

Social Care (Self-directed Support) Bill: Equality Impact Assessment

(March 2012)

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Social Care (Self-directed Support) Bill: Equality Impact Assessment (March 2012)

Policy Title	Social Care (Self Directed Support) (Scotland) Bill
Strategic Outcome	Healthier
Directorate-General	DG Health and Social Care
Directorate or Agency	Health and Social Care Integration
Division	Adult Care and Support Division
Branch	Self-directed Support
Date	March 2012

Step 1: Define the aims of your policy

What is the purpose of the proposed policy (or changes to be made to the policy)?	<p>Self-directed support (SDS) is a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them. It has generally been used to describe the delivery of social care. If enacted the Bill would help to increase the uptake of self-directed support through:</p> <ul style="list-style-type: none">• introducing the language and terminology of self-directed support into statute;• providing a clear legislative framework, imposing firm duties on local authorities, setting out the options available to citizens, making it clear that it is the citizen's choice as to how much control they want to have;• providing a discretionary power to councils to provide support to carers following a carer's assessment and;• consolidating, modernising and clarifying existing laws on direct payments (DPs).
Who is affected by the policy or who is intended to benefit from the proposed policy and how?	<p>People in receipt of services under Section 12A of the Social Work (Scotland) Act 1968 ("the 1968 Act"), Section 22 -24 of the Children (Scotland) Act 1995 and people who receive support as unpaid carers under this Bill.</p> <p>This includes (but is not exclusive to) children and adults with disabilities, people with mental ill health and older people. It is intended that they will benefit from the positive outcomes of self-directed support which include: greater flexibility, choice and control in care arrangements, better quality care and a more independent lifestyle.</p> <p>In 2011 63,458 people in Scotland received home care services, of whom 21,379 were male and 42,079 female. Numbers receiving these services by client groups were age 33,005 people; physical disabilities 16,568; learning disabilities 4,266; dementia 3,358; mental health problems 2,766; people in other vulnerable groups 2,411; and not known 1,084. (source: National statistics; Home Care Services, Scotland, 2011; table 2)</p>

How have you, or will you, put the policy into practice, and who is or will be delivering it?

The Scottish Government intends to bring forward regulations and statutory guidance to support the final Act. The delivery of the legislation would be mainly through local authorities. However health boards will also have a significant role to play in cases where a self-directed support package includes health monies. Providers of care and support have a key role to play in ensuring that self-directed support values and principles translate into real choice and control in the delivery of support and not solely in the decision on one or other mechanism during assessment.

Support organisations in their various forms are expected to promote self-directed support whilst ensuring the best support to individuals in receipt of a package.

Other reserved agencies have a role in the delivery of self-directed support and Direct Payments for those in receipt of these funding streams.

How does the policy fit into our wider or related policy initiatives?

This policy helps to deliver the independent living agenda. It also contributes to the wider personalisation agenda and to shifting the balance of care out of the hospital and closer to the patient's home.

Self-directed support addresses several of the Scottish Government's key themes. The type of care and support packages that can be delivered via self-directed support can help to prevent the deterioration of an individual's physical and mental ill health, contributing to a Healthier Scotland. It will also contribute to a Fairer and Wealthier Scotland as self-directed support can be used to support a person into employment, training and education.

The policy also contributes to meeting a National Indicator: "Improve support for people with care needs".

The policy is also in accordance with the conclusions of the Christie Commission (June 2011) regarding the future of public service delivery in Scotland.

Have the resources for your policy been allocated?

Yes

Step 2: What do you already know about the diverse needs and/or experiences of your target audience?

Age

Yes

Evidence

Scotland's population is ageing. This is evident by the decrease in the population aged under 16 (-7 per cent) between 2000-2010 compared with increases in the populations aged 60-74 (+13 per cent) and those aged over 75 (+14 per cent). (The Registrar General's Annual Review of Scotland's Population - 2010)

The Scottish Government is aware that older people account for a significant minority of direct payment users in Scotland, according to the latest statistics 33% of direct payment recipients are aged 65 and over (National Statistics, Self-directed Support (Direct Payments), Scotland, 2011) However that it is a small number in terms of the overall number of older people receiving social care who could potentially benefit from self-directed support.

Statistical data on age and self-directed support is available in relation to direct payments only, though this includes statistical data on the age of direct payment recipients. Data collection is currently being reviewed (as of July 2011) by a group comprised of colleagues from analytical services, local authority officials and other stakeholders. The group is looking at ways of collecting data on all forms of self-directed support.

The Scottish Government commissioned a review of self-directed support in 2008. The review involved case study participants from every age group and found that there were benefits older people in maintaining a lifestyle that involves a sustained income, social networks and / or learning opportunities (Tony Homer and Paula Gilder, A Review of Self-directed Support in Scotland, 2008).

In 2010 Alzheimer Scotland published research into personalisation and dementia which found that when empowered to direct their own support individuals and their families can arrange more personalised support that better meets their outcomes (Alzheimer Scotland, Lets Get Personal - Personalisation and Dementia, 2010.)

In 2011 the Scottish Government published an evaluation of 3 self-directed support test sites.

There is more consideration of evidence relating to age in section 4.

Consultation A Self-directed Support National Reference Group which had representation from key interests contributed to the shaping of the Bill proposals between 2008 and 2010. From 2010 a Bill Steering Group was established to advise on the development of the Bill. Scottish Government officials undertook a number of activities to inform the Bill. This included engagement with most local authorities and a number of user led and third sector organisations. There was an initial consultation on the Bill's proposals between March and June 2010. There followed a second consultation on a draft Bill between December 2010 and March 2011. Responses came from groups representing older and younger people. Consultation events were also held in partnership with organisations including Age Scotland and Alzheimer Scotland.

Disability Yes

Evidence The Scottish Government's 2008 review of Self Directed Support involved case study participants from each disability client group. A large majority of SDS clients and their informal carers had positive experiences of using their SDS funding to directly purchase their support and employ Personal Assistants.

Statistical data is available on direct payments only, though this includes data on the disabilities of direct payment recipients. Data collection is currently being reviewed so that information on other forms of self-directed support can be recorded.

The statistical data shows that 40 per cent of people receiving Self-directed Support (Direct Payments) had a physical disability and 26 per cent had a learning disability. A further 3 per cent had both a physical and a learning disability. (National Statistics, Self-directed Support (Direct Payments), Scotland, 2011).

There are also several works of published literature relating to this groups' experience of self-directed support, some of which are considered in Step 4 of this assessment.

Consultation A Self-directed Support National Reference Group, which had representation from key interests, contributed to the shaping of the Bill proposals between 2008 and 2010. Scottish Government officials undertook a number of activities to inform the Bill, including engagement with representative disability organisations. There was a large response from disability organisations to both the consultation on Bill proposals and the consultation on a draft Bill. Responses came from organisations representing every disability client group. Over the course of the two consultations events were held in partnership with several voluntary organisations that

represent the interests of disabled people from different client groups.

Gender (including pregnancy and maternity)

Yes

Evidence

The Scottish Government collects statistical data on the numbers of men and women accessing direct payments. Data collection methods are currently being reviewed so that data on other forms of SDS can be collected.

In response to the public consultation on a draft Bill two respondents suggested that any impact would be greater on women because they comprise a greater portion of the social care workforce including unpaid carers. Neither respondent indicated that the impact would be negative and one respondent said that in the case of section 5 of the draft Bill (support for carers) the impact on women will be positive.

Consultation

A Self-directed Support National Reference Group which had representation from key interests contributed to the shaping of the Bill proposals between 2008 and 2010. After the Reference Group was wound up the Bill Steering group advised on the development of the Bill. Scottish Government officials undertook a number of activities to inform the Bill. This included engagement with most local authorities and a number of user led and third sector organisations. There was an initial consultation on the Bill's proposals between March - June 2010. There followed a second consultation on a draft Bill between December 2010 and March 2011.

Lesbian, Gay, Bisexual & Transgender

Yes

Evidence

The Scottish Government does not currently collect data on the sexual orientation of direct payment recipients. Data collection on self-directed support is currently being reviewed to see how robust information on every protected characteristic can be collected.

A 2008 report by the Commission for Social Care Inspection in England found that there were higher levels of satisfaction among lesbian, gay and bisexual direct payment recipients than in lesbian, gay or bisexual users of traditional social care. The report pinpointed 3 reasons for this.

- Choice and consistency of worker to ensure positive attitudes to lesbian, gay and transgender people.
- Flexibility over care tasks and times to enable people to meet with friends or attend events.
- Control in deciding what to do if a worker is discriminatory.

More evidence on the experiences of people who share this protected characteristic are considered in Step 4.

Consultation	A Self-directed Support National Reference Group which had representation from key interests contributed to the shaping of the Bill proposals between 2008 and 2010. Scottish Government officials undertook a number of activities to inform the Bill. This included engagement with most local authorities and a number of user led and third sector organisations. There was an initial consultation on the Bill's proposals between March and June 2010. There followed a second consultation on a draft Bill between December 2010 and March 2011.
Race	Yes
Evidence	<p>The Scottish Government collects data on the number of direct payment recipients categorised by different ethnic groups. This information was provided for 83% of all direct payment recipients. Figures for 2010 show that 98% of recipients are white and 1% are Asian, the other categories each accounted for less than 1% of DP recipients. This information will be included in future publications subject to there being no disclosure issues.</p> <p>The Government recognise that more robust evidence is needed and should be addressed by research to assist policy development and a review group has been meeting regularly since July 2011 to consider how self-directed support is monitored.</p>
Consultation	A Self-directed Support National Reference Group which had representation from key interests contributed to the shaping of the Bill proposals between 2008 and 2010. Scottish Government officials undertook a number of activities to inform the Bill. This included engagement with most local authorities and a number of user led and third sector organisations. There was an initial consultation on the Bill's proposals between March and June 2010. There followed a second consultation on a draft Bill between December 2010 and March 2011. During the initial consultation officials held an event in partnership with the organisation BEMIS (Black and Ethnic Minority Infrastructure Scotland) to gather evidence of the views of people from minority ethnic communities.
Religion & Belief	Yes
Evidence	The Scottish Government and most local authorities do not collect data on the religions and beliefs of SDS recipients. This will change as local authorities begin collecting this information in accordance with the legal duties deriving from the Equality Act 2010. This information will then be collated in national statistics by the Scottish Government.
Consultation	A Self-directed Support National Reference Group, which had representation from key interests, contributed to the shaping of the Bill proposals between 2008 and 2010. Scottish Government officials undertook a number of activities to inform the Bill. This included engagement with most local authorities and a number of user led and third sector

organisations. There was an initial consultation on the Bill's proposals between March and June 2010. There followed a second consultation on a draft Bill between December 2010 and March 2011.

Step 3: What else do you need to know to help you understand the diverse needs and/or experiences of your target audience?

Age	Yes
Evidence	<p>There is evidence on the diverse needs of this group as set out in the answer to the previous step and considered further in step 4. There is representation from organisations that represent the interests of older people and children and families respectively on the SDS Bill Steering Group. The Scottish Government regularly seeks the views of this client group through a number of organisations and works with them to help promote the benefits of SDS. From this engagement the Scottish Government is aware that the benefits of SDS can be enjoyed by people from every age group. There is some evidence (as set out in step 4) that some older people may experience particular problems if they are not supported to make decisions around SDS. However the issue of the availability of support is a priority for the implementation of the SDS strategy and activity in this area has already commenced. Because of this it is not seen as reason to delay the introduction of the SDS Bill.</p>
Disability	Yes
Evidence	<p>This group is also represented on the SDS Bill Steering Group. The Scottish Government through the Steering Group will regularly seek their views through a number of organisations and work with them to help promote the benefits of SDS.</p> <p>The Scottish Government will continue to add to the body of evidence that they have on the needs/experiences of this group. However the Scottish Government has concluded that it has sufficient information to progress with the policy. Consideration of some of that evidence is set out in Step 4.</p>
Gender (including pregnancy and maternity)	Yes
Evidence	<p>The Scottish Government collects statistics on the gender of direct payment recipients.</p> <p>There have been reviews of SDS but gender has never been raised as an issue. This suggests the policy may not have a negative impact on either gender group. This is supported by our national statistics which shows proportionate numbers of men and women opting to receive a direct payment. Two responses to the consultation on a draft Bill raised the point that any impact (positive or negative) would be greater on women because they form a disproportionately large share of</p>

the paid and unpaid care workforce.

Lesbian, Gay, Bisexual & Transgender

No

Evidence

There is no specific data collected by the Scottish Government on the sexual orientation of SDS recipients. Scottish Government data collection for self-directed support is currently being reviewed by colleagues from the analytical services division in conjunction with officials from local authorities to ensure that information on each protected characteristic is obtained.

Race

No

Evidence

The Scottish Government has some statistical data on the number of people receiving direct payments categorised by race. It is recognised that more robust data is needed to assist policy development in the future. Scottish Government data collection for self-directed support is currently being reviewed by colleagues from the analytical services division in conjunction with officials from local authorities to ensure that information is obtained for each protected characteristic.

Religion & Belief

No

Evidence

There is no specific data collected by the Scottish Government on the religions and beliefs of SDS recipients.

This should be addressed in further research to assist policy development. Scottish Government data collection for self-directed support is currently being reviewed by colleagues from the analytical services division in conjunction with officials from local authorities.

Step 4: What does the information you have tell you about how this policy might impact positively or negatively on the different groups within the target audience?

Age

There is evidence which suggests that this policy impacts positively on people from every age group. The Bill will apply both to children (receiving support under section 22 or the Children (Scotland) Act 1995) and adults (receiving support under Section 12A of the Social Work (Scotland) Act 1968, together with carers of all ages.

The research commissioned by the Scottish Government in 2008 took into account the views of people from a range of ages including children, adults and the elderly. The research found that clients from every age group could benefit from the positive outcomes of self-directed support.

In 2010 Alzheimer Scotland published research into personalisation and dementia which found that when empowered to direct their own support individuals and their families can arrange more personalised support that better meets their outcomes.

Older people make up 32% of direct payment recipients. However this constitutes a small percentage of the overall number of social care service-users from this client group. Similarly, in relation to children available anecdotal evidence and findings from the 2008 review of barriers to self-directed support, indicate that children are under-represented as a client group for self-directed support.

An English survey into people's experiences of personal budgets (Chris Hatton and John Watters, The National Personal Budget Survey, June 2011) found that the majority of older participants in the study reported that several aspects of their lives improved since taking personal budgets (participants were asked to rate their experience of how things had changed in such areas as their support, independence, physical and mental health etc). In all of the aspects asked about in the survey a majority of respondents reported a change of "much better" and "better" or in some cases "no difference". In each instance the numbers of older people reporting that their lives had changed for "worse" or "a lot worse" was less than 10%.

There is evidence that the responsibilities arising from SDS could have a disproportionately negative impact on older people if they do not have access to appropriate support. An Individual Budget Pilot Programme led by the Department of Health working closely with the Department for Work and Pensions, and Communities and Local Government was conducted in 2006-2007 and involved 13 local authorities in England. The IBSEN Evaluation of the Individual Budget Pilot Programme (2008) found that whilst older people could benefit from increased independence and better quality care through a personal budget arrangement, these positive impacts could be offset by the negative impacts on mental well-being which could result from making changes to established support arrangements. (IBSEN p238)

Disability

There is evidence which suggests that this policy impacts positively on disabled people of every client group. 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.

In both consultations, there was overwhelming support for the Bill's proposals from groups representing disability client groups.

However a significant number of consultation responses were concerned that certain subgroups could be affected less favourably than others if there is not adequate support provision. For example people with variable conditions or limited capacity. The Scottish Government acknowledges the necessity of effective support and support planning is a key area covered by the Scottish Government's National Strategy for Self-directed Support.

It's clear that the Bill will have a particularly high impact on protected characteristic of disability and so it is worth considering the evidence of the impact on the various subgroups.

Learning disability:

In 2008 Review commissioned by the Scottish Government several of the participants had a learning disability (most of whom also had a physical disability). The researchers were unable to identify any needs specific to people with learning disabilities which would lead them to experience difficulties that other groups would not.

An English survey into the experiences of people living with personal budgets authored by In Control, Lancaster University and the Centre for Disability Research found that the experiences of adults with learning disabilities were broadly positive.

The survey participants were asked to rate their experience as it related to different aspects of their lives (Being in control support, Being independent, Mental wellbeing etc.) The results to the survey showed very high rates of satisfaction. In all aspects considered by the survey the majority of respondents with learning disabilities reported that their lives were "better" or a "lot better". (Chris Hatton and John Watters, The National Personal Budget Survey, June 2011).

The IBSEN Evaluation of an Individual Budget Pilot found that adults with learning disabilities were significantly more likely to feel greater control in their daily lives than a comparison group of users of arranged services. (IBSEN p75)

On the other hand the same evaluation noted that adults with learning disabilities and their families experienced more stress and difficulty in arranging their personal budgets. They also found in some cases that this was exacerbated where the personal budget arrangement allowed for the overall value of the individuals support to be decreased. A current priority of

the SDS Strategy Implementation is to develop a more efficient sustainable and joined up approach to SDS support, at local and national level, suitable for all client groups.

The Scottish Government was also aware from consultation activity that some carers are concerned that the Bill and consequent increase in people directing their support will lead to a negative impact on adults with learning disabilities. The Scottish Government has been advised by individual carers that adults with learning disabilities have a particular need for services provided by day centres and that a wider uptake of SDS resulting from the proposed legislation could make it harder for these individuals to access these services. They argue this is because the number of day services to choose from will fall as the number of individuals opting to direct their support increases; and secondly because during the budget allocation process councils will assess people as requiring lower levels of funding with the result that families cannot afford the day service of their choice.

The decommissioning of services and the setting of individual budgets by local authorities is not an impact of the Bill's provisions, but it is certainly important to note in this assessment. There is activity in this area through the implementation of the National Strategy and the Scottish Government is currently working with local authorities, providers and support organisation to encourage the provision of a range of appropriate services for SDS users to choose from and will be considering how to build on outcomes-focussed assessment in the near future.

Mental health:

In the National Personal Budget Survey mentioned above there were similarly high rates of satisfaction reported by users of personal budgets who have mental ill health. It is especially noteworthy that around 70% of respondents who suffered from mental ill health reported that their mental wellbeing improved since using a personal budget.

The 2008 IBSEN the evaluation suggests this group reported more positive outcomes in overall wellbeing than other groups because Individual Budgets offered a greater range and flexibility of support arrangements than were available through standard services. This was seen to particularly suit people with mental ill health who have diverse needs and variable conditions. The study however was keen not to generalise because the numbers of people with mental ill health using individual budgets are very low.

Physical disabilities:

Again the personal budget survey demonstrated that the participants with physical disabilities experienced a positive

change in several aspects of their lives as a result of the personal budget arrangement. In the IBSEN evaluation suggested that people with physical disability or sensory impairment were likely to experience better outcomes in particular they were expected to receive a higher quality of care than through traditional arranged services.

Gender (including pregnancy and maternity)

The numbers of men and women directing their own support are equitable and proportionate. Scottish Government statistics show that 55% of direct payment recipients are female and 45% are male. The Bill is not expected to impact negatively on either group.

Gender-based inequality was not raised as an issue during informal consultations held in 2009 or during the public consultation 2010.

There have been several reviews of self-directed support where the case study participants were of different genders. These reviews did not raise gender-based inequality as an issue indicating that it may not be a significant factor.

Lesbian, Gay, Bisexual & Transgender (LGBT)

Data on the sexual orientation of Direct Payment recipients is not collected centrally. Anecdotal evidence indicates that lesbian, gay, bisexual and transgender people may particularly benefit from the continuity of care that a self directed arrangement can have. This is supported by the report by the Commission for Social Care Inspection in England referred to in Section 2.

Whilst there is little evidence about this group's experience of SDS there is strong evidence that LGBT people are more likely to experience discrimination when using social care services (CSCI, 2008, Putting People First: equality and diversity matters). Having choice over services is therefore likely to be a positive benefit for LGBT people. Moreover there is evidence, particularly in the case of LGBT individuals who are older or have mental ill health, that fear of discrimination is major factor in delaying seeking support. (Carr, S., Seldom heard or frequently ignored? LGB perspectives on mental health services, 2008) and (Ward,R et al, Don't look back? Improving health and social care service delivery for older LGB users, 2011)

There is no expectation that the policy would have an adverse impact on this group.

Race

The Scottish Government collects data on the number of direct payment recipients categorised by different ethnic groups. This information was provided for 83% of all direct payment recipients. Figures for 2010 show that 98% of

recipients are white and 1% are Asian (with the other categories accounting for less than 1% each). This information will be included in future publications subject to there being no disclosure issues.

Data collection is currently being reviewed by our analytical services department in conjunction with local authorities.

The Social Care Institute for Excellence in England 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.' However this is not seen as a negative impact of the policy or Bill because individuals would have less choice about the cultural, linguistic and religious requirements of individuals employed by the council in more traditional forms of service. However the Government acknowledges that having a diverse workforce to choose from is important if SDS is to be available to all and activity in this area is being taken forward through the implementation of the National Strategy.

Scottish Government guidance on self-directed support (2007) already advises that appropriate services such as translators, trained care managers and service providers, targeted local support, and Personal Assistants will all be necessary as part of mainstreaming self-directed support.

The Strategy Implementation Group will be active in assessing further the impact of growth in self-directed support on people from black and minority ethnic communities and will be tasked with ensuring the delivery of the strategy meets the diverse needs of this group.

Religion & Belief

There may be particular benefits for people who hold certain religions or beliefs. For instance, a person may benefit from employing a PA who spoke a particular language, were it is difficult for a council to provide a service in this way.

Existing Scottish Government guidance on SDS advises that local authorities should attempt targeted personal assistant training to make Personal Assistants (PAs) available for clients who want services provided by someone of their own faith community.

Step 5: Will you be making any changes to your policy?

Age	No
Disability	No
Gender (including pregnancy and maternity)	No
Lesbian, Gay, Bisexual & Transgender	No
Race	No
Religion & Belief	No
Comments	

Step 6: Does your policy provide the opportunity to promote equality of opportunity or good relations?

Age	Yes
Evidence	This Bill promotes equality of opportunity for older people. Evidence strongly suggests that self-directed support encourages the wider participation of older people in public life. By enabling more older people to live independently in their communities, it will also facilitate good relations with other groups.
Disability	Yes
Evidence	The Bill promotes equality of opportunity for disabled people. Evidence strongly suggests that self-directed support encourages disabled people from every client group to participate in public life. It can also be used to support people in to work and education. By enabling more people from every client group to direct their own support, this policy will facilitate good relations within and outwith the client group.
Gender (including pregnancy and maternity)	Yes
Evidence	The Bill promotes equality of opportunity for all people in receipt of Social Care Services. There is no discernable advantage or disadvantage to people of different gender.
Lesbian, Gay, Bisexual & Transgender	Yes
Evidence	The Bill promotes equality of opportunity for all people in receipt of Social Care Services. There is no discernable disadvantage to people of different sexual orientations or for individuals who have undergone, or are undergoing, gender reassignment. Evidence considered in Step 4 suggests that having a choice of services may reduce discrimination for LGBT people.
Race	Yes
Evidence	The Bill promotes equality of opportunity for all people in receipt of Social Care Services including people from black and minority ethnic communities.

Religion & Belief	Yes
Evidence	The Bill promotes equality of opportunity for all people in receipt of Social Care Services. There is no discernable advantage/disadvantage to people from different faiths or none.

Step 7: Based on the work you have done – rate the level of relevance of your policy

Age	High
Disability	High
Gender (including pregnancy and maternity)	Medium
Lesbian, Gay, Bisexual & Transgender	Medium
Race	Medium
Religion & Belief	Medium

Step 8: Do you need to carry out a further impact assessment?

Age	No
Disability	No
Gender (including pregnancy and maternity)	No
Lesbian, Gay, Bisexual & Transgender	Yes
Race	Yes
Religion & Belief	Yes
Comments - Yes	There is not sufficient evidence on the effects of this policy on people of different sexual orientation, race or religion and beliefs at this time, however what evidence there is points to a positive impact on these groups. The EQIA should be reviewed and updated when this evidence is available.
Comments - No	There is sufficient evidence on the effects of the policy on people with disabilities, people of different age groups and people of different gender to make an equality impact assessment at this time. However the assessment will be reviewed as and when the policy is reviewed or amended.

Step 9: Please explain how you will monitor and evaluate this policy to measure progress

Comments	An SDS Bill Steering Group was established in August 2010 to advise on the Bill's proposals. The Group will continue to exist until the decision is reached in Parliament whether or not to enact the Bill. The equality impact of this Bill is likely to be considered as part of parliamentary scrutiny. If the Bill is enacted the national development of SDS will continue to be
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monitored by the National Strategy Implementation Group. Both the Bill Steering and Strategy Implementation Groups are aware that they must consider possible equality impacts in their considerations of the policy.

Officials will continue to liaise with the Scottish Government Equality Unit on this policy.

As mentioned at various points during this assessment, the Scottish Government's data collection for self-directed support is currently being reviewed. A review group comprised of Analytical Services Division (ASD) officials, local authority officials and other stakeholders was convened in July 2011 and meets regularly to discuss ways of collecting data across all equality groups and of collecting information on all forms of self-directed support. This information will allow us to more effectively monitor the impact of new legislation across all the protected characteristics.

The SDS Bill will be assessed for equality impact as and when it is reviewed or substantially amended.

Step 10: Sign off and publish impact assessment

Policy Title	Social Care (Self Directed Support) (Scotland) Bill
Strategic Outcome	Healthier
Directorate-General	DG Health and Social Care
Directorate or Agency	Health and Social Care Integration
Division	Adult Care and Support Division
Branch	Self-directed Support
Name	Jean Maclellan
Position	Division Head, Adult Care and Support Division
Sign off date	17 February 2012



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