

Integrated Impact Assessment – Summary Report

**Interim IIA – draft, awaiting feedback from attendees*

1. Title of proposal:

Transitions - Tailored support planning for young people transitioning to adult services

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

There are approx. 50 young people with a learning disability known to the Young Adult Disability Team transitioning to adult services in 2026. It is expected approx. 30 from this group will require formal paid supports.

To ensure positive destinations and experiences for young people and their families, increased grip and control of support planning for the 50 young people is proposed. A panel of senior managers with expertise in LD support, social work practice, planning and commissioning will ensure assessments are considered to ensure appropriate, well planned supports and identify any areas for efficiencies.

This will take place at an earlier point in the process than the high cost huddles and enables a co-ordinated approach. All support planning would be carried out in line with evidenced best practice in social work and ensure that critical and substantial needs of the young people are met appropriately. Families and carers would also be considered as part of the assessment and support planning, and any appropriate support included (e.g., Carer's Assessment)

This work builds on the improvements which have been evident over recent years in young people transitioning into adult services, through aligning and consolidating knowledge and planning for positive outcomes for young people, their families and carers.

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

Appropriate engagement with young people with a learning disability, families and unpaid carers takes place from the age of 14 through young people planning meetings. This will continue for all young people in partnership with the Young Adult Disability Team (Adult Services), Children affected by Disability Team (Children's Services) and colleagues in Education.

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

No

5. Date of IIA

22.01.2026

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
Holly Hart	Project Management Officer EHSCP Facilitator	
Emma Pemberton	Care and Support Manager Learning Disability Service EHSCP Report writer	15/12/2021
Anna Duff	Head of Service, Learning Disability, Mental Health and Substance Use. Edinburgh EHSCP	
Matt Kennedy	Head of Service Assessment and Care Management EHSCP	
Stella Morris	Learning Disability Service Manager EHSCP	
Gregor Corkindale	Care and Support Assistant Manager - Brokerage EHSCP	
Leanne McQuade	Education Support Officer – Inclusion and Wellbeing Children, Education and Justice Services CEC	
Danielle Archibald	Principle Social Work Officer EHSCP	
Rhiannon Virgo	Corporate Strategic Lead – Finance EHSCP	
Kimberly Swan	Chief Executive FAIR Limited	

Michelle KirkPatrick	Team Manager Children, Education and Justice Services CEC	
Mike Crossland	Contracts Officer EHSCP	
Vicki Murray	Service Manager West Localities and Citywide Service EHSCP	
Denice Liley	Team Leader Young Adult Disability Team EHSCP	
Anne-Marie Donaldson	Care and Support Manager Learning Disability Service EHSCP	
Stuart Millar	Care and Support Manager Learning Disability Service EHSCP	

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 data-bbox="439 488 730 517">2019 Report - SCLD</p> <p data-bbox="439 855 909 962">Transitions - Supporting disabled children, young people and their families: guidance - gov.scot</p>	<p data-bbox="952 488 2033 810">All local authorities in Scotland collect information on the numbers of people with learning disabilities and/or autism in their area. Information is collected about everyone who is known to the local authority – not just the people who are using services. A report about the number of people with learning disabilities and/or autism in Scotland is published ordinarily every year, however Due to issues with returns, data protection and prioritisation during the pandemic, LDSS has not been published since 2019. However, the Scottish Government is currently undertaking a review of and what is needed to restart data collection and publication.</p> <p data-bbox="952 855 2000 927">In their Principles of Good Transitions 3, The Association for Real Change (ARC) Scotland define “transition” as:</p> <p data-bbox="952 967 2033 1222">‘...the period when young people develop from children to young adults. This is not a single event, such as leaving school, but a growing-up process that unfolds over several years and involves significant emotional, physical, intellectual and physiological changes. During this period young people progressively assume greater autonomy in many different areas of their lives and are required to adjust to different experiences, expectations, processes, places and routines.’</p> <p data-bbox="952 1262 1989 1334">Transitions also impact on the family or on those who care for the child or young person.</p>

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	<p data-bbox="439 311 898 416">Population and demographics – Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p data-bbox="439 678 786 711">The same as you? 2000</p> <p data-bbox="439 863 909 932">Summary statistics for schools in Scotland 2023 - gov.scot</p> <p data-bbox="439 1011 904 1117">Additional Support Need data by local authority: FOI release - gov.scot</p>	<p data-bbox="952 311 2022 639">Learning disabilities are often categorised as mild, moderate or severe. People with a learning disability vary a great deal in the help they may need in meeting their basic needs. In Scotland it is estimated that there are 23,5841 people with a learning disability. In Edinburgh it is estimated that there are 2,255 people² (5.0 people per 1,000) with a learning disability (known to the local authority. This is just below the national average of 5.2 people per 1,000 population. 1,823 of these people (5.0 per 1,000 population) are in receipt of services, again slightly lower than the Scottish rate of 5.4 per 1,000 population.</p> <p data-bbox="952 678 2033 823">The Scottish Government report, the ‘Same as You’ indicated that 2% of the population have a learning disability with the vast majority being unknown to services. NHS Lothian Community Learning Disability teams within Edinburgh are in contact with 1,520 people.</p> <p data-bbox="952 863 2022 1008">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.</p> <p data-bbox="952 1011 2029 1080">The most recent pupil census confirms 45.9% off all pupils have at least one ASN.</p> <p data-bbox="952 1120 1989 1189">This has driven a growing need for special school and specialist resource base places.</p> <p data-bbox="952 1192 2022 1260">This trend is expected to continue in the future, fuelled by a range of factors including:</p> <ul data-bbox="996 1268 1989 1342" style="list-style-type: none"> <li data-bbox="996 1268 1989 1342">– Increased recognition and awareness of certain categories of ASN leading to an increase in the number of children with ‘pupil plans’

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	<p data-bbox="443 531 884 639">Public Bodies (Joint Working) (Scotland) Bill – Parliamentary Business : Scottish Parliament</p> <p data-bbox="443 826 855 935">Social Care (Self-directed Support) (Scotland) Act 2013 (legislation.gov.uk)</p> <p data-bbox="443 1161 913 1230">Edinburgh-Carer-Survey-2023-Report.pdf (Published May 2024)</p>	<ul data-bbox="996 316 1995 496" style="list-style-type: none"> - Medical advances improving the survival rates of children with very complex medical conditions - Increasing incidence of challenging behavioural issues - Underlying (and as yet unexplained) increases in the incidence of certain conditions (such as autism). <p data-bbox="952 520 2029 767">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 support. 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 continue to be some people who require an environment that is commensurate with their needs.</p> <p data-bbox="952 815 2029 1102">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. 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) Bill 2013) and implementation of the Self-Directed Support (Scotland) Act 2013.</p> <p data-bbox="952 1150 2029 1286">For the carers participating in the survey, it is clear that the care and support infrastructure for supported people is placing an unsustainable pressure on some unpaid carers, causing them to leave employment, preventing them from taking short breaks or having a life outside of caring. The additional</p>

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		<p>pressures experienced by some carers are having a detrimental impact on their finances, employment and ability to manage daily expenses.</p> <p>The changing profile and demographic of unpaid carers in the Edinburgh Carers Survey, most of whom are of working age, underlines that caring is often not a temporary situation but a lifelong commitment. Parent carers, predominantly women, can find themselves caring for younger or adult children and older relatives in multiple caring roles which increase the risk of health and economic issues and relationship breakdowns.</p> <p>The survey evidences the positive impact of early intervention from a carer organisation.</p> <p>The survey highlights that many carers are unaware of their right to an Adult Carer Support Plan.</p> <p>There are many reasons and contributing factors for why some carers struggle to take a break from caring. These can include the stress of organising a break, the expense of taking a break, lack of replacement care and feelings of guilt and worry. These are compounded by the fact that the person they care for may not accept care from others. The Edinburgh Carers Strategy should be read in conjunction with the following recommendations.</p> <p>The survey reveals a concerning decline in carers' physical and mental health and wellbeing (compared to 2021 carers survey), highlighting the significant impact of caring as more responsibilities have shifted onto carers to provide care. It is also more likely a carer will be suffering from ill health if they have been caring for longer; if they are a multi-carer; or if they are</p>

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		<p>caring for a child, someone who is neurodivergent, using substances, or who has a palliative and terminal condition.</p> <p>The impact of the COVID-19 pandemic on carers is significant in terms of increased caring responsibilities and isolation, likely exacerbating the situation for carers. A recent report by Carers Trust Scotland⁸ highlighted that high levels of distress or mental health problems can result from isolation combined with a lack of support.</p> <p>There are many reasons and contributing factors for why some carers struggle to take a break from caring. These can include the stress of organising a break, the expense of taking a break, lack of replacement care and feelings of guilt and worry. These are compounded by the fact that the person.</p> <p>It is important to note that young people with a learning disability may have caring responsibilities and may have multiple protected characteristics e.g., ethnicity, gender, age, religion and may also be care experienced.</p>
Data on service uptake/access	Transition of young people from children's to adults' services - Policies and procedures – The City of Edinburgh Council Intranet	<p>This is a joint policy between the Edinburgh Health and Social Care Partnership and City of Edinburgh Council Children’s Services. The policy sets out our shared vision and commitment to improving and enabling young people with additional support needs, who are making the transition to young adult life. The policy applies to:</p> <ul style="list-style-type: none"> • Young people with additional support needs from age 14 years to their 26th birthday (including people with additional support needs who are care experienced, looked after and accommodated. • Carers of Young people (including Adult Carers, Young Adult Carers and Young Carers)

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	<p data-bbox="439 459 909 600">Eligibility Criteria for Adult Social Care - Policies and procedures – The City of Edinburgh Council Intranet</p> <p data-bbox="439 1015 595 1043">Local Data</p>	<ul data-bbox="1048 312 2007 421" style="list-style-type: none"> • Young people transitioning to adult health provisions is out with the scope of this policy however, Children’s and Adult Services will work collaboratively with health professionals to support this. <p data-bbox="952 464 2029 935">Good quality assessment continues to be central to achieving better outcomes with and for people with social care 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. Eligibility for Health and Social Care services is decided in terms of the degree of risk to an individual’s capacity for independent living, or health and wellbeing. There are four risk categories: 1. Critical risk 2. Substantial risk 3. Moderate risk 4. Low risk</p> <p data-bbox="952 978 2029 1121">This financial year (2025/26), the Young Adults with Disabilities team has assessed 25 young people and completed support planning for their post-school destinations. The average weekly budget for this year is £2,140, and the total annual spend £2,119,000.</p> <p data-bbox="952 1142 1991 1214">Of the total cost, just over 50% account for a small number of people who are in supported accommodation/ receiving CAH (£1,152,447 annually)</p> <p data-bbox="952 1254 1995 1361">There are approx. 50 young people with a learning disability known to the Young Adult Disability Team transitioning to adult services in 2026. It is expected approx. 30 from this group will require formal paid supports. The</p>

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		<p>majority of them currently attend special schools, and they have a range of needs and abilities.</p> <p>There is a higher number of people seeking supported accommodation this year (7) in comparison to this year (3). There is therefore likely to be a cost pressure in 2026/27. Indicative costs could be in the region of 3.25M (based on cost associated with 2026 leavers and additional estimates for a higher number of people requiring supported accommodation).</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation</p>	<p><u>Edinburgh Joint Strategic Needs Assessment (JSNA)</u></p> <p><u>EIJB Strategic Plan 2025-2028</u></p> <p><u>The keys to life: Improving quality of life for people with</u></p>	<p>People with LD often experience poor health and have an average life expectancy around 20 years lower than the rest of the population. Over 95% of people with LD have at least one other health condition, with many having both physical and mental health problems.</p> <p>Statistics show that people with learning disabilities do not yet enjoy the same life chances as others.</p> <p>Recommendation 5 - That in preparation for the legal duties imposed by the Social Care (Self-directed Support) (Scotland) Act 2013, local authorities and their NHS partners should work with private, voluntary and third sector agencies to ensure that people with learning disabilities have access to a creative variety of providers and supports and are assisted to think creatively about how outcomes can be met and what assistance they may need to develop control.</p> <p>Under this recommendation, health and social care partnerships should: gather robust information on unmet eligible need; ensure that future joint commissioning plans and strategies seek to shape the range of choices</p>

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		<p>available to people with learning disabilities; combine demographic and care management information to project future eligible need; improve the links between the information recorded in individual assessments and the major strategic decisions about what services to commission, what type and variety of services and where; v work in co-production with providers to stimulate the development of new services and new service models in response to what people with learning disabilities say they want; and v build the capacity of people with learning disabilities so that they can collaborate with the Health and Social Care Partnership to design, deliver and commission a greater variety of services and supports. An overarching requirement will be that any new provision should not be large scale and/or one which attempts to replicate long stay hospital provision of the past. Joint commissioning is a key mechanism by which integrated health, wellbeing and social care will be expected to deliver the Government agenda for better outcomes for older people, including those with learning disabilities. Many people with learning disabilities have experienced lifelong exclusion resulting from lack of choice and opportunity as well as experiencing significant barriers to access. People with learning disabilities are more likely to be exposed to common causes of poor health such as poverty, poor housing, and lack of employment, social isolation and discrimination. Many people with learning disabilities experience limited verbal communication skills which impacts on others' ability to understand health needs. Both paid and family carers play an important role in 27 identifying health needs. Many people with more severe learning disabilities rely completely on others to communicate what their health needs are.</p> <p>Many factors influence an individual's health and health choices. People with learning disabilities experience challenges maintaining good health because of a combination of factors, such as: Individual factors, for which</p>

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	<p>Edinburgh-Carer-Survey-2023-Report.pdf (Published May 2024)</p>	<p>services require to make reasonable adjustments, for example, communication needs; many cooccurring health needs; distinct health needs and low expectations of services. Health and social care service factors, such as: negative assumptions; inexperience and lack of knowledge; lack of experience and acknowledgement of the contribution of family and paid carers.</p> <p>http://www.healthcareimprovementscotland.org/previous_resources/performance_review/tackling_indifference.asp</p> <p>The role of an unpaid carer often comes with a financial burden, and for those in work, there are significant impacts on employment. The Edinburgh Carers Survey highlights the significant financial pressures on carers across the city. Many carers face the same financial pressures as people who do not provide informal care, however given that many carers are not in work, or have reduced their working hours, they are likely to be disproportionately affected by the costs associated with support services closing during the COVID-19 pandemic, and then by the rise in the cost of basic commodities during the cost-of-living crisis, such as fuel, food and clothing. On top of that, many carers indicated higher costs that other households are unlikely to face, including paying for care (including care home fees) and additional supplies and equipment associated with caring for someone.</p>
Data on equality outcomes	<p>Equality act 2010 - guidance</p>	<p>The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.</p>

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	Fairer duty Scotland: Guidance for public bodies	Places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.
Research/literature evidence		
Public/patient/client experience information	Local data Compass - Available now!	All individuals supported by the Young Adult Disability Team in 2025 have or are in the process of achieving a positive destination. The team received 1 complaint which was resolved informally and received several positive areas of feedback, particularly from families and/or unpaid carers. Compass helps young people and families explore choices and make confident decisions about their future. There are 3 different versions; for young people, for families and carers and for professionals. Compass gives you simple tools to guide young people and their families - and make a real difference. Download our toolkit to get started.
Evidence of inclusive engagement of people who use the service and involvement findings		Individual engagement has already commenced with young people, families and other key stakeholders through young person planning meetings (from age 14) and this will continue.

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Evidence of unmet need	<p>Local data</p> <p>Dynamic Support Register</p>	<p>There are well known challenges in transitioning to adult services including resource challenges in both day support, and housing support with care at home. This can be relating to available provision or suitable/appropriate environments. This can present risk and timescale challenges.</p> <p>The purpose of the Dynamic Support Register (referred to as the Register) is ultimately to avoid people with learning disabilities living in hospitals, or in out-of-area placements which they/their family have not chosen. It has been designed to help professionals working with people with learning disabilities to better respond to situations where there is a need for a more intensive level of care management.</p> <p>It aims to:</p> <ul style="list-style-type: none"> • Identify and address risks of admission to hospital or out-of-area placement • Support the development of local community placements
Good practice guidelines	<p>https://www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additi...</p> <p>Getting it right for every child (GIRFEC) - gov.scot</p>	<p>Whatever the form of change and transition, all children and young people are entitled to support to enable them to gain as much as possible from the opportunities which Curriculum for Excellence can provide and also support in moving into positive and sustained destinations beyond school.</p> <p>Getting it right for every child (GIRFEC) is Scotland’s long standing, national commitment to provide all children, young people and their families with the right support at the right time, so that every child and young person can reach their full potential.</p> <p>GIRFEC is both an approach and framework used by services across Scotland to improve and uphold the wellbeing of children and their families.</p>

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	<p data-bbox="439 347 808 453">Safe staffing programme Health and care (Staffing) (Scotland) Act 2019</p> <p data-bbox="439 715 925 820">The Scottish Commission for People with Learning Disabilities - SCLD</p> <p data-bbox="439 938 909 1043">Human Rights Based Approach Scottish Human Rights Commission</p>	<p data-bbox="952 312 2033 639">To deliver safe and effective care, we need to ensure there are the right people with the right skills in the right numbers and in the right place at the right time. The introduction of the Health and Care (Staffing) (Scotland) Act 2019 provides the statutory basis for the provision of appropriate staffing in health and social care services, This enables safe, high quality care and improved outcomes for staff as well as people being supported. The Health and Care Staffing in Scotland Knowledge and Skills Framework reflects the guiding principles for health and care staffing. It will support staff in understanding the requirements of their role in the application of the Act.</p> <p data-bbox="952 683 2007 863">The Scottish Commission for People with Learning Disabilities’ (SCLD) vision is of a fairer Scotland where people with learning disabilities live full, safe, loving and equal lives. We are a human rights defender, working to uphold, protect and raise awareness of the human rights of people with learning disabilities.</p> <p data-bbox="952 906 2033 1086">Taking a human rights based approach is about making sure that people's rights are put at the very centre of policies and practices. The PANEL principles are one way of breaking down what this means in practice. These are: Participation, Accountability, Non-Discrimination, Empowerment and Legality</p> <p data-bbox="952 1129 2018 1378">In recent years and with the government’s ‘Transforming Care’ agenda, there has been a great deal of emphasis on the provision of appropriately resourced community services for people with a learning disability. There is a wide variety of available teams and services at least partly, due to the variation in local arrangements, partnerships with other providers and the complexity of care for people with a learning disability. Nonetheless, and indeed, as a result of this variability, there is a need for nationally accepted</p>

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	<p>Self-directed Support - Social Care (Self-directed Support) (Scotland) Act 2013</p>	<p>standards towards which teams can aspire to. These standards have been mapped against the ‘Five Essential Learning Disabilities Health Teams Roles’ outlined by the Learning Disability Professional Senate in their paper ‘Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with Learning Disabilities and their Families or Carers, 2019:</p> <ul style="list-style-type: none"> • Supporting positive access to and responses from mainstream services. • Enabling others to provide effective person-centred support to people with learning disabilities • Direct specialist clinical therapeutic support for people with complex needs • Responding positively and effectively to crisis • Quality assurance and service development in support of commissioners <p>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).</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>

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	Social Work (Scotland) Act 1968 (legislation.gov.uk)	<p>Good quality assessment continues to be central to achieving better outcomes with and for people with social care 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.</p> <p>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. Carers are entitled to have their views taken into account when authorities assess the needs of the cared for person, including when and how to provide services to the cared-for person. The relevant authority should ensure that carers are aware of these rights.</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</p>

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		<p>Standard 8 (Worker Autonomy) in the SDS Framework of Standards 43. Assessment, support, planning and review systems and processes should be personalised, recognising people’s strengths, assets and existing community.</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 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</p>

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		<p>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 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>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>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 2009.⁹⁸ 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</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>Self-directed Support Framework of Standards, including practice statements and core components (www.gov.scot)</p> <p>Health and Social Care Standards: My support, my life</p>	<p>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> <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 available to them and to decide how and what ways they would like to arrange their support. Principle 6: Families and carers need support (family wellbeing needs to be supported)</p> <p>These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.</p> <ol style="list-style-type: none"> 1. I experience high quality care and support that is right for me. 2. I am fully involved in all decisions about my care and support.

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 data-bbox="439 491 786 528">The same as you? 2000</p> <p data-bbox="439 900 864 1007">Keys to Life Keys-To-Life-Implementation-Framework. 2019-2021</p>	<p data-bbox="996 312 2018 453"> 3. I have confidence in the people who support and care for me. 4. I have confidence in the organisation providing my care and support. 5. I experience a high quality environment if the organisation provides the premises. </p> <p data-bbox="949 496 2029 751"> The same as you? was launched by the Scottish Executive in May 2000 and reviewed the services then available to people with learning disabilities and people on the autism spectrum. It said that people with learning disabilities had the right to be included in, and contribute to, society, to have a voice, and to have access, with their families, to support to live the life of their choosing. It contained 29 recommendations intended to drive a change programme to improve services. </p> <p data-bbox="949 791 1973 860"> This was the catalyst for Scotland's long stay Learning Disability hospital closure programme. </p> <p data-bbox="949 900 2029 1007"> <i>The keys to life</i> Priorities are guided by four rights-based strategic outcomes which are closely aligned to the strategic ambitions in Scotland's disability delivery plan, A Fairer Scotland for Disabled People: </p> <p data-bbox="949 1046 2029 1118"> A Healthy Life: People with learning disabilities enjoy the highest attainable standard of living, health and family life. </p> <p data-bbox="949 1158 2018 1230"> Choice and Control: People with learning disabilities are treated with dignity and respect, and are protected from neglect, exploitation and abuse. </p> <p data-bbox="949 1278 2007 1350"> Independence: People with learning disabilities are able to live independently in the community with equal access to all aspects of society. </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 data-bbox="439 863 819 895">Homes Not Hospitals bild</p> <p data-bbox="439 1086 797 1190">New Models for Learning Disability Day Support Collaborative</p>	<p data-bbox="952 312 2007 376">Active Citizenship: People with learning disabilities are able to participate in all aspects of community and society.</p> <p data-bbox="952 424 2029 751">The Scottish Government's Keys to Life (2013) referenced the long-standing issue of delayed discharge and out-of-area placements as a result of wider system failure. One of the priorities of the Keys to Life is that all adults with learning disabilities, including those with complex needs, experience meaningful and fulfilled lives. The Scottish Government's Keys to Life (2013) referenced the long-standing issue of delayed discharge and out-of-area placements as a result of wider system failure. One of the priorities of the Keys to Life is that all adults with learning disabilities, including those with complex needs, experience meaningful and fulfilled lives.</p> <p data-bbox="952 839 2018 951">Bild's homes not hospitals activity focusses on improving support for people with learning disabilities and autistic people within the community, supporting discharge and preventing admission.</p> <p data-bbox="952 1070 1984 1342">Health Improvement Scotland launched a programme in 2021 called New Models of Day Support - this programme was designed to support Partnerships to define and consider approaches to day support for adults who have learning disabilities. Consultation through questionnaires, meetings and events have taken place with a range of stakeholders including; young people, carers, education, health and social care colleagues and partner organisations. The summary of emerging themes</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>presents peoples views and voices about what is important to lead a good life.</p> <p>New Models of Day Support findings from consultation inform the wider Learning Disability Review and Commissioning approaches.</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		Cumulative Impact IIA will be completed for all programmes associated with savings programmes.
Other (please specify)	HSE: Information about health and safety at work	It is the employer's duty to take every reasonable precaution to ensure the safety of employees, including lone workers and to carefully consider and deal with any health and safety risks for people working.
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>Enables a co-ordinated approach for 2026 leavers and further early identification of commissioning approaches for 2027 leavers.</p> <p>Early planning enables a focus on achieving positive destinations in partnership with young people, families and carers.</p> <p>Opportunity for colleagues with extensive knowledge in local learning disability services to look collectively at support options and ensuring smoother transitions. This wider knowledge and planning may increase choice for young people, particularly where formal paid supports are required.</p> <p>Knowledge around accommodation options and opportunities may assist in supporting people who are at risk of placement breakdown and/or who are considered homeless at an earlier point. This additionally builds on the work through the Dynamic Support Register for people living inappropriately out of area, and those at risk of being placed out of area.</p> <p>Similarly, knowledge around short breaks may enhance opportunities for carers to have a break from their caring role.</p> <p>Colleagues within the Young Adult Disability Team (Social Workers) will complete a full assessment of the young person’s needs which enables consideration across self-directed support options. Where this is not the appropriate pathway for the young person they will be referred to Assessment and Care Management colleagues in Localities and/or Local Area co-ordination. Assessments and planning are required to continue in line with the current process, taking</p>	<p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>Family members, children and young people, people with a diverse range of needs, people on low incomes,</p> <p>Older people and people in their middle years</p> <p>Young people and children, including care experienced young people and/or family members</p> <p>Employees of CEC and partner organisations.</p> <p>People with Learning Disabilities and some people across all affected groups may have additional protective characteristics such as age, gender and race.</p> <p>Lone parents and/or parents with a learning disability and/or additional support needs</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>into considerations existing (and new) policies and procedures, and are strengths and evidence based to support decision making. Sensitivity to any identified protected characteristics is expected.</p> <p>This builds on notable improvements in supporting young people transitioning to adult services over recent years and strong partnership working and engagement with key stakeholders.</p>	
<p>Negative</p> <p>Transition is a complex and challenging time for young people, their families and carers with multiple factors requiring consideration including but not limited to legislative powers, welfare changes and health/ medical team changes. This may cause anxiety for young people, family members and unpaid carers if perceived as a cut in provision or if people don’t feel their voice is being heard. Early and full engagement with key stakeholders is essential to ensure collaborative and positive relationships. Clear communications in a variety of inclusive / accessible formats will ensure a sensitive and well planned transition, and mitigate against any communication barriers (including language barriers).</p>	<p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems and people awaiting appropriate diagnosis)</p> <p>Family members, children and young people, people with a diverse range of needs, people on low incomes,</p> <p>Older people and people in their middle years</p> <p>People with cultural and religious needs and people who require translation services.</p> <p>Young people and children, including care experienced young people and/or family members</p> <p>Lone parents and/or parents with a learning disability and/or additional support needs</p> <p>Carers</p> <p>People with a diverse range of needs, people on low incomes.</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
	People with Learning Disabilities and some people across all affected groups may have additional protective characteristics such as age, gender and race.

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive Enables discussion and planning for supports within young people’s local community, potentially cutting down on travel time which for some can be long distance. Opportunity to maximise independence and consider travel training and/or use of technology.</p> <p>Creates collaborative learning and opportunity to explore local commission approaches for future.</p>	<p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems and people awaiting appropriate diagnosis)</p> <p>Family members, children and young people, people with a diverse range of needs, people on low incomes,</p> <p>Older people and people in their middle years</p> <p>People with cultural and religious needs and people who require translation services.</p> <p>Young people and children, including care experienced young people and/or family members</p> <p>Lone parents and/or parents with a learning disability and/or additional support needs</p> <p>Carers</p> <p>People with a diverse range of needs, people on low incomes.</p> <p>People with Learning Disabilities and some people</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
	across all affected groups may have additional protective characteristics such as age, gender and race.
<p>Negative Some colleagues may view the support of colleagues with expert knowledge as an additional layer to existing work pressures. Any process requires to be minimised to mitigate any wider impacts which has the potential to lead to greater workload.</p>	Employees of CEC

Economic	Affected populations
<p>Positive Opportunity to work in partnership with key stakeholders, including local providers and shape the market. May encourage growth in provision. Further improvements in supporting young people transitioning to adult services through a co-ordinated approach may present efficiencies for the Partnership through better planning and purchasing arrangements for care and support services, including transport.</p>	<p>Employees of CEC and partner organisations.</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems and people awaiting appropriate diagnosis)</p> <p>People with Learning Disabilities and some people across all affected groups may have additional protective characteristics such as age, gender and race.</p>
<p>Negative None identified</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?

Care and support is primarily purchased by the Partnership and provided by 3rd sector or private organisations. All equality, human rights, environmental and sustainability issues are covered by the Contractual or Framework Agreements, good practice guidance or the contracted terms and conditions. Where it is required continued oversight, monitoring and assured sustainability will be provided by the Partnership.

- 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.**

This is a continuation of already improved practices in place with enhanced expertise to support a more co-ordinated approach. Collaboration with key partners will be prioritised and young people, families and carers will be supported on an individual basis. Where required a wide range of communication tools can be utilised, including but not limited to, easy read, large print, alternative language options. Support from colleagues in the Community Learning Disability Team (e.g., Speech and Language Therapists) can be utilised.

- 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**

No

- 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
Ensure continued engagement with young people, families and unpaid carers through young person planning meetings and on an individual basis.	<p>Vicki Murray Service Manager West Localities and Citywide Service EHSCP</p> <p>Denice Liley Team Manager Young Adult Disability Team EHSCP</p>	Ongoing	31/3/26
Ensure continued best practice in assessment and care management in line with strengths and evidenced based decision making, ensuring that critical and substantial needs of young people are met appropriately with sensitivity to any identified protected characteristics.	<p>Vicki Murray Service Manager West Localities and Citywide Service EHSCP</p> <p>Denice Liley Team Manager Young Adult Disability Team EHSCP</p>	Ongoing	31/3/26
Ensure families and carers are also considered as part of the assessment and support planning, and any appropriate support included (e.g., Carer's Assessment).	<p>Vicki Murray Service Manager West Localities and Citywide Service EHSCP</p> <p>Denice Liley Team Manager Young Adult Disability Team EHSCP</p>	Ongoing	31/3/26
Consider if a Scottish Care Representative may further enhance planning and support 3 rd sector representation.	<p>Matt Kennedy Head of Service Assessment and Care Management</p>	31/3/26	31/3/26

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
	Anna Duff Head of Service – Mental Health, Substance Use and Learning Disability		
Ensure that communications continue to be available in a range of accessible communication options including Easy Read or large print (as individually required).	Vicki Murray Service Manager West Localities and Citywide Service EHSCP Denice Liley Team Manager EHSCP	ongoing	
Ensure positive correlation as appropriate with other workstreams, including the Policy Review for young people transitioning to adult services and the review of Ordinary Residence.	Matt Kennedy Head of Service Assessment and Care Management Anna Duff Head of Service – Mental Health, Substance Use and Learning Disability	ongoing	

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

No.

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

The Head of Service for Assessment and Care Management and Head of Service for Mental Health, Substance Use and Learning Disability will lead on this work. It will be monitored through monthly reporting to the Senior Management Team which will

include any risks or impacts on different groups, including those with protected characteristics. Where required further IIAs will be completed.

16. Sign off by Head of Service

Name: Matt Kennedy and Anna Duff

Date: 4/2/26

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/