EQUALITY IMPACT ASSESSMENT (EIA)

POLICY/PROPOSAL:	To procure an advocacy service for people subject to being detained under the Mental Health Act or who lack capacity or subject to Deprivation of Liberty Safeguards or for people who have a Care Act assessment or review
DEPARTMENT:	Service Reform and strategy
TEAM:	Commissioning, Contracting and Market management
LEAD OFFICER:	Edwin Mensah, Interim Head of Commissioning
DATE:	20 April 2026

EIA Guidance is available online, please reach out to equality@brent.gov.uk for any further support.

SECTION A – SCREENING

1. Briefly and clearly describe the policy, proposal, change, or initiative, and what it is trying to achieve.

To procure an advocacy service for people subject to being detained under the Mental Health Act or who lack capacity or subject to Deprivation of Liberty Safeguards or for people who have a Care Act assessment or review

2. Are there any groups who may be impacted by your proposal? For reference, Q4 lists all protected groups.

The majority of people needing advocacy will have a physical or mental disability that will significantly impact their ability to carry out standard daily living activities. Advocacy provides reasonable adjustment to ensure people with disabilities are not disadvantaged in comparison to people who do not have a physical disability or mental impairment when it comes to planning and reviewing care and support needs.

3. If no groups are affected, explain why.

4. Mark with an “X” the potential impact of the policy or proposal on different groups. You can mark more than one box for each group.

Characteristic	IMPACT		
	Positive	**Neutral/None**	**Negative**
Age - People of different age groups.	**X**		
Care Experience - People who have been in care for any period of their childhood.	**X**		
Disability - People with physical, sensory, learning, and mental health disabilities, long-term conditions, and non-visible disabilities.	**X**		
Gender reassignment - Transgender and non-binary people, including anyone who is proposing to, started, or who has completed a process to change their gender.	**X**		
Marriage and Civil Partnership - Applies mainly in the workplace, people who are married or in a civil partnership.	**X**		
Pregnancy and Maternity - People who are pregnant, on maternity leave, or new parents.	**X**		
Race and Ethnicity - People of different	**X**		

ethnicity, nationality, and skin colour.			
Religion or belief - People of all faiths, and those with no religious belief.	**X**		
Sex - Differences between men and women, including disparities in pay, career progression, and health outcomes.	**X**		
Sexual Orientation - People who identify as lesbian, gay, bisexual, queer, asexual, or any other non-heterosexual identity.	**X**		
Socio-Economic Status – People who are experiencing poverty or socio-economic disadvantage.	**X**		
Other relevant groups* *Carers*	**X**		

* Other relevant groups could include Carers, Refugees or Asylum Seekers, Veterans, among others. Review the EIA Guidance for more information.

5. Complete **each row** of the checklist with an "X".

SCREENING CHECKLIST		
	YES	**NO**
Does the policy or proposal have implications for eliminating discrimination, advancing equality of opportunity, or fostering good relations among different groups?	X	
Does it relate to an area with known inequalities?	X	
Would it add, change, or remove services used by any groups listed in Q4?	**X**	
Does it have negative or positive equality impacts on any groups listed in Q4?	**X**	
If you have answered YES to ANY of the above, proceed to section B. **If you have answered NO to ALL the above, proceed straight to section C.**		

SECTION B – IMPACTS ANALYSIS

6. What data and evidence have you used to understand potential impacts? This could include service user data where relevant. If there is little or no evidence, explain why, and note any plans to improve data collection in future, adding this to the Action Plan in Section E.

The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address. In the year 2024 to 2025, 632 people accessed the Advocacy Service. In 2025-2026, 647 people accessed the Advocacy service. The numbers of people accessing the Advocacy service and their demographic data will be collected as part of the service monitoring requirements. The information will be reviewed to support equity of access and to identify issues/ trends Commissioners need to address.

7. For each characteristic:
    a. Provide detail for the impact listed in the response to Q4 in the left-hand box.
    b. Provide data and evidence to explain how you reached your conclusion in the right-hand box.

   Relevant data sources for Brent and its residents can be found in the EIA Guidance document.

Age	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Care Experience	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Disability	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
A significant majority of people who access advocacy will have a physical or mental disability which reduces their ability to fully engage in decisions about their own care and support needs. An independent advocate provides a necessary adjustment which enables our residents to have their needs and wishes understood as part of care planning and care review processes	The current advocacy service does not provide this deta This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Gender Reassignment	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
No specific issues in relation to gender reassignment and the use of independent advocacy have been identified.	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Marriage and Civil Partnership	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Pregnancy and Maternity	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
There are no figures recorded regarding the use of independent advocacy during or after pregnancy. The Brent advocacy service is able to advocate for residents who are pregnant or need support in relation to maternity where they also have capacity issues or are subject to detention under the Mental Health Act.	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Race and Ethnicity	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
The Brent service will be monitored on a quarterly basis with data collected to ensure that access to the service is in line with our population profile and there are no issues emerging. Where any issues are identified in terms of equity of access or poor representation, remedial action will be identified, implemented and monitored. The service is also required to provide advocacy information in different languages and will be monitored on this	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Religion or Belief	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Sex	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
No specific issues have been identified as a result of people being married or in a civil partnership in relation to advocacy services. Where there are capacity issues relating to the abused person the abuse can be hidden. Independent advocacy can help in many ways including reducing the risk of perpetrators or conflicted family members/friends making the sole decision about care and support.	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Sexual Orientation	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
Sexual orientation may not be considered when planning or reviewing a residents supported and care needs. An advocate can ensure that sexual orientation is not overlooked and advocate for a resident around this as part of their role in supporting individuals to be heard. Information on sexual orientation will be collected as part of the service monitoring requirements and will be reviewed to ensure equity of access to the service and identify any issues and trend that commissioners need to respond to.	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

Socio-Economic Status	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.
Brent's income deprivation score is the 12th highest nationally out of 296 lower tier local authorities. Brent's IDACI score of 58.7% of children living in income deprived households is the fifth highest nationally, behind Tower Hamlets (71.5%), Hackney (65.0%), Birmingham (61.8%), and Newham (59.9%). Lower income levels affect people's mental health and their ability to advocate for themselves which the Advocacy service will be able to support.	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address

Other Relevant Groups	
Provide detail for the impact listed in Q4.	Provide supporting data and evidence.TGTh
Brent's Carers strategy 2024-2028? stated that there were 22,000 unpaid carers in Brent though broader estimates suggest there are over 31,000 in the borough. The new service will include the requirement to support Carers of residents living in Brent who will be drawing on the support of the Advocacy service.	The current advocacy service does not provide this detail. This will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.

8. Summarise any engagement activities with relevant groups (this may replicate some of the information listed in Q7). State whether those involved represent the people affected by your proposal, or whether more engagement is needed, which should be added to the Action Plan in Section E.

Specific engagement activities with relevant groups have not been undertaken by the Commissioning Team. The provider of the Advocacy service will be required to provide a profile of people drawing on its support, as part of their contract monitoring process. This information will be used to assess the equity of access to the service. Where there is an under-representation/ over-representation of groups, the Commissioners will seek to address the issues including more engagement with particular groups by the Provider to raise awareness of its service.

9. Provide more detail on any areas identified as requiring further data or detailed analysis.

N/A

SECTION C – CONCLUSIONS

10. Summarise your overall conclusions based on the analysis:

- If there are no impacts, state that here, and **do not complete sections E or G.**
- If you decide not to move forward, explain why, and **do not complete sections E or G.**
- If there are negative impacts, explain what you'll do to reduce them. If you choose to continue despite negative impacts, or if negative impacts remain following your action plan, provide a justification for your decision.
- If there are positive impacts, explain how these could be strengthened, where possible.

The EIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed**.**

SECTION D - RESULT

Select one of the following options with an "X".		
A	**CONTINUE WITH THE POLICY/PROPOSAL UNCHANGED**	**X**
B	**JUSTIFY AND CONTINUE THE POLICY/PROPOSAL**	
C	**CHANGE/ADJUST THE POLICY/PROPOSAL**	

D	STOP OR ABANDON THE POLICY/PROPOSAL	

SECTION E - ACTION PLAN AND MONITORING

Unless your proposal has no equality impacts or you are not moving forward, complete the table below to track specific actions to:

- Reduce negative impacts and increase positive outcomes.
- Monitor actual or ongoing impacts.
- Record plans to improve data collection.
- Plan any further engagement or analysis that may be required.

Use the 'Status' column on the right to indicate whether the action is yet to start, is in progress, or has been completed.

Issue Identified	Action	Lead Officer	Completion Date	Status
The current advocacy service does not collect EDI data for the people drawing on its support.	EDI data will be collected as part of the new service monitoring requirements and will be reviewed to ensure equity of access to the service and to identify issues/ trends Commissioners need to address.	Edwin Mensah	June 2026	Complete

11. Describe how you will monitor the actual, ongoing impact of the policy or proposal?

Through regular contract monitoring meetings with the provider

SECTION F – SIGN OFF

	Signature	Date
Officer:	A. Chakraborty	18.5.26
Reviewing Officer or Head of Service	E.Mensah	11.6.26

SECTION G – REVIEW

EIAs are live documents and should be reviewed regularly, especially if there are actions still to be completed or if the proposal has significant equality impacts.

When to review

- Review every 6 months until all actions in the Action Plan above are complete.
- If new data, feedback, or changes to the service arise, revisit the EIA to make sure it's still accurate.

Who should review

- The same officer who completed the EIA should carry out the review. If there's been a staffing change, the new lead officer should take over.

What to update

- Use the Status column in the Action Plan above to show progress (e.g. Not Started, In Progress, Completed). Add comments and updates in the table below — include any new data, evidence, or feedback.

When reviews can stop

- Once all actions are complete and no further equality impacts are expected, you can stop reviewing the EIA.
- Add rows to the table below as necessary until all actions are completed.