

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

Lothian Deaf Counselling Service provided by Health in Mind.

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

The EHSCP spends approximately £25m on a wide range of block contracts and Service Level Agreements (SLAs) for externally commissioned services and supports. Many of these contracts have been in place for some years, having been originally commissioned to meet priorities at the time. Given the size and scale of the financial challenge facing the EIJB, a review and evaluation of all block contracts/SLAs is taking place to ensure that they remain:

- Aligned to current strategic priorities and Edinburgh Integrated Joint Board (EIJB) Strategic Plan
- Focused clearly on the provision of delegated services which meet our statutory duties
- Delivering the volume and outcomes anticipated and demonstrating return on investment.

This may result in change to existing provision for services being reviewed and may include options relating to retaining, reducing, disinvesting or recommissioning.

The savings target for this workstream as a whole is £2.2m in 2025/26. This was approved by the EIJB on 25 March 2025 as part of the budget-setting process.

This IIA will capture impact of potential change to current provision of the Lothian Deaf Counselling Service.

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

The wider approach around savings targets was discussed and approved by the EIJB on 25 March 2025 as part of the broader budget-setting process.

The former and current Strategic Planning and Commissioning Officers (SPCO's for sensory loss contracts have undertaken significant engagement to date with the deaf community around changes proposed to other services (registered Social Worker withdrawal, Deaf Equipment Service and Community Care Assistant Service). Engagement to date has included IIAs relating to changes proposed and made, mitigating actions that were put in place and a Communication Strategy that was also implemented to convey detail of changes to wider deaf community services.

An action from this particular IIA held on the 12th November, was for the SPCO for Sensory loss to engage with people living with affected hearing to request feedback on their experience (or not) of the LDCS. For this purpose, a brief questionnaire was circulated to

- A Peer Support group
- 3rd sector Providers
- Internal staff

There was 1 response from a person stating they did not know about the service.

5. Date of IIA

IIA took place 12th November 2025

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 |
|---------------------|--|----------------------|
| Cathy O' Mahony | Strategic Planning and Commissioning Officer (Mental Health) EHSCP | Sept 2024 |
| Susan Robertson | Strategic Planning and Commissioning Officer (Sensory Loss) | Sept 2024 |
| Fiona Stewart | Development Officer (CLD – Adult & Family Learning) Deaf and Hard of Hearing (Adult) Service | |
| Shaurna Dickson | BSL Interpreter | |
| Tammy Kirk | Head of Services and Improvement Health in Mind | |
| Beth MacLean | Team Leader Health in Mind | |
| Pamela Roccio | West Lothian Council | |
| Sharlene Boyd | Commissioning officer West Lothian Council | |
| Shelagh Swithenbank | Planning Officer Midlothian HSCP | |
| Kate Thornback | Equalities and Engagement Lead, East Lothian Council | |
| | | |
| | | |

The group agreed there was an absence of lived experience of LDCS input at the meeting. It was clarified that people with lived experience of using Lothian Deaf Counselling service would not feel sufficiently comfortable with the IIA forum to attend the meeting. Health in Mind advised they were seeking lived experience input in an appropriate way that fully supports those who wish and feel able to engage. Please see resulting detail in Section 8 below on Feedback from people who have used the Lothian Deaf Counselling Service.

7. Evidence available at the time of the IIA

| Evidence | Available – detail source | Comments: what does the evidence tell you with regards to different groups who may be affected and to the environmental impacts of your proposal |
|--|---|--|
| Data on populations in need – hearing loss/BSL | https://www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-ethnic-group-national-identity-language-and-religion/ | According to the 2022 Census there are 387,415 people with hearing loss across Scotland with 29,010 being in Edinburgh area. Some 117,300 can use BSL in |

| Evidence | Available – detail source | Comments: what does the evidence tell you with regards to different groups who may be affected and to the environmental impacts of your proposal |
|----------|--|--|
| | <p>Midlothian BSL Plan. https://www.midlothian.gov.uk/download/downloads/id/3705/british-sign-language-plan-2024-2030.pdf</p> <p>WLC BSL Plan https://www.westlothian.gov.uk/IIA-Lothian-Deaf-Counselling-Service-Microsoft-Teams</p> <p>https://rnid.org.uk/get-involved/research-and-policy/facts-and-figures/prevalence-of-deafness-and-hearing-loss/</p> <p>Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> | <p>Scotland. 10,326 can use BSL in Edinburgh. 2,619 in Scotland use BSL as their main language with 151 people in Edinburgh use BSL as their main language</p> <p>Approx 70 people who use BSL as main language in Midlothian.</p> <p>Approx 82 people where BSL is their main language in West Lothian</p> <p><u>Hearing loss</u> 100,000 in Scotland have severe enough hearing loss to not be able to hear most conversational speech. (est.10,000 in Edinburgh) RNID</p> <p>Provides current and projected data on the wider population in the City of Edinburgh</p> |

| Evidence | Available – detail source | Comments: what does the evidence tell you with regards to different groups who may be affected and to the environmental impacts of your proposal |
|-------------------------------|--|---|
| | <p>Scottish Government Mental Health and Wellbeing Strategy</p> <p>AUDIT Scotland Report on Adult Mental Health</p> <p>(Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission</p> <p>NHS Lothian 2022 Scottish Census Data: Health, Disability and Unpaid Care. Public Health and Health Policy</p> | <p>Mental Health and Wellbeing Strategy 2023 – 2025 which describes the approach the Scottish Government will undertake to improve mental health for everyone in Scotland.</p> <p>The report contains a number of recommendations for the Scottish Government, local authorities and partners, many of which reflect the themes set out in The Scottish Government Strategy.</p> <p>Higher risk of Dementia among this group due to lack of /barriers to communication, leading to depression</p> |
| Data on service uptake/access | <p>Exiting IIAs on Thrive provision</p> <p>Quarterly reports on performance information from Health in Mind</p> | <p>Information on more general counselling demand/need has been captured through previous IIAs re review of Thrive provision as part of a separate exercise. This IIA will focus more specifically on access to Counselling for people who are <i>deaf, deafened, hard of hearing</i></p> <p>LDCS has provided 9 counselling sessions per week for the first 2 quarters of 25/26. 11 new referrals received. Currently 4 on waiting list. Female accessing : 60% Male accessing: 40%</p> |

| Evidence | Available – detail source | Comments: what does the evidence tell you with regards to different groups who may be affected and to the environmental impacts of your proposal | | | | | | | | | | | | |
|---|--|--|--------------------|---|---|-----|---|-----|---|-----|---|-----|---|-----|
| | | <p>Provision has been spread across the Lothians as follows in Q1 & Q2 25/26;</p> <p>Edinburgh:76% West Lothian: 16% Mid Lothian: 8%</p> <p>Stats show a decrease in CORE scores, showing the positive impact that counselling sessions have had.</p> <p>Client feedback evidences positive feedback & experience</p> | | | | | | | | | | | | |
| <p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p> | <p>Poverty commission reports</p> <p>https://inclusionscotland.org/guest-informed/our-policy-focus/poverty-and-social-security</p> <p>A Just Capital: Actions to End Poverty in Edinburgh - Poverty Commission Edinburgh (edinburghpovertycommission.org.uk)</p> <p>Health in Mind Monitoring Information Q1 &Q2 2025/26. All people who used the service come from the most deprived areas specifically Scottish Index of Multiple Deprivation (SIMD) quintiles 1 to 5.</p> | <p>End Poverty Edinburgh is a group of independent citizens aiming to raise awareness of poverty in Edinburgh, influence decision-making, and hold the city to account.</p> <p>Research shows that people with disabilities experience greater levels of poverty than the non-disabled population.</p> <p>People live in poverty in every area of the city. almost two thirds of people on very low incomes live in areas out with those parts of Edinburgh commonly described as ‘deprived’ or ‘disadvantaged’</p> <table border="0"> <thead> <tr> <th>SIMD 2020 Quintile</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>14%</td> </tr> <tr> <td>2</td> <td>20%</td> </tr> <tr> <td>3</td> <td>24%</td> </tr> <tr> <td>4</td> <td>16%</td> </tr> <tr> <td>5</td> <td>27%</td> </tr> </tbody> </table> | SIMD 2020 Quintile | % | 1 | 14% | 2 | 20% | 3 | 24% | 4 | 16% | 5 | 27% |
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| <p>Data on equality outcomes</p> | <p>http://www.equalityevidence.scot/</p> | <p>Disabled people are more likely to experience poverty, with the</p> | | | | | | | | | | | | |

| Evidence | Available – detail source | Comments: what does the evidence tell you with regards to different groups who may be affected and to the environmental impacts of your proposal |
|--|--|---|
| | <p>JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</p> <p>Social Work (Scotland) Act 1968 legislation (s.12)</p> <p>Social Care (Self-directed Support) (Scotland) Act 2013</p> <p>Equality Act 2010: guidance - GOV.UK</p> | <p>disability employment gap a contributing factor.</p> <p>Details barriers that people with sensory impairment face when trying to access everyday services, statutory and non-statutory, and the resulting sense of exclusion, which can impact badly on mental health.</p> <p>Provides data on demographics of minority ethnic communities – some among Deaf Community</p> |
| Research/literature evidence | <p>City or Edinburgh Council BSL Plan 2024-2030 draft</p> <p>See Hear - gov.scot (www.gov.scot)</p> | Details the wider Council considerations of provision around BSL provision |
| Public/patient/client experience information | <p>City or Edinburgh Council BSL Plan 2024-2030 draft</p> <p>A brief questionnaire was circulated to</p> <ul style="list-style-type: none"> • A Peer Support group • 3rd sector Providers • Internal staff <p>Only 1 response was returned from a person stating they did not know about the service</p> | As above |

| Evidence | Available – detail source | Comments: what does the evidence tell you with regards to different groups who may be affected and to the environmental impacts of your proposal |
|---|--|--|
| Evidence of inclusive engagement of people who use the service and involvement findings | <p>Q1 & Q2 25/26 performance monitoring information.</p> <p>Survey from Health in Mind of 11 people who have used the service to provide feedback. Please see section at end of table on <i>Feedback from people who have used the Lothian Deaf Counselling Service</i>,</p> | |
| Evidence of unmet need | <p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</p> <p>https://www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-ethnic-group-national-identity-language-and-religion/</p> | <p>Details the wider health needs and priorities for the people of Edinburgh</p> <p>Around 2,600 people in Scotland consider sign language to be their main language, but not all will be BSL users.</p> |
| Good practice guidelines | <p>British Sign Language (BSL): national plan 2023 to 2029 - gov.scot (www.gov.scot)</p> <p>Mental Health Foundation</p> <p>Scotlands Mental Health and Wellbeing Strategy (2023)</p> | <p>The Scottish Government's National Plan for British Sign Language, 2023 to 2029, aims for Scotland to be the best place in the world for BSL signers to live, work, visit and learn</p> <p>Information for public and professionals alongside specific reports on how to support people with mental issues – some of which will be Deaf/hard of hearing</p> |
| Carbon emissions generated/reduced data | | N/A |
| Environmental data | | N/A |
| Risk from cumulative impacts | | There are a number of programmes of changes relating |

| Evidence | Available – detail source | Comments: what does the evidence tell you with regards to different groups who may be affected and to the environmental impacts of your proposal |
|------------------------------|---|--|
| | | to Mental Health and Counselling services currently in Edinburgh Health and Social Care Partnership- there may be impacts from changes to universal services. Sensory Loss Commissioning officer to keep oversight of crossover and impact |
| Other (please specify) | Equality-Mainstreaming-and-Outcomes-Report.docx | |
| Additional evidence required | | |

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

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|---|--|
| <p>Positive</p> <p>The wider contract and SLA savings as a whole will help the EHSCP meet its statutory obligations by ensuring resource prioritisation supports the most vulnerable populations - strengthening statutory services and delivering efficiencies wherever possible.</p> <p>Changes to service provision may enable the development of more inclusive models, potentially reducing stigma associated with deaf-specific services</p> <p>Opportunities exist to expand online provision, which may reduce geographic inequalities in access.</p> <p>Future planning may include training individuals with hearing loss as counsellors, supporting workforce diversity.</p> <p>There is an opportunity to move away from traditional standards and create a new provision model that is reflective of needs of the wider hearing loss community. Need a model of provision that considers the <i>grieving journey</i> around hearing loss, with counsellors that have a deep understanding of hearing loss.</p> <p>Wider collaboration with other agencies may strengthen referral pathways and holistic support for service users</p> | <p>Deaf, deafened, hard of hearing with any/all other protected characteristics and vulnerabilities.</p> <p>Older</p> <p>Deaf Community</p> |

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|---|---|
| <p>Adjustments to service models may address underrepresentation of certain groups, such as men and individuals with dual disabilities. Change or redesign may improve accessibility by integrating new technologies (e.g., digital platforms).</p> <p>Some people consider their deafness/ hearing loss as a disability and others do not. Approx 30% of people who have used the existing service do not consider their hearing loss as a disability. Any future change could consider how to ensure a service provision is free from stigma by appealing to all within hearing loss community.</p> | |
| <p>Negative Any change to service may have an impact on loneliness and isolation particularly among older adults and those with dual disabilities. The converse may also be true where aligned person-centred approach Older people have a higher rate of sensory loss than other age groups and the population of older people is increasing.</p> <p>Having a disability (physical or learning) in addition to hearing loss (dual disability) could mean that this group may be more impacted by any changes to service – whether that is retaining, reducing, disinvesting or recommissioning.</p> <p>Transitioning groups, such as young people moving from children’s to adult services and refugees, may experience disproportionate impacts .In particular young people who have cochlear implants may be quite impacted by change to existing provision as they often tend to have ambivalent feelings about where they see themselves ie in hearing community/hearing loss community or both. Refugees may be more likely to have their situation/application prioritised if they are considered to have a disability. Therefore, there is likely to be a higher rate of disability and or sensory loss among this group which means they could be disproportionately impacted by any changes where there was a lack of awareness.</p> <p>Changes may affect ability to choose a counsellor by gender, which is currently important for service users with specific needs. Current provision offers a person-centred approach that responds to requests around preference for male/female counsellors. This is particularly important due to the often traumatic reasons a person may seek counselling. However any changes to existing model would aim to retain a person-centred approach.</p> | <p>Older People & older middle age (mostly over 50's & over 60's))</p> <p>Disabled People/dual disability</p> <p>Young people with hearing loss transitioning from children to adult services</p> <p>Refugees</p> <p>Male/Female</p> <p>People living in SIDM areas</p> |

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|---|--|
| <p>Those currently in situations of poverty could be impacted negatively by change in provision levels. Evidence table details that all those accessing the existing service sit within Scottish Index of Multiple Deprivation (SIDM) area</p> <p>There was reassurance that commonalities/overlap of impacts between this IIA and across the other IIAs previously undertaken by strategic planning and commissioning officer for Sensory Loss, will be considered in any plans around change to provision. Any change to LDCS should consider that this is currently the only remaining specific deaf related service provision being funded. This does not prevent deaf community accessing other counselling services (with assistance from an interpreter) though it does present a further challenge in terms of accessibility.</p> <p>While choice/availability of service provision online helps create equity of access for all there is a concern that any change to area of provision may impact adversely on people from East, Mid and West Lothian having access to the service. Highlights a need for wider Pan Lothian engagement/discussion regarding this and other pan Lothian provision SLAs/contracts.</p> <p>It was felt provision should be more joined up across adult and children's services to cover a whole family approach. As current provision is restricted by funding to adult provision it is not within scope of change to include children at this point however that should not prevent closer working relationship between the two department areas.</p> <p>Change or reduction to provision could impact on inclusion/access to services by those who are deaf/have hearing loss due to barriers in communication and this could potentially result in discrimination. However this is dependent on type and level of change to existing service.</p> <p>Any change even if that is a temporary transitional change could likely have an impact on people's Mental Health. It is accepted that this risk would exist for all those seeking counselling for mental Health issues</p> <p>Staffing; impact 0.43 of FTE. In addition, self-employed counsellors could also be impacted (provision of 9 hrs p/w)</p> | <p>Pan Lothian – stats regarding geography in table of evidence</p> <p>Families</p> <p>Those with communication difficulties, Deaf Community</p> <p>Staff employed in the contract</p> |
| <p>Feedback from people who have used the Lothian Deaf Counselling Service</p> | |

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|--|----------------------|
| <p>Feedback was sought and supported by Health in Mind via a direct survey of the 19 people who have used the service in the last year. There were 11 responses. The following reflects the views felt by these individuals in response to specific questions related to impact of change to the service:</p> <p>Most respondents felt the service was accessible to them though one response stated a challenge in initially identifying existence of the service. All respondents felt their preference for support type was taken into account, stating the experience of the service was sensitive and respectful. The majority of people surveyed stated that the service made them feel more connected and understood within their community and more in control of decisions within their life. All respondents felt the service helped reduce, manage or explore the barriers that they faced. Most respondents felt the counselling helped improved their relationships, helped them feel safer and supported and helped their well-being. While just over half felt more able to cope with situations where they might experience unfair treatment the remainder of respondents were less sure or unchanged in their ability cope with such situations. A range of positive impacts were detailed for most people though a small minority did not feel a positive impact. All reported a suspected potential negative impact had they not been able to access counselling.</p> <p>CORE Outcome Measure: The service uses the <i>Clinical Outcomes in Routine Evaluation</i> (CORE) Outcomes Measurement (CORE-OM) tool, which was devised by the CORE System Trust. The tool is a self-reporting measure of psychological distress designed to track psychological change and improvement over a period of time. Evidence from the service demonstrates a significant improvement noted for those who have used the service.</p> <p>The survey sample above is considered relatively small (11 respondents) and reflects opinions of those who have direct experience of using the service and built strong relationships with staff and counsellors. Survey questions reflected themes related to impacts around Equality, Health & Wellbeing and Human Rights. The total number of people who have received counselling through the service in the last year is 19.</p> | |

| Environment and Sustainability including climate change emissions and impacts | Affected populations |
|---|----------------------|
| <p>Positive Increased use of remote/online counselling could reduce travel-related carbon emissions</p> <p>Changes to ensure sustainability of model of provision could allow people to sustain relationship networks, employment and connection with the hearing loss community</p> | Deaf Community |
| <p>Negative If online provision is not accessible to all, there may be increased digital exclusion, particularly for those with limited access to technology</p> | Deaf Community |

| Economic | Affected populations |
|--|--|
| <p>Positive Approx £23m of EIJB spend will continue to be delivered via block contracts, primarily with third sector providers. This will continue to support the local economy, local businesses and employees.</p> | All populations |
| <p>Negative</p> <p>All people accessing the service live in the most deprived areas specifically Scottish Index of Multiple Deprivation (SIMD) quintiles 1 to 5. Besides the clear communication challenges, people may face multiple disadvantages around barriers to accessing support for mental health and financial stress. The existing service can signpost in a timely and practical manner where someone requires additional support relating to financial distress and removal of such signposting may cause further economic disadvantage to those in deaf community.</p> <p>There is a staffing impact of .43 FTE at Health in Mind. In addition, there is a wider impact on other self-employed specialist BSL and sign supported counsellors.</p> <p>Many individuals who access this service also have unpaid caring responsibilities supporting family members, partners. These responsibilities often add to financial strain and maintaining employment.</p> <p>There may be more pressure across the health and social care system if this service is reduced/ decommissioned putting more strain on statutory service</p> | <p>Current users of the service</p> <p>Staff</p> <p>All</p> <p>EHSCP</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?** No. Terms and conditions would apply to ensure adherence by any organisation to the above requirements.
- 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.** Communication of any change would be done in collaboration with HSCP Communications Team to ensure a robust Communications Plan is put in place and takes account of the Pan Lothian aspect of provision

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 |
|---|---|---------------------------------|--------------------|
| Regularly review the IIA to ensure impact of any change to provision is captured in an ongoing way | Service manager commissioning | | |
| Ongoing discussion with Pan Lothian HSCP colleagues re this and other Pan Lothian provision | Head of commissioning, contracts and brokerage | | |
| Understand any commonalities/overlap of impacts between this IIA and across the other IIAs previously undertaken by strategic planning and commissioning officer for sensory loss | Susan Robertson, Strategic Planning and Commissioning Officer, Sensory loss | | |
| Ongoing monitoring of data to recognise any impacts or trends. | Susan Robertson, Strategic Planning and Commissioning Officer, Sensory loss | | |

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

There is no other Deaf specific Counselling Service in place currently however future change in provision would consider accessibility and communication barriers for any sensory loss group.

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

Ongoing discussion with Provider affected by any change. Monitoring of data and input from operational colleagues on unmet needs. Review of the IIA to update actions/position.

16. Sign off by Head of Service

Name Robert Smith, Head of commissioning, contracts and brokerage

Date 05.01.26

17. Publication