

Equality Impact Assessment (EIA) Form

1. Service Area/Directorate

Name of Head of Service for activity being assessed: **Manny Jhawar-Gill**

Directorate: **Community Wellbeing**

Name of lead person for this activity: **John Burgess**

Individual(s) completing this assessment: **John Burgess**

Date assessment completed: **27 October 2025**

2. What is being assessed

Activity being assessed (eg. policy, procedure, budget, service redesign, strategy etc.)

Adult Independent Advocacy Service

What is the aim, purpose, or intended outcome of this activity?

The Independent Advocacy Service delivers statutory advocacy in accordance with the **Mental Capacity Act 2005**, **Mental Health Act 1983 (as amended)**, **Care Act 2014**, and **Health and Social Care Act 2012**. In addition to statutory advocacy, and in line with the principles of the Care Act, the service also includes provision for **generic (community) advocacy**.

Local authorities have a legal duty to provide independent advocacy services to ensure that individuals—particularly those who are vulnerable or lack capacity—can actively participate in decisions regarding their care, treatment, and rights.

Who will be affected by the development and implementation of this activity?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Service users | <input type="checkbox"/> Visitors to the county |
| <input checked="" type="checkbox"/> Communities | <input checked="" type="checkbox"/> Carers |
| <input type="checkbox"/> Children | <input checked="" type="checkbox"/> Patients |
| <input type="checkbox"/> All staff | <input type="checkbox"/> All part-time staff |
| <input type="checkbox"/> Staff at a particular location | <input type="checkbox"/> Other: |

Is this:

- ☒ Review of an existing activity/policy
- ☐ New activity/policy
- ☐ Planning to withdraw or reduce a service, activity or presence?

3. Background information and findings

What information and evidence have you reviewed to help inform this assessment? (name your sources, eg. demographic information, usage data, Census data, feedback, complaints, audits, research)

The provision of Independent Advocacy services is mandated through different legislation, as set out below. Evidence regarding the purpose and benefits of independent advocacy are highlighted in the associated codes of practice, as well as research into the benefits of independent advocacy, such as research by the [National Institute for Health and Care](#). However, during monitoring meetings,

commissioners are also provided with feedback and case studies about the work carried out and the positive outcomes that can be achieved.

The Independent Advocacy service encompasses several statutory advocacy types, each designed to support individuals who may struggle to express their views or participate in decisions affecting their lives. The following outlines each advocacy type and its associated activity levels as recorded over the four-year contract period (see Table 1 below which shows the number of hours spent on each element of the Advocacy service areas from the start of the contract up to and including the current (year 4) period).

Independent Mental Capacity Advocacy (IMCA)

IMCAs are appointed under the Mental Capacity Act 2005 to support individuals aged 16+ who lack capacity to make critical decisions—such as regarding serious medical treatment or long-term accommodation—and have no appropriate family or friends to consult. IMCAs are legally required to ensure the person's rights and wishes are considered, acting independently of the NHS and local authorities.

Relevant Person's Representative (RPR)

RPRs are appointed under the Deprivation of Liberty Safeguards (DoLS) for individuals aged 18+ who lack capacity and have no suitable representative. Their role includes maintaining contact, representing the person's views, and supporting challenges to authorisations when necessary.

Independent Mental Health Advocacy (IMHA)

IMHAs support individuals detained under the Mental Health Act 1983/2007, including those on Community Treatment Orders. They help individuals understand their rights, treatment options, and support them in meetings and decision-making processes. Our current provider operates an opt-out service for patients, so there is no need to wait for a referral to be made to the provider.

Reforms to the current Mental Health Act are underway, and it is anticipated that access to an Independent Mental Health Advocate (IMHA) will be extended to all hospital patients, not just those detained under specific sections. As a result, we expect IMHA activity to increase following the implementation of these reforms, likely in 2026.

Care Act Advocacy

Introduced under the Care Act 2014, this statutory advocacy supports individuals who would otherwise struggle to engage in social care processes and have no one appropriate to represent them. Advocates ensure the individual's views and rights are upheld during assessments, planning, reviews, and safeguarding enquiries.

NHS Complaints Advocacy (IHCA)

IHCAs offer free, independent support to individuals wishing to complain about NHS-funded care. They assist with understanding the process, drafting communications, attending meetings, and ensuring concerns are addressed appropriately.

Community Advocacy (Generic Advocacy)

Although non-statutory, Community Advocacy aligns with the spirit of the Care Act. It supports adults unable to express their views by offering independent input into decision-making processes. The service also provides signposting, information, and advice, maintaining awareness of local service provision.

Summary of engagement or consultation undertaken (eg. who you've engaged with, and how, or why do you believe this is not required)

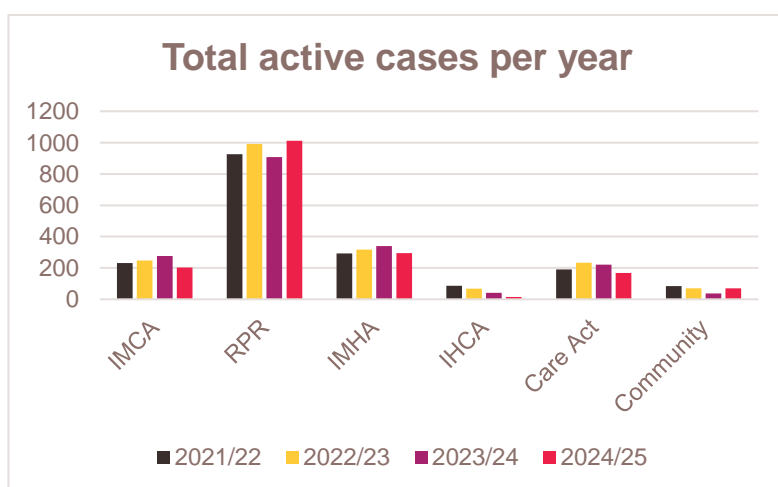
The provision of these forms of adult advocacy is mandated in law, and local authorities are required to ensure they are available. Advocates must hold a recognised accreditation to demonstrate they have the appropriate knowledge and experience before undertaking the role.

However we know through contract monitoring that people benefit from the different services. Commissioners are provided with feedback and case studies about the advocacy work carried out.

Independent advocacy gives vulnerable adults a stronger voice by ensuring their wishes, feelings and rights are properly heard and upheld. It promotes autonomy and fair treatment, helping people understand information, explore options and take part meaningfully in decisions about their care. Advocacy also offers vital protection against abuse or exploitation and supports continuity of care, particularly where individuals may face communication barriers, lack capacity, or require support under the Mental Capacity Act, Mental Health Act or Care Act.

Summary of relevant findings (it is possible that you will have gaps in your evidence. You must decide whether you need to fill in the gaps now, and if it is feasible to do so. It might be that collecting robust information forms part of your action plan below)

Success in advocacy services is demonstrated by how effectively individuals are supported to be heard, understood, and actively involved in decisions about their care and rights. We see this reflected in whether people feel informed, confident, and empowered to take part in decision-making. We monitor advocacy activity through regular reviews of referral volumes and hours recorded across service areas, which gives us a clear picture of both demand and delivery. We assess service effectiveness by looking at how well individuals are supported to participate in decisions, resolve complaints, or challenge care arrangements. Feedback from service users, case audits, and ongoing engagement with operational teams help us maintain quality and responsiveness.



Herefordshire remains one of the least ethnically diverse areas in England, with 96.9% of residents identifying as White British. Although the proportion of people identifying as an ethnicity other than White has risen from 6.4% in 2011 to 8.9% in 2021, this remains significantly lower than the national average of 26%. This is reflected in the diversity data collected by our existing advocacy provider:

Ethnic breakdown 2024/25	
White – English/Welsh/Scottish/Northern Irish/British	586 (92.4%)
White - Any Other White Background	11 (1.7%)
Black/African/Caribbean/Black British – Caribbean	13 (2.4%)
Mixed ethnic background	6 (1.0%)
Did not wish to answer	14 (2.5%)

4. The Public Sector Equality Duty

Will this activity have a positive, neutral or negative impact on our duty to:

Equality Duty	Positive	Neutral	Negative
Eliminate unlawful discrimination, harassment, victimisation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance equality of opportunity between different groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster good relations between different groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain your rationale here, and include any ways in which you could strengthen the capacity of this activity to promote equality (remember to add anything relevant into your action planning below)

Adult Independent Advocacy contributes directly to the Public Sector Equality Duty by ensuring individuals – particularly those who are vulnerable or marginalised – are supported to express their views and participate in decisions affecting their lives. The service helps eliminate unlawful discrimination, harassment, and victimisation by empowering people to challenge unfair treatment and assert their rights. It works to advance equality of opportunity by enabling access to services and decision-making for those who may otherwise be excluded due to disability, age, mental health, or social disadvantage. Through inclusive practice and respectful engagement, advocacy also helps to foster good relations between different groups, promoting understanding and reducing stigma across health and social care settings.

5. The impact of this activity

Consider the potential impact of this activity on each of the equality groups outlined below and explain your rationale. Please note it is possible for the potential impact to be both positive and negative within the same equality group. Remember to consider the impact on staff and service users (current and potential) and partner organisations. It may be useful to include data within these sections if you know the diversity make-up of the people likely to be affected.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Rationale
Age (include safeguarding, consent and child welfare)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advocacy services support individuals of all ages, particularly older adults who may face barriers in expressing their views or navigating care systems. The service helps ensure their voices are heard in decisions affecting their wellbeing. In the 12 months of July 2024 to June 2025 the numbers of males and females supported, as a total

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Rationale
				across all advocacy types, were more or less equal; 51% male and 49% female
Disability (consider attitudinal, physical, financial and social barriers, neuro-diversity, learning disability, physical and sensory impairment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advocacy is especially beneficial for people with physical, sensory, learning, or mental health impairments. It enables access to rights, services, and decision-making processes that might otherwise be inaccessible or overwhelming.
Gender Reassignment (include gender identity, and consider privacy of data and harassment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Adult Independent Advocacy contract would not specifically support those who have undergone gender-reassignment, unless their need fell under another part of advocacy provision.
Marriage & Civil Partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advocacy services do not directly target individuals based on marital or partnership status. However, they may indirectly support people in these relationships when care decisions affect both partners.
Pregnancy & Maternity (consider working arrangements, part-time working, infant caring responsibilities)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Adult Independent Advocacy contract would not specifically support those who are pregnant, unless their need fell under another part of advocacy provision.
Race (including Travelling Communities and people of other nationalities)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Adult Independent Advocacy contract would not specifically support people of different races or from other nationalities, unless their need fell under another part of advocacy provision.
Religion & Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Adult Independent Advocacy contract would not specifically support people on the basis of their religion or beliefs, unless their need fell under another part of advocacy provision.
Sex (consider issues of safety, sexual violence, part-time work, and single-sex provision – especially in light of the legal definition of “sex”)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Adult Independent Advocacy contract would not specifically support people on the basis of sex alone, unless their need fell under another part of advocacy provision.
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Adult Independent Advocacy contract would not specifically support people on the basis of sexual orientation alone, unless their need fell under another part of advocacy provision.
Others: carers, care leavers, homeless, social/economic deprivation (consider shift-patterns, caring responsibilities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advocacy supports carers and individuals experiencing poverty or social exclusion by helping them navigate complex systems, access entitlements, and ensure their concerns are heard in decisions affecting themselves or those they care for.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from unequal distribution of social, environmental & economic conditions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	By supporting individuals who are marginalised or face barriers to accessing care, advocacy services actively contribute to reducing health inequalities and promoting fairer outcomes.

Where a negative impact on any of the equality groups is realised after the implementation of the activity, the activity lead will seek to minimise the impact and carry out a full review of this EIA.

6. Action planning

What actions will you take as a result of this impact assessment? (you will need to include actions to mitigate any potential negative impacts)

Potential negative impact	What action will be taken	Who will lead	Timeframe
N/A			

7. Monitoring and review

How will you monitor these actions?

N/A

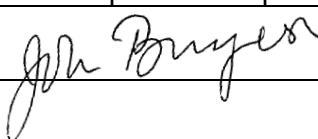
When will you review this EIA?

A number of legislative changes are expected over the next 18 months that will affect the legal framework surrounding independent advocacy—most notably the Mental Health Act 1983/2007 and the Mental Capacity Act 2005. As these, or any other relevant changes, come into effect, this Equality Impact Assessment will be reviewed and updated where necessary to ensure it remains accurate.

8. Equality Statement

- All public bodies have a statutory duty under the Equality Act 2010 to give due regard to how they can improve society and promote equality in every aspect of their day-to-day business. This means that they must consider, and keep reviewing, how they are promoting equality in decision-making, policies, services, procurement, staff recruitment and management.
- Herefordshire Council will challenge discrimination, promote equality, respect human rights, and design and implement services, policies and measures that meet the diverse needs of our population, ensuring that none are placed at a disadvantage over others.

Signature of person completing EIA


John Burgess

Date signed

31/12/2025

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