embedded SDS well, while others are challenged to make the changes required for successful SDS implementation.</p> <p>There are a wide range of people, organisations and authority functions with responsibilities concerning the assessment of needs or the provision of Self-Directed Support (SDS). The supported person’s voice and wishes must be at the centre of all conversations and decision-making about their support, taking into account relevant factors such as their disability, age and the potential for another person to assist them, for example to help meet communication and accessibility needs.</p> <p>Authorities should therefore consider how their functions relating to social care provision work together to facilitate the key stages in a supported person’s pathway from initial contact through to the provision and review of support. Authorities should also take steps to provide the relevant training, support and processes each function needs to be able to take a person-centred and human rights-based approach to fulfilling the duties described in the 2013 Act.</p> <p>Good quality assessment continues to be central to achieving better outcomes with and for people with social care</p>

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	<p data-bbox="451 703 863 853">Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)</p> <p data-bbox="451 1406 826 1476">Carers (Scotland) Act 2016 (legislation.gov.uk)</p> <p data-bbox="451 1951 863 2018">Social Care (Self-directed Support) (Scotland) Act 2013:</p>	<p data-bbox="946 434 1430 1088">needs, and to ensuring consistency and transparency in decision making. Section 12A of the Social Work (Scotland) Act 1968 places a duty on local authorities to assess any person who appears to need “community care services” and then to decide whether the assessed needs “call for the provision” of such services. Eligibility criteria provide guidance as to the circumstances that the local authority regards as requiring the provision of services. In reaching such decisions, the Council requires its staff to have regard to its eligibility criteria.</p> <p data-bbox="946 1133 1430 1480">Unpaid Carers - The unpaid carer provides care and support to a family member or friend, and may be an adult or a child. They may provide a wealth of information, expertise and guidance. Carers may be guardians or attorneys for the individuals they support, or friends helping them to access the statutory support they need.</p> <p data-bbox="946 1532 1378 1597">27Duty to involve carers in carer services</p> <p data-bbox="946 1659 1430 1877">(1)Each local authority must take such steps as it considers appropriate to involve the persons mentioned in subsection (3) in carer services of that local authority.</p> <p data-bbox="946 1906 1430 2011">(2)Each health board must take such steps as it considers appropriate to involve the persons</p>

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	Statutory Guidance (www.gov.scot)	<p>mentioned in subsection (3) in carer services of that health board</p> <p>Practitioners - The social worker should take steps to ensure that assessment is conducted in line with social work legislation. They should consider any wider legal duties beyond the duties provided in social work legislation for instance, in a crisis situation or where the person’s safety is at risk. Practitioners should ensure that the person’s support plan is comprehensive and that the support plan meets the identified needs of the supported person. They may arrange for some additional assistance so that the supported person can play a full part in the assessment or support planning process. They must ensure the supported person is involved as far as is possible, and their voice and wishes respected. The practitioner or local area team should be provided with the appropriate support and guidance from their organisation to ensure that they are empowered to use their professional judgement to apply appropriate discretion in line with Standard 8 (Worker Autonomy) in the SDS Framework of Standards 43.</p> <p>Decision Makers - Senior decision makers shape the culture and conditions in which important decisions are made about a supported person’s care and support, including positive approaches to risk enablement and management. They should therefore take steps to ensure that guidance, training and culture of the organisation is consistent with the</p>

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	<p>Eligibility Criteria</p>	<p>spirit and statutory principles of the 2013 Act. They should support front line professionals and providers to work closely with individuals in a flexible, autonomous and innovative way. The relevant authority and/or Health Board should ensure that their staff are made aware of their duties and powers in relation to assessment functions.</p> <p>Commissioning - The Audit Scotland Social Care Briefing114 and the IRASC discuss the need to improve the impact of commissioning and procurement, including the need for ethical commissioning that routinely involves peoples with lived experience, carers, local communities, providers and other professionals in the co-design and redesign, as well as the monitoring of services and supports. This is the basis of a collaborative, rights-based and participative approach, which also takes into account factors beyond price, including fair work, terms and conditions and trade union recognition. The authority should view its commissioning role as being a facilitator of service design and provision, that provides choice. This involves both providing information about choices and commissioning and putting in place a range of sourcing models and (where appropriate) procurement processes that allow people as much choice of type of support and provider as possible. The authority should adopt a person-centred approach based on the principles of involvement and co-production. It should be transparent and should publish its approach</p>

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	<p>Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)</p> <p>Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)</p> <p>Self-directed Support Framework of Standards, including practice statements and core components (www.gov.scot)</p>	<p>either as a separate document or as part of its commissioning strategy.</p> <p>It is important that social workers and duty bearers consider the impact of decisions on people across all protected characteristics (including those not covered by the 2012 Equality Impact Assessment).</p> <p>Eligibility criteria are used by local authorities to deploy resources in a transparent way that ensures that those resources are targeted to adults in greatest need.. A national framework for eligibility criteria for social care for older people was agreed by the Scottish Government and COSLA in 2009. This framework is used by local authorities to determine whether an adult assessed as needing social care support requires resources to be provided in order to meet those needs. The criteria are not required by statute, but most local authorities have used them as a method of allocating resources. As part of the Joint Statement of Intent, Scottish Government and COSLA both recognised the need to ensure that the use of eligibility criteria adequately enables an early intervention and preventative approach to social care, and subsequently agreed to overhaul the current mechanism of eligibility criteria. This work continues to develop.</p>

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	<p>LITRG-factsheet-PA-employed-self-employed.pdf</p>	<p>Eligibility guidance states as a key principle, that ‘the prioritisation process should target resources towards responding to adults at critical or substantial risk as regards independent living or wellbeing, whilst not excluding consideration of the benefits of preventative support and less intensive care services for people at less risk’. The authority’s approach to making decisions about a person’s access to support – whether it applies formal eligibility criteria or not – plays a key role in the subsequent assessment, the provision of choice under the 2013 Act and the provision of support following that choice</p> <p>The SDS Framework of Standards (Standard 2: Early Help and Support; 6: Risk Enablement and Standard 11: Consistency of Practice), which emphasises the importance of a positive and preventative approach that shifts focus from crisis intervention towards what matters to the person and their quality of life. Social workers, when carrying out an assessment, should consider the whole experience of the supported person. The assessment should consider the needs and the outcomes of the person, approaching decision-making in a way that manages risks in an enabling and positive way. In addition, it should consider human rights as part of its development of the relevant strategies, protocols, procedures and guidance associated with social care provision Under Sections 6 and 17 of the 2013 Act, the authority must take reasonable steps to help the supported person to play a full part in their assessment, to understand the various choices</p>

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	<p>Carers' charter - gov.scot (www.gov.scot)</p>	<p>available to them and to decide how and what ways they would like to arrange their support</p> <p>Assessment, support, planning and review systems and processes should be personalised, recognising people’s strengths, assets and existing community supports, and result in agreed personal outcomes.</p> <p>Funding, budgeting and flexibility: a new standard, The 2013 Act does not prescribe how authorities should organise their financial systems and processes in meeting their duties under the 2013 Act. However, a new addition to the SDS Framework of Standards (Standard 12: Access to Budgets and Flexibility of Spend)¹⁰⁵ has been developed by Social Work Scotland, COSLA and other sector stakeholders in 2022, and contains useful principles for authorities to follow. The new standard is that people are involved in the development of their budget and have maximum flexibility to use this in the way that they choose to achieve agreed outcomes. The available funding should be allocated in a way that is transparent, fair, equitable and sufficient, across all communities and for all individuals.</p> <p>Charging for support to the supported person Under Section 87 of the 1968 Act the authority can require adult supported persons to pay a contribution towards the cost of any services which meet the supported person’s assessed needs. Historically charges have tended to be based on service types. Where a supported</p>

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	<p data-bbox="451 667 738 701">Joint Carers Strategy</p> <p data-bbox="451 862 916 969">https://scottishtransitions.org.uk/7-principles-of-good-transitions/</p> <p data-bbox="451 1834 893 1942">About - Euan's Guide - Disabled Access Reviews (euansguide.com)</p>	<p data-bbox="946 434 1433 994">person's support is predicated on an identified budget it can be difficult to base any charge on the basis of a service. Where a person has been assessed as eligible for social care support and their Individual Budget has been calculated, the local authority may apply a charge for some elements of the support. Local charging policies are a matter for the local authority and should be considered in light of the relevant COSLA guidance. Scottish Government Circular CCD3/2018 sets out what services or support cannot be charged for.</p> <p data-bbox="946 1048 1433 1715">Commissioning in the context of the 2013 Act is not simply about ensuring there is a transaction between a supported person and a provider. It should be set in the wider context of the relevant authority's strategic planning activity including community capacity-building, prevention and universal services. Strategic commissioning will consider the most appropriate way to arrange for the provision of services and support to meet the needs of the local population. This may result in a decision to deliver services, in-house, via a grant, by putting in place public contracts, or forming an alliance or partnership or a combination of all or some of these.</p> <p data-bbox="946 1769 1433 2004">Mileage costs - Payment of mileage costs Mileage is an area of employment law that is reserved to the UK government, and employers are not legally required to pay mileage costs, although some employers offer mileage payments as an additional</p>

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		<p>benefit. Mileage can be paid for from a supported person’s budget as part of meeting their needs – for example where travel to college has been identified within the individual’s support plan135. See additional sources of advice on mileage.</p> <p>Community transport providers are at the heart of their communities, understand the transport needs of local people and should be key partners for the National Care Service’s local delivery boards in the planning, commissioning and delivery of the transport services which people and communities require</p> <p>Community transport services tackle exclusion, isolation and loneliness and help people to live happier, healthier and more independent lives for longer in their own homes and communities. It also reduces long-term costs for the social care system through prevention and early intervention</p> <p>The National Care Service should define high-quality standards for accessible, inclusive transport community health and social care in Scotland</p> <p>Accessible, inclusive transport in their local community should be considered an integral part of the holistic care needs of service users and their care packages</p> <p>Health, social care and transport services should be aligned. A more joined-up, strategic approach is required, backed by long-term planning, stable public funding and genuine partnership working between</p>

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		<p>the NHS, the National Care Service and the community transport sector.</p> <p>The Act extends and enhances the rights of carers in Scotland to help improve their health and wellbeing, so that they can continue to care, if they so wish, and have a life alongside caring. As required by section 36 of the Act the Scottish Ministers have prepared the Carers' charter, setting out the rights of carers in or under the Act.</p> <p>Equalities Examples Older carers, Sensory loss & deaf blindness, English not a first language</p> <p>Older carers may have to manage their own long-term conditions and frailty which may impact considerably on their ability to provide care.</p> <p>Principle 6: Families and carers need support (family wellbeing needs to be supported)</p> <p>Young people’s relationships with their family can be complex, particularly where parents or carers have an ongoing role in providing personal assistance and where disability related allowances or benefits are an important contribution to the household income. The needs and roles of family members and carers are also likely to change as the young person they care for grows up. Parents and carers are usually central to the continuing</p>

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		<p>care of young people with additional support needs and are the people most likely to provide guidance and support during transitions. Many parents and carers feel they must fight for support and can experience ‘burn out’ as they deal with the many new challenges associated with transitions. Too often, parents and carers describe their experience of supporting a child through transition as like ‘falling off a cliff’ or a ‘black hole’.</p> <p>The charity was founded in 2013 by Euan MacDonald MBE, a powerchair user, and his sister Kiki after Euan was diagnosed with Motor Neuron Disease. They discovered how the lack of disabled access information made everyday experiences stressful and Euan’s Guide was born after discovering that other disabled people experienced the same challenges. EuansGuide.com is the disabled access review website where disabled people, their families, friends and carers can find and share the accessibility of venues around the UK and beyond. The website shares thousands of experiences, including transport and is the go-to tool for many disabled people.</p>
Carbon emissions generated/reduced data		
Environmental data		

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Risk from cumulative impacts	Savings proposal: Transport	CEC has developed a savings proposal linked to Transport, with benefits to the EHSCP of approx. £277k. This is related to realignment of budgeting and will maintain existing transport routes and taxi provision.
Other (please specify)	Assisted travel and Transport Policy	Previous Assisted Travel and Transport Policy (2015)
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> <ul style="list-style-type: none"> • Clearer recognition of older people within the policy and commitment to access. Transport for older people is largely delivered through third-sector contracts, not council fleets, which may need clearer reflection in the policy. • Greater clarity for families during transition from children to adult services. • Policy improves clarity and consistency around eligibility. • Removal of benefit-charging is seen as a strong positive. • Removal of charging and clearer rules around Motability cars are positive. • Strong agreement that carers’ impacts must be explicitly reflected in the IIA 	<p>Older people</p> <p>Young people</p> <p>Disabled people (learning disability, physical disability, autism, mental health)</p> <p>Unpaid carers</p>

<p>Equality, Health and Wellbeing and Human Rights and Children’s Rights</p>	<p>Affected populations</p>
<ul style="list-style-type: none"> • Fairer approach • In terms of what we are offering it is now more consistent • No differential impacts identified by sex, race, religion, sexual orientation, or marital status. • Internal staff benefit from having an updated, clearer policy. • No significant negative impact anticipated for council or provider staff delivering transport • Some people may not be in receipt of benefits – taking out use of benefits / based on need and not financial position • People with no recourse to public funds (policy change is beneficial here) • Transport provided as they would be at risk on public transport • Avoid long journeys if possible • Semi rural – more dependent on this provision than others • Helping people to get out to seek new opportunities which can help with mental wellbeing / physical activity • Travel training – life skill • Confidence in the person which improves mental wellbeing • Promote inclusion in providing transport 	<p>Lone parents/ young children/ larger families</p> <p>Equality and protected characteristics</p> <p>Staff</p> <p>Refugees / Asylum seekers</p> <p>Protective vulnerable children and adults</p> <p>Geographical communities</p>
<p>Negative</p> <ul style="list-style-type: none"> • Longer travel distances due to service closures; transport capacity constraints. • Differences between transport support in children’s services versus adult services. • Clarification needed around responsibility for transport to college (e.g. council vs college provision). • Potential issues noted for: <ul style="list-style-type: none"> ○ Non-English speakers (communication and escort needs) • Travel training might be more complicated if journey longer 	<p>Older people Young people Carers / families</p> <p>Equality and protected characteristics Geographical communities</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <p>The revised policy places greater emphasis on the benefits of active travel where possible and use of all available transport networks which reduce climate impacts</p>	
Negative	

Economic	Affected populations
<p>Positive</p> <p>By removing reference to use of mobility-related benefits payments from the policy, there is likely to be economic benefit to some people in receipt of Assisted Transport</p>	
Negative	

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?

- Where elements of the transport service are delivered by external contractors, CEC will ensure compliance with equality, human rights , children’s rights and environmental duties through robust commissioning and contract management arrangements.
- Commitment to ensure staff training in safeguarding, disability awareness, autism awareness, trauma informed practice and customer care.
- Clear complaints and escalation procedure accessible to vulnerable users.
- Encourage the use of low emission vehicles or electric vehicles where feasible
- Performance indicators linked to accessibility and inclusion.

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.

CEC will ensure that the revised policy is understood by staff and communicated to people on an individual basis.

Where there are barriers to communication, these will be overcome where required.

CEC will ensure that relevant representative groups and organisations are made aware of the revised policy to support communication with individuals

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:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Develop a communications plan focused on accessibility	Matt Kennedy, Head of Service – Assessment and Care Mgt	1 July 26	

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Review IIA to ensure any arising impacts are captured	Matt Kennedy	1 October 26	

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

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

16. Sign off by Head of Service

Name

Date

17. Publication

Completed and signed IIAs should be sent to:
integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at
www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/