

Title of proposed EIA *	<div>Advocacy Services</div> <div>Please provide the title of your policy or service area.</div>
Reference No	<div>EQUA709</div> <div>Please do not amend. A reference number will automatically be applied once the form is saved.</div>
EA is in support of *	<div>Amended Function</div>
Review Frequency *	<div>Annually</div> <div>Please select how regularly you plan to review the assessment.</div>
Date of first review *	<div>23/01/2023</div> <div>Based on the review frequency, please enter the date when your first review will take place.</div>
Directorate *	<div>Adults Social Care</div>
Division	<div>Commissioning</div>
Service Area	<div>Prevention Community Assests</div> <div>Please add if applicable</div>
Responsible Officer(s) *	<div>Jason Bartlett x</div> <div>This is the person responsible for completing, submitting and reviewing the assessment. If you get the message 'The user does not exist or is not unique'. Please enter the full email address.</div>
Quality Control Officer(s) *	<div>Gordon Strachan x</div> <div>This is the person responsible for checking the quality of the assessment. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.</div>
Accountable Officer(s) *	<div>Kalvinder Kohli x</div> <div>This is the person responsible for making the final decision on the EIA and the policy, plan, procedure etc. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.</div>
Purpose of proposal *	<div>Commissioning Statutory and community advocacy services</div>
Data sources	<div> <input checked="" type="checkbox"/> Survey(s) <input checked="" type="checkbox"/> Consultation Results <input checked="" type="checkbox"/> Interviews <input checked="" type="checkbox"/> relevant reports/strategies <input checked="" type="checkbox"/> Statistical Database (please specify) <input checked="" type="checkbox"/> relevant research <input type="checkbox"/> Other (please specify) </div> <div>What sources of data have been used to produce the screening of this policy/proposal? (Please tick all that apply)</div>
Please include any other sources of data	<div>market intelligence, from existing providers, service users and local authorities in the WMCA.</div>
ASSESS THE IMPACT AGAINST THE PROTECTED CHARACTERISTICS	<div></div> <div>Include how any potential negative impact be removed or mitigated.</div>
Protected characteristic: Age *	<div> <input checked="" type="checkbox"/> Service Users / Stakeholders <input checked="" type="checkbox"/> Employees <input checked="" type="checkbox"/> Wider Community <input type="checkbox"/> Not Applicable </div> <div>Please select those directly impacted or affected.</div>
Age details:	<div>The service users will be of working age or older adults and Liberty Protection Safeguards will be available to young people aged from 16 yrs.</div> <div>All services commissioned will be tested for diversity competence and must demonstrate adherence to the Equality Act and other relevant legislations as part of the tender process and contract awards. This includes organisational policies and procedures, through to staff training and competencies in being able to meet the diverse needs of Birmingham Citizens accessing these services.</div> <div>The intended impact is positive.</div> <div>The Care Act says that local councils must involve people in decisions about</div>

their care and support needs. If it would be difficult for someone to be involved without support the council must make sure they get the help they need. If the citizen doesn't have someone who can help they have the right to have an independent Care Act advocate.

Advocacy is providing the support someone needs to be able to express their views, to communicate their choices and to receive services, or to participate in decision making. It can enable people to take more responsibility, have choice and control over the decisions which affect their lives. It thereby promotes individual's overall health and wellbeing by increasing self-determination and on a larger scale helps to promote social inclusion, equality and social justice.

Services will provide support under the following areas; Care Act Advocacy, NHS Complaints Advocacy, Independent Mental Health Act Advocacy, Independent Mental Capacity Act Advocacy and Community Advocacy. All services will be available via one provider and offer face to face support as well as telephone or video call support, where appropriate. Covid has highlighted the need to offer a hybrid service, offering service users a choice of how they prefer to access and receive support.

This service will meet all statutory requirements with regards to advocacy support outlined within relevant legislation and statutory guidance. This includes the following:

Independent Mental Health Advocates (IMHA) under the Mental Health Act (2007) IMHAs are a right afforded to patients that are detained under the Mental Health Act. There is no requirement to instruct an IMHA but rather a responsibility to inform all qualifying patients that they have a right to this advocate. IMHAs can be instructed or non-instructed advocates and the Mental Health Act advises professionals to request advocacy involvement if a person is unable to instruct an advocate. An IMHA will need to use his or her own judgement in deciding whether a qualifying patient has the capacity to give them instructions about a issue or not.

Access to an IMHA is a statutory right for people detained under most sections of the Mental Health Act, subject to Guardianship or on a community treatment order (CTO). When someone is detained in hospital or on a CTO it can be a very confusing and distressing experience. IMHAs are independent of mental health services and can help people get their opinions heard and make sure they know their rights under the law.

Independent Mental Capacity Advocates (IMCA) under the Mental Capacity Act (2005) – IMCAs have to be instructed (by the local authority or NHS). IMCAs are non-instructed advocates. Independent Mental Capacity Advocate (IMCA) is appointed to act on behalf of the citizen if they lack capacity to make certain decisions. The IMCA service is only available to people **lacking capacity** that have **no family, friends, or previously named citizen willing to support them**. The exception being adult protection cases where family or friends may be available but would be deemed to be inappropriate. In these circumstances, independent advocacy must be provided, when decisions are being made regarding serious medical treatments; a change of accommodation in a specified circumstance; a care review or an adult protection case. It is essential, advocates are independent from the people caring for and treating people with mental health problems and that they do not have any conflicts of interests.

In such situations, this is known as 'non-instructed advocacy', i.e. where a citizen lacks the capacity to instruct an advocate. The non-instructed advocate will still seek to uphold the citizen's rights; ensure fair and equal treatment and access to services; and make sure that certain decisions are taken with due consideration for all relevant factors which must include the citizen's unique preferences and perspectives.

Deprivation of Liberty Safeguards (DOLS) under the Mental Capacity Act (2005). In 2007 Local Authorities were required to implement the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). The Act provides legal protection and the statutory framework within which local authorities and health authorities can authorise the Deprivation of Liberty of individuals (the relevant citizen). The relevant citizen for whom the application is being made must have

someone to support him/her if a standard DoLS is authorised. The representative who is supporting the citizen is called the Relevant Citizen's Representative (RPR); the role can be paid or unpaid. The DoLS service is to be replaced by Liberty Protection Safeguards (LPS) in April 2022.

Independent Advocacy provided under the Care Act (2014). This service will also include Community Advocacy a non-statutory advocacy function contained within the service will help to provide a preventative offer to residents enabling them to maintain their wellbeing and independence. This offer will support citizens to participate and engage with services in the public, private and voluntary sector in situations not covered by specific legislation but where there is a need for an advocate. This type of service is often called instructed advocacy; means the person is able to state their wishes as well as the actions they would like the advocate for take, for example write a letter on their behalf, represent them in meetings or contact professionals in their lives.

In the above situation's the advocate will:

- Seek to uphold the citizen's rights
- Ensure fair and equal treatment
- ensure that decisions are taken with consideration for the citizen's
- Unique perspective and preferences
- Make sure that all options are considered

Impact Upon Employees:

The service will be commissioned externally. The current service is delivered by a third sector provider. The frontline workforce is predominantly local to Birmingham. Compliance with the Living Wage requirements is expected as part of the contract awards. Organisations within this sector also have a track record of providing volunteering and peer to peer support opportunities for people with lived experience. The re commissioning will enable continued training and employment opportunities. As with any external re commissioning/tendering activity there is a potential for a change of provider and TUPE may apply. However, at this stage it is difficult to predict any further implications.

Wider Communities:

Advocacy Services will provide the support needed to citizens to voice their view and opinions and contribute to the decision that will affect their life. Citizens accessing Community Advocacy will be supported to gain access to a wider support and activity offer close to where they live, creating greater levels of independence, community resilience, being able to make a positive contribution to their community, and overcoming isolation or unintended dependency on one support agency.

Monitoring and Evaluation of the re commissioning process:

A risk log will be maintained throughout the re commissioning process, mobilisation and delivery of the new contracts. This will enable any adverse impacts, whether it be negative or against the protected characteristics or other vulnerabilities to be identified, addressed or mitigated against.

Specific diversity questions will be built into the tender process to test bidders for their diversity competence. The Pre qualification stage requires bidders to evidence up to date policy and procedures including where they relate to legal requirements and duties under the Care Act and Equality Act. Subsequent contract awards further stipulate these requirements

Whilst we don't envisage there to be any adverse impacts of this service delivery, should they arise this will be captured through the monitoring of the contract and addressed with the provider. This includes addressing any intersectionality issues. The team will actively collect diversity monitoring data, feedback from clients and stakeholders to ensure that there are no gaps or negative impacts in the service offer

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected. how they are affected and any additional

comments.

- ☒ Service Users / Stakeholders
- ☒ Employees
- ☒ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

The statistics below show the increasing rates across mental health, mental capacity and healthcare and social services in England. These figures continue to rise year on year in light of budget cuts and austerity showing that the need for advocacy is more important than ever.

According to NHS Adult Social Care statistics 2020, there are close to 2million requests for support with social care services for new clients each year. This demand is growing in line with population increases.

Over the last five years, there has been a striking increase in new requests in the 18-64 age group. 2016-2017 The ombudsmen received over 16,000 complaints about councils. A report into care and support in the UK found 70% of citizens felt that local authority in the UK did not listen to their wants or needs

<https://www.advocacyfocus.org.uk/blog/aaw18-why-advocacy-is-more-important-than-ever>

Other types of demand for local authority social services, such as adult safeguarding and applications to authorise deprivations of liberty (DoLS), have also increased. Nationally there were 227,400 applications for DoLS received during 2017-18, an increase of 4.7% on the year before.

However, data for April-December 2020 shows that new referrals have slowed or fallen. This may be as a result of the knock-on impact of the coronavirus pandemic. The table below demonstrates the current data for Birmingham.

Type of Advocacy	No. of new referrals 2019/20	No. of new referrals April 20/Dec 20
Independent Health complaints Advocacy	469	204
Independent Mental Health Capacity Advocacy, Paid Relevant Citizen's Representative, Out of Area PRP	1184	841
Independent Mental Health Advocacy	1067	796
Independent Care Act Advocacy	706	323
Community Advocacy	882	525
Total	4,308	2,689

Type of Advocacy	No. of new referrals 2019/20	No. of on-going referrals 2019/20 at the end of 4 th quarter	No. closed referrals 2019/20	No. of new referrals 2020/21	No. of on-going referrals 2020/21 at the end of 4 th quarter	No. closed referrals 2019/20
Independent Health complaints Advocacy	469	172	305	273	161	284
Independent Mental Health Capacity Advocacy, Paid Relevant Person's	1184	406	787	1082	405	1037

Representative, Out of Area PRP						
Independent Mental Health Advocacy	1067	97	975	991	97	991
Independent Care Act Advocacy	706	128	538	439	129	438
Community Advocacy	882	215	669	736	281	670
Total	4,308	1018	3274	3521	1073	3420

Adults with disabilities or mental health conditions will be supported under the **Independent Mental Health Act and Independent Mental Capacity Act**, to share their views, opinions and contribute to the decisions that affect their life enabling them to live healthy happy, independent lives within communities.

Advocacy services will support people who are at risk of, prolonged hospitalisation, debt, losing independence, going into statutory care, losing their home, no access to health, or beginning to have difficulties in managing their home, via Community Advocacy, signposted to the most appropriate service to meet the citizens need.

It is crucial that advocates are independent from the people caring for and treating people with mental health problems and that they do not have any conflicts of interests.

The purpose of recommissioning these services is not only a statutory requirement but also to link in with existing pathways to ensure that citizens are aware of all the support that is available and how to access this support.

People with learning disabilities, and people who are deaf, have higher rates of mental health problems than the general population, with estimates for people with learning disabilities, from 25–40%.

Challenging behaviours (aggression, destruction, self-injury and others) are also evident for 10%–15% of people with learning disabilities, and, consequently they are over-represented in the criminal justice system. People with learning disabilities are also vulnerable to violence and abuse.
(<https://www.learningdisabilities.org.uk/>).

Successful providers will be using the NDTI Outcome Framework, this supports Birmingham City Council's priority for Health "Help people become healthier, and more independent with measurable improvement in physical activity and mental wellbeing."

The NDTI Outcome Framework will deliver the following:

- **Changes for individuals** - Using the NDTI Outcome Framework we will produce an effective advocacy service, that delivers good outcomes for the citizen and helps them to achieve their goals.

These goals can be related to a range of outcomes including accessing services, influencing decisions, making a complaint or achieving change. Citizens wanting advocacy support often to have specific outcomes in mind. The first stage within the advocacy relationship (in both instructed and non-instructed advocacy) is to clearly identify what the citizen wants to achieve.

Advocacy can also lead to secondary gains: these are outcomes (changes and benefits) the individual experiences through the advocacy support but were not identified as specific issues to achieve. Such gains include increased confidence, choice and control or empowerment.

- **Changes to the health and social care sector** - Commissioned advocacy services will frequently lead to changes and improvements in how health and social care services are planned, delivered and evaluated.

Using the NDTI Outcome Framework, advocacy services can shine a spotlight on areas that are failing people by analysing themes and trends – and acting upon them, with the result that services will change

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now they do things.

• **Change to the wider community** - The NDTI framework will promote social inclusion, equality and social justice and will have a critical role to play in changing how communities are experienced and accessed by its service. From national political campaigns to local pressure groups, advocacy can reduce social exclusion, increase participation and represent groups who are at risk of being ignored.

As a result, communities and 'non-service' organisations may change how they do things to become more inclusive.

• **Change to the advocacy service** - Measuring what works (or otherwise) within advocacy provision is an important way of improving the impact of advocacy. By developing better ways of providing advocacy, the advocacy service can increase its reach and effectiveness.

These require the service to gather evidence that can be measured and analysed to inform service improvement, performance management and business planning. Through using the outcomes data for self-reflection, the advocacy provider itself will instigate positive changes in how it does things.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristic: Sex *

☒ Service Users / Stakeholders

☒ Employees

☒ Wider Community

☐ Not Applicable

Please select those directly impacted or affected.

Services will be non-gender specific and there will be a positive impact as services recognise the wider range of gender identity that is emerging, whilst ensuring that everyone has the same opportunity to access appropriate support.

The Services are accessible to all gender with a commitment to addressing their personalised support needs and applying a holistic approach to their wellbeing.

As part of the support planning process and allocation of support staff, service users are able to request male for female workers where it is appropriate to do so in the best interest and outcomes for the service user

Gender details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Gender Reassignment *

☒ Service Users / Stakeholders

☒ Employees

☒ Wider Community

☐ Not Applicable

Please select those directly impacted or affected.

Gender reassignment is not a barrier to access support. The Services commissioned will ensure all people using services who identify as transgender, non-binary or intersex are treated with respect and dignity throughout their support and will be able to access the same support, and be offered the same opportunities whilst ensuring they have a personalised approach as any other gender.

<https://birminghamcitycouncil.sharepoint.com/sites/EqualityAssessmentToolkit/Lists/Assessment/EditForm.aspx?ID=709&Source=https%3A%2F%2Fbirm...> 6/12

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Marriage and Civil Partnership *

- ☒ Service Users/ Stakeholders
- ☒ Employees
- ☒ Wider Community
- ☐ Not Applicable

Please select those directly impacted or affected.

Marriage and civil partnership details:

Martial Status will not act as a barrier when accessing the services. Both single and couples can access the assessment for support as those who are married or have a civil partnership

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated.

Protected characteristics: Pregnancy and Maternity *

- ☒ Service Users / Stakeholders
- ☒ Employees
- ☒ Wider Community
- ☐ Not Applicable

Please select those directly impacted or affected.

Pregnancy and maternity details:

Pregnancy will not act as a barrier when accessing the services.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Race *

- ☒ Service Users / Stakeholders
- ☒ Employees
- ☒ Wider Community
- ☐ Not Applicable

Please select those directly impacted or affected.

Race details:

People from Black, Asian and Minority Ethnic (BAME) communities can face disparity in access and discrimination in health and social care services and are underrepresented in those accessing advocacy services.

Current year data from the current provider demonstrates the following:
80% of referrals received for people who have been assessed as not having capacity were from white heritage, compared to 19% from the BAME community.

43% of referrals received for people who have been assessed as having a mental health need were from white heritage, compared to 40% from the BAME community.

73% of referrals received for Care act advocacy were from white heritage, compared to 21% from the BAME community.

Black British men: are five times more likely to be diagnosed and admitted to hospital for schizophrenia; have disadvantageous pathways into mental healthcare; higher than expected rates of detention under the Mental Health Act (MHA) are more likely to be prescribed medication; and have difficulties accessing services and poorer outcomes when they do (Lankelly Chase, 2014)

People from BAME communities are more likely to be disadvantaged in accessing support and overall, people from these communities have particularly low treatment rates.

This will be addressed by the service working to deal with the diverse needs of BAME communities, addressing their lack of trust in public services, language barriers or previous negative experiences of those services.

<https://www.mind.org.uk/media/6484/race-equality-briefing-final-oct-2020.pdf>

Refugees are people whose asylum claims have been accepted and the estimates cited in the Birmingham City of Sanctuary Policy Statement 2018-22 indicate there are 48,000 refugees living in Birmingham, although these estimates are not based on current data. Refugees, asylum seekers and migrant workers are likely to have communication needs which might benefit from independent advocacy when accessing health and social care services. A number of people who have recourse to public funds can have access to the services.

Services will have a positive impact on race as they will ensure that everyone has access to the appropriate support and links with BAME partner organisations; encouraging take up of support and addressing any language barriers. For example, case studies and interviews demonstrate how the Neighbourhood Network Service (NNS) supports assets to provide much needed, tailored support for communities who have felt isolated or overlooked. The inclusive strategy of NNS ensures that all funded assets are designed to be inclusive and welcoming to all older people regardless of ethnicity, and other protected characteristics (Ethnic Minority Groups Supported by NNS and P&C, BVSC April 2021). A key feature of specifications will be for providers to develop robust links with this service.

Advocacy Services will be aware of intersectionality, providing support where a mixture of discrimination (racism, gender, transphobia, homophobia, sign language, language, etc) is present. They will work with other services, to help contest the many forms of discrimination which are preventing vulnerable adults from thriving.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be

mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Religion or Beliefs *

- ☒ Service Users / Stakeholders
- ☒ Employees
- ☒ Wider Community
- ☐ Not Applicable

Please select those directly impacted or affected.

Religion or beliefs details:

Religion or beliefs will not be seen as a barrier when accessing these services. Providers will be expected to deliver equality and diversity training; ensuring that local assets and support will be accessible to all citizens regardless of religion or belief and inclusive of their needs.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Sexual Orientation *

- ☒ Service Users / Stakeholders
- ☒ Employees
- ☒ Wider Community
- ☐ Not Applicable

Please select those directly impacted or affected.

Sexual orientation details:

Sexual orientation will not be a barrier when accessing the programme. Providers will be expected to deliver equality and diversity training; ensuring that local assets and support will be accessible to LGBTQ+ citizens and inclusive of their needs.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Socio-economic impacts

The commissioning will have a range of positive socio-economic impacts including:

Supporting someone to be able to express their views, to communicate their

Service users can access support to better manage their finances and access all appropriate benefits reducing the risk of falling into poverty.

Not as a result of this screening. As mentioned in the above sections a risk impact log will be maintained throughout the re commissioning process which will enable oversight of any negative impacts in relation to protected characteristics to be identified and addressed.

If yes, please continue to complete the remaining questions. If no, please go to the quality control section below.

☐

Consulted People or Groups

Informed People or Groups

Summary and evidence of findings from your EIA *

Please add any documents including any consultation or engagement findings. Attach any source data using the attachment button above. Please include how you will mitigate against any negative impacts.

QUALITY CONTROL SECTION

Submit to the Quality Control Officer for reviewing?

☐

Quality Control Officer comments

Please untick 'Submit to quality control officer box' before saving.

Decision by Quality Control Officer

Proceed for final approval ▼

Submit draft to Accountable Officer?

Decision by Accountable Officer

Date approved / rejected by the Accountable Officer

Reasons for approval or rejection

Please print and save a PDF copy for your records

Julie Bach

Person or Group

Version: 46.0

Created at 16/06/2021 09:14 AM by ☐ Jason Bartlett

Last modified at 16/06/2021 11:35 AM by Workflow on behalf of ☐ Kalvinder Kohli

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IMPORTANT: Quality Control Officer - Please untick the above box 'Submit to the Quality Control Officer for reviewing?' before provide your decision.



Quality Control Officers only - Please tick the box when you are happy for the assessment to be submitted for approval.

▼

IMPORTANT: Accountable Officer - Please untick the above box 'Submit draft to Accountable Officer' before providing your final decision.

23/06/2021



Approved, given that the overall benefits are positive and diveristy impacts will be monitored both pre and post commissioning



[Gordon Strachan](#) x

[Gordon Strachan](#) x

Save

Cancel