

## **Equality Impact Assessment**

## Part 1: Background and information

Title of proposal	Advocacy Strategy 2023 to 2026
Brief description of proposal (including intended	Health Boards and local authorities have a statutory responsibility under a range of legislation affecting both children and adults to provide access to independent advocacy for specific groups of people.
outcomes & purpose)	In 2010, the Scottish Government imposed a duty on all local authorities and health boards to produce a regular plan which details the funded advocacy provision in their area. Independent advocacy services help to safeguard and empower people who are unable to do so themselves.
	In Fife, it is the responsibility of the Health and Social Care Partnership to commission the advocacy services required to meet these statutory responsibilities. The previous Advocacy Strategy 2018 to 2021 established a strong foundation for advocacy services in Fife, and developed effective working relationships between Fife Health and Social Care Partnership and external providers of advocacy services.
	Achievements during this timescale include:
	<ol> <li>Ensuring that a wider range of people are eligible to receive advocacy services.</li> <li>Ensuring that people can access a wider range of advocacy services.</li> <li>Ensuring more people are aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them.</li> <li>Ensuring that local advocacy services are provided with appropriate support in order to help them develop their services in line with this strategy.</li> </ol>
	The refreshed Advocacy Strategy 2023 to 2026 builds on these activities, sets out our priorities for the next three years, and supports continued collaboration with partners, staff, local communities, and individuals, to promote and advance, equality of opportunity for all.

Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership			
EqIA Lead Person	Fiona McKay, Head of Strategic Planning, Performance, and Commissioning.			
EqIA Contributors	<ul> <li>Fife Health and Social Care Partnership's Senior Leadership Team.</li> <li>Advocacy Strategy Working Group.</li> <li>External providers including Dunfermline Advocacy, Equal Voice, Fife Advocacy Forum, Fife Carers Centre and People First.</li> </ul>			
Date of EqIA	April 2023			

# How does the proposal meet one or more of the general duties under the Equality Act 2010?

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	The new Advocacy Strategy was developed in partnership with Fife Advocacy Forum and includes the recommendations of a number of local and national consultations relating to advocacy support, and feedback from targeted engagement with current advocacy providers and those who use advocacy services.
	The Strategy identifies key priorities that will ensure that vulnerable individuals have access to independent advocacy services to promote safeguarding, equality, eliminate discrimination, and ensure that the individual's views are appropriately represented.
Advancing equality of opportunity	The Advocacy Strategy aligns with the vision and the priorities of the Partnership's Strategic Plan 2023 to 2026, and advances equality of opportunity by supporting the Partnership's new equality outcomes:

	<ol> <li>Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.</li> <li>Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.</li> <li>Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.</li> <li>Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.</li> <li>Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.</li> </ol>
Fostering good relations	The Advocacy Strategy 2023 to 2026 was developed in partnership with Fife Advocacy Forum and includes the recommendations of a number of local and national consultations relating to advocacy support, and feedback from targeted engagement with current advocacy providers and those who use advocacy services.

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland duty	Please Explain
Socio-economic disadvantage	We recognise that low income and reduced access to resources, can impact negatively on people's health and wellbeing. For example, it can affect an individual's ability to:
	<ul> <li>have safe, good quality, accessible housing,</li> <li>access their local community and families for support,</li> <li>access to nutritious food, and know how to prepare/cook fresh produce,</li> <li>buy fuel to heat homes and cook nutritious meals.</li> </ul>

	<ul> <li>Our Advocacy Strategy aligns with the Wellbeing priority in the Strategic Plan 2023 to 2026, 'A Fife where we will support early intervention and prevention'.</li> <li>We will support people to develop and maintain the knowledge to manage their own health conditions and lead healthier lives.</li> <li>We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities.</li> <li>We will promote prevention, early intervention, and harm reduction.</li> </ul> The Advocacy Strategy aims to reduce socio-economic disadvantage for vulnerable individuals by ensuring that there is an equitable balance of access to advocacy services, and empowering people to be actively involved in decisions about their care and support. In addition, the Partnership's contracting and commissioning activity ensures through our contractual terms and conditions that any organisation that delivers health and social care services on behalf of Fife Health and Social Care Partnership: "Shall not unlawfully discriminate either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age and without prejudice to the generality of the foregoing the organisation shall not unlawfully discriminate within the meaning and scope of the "Equality Act 2010" or other relevant or equivalent legislation, or any statutory modification or re-enactment thereof. The organisation shall take all reasonable steps to secure the observance of this condition by all employees and representatives of the organisation".
Inequalities of outcome	Outcomes is a key theme of the new Strategic Plan 2023 to 2026, and the related strategic priority is 'A Fife where we will promote dignity, equality, and independence'. This approach embeds equalities in our practice and ensures that we will, as appropriate, target specific actions to support communities and individuals most at risk of harm from

inequalities. In addition, we will actively work to improve health and wellbeing outcomes across Fife.
The Advocacy Strategy reduces inequalities of outcomes for vulnerable individuals by enabling them to have their voice heard and participate in decision-making about their life.

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required.

#### Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected characteristic	<b>Positive impact</b> (May benefit an equality group.)	<b>Negative impact</b> (Could disadvantage an equality group.)	<b>Mitigations</b> (Steps we will take to reduce the risk of disadvantage by an equality group.)
Age (including older people aged 65+)	Adults (16+) and Older People (65+) Adults and older people in Fife who are over the age of 16 can access advocacy if they are affected by:	Failure to consider and mitigate the specific barriers faced by people from different age groups when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to	Fife Health and Social Care Partnership works with advocacy providers across Fife to ensure sufficient and appropriate coverage is available locally for all age ranges and circumstances.
	<ul><li>Disability.</li><li>Chronic illness.</li></ul>	the health and social care services they use.	Most providers of advocacy services in Fife deliver a Fife wide

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	<ul> <li>Dementia.</li> <li>Mental illness.</li> <li>Learning disability.</li> <li>Personality disorder.</li> <li>and need help to safeguard their:         <ul> <li>Wellbeing.</li> <li>Rights.</li> <li>Care.</li> <li>Other interests.</li> </ul> </li> <li>Children and Young People (under 18)</li> <li>Children in Fife under the age of 18 can access advocacy if they are:         <ul> <li>Looked After in Secure Accommodation.</li> <li>Looked After in Residential Care.</li> <li>Looked After at Home/Kinship Care.</li> <li>Looked After in Foster Care.</li> <li>Subject to a child protection case conference.</li> </ul> </li> </ul>	Potential barriers include: • some advocacy providers offer services for specific age ranges and/or geographical areas. It is possible that some individuals, or their carers, may have to travel across Fife to access their preferred advocacy services provider.	service. Some providers specialise in children's services, for example Fife Young Carers, whilst other have expertise with older adults, such as Fife Forum.

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Disability (Mental, Physical, Sensory, and Carers of Disabled People)	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision- making about their life.	<ul> <li>Failure to consider and mitigate the specific barriers faced by people with mental and physical disabilities when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</li> <li>Potential barriers include: <ul> <li>arranging advocacy service provision in buildings that lack appropriate access, or venues that require significant or specific travel arrangements.</li> <li>providing limited access options, for example digital-only consultations, or failure to provide easy-read versions.</li> </ul> </li> </ul>	<ul> <li>Discussion and collaboration with partners and community groups that have experience and expertise in engaging with people with mental and physical disabilities will enable the Partnership to identify and mitigate the potential barriers that disabled people face, and then take reasonable steps to reduce or remove these barriers.</li> <li>Mitigations include: <ul> <li>arranging face-to-face advocacy provision in locations with disabled access and appropriate facilities such as induction loops, interpreters, or extra staff assistance if required.</li> <li>providing consultations and other information in alternative formats.</li> <li>ensuring opportunities to access advocacy support are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face.</li> </ul> </li> </ul>

Protected	Positive impact	Negative impact	Mitigations
characteristic	(May benefit an equality group.)	(Could disadvantage an equality group.)	(Steps we will take to reduce the risk of disadvantage by an equality group.)
			Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.
Gender Reassignment	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision- making about their life.	<ul> <li>Failure to consider and mitigate the specific barriers faced by transgender people when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</li> <li>Potential barriers include: <ul> <li>providing forms or surveys which do not include appropriate options for pronouns and gender (natal, identified, and expressed).</li> <li>arranging meetings or other activities in venues that do not provide suitable facilities for transgender</li> </ul> </li> </ul>	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with transgender people will enable advocacy providers to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers. Mitigations include: • ensuring opportunities to access advocacy services are inclusive, and enabling individuals to contribute in confidence where preferred. • signposting alternative formats that can be utilised in a confidential setting, for example providing details of

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		people, for example buildings which only provide gender-neutral or single sex, toilets, signage, and other amenities.	<ul> <li>online surveys during public events.</li> <li>arranging meetings and other activities in venues that provide appropriate facilities and signage for transgender people.</li> </ul>
			Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.
Marital Status (Marriage and Civil Partnerships)	It is unlikely that an individual's marital status will have an impact on their opportunity to access advocacy services.	N/A	N/A
Pregnancy and Maternity	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision- making about their life	Failure to consider and mitigate the specific barriers faced by women who are pregnant or breastfeeding when commissioning or providing independent advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with, and providing services to women who are pregnant or breastfeeding, will enable the Partnership to identify and mitigate the potential barriers

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		care services they use.         Potential barriers include:         • arranging meetings or other activities in venues that have limited access or facilities for women who are pregnant or breastfeeding.	<ul> <li>that individuals may face, and then take reasonable steps to reduce or remove these barriers.</li> <li>Mitigations include: <ul> <li>ensuring opportunities to access advocacy provision are inclusive and cover an appropriate range of formats including digital, telephone, and face-to-face.</li> <li>providing appropriate support so that women can breastfeed during discussions, and provision of advocacy services.</li> </ul> </li> <li>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</li> </ul>
Race (All Racial Groups including Gypsy/Travellers)	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice	Failure to consider and mitigate the specific barriers faced by some ethnic and racial groups when commissioning or providing	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with ethnic and racial

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	heard and participate in decision- making about their life	<ul> <li>independent advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</li> <li>Potential barriers include: <ul> <li>providing limited access options, for example digital-only meetings, or failure to provide information in different languages.</li> <li>Arranging meetings or other advocacy activities in venues that may be difficult for some individuals to access, or at times that may be restrictive.</li> </ul> </li> </ul>	<ul> <li>groups will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</li> <li>Mitigations include: <ul> <li>ensuring that interpretation services, including interpreting tools and face-to-face interpreters, are available if/when required.</li> <li>providing consultations and other information in alternative formats and languages.</li> <li>organising meetings and other advocacy services in accessible locations and offering tailored opportunities where required.</li> </ul> </li> <li>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring,</li> </ul>

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			assurance and complaints processes.
Religion, Belief, and Non-Belief	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision-making about their life	<ul> <li>Failure to consider and mitigate the specific barriers faced by individuals with particular religious or philosophical beliefs, or individuals connected to someone who has a particular religion or belief, when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</li> <li>Potential barriers include: <ul> <li>arranging meetings or other advocacy activities on specific days or at times that are likely to be restrictive for particular religious groups.</li> <li>providing options to access advocacy services in limited locations, for example churches or denominational schools.</li> <li>providing information and materials that contain</li> </ul> </li> </ul>	<ul> <li>Discussion and collaboration with partners and community groups that have experience and expertise in engaging with individuals that have particular religious or philosophical beliefs will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</li> <li>Mitigations include: <ul> <li>ensuring opportunities to access independent advocacy are inclusive and cover an appropriate range of formats, for example digital, telephone, and face-to-face.</li> <li>providing multiple engagement opportunities to access advocacy services and provide their views.</li> </ul> </li> </ul>

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		content that could be perceived as discriminatory towards particular groups.	<ul> <li>ensuring that engagement materials and other information do not contain biased or potential discriminatory content.</li> <li>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and</li> </ul>
			independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.
Sex (Women and Men)	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision- making about their life	Failure to consider and mitigate the specific barriers faced by individuals of a particular sex when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.	Discussion and collaboration with partners and community groups that have experience and expertise in engaging with individuals of a particular sex will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.
		<ul> <li>Potential barriers include:</li> <li>arranging meetings or other advocacy activities in locations, and/or on specific day and times that are likely</li> </ul>	Mitigations include: • ensuring opportunities to access advocacy services are inclusive and cover an

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		to be restrictive for particular groups, for example offering meetings at times, or in locations, that are inaccessible for individuals with child-care responsibilities.	<ul> <li>appropriate range of formats, for example digital, telephone, and face-to-face.</li> <li>providing multiple options so that individuals have several opportunities to get involved and provide their views on the health and social care services that they access and use.</li> <li>arranging meetings and other advocacy activities in locations that are accessible for the individuals and carers involved and offering tailored opportunities where required.</li> <li>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</li> </ul>
Sexual Orientation (Heterosexual, Gay,	Ensuring that individuals, and their carers, have appropriate access to	•	Discussion and collaboration with partners and community groups

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)
Lesbian and Bisexual)	independent advocacy services enables them to have their voice heard and participate in decision- making about their life	<ul> <li>individuals who are (or who are perceived as) heterosexual, gay, lesbian or bisexual, when commissioning or providing advocacy services could exclude people and fail to capture their views and opinions in relation to the health and social care services they use.</li> <li>Potential barriers include: <ul> <li>failure to commission advocacy services from providers with experience and expertise in supporting and working individuals and carers who are (or who are perceived as) heterosexual, gay, lesbian or bisexual.</li> </ul> </li> </ul>	<ul> <li>that have experience and expertise in engaging with individuals who are (or who are perceived as) heterosexual, gay, lesbian or bisexual, will enable the Partnership to identify and mitigate the potential barriers that individuals may face, and then take reasonable steps to reduce or remove these barriers.</li> <li>Mitigations include: <ul> <li>ensuring opportunities to engage are inclusive, and enabling individuals to contribute in confidence where preferred.</li> <li>providing forms/surveys which include appropriate options for sexual orientation.</li> </ul> </li> <li>Non-compliance of the Equality Act 2010 by any of our contracted advocacy providers in the third and independent sectors are addressed through contract and service level agreement robust monitoring, assurance and complaints processes.</li> </ul>

## Please also consider the impact of the policy/strategy/process change in relation to:

	Positive impact	Negative impact	Mitigations
Armed Forces Community	Ensuring that individuals, and their carers, have appropriate access to independent advocacy services enables them to have their voice heard and participate in decision- making about their life	<ul> <li>Individuals currently serving in the armed forces, veterans, and their family members, may be disadvantaged by changes to service provision resulting in delayed or limited access to health and social care, housing or educational services.</li> <li>Potential barriers include: <ul> <li>lack of continuity in service provision because individuals or their carers may have to regularly relocate to different areas.</li> <li>individuals may not identify themselves as part of the Armed Forces Community, and advocacy providers may not recognise where specific support, or special provision is required.</li> </ul> </li> </ul>	The Armed Forces Covenant Duty 2022 places specific requirements on Fife Health and Social Care Partnership when planning, funding and delivering health and social care services. This includes independent advocacy services provided by external organisations on behalf of the Partnership. Several national and local programmes are underway to provide support to the Armed Forces Community, and raise awareness of service providers regarding their responsibilities under the Armed Forces Covenant.
Carers	Fife have advocacy services in place that are funded specifically from carers funding to support carers with advocacy service requirements, carers specific funding has been awarded to the following organisations:	Carers may be disadvantaged by changes to services provided to those they care for. Often these impacts can be significant, such as affecting their ability to combine caring with employment, a breakdown in the caring role,	The Partnership has developed a new Carers Strategy for Fife 2023 to 2026 which sets out our priorities for carers over the next three years. This includes support for both young and adult carers and aligns with the requirements of the

	<ul> <li>Fife Carers Centre.</li> <li>Fife Circles Network.</li> <li>Fife Forum.</li> <li>Fife Young Carers.</li> <li>Kindred Advocacy.</li> </ul>	economic hardship, or a negative impact on the carer's own health and wellbeing.	Carers (Scotland) Act 2016. Our approach to commissioning and providing independent advocacy services takes account of, and fully supports, our legislative and strategic responsibilities to carers.
Looked After Children and Care Leavers	<ul> <li>Children's Rights Service</li> <li>The Children's Rights Service aims to ensure that a child's rights are fully taken into account when decisions are made about them. Within Fife, the Children's Rights Service is focussed on providing support for Looked After Children, and children subject to a Child Protection Case Conference. The Children's Rights Service supports children to express their views and wishes in all decisions affecting them, enabling them to contribute:</li> <li>At Looked After Child Reviews.</li> <li>At Children's Hearings.</li> <li>At other complex meetings.</li> <li>To their Statutory Child's Plans.</li> </ul>	<ul> <li>Children and Young People may experience multiple barriers when accessing advocacy services, including:</li> <li>Communication barriers, particularly for very young children, those who have communication difficulties, or lack the self-confidence to ask for support.</li> <li>Confidentiality – children may be concerned about the disclosure of information to other people.</li> <li>Physical barriers such as limited opening times, or services that require access to a mobile phone.</li> <li>Lack of expertise and knowledge of the specific issues relating to children and young people within advocacy service providers.</li> </ul>	<ul> <li>Specific advocacy services are in place to support children, young people and families, these services are delivered by: <ul> <li>Barnardo's.</li> <li>Circles Network.</li> <li>Fife Young Carers.</li> <li>Kindred Advocacy.</li> </ul> </li> <li>The types of support provided are: <ul> <li>Secure care.</li> <li>Purchased residential placements.</li> <li>Looked After Children at home and in kinship care.</li> <li>Foster care.</li> <li>Children subject to multiagency statutory Child's Plans.</li> <li>Children requiring advocacy support at Protection Conferences.</li> </ul> </li> </ul>

			<ul> <li>Children and Young People Affected by Disability.</li> <li>Families involved in Additional Support Needs Tribunals for Scotland.</li> <li>Children subject to compulsory measures under mental health legislation.</li> <li>Young people who are also carers.</li> <li>Families of children with additional support needs.</li> </ul>
Privacy (including information security, data protection, and human rights)	Fife Health and Social Care Partnership has robust procedures in place to ensure compliance with legislative requirements including data protection and privacy rights.	N/A	N/A
Economy	The Advocacy Strategy aligns with the Partnership's Medium-Term Financial Strategy which includes appropriate mitigations for potential economic impacts.	N/A	N/A

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Advocacy Strategy 2018 to 2022	Legislative requirements and delivery plan.
Advocacy Strategy 2023 to 2026	Legislative requirements, principles and standards, stakeholder input.
Strategic Plan 2023 to 2026	Strategic priorities and delivery plan.
Equality Outcomes and Mainstreaming Report	Legislative requirements, stakeholder input.

#### Part 3: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead Person	Timescale
<ol> <li>The Advocacy Strategy 2023 to 2026 and supporting documentation, including this Equality Impact Assessment, will be reviewed annually as part of the Partnership's standard governance process.</li> </ol>	Fiona McKay Head of Strategic Planning, Performance and Commissioning.	May 2024

#### <u>Sign off</u>

(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed: 26 <sup>th</sup> April 2023	Date sent to Compliance Team: 26 <sup>th</sup> April 2023
	FOI.IJB@fife.gov.uk
Senior Officer Name: Fiona McKay	Designation: Head of Strategic Planning, Performance and Commissioning.

### FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	2023.002
Date checked and initials	AS 03/05/2023