

## Equality Impact Assessment Template

Please complete this template using the [Equality Impact Assessment Guidance document](#)

**Version 1: August 2020**

Title of proposal (include forward plan reference if available)	The Review of the Generic Advocacy Service
Directorate and Service Area	Adult Social Care, Health and Wellbeing
Name and title of Lead Officer completing this EIA	Beverley Stevens – Commissioning Officer Justin Haywood, Operations Manager
Contact Details	<a href="mailto:Justin_Haywood@sandwell.gov.uk">Justin_Haywood@sandwell.gov.uk</a>
Names and titles of other officers involved in completing this EIA	Justin Haywood, Operations Manager Beverley Stevens, Commissioning Officer
Partners involved with the EIA where jointly completed	None
Date EIA completed	18 January 2022, updated 8 June 2022
Date EIA signed off or agreed by Director or Executive Director	
Name of Director or Executive Director signing off EIA	Rashpal Bishop
Date EIA considered by Cabinet Member	

See [Equality Impact Assessment Guidance](#) for key prompts that must be addressed for all questions

**1. The purpose of the proposal or decision required  
(Please provide as much information as possible)**

1. Approve the findings of the consultation with the service users and other stakeholders/referrers to Generic Advocacy in Sandwell.
2. A further report be presented to Cabinet on 20 July 2022, to agree the future for Generic Advocacy in Sandwell, following completion of the consultation, which is contracted to run for 1 year only until March 31, 2022, with 2 options to extend the contract for a further year each. The contract was recently extended for 6 months until 30 September 2022.

**2. Evidence used/considered**

The current Advocacy Services Contract started in April 2021 and covers all statutory services and generic advocacy which is non- statutory. The services are for vulnerable residents in Sandwell with the overall aim of ensuring that these people access support to get their views heard on issues and decisions that affect their lives. The services are: IMCA, IMHA, ICAS, Care Act and Generic advocacy. These have all been delivered by Powher since 2016.

Analysis of take up of the generic and other advocacy services since April 2016 have been analysed to demonstrate current and future capacity, movement and expected demand across the services, in terms of the protected characteristics in the Equality Act 2010. The overall take up of generic advocacy has reduced over last few years from 303 in 2018/19 to 214 in 2019/20, and 193 in 2020/21, and 168 in 2021/22, unlike statutory services which all increased pre-COVID. COVID reduced take up of all services.

It should be noted that from 2016- 2020 the take up of Generic Advocacy and Care Act advocacy by different groups were reported together as they were part of the same contract - but most cases were generic, with Care Act cases taking an increasing share as referrals increased.

Discussions with relevant staff, partners and contractors about the generic advocacy service, and other advocacy services, have been recorded and considered, including outcomes, any issues raised by casework.

Consultation survey forms will be collated and analysed to find out the views of generic advocacy service users on the usefulness and difference the service makes to their lives, and the views of referrers on the same.

### 3. Consultation

Commissioners identified individuals and groups who were consulted. These include:  
 Stakeholders who refer or use the generic services – social workers in Adult Social Care and Children’s Services, community organisations, carer groups etc  
 Staff who refer to the services – social care and volunteers, Powher staff such as statutory advocates  
 Service users of Generic Advocacy  
 There was a 12-week consultation period. This Cabinet paper outlines the findings of the consultation. The recommendation is to decommission the service.

### 4. Assess likely impact

There may be an impact on the service users who are concerned about the possibility of change or reductions in advocacy services, and where they will access support in future. It was initially thought that the protected characteristics most likely to impact on the service users if service is closed are age, parental responsibility and disability because people undergoing Continuing Health Care or Child Protection Proceedings are extremely vulnerable/stressed and unable to gain support easily elsewhere. Consultation findings showed that most of the service users had already presented to other services, or referrers would signpost to other services in Sandwell, and there are a range of other services in the community which provide informal advocacy and casework. These include Community offer, CAB, Housing and voluntary sector services. Decommissioning processes will be followed and all current service users will be signposted to appropriate services.

The proposals in the report are a proportionate means of achieving a legitimate aim of the council

**Please complete the table below at 4a to identify the likely impact on specific protected characteristics**

#### 4a. Use the table to show:

- Where you think that the strategy, project or policy could have a negative impact on any of the equality strands (protected characteristics), that is it could disadvantage them or if there is no impact, please note the evidence and/or reasons for this.
- Where you think that the strategy, project or policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relationships within equality characteristics.

Protected Characteristic	Positive Impact ✓	Negative Impact ✓	No Impact ✓	Reason and evidence (Provide details of specific groups affected even for no impact and where negative impact has been identified what mitigating actions can we take?)
<b>Age</b>		✓		Many of the service users of generic advocacy service are older adults, and they will be given opportunity to comment on the proposals, and how they can be supported. In 2016 - 18% of Generic/Care Act service users were aged over 75 and 28% over 60, by 2022 this share dropped to 5% over 75 and 18% over 60 - this group are more likely to be frail and have health conditions, so may need communication support with health or care services - the communication can be covered by NHS and services in Community and Voluntary Sector.
<b>Disability</b>			✓	Many service users of generic advocacy have some form of disability, and they will give the opportunity to comment on the proposals and how they can be supported. The group with disabilities with the largest take up of

				generic advocacy are adults with mental health needs, followed by learning disabilities – who are more likely to need advocacy for communication, care, housing etc, then followed by physical disabilities – these could be supported by Community Offer/local voluntary organisations. There was low take up by those with Sensory impairments - there are voluntary organisations and Sensory team in Council who support these.
<b>Gender reassignment</b>			✓	Generic advocacy does not cover support specifically around this but may deliver this in response to related issues that are presented e.g. communication issues because of gender reassignment. In the last few years, some service users have declared they are intersex.
<b>Marriage and civil partnership</b>			✓	Generic advocacy does not cover support to personal relationships but may deliver this in response to related issues that are presented – e.g. housing cases, mental health cases or child protection cases can be related (not always) to abusive or broken relationships. There is no monitoring to cover marriage/civil partnership.
<b>Pregnancy and maternity</b>		✓		About a third of the non- statutory Generic Advocate time is taken up by parents with learning disabilities and/or mental health conditions who are undergoing child protection processes. These parents are in high need of advocacy support and the consultation, while causing uncertainty in the short term, will offer these parents an opportunity to express their needs and how they can be most effectively supported. Many but not all the parents are mothers – some of whom are pregnant and/or have had several children legally removed. When advocates were asked not to attend court proceedings to support the parents, due to waiting time involved, the parents presented at other voluntary organisations for

				additional support. There is reported satisfaction with this part of the service, but some service users and one voluntary organisation felt there were gaps. A local consortia of voluntary organisations has recently set up a project to support parents with learning disability with preventative support and support through child protection proceedings.
<b>Race</b>			✓	As at end quarter 4, 47% of generic advocacy service users who declared their race were white, with 53% from BAME groups, which roughly matches the makeup of Sandwell, as at January 2022 (2021/22). Many of the service users of generic advocacy service are black and minority groups and communities, and were given opportunity to comment on the proposals, and how they can be supported. The provider has made links with community organisations who support minority ethnic groups. There are organisations who support these groups and communities in Sandwell, and the decommissioning process will include signposting to these groups.
<b>Religion or belief</b>			✓	Generic advocacy does not cover support specifically around this but may provide support around related issues. e.g. religious discrimination, religious practices/preferences in health and care, and hate crime. 35% of service users who declared their faith were Christian, 41% no religion, and other faiths had less than 10% each, 9% Muslim.
<b>Sex</b>			✓	64% of the service users of generic advocacy service who declared gender are women in q4 2021/22. Some of those using the service are either over 60 (with more women in this age group) or are mothers or couples whose children have or may be removed due to child protection proceedings.

<b>Sexual orientation</b>			✓	<p>Generic advocacy does not cover support specifically around this – but may provide support around related issues e.g. discrimination at work. About 2% self-declared as LGBT in 2016 and 1% in 2021/22– the non-declaration rate is high (43 out of 125) and the contractor is making links with LGBT organisations. These people will be signposted to local community organisations in accordance with their presenting needs.</p>
<b>Other</b>	✓	✓		<p>The main group of service users are adults with mental health or long-term conditions whose conditions are not (at the time of the case) severe to warrant residential care - so generic advocacy acts as a preventative service to support with care, housing etc. Many are repeat service users who could be referred to other Community Offer and other providers in voluntary and community sector for preventative support. Other service users include small numbers with autism, dementia, cognitive impairment/stroke/acquired brain injury etc.</p> <p>Case studies show that there are Generic Advocacy Service Users who are undergoing Continuing Health Care assessments due to their possible need for health funded care, and they have difficulty accessing this care due to fluctuating conditions, or other reasons that the Generic Advocate can support with addressing.</p> <p>Adults who are assessed as lacking mental capacity, or with mental health condition and needing to be detained, or as having a substantial difficulty in engaging with social care processes, use IMCA, IMHA, Care Act advocacy may benefit from the closure of Generic Advocacy, which will increase capacity to deliver these statutory services. These people may have dementia, head injury or complex needs which affect their need for these services. Many of these people have statutory advocacy, but then need further support such as with housing or care in the community</p>

				which the Generic Advocate picks up – they could be referred to a housing charity or voluntary sector befriending/care agency for this support.
--	--	--	--	---

Does this EIA require a full impact assessment? Yes  No

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then you do not need to go any further. You have completed the screening stage. You must, however, complete sections 7 and 9 and publish the EIA as it stands.

If you have answered yes to the above, please complete the questions below referring to the guidance document.

**5. What actions can be taken to mitigate any adverse impacts?**

Many service users can be referred to Community Offer and other Organisations in Community and Voluntary Sector, or statutory services.

- Health – Healthwatch and their respective PALS service
- Housing – Local housing officer or SHELTER etc
- Immigration Issues -Judiciary - A solicitor
- Welfare rights Benefits and Money – Citizens Advice Bureaux
- Mental Health issues – Healthwatch
- Communication – reasonable Adjustments by the organisations implicated

**6. As a result of the EIA what decision or actions are being proposed in relation to the original proposals?**

A survey of service users and referrers to understand need for service, any alternative places to refer or use, and difference that the service makes to service users with different protected characteristics. See main report for list of findings

**7. Monitoring arrangements**

The consultation was completed by the Commissioning team. Quarterly monitoring data for the contract was used in this EIA.

We will monitor the impact of this change through the number of referrals received by POhWER where clients are referred to other support organisations or services and the destination of those referrals.

**8. Action planning**

You may wish to use the action plan template below

## Action Plan Template

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress
All	Undertake survey of service users and referrers to Generic Advocacy Service	BS	2-3 months	Completed
All	Analyse results	BS	2 months	Completed
4a	Look at alternative options for any adverse impacts that surface- especially for parents undergoing Child Protection proceedings and People undergoing CHC.	BS	2 months	Completed – project set up for parents. CHC to be referred to other voluntary organisations