

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines

### Equality impact assessment

#### Advocacy services for adults with health or social care needs

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### **3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)**

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Throughout the development of this guideline the committee has been aware that special considerations may be necessary for certain groups. So, when drafting recommendations, the committee considered if specific recommendations for certain groups were needed to address any inequalities or if particular groups could be disadvantaged by the draft recommendations. Particular groups have not necessarily been mentioned in every recommendation. However, all of the recommendations in the guideline are intended to improve the provision of advocacy, which by its nature aims to address any (and all) disadvantage. Overall, the committee felt that the provision of advocacy services should be tailored according to the individual's needs, which may include consideration for the individual's protected characteristics including health inequalities or other equalities issues.

A number of existing recommendations from NICE guidelines were considered for inclusion in the Advocacy guideline. Often these had specific populations related to the guideline they were taken from. The committee used these recommendations by adapting them for the Advocacy guideline and often the remit of these recommendations were broadened to include people using or potentially benefiting from advocacy services in general.

#### **Age**

The committee recognised the importance of protecting against or helping people to deal with discrimination or inequalities arising from a person's protected

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

characteristics, such as age, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee were aware that some people, including older people or young people under 18 who are accessing adult services, may not be being offered advocacy support and therefore cannot participate in their care and decision making in a meaningful way. The committee therefore made a recommendation about this focussing their recommendation on the circumstances in which advocacy support is needed rather than on specific populations which could be too restrictive and exclusive (recommendation 1.2.1). However, this may be particularly relevant for older people or young people under 18 who are accessing adult services.

Although the population of the guideline was adults, it also included young people under 18 who are accessing adult services. The committee highlighted this group as needing information about their legal entitlement to advocacy because they are often not made aware of this entitlement (recommendation 1.3.2).

The committee were aware of the importance of ensuring that a range of formats appropriate to people's needs were used when making information available, so made a recommendation to address this (recommendation 1.3.4). This may be particularly relevant for older people who may need accessible versions, such as large print.

The committee agreed that it was important for advocates to be able to meet people in person when making initial contact with advocacy services as this helps them to get to know and understand each other and can speed up the process of developing trust (recommendation 1.4.1). This would be relevant to all groups who experience inequalities (as a result of their protected characteristics, life circumstances or life experiences).

The committee were aware that blanket restrictions in some settings, such as care homes and hospitals, could prevent people accessing advocates so a recommendation was made to address this (recommendation 1.4.2). This may be particularly relevant for older people who are more likely to be in care homes or need hospital care than younger people.

The committee was aware of the important role that advocates play in safeguarding. They made a number of recommendations relating to delivering effective safeguarding, ensuring advocates have knowledge of, and training in, safeguarding as well as monitoring the involvement of advocates in safeguarding (recommendations 1.5.15, 1.5.16, 1.6.7, 1.9.2 and 1.11.15). Safeguarding may be

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particularly relevant for older people or young people under 18 who are accessing adult services.

The committee felt that it was important to ensure that advocates worked in partnership with family members and carers so made a recommendation to address this (recommendation 1.7.1). This may be particularly relevant for older people.

The committee felt that it was important that advocacy staff have training in intersectionality so included this in a recommendation (recommendation 1.9.3).

There was a recognition that information and data relating to protected characteristics, such as age of those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.5 and 1.11.13).

The committee were aware of the importance of ensuring that the formats and methods of seeking feedback about advocacy support should be tailored to the person's communication needs and preferences, so made a recommendation to address this (recommendation 1.11.10). This was considered to be particularly relevant for older people who may need accessible versions, such as large print.

### **Disability**

The committee recognised the importance of protecting against or helping people to deal with discrimination or inequalities arising from a person's protected characteristics, such as disability, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee were aware that some people, including disabled people, may not be being offered advocacy support and therefore cannot participate in their care and decision making in a meaningful way. The committee therefore made a recommendation about this focussing their recommendation on the circumstances in which advocacy support is needed rather than on specific populations which could be too restrictive and exclusive (recommendation 1.2.1). However, this may be particularly relevant for people with disabilities.

The committee were aware of the importance of ensuring that a range of formats appropriate to people's needs were used when making information available, so made a recommendation to address this (recommendation 1.3.4). This was considered to be particularly relevant for people with learning difficulties or sensory

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impairments.

The committee felt that people offered out-of-area placements may miss out on advocacy support so made a recommendation to ensure this didn't happen (recommendation 1.3.6). This may be relevant for some people with physical or learning disabilities.

The committee were aware that blanket restrictions in some settings, such as care homes or hospitals, could prevent people accessing advocates so a recommendation was made to address this (recommendation 1.4.2). This may be particularly relevant for those with disabilities who are in care homes or need hospital care.

The committee were aware of instances when people detained under the Mental Health Act 1983 and who had legal representation were denied access to advocacy support. The committee therefore made a recommendation aimed at clarifying that those people still have a legal right to advocacy (recommendation 1.4.3).

The committee was concerned that some people may miss out on advocacy support as they are unable to ask for an advocate or unable to instruct an advocate, which may be due to disability. The committee therefore made a number of recommendations aimed at ensuring these people are able to access advocacy support (recommendations 1.4.6, 1.4.10 and 1.4.12).

The committee was aware of the important role that advocates play in safeguarding. They made a number of recommendations relating to delivering effective safeguarding, ensuring advocates have knowledge of, and training in, safeguarding as well as monitoring the involvement of advocates in safeguarding (recommendations 1.5.15, 1.5.16, 1.6.7, 1.9.2 and 1.11.15). Safeguarding may be particularly relevant for some disabled people, for example those with communication or learning difficulties.

The committee felt that advocacy services need to be accessible and made a recommendation about how this could be achieved (recommendation 1.6.1). Having accessible services would be particularly relevant for those with a communication impairment.

The committee felt that it was important to ensure that advocates worked in partnership with family members and carers so made a recommendation to address this (recommendation 1.7.1). This may be particularly relevant for some disabled people who cannot express a view.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

There was a recognition that a range of advocacy services should be provided so that they can be tailored to the needs of the local population and the needs of the individual, which could include needs related to disabilities. The committee therefore created a recommendation addressing this issue that was aimed at commissioners (recommendation 1.8.12).

The committee recognised that advocates need training to be able to support people with a variety of needs, including disabilities, and made a recommendation about this (recommendation 1.9.1).

The committee felt that it was important that advocacy staff have training in intersectionality so included this in a recommendation (recommendation 1.9.3).

The committee was aware of the importance of non-instructed advocacy, and a number of recommendations covered this. Some disabilities may possibly mean that non-instructed advocacy could be used. The committee felt that when non-instructed advocacy was used it was important that the advocacy remains person focussed. It was also felt that supervision and training should be given to advocates involved in non-instructed advocacy. The committee made a number of recommendations in these areas (recommendations 1.6.4, 1.9.6, and 1.9.7).

There was a recognition that information and data relating to protected characteristics, such as disability, of those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.5 and 1.11.13).

The committee were aware of the importance of ensuring that the formats and methods of seeking feedback about advocacy support should be tailored to the person's communication needs and preferences, so made a recommendation to address this (recommendation 1.11.10). This was considered to be particularly relevant for people with learning difficulties or sensory impairments.

### **Gender reassignment**

The committee recognised the importance of protecting against or helping people to deal with discrimination or inequalities arising from a person's protected characteristics, such as gender reassignment, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee felt that it was important that advocacy staff have training in

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

intersectionality so included this in a recommendation (recommendation 1.9.3).

There was a recognition that information and data relating to protected characteristics, such as gender reassignment, of those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.5 and 1.11.13).

### **Pregnancy and maternity**

The committee recognised the importance of protecting against or helping people to deal with discrimination or inequalities arising from a person's protected characteristics, such as pregnancy and maternity, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee felt that it was important that advocacy staff have training in intersectionality so included this in a recommendation (recommendation 1.9.3).

There was a recognition that information and data relating to protected characteristics, such as pregnancy and maternity, of those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.5 and 1.11.13).

### **Race**

The committee recognised the importance of protecting against or helping people to deal with discrimination or inequalities arising from a person's protected characteristics, such as race, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee were aware that people from Black, Asian and minority ethnic communities are under-represented and underserved by advocacy services provision. The committee felt that advocacy services need to be accessible and made a recommendation regarding this (recommendation 1.6.1). They also agreed that commissioners and advocacy providers should work with local organisations to help promote access to advocacy for underserved groups (recommendation 1.8.11).

There was a strong feeling from the committee that advocacy services need to be person centred in their approach, which would include race. The committee therefore

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

made a recommendation regarding this (recommendation 1.6.2).

The committee felt that they lacked some expertise or knowledge on equalities, in particular around race. So the committee invited an academic researcher and peer researcher, involved in research into culturally appropriate advocacy, to give expert testimony. The testimony fed into subsequent discussions the committee had on various recommendations and equalities issues, influencing a number of recommendations (recommendations 1.6.12, 1.6.13, 1.7.10).

The committee felt that it was important that advocacy staff have training in structural inequalities and intersectionality so included this in a recommendation (recommendation 1.9.3).

There was a recognition that information and data relating to protected characteristics, such as race, of those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.5 and 1.11.13).

### **Religion or belief**

The committee recognised the importance of protecting against or helping people to deal with discrimination or inequalities arising from a person's protected characteristics, such as religion or belief, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

There was a strong feeling from the committee that advocacy services need to be person centred in their approach, which would include sensitivities around religion or belief. The committee therefore made a recommendation regarding this (recommendation 1.6.2).

The committee felt that it was important that advocacy services were culturally appropriate, which would include sensitivities around religion or belief. The committee therefore made a number of recommendations relating to culturally appropriate advocacy (recommendations 1.6.12, 1.6.13, 1.7.10).

The committee felt that it was important that advocacy staff have training in equal opportunities and diversity, which could cover religion or belief, so included this in a recommendation (recommendation 1.9.3).

There was a recognition that information and data relating to protected

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

characteristics, such as religion or belief, of those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.5 and 1.11.13).

### **Sex**

The committee recognised the importance of protecting against or helping people to deal with discrimination or inequalities arising from a person's protected characteristics, such as sex, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee felt that it was important that advocacy staff have training in intersectionality so included this in a recommendation (recommendation 1.9.3).

There was a recognition that information and data relating to protected characteristics, such as sex, of those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.5 and 1.11.13).

### **Sexual orientation**

The committee recognised the importance of protecting against or helping people to deal with discrimination or inequalities arising from a person's protected characteristics, such as sexual orientation, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee felt that it was important that advocacy staff have training in intersectionality so included this in a recommendation (recommendation 1.9.3).

There was a recognition that information and data relating to protected characteristics, such as sexual orientation, of those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.5 and 1.11.13).

### **Socio-economic factors**

The committee felt that it was important that advocacy staff have training in structural



3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

inequalities so included this in a recommendation (recommendation 1.9.3).

### **Refugees, asylum seekers and migrant workers**

The committee recognised that there were a variety of life circumstances and experiences, such as refugee or traveller status, that could lead to discrimination or inequalities, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee were aware of the importance of ensuring that a range of formats appropriate to people's needs were used when making information available. So made a recommendation about this (recommendation 1.3.4). This might be particularly relevant for some refugees, asylum seekers and migrant workers who may not be fluent in the English language and need to use interpreters.

The committee felt that it was important to highlight the need to involve interpretation and translation services to aid those for whom English is not a first language to interact with advocacy services. The committee made a number of recommendations related to this (recommendations 1.5.2, 1.5.7 and 1.6.11).

The committee were aware that people with refugee status and those from Gypsy, Roma and Traveller communities are often under-represented and underserved by advocacy services provision. They agreed that commissioners and advocacy providers should work with local organisations to help promote access to advocacy for underserved groups (recommendation 1.8.11).

### **Looked-after children**

The committee recognised that there were a variety of life circumstances and experiences, such as transitioning from children's to adult care services, that could lead to discrimination or inequalities, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

Although the population of the guideline was adults, it also included young people under 18 who are accessing adult services. The committee highlighted this group as needing information about their legal entitlement to advocacy because they are often not made aware of this entitlement (recommendation 1.3.2).

### **People who are homeless**

The committee recognised that there were a variety of life circumstances and

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

experiences, such as homelessness, that could lead to discrimination or inequalities, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

### **Prisoners and young offenders**

The committee recognised that there were a variety of life circumstances and experiences, such as being an offender, that could lead to discrimination or inequalities, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10). The committee were aware that blanket restrictions in some settings, such as prisons, could prevent people accessing advocates so a recommendation was made to address this (recommendation 1.4.2). This may be particularly relevant for offenders.

### **People with English as an additional language**

The committee recognised that there were a variety of life circumstances and experiences, such as English not being a first language, that could lead to discrimination or inequalities, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee were aware of the importance of ensuring that a range of formats appropriate to people's needs were used when making information available. So made a recommendation about this (recommendation 1.3.4). This can be relevant for people with English as an additional language.

The committee felt that it was important to highlight the need to involve interpretation and translation services to aid those for whom English is not a first language to interact with advocacy services. The committee made a number of recommendations related to this (recommendations 1.5.2, 1.5.7 and 1.6.11).

### **Intersectionality of definable characteristics**

The committee felt that it was important that advocacy staff have training in intersectionality so included this in a recommendation (recommendation 1.9.3).

### **Health inequalities**

The committee recognised the benefit of involving people who have used health and social care or advocacy services in the governance of advocacy providers. These individuals have different experience and perspectives that can be used to influence the design and development of services, so they are more relevant and address

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

advocacy needs sensitively and comprehensively. This is particularly the case for those who have experience of health inequalities. So the committee made a recommendation about this (recommendation 1.6.5).

The committee felt that they lacked some expertise or knowledge on equalities, in particular around race. So the committee invited an academic researcher and peer researcher, involved in research into culturally appropriate advocacy, to give expert testimony. The testimony fed into subsequent discussions the committee had on various recommendations and equalities issues, including experience of health inequalities (recommendation 1.6.12).

The committee recognised that in order for advocacy services to meet the needs of the local population, they need to be commissioned based on an understanding of what these needs are. They agreed that doing this would help to ensure that advocacy services are commissioned in a way to avoid the effects of structural, systemic and health inequalities, which result in unequal status, treatment and opportunities among population groups (recommendation 1.8.1).

The committee recognised that there were a variety of life circumstances and experiences, such as health inequalities, that could lead to discrimination or inequalities, so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

The committee felt that it was important that advocacy staff have training in health inequalities so included this in a recommendation (recommendation 1.9.3).

There was a recognition that information and data relating to protected characteristics, such experience of health inequalities, in those who use advocacy services should be recorded and evaluated in order to improve services. The committee therefore made a number of recommendations relating to this (recommendations 1.11.1, 1.11.3, 1.11.5 and 1.11.13).

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee recognised that there were a variety of life circumstances and experiences that could lead to discrimination or inequalities beyond what was

already identified in the scoping process, including health inequalities, communication impairment, poor literacy, being from a traveller community and coercive control so the committee made a recommendation to address this when planning and providing advocacy support (recommendation 1.8.10).

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The Committee's considerations of equality issues have been described in the committee's discussion of the evidence sections in evidence reviews B, C, D, E, F, G, H, I and K as well as in the rationale and impact sections linked to the recommendations mentioned in boxes 3.1 and 3.2.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the preliminary recommendations do not make it more difficult in practice for a specific group to access services compared with other groups.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, there is not potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

Many of the recommendations are aimed at addressing barriers and improving access to advocacy services.

Completed by Developer: Tim Reeves

Date: 05/03/2022

Approved by NICE quality assurance lead: Kay Nolan

Date: 13/05/2022

#### 4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

[Consider each of the characteristics listed below in turn, and indicate under each heading whether any **additional** potential equality issue(s) were identified by a stakeholder during consultation, what the issue is, and how you have addressed it. Where no new issue has been identified, you can delete the heading.]

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Socio-economic factors
- Other definable characteristics (these are examples):
  - refugees
  - asylum seekers
  - migrant workers
  - looked-after children
  - people who are homeless
  - prisoners and young offenders
  - any others identified

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Consider in turn whether any of the new or amended recommendations fall into this category for each of the characteristics. Outline under the relevant heading what the barriers are. Only keep the heading if there is a barrier. If there are none, the headings can be deleted and it should be noted that none were identified:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Socio-economic factors
- Other definable characteristics (these are examples):
  - refugees
  - asylum seekers
  - migrant workers
  - looked-after children
  - people who are homeless
  - prisoners and young offenders
  - any others identified

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

[Consider whether there are any adverse impacts on people with disabilities, other

than access barriers identified in 4.2, as a result of the new or amended recommendations, and outline those here]

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

[Consider this in relation to the contents of box 4.2 and outline any suggestions]

4.5 Have any changes been made to the recommendations after consultation that remove, or reduce the impact of, any equality issues identified in sections 1-3?

4.6 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

[Outline where in the guideline you have discussed equality issues, specifying the relevant Rationale and Impact sections, and the appropriate sections of the relevant Evidence Reviews.]

Updated by Developer \_\_\_\_\_

Date \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_

Date \_\_\_\_\_





**5.0 After Guidance Executive amendments – if applicable (to be completed by appropriate NICE staff member after Guidance Executive)**

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

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Approved by Developer \_\_\_\_\_

Date \_\_\_\_\_

Approved by NICE quality assurance lead \_\_\_\_\_

Date \_\_\_\_\_

## NICE guidelines

### Equality report EIA analysis form

**[Title of guideline]**

<b>Product Code</b>									
<b>Title / Topic</b>									
<b>If equality issues identified, how many?</b>									
<b>What was the breakdown of identified equality issues, by protected, socioeconomic, or 'other' characteristic?</b>									
<b>Age</b>	<b>Disability</b>	<b>Gender reassignment</b>	<b>Pregnancy maternity</b>	<b>Race</b>	<b>Religion or belief</b>	<b>Sex</b>	<b>Sexual orientation</b>	<b>Socio-economic</b>	<b>Other</b>
<b>How many issues had an impact on recommendations?</b>									
<b>If equality issues were identified, summarise what they were</b>									
<b>What was the breakdown of equality issues with an impact on recommendations?</b>									

Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other
<b>If equality issues had impacts on recommendations, summarise these impacts</b>									