

Equality Impact Analysis

This equality impact analysis establishes the likely effects both positive and negative and potential unintended consequences that decisions, policies, projects and practices can have on people at risk of discrimination, harassment and victimisation. The analysis considers documentary evidence, data and information from stakeholder engagement/consultation to manage risk and to understand the actual or potential effect of activity, including both positive and adverse impacts, on those affected by the activity being considered.

To support completion of this analysis tool, please refer to the equality impact analysis guidance.

Section 1 – Analysis Details (Page 5 of the guidance document)

Name of Policy/Project/Decision	Adult Advocacy Service
Lead Officer (SRO or Assistant Director/Director)	Adrian Crook, Director of Health & Social Care
Department/Team	Health & Social Care
Proposed Implementation Date	April 2027
Author of the EqIA	Jannine Robinson, Commissioning Manager
Date of the EqIA	03/06/2026

1.1 What is the main purpose of the proposed policy/project/decision and intended outcomes?

It is a legal requirement for local authorities to provide an advocacy service that provides:

- Independent Mental Capacity Advocacy (IMCA)
- Independent Mental Health Advocacy (IMHA)
- Care Act Advocacy
- Independent Complaints Advocacy (ICA)

Bury Council commissions NCompass to deliver the Bury Advocacy Hub for adults. The service provides one-to-one advocacy support and a range of educational and intervention materials, in user friendly formats.

The principles of the Bury Advocacy Hub align with the Bury Let's Do It Strategy. Advocate's support people locally, in their own home, hospital or accessible place, the support is strengths-based and helps people to understand their rights, express their wishes and obtain the care and support they need.

People detained under the Mental Health Act in hospital or those who lack capacity are supported by an advocate at a vulnerable time. People are supported to have a greater understanding and involvement in the planning of their care and support. The service supports people without capacity who are subject to a Deprivation of Liberty Safeguard (DoLS).

For IMHA and IMCA advocacy an 'opt out' approach is adopted, everyone is offered support and they can decline it if they prefer or have someone to advocate for them.

Type advocacy	No. supported (over 12mths)	
IMCA	353	People who lack capacity and are either in hospital or a care home
IMHA	593	People who are mentally unwell and detained in hospital settings
Care Act	68	People are supported to be involved in social care assessments, care planning and safeguarding concerns to understand their rights and share their wishes.
ICA	31	People are supported to make a complaint about the NHS.
Generic	19	Community based issues regarding accommodation

This EqIA relates to the adult advocacy service for people aged 18+.

The current contract ends in March 2027 and a tender exercise will be completed to award a new contract.

Section 2 – Impact Assessment (Pages 6 to 10 of the guidance document)

2.1 Who could the proposed policy/project/decision likely have an impact on?

Employees: **No** Council employees will continue to refer to this service.

Community/Residents: **Yes** People who are eligible for advocacy support

Third parties such as suppliers, providers and voluntary organisations: **Yes** The current contract will end, and a tender process will commence to award a new contract. Healthwatch Bury have surveyed stakeholders, staff and service users for feedback on the current service. Lived experience representatives are being sought to help co-produce the new service specification for the tender and a pre-market engagement event is scheduled for July with providers prior to tendering.

If the answer to all three questions is 'no' there is no need to continue with this analysis.

2.2 Evidence to support the analysis. Include documentary evidence, data and stakeholder information/consultation

Documentary Evidence:

Healthwatch Bury advocacy report May 2026



Healthwatch%20Adv
ocacy%20Services%20

Data: Out of 1,064 referrals over 12 months, 946 (91%) were medically unwell or did not want to disclose, detained under the Mental Health Act or lacked capacity, making it difficult to capture accurate data. Only 118 people accessing the service had capacity.

Protected Characteristic	Bury Population Data (from the JSNA/Census 2021)	Service Data (from nCompass)
Age	<p>Bury has 114,526 (59.1%) working age adults (18-64 years).</p> <p>People in Bury are living longer; life expectancy for both men (79.1 years) and women (82.1 years) has been improving over time, but the rate of this increase has slowed and there is still a significant gap between the life expectancy in Bury and the England average.</p>	<p>The service supports people aged 18+.</p> <p>Majority of people supported are aged between 26 and 64 years.</p> <p>18-25yrs – 122</p>

		There are 35,447 (18.3%) older adults in Bury (65 years and over).	26-64yrs – 603 65+yrs – 337
Disability		19% of the population report having a disability, the rate is relatively evenly split over the 5 Bury neighbourhoods. The proportion of people with a disability in Bury is higher than average, with 19 out of 100 people having a disability, while the general average is 18 out of 100. (Source ASC Data Portal)	7% (70) of people accessing support from this service have a disability. Less than 1% (4) do not have a disability 93% of people preferred not to say or were medically unwell and couldn't say.
Gender Reassignment		The question on gender identity was new for Census 2021. It was a voluntary question only asked of those aged 16 years and over. The question asked, "Is the gender you identify with the same as your sex registered at birth?" with 3 answer options of Yes, No or to write in their gender identity. 94.4% of the population aged 16 years and over in Bury answered Yes.	2 people supported are transgender.
Marriage & Civil Partnership		37.9% have never been married / civil partnership an increase from 26.3% in 1991.	Service data reports 9 – divorced 21 – married

	46.9% are married / civil partnership a decrease from 58.4% in 1991.	129 – single 19 – widowed 8 – civil partnership 878 – preferred not to say
Pregnancy and Maternity	The census did not capture pregnancy data.	The service doesn't capture pregnancy data.
Race	<p>Asian, Asian British or Asian Welsh – 10.6%</p> <p>Black, Black British, Black Welsh, Caribbean or African – 1.9%</p> <p>Mixed or Multiple ethnic groups – 2.6%</p> <p>Other ethnic group – 1.9%</p> <p>White: English, Welsh, Scottish, Northern Irish or British – 78.2%</p> <p>White: Other – 3.5%</p> <p>Research shows people from minority ethnic backgrounds can face barriers to getting help, including:</p> <ul style="list-style-type: none"> •not recognising they have a mental illness because mental health was stigmatised or never talked about in their community •not knowing that help is available or where to go to get it •language barriers •turning to family or friends rather than professional support, especially for people who don't trust formal healthcare services •financial barriers, such as paying for private counselling •not feeling listened to or understood by healthcare professionals 	<p>35% (372) of people supported were white British</p> <p>2% (18) Asian / Asian British</p> <p>1% (12) Pakistani</p> <p>1% (10) European</p> <p>1% (8) Black British</p> <p>7 Other</p> <p>5 African</p> <p>5 White other</p> <p>4 White Irish</p> <p>1 Chinese</p> <p>(58%) 624 preferred not to say</p>

		•White professionals who do not understand their experiences of racism or discrimination	
Religion and Belief	<p>Buddhist - 0.3%</p> <p>Christian – 48.8%</p> <p>Hindu – 0.5%</p> <p>Jewish – 5.5%</p> <p>Muslim – 9.9%</p> <p>Sikh – 0.3%</p> <p>Other religion – 0.3%</p> <p>No religion – 29.4%</p> <p>Not answered – 4.9%</p>	<p>3% (27) no religion</p> <p>5% (51) Christian beliefs</p> <p>2% (17) Jewish</p> <p>The following are all less than 1%</p> <p>(9) Muslim</p> <p>(6) Catholic</p> <p>(4) Other</p> <p>(2) Jehovah Witness</p> <p>89% (951) prefer not to say</p>	
Sex	<p>51% female</p> <p>49% male</p>	<p>Female 414 39%</p> <p>Male 524 49%</p> <p>Prefer not to say 127</p>	
Sexual Orientation	<p>The question on sexual orientation was new for Census 2021 and was voluntary only asked of those aged 16 years and over:</p> <p>Heterosexual/Straight – 90.6%</p> <p>Gay/Lesbian – 1.6%</p> <p>Bisexual – 1%</p> <p>All other sexual orientations – 0.3%</p> <p>Not answered – 6.5%</p> <p>Estimates provided by the LGBT Foundation and Stonewall state that between 5% and 7% of the</p>	<p>19% (198) heterosexual / straight</p> <p>Less than 1% (1) bisexual</p> <p>81% (868) prefer not to say</p>	

	<p>population identify as Lesbian, Gay or Bisexual nationally.</p> <p>There is almost certainly an underestimation of the actual national diversity of sexual orientation.</p>																																								
Carers	The percentage of people providing unpaid care in Bury is 9.2%.	Not captured by the service																																							
Looked after children and Care leavers	n/a as an adult service	N/a																																							
Armed forces personal including veterans	3.3% of the population aged 16+ and over who had previously served in the UK armed forces.	Not captured by the service																																							
Socio-economically vulnerable	<p>Average household income East £36,560, West £40,743, Whitefield £44,525, Prestwich £33,880 and North £47,080.</p> <p>Economic activity of people with limiting illness or disability</p> <table border="1"> <thead> <tr> <th></th> <th>Bury</th> <th>East</th> <th>North</th> <th>Prestwich</th> <th>Whitefield</th> <th>West</th> </tr> </thead> <tbody> <tr> <td>In active</td> <td>28.67%</td> <td>26.27%</td> <td>30.11%</td> <td>30.07%</td> <td>28.09%</td> <td>29.19%</td> </tr> <tr> <td>Active</td> <td>70.48%</td> <td>72.83%</td> <td>69.10%</td> <td>69.25%</td> <td>70.92%</td> <td>70.11%</td> </tr> </tbody> </table> <p>% of residents claiming</p> <table border="1"> <thead> <tr> <th></th> <th>East</th> <th>North</th> <th>Prestwich</th> <th>Whitefield</th> <th>West</th> </tr> </thead> <tbody> <tr> <td>Disability living allowance</td> <td>6.9%</td> <td>4.0%</td> <td>6.7%</td> <td>6.8%</td> <td>5.1%</td> </tr> <tr> <td>PIP</td> <td>8.2%</td> <td>4.1%</td> <td>5.4%</td> <td>6.9%</td> <td>5.2%</td> </tr> </tbody> </table>		Bury	East	North	Prestwich	Whitefield	West	In active	28.67%	26.27%	30.11%	30.07%	28.09%	29.19%	Active	70.48%	72.83%	69.10%	69.25%	70.92%	70.11%		East	North	Prestwich	Whitefield	West	Disability living allowance	6.9%	4.0%	6.7%	6.8%	5.1%	PIP	8.2%	4.1%	5.4%	6.9%	5.2%	<p>Employment status not captured by the service.</p> <p>A small number of people (1.2%) are supported with housing issues under IMHA advocacy.</p> <p>Majority of people are supported with issues linked to legal frameworks, such as detention, appeals, tribunals and ward rounds.</p> <p>The number of new referrals during Quarter 4 of 25/26 are; North 13 East 119 West 85</p>
	Bury	East	North	Prestwich	Whitefield	West																																			
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	<p>44.19% of people living in Bury are living as a couple: married or in a civil partnership, the neighbourhood with the lowest percentage is East.</p>	<p>Prestwich 24 Whitefield 4 Unknown 17</p> <p>However, the data is skewed by the location of the hospitals, Fairfield Hospital is in Bury East and Cygnet Bury is in Bury West.</p>
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Stakeholder information/consultation:

The service is monitored quarterly, reports are shared with Commissioners and a meeting follows. The quarterly contract meetings also include a representative from the DoLS team as a significant number of referrals come from this team. The meeting with nCompass examines performance, considers opportunities for improvement, pressures and legislative changes. The report captures feedback from professionals, clients and family of clients.

Q4 report for 2025/26



Bury%20Advocacy%
20Hub%20Q4%20ref

An Advocacy Tender Project Group has been established to review the service and includes representatives from ASC Mental Health Team, PCFT Specialist Mental Health Team, PFCT inpatient ward management, principal social worker, Children’s commissioner and Older adults.

GM ICB has commissioned Gaddum to support people with lived experience to engage in co-production, there are 6/7 people who actively support Bury projects and they have been asked if they would like to support the advocacy work. Other local VCSE

providers, such as BIG and Creative Living Centre have also been approached as they have service user groups. PCFT were also exploring opportunities with their patient voice group.

2.3 Consider the following questions in terms of who the policy/project/decision could potentially have an impact on. Detail these in the impact assessment table (2.4) and the potential impact this could have.

- Could the proposal prevent the promotion of equality of opportunity or good relations between different equality groups?
- Could the proposal create barriers to accessing a service or obtaining employment because of a protected characteristic?
- Could the proposal affect the usage or experience of a service because of a protected characteristic?
- Could a protected characteristic be disproportionately advantaged or disadvantaged by the proposal?
- Could the proposal make it more or less likely that a protected characteristic will be at risk of harassment or victimisation?
- Could the proposal affect public attitudes towards a protected characteristic (e.g. by increasing or reducing their presence in the community)?
- Could the proposal prevent or limit a protected characteristic contributing to the democratic running of the council?

2.4 Characteristic	Potential Impacts	Evidence (from 2.2) to demonstrate this impact	Mitigations to reduce negative impact	Impact level with mitigations Positive, Neutral, Negative
Age	Mental illness shows no boundaries regarding age, young adults are a vulnerable group to the pressures of life, older people are often lonely and isolated. Working age adults are impacted by the pressures of family and work.	The service is available to anyone over the age of 18. There is a separate children's advocacy service.	The staff are skilled to support all ages with strengths-based practice. People can access information and referral forms on the provider website, or phone to request information in the post, to ensure people aren't excluded who are not digitally enabled.	Neutral

	<p>Older adults are vulnerable to dementia and lacking capacity.</p>		<p>Most people who require advocacy support don't have mental capacity or are detained under the Mental Health Act.</p> <p>People are referred for support by a professional, the service is for anyone aged 18+, with no upper limit.</p> <p>It is an adult service, currently exploring whether an all age service could be developed.</p>	
<p>Disability</p>	<p>Some people with learning disabilities with lack mental capacity.</p> <p>Living with a learning disability can impact people's mental health.</p>	<p>A high percentage - 93% preferred not to say or were medically unwell and couldn't answer the question about whether they have a disability so data is limited.</p> <p>Advocates explore with care teams the accurate recording of information in relation to disability when the person can't answer the question.</p> <p>Physically noticeable disabilities are recorded.</p>	<p>Advocates support clients in person and remotely if appropriate, advocate's offer person-centred support, each person's needs are individual to them.</p> <p>Most people are referred to the service by professionals due to their mental illness regardless of whether they have a disability.</p> <p>Advocates attend the ward in person and adjust their support to reflect any disabilities.</p>	<p>Neutral</p>

Gender Reassignment	People undergoing gender reassignment report to face mental health challenges and the stigma associated with the change.	Service data is limited for this category.	<p>Advocates provide support that is person centred and will respect their wishes with regards to their gender.</p> <p>An advocate carries out research on specific issues where needed, to help them best advocate for someone.</p>	Neutral
Marriage and Civil Partnership	Mental health is often impacted for those people experiencing marriage / relationship breakdown	Majority of people supported either preferred not to share their status or they were unable to share their status due to their mental capacity.	<p>Advocates support people who are un-befriended who don't have family or a friend to be their advocate.</p> <p>The advocacy model is person centred and people are supported to understand their rights.</p>	Neutral
Pregnancy and Maternity	Women's mental health can be impacted during and post pregnancy.	The service doesn't capture data on pregnancy / maternity.	Advocates support people who are mentally unwell to represent their views and wishes, this includes people who are pregnant or in the maternity period.	Neutral
Race	People from some races report challenges discussing the issue of mental health and barriers to	The service data reports majority as white British, however for a large proportion of people their	Advocates complete a range of cultural training models to help them offer the most appropriate support.	Neutral

	accessing specialist support, as it isn't culturally accepted.	race isn't captured due to their mental illness.	The service utilises translators to overcome language barriers.	
Religion and Belief	<p>People's religion and beliefs may impact how they engage with a service.</p> <p>People feel unsafe practising some religions in this country, and these worries can impact their mental health.</p>	The service data reports majority as Christian, however for a large proportion of people their race isn't captured.	<p>Advocates provide support that is person centred and will respect their wishes with regards to their religion / belief.</p> <p>Advocates complete a range of cultural training models to help them offer the most appropriate support.</p>	Neutral
Sex	Men are at a higher risk of suicide, around 3 in 4 suicides are male, and men aged 50-54 are the highest risk group.	The male / female split is relatively balanced, however for 127 clients no gender is recorded due to lacking capacity to answer the question.	Advocates provide support that is person centred and will respect their wishes with regards to gender.	Neutral
Sexual Orientation	People from the LGBT+ community report their sexual orientation has an impact on their mental health due to stigma.	A large proportion (93%) of service users preferred not to say, or couldn't say due to lacking capacity.	Advocates provide support that is person centred and will respect their wishes with regards to sexual orientation.	Neutral

Carers	People caring for others often feel under pressure and exhausted, which can impact their mental health.	This data is not captured by the service.	<p>The advocacy service extends to people needing support and 'their carers'.</p> <p>The advocacy service raises awareness of their service to other organisations like the bury Carers Hub.</p>	Neutral
Looked After Children and Care Leavers	n/a adult service	n/a adult service	n/a	Neutral
Socio-economically vulnerable	Often mental illness is impacted by socio economic factors, such as housing, finances, relationships and community safety.	Little service data is captured relating to this category and the neighbourhood data is skewed due to hospital locations.	<p>The Bury advocacy service does provide non-statutory support relating to generic issues around housing and social care, people are signposted to self-help tools online.</p> <p>Advocates provide guidance to people to help them access support from other services to improve their socio-economic position.</p>	Neutral
Veterans	People who have served with the armed forces have mental health challenges from their experiences and	This data is not captured by the service.	<p>Advocates provide support that is person centred.</p> <p>The advocacy service raises awareness of the service to</p>	Neutral

	adjusting to life after the forces.		other services in Bury, such as the Military Veterans Service.	
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Actions required to mitigate/reduce/eliminate negative impacts or to complete the analysis

2.5 Characteristics	Action	Action Owner	Completion Date
Age	Monitor legislative developments for the Liberty Protection Safeguards (LPS) to understand the impact on providing advocacy support for detained 16/17 year olds	Jannine Robinson, Adult Commissioner Ellie Costello, CYP Commissioner	December 2026
All	Improve reporting by introducing 'unable to say' as a recording option on case recording system	Jannine Robinson, Commissioner	December 2026

Section 3 - Impact Risk

Establish the level of risk to people and organisations arising from identified impacts, with additional actions completed to mitigate/reduce/eliminate negative impacts.

3.1 Identifying risk level (Pages 10 - 12 of the guidance document)

Impact x Likelihood = Score	Likelihood			
	1	2	3	4
	Unlikely	Possible	Likely	Very likely

Impact	4	Very High	4	8	12	16
	3	High	3	6	9	12
	2	Medium	2	4	6	8
	1	Low	1	2	3	4
	0	Positive / No impact	0	0	0	0

Risk Level	No Risk = 0	Low Risk = 1 - 4	Medium Risk = 5 – 7	High Risk = 8 - 16
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3.2 Level of risk identified	Low risk
3.3 Reasons for risk level calculation	<p>A low risk level has been calculated.</p> <p>The reasons for the low risk level are:</p> <ul style="list-style-type: none"> • Advice from Corporate Procurement and Legal colleagues is that the Council will be compliant with the Procurement Act 2023, by undertaking an open tender. • All customers will still receive the same level of support • The Advocacy Project Group will work together to develop the service specification and tender process. • Lived experience representatives will be part of the Project Group to ensure the specification is co-produced.

Section 4 - Analysis Decision (Page 11 of the guidance document)

4.1 Analysis Decision	X	Reasons for This Decision
There is no negative impact therefore the activity will proceed		
There are low impacts or risks identified which can be mitigated or managed to reduce the risks and activity will proceed	X	Bury Council must follow procurement regulations and tender this service in 2026. All customers will

		continue to receive the same level of support and be offered reasonable adjustments to support protected characteristics managed in a sensitive manner.
There are medium to high risks identified which cannot be mitigated following careful and thorough consideration. The activity will proceed with caution and this risk recorded on the risk register, ensuring continual review		

Section 5 – Sign Off and Revisions (Page 11 of the guidance document)

5.1 Sign Off	Name	Date	Comments
Lead Officer/SRO/Project Manager	Jannine Robinson	15/06/26	Approved – final version. Commissioner will work with the provider on contract award.
Responsible Asst. Director/Director	Adrian Crook	15/06/2026	Agreed
EDI	Lee Crawley	15/06/26	QA Complete: The analysis has considered several potential impacts which, with mitigations are neutral for all characteristics. These mitigations will be adopted into the commissioned service.

EqIA Revision Log

5.2 Revision Date	Revision By	Revision Details
June 2023	Jannine Robinson	EIA updated prior to tendering in 2023
June 2026	Jannine Robinson	EIA updated and transferred to the new template
