

Appendix 2: EQIA Submission

EQIA Submission Form
Information collected from the EQIA Submission

EQIA Submission – ID Number

Section A

EQIA Title	Advocacy Hub - Extension and ReCommissioning
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Responsible Officer	Xanten Brooker - ST SC
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Type of Activity

Service Change	No
Service Redesign	No
Project/Programme	No
Commissioning/Procurement	Commissioning/Procurement
Strategy/Policy	No
Details of other Service Activity	No

Accountability and Responsibility

Directorate	Strategic and Corporate Services
Responsible Service	Strategic Commissioning
Responsible Head of Service	Clare Maynard - ST SC
Responsible Director	Richard Smith - GT HTW

Aims and Objectives

The proposed extension and the upcoming recommissioning of the Advocacy Hub services aims to ensure the Authority continues meeting its Care Act statutory duties in provision of independent advocacy under the terms of

- the Mental Capacity Act 2005
- the Mental Health Act 2007
- the Health and Social Care Act 2012 and
- the Care Act 2014

and across all categories of need, including young people in transition to adult services

In 2017 the current Kent Advocacy Hub Contract (held by The Advocacy People) was varied to include delivery of a non-statutory Learning Disability Community Advocacy Service to people aged 16 and over (including for learning disabled children in protection when referred by a care manager). This secured comprehensive, and fully inclusive Advocacy Service delivery, regardless of client category and aligned the services with the comprehensive coproductive consultations that took place, and which was recommended for awards (<https://www.scie.org.uk/advocacy/commissioning/study/effective-commissioning/kent>). At this point the EQIA for the service was updated.

This EQIA serves as an update to the original EQIA for the proposal to extend the current contractual arrangements and will become the working documented EQIA to inform the recommissioning of the Advocacy Services. This will therefore be updated regularly throughout the recommissioning process.

In February 2020 the Contract Management Review Group recommended analysis to avoid the cost implications associated with the delivery of the non-statutory community learning disability advocacy element of these services.

In March 2020 the Government took action to protect the NHS in response to the health threats posed by the global Covid-19 pandemic.

The 2021 CQC report Protect, Respect, Connect highlights how throughout 2020 people with learning disabilities experienced further inequity in access to healthcare and support, including premature death, blanket DNACPR, and poorer access to health services compounded by a widening exclusion of learning-disabled people from digital inequality. The report makes clear the need for partnership working with Advocacy organisations to address these.

The Equality Act (2010) places a statutory duty on Public Bodies to anticipate and prevent discrimination for those groups of people with protected characteristics. This includes people with learning disabilities.

Since the Contract Management Review group made its recommendations in February 2020, the situation has significantly changed with clear and disproportionate inequalities experienced by learning disabled people in the context of the ongoing covid pandemic. These would likely be exacerbated further if the non-statutory element of this service were to be considered for decommissioning at this time.

The analysis of the proposal to extend the Advocacy Hub Contract and all services, including the non-statutory Community learning disability services considers that No change in the Advocacy hub services is the most appropriate option.

The evidence presented here suggests that there is no potential for discrimination and that this option is an appropriate measure to advance equality and foster good relations.

This EQIA will be updated further to as part of the recommissioning process to continually assess and consider the options and whether No change remains the most appropriate.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
It is possible to get the data in a timely and cost effective way?	Yes
Is there national evidence/data that you can use?	Yes
Have you consulted with stakeholders?	Yes
Who have you involved, consulted and engaged with?	
KCC Adult Social Care including SMT on 09/11/2021 Kent & Medway Clinical Commissioning Group via Integrated Commissioning with Quality Team Medway Council Adult Social Care and Public Health meetings and conversations with Contract Officers Contract conversations with the advocacy people (current contractor) Informal conversations with members of the Learning Disability Partnership Board, and BEMIX	
Has there been a previous Equality Analysis (EQIA) in the last 3 years?	No
Do you have evidence that can help you understand the potential impact of your activity?	Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients	Service users/clients
Staff	Staff/Volunteers
Residents/Communities/Citizens	Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes

Details of Positive Impacts

The impact of an extension would mean that young people and adults who require advocacy services will continue to be able to access commissioned services across Kent County Council Geographical area. The impacts regarding future commissioned services are assessed below and will continue to be reviewed and assessed during the procurement and commissioning process.

Age:

The Advocacy suite of services is commissioned to deliver to people aged 16 and over and delivers positive benefits to young people, particularly those who may be transitioning from Children's to adults care services.

Older people who may require access to advocacy due to degenerative age-related health conditions such as dementia and/or care needs will also continue to benefit from advocacy under the Care Act 2014.

Disability:

Reports such as Valuing voices: Protecting rights through the pandemic (2021) and beyond and Protect, Respect Connect (2021), as well as Building the Right Support (2015) highlight the importance of independent advocacy for disabled people, including those with learning disabilities and autistic people. extending this contract will deliver positive benefits that deliver beyond the statutory requirements, arguably at a time (during the Pandemic) when it is most needed.

Disabled people are likely to have significant interactions with health and social care services as clients. The Care and support statutory guidance specifies in which scenarios independent advocacy must be provided but it's likely there are scenarios where independent advocacy would be helpful in enabling people with disabilities to make decisions about their own care. The recent impact of the covid-19 on learning disabled and autistic people provides evidence for this. In addition; the recently amended Mental Capacity Act's (MCA) Liberty Protection Safeguard (LPS) Code of Practice is due to be published imminently. The MCA amendments indicate that while people subject to LPS may not have an automatic right to Independent advocacy, this will be subject to best interest decisions being made. This may particularly impact on people with learning disabilities, autistic people and those with other mental health conditions, or neurodivergence.

There is evidence and further emerging research which highlights that neuronormative approaches and structures may be exacerbating inequalities (including mental health issues such as trauma) experienced by people in neurominority groups, including those who are learning disabled and/or autistic. The Lancet (2021) published "the neurodiversity concept viewed through an autistic lense", which reinforces a need for balance between the objective and the subjective experiences of neurodivergent people. The implications of this in terms of advocates needing to be equipped with the knowledge of this movement will be explored and assessed further throughout the procurement and commissioning process.

Sex and Gender:

During 2019/20 and 2020/21 more men have accessed Independent Mental Capacity Advocacy and

Independent Mental Health Advocacy than women. However, more women access community advocacy services, whilst access to Independent Health Complaints Advocacy Service and Independent Care Act Advocacy is relatively even between the sexes.

The different outcomes experienced between the sexes continues to be highlighted with statistics showing that women continue to live longer in poorer health, experience violence and abuse (highlighted by Refuge and Scie in 2020), whilst for Men, the ONS (2018), supported by the British Psychological Society (2018) reports that suicide remains the biggest cause of death in men under 45 years old.

There is evidence of intersectional inequality where Assigned Men at Birth (AMAB) and Assigned female at birth (AFAB) are also neurodivergent, with evidence of increased suicides in autistic AMAB, and under recognition of Autism in AFAB, underpinned by gender bias, which contributes toward poorer mental health outcomes (Bargeliela et al, 2016). Any Future advocacy services will need to be aware of these in order to effectively advocate for AFAB, AMAB, cisgender and intersex individuals, including being clear about and using people's preferred gender pronouns.

Continued, consistent Advocacy services will have a positive impact on AFAB, AMAB, intersex and cisgender individuals who need support to understand their rights and be empowered to make informed choices. However, good contractual relationships to understand the difference in access to and experience of the advocacy services between the sexes and genders, will ensure the Authority meets its statutory duties under the Care Act and with regard to the Equality Act and in addressing intersectional inequality. Any and all future commissioned service provision will be required to be accessible to all service users and providers.

Pregnancy, Maternity and those with Carer responsibilities:

As above applies with the addition the provisions and accommodation will be made where service users are pregnant and/or breastfeeding, and/or have caring responsibilities.

Sexual orientation:

Emotional, romantic or sexual feelings toward other people is part of the human condition, regardless of sex or gender. Whilst there have been huge strides in people's attitudes over the years, heteronormative expectations are systemic and there are still instances of hate crimes, prejudice and discrimination on the basis of sexual orientation.

Furthermore, due to historical hetero-normative biases and internalised bias, some older people may experience intersectional inequality for example by being estranged from their relatives and lack family support, and therefore more socially isolated.

This may also apply for younger people, particularly if those who may be from black or other minority ethnic groups, with potential for further intersectional inequality experienced by those who are disabled or with mental health needs, and/or whose gender identity is different to their assigned sex at birth.

Marriage and Civil Partnerships:

Any and all future commissioned service provision will be required to be accessible to all service users and providers.

Race:

All service provision will be required to be accessible to all service users and service providers. Data shows that usage of advocacy services is taken up by a wide range of ethnic groups and will continue to be monitored.

Advocacy can provide a vital link between services to enable marginalised and disempowered individuals to speak up about their views and concerns. However, the word advocacy can be difficult to translate into

some languages. What advocacy means and how it can help, may be difficult for some people from black and minority ethnic groups and their carers to understand.

The principles outlined under disability, and sex and gender with regard to the intersectional inequalities experienced by non-white people will continue to be assessed and addressed with people, in order to deliver effective advocacy services. This will be monitored in the recommissioned advocacy service to ensure there is proportionate referral, uptake and experience.

Any and all future commissioned service provision will be required to be accessible to all service users and providers.

Religion or belief:

Comprehensive information regarding impact of advocacy on people from different religions or beliefs is not available but it is acknowledged in the original EqIA and for any recommissioned services that Advocacy services to be aware of and address intolerances and prejudices based on this characteristic.

Any and all future commissioned service provision will be required to be accessible to all service users and providers.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	No
Details of negative impacts for Age	
Not Applicable	
Mitigating Actions for Age	
Not Applicable	
Responsible Officer for Mitigating Actions – Age	Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	No
Details of Negative Impacts for Disability	
Not Applicable	
Mitigating actions for Disability	
Not Applicable	
Responsible Officer for Disability	Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex	No
Details of negative impacts for Sex	
Not Applicable	
Mitigating actions for Sex	
Not Applicable	
Responsible Officer for Sex	Not Applicable

22. Negative Impacts and Mitigating actions for Gender identity/transgender

Are there negative impacts for Gender identity/transgender	No
Negative impacts for Gender identity/transgender	
Not Applicable	
Mitigating actions for Gender identity/transgender	
Not Applicable	

Responsible Officer for mitigating actions for Gender identity/transgender	Not Applicable
23. Negative impacts and Mitigating actions for Race	
Are there negative impacts for Race	No
Negative impacts for Race	
Not Applicable	
Mitigating actions for Race	
Not Applicable	
Responsible Officer for mitigating actions for Race	Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and belief	No
Negative impacts for Religion and belief	
Not Applicable	
Mitigating actions for Religion and belief	
Not Applicable	
Responsible Officer for mitigating actions for Religion and Belief	Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for Sexual Orientation	No
Negative impacts for Sexual Orientation	
Not Applicable	
Mitigating actions for Sexual Orientation	
Not Applicable	
Responsible Officer for mitigating actions for Sexual Orientation	Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity	No
Negative impacts for Pregnancy and Maternity	
Not Applicable	
Mitigating actions for Pregnancy and Maternity	
Not Applicable	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	No
Negative impacts for Marriage and Civil Partnerships	
Not Applicable	
Mitigating actions for Marriage and Civil Partnerships	
Not Applicable	
Responsible Officer for Marriage and	Not Applicable

Civil Partnerships	
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	No
Negative impacts for Carer's responsibilities	
Not Applicable	
Mitigating actions for Carer's responsibilities	
Not Applicable	
Responsible Officer for Carer's responsibilities	Not Applicable