

Equality & Poverty Impact Assessment 00864 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care		
		Tel:	07872820137
Proposal:	To produce and implement a 3 year Independent Advocacy Strategy for the Health and Social Care Partnership	Reference No:	

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	No	Yes	No	No

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	Yes	Yes	No
	Children and young people	Significant impact?		
	No	No		

Other, please specify:

Identify the main aims and projected outcome of this proposal (please add date of each update):

28/10/2024	Reducing inequalities, promoting self-determination, and increasing the self-esteem of adults who have had their voice fully heard
28/10/2024	To have in place a strategic plan for Independent Advocacy which is adaptable, responsive to changing needs, and focused on enhancing the wellbeing of those who require advocacy support.
28/10/2024	To raise public awareness of independent advocacy
28/10/2024	Independent Advocacy is available to adults subject to safeguarding legislation and our staff take the necessary steps to ensure they have access to it.
28/10/2024	We make and consider referrals in a range of circumstances including early Intervention and Prevention through Non-Statutory Referrals

Identify the main aims and projected outcome of this proposal (please add date of each update):	
28/10/2024	Our plan is coproduced and informed by lived experience including service users and workforce lived experience
26/11/2024	Ask the commissioned provider (Forth Valley Advocacy) to gather and report more information on protected characteristic groups to the Oversight, Management and evaluation group for Advocacy (OMEGA) to enable use to review and act upon this.
26/11/2024	Consider more outreach opportunities to engage with those experiencing poverty, care experienced and unpaid carers

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	£216,302 per year including NHS contribution	2+1+1 approach Base year 1 (2025) Base year 2 (2026) Option year 1 (2027) Option year 2 (2028) New tender due to be awarded prior to start date of November 2025. Tender closed on 29th July 2025.
Reduction to this service budget (£'0000s)	Per Annum:	n/a	
Increase to this service budget (£'000s)	Per Annum:	assumes a 2% inflation uplift	New costs in next contract period 2025 - £220,628, 2026 - £225,041, 2027 - £229,541, 2028 - £234,132. Total spend £909,342
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:	01/11/2025	
	End Date (if any):	31/10/2029	

SECTION THREE: EVIDENCE

Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

A - Quantitative Evidence

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

Current service information demonstrates a continued demand for Independent Advocacy service, with 1508 people accessing the service, delivering 28,948 hours of Advocacy involvement from 2017 to 2020.

The journey of people through health and social care shows that access to Advocacy can be for a one off life event or longer periods with multiple referrals. People subject to the Mental Health Act make up the largest volume of people being referred at 55.2%, followed by people referred with issues relating to Adults with Incapacity at 29.1% and Adult Support and Protection at 15.7%. Looking at the level of Advocacy hours, an average of 17-19 hours of Advocacy time is delivered, helping an Advocacy Partner to have their voice heard and rights upheld.

People referred and accepting Advocacy is higher, with males at 54% and females 46%. The share across care groups is lowest with learning disability, with 13% using Advocacy services but older people and those with mental health issues making up 42-43% accessing Advocacy. An outcome of the service is to support more people with a learning disability.

The design of the service is changing and the criteria to access independent advocacy is widening and careful monitoring and management of people looking to access the service will be required by the advocacy provider. The provider will work in partnership with the Forth Valley Commissioners on the impact of widening access of independent advocacy.

It is expected the service will deliver a minimum of 11,000 hours of independent advocacy service across Forth Valley per year. Based on previous use of the service it is estimated the minimum number of Advocacy Partners per year who will access a service from paid or unpaid advocates will be from 550-600 in the first year of the contract. The breakdown between partners will be linked to predicted usage and budget.

Area

Allocated budget/year (inclusive of NHS FV share)

Falkirk

£216,302

Stirling

£139,451

Clackmannanshire

£91,093

More work is necessary with Forth Valley Advocacy to ask them to gather more data on protected characteristics groups so we can review this an the Oversight, Management and and evaluation group for Advocacy - OMEGA. This should be included in our strategic plan.

B - Qualitative Evidence	This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.
Social - case studies; personal / group feedback / other	
Qualitative data collated from engagement is presented in Section 4.	

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	Yes
Who provided the best judgement and what was this based on?	Authors membership on the OMEGA group who review and monitor advocacy support, receive and analysis data, survey's, focus groups.
What gaps in data / information were identified?	Data reporting on protected characteristic groups
Is further research necessary?	Yes
If NO, please state why.	

SECTION FOUR: ENGAGEMENT

Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	Yes	
If YES, please state who was engagement with.	Participate plus survey, survey with members of Falkirk Carers Centre, interview with service users in Forth Valley Royal Hospital Mental Health Unit and Tryst Park Mental Health wards.	
If NO engagement has been conducted, please state why.		
How was the engagement carried out?	What were the results from the engagement? Please list...	
Focus Group	Yes	<p>Focus groups with service users, main themes:</p> <p>When they received Independent Advocacy they rated the quality and consistency as very good. They developed good, supportive relationships with their advocacy worker.</p> <p>Some service users were not aware of the service or how to access it.</p> <p>It was more likely they they received IA at a formal hearing - for example a mental health tribunal.</p> <p>Feedback from staff</p> <p>Responsive service with little delay.</p> <p>Had benefitted from a half day training course from FVA previously and think it would be good for this to be delivered on an ongoing basis annually so all staff can access and benefit from it.</p> <p>More visibility in patient areas would be good</p> <p>If FVA linked in with the activity coordinators and attended patient community meetings it would have a positive affect.</p> <p>Service users would benefit from IA support at other routine meetings such as weekly/fortnightly multidisciplinary meetings as well as mental health tribunals for example.</p>
Survey	Yes	<p>Participate Plus Survey</p> <p>Which of the following describes you?</p> <p>I am a Falkirk Resident – 3</p> <p>I work in the Third Sector – 1</p> <p>I work in an Independent Advocacy Service – 2</p>

I work in Health and Social Care - 2

How would you rate the accessibility of independent advocacy in Falkirk?

2(1)

3 (3)

4(3)

5 (1)

Adults in Falkirk have access to independent advocacy at a time and place that suits their needs.

Neither agree nor disagree - 4

Agree - 2

Not Sure - 2

There is good public awareness and understanding of the role independent advocacy has in Falkirk.

Neither agree nor disagree – 1

Disagree - 7

What works well?

- Generic access to advocacy where someone wishes this

- I've no idea what Independent advocacy means in this context - is it for those who can't speak for themselves looking for assistance from council?

- Never heard anything about it

- The advocacy workers have a good knowledge of mental health and communicating with people with mental illness or a learning disability. They are usually able to see someone in FVRH quickly during the week and support them if they have been detained or are expecting a mental health tribunal. The service is also very good at advocating for people when a guardianship application is being considered and an AWI case conference is being held. Some really good bits of advocacy have been done and the workers are usually very good at representing the views of the service user at case conferences or during the assessment for a guardianship order.

Consistency of advocacy support has often been maintained when people have needed it for years.

What needs to be strengthened or changed?

- Limited advocacy i.e. only for specific issues such as Mental Health

- No idea

- More publicity if this

- Professionals don't refer to advocacy when they should, there is confusion about what advocacy service does what, the funded advocacy project doesn't do what their leaflet suggests, unfair funding

- Occasionally an urgent referral and support from advocacy is best but often this is not possible and there is no one to answer the phone or pick up the e-mail referral. Sometimes I have tried to e-mail a referral and this seems to have been lost. Writing out statements for some service users for their tribunal is great for some people but, maybe, consideration should be given to other ways to communicate some service users' views.

54 responses from unpaid carers - 60% of the carers fed back that they didn't know what independent advocacy was, 12% were clear and 16% said they didn't know where or how to access it.

Of those who had accessed it, an average rating of 3 out of 5 stars was given for accessibility. When asked about how much they agreed with this statement 'Adults in Falkirk have access to independent advocacy at a time and place that suits their needs'. 27% agreed, 49% weren't sure, 16% gave a neutral response and 8% disagreed.

'There is good public awareness and understanding of the role independent advocacy has in Falkirk'. 31% disagreed, 37% weren't sure, 12% agreed and 21% gave a neutral response.

Carers commented that we needed to -

raise public awareness of independent advocacy and it's availability

Visibility, knowledge, accessibility - no one will use a service if they don't know it's there or don't know what it does

More people need to know what it is and how to access it and when they could use it

I think it could be promoted more and education on when to use it. I don't think a lot of people understand who can use it and when

Needs to be publicised more

To make carers aware, even those who prefer not to access social media and make it accessible.

Keeping people informed but not via internet.

Display / Exhibitions	No	
User Panels	No	
Public Event	No	
Other: please specify		
Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	Yes	
Have the results of the engagement been fed back to the consultees?	No	
Is further engagement recommended?	Yes	

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics: What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age		✓		OMEGA will monitor those benefitting from IA by age. This will ensure that IA is being considered for all adults across the lifespan. We will work with the commissioned provider to ensure we receive consistent data regarding age. This will result in a positive impact on all age ranges as we understand their access, barriers to this and take further steps to overcome these.
Disability		✓		OMEGA will monitor those benefitting from IA by disability including physical or mental impairments that have a 'substantial' and 'long-term' negative effect on an adults ability to do normal daily activities. Independent Advocacy can provide protection from discrimination for disabled people in a range of circumstances, covering the provision of goods, facilities and services, the exercise of public functions, premises, work, education, and associations.
Sex		✓		OMEGA will monitor those benefitting from IA by sex. Our last data report shared that of those accessing IA 46% were male, 49% were female. This is a marginal difference which is replicated over other safeguarding datasets. We will compare sex data closely alongside age data in order to understand needs of different sex across the lifespan. This will have a positive impact on for example understanding the particular needs of males aged 40 - 64 or females aged 85+.
Ethnicity	✓			OMEGA will monitor those benefitting from IA by ethnicity and raise awareness of it's availability within ethnic minority groups.
Religion / Belief / non-Belief	✓			OMEGA will monitor those benefitting from IA by belief and raise awareness of it's availability within faith based groups and organisations.
Sexual Orientation	✓			OMEGA will monitor those benefitting from IA by SO
Transgender	✓			OMEGA will monitor. Our last data report (Feb 2025) shared that of those accessing IA 3% were transgender.
Pregnancy / Maternity	✓			OMEGA will monitor where applicable

Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:				
				Outreach work will be carried out in areas of multiple deprivation. We will strengthen the links between our IA provider and our Community Advice Service.
Care Experienced		✓		OMEGA will discuss how they work with care experienced young people and adults
Other, health, community justice, carers etc.		✓		Joint work with other public protection committees and partnerships through Public Protection Lead Officers group - for example Falkirk Alcohol and Drug Partnership, Gender based violence partnership, Community Justice Partnership
Risk (Identify other risks associated with this change)				

	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	No unlawful discrimination is anticipated. This service and plan challenges discrimination.
Advance Equality of Opportunity:	Independent Advocacy is about speaking up for, standing alongside, individuals or groups, ensuring their voices are heard without being influenced by others. Fundamentally it is about everyone having the right to a voice: addressing barriers and imbalances of power, and ensuring that an individuals human rights are recognised, respected and secured.
Foster Good Relations (promoting understanding and reducing prejudice):	OMEGA will report into Falkirk Adult Protection Committee quarterly which is multiagency and across sectors.

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	No	
Councils	Yes	Local Authorities have key duties and responsibilities in this area
Education Sector	No	
Fire	Yes	Member of public protection committees
NHS	Yes	Funders alongside Forth Valley local authorities
Integration Joint Board	Yes	As above - comments in local authority and NHS
Police	Yes	Member of public protection committees
Third Sector	Yes	Member of public protection committees
Other(s): please list and describe the nature of the relationship / impact.	Independent sector - social care providers for example.	

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.

The Independent Advocacy Strategic Plan is not assessed to have a negative impact on protected characteristic groups.

Completing this EPIA has helped to consider how we can strengthen the reporting into OMEGA so we can ensure that data on protected characteristic groups is gathered, analysed and therefore factored into the groups activity and implementation of the strategic plan.

Are actions being reported to Members?	No
If yes when and how ?	

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	No negative impact has been identified.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: EPIA TASK GROUP ONLY

OVERALL ASSESSMENT OF EPIA:	Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?	Yes
ASSESSMENT FINDINGS If YES, use this box to highlight evidence in support of the assessment of the EPIA If NO, use this box to highlight actions needed to improve the EPIA	Engagement outlined in section 4. Officer noted there will be further improvement in data gathering going forward.	
Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u> ?	No	If YES, please describe: No adverse impact identified.

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA		
LEVEL		COMMENTS
HIGH	Yes	A sizeable number of people benefit from advocacy ever year.
MEDIUM	Yes / No	
LOW	Yes / No	

SECTION TEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	Martin David Thom	Date:	19/08/2025