

## ADVOCARD Equality & Diversity Report September 2010 – February 2011

### Introduction

Advocard welcomes its Hospital Advocacy service (based at the Royal Edinburgh Hospital) taking part for the first time in showing what has been done to implement their part of the Equality & Diversity Strategy. The intention is that this will inform how hospital-based advocacy proactively manage their service to make it as available to all service users and to record this in the light of the new Equality Act 2010. The hope is that given sufficient statistical return, it will be possible to plan and implement changes to address any 'inequalities' in our service cover. Given the small sample number from their service users so far, no reliable analysis was made from responses, though trends are illustrated. Advocard's community-based services – including the Volunteer Delivered and Mental Health Act Advocacy services - have now been gathering information for two years about how service users identify themselves in terms of the main equalities strands.

### Results: *What the monitoring forms tell us*

	Community	Hospital
<i>Total responses</i>	Over 250 service users have completed forms in last 2 years, with 50 in last 6 months.	19 completed forms returned over 5 months - 25 forms given out between 7 staff.
<i>Response rates</i>	Remain high – over 9/10 (93%) answered on average (range 88-98%).	About 7/8 questions answered (if consent given). Only low response was 'How someone found our service' (68%).
<i>Consent</i>	All agreed to complete in the last 6 months, pushing total declining to complete or unable to consent down to just 1/20.	Only 63% agreed to fill out form - despite this 84% went on to answer questions. Many individuals not given forms (only 36% were given out).
<i>Mental Health Services</i>	Over 9/10 have used services, 7/10 being current users.	Not looked at.
<i>Age</i>	Trend continues for low numbers of younger and older people, with higher numbers among middle-aged people.	No responses in 65+ and a large skewing between ages 35-54, with low numbers from 35-44 and higher numbers from 45-54.
<i>Gender</i>	Fairly even balance.	81% were male.

*Race/Ethnicity* Mostly White across both community and hospital services, but more diverse than Edinburgh's population.

	<b>Community</b>	<b>Hospital</b>
<i>Language</i>	No one needed help with English in the last 6 months.	Not looked at.
<i>Disability</i>	About 7/8 think of themselves as disabled, with similar numbers identifying a mental illness. About 1/9 have a sensory impairment, 1/7 a cognitive impairment, 1/6 a long-term health condition, 1/5 some other disability and almost 1/4 a physical impairment.	About 3/5 described themselves as disabled. After mental illness (60%), Long Term Health Condition, Cognitive Impairment and 'Other' were the responses given.
<i>Faith/Belief</i>	Trend continues for 4/10 identifying Christianity, while 3/10 don't believe in God(s). About 1/8 stated faiths or beliefs other than main recognised religions. About 1/20 preferred not to say what their belief is – highest across all equalities strands.	Approx 1/2 are Christians.
<i>Sexual Orientation</i>	About 1/8 identified being lesbian, gay or bisexual. More people preferred not to say about their sexual orientation in last 6 months than previous 18 months.	Largely Heterosexual, with several times rate of gay men compared to Lothian's population.
<i>Postcode</i>	Increase in last 6 months for those from areas identified with greatest need – e.g. 1/8 from EH4 compared with 1/20 for previous 18 months.	Not looked at.
<i>How did you find out about Advocard?</i>	Internet as source has doubled in the last 6 months, while other advocacy organisations and professionals from outside NHS have dropped.	Nearly 7/10 found out via NHS. Alternative sources were from other advocacy organisations and "Other".

### **Conclusion & Learning Points: *What Advocard will do***

Our strategy is to show what we have achieved in five main areas during the last six months and to set new goals to work on for the next six months.

#### *1. Monitor information about equality and diversity*

A monitoring system has been put in place for hospital-based advocacy that is sensitive to the needs of inpatients. There's still a need to get better at handing out the monitoring form as, unlike the community-based advocacy, hospital-based advocacy workers do not formally do so at the point of introduction. Work on the

large difference between staff members hand out rates by producing information (leaflets and posters) to reinforce what we are achieving through monitoring. There are also some differences between how hospital-based and community-based advocacy gather and interpret information; there is a need for data entry to be consistent given interpretation needed by hospital-based advocacy worker and for it to be robust enough to capture all the information - there is more scope to express identity in one's own language with hospital-based advocacy compared to responding to already defined identities in community-based advocacy. Areas for joint work include clarifying issues around how to record data where it is unclear whether consent has been given and questioning whether to give the form to people 'capable' or 'accepting' of its contents.

### *2. Training to support implementation of the strategy*

Information will be available for staff on Advocard's intranet site about how the Equality Act affects duties as an employer in terms of 'protected characteristics' and how the changes brought in affect advocacy practice and anti-discrimination work. Training and Volunteer Delivered Advocacy Managers will work on conclusions about the comparison of monitoring information about approximately 50 Trainees and Volunteers collected over two years.

### *3. Implement and develop the strategy*

Need to develop age appropriate forms - given concerns regarding discussing matters of sexual orientation with children under 18 years old - with age appropriate language suggested for prompts on the form for those that are 65+ and under 25 years.

### *4. Increase diversity*

Community-based advocacy can now attest that its Trainees and Volunteers have a fairly even gender balance, a good presence of people from several Black & Minority Ethnic backgrounds and that half have used mental health services.

### *5. Work more proactively with groups who are currently under-represented*

Advocard is currently putting together a tender for independent advocacy services in Edinburgh, following a lengthy review by the council and health board. Until we have a clearer idea about if we are successful (August 2011?) and what this means for the services we are contracted to provide (November 2011?), we won't be able to look more closely at addressing the gaps for younger people and those in areas of need in the western part of Edinburgh. We would also need to know which other organisations would be providing advocacy in order to undertake any partnership working with them. It is unfortunately unlikely that we will be able to put any such programme into place until after we review the Equality & Diversity Strategy in 2012.