

## Initial Equalities Screening Record Form

Date of Screening: 07-05-2021	Directorate: People	Section: Strategic Commissioning
1. Activity to be assessed	Procurement of Advocacy Services for All Ages	
2. What is the activity?	<input type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input checked="" type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	
4. Officer responsible for the screening	Penny Crane, Commissioner	
5. Who are the members of the screening team?	Julia McDonald, Commissioning Manager (Integration) Penny Crane, Commissioner Elizabeth Britton, Assistant Commissioner	
6. What is the purpose of the activity?	<p>The current contract for adult advocacy services will be ending in March 2022, therefore a new service needs to be commissioned. The new contract, which will provide advocacy for adults, and children and young people, will need to take account of the legislation listed below at item 7.</p> <p>Key requirements of the service are to provide:</p> <p>For adults:</p> <ul style="list-style-type: none"> <li>• NHS Complaints Advocacy</li> <li>• Independent Mental Health Advocacy</li> <li>• Independent Mental Capacity Advocacy</li> <li>• Independent Social Care Advocacy</li> </ul> <p>For children and young people:</p> <ul style="list-style-type: none"> <li>• Independent Advocacy</li> </ul> <p>The purpose of the procurement process is to ensure that the tendering process itself and services commissioned by the Council, adhere to obligations of openness, fairness and obtain best value.</p>	
7. Who is the activity designed to benefit/target?	<p>Advocacy services tend to support people that need help understanding their choices and or making their voice heard in health and care situations. This could include people with disabilities / mental ill health, dementia, children looked after / care leavers, older people.</p> <p>People who are eligible for advocacy services as set out in the relevant legal provisions.</p> <ul style="list-style-type: none"> <li>• Local Government and Public Involvement in Health Act 2007 as amended by section 185 of the Health and Social Care Act 2012</li> <li>• Part 10 of the 1983 Mental Health Act as amended by section 30 of the Mental Health Act 2007</li> <li>• Sections 35 and 36 of The Mental Capacity Act 2005, and Section AA1 of the Mental Capacity (Amendment) Act 2019</li> <li>• Sections 67 and 68 of the Care Act 2014</li> </ul>	

	<ul style="list-style-type: none"> <li>• Part 6 of the Children and Families Act 2014</li> <li>• Section 26A of the Children Act 1989</li> </ul>		
Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral, please give a reason.	What evidence do you have to support this? e.g. equality monitoring data, consultation results, customer satisfaction information, etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
<b>8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.</b>	Y	<p><b>Positive</b> – Adults and children and young people with a physical, mental health, or learning disability are likely to experience a positive result from the involvement of an advocate which allows their voice to be heard in any plans that are made for their care and support.</p> <p>Commissioners expect that people of all ages with long term health or care needs will be identified and understood by the provider and their needs responded to in the planning and delivery of the service.</p> <p>Performance management criteria will be put in place to measure and monitor for potential inequality on the grounds of disability.</p>	<p>The University of Bristol conducted a study in (2009) about the benefits of advocacy for disabled people and found that more research is needed for more evidence. However, the review found indicative evidence on how the advocacy process helps disabled people, especially around transitioning from children's' to adult's services and disabled parents whose children are subject to children's safeguarding procedures. <a href="http://bristol.ac.uk">Access to independent advocacy: an evidence review (bristol.ac.uk)</a></p> <p>According to a satisfaction survey carried out in 2019-2020, a nationwide provider of advocacy support reported that 98% of clients said the advocacy support received was good or excellent. In the same satisfaction survey, 97% of professionals and stakeholders were satisfied or fully satisfied with the advocacy support provided to their clients.</p>
<b>9. Racial equality</b>	Y	<p><b>Neutral</b> - This will need to be considered in terms of consulting with all relevant groups, and the service will need to provide support to people of any ethnicity or nationality.</p> <p>The service will be required to monitor ethnicity and work pro-actively to understand and respond to the specific needs of different ethnic groups. There is a requirement to work with local community groups to support all people qualifying under legislation listed above.</p> <p>Beyond the need for culturally sensitive considerations in the delivery of services highlighted by local care practitioners and organisations, there is</p>	<p>According to the 2011 Census, 84.9% of the population of Bracknell Forest is White British, however the Black and Minority Ethnic population has increased since 2001. The largest BME group currently is Asian or Asian British (5%).</p> <p>People in need of support are not specific to one racial or ethnic group, however people from different cultures may feel differently about having support commissioned on their behalf (i.e. it may be expected that family provide support), but equally it should not be assumed that extended family can or would provide support to meet assessed needs.</p> <p>Recent surveys have shown that BAME communities can be resistant to accessing COVID-19 vaccines, and</p>

			<p>limited national research into this issue and continued monitoring is recommended to identify changes or trends in need, in accordance with changes in the ethnic diversity of the borough.</p> <p>Performance management criteria will be put in place to measure and monitor for potential inequality on the grounds of race.</p>	<p>slightly older surveys show that the same communities are resistant to accessing health and social care support generally ( <a href="#">SCIE BAME and Dementia</a> ).</p>
<b>10. Gender equality</b>	Y		<p><b>Neutral</b> - the service will need to provide support to all people.</p> <p><b>Neutral</b> – commissioners expect that anyone’s gender-specific needs will be identified and understood by the provider and their needs responded to in the planning and provision of advocacy support in each case.</p> <p>Performance management criteria will be put in place to measure and monitor for potential inequality on the grounds of gender.</p>	<p>A particular gender inequality is found in informal carers. According to <a href="#">Carers UK</a> data, 58% of carers are women (this aligns with <a href="#">Census</a> data for Bracknell Forest from 2011), and women are more likely to be ‘sandwich carers’ (caring for young children as well as elderly relatives).</p> <p>Stereotyping may result in pressure being exerted on women to provide more care than they are able or willing to provide. Advocacy support, being equally available to carers, would seek to address any gender inequalities where this is impacting on expectation.</p>
<b>11. Sexual orientation equality</b>		N	<p>The service will need to provide support to all people, regardless of their sexual orientation.</p> <p><b>Neutral</b> – commissioners expect that anyone’s needs relating specifically to their LGBT status will be identified and understood by the provider and their needs responded to in the planning and delivery of the service.</p> <p>Performance management criteria will be put in place to measure and monitor for potential inequality on the grounds of sexual orientation, though it is recognised that a notable proportion of people decline to identify their sexual orientation.</p>	<p>The ONS calculates that, of the general population, 1.5% of men identify as gay and 0.7% of women identify as lesbian; 0.3% of men identify as bisexual compared to 0.5% of women. However, the actual figure is believed to be much higher, owing to a lingering taboo around reporting of sexual orientation: the charity Stonewall estimates that 5-7% of the population is gay, lesbian, bisexual and transsexual.</p> <p>The gathering of data by the current provider has shown a notable proportion of people decline to identify their sexual orientation.</p>
<b>12. Gender identity</b>		N	<p>The service will need to provide support to all people qualifying under legislation listed above.</p> <p><b>Neutral</b> – commissioners expect that anyone qualifying for advocacy support and having needs relating specifically to their gender identity will be identified and understood by the provider and their</p>	<p>As with sexual orientation, there is limited data around the proportion of transgender people both nationally and locally. Estimates published by Stonewall state that approximately 1% of the British Population might identify as trans or non-binary (equivalent to 600,000 people out of a population of over 60 million).</p>

		<p>needs responded to in the planning and delivery of the service.</p> <p>Performance management criteria will be put in place to measure and monitor for potential inequality on the grounds of gender identity.</p>	<p>According to a <a href="#">report published by Stonewall</a> in 2018, 34% of trans people have been discriminated against because of their gender identity when visiting a café, restaurant, bar or nightclub in the last year. The same report found 29% of trans people who accessed social services experienced discrimination. Both indicate potential barriers in terms of people asking for support and in receiving support that is relevant and appropriate to them. The advocacy provider will need to be mindful of this when delivering services.</p>
<b>13. Age equality</b>	Y	<p><b>Positive</b> - The service we are looking to commission will support people of any age who qualify for advocacy support under legislation listed above.</p> <p><b>Neutral</b> – commissioners expect that age-specific needs will be identified and understood by the provider and their needs responded to in the planning and delivery of the service (e.g. children and young people might engage differently with the service than adults, and have different needs.)</p> <p>Children and young people will be supported by advocates and independent visitors who are specifically trained to provide advocacy to their age group.</p>	<p>The Children and Families Act 2014 allows that care leavers up to the age of 25 can still access advocacy support where they express a need.</p> <p>Children and young people qualify for advocacy support on a different basis than adults, and may not qualify for any advocacy support after the age of 25.</p> <p>A report produced for the Children’s Commissioner England in 2016 found “huge actual and potential value of independent advocacy, in supporting children and young people’s entitlement to a good range of services and quality of provision, their rights to protection from harm and abuse and to participate in decisions about their lives[...].”</p> <p><a href="http://clock.uclan.ac.uk/14688/1/Impact%20and%20Outcomes%20of%20Independent%20Advocacy.pdf">http://clock.uclan.ac.uk/14688/1/Impact%20and%20Outcomes%20of%20Independent%20Advocacy.pdf</a></p>
<b>14. Religion and belief equality</b>	Y	<p><b>Neutral</b> - the service will need to provide support to people of all ages.</p> <p><b>Neutral</b> – commissioners expect that the faith-specific needs of anyone in receipt of advocacy support will be identified and understood by the provider and their needs responded to in the planning and delivery of the service.</p> <p>Performance management criteria will be put in place to measure and monitor for potential inequality on the grounds of faith.</p>	<p>As stated in point 9, the diversity in beliefs across different cultures may impact how accepting they are towards outside involvement with what may be considered private, familial roles.</p> <p>According to census data, the majority of Bracknell Forest are recorded as Christian (61%), the second largest being those with no religion/not stated (35%). The third largest group is Hindus (1.6%) followed by Muslims (1.1%), Buddhists (0.7%), Sikhs (0.4%), and Jews (0.2%).</p>
<b>15. Pregnancy and maternity equality</b>		<p><b>Neutral</b> – commissioners expect that specific needs around pregnancy and parenthood will be identified and understood by the provider and their needs</p>	<p>There is no evidence at this time to suggest an adverse or positive impact is experienced based on pregnancy or maternity alone.</p>

			responded to in the planning and delivery of the service.	
<b>16. Marriage and civil partnership equality</b>	Y		<b>Neutral</b> – the service will need to provide support to all carers	There is no evidence at this time to suggest any positive or negative impact is experienced based on marriage or civil partnership alone.
<b>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.</b>	<p><b>Drug and alcohol misusers</b></p> <p>The impact of the procurement of advocacy services will be positive on people with substance misuse issues.</p> <p>As part of the Advocacy Strategy consultation, care practitioners working with drug and alcohol misusers strongly supported the use of advocates to represent the needs of this group because of perceptions that their needs were less important due to poor life choices. There is a close link between drug or alcohol misuse and mental illness and access to advocacy would be a significant preventative intervention.</p> <p>Performance management criteria should be put in place to measure and monitor for potential inequality for vulnerable people who are misusers of drugs or alcohol.</p> <p><b>Carers</b></p> <p>The impact of the procurement of advocacy services will be positive on unpaid carers. National and local evidence to suggest that the caring role precludes or limits carers from presenting or expressing their views, thoughts and feelings. The availability of advocacy would provide additional capacity to carers.</p> <p>Performance management criteria should be put in place to measure and monitor for potential inequality for carers.</p> <p><b>People on lower incomes</b></p> <p>Neutral.</p> <p>There is no evidence at this time to suggest an adverse impact is experienced on the basis of income alone.</p>			
<b>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</b>	No adverse impact identified			
<b>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</b>	<p>The protected characteristic groups are not discrete communities, for example, a person requiring advocacy support may fall into more than one category.</p> <p>The evidence above indicates key areas for the commissioner and provider to consider when planning and delivering the service to avoid any detrimental impact on protected characteristics. Lack of evidence in some areas does not imply needs do not exist, but rather that additional and ongoing research is necessary to explore needs and their extent in more detail.</p>			
<b>20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?</b>		N	The impact will not constitute unlawful discrimination for any of the identified groups above.	

<b>21. What further information or data is required to better understand the impact? Where and how can that information be obtained?</b>	It is important that the Council, (along with the organisation that will be providing this support) consults with relevant stakeholders and includes the views of those receiving advocacy support in any decision making, before and during the contract term. Quarterly contract monitoring with established Key Performance Indicators should help to identify the current picture of advocacy needs in Bracknell, and inform any areas that may require future focus.		
<b>22. On the basis of sections 7 – 17 above is a full impact assessment required?</b>		N	The impact listed above has been assessed as either Positive or Neutral, therefore there is no requirement to complete a full assessment.
<b>23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data?</b> Please complete the action plan in full, adding more rows as needed.			
<b>Action</b>	<b>Timescale</b>	<b>Person Responsible</b>	<b>Milestone/Success Criteria</b>
<b>To procure a provider that is cognisant and proactive around equalities, diversity and inclusion</b> The EIA screening form will be shared with the preferred provider to ensure understanding of the commissioners' expectations around equalities and plan for their proposed service. The contract KPIs and spec will be reflective of the commissioners' ambition to procure a service that is sensitive and responsive to different protected characteristics.	December 2021 – Oct 2022	Penny Crane	Successful award of the contract
<b>Undertake contract monitoring throughout the life of the contract</b> This will include monitoring and reviewing how identified needs are met by the provider.	Oct 2022 onwards	Penny Crane	Commissioners re-assured through contract monitoring processes that the provider delivers fair and inclusive services
<b>Continue to develop the service throughout the life of the contract</b> Reviewing strategic / operational issues related to protected characteristics.	Ongoing	Penny Crane	Attendance and feedback/reports from group members regarding any E&D issues of the service / wider system.  Annual Reviews & Action Plan completion might include review of the EIA / actions to improve EDI.
<b>24. Which service, business or work plan will these actions be included in?</b>	Commissioning - Integration team		
<b>25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?</b>	E&D performance reviewed with current contract for potential impact to protected characteristics. Provider carries out outreach to community groups to encourage inclusion. <i>Currently impacted by Covid-19 restrictions.</i>		
<b>26. Assistant Director's signature</b>	Signature:	TW	Date: 21/09/21