

## EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

### Section A

<b>1. Name of Activity (EQIA Title):</b>	Community Services Contracts to Meet the Requirements of Advocacy, Deprivation of Liberty Safeguards and Liberty Protection Safeguards
<b>2. Directorate</b>	Chief Executive's Department
<b>3. Responsible Service/Division</b>	Strategic Commissioning

### Accountability and Responsibility

<b>4. Officer completing EQIA</b> Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Katherine Clark
<b>5. Head of Service</b> Note: This should be the Head of Service who will be approving your submitted EQIA.	Simon Mitchell
<b>6. Director of Service</b> Note: This should be the name of your responsible director.	Clare Maynard

### The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
	<b>Service Change</b> – operational changes in the way we deliver the service to people.
	<b>Service Redesign</b> – restructure, new operating model or changes to ways of working
	<b>Project/Programme</b> – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
X	<b>Commissioning/Procurement</b> – means commissioning activity which requires commercial judgement.
	<b>Strategy /Policy</b> – includes review, refresh or creating a new document
	<b>Other</b> – Please add details of any other activity type here.

**8. Aims and Objectives and Equality Recommendations** – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The Council's current contracts for Advocacy Services and Mental Health Assessment Services will end on 31 March 2023. The proposed award of new contracts for Independent Advocacy Services and Mental Health Assessment 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.

The services will provide a comprehensive, and fully inclusive Advocacy Service for the residents of Kent, including:

- **Statutory advocacy:** IMCA, RPR, IMHA, Care Act Independent Advocacy and Health Complaints Advocacy; and
- **Community advocacy:** Specialist advocacy for people with particular support or communication needs due to disability, frailty or other vulnerability. The type of advocacy used should depend on what is best suited for the person who seeks it, rather than belonging to a particular client category, and
- **Peer advocacy:** Sometimes people wish to have the tools to support themselves rather than being supported. Peer advocacy gives the opportunity for people trained in advocacy who share the same experiences or use the same services to help people who have difficulty making their views known to develop the skills to speak up for themselves, to self-advocate, or if required to speak up for others in a similar situation to themselves.
- **Mental Health Assessment Services:** The administration and completion of timely, accurate and good quality DoLS mental health assessments and eligibility assessments, as requested by the Kent MCA DoLS Service.

## Section B – Evidence

*Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.*

<b>9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No</b>	Yes
<b>10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No</b>	Yes
<b>11. Is there national evidence/data that you can use? Answer: Yes/No</b>	Yes
<b>12. Have you consulted with Stakeholders? Answer: Yes/No</b> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes
<b>13. Who have you involved, consulted and engaged with?</b> <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	
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 current contracted provider Other Local Authorities	
<b>14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No</b>	Yes

<b>15. Do you have evidence/data that can help you understand the potential impact of your activity?</b> <i>Answer: Yes/No</i>	Yes
<b>Uploading Evidence/Data/related information into the App</b> <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.</i>	Upload: <ul style="list-style-type: none"> <li>• Making a Difference Everyday</li> <li>• Contract monitoring data</li> <li>• “Advocacy changed my life” – Research in to the Impact of independent advocacy on the lives of people experiencing mental illness, Scottish Independent Advocacy Alliance, 2014</li> <li>• Protect, respect, connect – decisions about living and dying well during Covid-19, Care Quality Commission, 2021</li> </ul>

### Section C – Impact

<b>16. Who may be impacted by the activity? Select all that apply.</b>			
Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	No		
<b>17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?</b> <i>Answer: Yes/No</i>			<b>Yes</b>
<b>18. Please give details of Positive Impacts</b>			

The impact of commissioned services 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 contracting 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.

#### 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.

All commissioned service provision will be required to be accessible to all service users.

#### 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.

All commissioned service provision will be required to be accessible to all service users.

**Marriage and Civil Partnerships:**

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

**Race:**

Data shows that usage of advocacy services are taken up by a wide range of ethnic groups and this 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.

**Religion or belief:**

Comprehensive information regarding impact of advocacy on people from different religions or beliefs is not available but it is acknowledged that 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.

**Negative Impacts and Mitigating Actions**

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

**19. Negative Impacts and Mitigating actions for Age**

<b>a) Are there negative impacts for age?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
<b>b) Details of Negative Impacts for Age</b>	None
<b>c) Mitigating Actions for age</b>	Not Applicable
<b>d) Responsible Officer for Mitigating Actions - Age</b>	Not Applicable

**20. Negative Impacts and Mitigating actions for Disability**

<b>a) Are there negative impacts for Disability?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
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b) Details of Negative Impacts for Disability	None
c) Mitigating Actions for Disability	Not Applicable
d) Responsible Officer for Mitigating Actions - Disability	Not Applicable
<b>21. Negative Impacts and Mitigating actions for Sex</b>	
a) Are there negative impacts for Sex? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Sex	None
c) Mitigating Actions for Sex	Not Applicable
d) Responsible Officer for Mitigating Actions - Sex	Not Applicable
<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>	
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Gender identity/transgender	None
c) Mitigating actions for Gender identity/transgender	

	Not Applicable
<b>d) Responsible Officer for Mitigating Actions - Gender identity/transgender</b>	Not Applicable
<b>23. Negative Impacts and Mitigating actions for Race</b>	
<b>a) Are there negative impacts for Race?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
<b>b) Details of Negative Impacts for Race</b>	None
<b>c) Mitigating Actions for Race</b>	Not Applicable
<b>d) Responsible Officer for Mitigating Actions - Race</b>	Not Applicable
<b>24. Negative Impacts and Mitigating actions for Religion and belief</b>	
<b>a) Are there negative impacts for Religion and Belief?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
<b>b) Details of Negative Impacts for Religion and belief</b>	None
<b>c) Mitigating Actions for Religion and belief</b>	Not Applicable
<b>d) Responsible Officer for Mitigating Actions - Religion and belief</b>	Not Applicable

<b>25. Negative Impacts and Mitigating actions for Sexual Orientation</b>	
<b>a) Are there negative impacts for sexual orientation.</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
<b>b) Details of Negative Impacts for Sexual Orientation</b>	None
<b>c) Mitigating Actions for Sexual Orientation</b>	Not Applicable
<b>d) Responsible Officer for Mitigating Actions - Sexual Orientation</b>	Not Applicable
<b>26. Negative Impacts and Mitigating actions for Pregnancy and Maternity</b>	
<b>a) Are there negative impacts for Pregnancy and Maternity?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
<b>b) Details of Negative Impacts for Pregnancy and Maternity</b>	None
<b>c) Mitigating Actions for Pregnancy and Maternity</b>	Not Applicable
<b>d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity</b>	Not Applicable
<b>27. Negative Impacts and Mitigating actions for marriage and civil partnerships</b>	
<b>a) Are there negative impacts for Marriage and Civil Partnerships?</b> <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
<b>b) Details of Negative Impacts for Marriage and Civil Partnerships</b>	None



<b>c) Mitigating Actions for Marriage and Civil Partnerships</b>	Not Applicable
<b>d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships</b>	Not Applicable
<b>28. Negative Impacts and Mitigating actions for Carer's responsibilities</b>	
<b>a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).</b>	No
<b>b) Details of Negative Impacts for Carer's Responsibilities</b>	None
<b>c) Mitigating Actions for Carer's responsibilities</b>	Not Applicable
<b>d) Responsible Officer for Mitigating Actions - Carer's Responsibilities</b>	Not Applicable