PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: **Adults Independent Advocacy Services – Adults – Commissioning and Procurement 2019 Approach**	
Directorate: **Adult Care, Housing and Public Health**	**Service area:** **Strategic Commissioning**
Lead person: **Jacqueline Clark**	**Contact number:** **22358**
Is this a:	

☐	**Strategy / Policy**	☒	**Service / Function**	☐	**Other**

If other, please specify

2. Please provide a brief description of what you are screening

Independent advocacy services are necessary to meet all of the Councils statutory requirements under the Care Act 2014, the Mental Capacity Act 2005, the Mental Health Act 2007 and the Health and Social Care Act 2012. Statutory independent advocacy services provide support to people:

- who may require assistance throughout the care and support assessment and through the review process,
- who lack mental capacity to make decision about themselves –
- who are detained under the Mental Health Act
- who require support to complain about services provided by the NHS.

The majority of people who receive these services reside within Rotherham, with a smaller number of people placed in care and support services located outside Rotherham also eligible to receive support.

Independent advocacy services which are non-statutory (generic) are available to people living in Rotherham who have difficulty articulating and negotiating their needs, recognising that this support empowers them to effectively navigate the health and social care system.

Existing contractual arrangements for provision of independent advocacy services are due to reach their full term at 31 March 2020. Processes is currently underway to commission and procure independent advocacy services for adults (some provision for young people aged between and 16 and 17 years olds) with the objective of mobilising new independent advocacy services from 1 April 2020.

This initial screening concerns the wider Equality Analysis exercise being undertaken to ensure the service is relevant and inclusive of those with protected characteristics.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	•	
Could the proposal affect service users?	•	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	•	
Have there been or likely to be any public concerns regarding the proposal?	•	
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	•	
Could the proposal affect the Council's workforce or employment practices?		•
If you have answered no to all the questions above, please explain the reason		

The service is commissioned from external organisations and therefore no internal staff are affected.

If you have answered **no** to all the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity
If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made**.** Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation. Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).
• **How have you considered equality and diversity?** The current provider of the statutory and non-statutory advocacy service is a voluntary sector organisation who are contracted to deliver independent advocacy services. **Advocacy Service - Contractual Obligations:** The provider of the current service and future providers are required to comply with all statutory requirements relating to the Equality Act 2010 and discrimination against any individual or group of people will be seen as a breach of the conditions of the Contract The provider is required to comply with the Accessible Information Standard and deliver advocacy services to a diverse audience with a range of needs that meet all Equality Standards, for example including respect for individuals cultural, religious and spiritual needs. Evidence of compliance against this requirement has been considered:

- Equality and Diversity is a standing agenda item at partnership meetings (contract meetings) with the contract holder which take place bi-monthly. Issues discussed include for example how people who experience problems with communication access the service;
    - There is evidence that people who require language interpreters are receiving the interpretation service.
    - Efforts are implemented to retain continuity of the interpreter over the period when advocacy is required.
    - The service also develops staff skills in communication methods and training is undertaken in for example 'Makaton'
    - The service utilises skills of staff in the wider network of their organisation to ensure communication needs are met.
    - The service has for example a Polish speaker within the team who is able to accommodate Polish people accessing the service
    - The service encourages volunteers to increase capacity – a male service user who is deaf and able to speak and lip read, is interested in advocacy work and is looking at becoming a volunteer.
    - The service uses social Media, facebook and twitter to increase outreach to people who wish to access the service – there is evidence that this method of communication is utilised.
- The provider routinely collects/collates specific data around the protected characteristics and the trend data enables the service to consider demand and gaps in delivering to people with protected characteristics. This information is collated monthly and shared with the Council. Referrals of trends in referrals to the service for protected characteristics are discussed at the monitoring meetings with mitigation plans discussed/actioned.
- The services training programme in Equalities and Diversity is evidenced and monitored to ensure staff receive training on induction into the service and regular updated training – this is evidenced in training records which are validated by the contract compliance officer.
- The service is proactive in capturing equalities and diversity issues that do not necessarily fit in the accepted protected characteristics profile ie – veterans of armed forces – awareness raising sessions where undertaken with this particular group to offer advocacy support.

Equality and Diversity – Disability:

The independent advocacy service is accessed by people with a range of disabilities including mental-ill health, dementia, learning disabilities, physical disabilities and sensory impairments and across the full spectrum of gender/ethnicity and religions (protected characteristics). The service is fundamentally provided to support people who require health and/or social care and have substantial difficulty in articulating and negotiating their needs and to empower them to effectively navigate the

health and social care system.

As the service's main purpose is to support people who have substantial difficulty in articulating and negotiating their needs and retaining information a high proportion of people accessing the service have mental ill-health, mental capacity problem and for example learning difficulties or disabilities.

The uptake of the service has been evaluated to consider whether people with protected characteristics associated with disabilities are able to access the service at reasonable levels. The LAS data has been against the number of people who have a particular primary support reason – Learning Disability, Mental ill-health, Physical Disability, etc. The percentage of people accessing services by primary support reason (LAS) has been compared to the % of people who are accessing independent advocacy services to give an indication of whether the service take up level is proportionate.

% of uptake of Statutory and Generic Advocacy services by people who are recorded by primary support reason recorded on LAS as receiving service:

Primary Support Reason	Number	% of Total of people receiving service having been assessed by the Council.	*Number of people by primary support reason accessing independent advocacy	% of people receiving service and accessing independent advocacy Services by primary support reason	Is the level of independent advocacy service proportionate
1. LD (including ASD)	763	20%	145	19%	Proportionate
2. MH*	304	8%	488**		Expected level
3. PD (ABI/LTS/OP)	2279	60%	119	5%	Low – 159 people expected
4. Sensory	83	2%	8	10%	High
5. Social Support	84	2%	Not recorded	Not recorded	
6. Support with memory or cognition	307	8%	188	61%	Expected
	3805	100	937		

*excluding carers and those recorded as others – total 30 – people
**This number includes people who are in receipt of support from mental health professional and may not be in receipt of services

Comment:

1. The level of take up of the independent advocacy for people with learning disability and autism appears equal to or proportionate to the numbers of people with learning disabilities receiving services.
2. There is a high percentage of people with mental ill-health accessing the service which is expected as the nature of the service is to support people who lack mental capacity or have mental ill-health. Rotherham has the highest number of Mental Health customers in the country.
3. The numbers of people with a physical disability who are accessing the independent advocacy service appear low. Of this group, it is assumed that some people will not take up this service as they will have the capacity to, and want to, advocate for themselves. Of those that are assessed or have a review, the DoHSC estimate that about 10% of people would not have family or friends willing or able to advocate on their behalf, and would therefore be eligible for independent advocacy and of this number 70% of those that are eligible will take up the offer of advocacy. If this formula is applied to the data available in respect of people with physical disability taking up the service, 227 people would need an advocate and of this number 159 people would need an *independent* advocate.
4. There are slightly higher numbers of people with sensory impairment accessing the independent advocacy service when compared to the numbers of people who are recorded on LAS with a sensory impairment as a primary need and this presents a positive indication.
5. There are high numbers of people being referred to the independent advocacy service who are recorded on LAS to have a memory or cognitive. This high service take up will be attributable to people requiring an independent mental capacity advocate or/and a relevant person representative.

Conclusion:
There is evidence that the independent advocacy service is delivered to people with a wide range of disabilities but independent advocacy take up for people with a primary support need of physical disability is lower than expected.

Unpaid Carers:

- In Rotherham , there are 31,000 carers across the borough (2011 Census) or 12% of the population, above the national average of 10%.
- Around 3.4% of Rotherham's population provides 50 hours or more of care per week, well above the England average of 2.4%.
- 71% of carers are aged 25-64 but there has also been an increase in carers aged 65 plus who now number 6,900, 47% of whom provide over 50 hours care per week, most caring for their spouse.
- 37% of people providing over 50 hours care per week are aged 65+, amounting to 3,237 people, divided evenly between men and women.

In 2018-19 only 30 unpaid carers accessed the independent advocacy service representing only 3% of the total referrals. Give the above profile of unpaid carers in Rotherham – this number seems low. In 2018-19 555 carers assessments were completed. The DoHSC estimate that 10% of carers receiving a service will require independent advocacy support which would equate to 55 unpaid carers for 2018-19.

Consideration has been given to the service activity and the BME profile of people who have accessed the service:

The DoH estimated that 10% of people who require a Care Act Assessment would require an advocate and of that number 70% would require an independent advocate. This formula has been used to measure whether people accessing

BME Profile of people accessing independent advocacy services 2018-19:

ASC Customer Profile BME Description	Ethnicity	Numbers	% of Total	Rotherham Ethnic Profile	Numbers and % of people accessing Independent Advocacy Services***				
					Overall Profile	Care Act	IMCA &RPR	IMHA	Generic
BME	White British	3534	92.9%	92%	622	86.3%	76.17%	36.18%	78.79%
	BME	181	4.7%	**8.1%	15	2.8%	2.34%	3.62%	2.27%
	Not	90	2.4%			10.8%	21.48%	60.21%	18.94%

	recorded/preferred not to say								
	Total	3,805*							

*Excluding people receiving MH professional support and numbers likely to be high as a result of the nature of the service and client needs.
**More recent estimates indicate BME at 10.5% (2016)
***of those who were completed BME questionnaire

Rotherham's 18+ population is 93.04% White British (ref: Census 2011), in comparison 95.22% of the 18+ cohort are from this ethnic group. Customers from Black Minority Ethnic (BME) groups appear to be under represented in this cohort; 4.78% of the cohort are from a BME background compared with 6.96% of the total population.

The Ethnicity - Customer Profile of people recorded on LAS who are accessing the independent advocacy service:

181 people are recorded on the LAS as being of BME origin representing 4.7% of the customer base. Of the people accessing the independent advocacy service choosing to record their ethnic origin, 15 or 2.4% identify themselves as from a BME background (2018/19). Of the 181 people identifying themselves as of BME background recorded on LAS and receiving service, of this number 15 or 8% receive the independent advocacy service. This is within the expected level of approximately 12 people if the assumption is that *about 10% of people would not have family or friends willing or able to advocate on their behalf, and would therefore be eligible for independent advocacy and of this number 70% of those that are eligible will take up the offer of independent advocacy.* There are currently no concerns that the service is not accessible to BME groups.

Age Profile of people accessing the independent advocacy services:

The table below illustrates the age profile of people (if disclosed when asked) who are accessing the independent advocacy service (2018-19):

Age group (recorded)	16 -17	3	0.3%
	18-64	277	32%
	65+	313	36%

	Preferred not to say	271	31%
		864	

The age profile of people who are recorded by primary support reason recorded on LAS as receiving service is not reflective of the age profile of the people accessing the independent advocacy service at 1,358 (35%) people aged 18-64 and 2,456 (65%) 65+ Age Group and lower numbers of older people are accessing the service. This may be as a result of high disproportionately high numbers of people who receive the independent advocacy service who are detained under the mental health act and have a younger age profile. Further interrogation of this data is required to fully inform whether older people are disadvantaged from accessing the service.

Review of service delivery:

In the current model statutory advocacy is often prioritised as the statutory advocate is responding to critical issues requiring an immediate response i.e. when a person is detained under the Mental Health Act. However delays in allocating a generic advocate mean that issues if unaddressed in a timely way will escalate.

Group advocacy, peer advocacy and self-advocacy are not well developed in the service.
People who access care and support services are not accessing independent advocacy to be supported to have their views heard i.e. for quality monitoring purposes.

The term 'Advocacy' is poorly understood by the public and people who need to self-refer report that this is difficult as the service is not obviously accessible/available for example 'a drop in' service would suit people who may wish to self-refer.

'People don't understand what an "advocate" is. What is the role of an advocate?' comment by a professional and people accessing services – co-production event May 2019.

Often people conflate advocacy specifically for health and social care with other types of advocacy, information and advice for example to support welfare benefit claims/appeals or to support legal processes. It is necessary for the new service to offer more assistance to people to navigate the access to advocacy services and for clarity as to the offer and scope.

The existing service is not high profile throughout all professional groups – i.e. GP's in particular have a lack of awareness of the offer and referrals are low.

There are lower than expected numbers of referrals to the service for people:

- undergoing serious medical treatment – indicating a possible learning need with health colleagues
- referred for Care Act Advocacy especially for people going through a Section42 Safeguarding Enquiry
- Unpaid Carers

Co-Production Events have taken as illustrated below:

Event Type/Venue	Date	Target Audience
Forum/Town Hall	18 April 2019	People who Access Services
Forum/Town Hall	14 May 2019	Professional Stakeholders who represent vulnerable people from the full spectrum of protected characteristics.
Forum/Town Hall	10 July 2019	Service Providers who represent vulnerable people from the full spectrum of protected characteristics and specialist organisations who's remit is to support particular cohorts – i.e. people with Learning Disabilities – 'Speak Up' and Healthwatch the independent consumer champion – for people who are consumers of health and social care services.

Key outcomes from the co-production event are:

- There is a problem accessing the service for people who wish to self-refer – this includes people with protected characteristics.
- There is limited understanding of what an 'advocacy' service offers.

- Lack of group/peer and self-advocacy to support people who do not require statutory advocacy services

- **Key findings**

There are a number of concerns in respect of the low levels of referrals to some of the types of advocacy - service which indicate the requirement for increased awareness of the service/requirements of professionals to involve an advocate:

- Numbers of unpaid carers accessing the service appear relatively low (un-paid carers in Rotherham are considered to have a protected characteristic)
- People who have physical disability accessing the service is low
- There is a lack of understanding regards the term 'Advocacy'by the public and people who need to self-refer
- There appear to be lower numbers than expected of older people accessing the service
- There is a problem accessing the service for people who wish to self-refer – this includes people with protected characteristics.
- Group advocacy, peer advocacy and self-advocacy are not well developed in the service – increasing this function could offer further support to people i.e.
    - Group advocacy can support people who have commonalities of issues in situations where there is for example service change/redesign and the affected people can be supported to influence change as a group
    - Peer advocacy can offer support from people with disabilities to others with similar disabilities. The advantage of this type of advocacy is that the experience of the peer advocate can add insight to the issue for the recipient of the service which adds quality and offers a better experience.
    - Self-advocacy can offer people the opportunity to gain skills to advocate for themselves

- **Actions**
- **The intention is to design a future service which addresses the key findings of the service review, issues identified from the Initial Equality Screening Assessment**

Date to scope and plan your Equality Analysis:	
Date to complete your Equality Analysis:	

Lead person for your Equality Analysis (Include name and job title):	Jacqueline Clark – Head of Prevention and Early Intervention – Strategic Commissioning – Adult Care Housing and Public Health

5. Governance, ownership and approval		
Please state here who has approved the actions and outcomes of the screening:		
Name	**Job title**	**Date**

6. Publishing
This screening document will act as evidence that due regard to equality and diversity has been given. If this screening relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of **all** screenings should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.	
Date screening completed	
Report title and date	
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	
Date screening sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	