

### Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	VCS Advocacy services
Name of division/service	Adult Social Care
Name of lead officer completing this assessment	Kalpana Patel
Date EIA assessment completed	28.08.2018
Decision maker	City Mayor
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer		
Equalities officer	Sukhi Biring	04/09/2018
Divisional director		

**Please ensure the following:**

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

### **1. Setting the context**

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

The proposal is to re model the adult social care advocacy services moving from five separate service contracts which currently deliver both Care Act and non-Care Act Advocacy to specific client groups for example people with mental health, older people and people with disabilities. Moving to one generic Care Act only advocacy service delivered by either one provider or consortium, including the prison advocacy service. The proposal includes a separately commissioned Independent Complaint Advocacy services ICAS (NHS Complaints) with an overall reduced budget from £222,000 to £98,433 with a savings target of £124,000.

The proposal includes jointly commissioning the advocacy services with the County Council and Rutland District Council.

In addition the City Council already jointly commission the Independent Mental Health Advocacy services - IMHA and Independent Mental Capacity Advocacy services - IMCA which we are proposing to continue at the same budget value of £111,242 per year.

The advocacy services are short term so the service users are transient and should not be impacted by the change because the cases would be closed by the time the new service is commissioned in April 2019.

Advocacy is:

*taking action to help people to understand and say what they want, secure their rights, represent their views, wishes, and interests and access services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.*

Care Act Advocacy:

There is a statutory requirement to provide independent advocacy services to people who would experience substantial difficulty\* in being fully involved in their assessment, in the preparation of their care and support plan, in the review of their care plan, or where there is no one appropriate available to support and represent the person's wishes as per the section 67 and 68 of the Care Act 2014, as cited below:

The authority must, if the condition in subsection (4) is met, arrange for a person who is independent of the authority (an "independent advocate") to be available to represent and support the individual for the purpose of facilitating the individual's involvement; but see subsection (5).

(3)The relevant provisions are—

(a)section 9(5)(a) and (b) (carrying out needs assessment); (b)section 10(7)(a) (carrying out carer's assessment); (c)section 25(3)(a) and (b) (preparing care and support plan); (d)section 25(4)(a) and (b) (preparing support plan); (e)section 27(2)(b)(i) and (ii) (revising care and support plan); (f)section 27(3)(b)(i) and (ii) (revising support plan);

(g)section 59(2)(a) and (b) (carrying out child's needs assessment); (h)section 61(3)(a) (carrying out child's carer's assessment); (i)section 64(3)(a) and (b) (carrying out young carer's assessment). \*(4)The condition is that the local authority considers that, were an independent advocate not to be available, the individual would experience substantial difficulty in doing one or more of the following—

(a) understanding relevant information;

(b) retaining that information;

(c) using or weighing that information as part of the process of being involved;

(d) communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means).

<http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/independent-advocacy-support/enacted>

### Non Care Act Advocacy

Advocacy provides independent representation to act on behalf of people with issues which impact on someone's health and wellbeing, who are unable to express their own views, wishes or needs. Non- Care Act Advocacy services is a preventative service providing low level intervention and can be accessed by people who do not meet the statutory adult social care eligibility criteria.

Current service provision includes:

- Advocacy services for people with Learning Disabilities which also include support for the Learning Disabilities Partnership Board.
- Advocacy services for people with mental health issues.
- HMP Advocacy prison service.
- Advocacy services for Carers
- Advocacy services for older people; disabled people and other vulnerable adults.

- NHS Complaints Advocacy services.

The proposal is to jointly commission

- Care Act Advocacy (only) service for all client groups, including prison advocacy.
- Independent Complaints Advocacy services (NHS Complaints – ICAS).
- Independent Mental Health Advocacy services (IMHA) (already jointly commissioned no change)
- Independent Mental Capacity Advocacy services (IMCA) (already jointly commissioned no change)

Quarter 4 January to March 2018 shows there were in total 238 service users accessing the service which is the total for both Care Act and non-Care Act advocacy. The majority of service users are accessing non- Care Act advocacy services for each of the service contracts except for the Learning disabilities.

For 2017/18, 663 people required the advocacy services\*. Out of the 663, 60% accessed non Care Act and 40% accessed Care Act advocacy.

\*Two providers have not submitted their full years monitoring information. This means there could be more people who have accessed the service between April to 2017 and March 2018.

Last full year 2016/17 there were 714 people who accessed the advocacy services. 44% requiring Care Act and 55% non-Care Act Advocacy services.

### Adult Social care user data

Count of Person ID			
Age	Ethnicity	Total	
18-64	Any other ethnic group	15	0.7%
	Arab	1	0.0%
	Asian & White	12	0.6%
	Asian or Asian British - Bangladeshi	11	0.5%
	Asian or Asian British - Indian	557	26.7%
	Asian or Asian British - other Asian origin	73	3.5%
	Asian or Asian British - Pakistani	37	1.8%
	Black African & White	2	0.1%
	Black Caribbean & White	22	1.1%
	Black or Black British - African	52	2.5%
	Black or Black British - Caribbean	76	3.6%
	Black or Black British - other black origin	14	0.7%
	Black or Black British - Somali	13	0.6%
	Chinese	5	0.2%
	Information not yet obtained	21	1.0%
	Other dual heritage	21	1.0%
	White - European	12	0.6%
	White British	1087	52.1%
	White Irish	18	0.9%
	White -other	37	1.8%
18-64 Total		2086	100.0%
>65	Any other ethnic group	14	0.5%
	Asian & White	3	0.1%

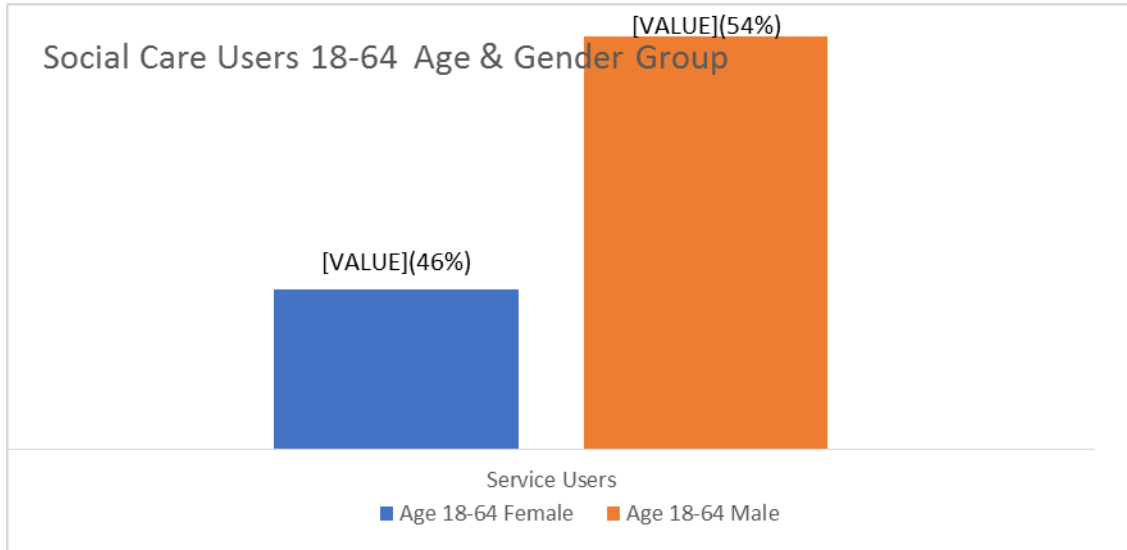
	Asian or Asian British - Bangladeshi	11	0.4%
	Asian or Asian British - Indian	929	30.1%
	Asian or Asian British - other Asian origin	71	2.3%
	Asian or Asian British - Pakistani	39	1.3%
	Black African & White	1	0.0%
	Black Caribbean & White	3	0.1%
	Black or Black British - African	22	0.7%
	Black or Black British - Caribbean	98	3.2%
	Black or Black British - other black origin	4	0.1%
	Black or Black British - Somali	15	0.5%
	Chinese	3	0.1%
	Information not yet obtained	48	1.6%
	Other dual heritage	4	0.1%
	Refused / Declined	1	0.0%
	White - European	29	0.9%
	White British	1691	54.8%
	White Irish	44	1.4%
	White -other	58	1.9%
	>65 Total	3088	100.0%
	Grand Total	5174	

Currently adult social care have 5,175 eligible service users who could potentially require Care Act advocacy services if they were deemed to have substantial difficulty and did not have someone to advocate on their behalf. The majority of people have family or friends who can advocate on their behalf.

The majority of adult social care users are older people 65+ at 59%.

White service users represent the largest ethnicity group at 53% for both age groups.

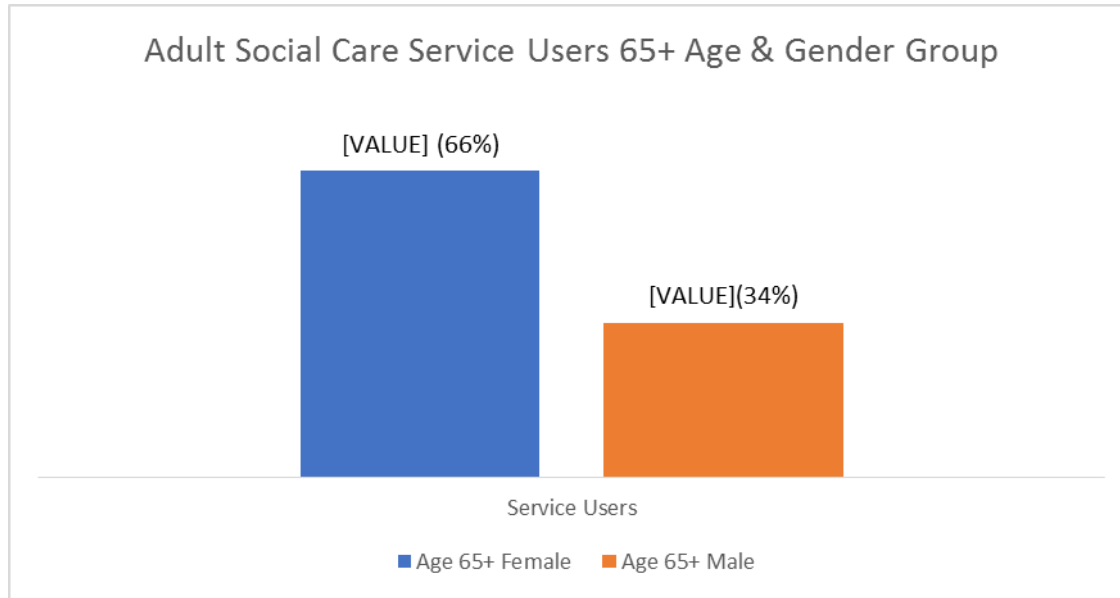
### Adult social care gender and age profile 18- 64 age group



More males than females in the 18- 64 age range



Adult social care gender and age profile 65 plus age group



More females than males in the older people age range

All the advocacy providers who provide Care Act and non-Care Act advocacy services have more referral for non- Care Act advocacy except for the Learning Disabilities services where there are more Care Act referrals

90% of Carers are referred for non-Care Act Advocacy.

The current proposal will meet statutory Care Act advocacy needs.

## 2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

### Is this a relevant consideration? What issues could arise?

#### **Eliminate unlawful discrimination, harassment and victimisation**

How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic

The service will deliver Care Act advocacy for the ASC cohort of service user vulnerable adults and older people who require Care Act advocacy services.

The procurement and tender process and the methods statement questions will cover how the service will eliminate unlawful discrimination, harassment and victimisation.

The provider will have to demonstrate they can provide an accessible service to all the different client groups.

Through the contract quarterly monitoring and service users profile information.

List the Policy and procedures and training available to staff.

Promote the services to underrepresented groups.

Have a representative workforce.

**Advance equality of opportunity between different groups**

How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).

The service will deliver Care Act advocacy for the ASC cohort of service user vulnerable adults and older people who require Care Act advocacy services. The service contract monitoring of outputs and service user outcomes including the service user profile data would highlight any gaps in provision.

Collect the service contract monitoring information on a quarterly basis with targets and outputs. Outcomes would highlight any gaps or issues which would need to be addressed. The service users should be representative of the ASC cohort groups.

The tender and mobilisation plan to cover the equality of opportunity for users and the successful provider needs to demonstrate how they will make service accessible to the asc cohort during tender process.

Make sure any co production is representative.

Have a representative workforce.

Gender; ethnicity; disability; age; sexuality ; religion/belief

primary client group LD; Mental Health;

How hours allocated /target hours to certain groups with protected characteristics.

Accessibility to Leicester's specific demographics

<p><b>Foster good relations between different groups</b> Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>The service will be required to demonstrate and promote its social value work effectively with other voluntary sector organisations and the community.</p> <p>This will be evaluated through the tender process and the implementation phase</p>
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### 3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

#### Care Act Advocacy Services

People who in the future who could need Adult Social Care services. Service user older people 65+ or other vulnerable adults, Carers who require Care Act advocacy services. They would still have this service available to them

#### Non- Care Act Advocacy Services

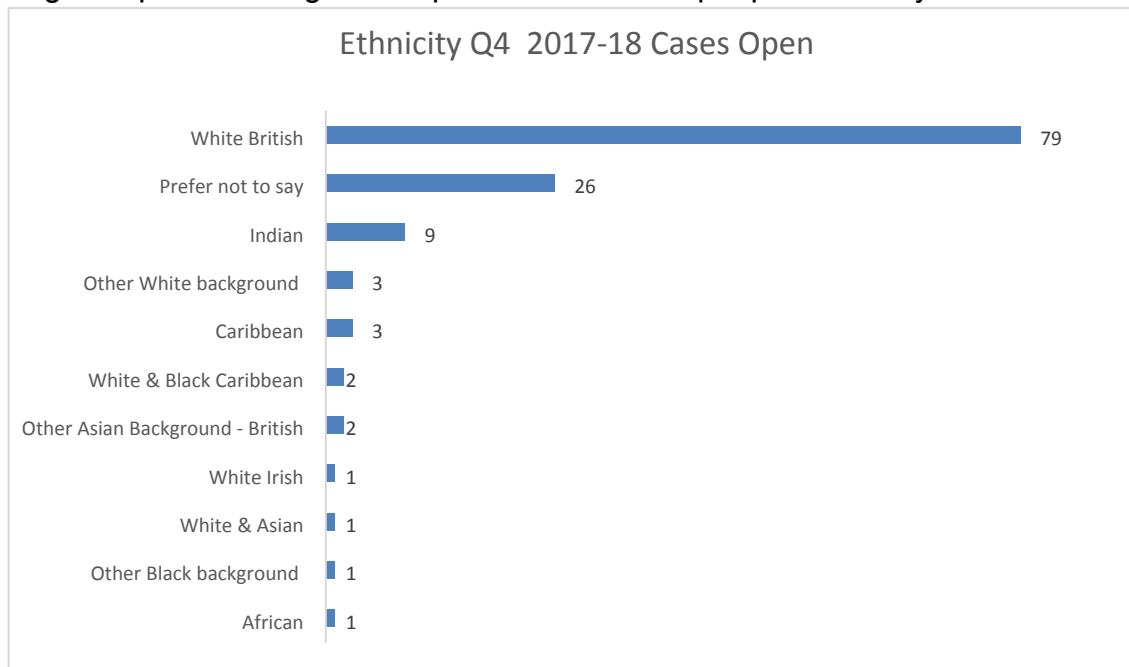
People who in the future could need advocacy services. Service user older people 65+ or other vulnerable adults, Carers who require non- Care Act advocacy services. They would no longer have access to this service via Adult Social Care commissioned advocacy services. These service users could be signposted to specialist services who provide them with advice and support.

Benefit to the potential new service users who currently do not have a specific targeted service. Opening up the service.

#### 4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

The performance profile data is for all the service users not just the people receiving non Care Act advocacy services. The negative potential negative impact will be on the people who may wish to access non Care Act Advocacy in the future.



Ethnicity

Snap shot for the quarter 4 January to March 2018 performance monitoring data shows the majority of the current service users are white British at 62% and 38% for BME. This ethnicity profile for advocacy services is similar to the adult social care service user profile which has approximately 53% White services users.

Annual data.

<b>RELIGION</b>		
Buddhism	13	1%
Christianity	119	14%
Hinduism	92	11%
Islam (Muslim)	54	6%
Judaism	2	0%
Sikhism	7	1%
No Religion	50	6%
Other Please Specify:	9	1%
Prefer not to say	521	60%
<b>TOTAL</b>	<b>867</b>	

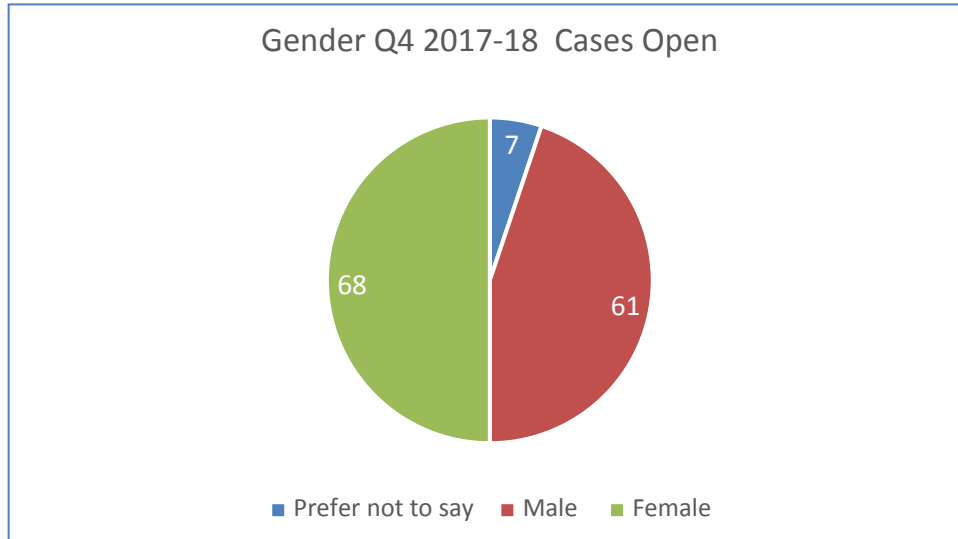
The majority prefer not to say at 60%. The next single largest group is Christianity. The other minority religious groups if added together would give you the largest percentage as a total.

## Disability



Majority of people will have some sort of disability or older person who access this service. The largest single group of people accessing the advocacy services are people with Learning disabilities at 59%.

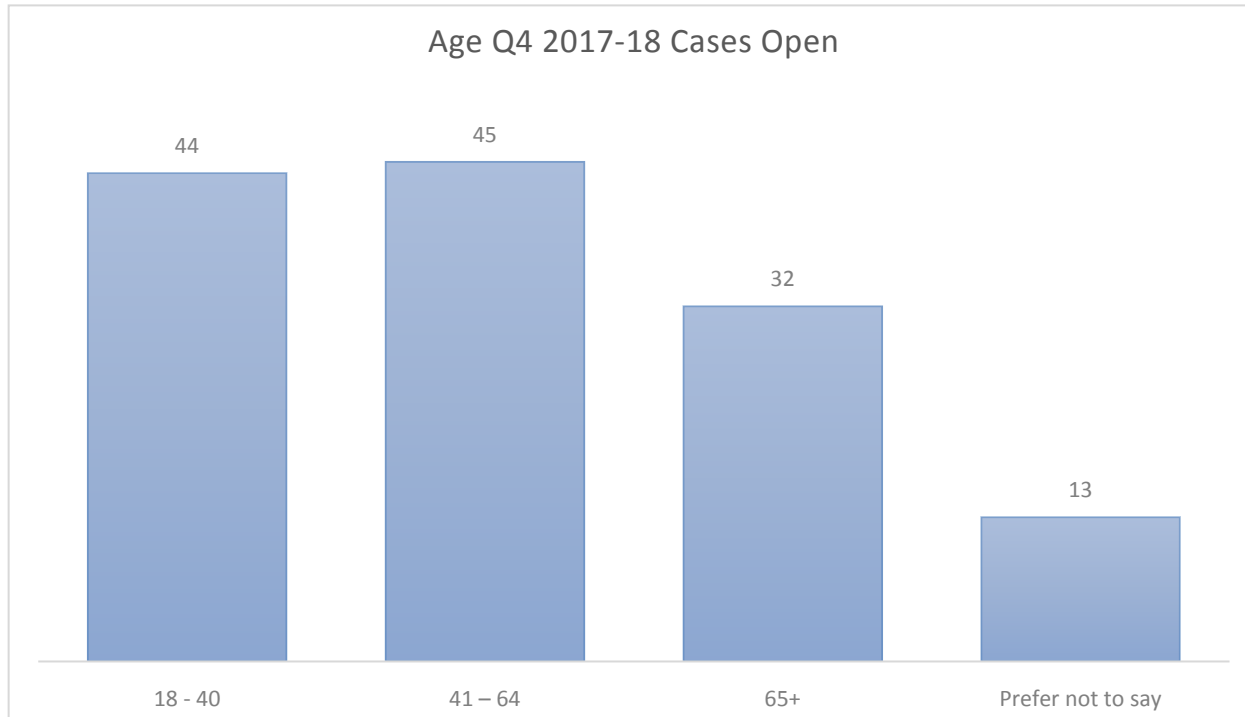
## Gender



It seems like a fairly even split service with 50% women accessing the service with 44% of men with 5% prefer not to say.



Age



Age

The majority of people would be in the 41-64 age range.

## PANSI POPULATION FIGURES: Population by age For Leicester, Leicestershire & England

<b>Region (Area)</b>	<b>category</b>	<b>2017</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
Leicester	Total population aged 18-64	224,800	227,500	231,200	237,700	243,100
Leicester	Total population aged 18-64 predicted to have a learning disability	5,555	5,623	5,719	5,897	6,042
Leicester	Total females aged 18-64	111,600	112,300	113,300	116,000	117,800
Leicester	Total males aged 18-64	113,100	115,000	117,800	121,600	125,100
<b>Region (Area)</b>	<b>category</b>	<b>White</b>	<b>Mixed/ multiple ethnic group</b>	<b>Asian/ Asian British</b>	<b>Black/ African/ Caribbean/ Black British</b>	<b>Other Ethnic Group</b>
Leicester	Total population aged 18-64	108,273	5,638	82,478	12,355	5,992
Leicester	Total population aged 18-64	50.42%	2.63%	38.41%	5.75%	2.79%

## POPPI POPULATION FIGURES: Population by age For Leicester, Leicestershire & England

Region (Area)	category	2017	2020	2025	2030	2035
Leicester	Total population 65 and over	41,700	44,700	50,300	56,700	62,100
Leicester	Population aged 65 and over as a proportion of the total population	11.93%	12.48%	13.55%	14.73%	15.64%
Leicester	Total males 65 and over	18,900	20,300	23,200	26,300	28,700
Leicester	Total females 65 and over	22,900	24,200	27,200	30,400	33,400
Leicester	Total females 65 and over	54.92%	54.14%	54.08%	53.62%	53.78%
Region (Area)	category	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group
Leicester	Total population aged 65 and over	26,035	224	9,557	1,115	285
Leicester	Total population aged 65 and over	69.96%	0.60%	25.68%	3.00%	0.77%

From the adult social care snap shot data from the 6<sup>th</sup> August,

- 0.92% (2086) of the total 18- 64 year olds Leicester population receive adult social care support.
- 7% (3088) of the total 65 + Leicester population receive an adult social care support.
- more older people receive adult social care support.
- This is the target cohort who could be referred for an advocacy services

## 5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders?  
What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

A broader VCS service review consultation exercise was carried out over a 12 week period starting on the 21<sup>st</sup> May and ended on 3<sup>rd</sup> August 2018 to ensure we listened to all the service user's opinions and views. This will include various ways for current service users and key stakeholders to be involved: consultation meetings, accessible questionnaire and online questionnaire for service users and current providers.

The proposal will change and re model the advocacy service.

We are proposing that from 1<sup>st</sup> April 2019, all the city council's advocacy services will be joint services with Leicestershire County Council and Rutland. This will consist of :

- a) Care Act 2014 advocacy only for all client groups, including advocacy in prisons.
- b) Independent Complaints Advocacy Service (NHS Complaints – ICAS).
- c) Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) services.

In addition, ASC will develop a proposal for a new service that will help service users to be involved in the development of adult social care services. The new Service User Participation approach will be developed in consultation with service users and relevant organisations. The new service would include support for people with a learning disability to be involved in the Learning Disabilities Partnership Board.

It would be specified that the Service User Participation provider should work closely with other advocacy providers to ensure consistency of support to relevant service users. We envisage that this support would be part of an alternative model to enable direct service user participation in the development of adult social care services. We will discuss and develop this approach in a separate consultation with service users and relevant organisations.

Within the proposed new approach, the priorities would be to provide:

- Care Act 2014 Advocacy for all service users who require it
- Independent Complaints Advocacy Services (NHS Complaints - ICAS)
- HMP Advocacy services
- The Independent Mental Health Act (IMHA) LLR advocacy services and the Independent Mental Capacity Advocacy (IMCA) service
- Learning Disabilities Partnership Support to be commissioned separately as part of a separate proposed new Service User participation Service, to be consulted on separately.

Consultation feedback

There were 52 completed surveys with the table below illustrating the feedback on the proposal

I agree with the proposal	5	10%
I disagree with the proposal	37	71%
Not sure / don't know	7	13%
Not answered	3	6%

From the above the feedback the majority disagree the proposal 71% with 13% not sure / don't know. 10% agree with the proposal.

Summary comments feedback

Type of comment in survey	Number of people who made comment
Non-Care Act advocacy has helped me in the past.	8
People would have no-where to go for/ wouldn't know where to go for non-Care Act advocacy.	5
Anxious about change.	4
Putting all advocacy together has a number of benefits: Seamless service, easier to manage, more efficient, support a more consistent approach, easier to refer to one organisation.	3
Carers should have separate advocacy from other types of advocacy.	2
IMHA and IMCA should not be part of one contract. They need to be separate – different providers/specialisms. However, IMCA could usefully be combined with Care Act advocacy – which could help some service users experience seamless transfer between the two services.	1
IMHA/IMCA needs to be separate from ICAS.	1
People may end up having to pay for non-Care Act advocacy.	1

Would like more detailed information about the proposal.	1	
Why are the County not consulting?	1	
Social workers need to have a better understanding of when Care Act advocacy applies	1	

## 6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

<b>Protected characteristics</b>	<b>Impact of proposal:</b> Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape	<b>Risk of negative impact:</b> How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	<b>Mitigating actions:</b> For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.

	the potential impact of the proposal?		
<b>Age<sup>1</sup></b>	The majority of people accessing are between the 40 plus age group. Majority of ASC users are older people who are 65 plus	Likely. No one will lose a service once they access it. In the future non Care Act advocacy will not be available directly	To have an implementation plan to help with transition Signposting to other services such as the Councils Information and advice guidance service. Housing Department: Housing benefits, Welfare benefits, Health services Councils generic advice service. Carers services. During the notice phase to start to phase out non- Care Act advocacy services. Monitoring information to identify gaps and address them
<b>Disability<sup>2</sup></b>	All will be vulnerable adults with a disabilities or older people	Likely. No one will lose a service once they access it. In the future non Care Act advocacy will not be available directly from the council	To have an implementation plan to help with transient. Signposting to other services During the notice phase to start to phase out non- Care Act advocacy services. Monitoring information to identify gaps and address them
<b>Gender Reassignment<sup>3</sup></b>	Unknown	Unknown. The cohort is mainly older people	

<sup>1</sup> Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

<sup>2</sup> Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

<sup>3</sup> Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.



<b>Marriage and Civil Partnership</b>	Unknown	unknown.	
<b>Pregnancy and Maternity</b>	<b>Unknown</b>	Unknown. The target cohort is mainly older people, so this group is unlikely to be impacted	
<b>Race<sup>4</sup></b>	The Majority of service users are white. To ensure equal access to all service users. Have a question in the method statement questions to ensure accessible service. Monitoring service user profile information to ensure no obvious gaps in services	Likely. No one will lose a service once they access it. In the future non- Care Act advocacy will not be available directly	Monitor update and have regular feedback to providers to address any gaps. Include question in method statement questions
<b>Religion or Belief<sup>5</sup></b>	The Majority of service users are white with the main recorded religion and belief as prefer not to say at 60%. The next single largest group is Christianity. If all the other minority groups are added together they would form the largest percentage. To ensure equal access of services	Likely. No one will lose a service once they access it. In the future non -Care Act advocacy will not be available directly	Monitor update and have regular feedback to providers to address any gaps. Include question in method statement questions

<sup>4</sup> Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

<sup>5</sup> Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

	have inclusive accessible for all eligible services users include in the service specification and method statement questions		
<b>Sex<sup>6</sup></b>	Currently an equal split is even 50%	Not likely	Will monitor this for any changes
<b>Sexual Orientation<sup>7</sup></b>	Unknown section not completed	Not likely	
<p><b>Summarise why the protected characteristics you have commented on, are relevant to the proposal?</b> The target group are mainly cohort of people who may need adult social care services who are mainly older people and disabled people and other vulnerable adults.</p> <p><b>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?</b> Not target group and mostly the cohort are older people vulnerable adults</p>			

	<p><b>Impact of proposal:</b> Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect</p>	<p><b>Risk of negative impact:</b> How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?</p>	<p><b>Mitigating actions:</b> For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.</p>
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<sup>6</sup> Sex: Indicate whether this has potential impact on either males or females

<sup>7</sup> Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

<b>Other groups</b>	their take up of services/other opportunities that meet their needs/address inequalities they face?		
<b>Children in poverty</b>	Not the target group	Not likely	
<b>Other vulnerable groups</b> <b>Carers</b>	The majority of Carers have been referred for non- Care Act advocacy so this proposal of not having non- Care Act advocacy will impact on them.	Likely	Carers can be sign posted to other local and national organisation services as listed above in the EIA.
<b>Other (describe)</b>	Not known	Not likely	
<p><b>7. Other sources of potential negative impacts</b>  Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p> <p>Other services including the Voluntary Communities services being reviewed and with some services being de commissioned.</p>			
<p><b>8. Human Rights Implications</b>  Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:</p> <p>n/a</p>			
<b>9. Monitoring Impact</b>			

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

**Please complete this section**

The monitoring information will be collected on a quarterly basis and there will be six monthly and annual performance reports and the outstanding relevant action can be included as part of the implementation phase and quarterly monitoring.

**10. EIA action plan**

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Reduce the negative impact of no longer offering non -Care Act advocacy directly	Discuss having effective signposting as part of the service specification/contract to other services including other voluntary sector. organisations and local authority/ health services.	Bev White / Kalpana Patel / Katie Joodan (County Council)	15 <sup>th</sup> August to 10 <sup>th</sup> September

<p>To reduce the negative impact on people who no longer will be able to access non- care act advocacy services and those who may have a change of provider due to the re tender and new model of delivery</p>	<p>Implementation plan and phase ensure a smooth transition for a number of service users who no longer will be able to access non- Care Act advocacy</p>	<p>Phil Aitkens lead Kalpana Patel/ County Council contracts team</p>	<p>January to March 2019</p>
<p>Ensure equal access to all service users</p>	<p>To have it included in the service specification and method statement questions</p> <p>Cover in the implementation plan phase.</p> <p>Monitoring information</p>	<p>Bev White/ Kalpana Patel Katie Joondan</p>	<p>15<sup>th</sup> August to 10<sup>th</sup> September</p>

## **Human Rights Articles:**

### **Part 1: The Convention Rights and Freedoms**

- Article 2:** Right to Life
- Article 3:** Right not to be tortured or treated in an inhuman or degrading way
- Article 4:** Right not to be subjected to slavery/forced labour
- Article 5:** Right to liberty and security
- Article 6:** Right to a fair trial
- Article 7:** No punishment without law
- Article 8:** Right to respect for private and family life
- Article 9:** Right to freedom of thought, conscience and religion
- Article 10:** Right to freedom of expression
- Article 11:** Right to freedom of assembly and association
- Article 12:** Right to marry
- Article 14:** Right not to be discriminated against

### **Part 2: First Protocol**

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections