



ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

Name of Policy or Practice being developed	Review and Redesign of Learning Disability (LD) Supported Living Placements
Name of Officer completing Proportionality and Relevance Questionnaire	Jenny Rae
Date of Completion	30/01/2026
What is the aim to be achieved by the policy or practice and is it legitimate?	To review and, where appropriate, redesign a small number of LD supported living arrangements so people live in the right type of accommodation with the right level of support, aligned to assessed need, person-centred outcomes, sustainability and best value. Reprovision may include moves to core-and-cluster or individual tenancies with appropriate support and decommissioning settings that are no longer viable or suitable. This IIA covers the wider strategic intentions rather than specific services or individuals affected, individual equalities impacts will be considered for each person within the review process.
What are the means to be used to achieve the aim and are they appropriate and necessary?	Reviews will remain needs-led, with individual transition plans developed collaboratively and supported by reasonable adjustments that reflect each person's circumstances. Any moves will be phased to reduce disruption, with continuity planning used to retain familiar staff, routines and community links wherever possible. Providers and partners will stay closely involved throughout, and complex situations will receive clinical oversight to safeguard wellbeing. Decisions will be fully recorded, including the rationale and governance through the IJB. The associated £400k saving will only be delivered where changes align with safe, proportionate and person-centred outcomes.
If the policy or practice has a neutral or positive impact please describe it here.	Whilst there are some negative impacts identified, in that individual need may be better met in alternative settings meaning people may need to move or change settings. The redesign aims to achieve a closer match between support and assessed need, creating conditions that strengthen safety, wellbeing and independence when an individual's environment and staffing are aligned to what they require. It also introduces greater transparency and consistency in how decisions are made, helping ensure that changes are both proportionate and clearly understood.

<p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No) Note – if multiple assessments are required please complete a separate template for each of these and embed them in the section below ‘Rationale for Decision’ with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.</p>	Yes
<p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person’s rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	<p>Only a small cohort is expected to be affected, and while short-term impacts such as anxiety, changes to routines and pressures on carers’ time or costs may arise, these are recognised and actively mitigated through person-centred planning, phased transitions, advocacy and structured review points. Each decision is taken on an individual and proportionate basis rather than through any blanket criteria, allowing flexibility where circumstances differ and ensuring safeguards remain in place throughout. The nature of the proposal means that impacts are connected to well-known inequalities experienced by disabled adults and unpaid carers, and for that reason the mitigations are embedded from the outset and monitored to ensure they are working effectively.</p> <p>Links to mitigations and supports for unpaid carers and the people they care for has been supported through the Carers Strategy, a full IIA was conducted for the Carers Refresh in February 2026. Stage 2 completed (Appendix C) as part of IJB report HSCP.26.014.</p>
Decision of Reviewer	
Name of Reviewer	
Date	

APPENDIX C

ACHSCP Impact Assessment – Stage 2 – Impact Assessment

<p>Description of Policy or Practice being developed including intended aim.</p>	<p>Review and, if suitable, redesign of a small number of LD supported living arrangements so people are in the least-restrictive setting that promotes independence, safety and wellbeing. Where settings no longer meet need, individuals may be reprovioned to more suitable models; settings that are no longer viable may be decommissioned. Budget saving (£400k) is contingent on needs-led, safe changes.</p>
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Is this a new or existing policy or practice?	Existing commissioning intentions applied through a focused review and potential redesign.
Name of Officer Completing Impact Assessment	Jenny Rae
Date Impact Assessment Started	26/01/2026
Name of Lead Officer	Kevin Dawson
Date Impact Assessment approved	30/01/2026

Summary of Key Information

Groups or rights impacted.	The main impacts relate to disability, given that the proposal concerns adults with learning disabilities, and to age, particularly where older carers may experience associated pressure. Effects can also extend indirectly to sex, as caring roles are often carried out by women. From a socio-economic perspective, the Fairer Scotland Duty highlights potential impacts for people on low incomes or with limited financial reserves, as well as those experiencing material or area-based deprivation, particularly where caring responsibilities create additional time or cost pressures. Human rights considerations are centred on Article 8, where changes to a person's home or family life require sensitive handling, and Article 14, ensuring decisions do not lead to discrimination. UNCRC implications are largely neutral, though indirect effects may arise for young people who are approaching transition or living in families where an adult is affected.
Feedback from consultation and engagement and how this informed development of the policy or practice	Insights from the city-wide budget consultation, along with internal programme and senior leadership discussions, consistently highlighted the importance of transparency, reassurance and a clear commitment to needs-led decision-making. These perspectives were reinforced through conversations with providers and service teams, which helped shape what is feasible operationally and how continuity can best be maintained if change occurs. Together, this feedback informed the core mitigations: adopting staged and predictable move processes, making information accessible, offering

	advocacy as standard, ensuring carers remain closely involved, and planning provider handovers in a way that protects stability and support.
Performance Measures identified, where these will be reported and how impact will be monitored.	<p>Monitoring will focus on how well individual move plans are delivered in practice, drawing on indicators such as planned versus actual move dates, the number of familiarisation contacts completed and whether agreed adjustments have been implemented.</p> <p>As per wider contract monitoring requirements for all commissioned care services, considerations will be made to user experience and feedback, as well as including data such as reported incidents, Adult Support and Protection considerations.</p> <p>Outcomes will be reviewed including progress towards personal goals and the maintenance of community connections.</p> <p>Checkpoints around 2, 6 and 12 weeks after any move will help identify early issues before returning to routine review cycles, and the IIA will be updated as new evidence emerges.</p> <p>Oversight and reporting will sit within learning disability governance arrangements and through the IJB, forming part of broader programme assurance.</p>

Review

Date the Impact will be reviewed	Progress will be revisited at around 2, 6 and 12 weeks after each move, before returning to the standard review cycle. At programme level, oversight will align with the broader IJB reporting timetable to ensure changes are monitored consistently across the system.
Rationale for Date	These checkpoints are intended to pick up early issues quickly, confirm whether mitigations are working as expected, and provide assurance through established governance routes that transitions remain safe, proportionate and well supported.

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	Yes	For adults with learning disabilities, the main short-term impacts are likely to relate to the stress of change, including anxiety, disruption to established routines and interruptions to relationships that provide stability. Age / Sex-related impacts also arise through unpaid carers, particularly where women, who remain over-represented in caring roles, may experience added pressure. These effects are mitigated through person-centred planning, phased transitions, efforts to retain familiar routines and relationships, accessible information and proactive offers of advocacy.	<ul style="list-style-type: none"> • Consultation feedback showed high anxiety, routine disruption, and relationship impacts for adults with learning disabilities during change. • Carers, particularly women, reported increased pressure, reflecting known inequalities in caring roles. • Mitigation themes (continuity, staged moves, advocacy) reflect repeated concerns raised by respondents.
Fairer Scotland Duty	Yes	Carers may face short-term increases in time and cost commitments, such as travelling to appointments or adjusting work patterns during a move. Over the longer term, however, improvements in placement fit and support alignment can contribute to greater stability for the individual and reduced strain for families.	<ul style="list-style-type: none"> • Carers highlighted time, cost and employment pressures linked to travel and appointments. • Budget Savings IIA identifies financial strain for families with low income/wealth during service changes. • Improved placement fit is associated with longer-term stability for individuals and carers.
Health Inequality	Yes	There are also risks connected to navigating services during periods of change, particularly where people may have lower health literacy or feel uncertain about who to approach for help. These risks are reduced by ensuring individuals have named contacts, information presented in	<ul style="list-style-type: none"> • Lower health literacy linked to difficulty navigating service changes without clear communication. • Consultation showed strong demand for plain language, Easy Read, and predictable

		plain language and Easy Read formats, access to advocacy, and predictable updates throughout the transition.	updates. Advocacy and named contacts reflect best practice noted in Transitions IIA.
Specific Groups	Yes	Potential impacts extend to unpaid carers and, for a limited period, staff whose workloads may rise during transitions. The likelihood of impacts for refugees or people with no recourse to public funds is low, though any such cases would be assessed individually to ensure appropriate support and safeguarding.	<ul style="list-style-type: none"> • Unpaid carers experience additional workload and stress during transition periods. • Staff workloads temporarily rise during reviews and moves. • Low likelihood of impact for refugees/NRPF, but case-by-case assessment noted in system evidence.
Human Rights	Yes	From a human-rights perspective, there may be temporary effects on Article 8 rights relating to home and family life where change occurs, though these are balanced by the longer-term benefit of better-matched environments that promote autonomy and security. Article 14 considerations are addressed through individualised, needs-led decisions and the use of reasonable adjustments to prevent discriminatory outcomes.	<ul style="list-style-type: none"> • Article 8 concerns raised in Budget Savings IIA about temporary disruption to home/family life. • Consultation responses showed significant worry about unwanted moves and emotional impact. • Individualised, needs-led decisions align with Article 14 non-discrimination requirements.
UNCRC	Yes	As the proposal focuses on adult services, direct impacts on children are not expected. However, indirect effects may arise for young people nearing transition to adult support or for children within families affected by the changes. Where relevant, these situations will be managed through the approved transitions pathway to ensure continuity and appropriate support.	<ul style="list-style-type: none"> • Transitions IIA highlights that young people nearing adulthood may be indirectly affected by adult-service changes. • Public feedback included concerns from parents of young people approaching transition. • No direct impact identified as the proposal focuses on adults only.

Will there be any cumulative impacts between this policy or decision and others	Yes	X	No	
Describe what this cumulative impact will be and include evidence mitigations in the sections below	This work sits alongside the Independent Living & Specialist Housing Provision Market Position Statement and the Adult Social Care Budget Savings programme, with any cumulative effects managed through ethical commissioning practices, active engagement with providers and careful continuity planning to minimise disruption.			

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions
Individuals and carers	Concerns about the anxiety that change can trigger have been central to the assessment, particularly where individuals rely on stable routines and trusted relationships. These considerations highlight the importance of maintaining continuity wherever possible, supported by clear, accessible information and predictable updates so that people know what to expect at each stage.	Moves will be phased to minimise disruption, supported by Easy Read and plain-language communication, named contacts, advocacy where needed, and planned review points at roughly 2, 6 and 12 weeks to check how individuals are settling.
Care providers	Operational feasibility has also been taken into account, recognising the need to plan transitions in a way that maintains staffing continuity and ensures that handovers between providers are well-coordinated. This helps preserve the quality and safety of support during periods of change and provides reassurance for both individuals and carers	Engagement with providers will remain central throughout, with clear exit or transfer arrangements in place and efforts to maintain continuity of familiar staff wherever this is achievable.
Commissioning & LD Service	Decisions are guided by the principle that any change should improve alignment between assessed need and the support or environment available, while also taking account of market capacity so that people are not displaced into	Options such as core-and-cluster models or individual tenancies will be considered where they offer a better match to assessed need, underpinned by ethical commissioning and attention to maintaining market stability.

	unsuitable alternatives. This balance is essential to achieving a better match of support without creating unintended pressures on individuals or providers.	
Health partners	Where individuals have more complex needs, transitions will involve appropriate clinical oversight to ensure that health and safety considerations are fully understood. Safeguarding responsibilities remain central throughout, with risks assessed and addressed promptly to maintain wellbeing during any period of change.	Clinical input will be sought when required, supported by proportionate risk management and attention to Adult Support and Protection considerations to ensure safety during any transition.

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

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 and the Fairer Scotland duties be addressed?

Yes, elements delivered by commissioned providers. Equality, human rights (including children's rights) and Fairer Scotland duties will be addressed through contract management, ethical commissioning standards, clear handover/exit arrangements and monitoring of outcomes and experience indicators.

ACHSCP Impact Assessment – Stage 4 – Review

Name of Impact Assessment being reviewed	
Name of Officer completing review	
Date Review Commenced	
Reason for Review (scheduled or accelerated)	
Reason for Accelerated Review	
Name of Lead Officer	
Date Review Completed	

Summary of Key Information

What amendments have been identified to the original Impact Assessment?	
What evidence do you have for these amendments?	
What actions have you taken to review the policy or practice in light of the review?	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions