

## 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 |
|------------|--|

|                     |                        |
|---------------------|------------------------|
| Responsible Officer | Xanten Brooker - ST SC |
|---------------------|------------------------|

#### 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<br>Kent & Medway Clinical Commissioning Group via Integrated Commissioning with Quality Team<br>Medway Council Adult Social Care and Public Health meetings and conversations with Contract Officers<br>Contract conversations with the advocacy people (current contractor)<br>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 |
| <b>23. Negative impacts and Mitigating actions for Race</b>                            |                |
| 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 |
| <b>24. Negative impacts and Mitigating actions for Religion and belief</b>             |                |
| 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 |
| <b>25. Negative impacts and Mitigating actions for Sexual Orientation</b>              |                |
| 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 |
| <b>26. Negative impacts and Mitigating actions for Pregnancy and Maternity</b>         |                |
| 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 |
| <b>27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships</b> |                |
| 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  |                |
| <b>28. Negative impacts and Mitigating actions for Carer's responsibilities</b> |                |
| 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 |