



City of Edinburgh Council

Record of Equality and Rights Impact Assessment

Part 1: Background and Information

(a) Background Details

Please list ERIA background details:

ERIA Title and Summary Description:

The Personalisation Programme in the City of Edinburgh Council (CEC) is one of the key mechanisms to support the delivery of significant change in social care. The programme’s ambition is that individuals/families are supported to live as independently as possible for as long as possible, exercising choice and control over how they live their lives and taking an active role in the planning and delivery of their support. This ambition directly contributes to Council’s Framework to Advance Equality and Rights 2012 – 2017, in particular, outcome ER15 - People receive personalised services which improve the possibility to remain in their own home for longer through increased or maintained independence. Some activities of the programme are being put in place to meet the requirements of the Scottish Government legislation for the provision of Self Directed Support (SDS) as outlined in the Social Care (Self-directed Support)(Scotland) Act 2013. The Act came into effect on April 1, 2014. The Act covers:

- Those people in receipt of services under Section 12A of the Social Work (Scotland) Act 1968 (“the 1968 Act”);
- Children and young people as per Section 22 -24 of the Children (Scotland) Act 1995; and
- People who receive support as unpaid carers.

This includes (but is not exclusive to) children and adults with disabilities, or mental ill health, older people and carers.

Service Area	Division	Head of Service	Service Area Reference No.
Strategic Commissioning	Health and Social care	Michelle Miller	HSC1C

(b) What is being impact assessed?

Describe the different policies or services (i.e. decisions, projects, programmes, policies, services, reviews, plans, functions or practices that relate to the Corporate ERIA Title):

Policies and Services	Date ERIA commenced
The Personalisation Programme has eight work streams, each	July 2013

Policies and Services	Date ERIA commenced
<p>with its own work plans that contain a range of project activities (completed, partially completed, planned and developing) that will be undertaken until March 2015. Whilst phases of the work will go on beyond April 2015 (given the Scottish Government's ten year Personalisation Strategy), it is expected that much of this work will become core business. The programme's primary focus is on putting in place the pathway for people to have choice and control in how their social care support is arranged and managed. The pathway has is based on Scottish Government Statutory Guidance and has the following steps:</p> <p>Step 1: You need support Step 2: You contact the Council Step 3: Identifying your needs and goals Step 4: Creating your support plan Step 5: Agreeing your support plan Step 6: Organising support Step 7: Checking that it is working</p> <p>Given the structure and activities of the programme, this ERIA will focus on those key legislative duties and processes that underpin the steps outlined above, namely :</p> <ul style="list-style-type: none"> • sufficiency and range of accessible information and advice sources available to enable people to maintain/regain their independence and exercise choice and control • personalised and outcome focussed assessment and support planning process; • arrangements to ensure that those eligible are offered and able to access the 4 options of self-directed support; • key processes to inform people who have been assessed as being eligible for social care support of the estimated cost of meeting their care and support needs; • sufficiency and range of sustainable services available offering people choice over how their care & support needs are met; and <p>Given the complicated and long term nature of these changes and to aid understanding of the equalities and rights impacts as they relate to key duties, each duty is considered separately in Equality and Rights Impact Assessment summaries in the following appendices:</p> <ol style="list-style-type: none"> 1. My Steps to Support – Assessment/Review 2. My Steps to Support – Support Planning 3. Financial Allocation System 4. Information, Advice and Advocacy 5. Market Shaping 	

Policies and Services	Date ERIA commenced

(c) ERIA Team

Please list all ERIA Team Members:

Name	Organisation / Service Area
1. Tamara Mulherin	HSC - Strategic Commissioning
2. Cathy Bain	HSC - Strategic Commissioning
3. Norrie Craig	Children and Families
4. Shenaz Bahadur	HSC - Equalities
5. Diana Dodd	Children and Families - Equalities

Part 2: Evidence and Impact Assessment

(a) Evidence Base

Please record the evidence used to support the ERIA. Any identified evidence gaps can be recorded at [part 3a](#). Please allocate an abbreviation for each piece of evidence.

Evidence	Abbreviation
<ul style="list-style-type: none"> Scottish Government Social Care (Self-directed Support) Bill: Equality Impact Assessment (March 2012) - This document is the Scottish Government's Equality Impact Assessment of the Social Care (Self-directed Support) Bill completed before its enactment. Given the delivery of the legislation is primarily through local authorities and is a key driver of the Personalisation Programme in Council, this assessment provides Scottish wide evidence of the positive impacts that the bill will have. 	SG – EIA
<ul style="list-style-type: none"> Engagement Network and Core Group – an engagement network was established to provide a forum in which interested members of the public, including carers and people who use health and social care services can contribute directly to influencing and implementing the programme. This group has met 3 times since it was established in December 2012 and will meet ongoing until March 2015. A Core Group from this network has also been established and will consider in more depth how Council can provide care and support in a personalised way. It comprises 25 people with learning and physical disabilities, mental health issues, acquired brain injury, visual impairment, older people, carers, LGBT, different ethnicities, members of the public and 4 members of the workforce collaborative inquiry group. It will also meet until March 2015. 	EN
<p>Market Shaping Strategy 2013 – 2018</p> <p>The recently launched Market Shaping Strategy outlines the key issues that are affecting the current social care market as well as what the future shape of Edinburgh's local social care market could be and how to ensure it responds to the changing needs and aspirations of Edinburgh's citizens and it provides important background data highlighting population trends, service delivery pressures and patterns. The strategy undertook a detailed analysis that highlights the challenges facing Council and partners. This analysis provides considerable insights into challenges that the Personalisation Programme is seeking to address. Some information relevant to this ERIA includes:</p> <ul style="list-style-type: none"> Over the next 20 years, Edinburgh's population will grow by 19% from 505,368 in 2013 to 603,145 in 2033. The age structure of our population will also change. The projected 19% growth in Edinburgh's population cannot be matched by corresponding increases in health and social care spending; There are growing numbers of both older active citizens and those affected by frailty; As a result of medical advances and the changing age 	MSS

Evidence	Abbreviation
<p>structure of our population, we will be working with significant numbers of older people who have learning disabilities;</p> <ul style="list-style-type: none"> • There is increasing complexity of need in children and adults with disabilities; • There is increasing risk to children from the alcohol and drug misuse of their parents; • a growing number of homeless people with mental health problems; • There is an expanding prison population; • Low levels of health literacy (the ability to find, understand and use health information) are a significant issue with the lowest health literacy are at greatest risk of not benefiting from designed to prevent ill health and mitigate ongoing or chronic opportunities health problems; • People from Edinburgh’s ethnic, lesbian, gay, bisexual and transgender (LGBT) and other minority communities continue to tell Council they fear or have experienced discrimination when using services; • A postcode analysis of providers’ operating bases shows a large number of services being delivered in and around the city centre, with fewer operating directly in the areas where most people live; • Council data collection shows that about 15,000 people made use of these services during 2012/2013, including, advice and information, advocacy, befriending, carer support, day and lunch centres for older people, health and wellbeing, mental health, including crisis support and counselling, specialist services for dementia, autism, epilepsy and Huntington’s disease, substance misuse and victim support. While some people will have used both restricted and open access services, it is estimated that during 2012/2013 about 9% (38,954) of Edinburgh’s adult population were in touch with health and social care services; • Assuming demand remains constant at around 9% of the adult population and the population increases as projected, the numbers of people accessing restricted and open access services will increase by 34 5% (from 34,954 people in 2013 to 47,019 by 2033); • While the Council recognises demographic pressures in its Long Term Financial Plan, it will not be able to respond effectively to an increase in demand on this scale; and • This snapshot of demand for health and social care services shows the demand pressures are similar in the North East, North West and South West sectors, but currently significantly higher in the South East sector. 	
<ul style="list-style-type: none"> • Counting the Cost of Choice and Control: Evidence for the Costs of Self-Directed Support in Scotland. This study provides macro-level financial and economic evidence on the potential costs, benefits and impacts of an increase in the uptake of SDS in Scotland. 	CCCC
	CL

Evidence	Abbreviation
<ul style="list-style-type: none"> <li data-bbox="113 170 1082 613"> <p>• Changing Lives: Personalisation: A Shared Understanding: Commissioning for Personalisation: A Personalised Commissioning Approach to Support and Care Services – This publication is based three papers: first paper is on what personalisation is and what are the areas that need to be aligned if there is to be real user engagement, flexibility and improved outcomes for people. The second paper explores the role of commissioning in transforming services to meet future needs, the opportunities and constraints in delivering personalised services. The third paper is a more detailed look at commissioning and the various issues which arise at an operational level and what might need to be addressed.</p> <li data-bbox="113 645 1082 1088"> <p>• Self-directed support: A National Strategy for Scotland - responds to increasing interest in reshaping care and support in Scotland. It aims to set out and drive a cultural shift around the delivery of care and support that views people as consumers of services as opposed to service users, as equal citizens with rights and responsibilities. It is the key Scottish Government strategy spans 10 years, and provides a framework for significant changes in the way support is provided. The key themes of the strategy are: Values and principles, Ownership and leadership, Supporting choice and control, Resources and Measuring progress. This document sets out the rationale underpinning the new Act and is a key policy driver for the Personalisation Programme.</p> <li data-bbox="113 1120 1082 1348"> <p>• Co-production: an emerging evidence base for adult social care transformation SCIE Research Briefing, 2009. This briefing seeks to clarify definitions of co-production and assess its impact. It also highlights potential concerns and limitations which need to be addressed when considering co-production as a way of transforming public service development and delivery.</p> <li data-bbox="113 1379 1082 1568"> <p>• Scottish Government Equalities Evidence Finder : This website brings together information on national evidence by policy area and by equality characteristic. The key national demographic data on ageing, disabilities and children relevant to this ERIA shows that:</p> <ol style="list-style-type: none"> <li data-bbox="113 1599 1082 2045"> <p>1. In relation to demographic trends, current projections suggest that the population of Scotland will rise to 5.76 million by 2035 and that the population will age significantly, with the number of people aged 65 and over increasing by 63%, from 0.88 million to 1.43 million. When health is being considered, the proportion of people describing their health as 'very bad' or 'bad' increases with age. Only 1% of adults aged 16 to 24 years old described their health as 'very bad' or 'bad', compared to 15% of those aged 75 or older. This is reflected in emergency admissions data which highlights that the older an adult, the more likely they are to make an emergency admission to hospital, with the sharpest increases seen for age bands above 65. For example,</p> 	

Evidence	Abbreviation
<p>for every 100,000 people aged 65 to 69 in 2011/12, there were 14,154 emergency admissions. This compares to 26,199 for those aged 75 to 79 and 49,176 for those aged 85 or older.</p> <p>2. In relation to disabilities, in 2011, 26% of men and 30% of women in Scotland reported a limiting long-term illness or disability. Overall, 28 per cent of adults in Scotland report a limiting long-term illness or disability. In 2010/11, 21% of individuals in households with at least one disabled adult lived in relative poverty, compared with 13% for non-disabled households. Households that contain at least one person with a long-term illness or a disability are more likely to be 'not coping' (15%) than those that do not (10%). The corresponding 'coping' figures are 41% and 53% respectively. In terms of the labour market, in 2011 in Scotland, the employment rate for disabled people was 46.3% compared to an overall employment rate of 70.7%. 47.8% of people with a disability were economically inactive. This has reduced from 49.4% in 2008.</p> <p>3. In relation to children, the Scottish Government does not currently have information on disability in relation to children and families. In terms of education for young people with disabilities, they are identified as having an additional support need related to a disability. Those school leavers continue to have lower attainment, with only 17.6% of pupils with an additional support need achieving one or more highers or better compared to 55.8% for those with no additional support needs in 2010/11. Leavers from publicly funded secondary schools with additional support needs in 2010/11 continue to be less likely to enter positive destinations on leaving school, with 76.8% in positive follow-up destinations compared to 88.3% for those with no additional support needs. In 2010/11, the rate of exclusions at 1212 per 1,000 pupils for those with additional support needs is 4 times higher than for pupils with no additional support needs.</p> <ul style="list-style-type: none"> • Understanding Your Ward – this Council Business Intelligence Unit PowerPoint summary of key information about the communities elected members represent. This data by ward highlights the increasing ageing of the population and the correspondent increase in use of Council's services for Older People. It also highlights the increased numbers of people over 65 experiencing multiple admissions and increasing numbers of people being hospitalised as a result of strokes and from alcohol conditions, reflecting the increase in people living with long term conditions and complex health issues. For children and young people, that data highlights the proportion of children and young people in the City of Edinburgh's population is 15% which is in line with the national profile and it appears to be remaining relatively unchanged over 4 years. More specifically the data presents a positive picture for children and young people overall, however there is considerable variation between wards, such as 	

Evidence	Abbreviation
<p>young people who are unemployed and seeking employment, in 09/10, there was a range of 15% between wards, with one ward showing only 5% unemployed and another showing 20%. This mixed picture is evident in the proportion of primary children taking school meals, in 09/10, the highest percentage in one ward was 56% compared to the lowest percentage of 29% in another ward.</p> <ul style="list-style-type: none"> • Equalities – recording Levels of Protected Characteristics in SWIFT Client Records – Service Provision as at 31/03/2013 This report examines the recording levels of client variables on the SWIFT database (Council’s client record management system) to determine its utility for the provision of equalities monitoring data in line with the Council’s statutory duties under the Equalities Act 2010. The report concludes, with the caveat of out of date census data, that service users identified as non-white exceeds what would be expected given the local population profile and therefore service usage is equitable in terms of the protected characteristic of race. However, there are discrepancies when the data is analysed at the level of ethnicity type. This has been attributed to possible coding errors and the out of date census. The other protected characteristics that are required are Title, Age, Gender and Client Category (proxy for disability). Marital Status and Religion are not regarded as essential. The data collected does not reflect all protected characteristics, primarily gender reassignment and sexual orientation. This report provides important insight into the recording of protected characteristics within SWIFT, in particular identifying the strengths and weaknesses in data quality and will inform the development of equalities monitoring for the Personalisation Programme. • Evidence of Children and Young People’s priorities (Edinburgh data) from A Right Blether consultation by the Children and Young People’s Commissioner Scotland. These priorities are to be given help to <ol style="list-style-type: none"> 1. be safe and secure in our own home 2. have the same chances no matter how much money our families have 3. feel safe and respected in the community 4. include each other, no matter our differences • Changing Cultures – Health and Inequality in the South Asian Community in Edinburgh by Jones, J., Martin, C., Jones, L. and Platt, S. This recently published report by Nari Kallyan Shangho (NKS) (and funded by NHS Lothian) intends to contribute to a better understanding of the health and wellbeing of the South Asian community in Scotland as well as to explore the development of culturally sensitive indicators of health inequalities and social exclusion that might also be relevant to other ethnic 	

Evidence	Abbreviation
<p>communities. The report highlights the significant disadvantages experienced within the South Asian community in Edinburgh, particularly older women. One of the key lessons this research highlights was the limitation of standard indices of deprivation not capturing the experiences of South Asian women and the caution required on the part of statutory authorities when relying on these kind of indices to inform resource allocation decisions. This report provides important data in relation to how to reach and support South Asian women in the context of personalisation and consider the implications of investment in preventative activities.</p> <ul style="list-style-type: none"> • Edinburgh Joint Commissioning Plan for Older People – Consultation 2012 – 2022 LGBT Age Capacity Building – LGBT Centre for Health and Wellbeing – December 2012. This report on an LGBT consultation as part of the development of the Joint Commissioning Plan for Older People highlights the barriers experienced by older LGBT people in relation to accessing services. This report acknowledges the limited research and data on the experiences of older people but also provides some additional data, albeit small, from a consultation that it undertook. The consultation also highlights some important ways in which Commissioners and Providers can improve their equalities standards of practice. • LGBT Health and Wellbeing: Age Capacity Building Project – Best Practice for working with older LGBT people – September 2013. This collation of presentations from the recent LGBT Health and Wellbeing Centre event provides important information on the needs of older LGBT people, a demographic overview of older LGBT people, some examples of policy and practice improvement, as well as ongoing activity in Edinburgh. 	

(b) Rights Impact Assessment – Summary

Please describe all the identified enhancements and infringements of rights against the following ten areas of rights. Please also consider issues of poverty and health inequality within each area of rights:

- Life
- Health
- Physical security
- Legal security
- Education and learning
- Standard of living
- Productive and valued activities
- Individual, family and social life
- Identity, expression and respect
- Participation, influence and voice

Please indicate alongside each identified enhancement or infringement the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Summary of Enhancements of Rights

The Personalisation Programme seeks to promote independence, choice and control for people living in Edinburgh and apply the values and principles of the Social Care (Self-directed Support) (Scotland) 2013 Act. It is anticipated that the Personalisation Programme will result in positive outcomes for individuals assessed as requiring social care support and their carers, as they will have greater choice and control in how their support will be provided and the evidence from the Scottish Government's Equality Impact Assessment indicates that the implementation of this transformation of social care will have a positive impact by reducing and removing barriers to independent living and inequalities that currently exist.

Summary of Infringement of Rights

Can these infringements be justified? Are they proportional?

Whilst no explicit infringements of rights were identified, there may be tensions between professional judgement and individual/family perspectives as to the way in which an individual's care and support needs should be met and the cost of meeting those needs, but the legislation recognises this and links back to the statutory duties expressed in the Social Work (Scotland) Act 1968, namely the provision of assessment. Whilst there is regulatory recognition of professional judgement, the assessment and planning processes must have regard to the principles of the Social Care (Self-directed Support) (Scotland) 2013 Act and conduct assessments and support planning in a participatory, supportive and collaborative manner.

There are also implications for Council Commissioners and Council business processes to make sure that Council can fulfill its legislative obligations as a 'market shaper', protect against market failure and support the development of a healthy local social care market.

(c) Equality Impact Assessment – Summary

Please consider all the protected characteristics when answering questions 1, 2 and 3 below. Please also consider the issues of poverty and health inequality within each protected characteristic:

- Age
- Disability
- Gender identity
- Marriage / civil partnership
- Pregnancy / maternity
- Race
- Religion / belief
- Sex
- Sexual orientation

1. Please describe all the positive and negative impacts on the duty to eliminate unlawful discrimination, harassment or victimisation. Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts

Age

Using appropriate practice for children, young people, adults, older people, with or without disabilities, the assessment and support planning process will both promote the rights of the individual as well as flag, if identified, harassment or victimisation and address through child or adult protection mechanisms. The Financial Allocation System will also be applied equitably across all age groups.

Disability

The assessment and support planning process will both promote the rights of the person with disabilities as well as flag, if identified, harassment or victimisation and address through adult protection mechanisms, including the reporting of hate crime to the police.

Sexual Orientation

There is limited data collected on the sexual orientation of those who utilise direct payments and there is little evidence about this group's experience of self-directed support, however, the Market Shaping Strategy highlights that in Edinburgh, the lesbian gay and bisexual community report that there is still fear or experience discrimination when using care and support services. The Scottish Government – Equality Impact Assessment highlights that there is strong evidence that lesbian gay and bisexual people are more likely to experience discrimination and may particularly benefit from the continuity of care that a self directed arrangement can have.

Gender Identity

It is acknowledged that there is limited evidence on the experiences of transgender people in Scotland with no fully tested recommended question, given the very small size of this group, with which to collect information on gender identity in surveys or other data sources and therefore there is no data on transgender people who may use direct payments or self directed support. The anecdotal evidence described in the Market Shaping Strategy does not provide a data breakdown by either sexual orientation or gender identity, however the Scottish Government – Equality Impact Assessment expresses the opinion that transgender people may particularly benefit from the continuity of care that a self directed arrangement can have, as long as there is a wider appreciation and respect for their right to be protected from discrimination.

Marriage/Civil Partnership

There is limited evidence on the impact of the Personalisation approach on people's relationship status and like other protected characteristics this will need to be monitored

Pregnancy/maternity and Sex

Issues of gender did not appear in the Scottish Government – Equality Impact Assessment evidence collected or consultations and may indicate that there would be no particular impact on either gender. Where issues such as domestic violence were identified in assessment processes, there are clear mechanisms to address the situation, including adult protection.

Race

There is limited data on the impact on ethnicity more generally and even less in terms of impact of changes in social care such as SDS. This is evident in the Scottish Government – Equality Impact Assessment and the EEF. This is partly affected by the lack of up to date census data and availability of data from other sources, such as the Edinburgh Equality Network – Community Interest Bank. Given this, it is difficult to determine at this time if there will be any particular impact.

Religion/belief

The Scottish Government – Equality Impact Assessment reported that there was no specific data collected by the Scottish Government on the religions and beliefs of SDS recipients. No data was found at an Edinburgh level to utilise to better understand the potential impacts of Personalisation on Religion or belief.

Negative Impacts

Age

The Scottish Government – Equality Impact Assessment report does note that the responsibilities arising from SDS could have a disproportionately negative impact on older people if they do not have access to appropriate support.

Disability

The Scottish Government – Equality Impact Assessment indicated that certain subgroups could be adversely affected if there is not adequate support provision, in particular for people with variable conditions or limited capacity. This Equality Impact Assessment considered the impact for people with learning disabilities, mental health and physical disabilities and the evidenced outlined by the Scottish Government shows that on balance the benefits outweigh the potential negative impacts.

Gender Identity and Sexual Orientation

There is limited data collected on the sexual orientation of those who utilise direct payments and there is little evidence about this group's experience of SDS and no negative impact was identified.

Marriage/Civil Partnership

There is no evidence available about the extent to which the Personalisation Programme would negatively impact on people's relationship status.

Pregnancy/maternity and Sex

Issues of gender did not appear in the Scottish Government – Equality Impact Assessment evidence collected or consultations and may indicate that there would be a negative impact on either gender. However, issues such as the limited availability of male carers or male personal assistants has the potential to have a negative impact for those wanting a carer of the same sex.

Race

The Scottish Government – Equality Impact Assessment highlighted evidence from the Social Care Institute for Excellence in England that identified barriers to black and minority ethnic service users accessing direct payments, including difficulties in recruiting personal assistants who are able to meet the cultural, linguistic and religious requirements of individuals, confusion over the relatives' rules and the meaning of 'independent living' but that this was not a negative impact of Self Directed Support as similar issues are encountered in relation to more traditional forms of social care support. The Scottish Government acknowledges that having a diverse workforce to choose from will be important if SDS is to be available to all.

Given the limited evidence, it will be important to ensure proactive communication to a range of ethnic groups as well as hard to reach groups, such as Gypsy/Travellers.

There is also a potential negative impact if the Council cannot ensure that all assessors are culturally competent and trained in anti-racist practice.

Religion/belief

The Scottish Government – Equality Impact Assessment reported that there was no specific data collected by the Scottish Government on the religions and beliefs of SDS recipients. No data was found at an Edinburgh level to utilise to better understand the potential impacts of Personalisation on Religion or belief.

2. Please describe all the positive and negative impacts on the duty to advance equality of opportunity (i.e. by removing or minimising disadvantage, meeting the needs of particular groups that are different from the needs of others and encouraging participation in public life)? Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts

Age

According to the Scottish Government EIA (Scottish Government – Equality Impact Assessment) the self-directed support approach will impact positively on all age groups. Whilst more is known about the impacts for younger adults, Scottish Government evidence indicates that children and other adults can benefit as well.

Disability

The Scottish Government – Equality Impact Assessment suggests that SDS will impact positively on disabled people. The Scottish Government review of self-directed support found that it enhances quality of life by giving people greater independence and by helping to increase their social participation. Scottish Government consultations on the bill also revealed the high levels of support from people with disabilities. There is also a history of disability activism and involvement that has meant there is already valuable experience amongst some people with disabilities of personalised approaches.

Religion/belief

It could be inferred, from the personalised assessment and planning processes, that there would be potential benefits from people being able to design their care, such that their religious beliefs could be catered for, for example accessing Personal Assistants from specific faith groups.

Overall, the communications, assessment, planning, information and advisory mechanisms associated with the Personalisation Programme will be proactive in supporting people to be to be at the centre of the SDS process and the wider personalisation agenda.

Negative Impacts

Given the range of data and evidence available, limited negative impacts have been identified. However, given these limitations, there is a need to do further analysis and monitor the experiences of the protected characteristics of people as the new self-directed support mechanisms are implemented.

3. Please describe all the positive and negative impacts on the duty to foster good relations (i.e. by tackling prejudice and promoting understanding)? Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts

There is potential that with the communications and ongoing engagement efforts of the programme to increase the profile of the personalisation agenda and promote its wider benefits to the community. . There is also potential to create more opportunities for children, young people, adults and older people to express their needs and therefore foster better relations

Negative Impacts

No negative impacts identified

Part 3: Evidence Gaps, Recommendations, Justifications and Sign Off

(a) Evidence Gaps

Please list all relevant evidence gaps and action to address identified gaps.

Evidence Gaps	Action to address gaps
1. Limited data collected across the following protected characteristics – sexual orientation, transgender and gypsy/traveler	Equalities data in the collected as part of the assessment process to include this information
2. Localised data from different equalities groups is currently unavailable	Access information from the Edinburgh Equality Network – Community Interest Bank when it becomes available
3. 2011 Census data for ethnicity	Request analysis of recording of protected characteristics in SWIFT, when data becomes available.

(b) Recommendations

Please record SMART recommendations to

- (i) eliminate unlawful practice or infringements of absolute rights;
- (ii) justify identified infringements of rights; or
- (iii) mitigate identified negative equality impacts.

Recommendation	Responsibility of (name)	Timescale
1. To support practitioners within Council to achieve a balance between people’s rights to take risks and harm minimisation, a Risk Enablement Framework be developed that incorporates the FAIR approach to human rights into the assessment and support planning process		September 2014
2. To mitigate potential widening of inequalities within different groups eligible for SDS and advance equality of opportunity, the Council needs to: a) Equip assessors with knowledge about information resources and advocacy services that individuals/ families can use for support planning. b) Monitor the operations of the Financial Allocation System c) Put in place, through its market shaping responsibilities, investment in advocacy, in particular, with groups with experience with protected characteristics.		September 2014

<p>3. To improve the Council's ability to publish equality outcomes and report progress, given the existing gaps in data and need to monitor experience of self-directed support implementation, integrate equalities monitoring into a Personalisation Programme Performance Management Framework</p> <p>4. To reduce barriers to access to social care support, particularly for hard to reach groups, such as gypsy/travelers and those with specific communication needs, the Council should develop tailored social marketing messages to promote self-directed support.</p> <p>5. To prevent unlawful discrimination, harassment or victimisation, the Council should ensure that assessors are culturally competent and trained in equalities sensitive practice through the creation of additional practice oriented modules in LearnPro/Children and Families CPD, which build on the CECIL e-learning on Equalities.</p> <p>6. Given the data gaps as well as the sensitivities associated with asking personal information and collecting data on sexual orientation and gender identity, Council consider working with LGBT Health and Wellbeing to develop training for assessors and data collection standards.</p> <p>7. To support lesbian, gay, bisexual and transgendered people to overcome access barriers and have confidence in self-directed support, the Council should work with LGBT community to develop accreditation for the Council and service providers.</p> <p>8. Given women make up the majority of personal carer workforce, the Council should monitor the demand for those who express a preference for male Personal Carers.</p> <p>9. To ensure changes as a result of self-directed support are not having a negative impact in terms of protected characteristics, the Council should monitor, in an ongoing way, the experience of users of self-directed support, as part of a Personalisation Programme Monitoring and Evaluation Framework.</p> <p>10. To carry out recommendations as identified in the appendices</p>		September 2014
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(c) Sign Off

I, the undersigned, am content that:

- (i) the ERIA record represents a thorough and proportionate ERIA analysis based on a sound evidence base;
- (ii) the ERIA analysis gives no indication of unlawful practice or violation of absolute rights;
- (iii) the ERIA recommendations are proportionate and will be delivered;
- (iv) the results of the ERIA process have informed officer or member decision making;
- (v) that the record of ERIA has been published on the Council’s website / intranet, or
- (vi) that the ERIA record has been reviewed and re-published.

Date	Sign Off (print name and position)	Reason for Sign Off (please indicate which reason/s from list (i) to (vi) above)
13 January 2015	Michelle Miller: Chief Social Work Officer	(i) (ii)