

FOCUS ON ADVOCACY



A Review of Advocacy in Suffolk

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2008**



This review could not have been completed without the help of many people and organisations in Suffolk.

Particular thanks are due to:

- The advocacy services and organisations who took the time to complete questionnaires, meet with us and provide information.
- Everyone who participated by responding to questionnaires.
- Service users and family carers.
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- Members of Suffolk Advocacy Forum who hosted work on advocacy policy for Suffolk and "Guidelines for good practice in advocacy".
- The review steering group who gave both valuable guidance and support to carry out the review.
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- Head of Customer Rights, Liz Whitby, who supported the project from a strategic level.
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Focus on Advocacy 2008 Part 1

1. Introduction

The growth of independent advocacy in Suffolk began in the early 1990's, led largely by people who used mental health or learning disability services and their supporters. Since then, Suffolk people have played an active role in national advocacy development. This is set against a background of growing awareness internationally for service users and family carers to have their voices heard and rights respected.

Suffolk County Council has a culture, throughout all levels of the organisation of supporting advocacy development. This support is encouraged and co-ordinated at strategic level by Advocacy Development Managers, members of the Customer Rights team in the Scrutiny and Monitoring specialist function within the County Council.

The profile and nature of independent advocacy is evolving, and has also been raised by changes to the law such as the Mental Capacity Act aimed at protecting the most vulnerable people. The enhanced awareness of peoples' rights created via this Act is resulting in an increased demand.

We recognise that we need a much clearer picture of the funding and provision of advocacy in Suffolk. The commissioning guidelines for the Independent Mental Capacity Advocacy (IMCA) service also recommended a review of local advocacy provision, leading to an advocacy strategy. As we move towards a community based approach in service delivery, in which people will need a range of services including advice, advocacy and support planning, an advocacy strategy arising from a comprehensive review is essential.

The aims of the review are to:

- Define advocacy, identify types of advocacy, good practice models.
- Map current provision, identify gaps in provision and sources of funding.
- Update good practice guidelines and code of practice.
- Develop an advocacy strategy to deliver a countywide advocacy policy and commissioning priorities.

The review encompasses all existing services that may include an advocacy element.

'Focus on Advocacy' is the start of a process that will support the growth of advocacy in Suffolk in all its forms, informed by national developments and legislative requirements, to meet the needs/ wishes of service users and family carers.

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3. Report summary

3.1 Introduction

Recognising that a clearer picture of the funding and provision of advocacy was needed, Adult & Community Services (ACS) commissioned a review of independent advocacy in Suffolk. The review will lead to the development of an advocacy strategy and aims to support the growth of advocacy in Suffolk.

3.2 Methodology

The review was guided by a multi disciplinary steering group. Advocacy was defined and “Guidelines for good practice in advocacy” updated. Advocacy in Suffolk was mapped using questionnaires and in depth interviews. The perspectives of service users, family carers, professionals on the provision of advocacy were explored. This included views on perceived gaps and the effects of impending service developments on advocacy need.

3.3 Defining advocacy

‘Advocacy is speaking and taking action with someone to ensure they can have their wishes heard, make their own choices and take control over their own lives. Advocacy promotes social inclusion, equality and justice.’ (SAF Guidelines for good practice in advocacy 2008)

Types of advocacy commonly used in Suffolk, including statutory advocacy, have been defined.

3.4 Suffolk’s commitment to advocacy

The County Council and Primary Care Trusts show their commitment to advocacy provision by providing funding through pooled funds to support key projects. The County Council created and, for the last 7 years, has maintained the Advocacy Development Manager post to professionally advise staff and contribute to regional and national developments in advocacy. By ensuring that independent advocacy is available, people who need the most help are supported to achieve independence, choice and quality of life.

3.5 Development of advocacy

In Suffolk, often driven by government policy or legislation, independent advocacy has largely developed through local grassroots service user led groups and voluntary sector organisations.

3.6 Advocacy mapping

Advocacy provision was mapped by questionnaires being sent to a range of organisations. The importance of a detailed directory of advocacy/ advocacy related services being available on line was highlighted, as was improved awareness amongst statutory and voluntary organisations of other services available.

3.7 Gaps in advocacy provision

The report confirms and emphasises major gaps in provision and funding, many of which we were already aware. Concern has been raised throughout the review about lack of independent advocacy provision for older people, despite older people being the fastest growing group in need of services.

There are significant gaps in advocacy for many other groups including:

- People with physical/ sensory disabilities.
- Vulnerable parents.
- Socially excluded groups
- Children and young people

Despite a long tradition of independent advocacy for people with learning difficulties and mental health problems, there are gaps in that provision too.

Most advocacy provision is not routinely accessed by people from black and minority ethnic communities.

Consideration should be given to:

- The extension of advocacy provision to commence filling gaps.
- Supporting the development of advocacy cross culturally through service level agreements.
- The use of pilot schemes in a number of areas, to identify preferred provision and scope need.

3.8 Service factors/ legislation affecting need

New advocacy needs are emerging, arising from:

- Mental Capacity Act (2005), extending the statutory IMCA role.
- Mental Health Act (2007) introducing the statutory role of Independent Mental Health Advocate (IMHA).
- Self directed support – Personal Budgets.
- Refocusing the Care Programme Approach.

- Making Experiences Count - a single system for resolving complaints across Health and Social Care by 2009, with a statutory right to advocacy.
- Every Child Matters – support for families.
- Enhanced Customer First - new ways of managing assessment and support.

It is important to identify advocacy need when planning major service developments and recognise the increased support needed by vulnerable people to prevent crisis situations.

3.9 Funding of advocacy

Independent advocacy in Suffolk has been largely grant funded from local or national funds, with independent funding for specific projects from charitable organisations or trusts. Few services are supported by appropriate service level agreements.

Short term funding limits development opportunities. Future funding will usually be subject to competitive tender. Without support, local people could lose control of their advocacy schemes.

Statutory advocacy is funded by central government – some is commissioned and monitored directly by them, other by the local authority.

Consideration should be given to:

- Development of a funding strategy that builds advocacy provision in Suffolk.
- Possible funding sources
- Service level agreements.

It is recognised that support is needed for service user/ family carer led organisations to realise independent funding.

3.10 Advocacy Training

Differing standards of training are provided to advocates with organisations where advocacy is their sole activity appearing to place greater importance upon specialist advocacy training.

Advocacy organisations provide training (mainly informal) to staff and management of statutory and voluntary organisations to inform and raise

awareness about advocacy. Advocacy training should also form part of induction training.

Suffolk Advocacy Forum (SAF), through its training sub group, has facilitated a number of different training schemes, attended by people from a wide range of backgrounds. This training is well received, with positive evaluations.

The future development of advocacy should be underpinned by training based upon “Guidelines for good practice in advocacy” and developed using the structure and resources of national advocacy qualification.

Consideration should be given to:

- The resourcing of SAF Training programmes.
- Funding local advocacy organisations to access this training, as well as other appropriate regional and national training.

3.11 Monitoring

With few of the advocacy organisations locally commissioned having current service level agreements, there is no consistent requirement for monitoring. In independent advocacy organisations, there are variable monitoring arrangements, some being more developed and consistent than others.

For statutory advocacy, monitoring is carried out in accordance with legislative requirements. IMCA monitoring information is provided monthly but Suffolk does not receive any monitoring information for Independent Complaints Advocacy Service (ICAS), a nationally commissioned service.

Consideration should be given to:

- The future commissioning of advocacy.
- Production of appropriate service level agreements, with clear and robust service specifications.
- Development of a monitoring tool for advocacy that fulfils local requirements for monitoring across all client groups, including outcomes.

3.12 Suffolk Advocacy Forum

Suffolk Advocacy Forum brings together people involved in providing independent advocacy in Suffolk, aiming to make advocacy known and accessible to people who may find it helpful. It is mainly supported by a core of advocacy and voluntary organisations. Their extensive activities

are described - these benefit all service user groups and family carers. Working in partnership is strengthening the advocacy sector in Suffolk.

Although many people contributing to the review had some knowledge of the forum and its activity, very few understood its purpose. The review has raised awareness within the voluntary sector and amongst people working with socially excluded groups - many have now expressed an interest in future involvement with the forum.

The report discusses some possible options for the future structure and support of the Forum.

3.13 Advocacy awareness

Awareness of advocacy was explored from a range of perspectives, using questionnaire and interviews. The review recommends a number of key ways to contribute to increased awareness, most importantly promoting a full understanding of the advocacy role for all.

3.11 Views about advocacy currently provided

The views of service users, family carers and representatives of statutory and voluntary organisations were gained through:

- Questionnaires
- Face to face meetings
- Feedback from monitoring by advocacy organisations, where available.

The positive and less positive experiences of advocacy, as well as some issues encountered and tensions in relationships were explored.

There is a need for information on satisfaction of both people who access advocacy support and practitioners. Regular dialogue between key figures in services and advocacy organisations to discuss any issues arising out of the provision of advocacy is also recommended.

3.12 Service User/ Family Carer control

Advocacy grew from grassroots and with a strong ethos of service user control - this value base should be protected. The management and involvement structures of the major user led organisations are described.

We found variable evidence of user direction within some organisations, including the degree of involvement within their management committees.

3.16 Overview of advocacy in Norfolk

As well as reflection on advocacy provision in neighbouring counties, the report contains a closer look at advocacy provision in Norfolk, a County geographically similar to Suffolk.

3.17 Recommendations

Following a 6 week period of consultation, 15 detailed recommendations have been made about:

- Filling in gaps in advocacy provision highlighted in the report.
- Providing for anticipated increase in advocacy need, arising from factors including legislation and changes in service provision.
- Resources to support these developments.

3.18 A Strategy for Independent Advocacy in Suffolk

The advocacy strategy will deliver:

- Increased provision of independent advocacy in Suffolk.
- Strengthened partnership working.
- Agreement of core funding arrangements for existing advocacy organisations.
- Support of all advocacy funding by contracts with service level agreements.
- The cross cultural development of advocacy and research of advocacy needs of socially excluded groups and communities.
- Grant funding of Suffolk Advocacy Forum
- Development of training in independent advocacy including National Advocacy Qualification
- Identification of independent sources of funding for service-user led advocacy organisations
- Development of a local monitoring tool for advocacy.

A detailed action plan sets out a timetable for implementation in 3 phases, including details of the new investment in advocacy, totaling £285,000.

4. Easy read summary

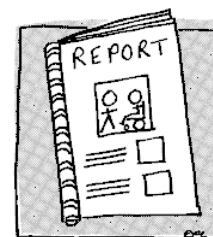
4.1 Introduction

Adult and Community Services asked us to look at advocacy in Suffolk.

Suffolk County Council know that the organisation of services is changing. People may need more advocacy.

People need to know what advocacy is and who provides it.

Suffolk County Council and our partners in health will write a plan to support advocacy in Suffolk.



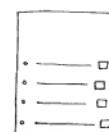
4.2 Methodology

A group of people from different backgrounds helped us plan and guide the review.



4.3 Defining advocacy

We wrote down the meaning of advocacy and the types of advocacy we use in Suffolk.



4.4 Suffolk's commitment to advocacy

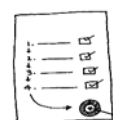
Suffolk County Council and health think independent advocacy is important.

It helps people have independence, choice and quality of life.



4.5 Development of advocacy

We looked at how advocacy has developed.



4.6 Advocacy mapping

People in Suffolk told us what they thought about advocacy.

They said what they thought was good and what could be better.



We talked to organisations that provide

advocacy.

We asked them to fill in questionnaires.

People would like to have a list of advocacy organisations.

4.7 Gaps in advocacy provision

There are some people that cannot find an advocate.

There is not much advocacy for older people even though there are more of them than any other age group.

We need more advocacy for other groups too.

People from black and minority ethnic communities often do not access advocacy.



4.8 Service factors/ legislation affecting need

People may need advocacy for many reasons.

Some of these are where people:

- Are not able to make their own decisions.
- Have their own personal budgets.
- Need help to make a complaint
- Have a Care Programme (CPA).
- Need support as parents.



It is important that people think about advocacy when they plan new services.

4.9 Funding of advocacy

Advocacy has been funded by grants from local and national organisations. There are often no written agreements about the advocacy to be provided.



Organisations have only been given money for short amounts of time.

This means that they cannot plan ahead.

There should be proper agreements to make sure service users and family carers have a

good advocacy service.

4.10 Advocacy training

Some organisations train their staff in advocacy.

Many staff have attended advocacy training.

Suffolk Advocacy Forum provides free training for everyone.



A national advocacy qualification will be coming soon. We need to think about how this will change advocacy training in Suffolk.

4.11 Monitoring

The report found that monitoring is different in each organisation.

We need to think about:

- Having agreements which will say how advocacy should be measured.
- Advocacy organisations working together to agree a good way of monitoring advocacy.



4.12 Suffolk Advocacy Forum

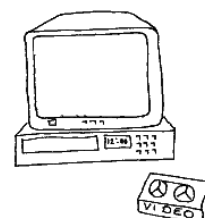
Suffolk Advocacy Forum are a group of people from advocacy organisations and community groups. They work together to make sure advocacy is developed in Suffolk.



4.13 Advocacy awareness

The report talks about what people need to know about advocacy.

It also looks at better ways for people to find out about advocacy.



4.14 Views about advocacy currently provided

People told us what they thought about advocacy.



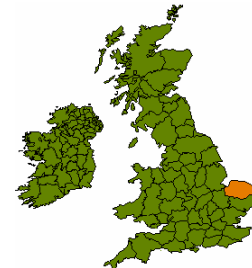
4.15 Service User/ Family Carer control

Some organisations are led by service users or family carers. In other organisations they have less control.



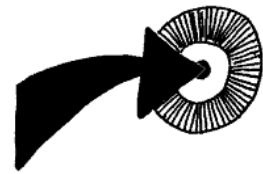
4.16 Overview of advocacy in Norfolk

The report talks about advocacy provided in Norfolk which is a county similar to Suffolk.



4.17 Recommendations

During the consultation, people told us what they thought about advocacy in Suffolk. We wrote a list of 15 things we think would make advocacy better. Advocacy will be there for more people when they need it.



4.21 Making it happen

This section talks about:

- How these changes will happen.
- When we hope they will happen.

We also talk about things like funding and training that will help.



5. Methodology

- 5.1** The review began in early 2008 with the formation of a Steering Group (appendix 1) that included:
- People who use services and family carers.
 - Representatives of Adult and Community services (ACS), Children and Young People's services (CYP) and Health.
 - Members of the voluntary sector.

The Steering Group agreed Terms of Reference (appendix 2). A staged plan with appropriate timescales was produced (appendix 3). Although ACS initiated this review, advocacy for CYP and others is included within its scope. To ensure a consistent understanding, the definitions of advocacy and its different types, agreed by a sub group of SAF, were used throughout the review.

- 5.2** The process of mapping advocacy involved sending out questionnaires (appendix 4) not only to advocacy organisations but also to a wide range of voluntary organisations that may provide advocacy as a part of their wider service. These questionnaires were followed up by in depth interviews with the major advocacy providers.

5.2.1 We used a brief questionnaire for service users and family carers. We recognise that, within the timescale allowed, we have not been able to contact as great a number of people as would be desirable but rather present a snapshot of views.

5.2.2 The perspective of service providers, both statutory and voluntary, was explored by:

- 79 Questionnaires
- 5 face to face interviews with key organisations

5.2.3 The perspective of practitioners in health and social care was explored by:

- 200 Questionnaires to a cross section of practitioners
- 38 face to face interviews conducted with senior managers, professional advisors or management groups across health and social care (appendix 5)

5.2.4 The perspective of service users and carers was explored by:

- 50 questionnaires.
- Feedback from service users, family carers available from advocacy organisations evaluation systems.
- Anecdotal information from steering group discussion with service user and carer representatives and informal conversations with individuals in the course of regular work.

Usual mechanisms of securing the views of people who use services and family carers were varied, due to the nature of the review. To avoid skewing results, we required the perspective of individuals who held no allegiance to any particular organisation or group as well as those who possibly had no experience of advocacy provision.

5.2.5 All questionnaires and interviews, as well as securing information and views regarding existing advocacy services, explored the gaps in advocacy provision and the effect of anticipated service developments on the future need for independent advocacy.

- 5.3** The “Guidelines for good practice in advocacy” (appendix 6), which includes updated Advocacy Standards and Code of Practice, was produced by a sub group of the SAF for use in the review. The SAF also played major role in preliminary consultations on a revised advocacy policy (appendix 7), which is in draft form pending consultation and being formally adopted by the County Council.
- 5.4** As part of the review we explored the development and current provision of independent advocacy in Norfolk, a county that is similar both in population numbers and rural/ urban split.
- 5.5** There will be a period of consultation on the draft report commencing on 18th August 2008. We produced 12 consultation questions. Opportunities to contribute to the consultation included written or verbal submission and through interviews. The consultation concluded on 26th September 2008
- 5.6** The final report, “Focus on Advocacy” – A Review of Advocacy in Suffolk includes recommendations for the future development and support of advocacy and a strategy for the implementation of those recommendations.

6. Defining advocacy

‘A civilisation is measured by its treatment of its most vulnerable groups. We must remember that citizens in care are no less citizens and their voices should be heard, their views respected and their interests defended’. (UK Advocacy Network -Mission Statement)

Advocacy exists to protect and promote the rights of people who may be disadvantaged by their circumstances and the way they are treated by individuals, organisations and society.

6.1 What is advocacy?

‘Advocacy is speaking and taking action with someone to ensure they can have their wishes heard, make their own choices and take control over their own lives. Advocacy promotes social inclusion, equality and justice.’ (SAF Guidelines for good practice in advocacy 2008)

Advocacy is often confused with information, advice and support services. There can be overlap but the roles are distinct.

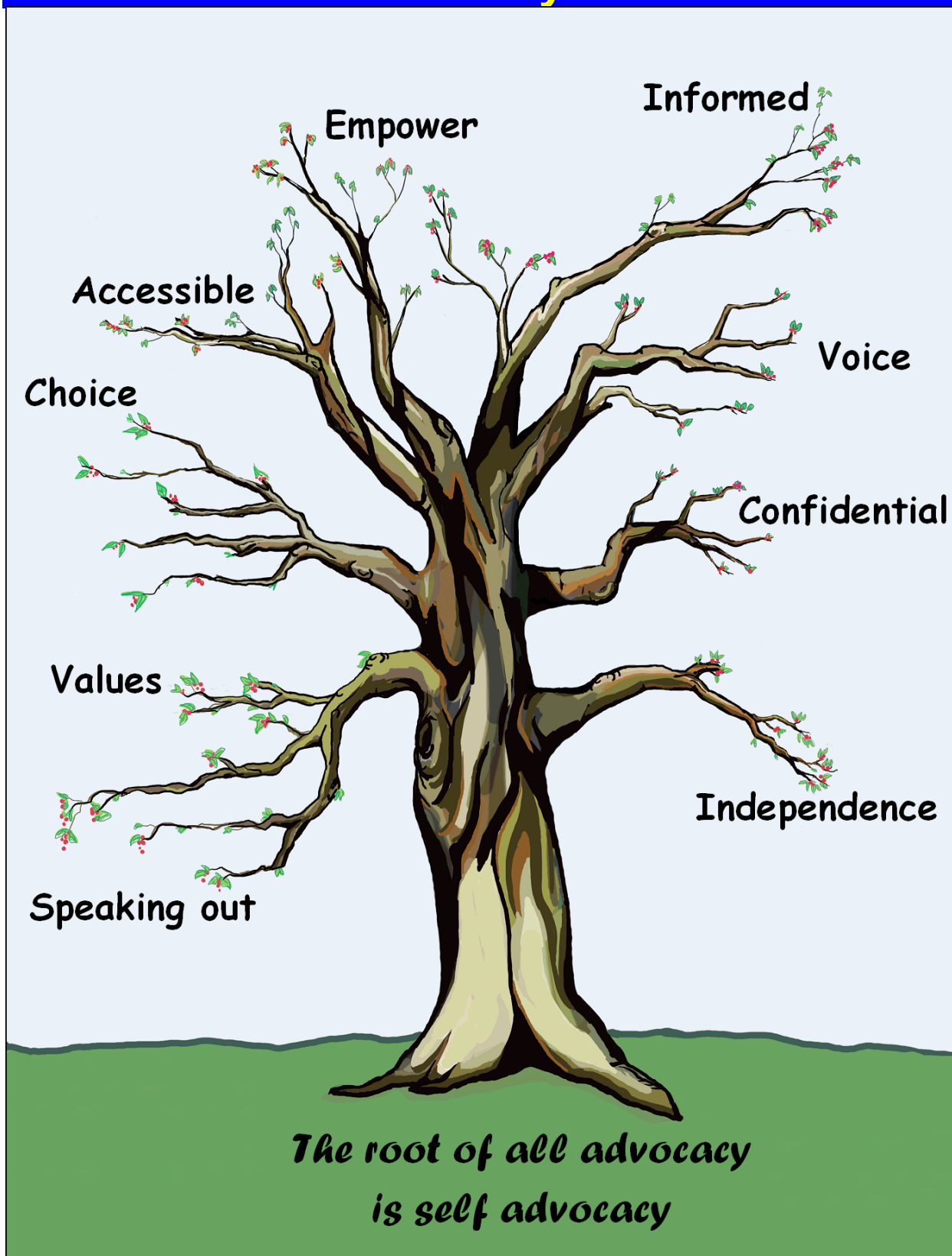
6.2 Types of advocacy

Different types of advocacy include:

- 6.2.1 **Self advocacy** – where individuals put forward their own views and have their say. This should be the aim of all advocacy.
- 6.2.2 **Group self advocacy** – empowering groups to have a voice and be fully involved in local planning and implementing local services.
- 6.2.3 **Informal advocacy** – one individual acting for or with another. This role is most often carried out by family or friends.
- 6.2.4 **Peer advocacy** - where an individual is supported by someone with similar experiences.
- 6.2.5 **Professional (formal) advocacy** – a paid advocate employed by an independent advocacy scheme supporting an individual in dealing with specific issues. This type of advocacy can also be used to support people in crisis.
- 6.2.6 **Legal advocacy** – representation by legally qualified advocates, usually solicitors.

- 6.2.7 **Citizen advocacy** – a long term advocacy relationship, usually involving unpaid volunteer advocates, trained, supervised and supported by a paid co-ordinator.
- 6.2.8 **Statutory advocacy** - advocacy which is compliant with the requirements of legislation.
- 6.2.9 **Non instructed advocacy** – advocacy where a service user cannot give clear instruction.

Advocacy tree



Thanks to The Centre for Contemplative Mind in Society for use of the tree graphic - www.contemplativemind.org

Fig.1

7. Suffolk's commitment to advocacy

The County Council and Primary Care Trusts in Suffolk have shown their commitment to advocacy provision by providing funding through pooled funds to support some key projects. The majority of grant funding to advocacy projects has been largely reactive over the past decade, but during this time Suffolk has supported some key staff to champion the advocacy cause. The Council has supported a dedicated Advocacy Development Manager post for the last 7 years. This development role sits within the Customer Rights Team and is a unique post that does not appear in other local authority structures. It evidences a real commitment to the ongoing development of advocacy. The Advocacy Development Manager professionally advises on all aspects of advocacy. This valuable resource aids commissioners, procurement and operational staff, as well as contributing to regional and national developments in advocacy.

7.1 Role of the Advocacy Development Manager

This role is continually evolving as new legislation and policy become operational. This development work includes:

7.1.1 Development of advocacy in Suffolk

Supporting advocacy organisations in developing independent advocacy throughout Suffolk, with particular emphasis on addressing gaps in provision.

7.1.2 Advocacy, regionally and nationally

- Contributing to development of national training qualification.
- Representing Suffolk at national development forums.
- Maintaining key national links.

7.1.3 Advocacy standards

Developing and updating of a good practice guidance and codes of practice to ensure best practice in advocacy in Suffolk.

7.1.4 Advocacy policy and strategy

This review has been undertaken by the Advocacy Development Managers and will inform an advocacy policy and a strategy for Suffolk.

7.1.5 SAF

Local advocacy organisations work together on projects to develop/ promote independent advocacy in Suffolk. These include:

- Advocacy training both internally and externally –informing national development of advocacy training.
- Development of SAF website
- Interface between statutory advocacy and independent advocacy
- Promoting understanding of advocacy within local statutory and voluntary organisations.

7.1.6 Statutory advocacy

- Commissioning and monitoring of statutory advocacy.
- IMCA service commissioned and operational from April 2007
- Ongoing monitoring of contract and liaison with procurement to ensure Mental Health Act (2007) amendments to support Deprivation of Liberty Safeguards (DOL) are contracted.
- Independent Mental Health Advocacy (IMHA) service will be commissioned before April 2009
- Advocacy for vulnerable complainants will become a statutory requirement in 2009.

7.1.7 Pilot projects

The Advocacy Development Manager secures funding and aids the development of pilot projects that work towards filling gaps in advocacy provision;

- Parent's advocacy pilot – development of advocacy for parents with learning disabilities or mental health problems who are involved in child protection processes. This pioneering model, with two independent advocacy projects working in partnership, is one which could be extended to other areas.
- Advocacy for people with learning disabilities involved in accommodation moves from hospital sites and moving on project.
- Advocacy for family carers whose family member is involved in an accommodation move from hospital sites

The County Council is committed to the rights of people in Suffolk and to supporting individuals to have their say. By

ensuring that independent advocacy is available, we can better respond to the needs of people who need the most help, assistance and support to achieve independence, choice and quality of life.

8. Development of advocacy

8.1 What triggered the development of independent advocacy?

Vulnerable people with extra support needs were traditionally grouped together, segregated from the community and associated with other devalued people. This led to people becoming isolated, losing cultural identity, feeling insecure, living in poverty and missing out on opportunities. Many even suffered ill treatment. Assumptions made included that people were a burden, would never play a meaningful part in society or could even be dangerous.

People, seeing injustice, began to stand up and challenge it and people themselves decided they were no longer prepared to put up with the injustices they suffered. Their anger and determination to change current situation led to the emergence of advocacy groups e.g. Survivors Speak Out.

8.2 Why is independent advocacy needed?

Independent advocacy exists to support people who use services and family carers to have their voice heard and rights respected in systems where that voice may easily be lost and rights overridden. Services were often 'done onto people' in their 'best interest', frequently with little consideration if those services were wanted or needed by the people who used them. As advocacy grew, so did the realisation that, when people were involved in planning their own services they were more likely to be useful to them and resources allocated more effectively.

People are experts in their own situation and, appropriately informed and supported, are able to make choices in their lives and see those choices happen. Some illustrations of the need for advocacy are:

8.2.1 Older people

"Older people need to be protected from those who think they know what is best for them. Good advocacy helps older people to make an informed choice from those available to them." (Age Concern, Essex)

"As people get older they are disadvantaged by the system. Their contribution is not recognised or valued and many feel let down. This is made worse by the isolation many older people feel as a result of the loss of partner or simply loss of mobility.

Advocacy allows their voice to be heard and their views respected.” (Peaks and Dales Advocacy Forum).

8.2.2 **Parents involved in child protection processes**

The Protocol for Advice and Advocacy in child protection Processes (2002) highlights the value of independent advocacy “Parents and professionals believed that all parents with learning disabilities involved in child protection should be supported by an advocate.” (Lindley and Richards 2002).

Even in cases where a parent is supported by social workers from ACS, legal processes place limits on the support that those social workers can give to parents during child protection processes e.g. in meetings with solicitors.

Good practice guidance on working with parents with a learning disability (DH, Dfes 2007) supports the important role of advocacy. “Independent advocacy should always be provided where children are the subject of a child protection plan and/ or care proceedings instituted”. *And*

‘It is very important that parents have access to advocacy at an early stage and also that advocates have appropriate skills and knowledge of both learning disability and child protection issues’.

8.3 **How did independent advocacy develop?**

Independent advocacy has developed in different ways in different disability groups, with government policy/ legislation often encouraging that development. Looking at some of those areas of development:

8.3.1 **Learning disability** – the trigger from parents worrying:

‘What will happen to my child when I am gone?’ led to the development of Citizen Advocacy, long term advocacy support towards full involvement in the community, and subsequently to other types of advocacy. Valuing People (2001) stressed the importance of advocacy being available, particularly to people from black and minority ethnic communities - limited funding was provided by the government to promote the development of advocacy.

8.3.2 **Family carers** - Advocacy for carers has grown up within carers organisations, generally provided alongside other support services. The rights of carers has been promoted by legislation including, Carers (recognition and services) Act

1995, Carers (Equal Opportunities) Act 2004 and previously the Carers and Disabled Children's Act 2000.

8.3.3 Mental health - A greater awareness of rights in society amongst service users followed the lead of service users from USA and Europe. Advocacy initially focused on group advocacy to change services but individual advocacy increased gradually. Again, development of advocacy was promoted through legislation, commencing with NHS and Community Care Act 1990. Features of mental health advocacy have been powerful lobbying and campaigning, often using direct action.

8.3.4 Older people – Advocacy for older people does not have the long development history of advocacy for other groups. 'Advocacy for older people is a "relatively recent endeavour" previously associated largely with younger disabled people' (Joseph Rowntree Foundation 2005). Advocacy for older people also has a low profile in the wider social care and health world. 'Living well in later life' (2006), a joint review of social care and health services for older people by the Commission for Social Care Inspection (CSCI), Healthcare Commission and Audit Commission did not mention advocacy.

Independent advocacy in Suffolk (with many substantial gaps) has largely developed through local grassroots service user led groups and voluntary sector organisations. Some provide only advocacy but others additionally provide services such as advice and training.

8.4 Emerging statutory advocacy:

Central government, recognising the value of independent advocacy and its achievements in enabling people to be heard and have their rights respected, has introduced and resourced statutory entitlement to advocacy for some particularly vulnerable groups.

8.4.1 Children and young people – Looked after children have a right to independent advocacy when making a complaint or intending to make a complaint, under Children Act (1989).

8.4.2 Independent Complaints Advocacy Service (ICAS) supports patients and their carers wishing to pursue a complaint about NHS treatment or care. ICAS was launched on 1 September

2003, following the abolition of Community Health Councils. It is commissioned and monitored nationally.

- 8.4.3 **Independent Mental Capacity Advocacy (IMCA)** Entitlement to IMCA service under Mental Capacity Act was introduced in April 2007. This gave legal entitlement for people who are unbefriended and lacking capacity to be supported by an IMCA in specified circumstances.
- 8.4.4 **Independent Domestic Violence Advocates (IDVA)** sit within victim support centres. Their role is support people subject to domestic violence.

This statutory advocacy provision will shortly be supplemented by:

- 8.4.5 **Independent Mental Health Advocacy (IMHA) in April 2009** - an entitlement to advocacy for people who are liable to compulsory treatment under the powers of the Act or on supervised community treatment.
- 8.4.6 **Advocacy support to complainants in need of support** – The White Paper, *Our Health, Our Care, Our Say* [January 2006] set out government commitment to develop a single complaints system across health and social care by 2009, that will ‘focus on resolving complaints locally with a more personal and comprehensive approach to handling complaints’ Advocacy support for vulnerable complainants will be an important part of that approach. *Making Experiences Count*, the DoH led consultation on the reform of complaints processes in health and social care, is currently under way.

9. Advocacy mapping

The process of mapping independent advocacy providers commenced with questionnaires being sent to a range of known organisations, including those that have some advocacy provision alongside broader support work. The questionnaires were devised to give a broad insight into their work, identify the types of advocacy provided and the groups of people who may benefit from that provision. Further exploration of the information provided focussed on those organisations receiving funding from Suffolk County Council or Health, including though pooled funds.

In the later parts of this section, we have referred to the work of organisations that, although not independent advocacy organisations, may often provide advocacy alongside their main advice and support role.

9.1 Independent advocacy providers.

These organisations provide independent advocacy of one or more of the types defined in Section 6 as their main activity.

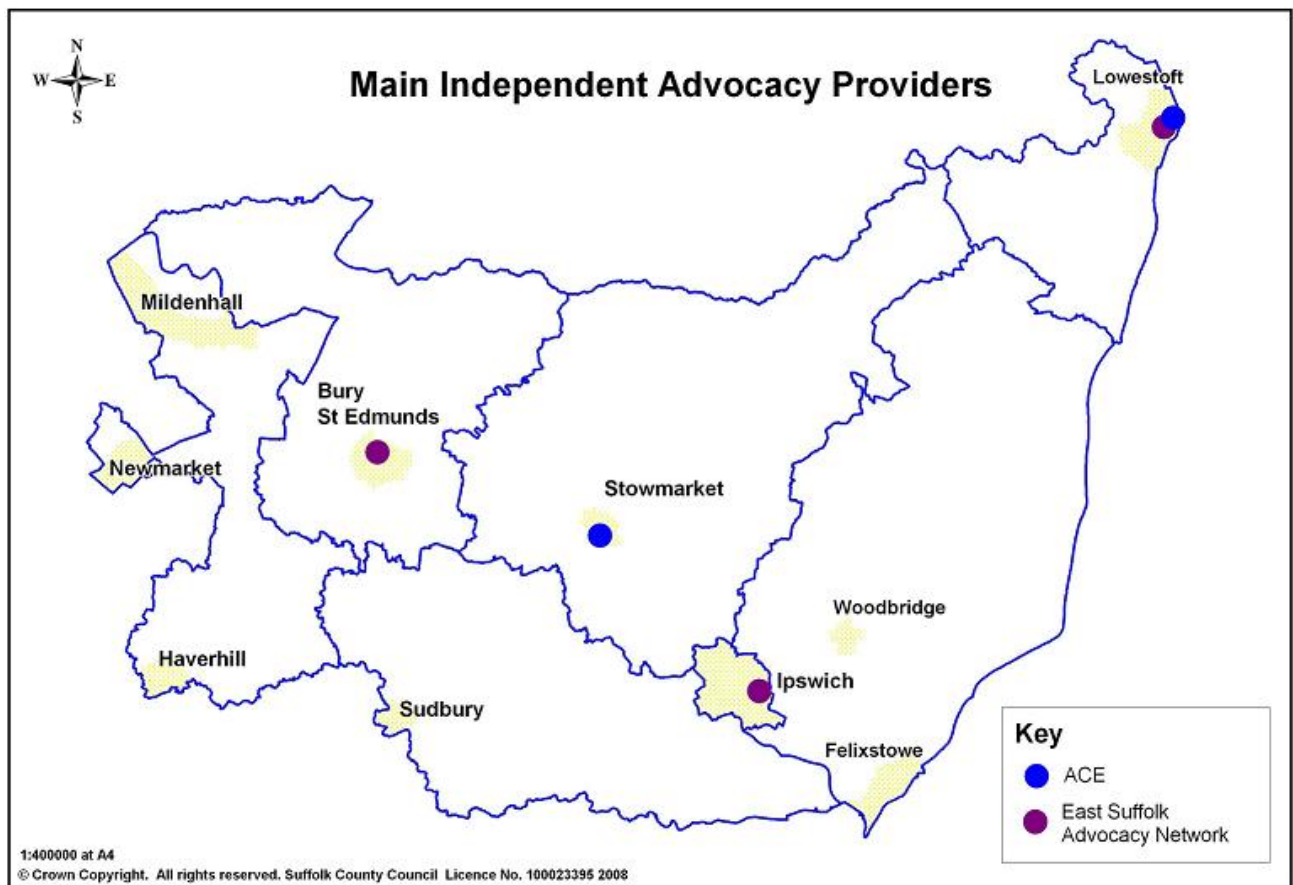


Fig.2

9.1.1 **ESAN**

A user led, mental health advocacy provider of mainly formal advocacy to individuals who have support from primary or secondary mental health services.

| ESAN | | <i>Est. 1992</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------|
| Address 1 Hollies Social Centre, St Clements's Hospital, Foxhall Road, Ipswich, IP3 8LS. | Phone: | 01473 329671 |
| | Fax: | 01473 274422 |
| | E-mail: | ipswich@esan.org.uk |
| Address 2 The Coach House, 50 Long Brackland, Bury St Edmunds IP33 1JH | Phone: | 01284 765925 |
| | Fax: | 01284 723382 |
| | E-mail: | bury@esan.org.uk |
| Address 3 42 Alexandra Road Lowestoft NR32 1PJ | Phone: | 01502 561200 |
| | Fax: | 01502 583647 |
| | E-mail: | lowestoft@esan.org.uk |
| "ESAN is a County-wide advocacy service for people whose mental health problems (common and more severe) affect their ability to communicate their concerns." | | |
| Types of advocacy provided: | | |
| <ul style="list-style-type: none"> • Volunteer • Professional/ paid • Peer • Group • Individual/ self • Crisis | | |
| Age range: | | |
| <ul style="list-style-type: none"> • Young people 18-25 • Children/ Young People under 18 • Adults 18-65 • Older People 55 and over | | |
| Primary settings: | | Other settings: |
| <ul style="list-style-type: none"> • Community • Hospital | | <ul style="list-style-type: none"> • Residential accommodation • Forensic/ secure setting • Prison |
| Areas covered: All Suffolk | | |

Specialist projects include:

- Pilot project providing advocacy to parents with mental health problems during child protection processes.
- Diversity and Discrimination Project.

9.1.2 ACE

Also user led, ACE supports self advocacy and citizen advocacy across Suffolk for people with learning difficulties.

| ACE Est. 1993 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------|
| Address 1 ACE Red Gables Ipswich Road Stowmarket Suffolk IP14 1BE | Phone: | 01449 678088 |
| | Fax: | 01449 616185 |
| | E-mail: | acepeoplefirst@btconnect.com |
| Address 2 ACE Shaw Trust Offices Milton Road East Lowestoft Suffolk NR32 1NT | Phone: | 07725 655548 |
| | Fax: | |
| | E-mail | Paula.ace@btconnect.com Waveney.ace@btconnect.com |
| Advocacy service for people with learning difficulties. | | |
| Types of advocacy provided: <ul style="list-style-type: none"> • Volunteer advocacy • Citizen advocacy • Professional/ paid advocacy • Individual self advocacy • Peer advocacy • Group advocacy • Independent Mental Capacity Advocacy (IMCA) | | |
| Age range: <ul style="list-style-type: none"> • Children/ Young people under 18 • Young people aged 18-25 • Adults aged 18-65 • Older people aged 55 and over | | |
| Primary setting: <ul style="list-style-type: none"> • Community • Hospital • Residential accommodation | | |
| Areas covered: All Suffolk | | |

Specialist projects include:

- Pilot project providing advocacy to parents with learning disabilities and/ or mental health problems during child protection processes - a joint venture with ESAN.
- Supporting self-advocacy groups for young people with disabilities, aged 14 – 25, across Suffolk.

9.1.3 **IMPACT**

Two individual advocates are contracted to:

- Support self-advocacy groups for people with learning disabilities living on the campus sites.
- Provide formal advocacy support to people in assessment and treatment unit at Walker Close, Ipswich.

No office address provided.

9.1.4 **Suffolk User Forum**

Group and self advocacy – mental health service users

Primary focus is in Ipswich and central area of Suffolk.

Suffolk Mental Health Partnership NHS Trust
Suffolk House
St Clements Hospital
Foxhall Road
Ipswich
Suffolk
IP3 8NN

9.2 Statutory advocacy providers

These organisations have been commissioned to provide advocacy required by legislation.

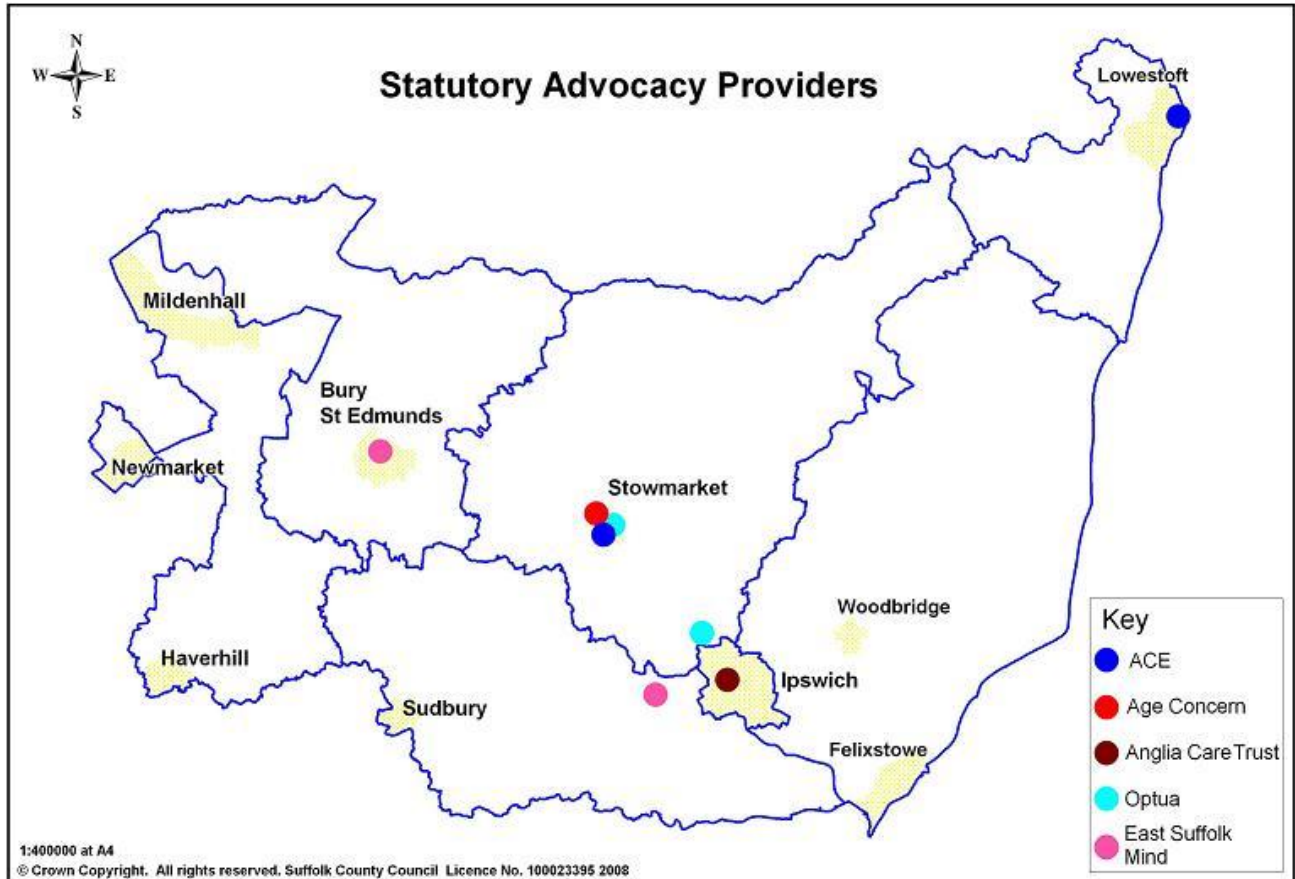


Fig.3

9.2.1 Independent Mental Capacity Advocacy (IMCA)

Suffolk County Council and PCT's in Suffolk have jointly commissioned an IMCA service to provide advocacy to people who lack capacity when they are facing important decisions relating to health or social care. OPTUA have adopted a 'Hub and Spoke' model, working with partner organisations ACE, Age Concern and East Suffolk Mind.

| Optua Advice & Advocacy | | Est. Approx 1983 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|
| Address 1 Red Gables Ipswich Road Stowmarket, IP14 1BE | Phone: | 01449 771590 |
| | Fax: | 01449 770135 |
| | E-mail: | imca@optua.org.uk |
| Address 2 Optua House Hill View Business Park Claydon Ipswich, IP6 0AJ | Phone: | 01473 836777 |
| | Fax: | |
| | E-mail: | enquiries@optua.org.uk |
| Free, impartial and confidential advice, advocacy and guidance for people with disabilities, their carers, family members and professionals working in the field of disabilities in central and west Suffolk. | | |
| Types of advocacy provided: <ul style="list-style-type: none"> • Volunteer • Citizen • Group • Legal/ Rights based • Individual/ Self • Crisis • Independent Mental Capacity Advocacy (IMCA) | | |
| Age range: <ul style="list-style-type: none"> • Children/ Young people under 18 • Young people ages 18-25 • Adults aged 18 – 65 • Older people aged 55 and over | | |
| Primary setting: <ul style="list-style-type: none"> • Community • Hospital • Residential setting • Forensic/ secure setting • Prison | | |
| Areas covered: All Suffolk | | |

In addition to statutory advocacy, OPTUA Advice and Advocacy provide benefit related advice and advocacy to people with disabilities. They will also provide formal advocacy when time allows but are not funded for this.

9.2.2 Independent Complaints Advocacy Service (ICAS)

ICAS was established to support patients and the public wishing to make a complaint about their NHS care or treatment. This service, launched in September 2003, is provided regionally by PoHwer, an advocacy organisation based in Hertfordshire.

| POhWER | | Est. 1996 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|
| Address 1 Carol Warren House 551 Lonsdale Road Stevenage Hertfordshire SG2 5DZ | Phone: | 01438 727192 |
| | Fax: | |
| | E-mail: | pohwer@pohwer.net |
| Address 2 Cambridgeshire, Norfolk and Suffolk ICAS Unit 26A, E Space North 181 Wisbech Road Littleport Ely, Cambridgeshire CB6 1RA | Phone: | 01353 865392 |
| | Fax: | |
| | E-mail: | |
| Types of advocacy provided: <ul style="list-style-type: none"> • Generic • Independent Complaints Advocacy Service (ICAS) • Independent Mental Capacity Advocacy (IMCA) | | |
| Age range: <ul style="list-style-type: none"> • Children/ young people under 18 • Young people aged 18-25 • Adults aged 18-65 • Older people aged 55 and over | | |
| Primary setting: <ul style="list-style-type: none"> • Community • Hospital • Residential accommodation • Forensic/ secure setting • Prison | | |
| Areas covered: ICAS is only service provided in Suffolk | | |

9.2.3 Anglia Care Trust (ACT)

Looked after children (LAC) have a right to independent advocacy in specified circumstances under Children Act (1990). Since April 2008, ACT has been contracted to provide this service, until recently fulfilled by NYAS.

The service provides for:

- Independent visitors for LAC with little or no contact with their birth parents.
- Formal advocacy for children 0-17 making or intending to make a complaint under Children Act 1989.

| Anglia Care Trust | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------|
| Address 1 65 St Matthews Street Ipswich, IP1 3EW | Phone: | 01473 269413 |
| | Fax: | |
| | E-Mail: | admin@angliacaretrust.org.uk |
| Anglia Care Trust provides independent advocacy and independent visitors to looked after children. An Appropriate Adult service is also provided for vulnerable adults. | | |
| Types of advocacy provided: | | |
| <ul style="list-style-type: none"> • Volunteer • Professional/ paid | | |
| Age range: | | |
| <ul style="list-style-type: none"> • Young people 0-17 • Children/ Young People under 17 | | |
| Primary settings: | | |
| <ul style="list-style-type: none"> • Community • Hospital | | |
| Other settings: | | |
| <ul style="list-style-type: none"> • Residential accommodation | | |
| Areas covered: | | |
| <ul style="list-style-type: none"> • All Suffolk | | |

9.3 Organisations that provide advocacy as part of their core services.

9.3.1 Suffolk Family Carers

Provides advocacy to the family carers of people with learning disabilities who are aged over 60. They also advocate on behalf of family carers from a black and minority ethnic community, of people over 14yrs who use learning disability services.

Formal advocacy support to other carers is provided alongside general support to them with integrated funding.

| Suffolk Family Carers | | | Est. 1988 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------|-----------|
| Address 1 Units 6 & 8 Hillview Business Park Old Ipswich Road Claydon Suffolk IP6 0AJ | Phone: | 01473 835420 | |
| | Fax: | 01473 835444 | |
| | E-mail: | Sue.allison@suffolkfamilycarers.org | |
| Address 2 C/O Waveney Crossroads 259 London Road South Lowestoft Suffolk, NR33 0DS | | Address 3 C/O Age Concern Saxon House Kempson Way Bury St Edmunds Suffolk, IP32 7EA | |
| Information, support and advocacy to Family Carers across the county of Suffolk. | | | |
| Types of advocacy provided: <ul style="list-style-type: none">Group/ individual self advocacyCrisis advocacy | | | |
| Age range: <ul style="list-style-type: none">Children/ young people under 18Adults aged 18-65Young people aged 18-25Older people aged 55 and over | | | |
| Primary setting: <ul style="list-style-type: none">CommunityHospitalResidential settingPrisonForensic/ secure settingEducation, housing, GP practices, benefits agency, utilities, police, social care services, and anywhere else a Family Carer requires. | | | |
| Areas covered: All Suffolk | | | |

9.3.2 Age Concern

Provide benefit related advice and advocacy. Volunteer and citizen advocacy is occasionally provided as part of other support roles.

| Age Concern Suffolk | | Est. 1948 |
|--------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address 1 Age Concern Suffolk 8 Northgate Street Ipswich Suffolk IP1 3BZ | Phone: | 01473 257039 |
| | Fax: | 01473 287955 |
| | E-Mail: | office@ageconcernsuffolk.org.uk |
| Address 2 Benefits Advice Service Age Concern Suffolk 45a Ipswich Street Stowmarket Suffolk, IP14 1AH | Phone: | 01449 674222 |
| | Fax: | 01449 775757 |
| | E-Mail: | Jayne.day@ageconcernsuffolk.org.uk |
| Address 3 Saxon House Centre 7 Hillside Business Park Kempson Way Bury St Edmunds Suffolk, IP32 7EA | Phone: | 01284 757740 |
| | Fax: | 01284 767548 |
| | E-Mail: | Matt.archer@ageconcernsuffolk.org.uk |
| Address 4 Lowestoft Help Desk Station Square Lowestoft NR32 1BA | Phone: | 01502 586308 |
| | Fax: | 01502 538296 |
| | E-Mail: | tradelowestoft@ageconcernsuffolk.org.uk |
| Local, independent charity working with and for older people in Suffolk | | |
| Types of advocacy provided: <ul style="list-style-type: none"> Independent Mental Capacity Advocacy (IMCA) | | |
| Age range: <ul style="list-style-type: none"> Older people aged 55 and over | | |
| Primary setting: <ul style="list-style-type: none"> Community | | Other settings: <ul style="list-style-type: none"> Hospital Residential accommodation People who visit Age Concern helpdesks and offices |
| Areas covered: All Suffolk | | |

9.3.4 Suffolk Acre

Offer a wide range of services that focus on rural communities. Volunteers and paid staff will advocate for vulnerable people that are supported in the projects.

| <i>Suffolk A.C.R.E</i> | | <i>Est. 1937</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------|
| 2 Wharfedale Road Ipswich IP1 4JP | Phone: | 01473 242500 |
| | Fax: | 01473 242530 |
| | E-mail: | info@suffolkacre.org.uk |
| Service: Addressing community needs, community consultation, transport, insurance, IT support, online centre, rural evidencing, employment support, charity advice. | | |
| Types of advocacy provided: <ul style="list-style-type: none"> • Citizen (Good Neighbour Scheme) • Group | | |
| Age range: No target range given | | |
| Primary setting: <ul style="list-style-type: none"> • Community | | |
| Areas covered: All Suffolk | | |

Their Good Neighbour Scheme provides an umbrella for a growing number of Good Neighbour Scheme around Suffolk and volunteers in the schemes are encouraged to learn about advocacy and to offer their services as advocates or befrienders.

9.3.6 Suffolk Befriending Scheme

Although their major activity is providing a befriending service to people with a learning disability, advocacy support is occasionally provided when required by people they are in contact with and not available elsewhere.

| Suffolk Befriending Scheme | | Est. 1989 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address 1 44 Gainsborough Street Sudbury Suffolk CO10 2EU | Phone: | 01787 371333 |
| | Fax: | 01787 371338 |
| | E-Mail: | Shirley.moore@virgin.net info@suffolkbefriendingscheme.org.uk |
| “SBS is a registered company, limited by guarantee, with charitable status, registration number 1074800. It exists to establish and support friendships and leisure opportunities between people with learning disabilities and other members of the community.” | | |
| Types of advocacy provided: <ul style="list-style-type: none">• Citizen advocacy as part of befriending work. | | |
| Age range: <ul style="list-style-type: none">• Young people aged 18-25• Adults aged 18-65• Older people aged 55 and over | | |
| Primary settings: <ul style="list-style-type: none">• Community Other settings: | | |
| Areas covered: All Suffolk | | |

9.4 Peripheral Services

There are many peripheral advice/ support services that, although they do not fall within the definition of independent advocacy, provide valuable support to service users and family carers. A full list of these services is available in the Suffolk Disability Information Handbook. We highlight a number below:

9.4.1 Patient Advice and Liaison Service (PALS)

PALS was set up in the NHS in 2002 to provide confidential advice and support to patients, their families and carers and to resolve problems and concerns quickly. They also monitor trends and gaps in services and report these to the trust management for action, acting as an early warning system for NHS trusts, foundation trusts and PCTs. PALS liaise with staff,

managers and other relevant organisations, to negotiate speedy solutions to problems and to bring about changes to the way that services are delivered.

PALS offer services across Suffolk based in the two main hospitals, community settings and in SMHP sites: -

| | |
|-----------------------------------------|--------------|
| Addenbrookes Hospital | 01223 274432 |
| East of England Ambulance Service | 01603 424255 |
| Gt. Yarmouth and Waveney NHS | 01502 719501 |
| Ipswich Hospital | 0800 3287624 |
| James Paget Hospital | 01493 453240 |
| Suffolk Mental Health Partnership Trust | 0800 585544 |
| Suffolk NHS | 0800 3896819 |
| West Suffolk Hospital | 01284 712555 |

9.4.2 **Welfare rights advice and information**

This support is provided by a variety of organisations such as Age Concern, OPTUA, Citizen Advice Bureau's, Disability Advice Bureau's and Dial in Waveney.

9.4.3 **Independent Domestic Violence Advocates (IDVA)**, based within victim support centres, have recently been introduced to work with people involved with domestic violence. This is part of a multi-agency strategy to tackle domestic violence in partnership with other agencies and IDVA's are trained specialists whose goal is the safety of survivors.

9.4.4 **Appropriate adults**

Anglia Care Trust recruits, trains and supports volunteers to act as 'Appropriate Adults' at police stations. Under the Police and Criminal Evidence Act, (PACE), 1984, all people under the age of 17 and those over 17 with mental health needs and/ or learning disabilities must have an appropriate adult present when they are being questioned by the police.

9.4.5 Advocacy is provided by staff and volunteers from a large range of community organisations, alongside other support they are already providing to individuals. This is especially evident amongst people that may be socially excluded or from marginalised groups.

10. Gaps in advocacy provision

10.1 Older people.

Concern has been expressed regularly throughout the review about the almost complete absence of independent advocacy provision for older people, despite this group being the fastest growing group in need of services. Currently in Suffolk, 250,000 people, from a total population of around 700,000, exceed the age of 55. The numbers of people over 55 are expected to exceed the total for all other age groups by 2011 (Suffolk Observatory).

As well as often having little support in a period when they may have to make radical changes to their lives, perhaps during periods of ill health or increasing disability, older people are also often vulnerable to neglect and abuse of many types, particularly when unbefriended. Advocacy need increases with the introduction of personal budgets – an issue highlighted by many.

There is a widespread perception that any advocacy support that older people may require is provided throughout Suffolk by Age Concern. However, since previous funding from Comic Relief terminated in 2004, there has been no such support. The only exception to this is advocacy provided by Age Concern as part of their support work and occasionally advocacy provided voluntarily by people connected with Age Concern, without the support and supervision of an advocacy structure.

10.1.1 People with dementia

Mainly, but not exclusively affecting older people, this vulnerable group has little access to independent advocacy. Particular concerns were expressed about the lack of availability of advocacy where people were subject to guardianship.

Although active in supporting people with dementia, the Alzheimer's Society are unable to provide independent advocacy where they have already been involved in supporting the family because of a potential conflict of interest. Although unfunded for this work, the Alzheimer's Society provides independent advocacy support to a small number (3 at any one

time) of people with whom they have not had other previous involvement.

Other advocacy organisations that have no upper age limit e.g. ESAN, accept referrals for people with dementia, as their workload allows. However this is reactive work, as they lack the resources for proactive development in this area. It is of concern that this provision, in effect contributions by concerned organisations to fulfil unmet need, is seen in some areas as fulfilling the advocacy needs of that group.

10.1.2 **Commission for Social Care Inspection (CSCI)**

CSCI advise that it is good practice for registered homes to have access to independent advocacy for their residents.

Furthermore, Standard 17.2 of National Minimum Standards states: 'Where service users lack capacity, the registered person facilitates access to advocacy services'.

10.1.3 **Looking at neighbouring counties** – Suffolk is the only County in East Anglia that has no independent advocacy provision for older people. Services in neighbouring counties include:

- Age Concern Cambridgeshire - mental health advocacy service for people over 65 with mental health needs. The service also extends to those with early onset dementia.
- Bedfordshire Advocacy Service for Older People independent advocacy for older people (aged 60 upwards) throughout Bedfordshire, Luton and surrounding areas.
- Age Concern Hertfordshire Advocacy Service.
- Age Concern Hertfordshire - Advocacy in Care Homes
- South East Essex Advocacy for Older People provide a variety of advocacy services for residents, aged sixty years and over. There are further projects providing advocacy support for older people in different parts of Essex.
- Age Concern Norfolk incorporating Norfolk Elders. Norfolk is the subject of an in depth study in Section 19 of this report.

These services have all developed in different ways, reflecting local wishes and priorities as well as availability of funding.

10.2 Vulnerable adults

The use of independent advocacy in the Adult Safeguarding (AS) process is a discretionary statutory responsibility for “Local Authorities with Social Services responsibility”. The Mental Capacity Act (2005) suggests that an IMCA should be used if the person meets the MCA criteria and it will be of benefit to him/ her. Otherwise, there is no requirement to locate a suitable advocate but good practice would suggest that advocacy support should be available to vulnerable adults whether a victim or alleged perpetrator in AS cases.

10.3 Vulnerable parents

The project piloting advocacy support for parents involved in child protection processes is limited in a number of ways:

- Support is limited to parents with learning disabilities/ mental health problems.
- To facilitate management of demand, the project is subject to tight eligibility criteria. Only a limited number of parents can be supported and it has been necessary to have a waiting list.
- Support is limited to the period during which the parent is subject to child protection processes – any additional support required outside this period, e.g. regarding access to a looked after child, is not included.

Advocacy support is also provided to a small number of parents by other voluntary organisations, as a part of their general support work e.g. Suffolk Family Carers provide advocacy in a small number of situations where the parents have a child with a disability. Although links are made between the pilot project and other organisations, support workers, who have neither training nor specific skills in this specialist form of advocacy, may provide this advocacy.

Parents, for whom the need for independent advocacy support was highlighted during the review, but is not currently met includes:

- Vulnerable parents who have difficulty in understanding formal procedures, concerns about the family and in engaging with child care teams.
- Parents for whom there are concerns about misuse of substances.
- Parents who are also street workers.

- Parents with learning disabilities/ mental health problems who fall outside the scope/ capacity of pilot project.
- Young parents

In view of government initiatives about marginalised families, advocates could provide valuable support to families labelled 'difficult to engage', to improve their situation. 'local presence of advocates would improve confidence'.

10.4 People with learning difficulties.

Although there is a long tradition of citizen advocacy and self-advocacy in Suffolk, there are a number of gaps in independent advocacy for people with learning difficulties:

- 10.4.1 Formal advocacy – This may be needed for a limited period to work through a particular life situation or may be required in a crisis e.g. a person may be faced with serious decisions for which they have had no preparation, following the death of a parent who is also a carer. There is no provision to meet current need for one to one advocacy for people with learning difficulties
- 10.4.2 People First groups meet in many locations throughout Suffolk, usually the most major towns. Service users from other areas, particularly from the most rural ones where there is little access to transport, are unable to access support in self-advocacy.
- 10.4.3 People with more complex needs are often 'hidden' and have less opportunity to benefit from independent advocacy, particularly if they have specific communication needs and/ or their movement is restricted. People currently moving on to more independent living arrangements may have complex needs, including forensic issues – ongoing advocacy may be needed. Although advocacy is being commissioned to support people in this group, this is limited to the moving on period.
- 10.4.4 Citizen advocacy provision is restricted by the availability of volunteers prepared to commit to a long term advocacy partnership. It is important that people have someone in their lives who is not just there in a paid capacity e.g. 66% of people working on person centered plans have only professionals involved in their circle.

Effective advocacy support is necessary to underpin the four priorities of 'Valuing People Now':

1. Personalisation.
2. Supporting people with learning disabilities into paid work.
3. Supporting people with learning disabilities to live in their own home.
4. Reducing health inequalities for disabled people.

With "Making It Happen" as the biggest priority, these all require effective and real engagement with people with a learning disability.

Valuing People Now states that in each locality by 2011;

'A clear strategy for learning disability self advocacy should be developed, covering the commissioning and funding of comprehensive advocacy and support advocacy to increase its effectiveness'.

Also

'Investment in learning disability advocacy will continue to have grown covering the full range of advocacy'

10.5 Children and Young People

Following the recent termination of the contract with NYAS (National Youth Advocacy Service), CYP is currently working with the new providers, Anglia Care Trust (ACT), to develop the commissioned service. It is difficult at present to identify the extent to which this will meet the advocacy needs of children and young people under the Children's Act and therefore the gaps in provision.

ACT will be working on a model that provides volunteer/ paid advocates to young people to comply with the Children Act – it is anticipated that advocates will be provided to 40 young people aged 0 –21, within the first year of the contract. Additionally, independent visitors will be provided for 10 looked after children. The contract will be monitored and further development planned to meet statutory requirements through quarterly partnership meetings.

Other areas that have been identified where young people need advocacy support, include young people;

- With mental health problems.
- Who abuse substances.
- Who are young parents.
- With disabilities who are in transition.
- Who are not now entitled to services because of higher eligibility criteria, particularly those with learning disabilities.

10.6 People with physical, sensory disabilities

There is little independent advocacy available for people with physical or sensory disabilities – statutory advocacy may be accessed when the person meets the eligibility criteria and independent advocacy has also been purchased for people where their services have been reprovioned. Newly disabled people and those diagnosed with ME/ Chronic fatigue syndrome were identified as groups in particular need of representation.

OPTUA Advice and Advocacy, Disability Advice Bureau, Disability Advice Services and DIAL Waveney, in different areas of Suffolk, also provide information on a wide range of issues including access issues, home and respite care. Additionally DIAL and OPTUA provide some one to one advocacy support (unfunded) on a wide range of issues, often advocacy for recently disabled people whilst they are coming to terms with their situation and addressing practical situations.

Advocacy for sensory impaired people, with appropriate communication skills, was highlighted as a significant need.

‘My clients would need an advocate who could communicate in either sign language or the deaf blind alphabet’. (Practitioner in sensory services)

10.7 Socially excluded groups.

A number of groups within Suffolk face discrimination or find it difficult to access services because of society’s perception of them. It is frequently considered that they are to blame for their situation and subsequent problems – other contributing factors or support needs may not be acknowledged.

These groups include:

- People who misuse substances.
- Street workers
- People who are subject to racial harassment or race hate crimes.
- Gypsies and travellers

Independent advocacy can be accessed by people who are labelled in this way if they meet the criteria for the advocacy project e.g. mental health problems, but many who fall outside those criteria have substantial advocacy need. Any advocacy currently provided for these groups, rather than being part of an independent advocacy scheme, is usually by staff in ACS or Voluntary Organisations, as part of their wider support role.

10.8 Advocacy for people from BME communities

Organisations in Suffolk providing advocacy, who comply with SAF's "Guidelines for good practice in advocacy", strive to ensure that their services are accessible to all, in accordance with their equal opportunities policy. However, people from many black and minority ethnic communities do not routinely use most advocacy services. A cross cultural group, facilitated by ESAN and bringing together a diverse range of organisations, has been encouraging dialogue and exploring ways of making advocacy accessible to all communities.

A number of avenues are being explored:

- ESAN is currently recruiting a community advocate who will work as part of their diversity and discrimination project.
- Organisations are agreeing areas for joint action e.g. regarding availability of translation services when people are interacting with statutory and voluntary services.
- Joint training by advocacy development worker from London.
- Initiatives to provide support and training to black and minority ethnic community organisations who are interested in providing advocacy support to people they work with.

10.9 Capacity of advocacy organisations

There was general concern about the level of advocacy available, even in areas where advocacy is well developed and it was felt that capacity should be increased.

‘Sufficient advocacy should be available to enable “day to day” development, not just during crisis’. (Practitioner in learning disability services)

Existing advocacy organisations are often unjustly criticised where their capacity is limited by their resources or where the advocacy referral falls outside their eligibility criteria.

‘I never managed to get an advocate due to lack of availability’ (Practitioner in working age adult services)

‘I didn’t bother trying as they never have capacity’ (Practitioner in children’s team)

11. Service factors and legislation affecting need

New advocacy needs are emerging, arising from legislation, service developments, government initiatives, welfare reform. Although many of these aim to increase the individual's control over his/ her life, they may also have the effect of reducing level of service available to groups of people or present vulnerable people with greater challenges in accessing services.



11.1 ***Self-directed support, personal budgets and individual budgets***

Transforming Social Care (LAC circular, Jan 08) gives local authorities a responsibility to introduce self-directed support, in order to give people more choice and control over how they manage their support needs. In Suffolk, personal budgets will be allocated to new customers, starting with those who suffer from age related conditions.

Personal budgets create a system where adults are able to take greater control of their lives but there will be debates about risk management and achieving the right balance between protecting individuals and enabling them to manage their own risks. Concerns have been expressed by a range of people during the review, about the need for advocacy support by vulnerable customers at all stages within the new system. Some comments from practitioners directly involved included:

“Where will we go to find an advocate for a person who wants to have a say about the money or the ‘broker’ they have been allocated”

“Vulnerable people will surely need an increased amount of advocacy available to them”

“How will self-directed support be monitored and who will support people to have a say”

The process for the new system is shown below:

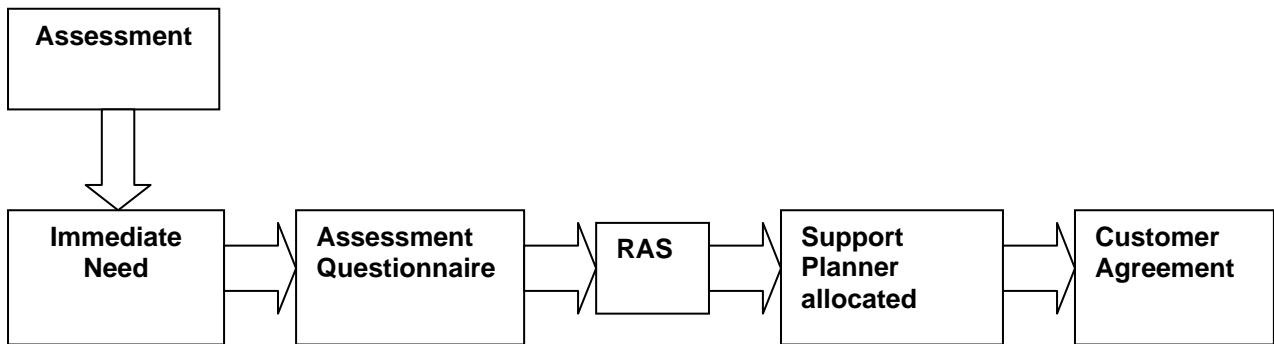


Fig.4

People who are working directly on the projects supporting the implementation of personal budgets are concerned about the lack of consideration of independent advocacy within the scoping of the scheme.

“Much thought and planning has gone into the brokerage (support planner) element but, possibly due to a lack of resource and understanding, there has been no planning for the advocacy element that will inevitably be required.”

The involvement of a support planner does not fulfil the need for advocacy, as their functions are quite different. A support planner will help a person plan use of allocated resources but the support of an advocate may be required at any stage of the process (including talking to the planner) to enable the person to understand their choices and have their views heard.

“Of course, the individual’s own assessment of their needs might conflict with those of their professional assessor....”

Particular concerns raised during the review include:

- The involvement of different practitioners at the different stages of the process,
- The use of telephone assessments.
- Many vulnerable people would find managing their own budget difficult and there are many opportunities for exploitation by others.

Although there will be a facility for the planner to carry out a limited negotiation on behalf of the person regarding allocated budgets, advocacy support may be needed during any major conflicts with the local authority, the support planner or people who think they know what is best for the person. It is likely that advocacy will be identified as a missing element in pilot areas without existing well established advocacy provision.

11.2 Making experiences count



In the White Paper, *Our health, our care, our say* [January 2006], the Department of Health set out its commitment to develop a single system across Health and Social Care by 2009, that will ‘focus on resolving complaints locally with a more personal and comprehensive approach to handling complaints’. Arrangements for managing complaints will give clear guidance to practitioners regarding the availability of advocacy for vulnerable complainants. Early adopter sites are currently working on the new model, including the issue of advocacy capacity.

“The principle of providing advice and advocacy to people making complaints is essential. In particular, vulnerable people find these services of vital importance when making their complaints”.

“A strengthened policy around advocacy and advice will help to protect the more vulnerable people who use services, assist the speed at which an organisation can respond to a complaint and make sure that the organisation learns from their experiences”.

Although there are systems already in place to support complainants, for example PALS and ICAS, concern was raised by individuals in social care about the independence of such systems and their ability to provide independent advocacy to the most vulnerable people. The early adopter guidance suggests that “complainants are directed toward independent advocacy as necessary”.

11.3 Refocusing the Care Programme Approach

The Care Programme Approach (CPA) is a framework for assessing and managing the mental health needs of people referred to the

specialist mental health services. It provides a framework for good practice and a clear way of working in which advocacy is a key element.

From October 2008, a new CPA Policy will be in place. 8,000 people will be re assessed under the new criteria. Most people on Enhanced CPA will remain under that programme but many others will be moved out. The DoH has stated that each person subject to the CPA will be entitled to independent advocacy but scoping has yet to be carried out and details of how this will be provided have not been made clear.

11.4 Mental Capacity Act (2005) (amd. By Mental Health Act (2007) Deprivation of Liberty Safeguards.

These amendments, effective from April 2009, introduce deprivation of liberty safeguards for people not covered by the Mental Health Act (1983), who lack capacity to decide about their care or treatment and are deprived of their liberty to protect them from harm. These safeguards include the right to IMCA provision and nominated representatives to act as advocates for people who have no one else to act on their behalf.

11.5 IMHA's – Mental Health Act (2007).

The provisions of the Mental Health Act 2007 introduce the role of Independent Mental Health Advocate April 2009. People eligible for support by an IMHA are those:

- Detained under the Act, even when on leave of absence from hospital
- Conditionally discharged restricted patients
- Subject to guardianship
- Subject to supervised community treatment (SCT)

The role of the IMHA is quite different to that of any other statutory advocacy, including IMCA. Commissioning guidelines are currently being produced. However, Code of Practice (May 2008) emphasises that IMHA service should not replace any other advocacy and support services that are available to patients but is intended to operate with and complement with those services. The DoH recognises the value of continuity of service between the independent advocacy and IMHA roles. The IMHA service will need to be commissioned prior to April 2009 but the DoH have yet to make an announcement regarding commissioning arrangements and any provision of funding.

11.6 Supporting parents

11.6.1 Every Child Matters – working with families

Support to whole families is a key theme in Every Child Matters and, as part of protecting children, it is vital that all parties involved have access to independent advocacy. The ACCORD protocol provides for a seamless service to families in which independent advocacy is a key element. The pilot project providing advocacy for parents with learning disabilities or mental health problems is proving a valuable service – demand is outstripping supply. There are many other vulnerable parents who also need similar support.

11.6.2 Public Law Outline

This new arrangement for courts hearing children's care proceedings aims to increase children and families understanding of those proceedings, shorten them and ensure they are only used as a last resort. However, because of changes in legal aid payments for representation, many family law solicitors are withdrawing from this work. This is likely to increase the need for advocacy support.

11.7 Vulnerable people accessing care in Suffolk

11.7.1 Fair access to care in Suffolk (FACS)

Suffolk provides services to people who meet either critical or substantial criteria. This inevitably leaves large numbers of vulnerable people in Suffolk experiencing difficulty in accessing care or support services. It has been recognised throughout this review that people often need an independent advocate to help them have a voice.

11.7.2 Enhanced Customer First (ECF)

This new way of managing assessment by the County Council often involves first contact with vulnerable people being made over the phone. Professional support previously offered by practitioners is no longer available in the rotational model. Without advocacy support, people will often not be able to make the initial contact or deal with ongoing issues.

11.8 Reprovisioning/ moving on

Government requires all local authorities to close long-term hospital beds by 2010 and move people to supported accommodation that can meet their needs. Whilst there is currently some provision for advocacy support during this process, people with learning disabilities and their family carers will need access to independent advocacy. Many people living in health accommodation have substantial support needs. They and their Family Carers have significant anxieties regarding the reprovisioning of services.

12. Funding of advocacy in Suffolk

12 Independent advocacy

Throughout the last 10 years, independent advocacy in Suffolk has been largely grant funded from local or national funds. Suffolk PCT, Gt. Yarmouth and Waveney PCT and Suffolk County Council contribute to the mental health and learning disability pooled funds. Advocacy organisations have been successful in raising independent funding for specific projects from charitable organisations and trusts such as Comic Relief.

Looking more specifically at different groups:

12.1.1 Adults with learning disabilities.

- Learning Disability Pooled Fund – ACE receives funding to support self advocacy groups across Suffolk and facilitate citizen advocacy, without formal service level agreements.
- Learning Disability Development Fund (LDDF) – Smaller amounts have been granted to support advocacy initiatives on an annual basis, with projects funded changing annually, in accordance with current priorities of Valuing People and decisions of the Learning Disability Partnership Board.
- Advocacy for parents involved in child protection processes funded from a number of sources; Local Authority Grant, LDDF and Carers Grant (often parents have children with disabilities).
- Self-Advocacy for people living on campus sites and formal advocacy for people resident in the treatment and assessment unit at Walker Close by two individual advocates has been funded by SMHPT.

Funding 2007-8: **ACE** Pooled Fund - £84,600
 LDDF - £46,529
 LA Grant (Parents Advocacy) - £12,500
 IMPACT Grant from SMHPT - £28,000

12.1.2 People with mental health problems

- Mental Health Pooled Fund has provided funding for ESAN to facilitate professional advocacy, with appropriate service level agreements in place. This provision is currently subject to tender.
- Comic Relief currently provides funding for ESAN to develop culturally sensitive advocacy for people from BME and LGBTI groups. Building on this development work, additional funding has recently been secured for a community advocate to provide advocacy within these groups.
- Advocacy for parents involved in child protection processes – a pilot by ESAN working in partnership with ACE, is funded from Carers Grant (often parents have children with disabilities).
- Suffolk User Forum (SUF) is grant funded by mental health pooled fund to support group advocacy.

Funding 2007-8:

ESAN

Mental Health Pooled Fund - £195,465

Grant Funding £17,167

Suffolk User Forum

Mental Health Pooled Fund £78,000

12.1.3 Children and young people

- The local authority has funded provision of advocacy for Looked After Children under the Children Act 1989.
- ACE support for self advocacy for young people with disabilities has been funded from a variety of sources, including:
 - British Institute of Learning Disabilities (BILD)
 - LDDF
 - Independent funding sources
 - Grant funding from the County Council.

Funding 2007-8: **NYAS:** LA Grant - £40,000

(providers until Mar 08, now provided by ACT)

ACE: LDDF - £25,049

LA Grant - £30,000

12.1.4 **Family Carers**

- Advice, advocacy and support are often intertwined within the work of Suffolk Family Carers. It is therefore impossible to gauge the proportion of funding applicable to advocacy.
- LDDF – Smaller amounts of funding have been granted to support advocacy for specific groups of family carers on an annual basis, with work funded changing annually, in accordance with Valuing People priorities for that year and decisions of the learning disability partnership board.

Funding 2007/ 8: LDDF - £57,247 – mainly advocacy work.

We are unable to differentiate funding for advocacy element of work in other funding streams.

12.1.5 **Older people**

A limited amount of advocacy is provided, often intertwined within the work of the different projects within Age Concern but again, it is impossible to gauge the proportion of the overall funding that is used on advocacy.

Funding 2007/ 8 - £ Nil

12.1.6 **Spot purchasing.**

Advocacy has occasionally been spot purchased by area teams. This has usually only been made available to people with learning disabilities when significant decisions are needed, when a person's views differ greatly from those of family and/ or professionals or where a parent has been involved in child protection processes. Although formal advocacy should be available quickly, negotiating this is often a lengthy process, which delays advocacy support. However, this has often proved of great benefit to the person concerned, on average costing the local authority £500 per case. There are no figures available regarding the total amount spent on spot purchasing advocacy.

The survey of practitioners indicated that few of those who responded had been involved in putting forward a funding case for spot purchase of advocacy.

12.1.7 Other funding

There is no other specific funding provided by the County Council or the PCT's for advocacy in Suffolk. Current activities of Suffolk Advocacy Forum are supported through Carer Grant allocation to Advocacy Development Managers.

12.2 Statutory advocacy

12.2.1 IMCA (Independent Mental Capacity Advocacy)

Funding is provided to the local authority for IMCA Service by the Government, with appropriate service level agreements in place – the service is commissioned and monitored by the County Council.

Funding 2007/ 8 – £81,500

12.2.1 ICAS

PoHwer receive funding from the Government to provide ICAS service to a large area of Eastern England. The amount of funding available to Suffolk is not differentiated.

12.3 Financial control.

With one exception, those providing advocacy in Suffolk are organisations that are registered charities and their accounts are inspected in accordance with statutory regulations.

12.4 Service level agreements

The independent advocacy providers, for whom we have been able to confirm that there is a current service level agreement in place with either health or the local authority, are ESAN and independent advocates funded by the SMHPT.

Some other services have been commissioned informally via LDDF and/ or grant funding, sometimes with overall targets being specified and progress reports requested.

The lack of appropriate service level agreements for the use of public money is unacceptable. Absence of any formal agreement also provides uncertainty for the independent advocacy organisations, often with the added difficulty of being expected to provide any type of advocacy anywhere in Suffolk, whether funded to do so or not.

12.5 Funding issues

The main funding issues arising during the review were:

- Funding of advocacy is often short term, for periods as short as 1 year, thereby limiting opportunities for development work and time to embed new activities securely. Good work can be wasted and service users and family carers disappointed and disillusioned, when a particular advocacy activity is forced to conclude after a short time. The time limit is also a barrier in staff recruitment, as the organisation is unable to offer a reasonable period of job security.
- Small grants are given at the discretion of local service managers, often reacting to an issue of current concern to services, rather than as a result of dialogue with advocacy organisations, service users, carers and considering their concerns and priorities. Funding is therefore less effective and productive.
- Future funding of advocacy will usually be subject to advocacy organisations competing in a tendering process. As small, often user led organisations, they may have neither the time nor the expertise to compete effectively with larger regional/ national organisations that have dedicated business/ fundraising sections. It also detracts from the time they are able to spend in their core work. Without support in this area, there is a high risk that local people will lose control of their advocacy schemes.
- Lack of continuity of funding means that advocacy organisations are unable to plan ahead as they would wish. Notification of continuation funding or commencement of a tendering process is often unacceptably late; on occasions even after previous funding has expired or a new service was due to commence. This creates uncertainty for the organisations involved, as well as distress to service users and family carers. Good staff may be lost because of lack of job security.
- It is important to the principles of independent advocacy that at least a proportion of funding is from independent sources. This important ideal places further stresses on the usually small organisation involved.

13. Advocacy training

The review looked at training available to advocates, those who may wish to access advocacy support and staff from statutory/ voluntary organisations who interact with advocates.

13 Training for advocates.

13.1.1 The standard of training provision for advocates is variable, both in quantity and quality. Those organisations that provide advocacy as their sole activity appear to place greater importance upon specialist advocacy training. Within limited budgets, this is provided in a number of ways:

- In house
- Invitation to external specialist trainers.
- Attendance at regional/ national training events

There is an increasing trend for a number of organisations to train together, maximising the use of resources such as guest trainers. This has the benefit of not only enabling organisations with fewer staff/ volunteers involved in advocacy to access training but encourages joint working.

13.1.2 Others, where advocacy is provided alongside other forms of support, often have a marked lack of training specifically around the advocacy aspect of their work. This has a number of drawbacks in the development of advocacy locally, including:

- People being supported and organisations interacting with the advocate being unsure of the nature and practice of advocacy.
- Practice contrary to good practice guidance, particularly lack of awareness of boundaries.
- Staff providing advocacy lacking in confidence in their own practice.

13.1.3 The beginning of IMCA service in April 2007 saw the introduction of specific training that is mandatory for all advocates before they begin practising as an IMCA. In Suffolk, at the time of print, 18 IMCA's from the commissioned organisation and sub contracted partners have completed the training. In the long term, this training will be provided as a module of the planned **National Advocacy Award**.

The Department of Health and Welsh Assembly Government funded an Award Project in January 2007 to work with stakeholders to create a National Qualification in independent advocacy. The qualification, currently under development, is due to be launched in October 2008. The course is being developed with substantial involvement of the advocacy sector and we anticipate that it will be mindful of the roots of advocacy, acknowledging advocacy as a movement rather than a service.

It is intended that the training will be:

- Modular and flexible, to enable people to dip in and out as they wish
- Available at a variety of levels from entry level to level 4, to cater for the different working situations of advocates, paid or volunteer, and including a management qualification.
- Recognising of prior learning and experience.
- Provided by locally accredited trainers, using the materials developed. These will be readily adaptable to local circumstances, standards of good practice etc.
- Have the option of delivery by trainers working nationally.

The award will include general advocacy modules, as well as modules for statutory advocacy such as IMCA and IMHA, and for providing advocacy to specific groups.

Although this should prove to be a valuable training resource and structure, we should be wary of making the gaining of a National Advocacy Qualification a condition of awarding advocacy contracts, because:

- Many fully competent local advocates and trainers, who currently provide excellent advocacy services/ training and development for others, will not possess this qualification and may not have the time or resources to gain it.
- Whilst completing a number of modules will be vital for some types of advocacy, especially statutory advocacy e.g. IMCA, it will be less beneficial for other types of advocacy which are firmly rooted in the community.
- It will be a greater challenge for the smaller grassroots advocacy organisation to release their staff for the extra training required and indeed to fund this training.

The Award Project expects that adequate provision will be made available for funding of training when advocacy services are commissioned locally.

13.2 Advocacy training for others

13.2.1 Outreach work.

As a part of their routine development work, advocacy organisations provide training (mainly informal) to staff and management of statutory and voluntary organisations. The aim of this training is to inform and raise awareness about advocacy, encouraging good working partnerships between advocates and those they interact with.

The only specific funding to support this work is from the Learning Disability Development Fund (LDDF) that provides funding for a part time training officer post at ACE. As well as providing training, the officer supports people who use learning disability services to deliver training across Suffolk.

13.2.2 Suffolk Advocacy Forum (SAF)

SAF, through its training sub group, has facilitated a number of different training schemes over the years. The current programme, 'Understanding advocacy', is a one day course offering a basic level of training to people who are interested in finding out more about the advocacy movement, its principles and values. Attended by people from a wide range of backgrounds, including service users, family carers, managers and staff from statutory and voluntary agencies, this has done much to raise the profile of advocacy in Suffolk. This programme is well received, with positive evaluations.

The training group is currently:

- Developing the second stage of this programme 'Practising Advocacy' – this will commence in October 2008.
- Considering development of further specialist training e.g. parents advocacy, short course targeting specific groups of staff, as resources allow.

13.2.3 Statutory advocacy

IMCA – There is a comprehensive, well-resourced programme of training about the provisions of the Mental Capacity Act and responsibilities of practitioners for statutory organisations and independent providers. This includes contextualised training regarding IMCA service in Suffolk.

This programme is complemented by an E- learning package that is web based and available to all staff in the local authority, health, and the private, voluntary and independent sector.

13.3 Knowledge about advocacy training available.

13.3.1 Within advocacy organisations

Clearly, not only are differing standards of training provided, but also the degree of importance placed upon training varies between organisations. The plans for the introduction of a National Advocacy Qualification this year will, hopefully, promote and extend the availability of good quality local training. Consistent monitoring and evaluation of service standards and quality will increase confidence that training is being made available to staff throughout the organisation to develop and maintain their skills.

13.3.2 Others

There was some awareness of the existence of advocacy training, some had in the past attended it and found it useful. This was expressed during face-to-face interviews and in questionnaire responses.

Q. What information or training on advocacy have you received, including advocacy practice, types, standards and referral?

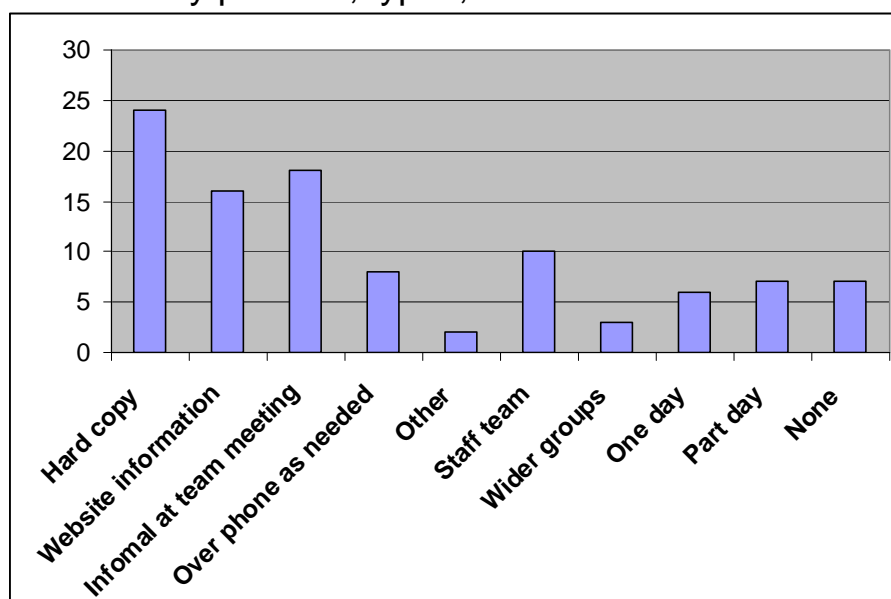


Fig.5

Q What information/ training would you like and how/ where would you like this provided?

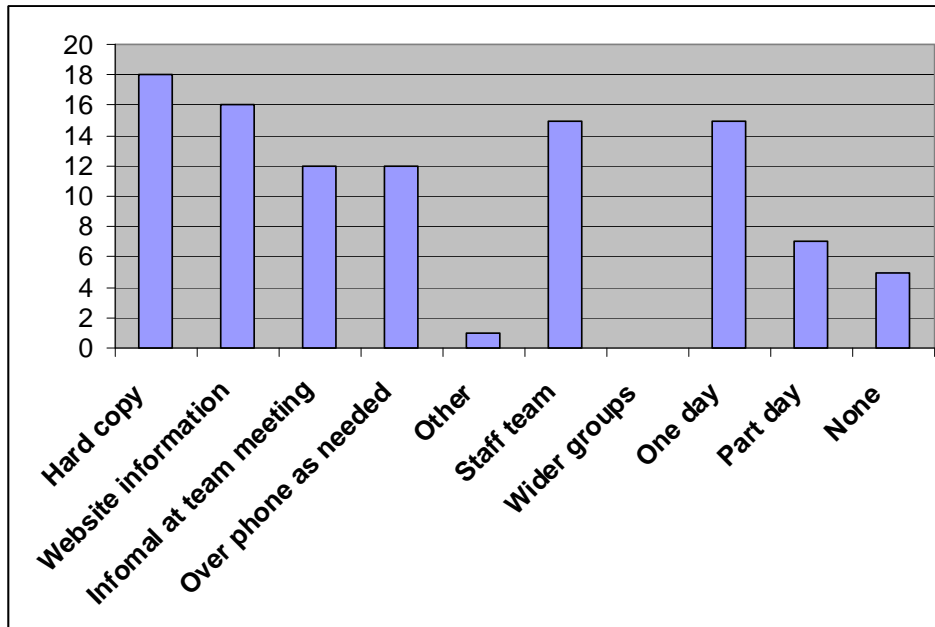


Fig.6

For those who said they would like training, their main preferences were for training within the staff team, either whole day or part day training. However, some practitioners said they experience difficulty in being released from their work duties to attend training.

Training and awareness raising was seen to be important, with advocacy training and information being woven into a range of training opportunities, as appropriate.

14. Monitoring

- 14.1** With few of the advocacy organisations locally commissioned having current service level agreements with either Suffolk County Council or any of the PCT's in Suffolk, there is no consistent requirement for monitoring. ESAN is the only advocacy organisation that is regularly monitored in accordance with the terms of their Service Level Agreement. Other forms of monitoring include:

14.1.1 Learning Disability Development Fund

Following the allocation of LDDF funds, a statement of the service to be provided, with targets, is given to the organisation involved and 6 monthly progress reports required.

14.2 Improving monitoring by Health/ Local authority

Commissioners and Customer Rights staff are now working together to ensure that all advocacy services commissioned in the future have appropriate service level agreements, with clear and robust service specifications that preserve independence of the advocacy provision. An early example of this is the commissioning of four projects that will receive funding from learning disability development fund over the next three years. It is planned that the monitoring and review of these projects will be led by Customer Rights, with input from project steering groups.

14.3 Challenges presented by multiple funding sources.

Advocacy organisations often have multiple funding sources, both statutory and independent, each providing a small proportion of the total budget. Monitoring arrangements are complicated by the different monitoring expectations of each funder, not always made clear in advance.

14.4 Statutory advocacy

- 14.4.1 ICAS** – As PoHwer are directly commissioned by the DoH to provide this service, the contract is monitored by DoH in accordance with their specified performance indicators. Separate monitoring information for Suffolk is not routinely kept nor is the overall monitoring information passed to Suffolk. We

have little indication of the scope or quality of service being provided within Suffolk. Although PoHwer report a high level of satisfaction in their evaluations, we have been able, during this review, to identify few Service Users, Family Carers or local organisations (statutory or voluntary) that have had any contact with ICAS service or feel informed about it. The quantity and quality of advocacy provided and needed is being scoped during the 'Making Experiences Count' consultation.

14.4.2 **IMCA** – Although IMCA is commissioned locally, monitoring is carried out in accordance with legislative requirements, with information being collated on DoH database. Monitoring information is provided monthly to the IMCA Steering Group. However there is no formal process for practitioners to feedback their views on the work of the IMCA.

14.5 Advocacy organisations approach to monitoring.

The approach to monitoring is variable, with monitoring arrangements being more developed and consistent in some organisations than others. Until recently, there had been little progress on the national advocacy scene in developing monitoring tools for advocacy – the monitoring of advocacy, especially outcomes, presents particular difficulties. Action for Advocacy has recently launched a monitoring tool, produced after extensive development work involving input from advocacy organisations in Suffolk.

In the absence of service level agreements with clearly stated service requirements, those who do monitor their work often find that the methods used and information collected do not enable them to provide information randomly requested from time to time (often at very short notice) for review purposes. There is also a lack of awareness in commissioning authorities as to the type of information that it is appropriate for advocacy organisations to hold about their clients e.g. an advocacy scheme would not routinely hold information on individuals such as name of GP, diagnosis.

14.5.1 ESAN has developed effective monitoring systems over a number of years, taking account of good practice in the voluntary sector, and participated in recent development work within the advocacy sector nationally.

- 14.5.2 Following recent management changes, ACE are currently building their monitoring arrangements, to enable them to consistently evaluate their performance, fulfil the requirements of their range of funders and have information necessary for new funding bids readily available.

Some larger organisations, where advocacy forms only part of their role, clearly have detailed monitoring systems. However these systems often do not readily enable differentiation between advocacy activity and other services provided.

14.5.3 **Suffolk ACRE**

Suffolk ACRE has recently developed a bespoke management system that they would like more voluntary organisations in Suffolk to use.

15. Suffolk Advocacy Forum



Suffolk Advocacy Forum brings together people involved in providing independent advocacy in Suffolk. The forum aims to make advocacy known and accessible to people who may find it helpful, with activities including;

- Informing and educating people about advocacy.
- Promoting good practice in advocacy
- Designing and providing accessible advocacy training for those interested in knowing more about advocacy
- Working on new initiatives to extend the availability of advocacy.
- Supporting each other and sharing information and expertise

The forum and its activities are facilitated and supported by Suffolk County Council's Advocacy Development Managers. Funding of the forum's activities has been difficult to secure but to date it has received money from the Carers Grant and a variety of different sources. All service user groups and family carers benefit from forum activity.

15.1 Terms of reference

The forum developed terms of reference in 2003, which are reviewed annually. (appendix 9)

15.2 Understanding about Suffolk Advocacy Forum.

Of the people who were contacted through face-to-face meetings and questionnaires, some had knowledge of the forum and its activity. Of those that had heard about the forum there were very few who understood its purpose.

Practitioners and people working with socially excluded groups expressed particular interest in the work of the forum and were eager to make links.

15.3 Advocacy/ voluntary organisations

A core of advocacy organisations and other voluntary organisations that provide some advocacy as a part of their main role, attend the forum

regularly and play an active role in its activities. Limited resources mean that information about the forum is not distributed as consistently as we would wish and may not always reach those who would wish to attend. For example contact with organisations is generally made via email and feedback suggests that dissemination of information is varied with key people failing to receive details of meetings etc.

15.4 Organisations most recently involved include:

- ESAN
- ACE
- Suffolk Acre – Neighbourhood Scheme
- Caribbean Association
- Independent advocacy trainer
- Suffolk User Forum
- Suffolk Family Carers
- Optua Advice and Advocacy
- Age Concern
- SIFRE
- IMPACT

The review has raised awareness within the voluntary sector and many have now expressed an interest in future involvement with the forum.

Organisations are recognising that working in partnership is strengthening the advocacy sector in Suffolk – this in turn promotes and enables future development, understanding and acceptance of advocacy countywide.

As all input to the forum is in addition to participants' main roles in their respective organisations, this can prove to be an obstacle to greater involvement and places heavy demands on those who actively support it.

15.5 Forum activities

- Independent advocacy website – planned and funded
- Supporting advocacy policy development
- Training which is free and open to practitioners, voluntary orgs and individuals from general public (See section 13.2.2)
- Working together on projects e.g. Pilot project to support parents who are involved in child protection procedures.
- Consultations local, regional and national

- Guidance for good practice in advocacy
- Interface between statutory and non-statutory advocacy.
- Partnership working between statutory and voluntary sectors.

15.6 The future of Suffolk Advocacy Forum

Suffolk Advocacy Forum has an increased profile, which will be reflected in its future development.

- There is interest in the forum becoming a more robust entity that can attract funding in its own right – this could involve becoming a self-managed body whilst maintaining key links with Advocacy Development Managers
- Ongoing development of local training using the planned resources of the national advocacy qualification – gaining national accreditation.
- Plans have been agreed for Suffolk Advocacy Forum website – this will be available online shortly.

Focus on Advocacy 2008

Part 2

16. Advocacy awareness

Awareness of advocacy was explored during one to one interviews and by questionnaire.

16.1 Service users, family carers and the general public in Suffolk

Short questionnaires were completed by a random sample of service users, family carers and the general public in urban and rural areas, providing us with a snapshot of views. These were circulated by members of the Steering Group and organisations not connected with advocacy. This was a relatively small sample of views and the responses came largely from people involved with a small number of organisations and the resulting information may therefore be affected by this. More work will be needed on an ongoing basis to gain a more comprehensive view of the wider Suffolk population.

16.1.1 Knowledge of advocacy

Only a small minority had any knowledge of advocacy or had seen any leaflets or other information about it.

Q. Have you heard about advocacy?

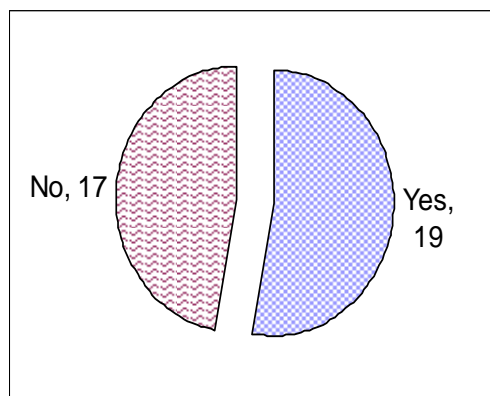


Fig.7

Q. Have you seen any leaflets, other info about advocacy?

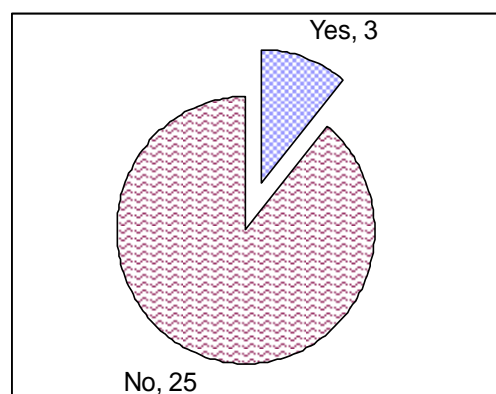


Fig.8

Q. What advocacy organisations have you heard of?

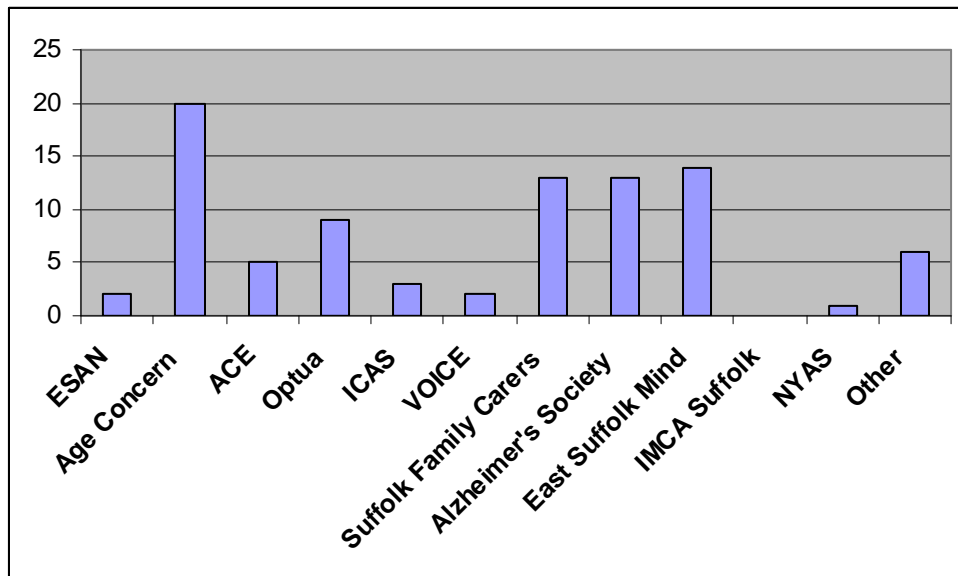


Fig.9

We recognise that the results of this question will have been skewed by the responses coming via a small number of organisations.

Q. Have you ever been supported by an advocate?

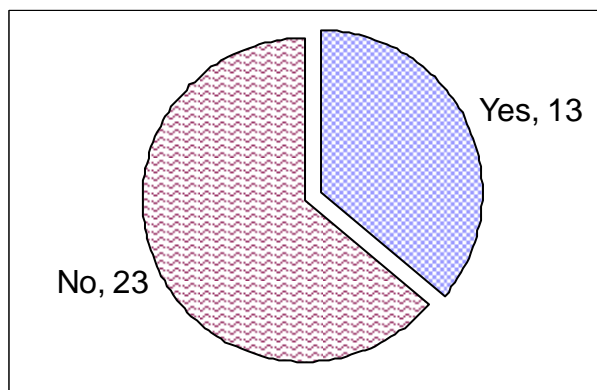


Fig.10

Some 40% of respondents had experience of being supported by an advocate

16.2 Practitioners

Awareness of advocacy was explored during one to one interviews and by questionnaire. 49 practitioners responded, the majority of whom work with people over 25.

Practitioners are often well placed to inform service users and family carers about advocacy and its potential benefits to them, at an early stage. However, for a number of reasons, including lack of awareness or confidence, this is not happening in a substantial number of cases. Some typical comments included:

“I didn’t know there was so much choice for advocacy”.

“There was a strong feeling in one management team that advocacy was not really required for older people who were not self funding as their interests were looked after by SCC”.

16.2.1 Have you ever made an advocacy referral for someone you work with?

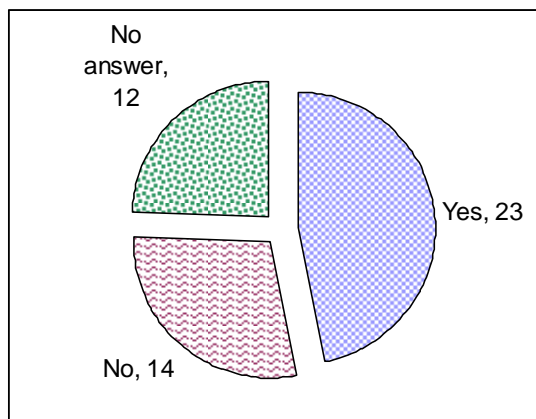


Fig.11

Of those who responded to the question, 45% had made a referral to an advocate.

16.2.2 *How many times have you made an advocacy referral in the past 24 months?*

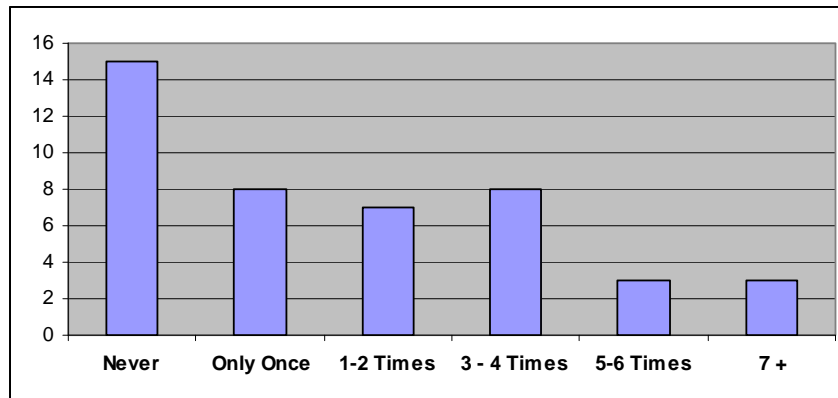


Fig.12

It was disappointing that such a large percentage of practitioners had never made an advocacy referral.

16.2.3 *If you have never referred for an advocate what are your reasons?*

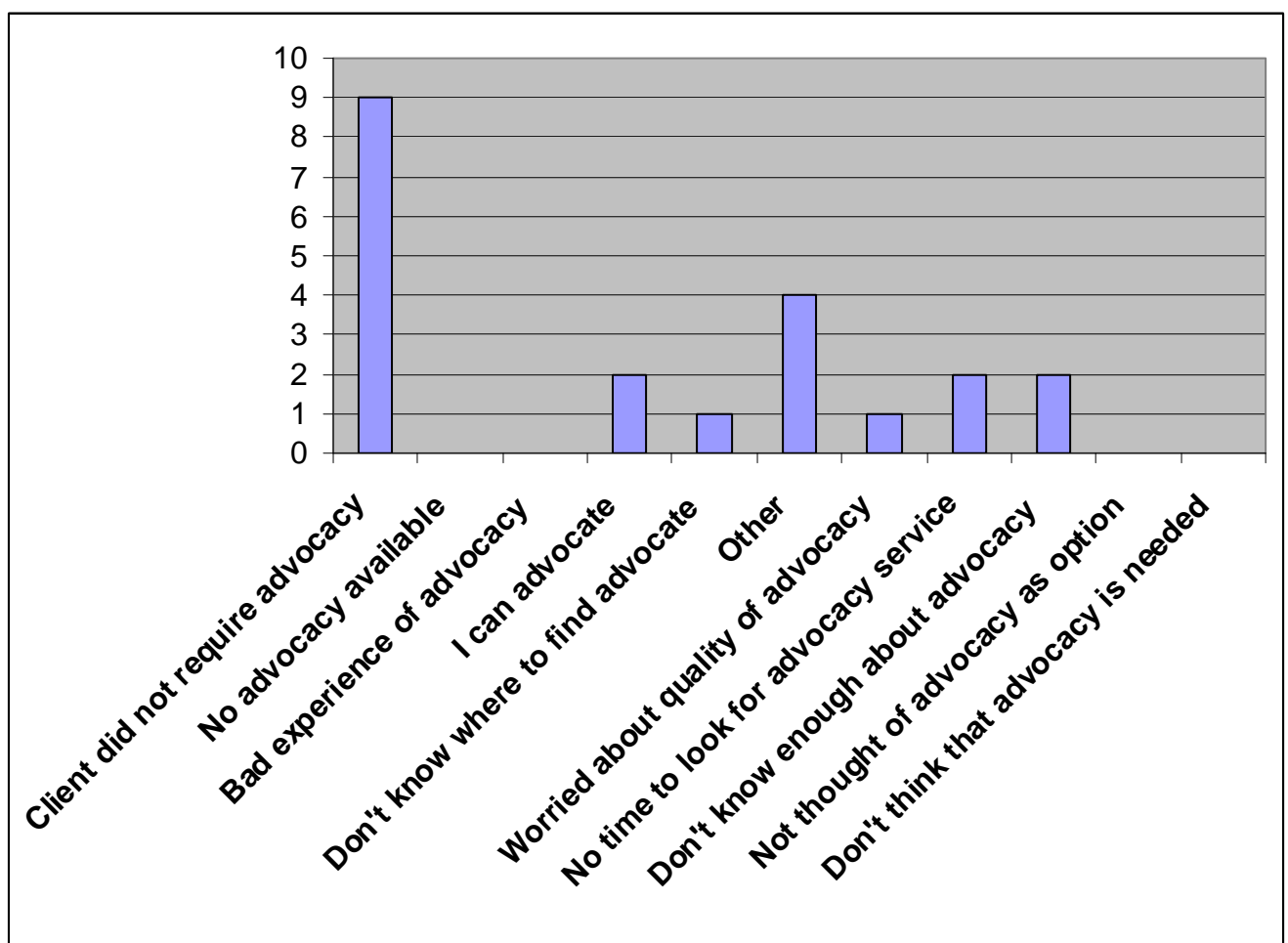


Fig.13

Answers to this question reflected uncertainty about some aspects of advocacy, including the difference between independent advocacy and advocacy that is part of the practitioner's role.

'Wonder if advocacy service is available for my client group who has insight into their needs and abilities'.

There was also some frustration about the lack of availability of advocacy for some groups.

'I tried to find an advocate but my client never met agencies criteria'.

16.2.4 Did you know what to expect from an advocacy service and how an advocate would support the person involved?

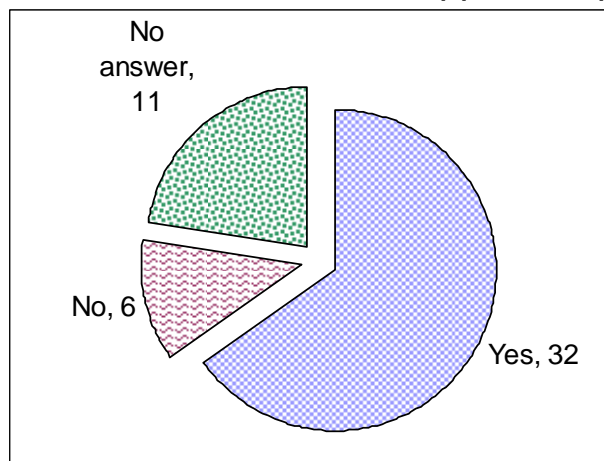


Fig.14

A high proportion knew what they could expect from an advocacy service

16.3 Advocacy organisations that practitioners were aware of.

16.3.1 **Independent advocacy:** ESAN, Suffolk Family Carers and ACE were the most frequently referred to during interview and, from questionnaire, the most frequently approached.

Q. If yes, who did you approach?

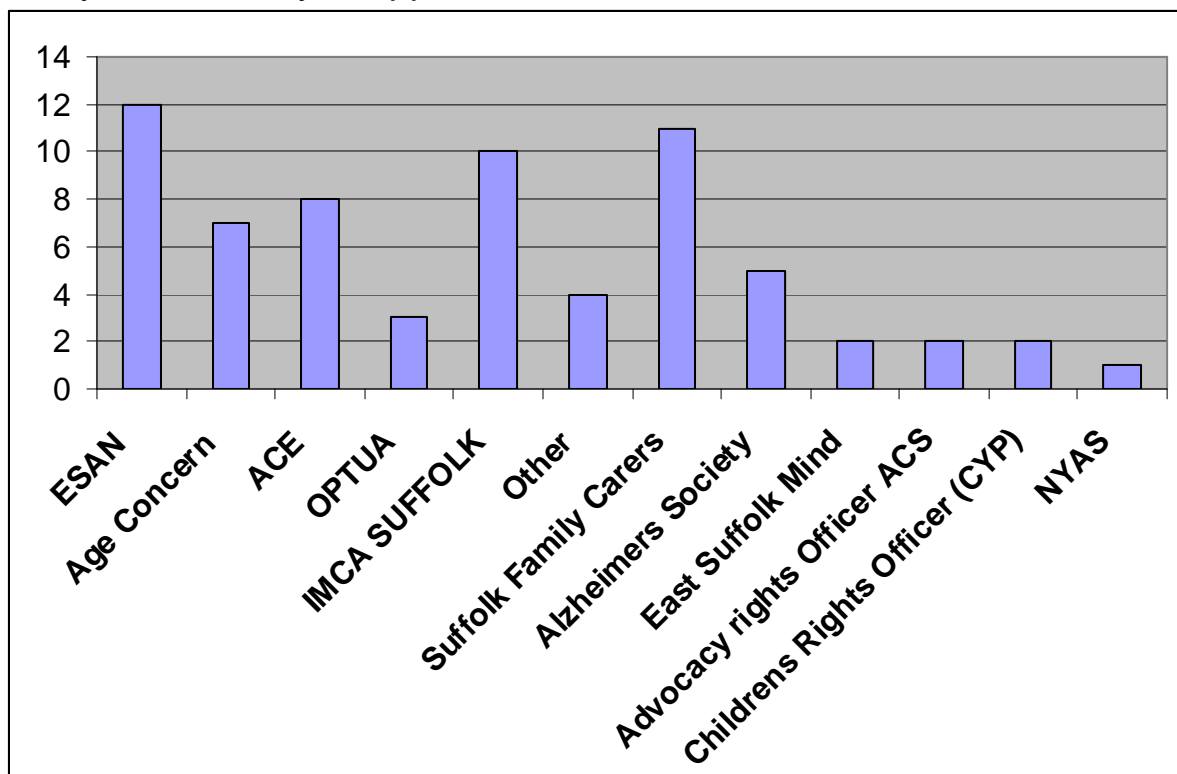


Fig.15

Although there was considerable awareness of support to family carers by Suffolk Family Carers, there was less clarity about their advocacy role reflected.

There was also acceptance that although people often knew of the existence of advocacy organisations, there were gaps in knowledge about them, particularly about their expertise and geographical area in which they operate.

“It would be useful to know exactly what is available, i.e. self advocacy, citizen advocacy, and also which service user groups can access it. Also is it voluntary or is there a charge”? (social care manager)

16.3.2 Statutory advocacy:

16.3.2.1 IMCA Suffolk. There was good evidence of awareness of IMCA Service during one to one interviews – many had attended training re MCA – but less appreciation of the difference between this and independent advocacy and how the two complemented each other. With the increasing role of statutory advocacy, there was evident confusion about the

roles of advocates from organisations that provide several different types of advocacy.

'Training around IMCA and non IMCA Advocacy Services would be really useful'. (health practitioner)

Since the inception of the IMCA service in Suffolk in April 2007, 90 pre decision reports by IMCA's following their work with individuals, have recommended to the decision maker that the person should be further supported in their situation by an independent advocate. The IMCA service believes that independent advocacy has been sought for few of these people, despite the vulnerability of the people involved. Additionally, 50 other people referred for an IMCA but who did not meet eligibility criteria, were not referred for independent advocacy.

- 16.3.2.2 **ICAS** Throughout the review, we found scant knowledge of the ICAS service or experience of it being used. Few people, we spoke to, knew about this service or what it offered to people in Suffolk. This also applied to service users or family carers who responded to the questionnaire – see fig 9, 16.1.1

16.4 Information

During interview, although there was good awareness of information available about advocacy, it was thought to be insufficient both in quantity and type.

'Information needs developing', 'Leaflets not helpful or accessible'.

Suggestions made for improvement of information included:

- *More user friendly, accessible, concentrating on information about advocacy, rather than promoting the organisation.*
- *Eye catching, using scenarios demonstrating situations in which an advocate has helped.*
- *Available on tape, CD, DVD.*
- *As well as information produced by individual organisations, there should be general information about advocacy, its availability and alternatives.*
- *Media such as Info Link should be used.*

There was a strong split about the value of the internet – customer groups value this mode of communication differently.

‘Not depend too much on websites’ ‘More use of internet is needed’

16.5 Advocacy standards

16.5.1 A high proportion of people interviewed were aware that standards of good practice for advocacy in Suffolk had existed for many years and supported their existence. However, there was less clarity about the contents of the standards. This was particularly evident where statutory organisations felt advocacy was compliant with standards in situations where clearly this was not the case.

16.5.2 There was some confusion about the capacity in which advocates were working, particularly when they alternate between acting as independent advocates and IMCA's.

17. Views about advocacy currently provided

17.1 Service Users and Family Carers.

The views of service users and family carers have been gained through:

- Questionnaire
- Face to face meetings
- Feedback from monitoring by advocacy organisations, where available.

17.1.1 Views expressed in review questionnaire.

The respondents to the questionnaire who had experienced being supported by an advocate had been supported on a range of issues.

Q. Have you ever been supported by an advocate?

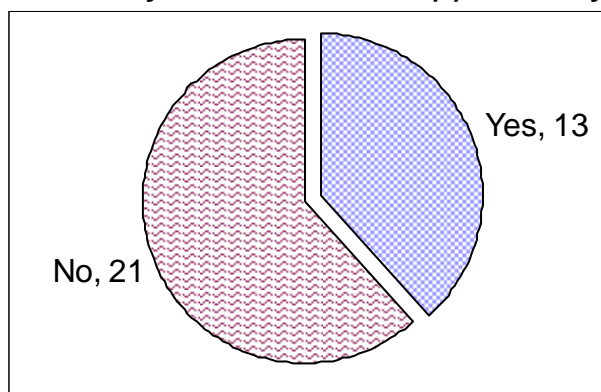


Fig.16

Q. What did they help you with?

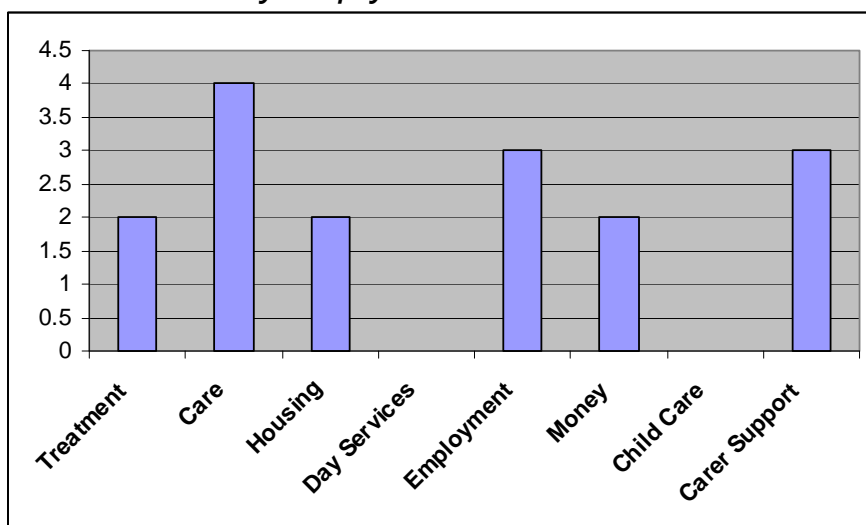


Fig.17

Those that had been supported by an advocate found their support either helpful or very helpful. Opinions expressed include:

'I had quite a few problems – the advocate helped me sort them out'

'The advocate helped with lots of issues when my Dad died and I had no one else to help'

'I have not used an advocate but would do if the situation arises'

All who had experienced the support of an advocate said they would request advocacy support again.

17.1.2 Views expressed in monitoring by advocacy organisations.

17.1.2.1 Independent advocacy organisations

Few of the independent advocacy organisations currently keep information regarding peoples' satisfaction specifically regarding advocacy support. The main exception to this is ESAN who conduct regular satisfaction surveys as part of their monitoring processes. Information from their latest survey (March 2008) indicates a high level of satisfaction, judged against 12 factors. Client satisfaction was highest in respect of the way the advocate worked with them and the results of the advocacy. It was lower in respect of improving relationships with or having a more positive attitude towards the person or service provider they needed help with.

17.1.2.2 Statutory advocacy

- **IMCA** – There is no process in place for judging the satisfaction of service users in the work of the IMCA. As all people entitled to an IMCA lack capacity, opinion on this would be difficult to achieve.
- **ICAS** – We understand that no separate information is recorded for Suffolk.

17.2 Practitioners and others

17.2.1 Views expressed in review questionnaires and meetings with practitioners/ managers.

17.2.1.2 Views of practitioners, managers were explored through questionnaire and interview – there was an encouraging interest shown in advocacy.

Q. Have you ever worked in a situation where an advocate was involved?

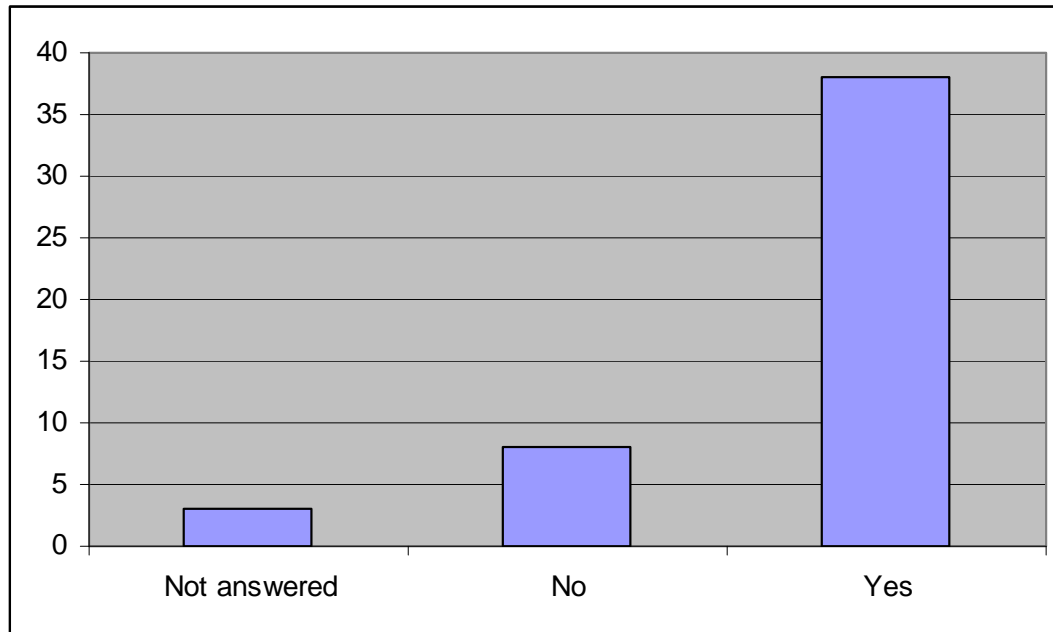


Fig.18

The majority of practitioners who responded had worked in a situation where and advocate was involved.

Q. If yes, how did you feel the presence of an advocate contributed to the situation?

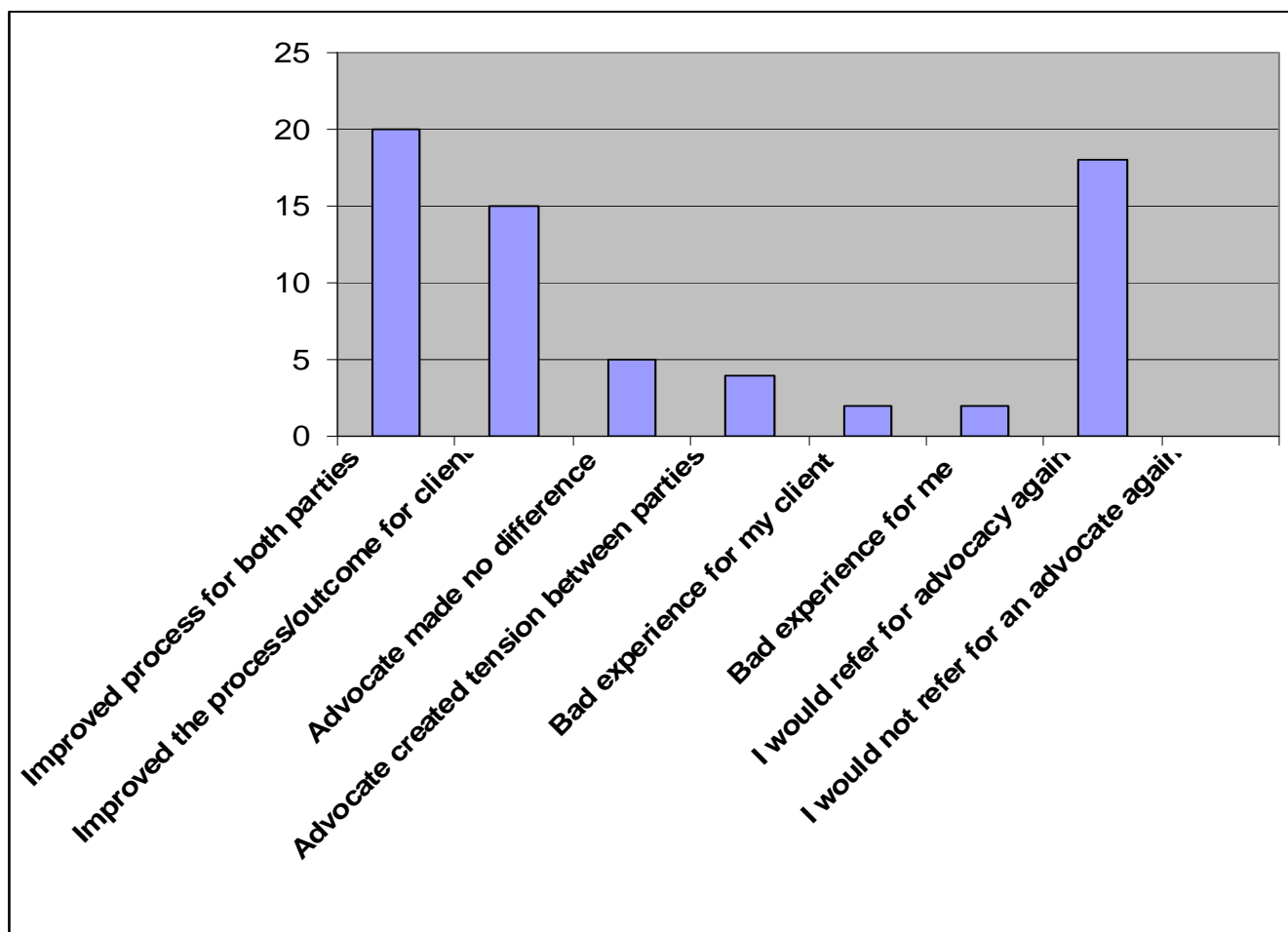


Fig.19

There was a strong feeling that advocacy had improved the situation for one or both parties and many felt that they would refer for an advocate again.

Q. When you contacted an advocacy service, was the referral acted on in a timely manner?

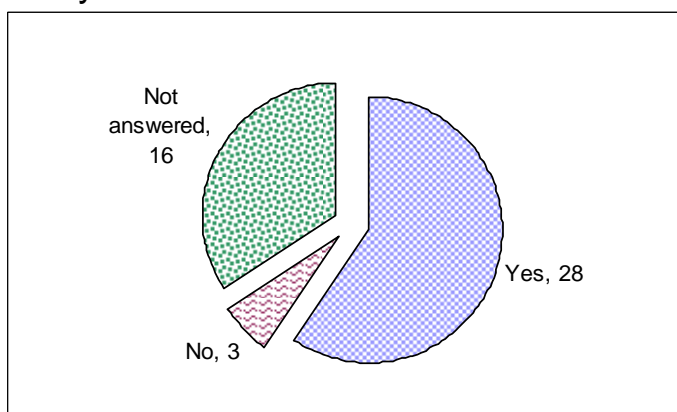


Fig.20

With few exceptions, those who responded said that advocacy referrals had been acted on in a timely manner.

17.2.2 Comments made showed mixed views on advocacy involvement.

Positive views included:

'My client benefited enormously from their support through a complaints issue that she would not otherwise have coped with'.

'I found that it was important for my customer and their relatives to have as much support as possible through a difficult process'.

'Helpful and informative, extended and added to work of ACCORD protocol'.

Some less positive aspects were highlighted:

'One experience of working with an advocate was not very good and I felt the advocate was controlling the person and deciding when they could speak'.

'My client did not find the advocate "useful" and did not see the point in their involvement'.

Some practitioners found the 'attitude', 'conduct' of the advocate was not helpful. During discussion, it seemed that some of this opinion stemmed from a lack of understanding of the role of the advocate and there was insufficient regular dialogue between advocacy organisations and service providers to explore such issues.

Some comments reflected the tension in the relationships involved in advocacy;

'Mixed experience, positive to bad. Sometimes an advocate is committed to supporting a person, ignoring all other aspects – becomes a battleground'.

'Some fear advocates being 'down on them; because of past poor experience'.

Others mentioned factors contributing to the success of advocacy;

'The quality of advocacy is dependent on the advocate and the role being clear to all parties'

'It does lead to some tension where there is a significant difference of opinion – however it does enable there to be a full and frank discussion of all the issues'.

'Need to build up relationships '.

17.2.3 Views expressed in monitoring by advocacy organisations.

17.2.3.1 Independent advocacy

Again with the exception of ESAN, few of the independent advocacy organisations currently keep information regarding professionals' satisfaction with advocacy support provided. Information from ESAN's latest survey (March 2008) indicates a high level of satisfaction, judged against 17 factors.

The lowest satisfaction centred around relationships between client and services – the highest was around accessing the advocacy service and the way the advocates worked with their clients.

17.2.3.2 Statutory advocacy

- **IMCA** – The only mechanism for receiving feedback from decision makers is the post decision report which does not specifically relate to the IMCA's performance.
- **ICAS** – We understand that no separate information is recorded for Suffolk.

18. Service User/ Family Carer control

18.1 User-led advocacy services

18.1.1 ACE

Very much a user led organisation, 50% of the management committee of ACE including key members, are people who use learning disability services. Members of the management committee and other volunteers regularly represent the organisation at local, regional and national level, with support

People with learning disabilities play an active role in deciding how the organisation operates and deciding priorities. As a registered charity, they have access to a range of independent funding.

18.1.2 ESAN

Again a user led organisation, with key members of the management group being either service users or having first hand experience of services. The service users represented on the committee are directly involved in the decision making of the organisation and actively influence its direction.

Additionally service users influence the direction of the work of ESAN through regular themed development days. ESAN is a registered charity which gives opportunities for funding application that would not otherwise be available.

18.1.3 Suffolk ACRE

A registered charity, Suffolk ACRE works primarily with people from rural communities across Suffolk. 90% of the management committee are people from rural communities.

18.1.4 Optua advice and advocacy

An organisation that provides benefit advice and support primarily to people with physical disabilities in central and western Suffolk. Optua Advice and Advocacy has links with Optua, a registered charity, and DIAL who provide advice and support to people across Suffolk.

Optua Advice and Advocacy are committed to involving people with disabilities in their management – currently over 50% of their management committee are people with disabilities.

All the above organisations actively seek to employ people who belong to the community they serve.

18.2 Other organisations

Other organisations that we interviewed as part of the review lobby extensively on behalf of the people they represent. We found variable evidence of user direction within these organisations, including a degree of involvement within their management committees.

People involved in these organisations are regularly supported to attend local and national events and may also be involved in development initiatives, including recruitment.

18.3 The diversity in advocacy, with the main priority being enabling self-advocacy, is greatly valued.

‘We would be sorry if advocacy became solely a specialised role, although we greatly value people who have specific advocacy expertise’.

19. An overview of advocacy in Norfolk, a neighbouring county

19.1 Norfolk is geographically similar to Suffolk, with large rural areas and several more densely populated urban areas. The two counties share a Primary Care Trust (PCT) in the Great Yarmouth and Waveney area. Comparing demographic information for both counties (Suffolk Observatory):

- Population: Norfolk – 832,400, Suffolk – 702,000.
- Population Density: Norfolk –155, Suffolk – 185.
- Male/ female split: Norfolk and Suffolk – females outnumber males by a small percentage.
- Both counties are predicted to have 65 year olds out numbering all other age groups by 2011.

19.2 Information about advocacy provision was gathered from:

- Electronic information.
- Hard copy information.
- Interview with the recently appointed Norfolk County Council (NCC) Advocacy Development Co-ordinator who is line managed by the commissioning manager responsible for carrying out an advocacy review in Norfolk.

19.3 The advocacy development co-ordinator was appointed to support the Advocacy Working Group (AWG) that was established about 10 years ago and currently funded by Learning Disability Development Fund (LDDF). The working group is made up of service users and representatives from voluntary organisations e.g. Mencap. A carer representative has recently joined the group.

The co-ordinator's remit is to promote advocacy in the learning disability field but she is currently also looking at advocacy for other groups, considering a hub and spoke model for development of advocacy in Norfolk.

- 19.4 The AWG** feeds in to the **Norfolk Advocacy Advisory Group (NAAG)**. Membership is by invitation only, with some people being members of both groups. The remit for AWG is to plan the further development of advocacy in Norfolk.
- 19.5 Advocacy for people with learning disabilities.**
NCC fund advocacy for people with learning disabilities which amounts to approximately £300,000. There are 3 distinct advocacy services for people with learning disabilities:
- 19.5.1 **People First** groups meet in 5 localities across the county, with offices in Great Yarmouth and Norwich. A new group planned to commence in Dereham in the near future. The Kings Lynn group maintain a separation from the other groups.
 - 19.5.2 **Steps at Bild**, funded by Bild and NCC. Based in the centre of Norwich, this is a lobbying group that encourages accessibility of information and facilities as well as challenging poor practice. The group also provides advocacy support and information.
 - 19.5.3 **Voluntary Norfolk Advocacy Service** practises an issue based advocacy model, despite being described as a citizen advocacy service. Originally set up to support people who were moving out of long stay hospital accommodation, the service is funded by NCC core funding, supported by a Service Level Agreement. Time limited advocacy support is provided to around 40 people at any one time, with staffing of 1 paid advocacy worker, an administrator and the use of volunteers.
- 19.6 Advocacy for older people.**
Age Concern (incorporating Norfolk Elders) provides one to one advocacy to people over 55 across Norfolk.
- 19.7 Advocacy for Family Carers.**
A carers group in West Norfolk provides information and support – there is no one to one advocacy for family carers.
- 19.8 Advocacy for people with mental health problems**
Norfolk Coalition of Disabled people supports the rights of disabled people. They have recently appointed a new worker and incorporated Norfolk mental health advocacy service, working across Norfolk, with a main office in Norwich and a satellite in Kings Lynn.

19.9 Statutory advocacy

19.9.1 **Rethink**, based in Norwich, provides Norfolk IMCA service with four authorised IMCA's.

19.9.2 **PoHwer** provides ICAS as in Suffolk.

19.10 Drawing on the experience of other advocacy groups from around the country, development work planned by the Advocacy Co-ordinator includes:

- Wide range of booklets/ information packs for service users, family carers and service industry.
- Advocacy standards.
- Training pack aimed at induction for staff.
- Citizenship pack.
- Promotion of advocacy to management and staff.

20. Focus on Advocacy - Recommendations

20.1 Independent advocacy for older people.

20.1.1 Independent advocacy for older people, including those with dementia, should be developed. This will:

- Support a rapidly increasing group during periods of disability/ ill health that often lead to radical life changes.
- Support those vulnerable to abuse/ neglect particularly when unbefriended.
- Support people with dementia to play a real part in planning for the future.

20.1.2 This development should be supported by a multi agency steering group.

20.2 Core funding arrangements.

Core funding arrangements should be agreed for existing advocacy organisations in Suffolk, with the aims of:

- Reconfiguring advocacy provided, taking full account of the advocacy needs of the service user group.
- Filling gaps in advocacy provision, including formal advocacy for people with learning disabilities.
- A robust provision of learning disability and mental health advocacy to meet the requirements of legislation and arising from service developments.

This will provide stability for established service user controlled advocacy projects.

20.3 Advocacy for people with physical/ sensory disabilities

A pilot advocacy scheme for people with physical/ sensory disabilities should be commissioned. This will:

- Initiate advocacy for group where there is currently no provision.
- Identify demand and best model for permanent provision

20.4 Advocacy for parents involved in child protection processes

- 20.4.1 The pilot project for parents with learning disabilities or mental health problems, currently funded to 31.03.2009, should be made permanent, building on and using experience gained from the work of that pilot and partnership.
- 20.4.2 The eligibility for advocacy support, currently restricted to parents with learning disabilities or mental health problems, should be extended to include all vulnerable parents. This will ensure that vulnerable parents with no formal diagnosis will be supported to understand and be meaningfully involved in child protection processes.

20.5 Cross cultural development of advocacy.

The cross - cultural development of advocacy should be supported through service level agreements and provision of resources. This will:

- Ensure that the provisions of service level agreements support outreach and joint working with community organisations.
- Ensure that advocacy skills and resources are shared with diverse groups.

20.6 Advocacy for socially excluded people.

A research project should be initiated to explore the advocacy needs of socially excluded groups. This should be a joint project with LINKs, identify and quantify advocacy need and preferred methods of provision.

Key staff and service users should be involved in steering the research.

20.7 Suffolk Advocacy Forum

- 20.7.1 Suffolk Advocacy Forum (SAF) should be grant funded to continue the support and development of advocacy in Suffolk. This will ensure the development of the forum and its activities including:
- Facilitating meetings
 - Outreach work
 - Cross community involvement
 - Project work
 - Providing accredited training.
 - Embedding and developing advocacy standards and practice
- New initiatives informed by local and national developments

- 20.7.2 SAF should consider becoming a fully constituted organisation – this would enable funding applications to statutory and independent sources. Options for facilitation and management of SAF activities could include one of the local advocacy organisations assuming host responsibility.
- 20.7.3 Links should be maintained with Health and Suffolk County Council through the Advocacy Rights Officers

20.8 Advocacy Training

20.8.1 Suffolk Advocacy Forum to be resourced to:

- Develop advocacy training, using the structure and resources of National Advocacy Qualification and based upon SAF 'Guidelines for good practice in advocacy'.
- Provide a training programme to meet the training needs of both advocacy providers and those interacting with advocates.
- Enable local advocacy trainers to achieve accreditation as trainers for the National Advocacy Qualification.

20.8.2 Training provision should form part of advocacy monitoring.

20.8.3 Advocacy training, provided by representatives of the advocacy movement in Suffolk should form part of induction training for health practitioners, County Council practitioners and voluntary and independent providers. Other specific advocacy related training should be provided as appropriate. These organisations should encourage staff by giving them the opportunity to access further advocacy training throughout their career.

20.9 Advocacy for young people with disabilities in transition 19-25 yrs

CYP are planning to commission advocacy for young people with disabilities, aged 5-19, w.e.f. April 2009. This provision should be extended to include advocacy for young people with disabilities in transition up to age 25.

- This will complement and extend advocacy provision commissioned by CYP.
- Young people will be supported to make informed decisions about their future.
- Employment, education and independence for young people will be maximised.

There will be cross directorate responsibility for commissioning and monitoring of this service.

20.10 Information provision

- 20.10.1 A detailed directory of advocacy and advocacy related services should be set up, maintained and disseminated through Info link, as well as advocacy and SCC websites. Information gained during the review should be used for the initial format of the directory.
- 20.10.2 Maintaining an up to date knowledge of local and national services and signposting people to more appropriate services should be promoted as a feature of good practice in statutory, voluntary and private sectors.
- 20.10.3 Enhanced Customer First (ECF) practitioners should have a good working knowledge of statutory / non statutory advocacy and the situations in which advocacy may benefit people. They should identify the possible need for advocacy at an early stage.
- 20.10.4 Advocacy related information should be developed and disseminated, particularly for use within SCC and PCT's.
- The public of Suffolk will be better informed about and able to access advocacy.
 - Practitioners will be readily able to source advocacy on behalf of their customers.

20.11 Funding

- 20.11.1 Support in realising independent funding should be provided to service user/ family carer led organisations. This will bring independent funding into Suffolk.
- 20.11.2 Advocacy should be funded in line with the Funding strategy developed by the Funding Management Group. That is if a specific service is being purchased this should follow the procurement procedures and grants should be time limited and be used for investment in the market and innovation.

20.12 Monitoring

20.12.1 Advocacy Development Managers should work with advocacy organisations through Suffolk Advocacy Forum to develop a monitoring tool for advocacy that fulfils local requirements for monitoring across all groups. This will incorporate development work carried out nationally in this field.

The monitoring tool will support:

- Implementation of service level agreements.
- Consistent delivery of service.

20.12.2 Service level agreements between Health/ County Council and advocacy organisations should provide for the use of an appropriate form of that tool.

20.12.3 Monitoring by organisations providing advocacy support should include views about satisfaction with their service; this should include the views of both people who use that service and professionals interacting with it.

20.12. 4 There should be regular dialogue between key figures in services and advocacy organisations, to discuss any issues arising out of the provision of advocacy.

20.13 Advocacy in planning service developments

Advocacy Development Managers and Children's Rights Officers should be involved in planning of any major service developments, as appropriate, to ensure;

- Potential advocacy need identified.
- Early action to source advocacy and required resources.

20.14 Commissioning advocacy

20.14.1 Future commissioning and monitoring of Advocacy by Health or County Council should involve input by the Advocacy Development Managers in Scrutiny and Monitoring and Children's Rights Officers in CYP, as appropriate.

20.14.2 Commissioning of advocacy should recognise the increased support needed by vulnerable people to prevent crisis situations or arising from service developments e.g. Personal Budgets, New CPA, Transformation Agenda.

- 20.14.3 All funding for advocacy should be supported by contracts (grant or procurement) stating the requirements in terms of service level or determined outcomes and outputs, appropriate to the unique situation of advocacy.

20.15 Advocacy awareness

- 20.15.1 Advocates should introduce and identify themselves and their organisations clearly to people and practitioners they are working with. They should carry and produce identity badges that clearly identify their role and organisation when working.
- 20.15.2 Advocates should provide full information regarding their advocacy role to promote full understanding by all.
- 20.15.3 Advocacy providers should review their information provision, fully involving people who use their services.
- 20.15.4 Advocacy Development Managers should work with Suffolk Advocacy Forum around a strategy for advocacy information, including information to practitioners. This will include promoting Guidelines for good practice in Advocacy (2008).
- 20.15.5 Advocacy Development Managers should promote their role in providing guidance to practitioners on all aspects of advocacy.

21. Advocacy strategy for Suffolk

21.1 Introduction

The 2008 Review of Advocacy in Suffolk, commissioned by Adult and Communities Directorate, provided a comprehensive view of independent advocacy provision in the county. The report highlighted much good practice and also drew attention to gaps in provision.

The report resulted in a number of recommendations to increase provision, in line with national and local priorities.

The report and its recommendations provided the basis for this strategy. This document confirms the national and local context for independent advocacy and sets the agenda priorities for Adult and Communities Service in terms of advocacy development and provision in the next 3-5 years.

The strategy reflects the growing importance of advocacy as a vital component in enabling people to exert independence, choice and control. Its benefits are not visible in the same way as many other services; rather, it is essential to hearing and understanding the needs and wishes of service users and family carers and working with them to meet their needs where possible and appropriate, and to support them to realise their ambitions.

This strategy should be read in conjunction with the advocacy review report to gain a full picture of all current issues leading to the plan for investment in the coming years.

21.2 What is Advocacy

‘Advocacy is speaking and taking action with someone to ensure they can have their wishes heard, make their own choices and take control over their own lives. Advocacy promotes social inclusion, equality and justice’

(Suffolk Advocacy Forum Guidelines for good practice in advocacy 2008).

There is often an element of advocacy within other services, such as information and advice. The review and strategy have concentrated on independent advocacy services meeting the above definition.

21.3 National Context

Section 11 of the advocacy review sets out the main drivers for provision, development and standards in advocacy. They are:

- Transforming Social Care (LAC , January 2008), giving local authorities a responsibility to introduce self-directed support, personal budgets and individual budgets
- Care Programme Approach 2008, a framework for assessing and managing the mental health needs of people referred to specialist mental health services
- Mental Capacity Act (2005), providing a framework for supporting the rights of people lacking capacity to make certain decisions affecting their lives. The provisions include the right to an IMCA (independent mental capacity advocate)
- Mental Capacity Act (2005) amended by the Mental Health Act (2007) Deprivation of Liberty Safeguards, providing a system for assessing the needs and best interests of people lacking capacity, to be lawfully deprived of their liberty. The safeguards include a right for 'un-befriended' people to be represented by an IMCA, during the process of assessment and at certain times during the period of deprivation of liberty, should this be authorised.
- Mental Health Act (2007), introducing the role of the IMHA (independent mental health advocate)
- Valuing People Now: a new three-year strategy for people with learning disabilities, (Department of Health, January 2009). This gives a direction that "a clear strategy for learning disability self advocacy should be developed, covering the commissioning and funding of comprehensive advocacy and support advocacy to increase its effectiveness". It is also clear that investment in learning disability advocacy should be increased, ensuring that a full range of advocacy services are available.
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. These regulations set out a new framework for handling complaints across health and adult care services. The inclusion of advocates to support people making a complaint is encouraged.
- Children Act 2004 (Department for Children, Schools and Families, 2004).

This builds on the provisions of the Children Act 1989, which placed a duty on local authorities to provide services to support children and their families, also to safeguard and promote the welfare of children who are in need. The 2004 Act contains requirements for local authorities and partner organisations to support children “on the edge of care” including:

- Improving parenting support.
 - Developing support programmes to help families who are having difficulties and enable children to remain at home.
- Working Together to Safeguard Children (2006), placing a requirement on local authorities and partner agencies in Local Safeguarding Children Boards to consider how families can be supported to participate in conferences and associated safeguarding processes, including provision of services such as advocacy and interpreting.
 - Public Law Outline - Guide to case management in Public Law Proceedings (The Children Act 1989, Guidance and Regulations Volume 1 – Court Orders, 2008). This sets out how local authorities and courts should work to ensure a collaborative, effective approach to public care proceedings with a view to:
 - Dealing with cases proportionately.
 - Ensuring parties are on an equal footing.
 - Sharing experience.

21.4 Local Context

21.4.1 ‘The Suffolk Story’ sets out the major strategic priorities of Suffolk County Council, with ambitious targets for improvement in certain areas of service, for example, it states:

Children’s attainment in schools needs to be much higher; our speed in helping people out of hospital and back into the community needs to improve. We need to improve how quickly we provide services for people with learning disabilities. We need better progress in the development of some aspects of mental health services for children and young people. We also need to be better at pooling budgets and

commissioning jointly to help make our services more effective and efficient.

21.4.2 Key priorities for improvement from The Suffolk Story that link to this strategy are as follows:

“We have to help children, young people and adults reach their full potential”.

“We have to give people the skills and knowledge they need to help themselves, their families and the county prosper. If we do nothing, Suffolk’s economy will become less competitive and our residents will have fewer opportunities.

There is a lack of commitment amongst both workers and employers to on-going learning and training for new skills. This is not just about young people: over 75% of our 2020 workforce are already at work. So our future prosperity also depends on today’s adults”.

“We need to make services easily available, and in a way that people want to access them”

“Whilst Suffolk is a safe and prosperous county, there are individuals and communities in Suffolk who are open to harm and exploitation, or denied access to everyday experiences that we would take for granted. No one should be treated unfairly. We have to work with our partners to reduce these inequalities. Everyone in our county should get the full benefits of living in Suffolk.”

“At the forefront of providing value for money services”

“We must continue to deliver excellent services – but keep our costs low. We do not aim to be the cheapest, but we do want to be efficient and effective and get value-for-money for council tax payers.”

21.4.3 Increasing investment and continuing the development in advocacy will help to ensure that people in Suffolk have more choice and opportunity. This applies not only to users of the advocacy services but also to those who become advocates. For both parties, there will be an increase in knowledge, confidence and the ability to take on new challenges.

- 21.4.4** Advocacy services form part of a vital infrastructure of prevention services that, if targeted correctly and used appropriately, ensure that people avoid reaching a stage where crisis intervention services are required.

These priorities provide the drivers for service development in the county.

21.5 Adults and Communities Plan 2008-2010

This sets out the plans for improving wellbeing for people in Suffolk. Adults and Communities (ACS) aims to give people an equal chance of staying healthy, active and independent for as long as possible. The plan reflects the role of ACS to address these issues and overcome inequalities.

- 21.5.1** Independent Advocacy can and does assist people to achieve choice, control in their lives, enabling them to become and/or to remain active and independent. It also reduces the threats of discrimination, by ensuring people know their rights and are supported to have their say and speak up about issues affecting their lives.
- 21.5.2** The increase in the provision of independent advocacy supports the breadth of ACS key commissioning priorities for 2008-2010. It has particular relevance for the following:
- **Supported housing** - the aim is to increase provision in this area. Suffolk County Council and partners are currently involved in moving people from long-stay NHS provision to supported accommodation. Advocacy is recognised as a key factor in making sure that the people moving, and their family carers, are enabled to participate in the decisions that will bring about major changes to the way they live their lives.
 - **Direct Payments and Personal Budgets.** The agenda for transforming social care adopted in Suffolk introduces self-directed support, with the aim of giving people more choice and control over how they manage their support needs. Independent advocacy is recognised as crucial in enabling people to fulfil their aspirations towards more independent living.
 - **Day Services.** As part of the plan to assist people to live more independent and fulfilling lives, traditional day services for adults are

being de-commissioned in favour of making universal, general services accessible to all. Increased independent advocacy will assist people, particularly older people, in making informed choices about alternative activities.

- **Care Homes** - as more people are supported to live independently for longer, the way care home provision is commissioned will change, focusing on meeting more complex needs as and when people do require residential or nursing care. Independent advocacy is known to be very effective to people who are making choices about accommodation, especially if they are suffering from dementia and/or do not have friends and family to assist with the decisions they need to make.

It is recognised that advocacy for people living in any kind of institution is very valuable in helping to safeguard their rights and assist in protecting them from abuses.

21.6 What we will deliver from this strategy

Increased provision of independent advocacy in Suffolk between 2008-2010.

- 21.6.1 For the year ending 31.03.08, £696,000 was committed to independent advocacy provision in Suffolk. This included funds from Suffolk County Council, NHS Suffolk and NHS Great Waveney and Yarmouth, Learning Disability Development Fund, Department of Health funding for statutory provision of Independent Mental Capacity Advocacy. A substantial element of the funding came from pooled funds, containing contributions from Suffolk County Council and Health partners.
- 21.6.2 For the year ending 31.03.09, funding of £101,000 was made available via the Learning Disability Development Fund for a range of advocacy provision and associated projects, to support people moving from long stay NHS provision to supported housing. The funding also supports an advocacy service specifically for the family carers of people moving. These services are funded from 01.04.08 to 31.03.11 and are being promoted and develop to reach as many people as possible who may be in need of the service offered.

21.6.3 Following completion of the advocacy review in October 2008 and its recommendations, funding of £285,000 has been committed to increase provision with effect from April 2009. Details of this are included in the Phase 1 Implementation Plan, attached to this document.

21.6.4 A major new service being commissioned is advocacy for older people. This investment recognises the absence, until now, of advocacy provision dedicated to the needs of older people. The service will:

- support a rapidly increasing population of older people at times of ill health and/or disability, that often result in radical life changes
- support people who are or become vulnerable to abuse and/or neglect, particularly when un-befriended
- support people with dementia to participate in decisions affecting their lives and participate in planning for their future.

21.6.5 Further funding will be made available to support advocacy provision, by exploring existing grant funding arrangements and ensuring an appropriate proportion is allocated to advocacy functions. This work will commence during 2009-2010, and form part of Phase 2 of the Implementation Plan.

21.7 Strengthened partnership working to ensure advocacy provision is available to people in a range of settings and circumstances and is best value.

21.7.1 Advocacy services in Suffolk have traditionally benefited from strong commitment across all relevant statutory agencies; this is recognised in the Advocacy Review.

21.7.2 The review concludes with recommendations to continue discussions with key partners, particularly Suffolk County Council Children and Young People's Services (CYP), NHS Suffolk and NHS Waveney and Great Yarmouth.

21.7.3 Recommendations for jointly commissioned services will be taken forward. The first of these is an advocacy service for children and young people with additional needs, covering ages 5-25. The

service is being commissioned from Spring 2009, providing advocacy to meet a wide range of needs, including support needed by young people 'in transition'.

21.7.4 The review also documented the advocacy needs of parents whose children are "on the edge of care". A pilot service provided evidence of a high demand among parents and professionals for advocacy support to families involved in child protection processes. The service highlighted the importance of setting and working to flexible referral criteria, to ensure that no formal diagnosis is necessary to access the service. This is in line with the requirements of the Children Act 2004, in that families experiencing difficulties should be supported and children enabled to remain at home. Working Together to Safeguard Children 2006 contains specific reference to advocacy being made available to families during child protection processes.

21.7.5 ACS has committed funding for this service; it is envisaged it will be commissioned during Phase 2 of the strategy, following completion of CYP's review of advocacy and commissioning plan.

21.8 Agree core funding arrangements for existing advocacy organisations in Suffolk/support for advocacy organisations to realise independent source.

21.8.1 The advocacy review recognised the current discrepancies in the way advocacy organisations are funded and recommended that there needs to be a more even handed approach.

21.8.2 Work will be undertaken to reconfigure advocacy already provided, where necessary, taking full account of the advocacy needs of different customer groups. It will also set out proposals for meeting any shortfalls identified as a result of this work, as well as the priorities already identified in the 2008 comprehensive review, e.g. the need for an advocacy service for people with sensory/physical disabilities.

21.8.3 Organisations affected by this further 'review' will be consulted throughout its progress and on its recommendations. Its ultimate aim is to ensure the stability of established and respected

voluntary and independent organisations who support individuals and families to assert their rights.

This will be implemented during phase 2 of the Implementation Plan, to take effect from April 2010.

21.9. All advocacy funding to be supported by contracts, with service level agreements containing realistic and achievable outcomes, both quantitative and qualitative.

- 21.9.1 The IMCA service was commissioned in 2007 via a contract with a local provider, supported by a service level agreement and performance indicators. The service is monitored by regular service review meetings and by a steering group. The success of the Suffolk IMCA service has been recognised regionally and nationally as a model of good practice. The main provider works in partnership with 3 local 'sub contractor' organisations, ensuring that the service has access to a range of specialist skills and knowledge to support people who lack capacity to make certain decisions for themselves. The method of commissioning and monitoring this contract has been very successful. Since then, all new advocacy provision has been commissioned along similar lines, with a focus on outcomes to be reviewed. The strategy will take forward this approach in future commissioning, proportionate to what we are seeking to achieve.
- 21.9.2 The implementation plan gives details of services where the tendering is already under way, as well as services that will be reviewed and commissioning arrangements adjusted to ensure advocacy in Suffolk is meeting people's needs, e.g. to enable Self Directed Support. This approach will also ensure services are delivered according to high quality specifications, including requirements for implementing a quality monitoring tool.

21.10 Support the cross cultural development of advocacy through service level agreements and provision of resources.

And

Research the advocacy needs of socially excluded groups and communities

- 21.10.1 The advocacy review recognised that the advocacy needs of some people, particularly those from socially excluded groups and communities, are not being met. Funding is being made available from reserves to support research into the needs of such groups. This will be carried out within the Suffolk Advocacy Forum, once it has become an independently constituted organisation. It is envisaged this will take place during Phase 2 of the Implementation Plan.
- 21.10.2 The Suffolk Advocacy Forum already has a broad membership and includes representation from the Caribbean Association, Bangladeshi Support Group, Ipswich and Suffolk Council for Racial Equality, Citizens Advice Bureau, DIALs and many more organisations with an interest in ensuring the welfare and protecting the rights of families and individuals in Suffolk.
- 21.10.3 Additionally, service level agreements for independent advocacy will contain a requirement for the provider to work across all communities in Suffolk, ensuring a diverse and inclusive approach.

21.11 Grant Fund Suffolk Advocacy Forum to continue the support and development of advocacy in Suffolk.

And

Develop training in independent advocacy, using the structure and resources of the National Advocacy Qualification and based on the Suffolk Advocacy Forum 'Guidelines for Good Practice in Advocacy'.

- 21.11.1 The review of advocacy highlighted the role that Suffolk Advocacy Forum has played over many years in bringing together people involved in providing independent advocacy in Suffolk and making advocacy known and accessible to people who may find it helpful.
- 21.11.2 Until now, the forum and its activities have been facilitated and supported by Suffolk County Council's Advocacy Development Managers. Suffolk Advocacy Forum will be hosted externally as a 'stand alone' organisation, to continue the support and development of the forum and advocacy in Suffolk.
- 21.11.3 The importance of having a local centre for accreditation of the National Advocacy Qualification, introduced in February 2009, was also recognised. Plans are well under way to secure a local centre for Suffolk, to enable us to take forward this very important qualification. Training, leading to the National Advocacy Qualification, will be offered throughout Suffolk, ensuring people's rights are upheld to the highest standards and good practice in advocacy provision is maintained and extended.
- 21.11.4 Once the service is commissioned and the Suffolk Advocacy Forum becomes an independently constituted organisation, it will also develop advocacy training for professionals in Suffolk. This training will ensure that knowledge of and good practice in advocacy become embedded in the commissioning and provision of care and related services.

Details on the plan for provision of training and supplying the National Advocacy Qualification are included in appendix 1, Phase 1 Implementation Plan.

21.12 Identify independent sources of funding for service-user led advocacy organisations to increase their capacity and resources.

- 21.12.1 Recommendations arising from the advocacy review supported increased provision, whilst recognising that funding for the service needed may be supplemented by sources other than statutory agencies. Support from Suffolk County Council for organisations to access independent funding will be available from Customer Rights, liaising with internal and external advice as necessary and relevant. This will be progressed from April 2009/10 onwards as part of all phases of the Implementation plan.

21.13 Develop a monitoring tool for advocacy that fulfils local requirements for monitoring across all customer groups.

- 21.13.1 In order to establish and build on high standards of independent advocacy, it is essential that organisations providing advocacy are able to evidence the quality of their policies, procedures and practice. This will be achieved by developing a quality monitoring tool, taking into account the development work already undertaken nationally in this field. The development of the tool will be supported initially by Customer Rights and the support continued via the Suffolk Advocacy Forum.
- 21.13.2 Monitoring will include views and feedback provided by users of the services, as well as professional who interact with the services.

21.14 Embedding advocacy into professional practice.

- 21.14.1 Whilst investment in advocacy services and the development of high standards and practice within those services is of paramount importance, critical to the success of this strategy will be embedding the awareness and principles of independent advocacy with practitioners, across all agencies.

- 21.14.2 Core training programmes for practitioners in Suffolk County Council will include a module on advocacy. Changes to the relevant training programmes will take effect in April 2010, phase 2 of the Implementation Plan.
- 21.14.3 There will be a plan for provision of the information and briefing/training sessions, as appropriate, to staff in statutory, voluntary and independent agencies. This will also take effect in Phase 2 of the Implementation Plan.
- 21.14.4 Recording practices will be reviewed and updated to take account of the increased availability of advocacy services and practitioners will be trained to record advocacy referrals and appropriate activity. This will be started during Phase 2 of the Implementation Plan, to be completed in Phase 3.
- 21.14.5 Service plans and strategies will include a commitment to develop and strengthen advocacy provision, complementing the plans set out in this strategy.

21.15 Information on Advocacy

- 21.15.1 Suffolk Advocacy Forum, once established, will provide a directory of advocacy services and advocacy related services. They will make the directory and information from individual advocacy organisations, widely available.
- 21.15.2 Further advocacy related information will be developed and disseminated, so that the public of Suffolk will be better informed about and able to access advocacy and practitioners will be readily able to source advocacy on behalf of their customers.
- 21.15.3 Maintaining an up to date knowledge of local and national services and signposting people to more appropriate services will be promoted as a feature of good practice in statutory, voluntary and private sectors.

21.16 Measuring the Success.

21.16.1 The success of increased provision and more effective advocacy will be measured by regular monitoring and review of service level agreements, using the locally developed monitoring tool. The monitoring will include feedback and evaluation from users of advocacy services, as well as professionals interacting with the services. The feedback will be qualitative rather than quantitative.

21.16.2 This will include the measuring the success of the Suffolk Advocacy Forum in raising awareness and providing advice to social work practitioners.

21.16.3 Independent funding generated through support from Customer Rights will be identified.

An important factor will be provision of training leading to partial or total completion of the National Advocacy Qualification.

21.16.4 Additionally, Suffolk County Council will conduct its own survey in 2011 to determine how much professionals' awareness has risen and to what extent this has led to increased appropriate referrals to advocacy organisations.

Implementation Plan

Action plan for implementing priorities, agreed by Adult and Communities Management Team, following the review. Phase 1 includes details of the new investment in advocacy made available from 1 April 2009, totalling £285,000.

Phases 2 and 3 set out the timetable for implementation of the remainder of the recommendations. Phase 2 recommendations will commence during 2010-2011. Phase 3 recommendations will commence during 2011-2012. The plan will be reviewed and updated on a 6-monthly basis from September 2009, with specific timescales attached to priorities for the next 12 months.

| Action | Phase | Timescale |
|-----------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------|
| 1. Advocacy for Older People Independent advocacy for older people, including those with dementia to be developed. | 1 | Commencing September 2009, for 3years |
| 2. Core funding arrangements for existing advocacy organisations in Suffolk. | 2/3 | Commencing April 2010 and on-going. |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------|
| 3. A pilot advocacy scheme for people with physical/ sensory disabilities to be commissioned. | 2 | Commencing April 2010, for 3 years |
| <p>4. Advocacy for Parents involved in Child Protection Processes. The pilot project for parents with learning disabilities or mental health problems, currently funded to 31.03.2009, will not continue after that date. More permanent advocacy provision for vulnerable parents will be established, when CYP have completed their current advocacy review and confirmed their contribution to funding. Interim advocacy support to parents will continue through spot purchase.</p> <p>Funding made available to commission service, in partnership with CYP, following confirmation of their commitment to the service, expected Summer 2009.</p> | 2 | Jointly commissioned service commencing April 2010 |
| 5. The cross cultural development of advocacy to be supported through service level agreements and provision of resources. | 2 | January 2010 |
| 6. A research project to be initiated to explore the advocacy needs of socially excluded groups. This to be carried out under the umbrella of the Suffolk Advocacy Forum. | 2 | Completed by November 2010 |
| 7. Suffolk Advocacy Forum Suffolk Advocacy Forum (SAF) to be grant funded to continue the support and development of advocacy in Suffolk. | 1 | Commencing October 2009, for 3 years |
| <p>8. Advocacy Training Suffolk Advocacy Forum to be resourced to:</p> <ul style="list-style-type: none"> • Develop advocacy training, using the structure and resources of National Advocacy Qualification and based upon SAF 'Guidelines for good practice in advocacy'. • Provide a training programme to meet the training needs of both advocacy providers and those interacting with advocates. This would include resources for local advocacy trainers to achieve accreditation as trainers for the National Advocacy Qualification. | 1 | Commencing September 2009 and on-going |
| <p>9. Advocacy for Young People with disabilities, aged 19-25 This service is being commissioned jointly by CYP and ACS, for children and young people with additional needs, aged 5-25. This will include a range of advocacy, depending on the needs and the situation of the child/young person.</p> <p>Funding has made available as a contribution to monies already committed by CYP.</p> | 1 | Jointly commissioned service commencing July 2009 for 3 years |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------|
| 10. A directory of advocacy and advocacy related services to be set up, maintained and disseminated through Info link, advocacy and SCC websites. Information gained during the review to be used for the initial format of the directory. Advocacy related information to be developed and disseminated, particularly within SCC and PCT's. | 1/2 | Development in 2009-2010, leading to full provision by April 2010 |
| 11. Support in realising independent funding to be provided to service user/ family carer led organisations. | 1/2/3 | Commencing September 2009. |
| 12. Advocacy Development Managers to work with advocacy organisations through Suffolk Advocacy Forum to develop a monitoring tool for advocacy that fulfils local requirements for monitoring across all client groups. This will incorporate development work carried out nationally in this field. | 2/3 | Monitoring tool available by April 2011 |
| 13. All advocacy funding to be supported by contracts with comprehensive Service Level Agreements. | 1/2/3 | Commencing April 2009 and on-going |
| 14. Adoption of Advocacy Policy for Suffolk and Guidelines for Good Practice in Advocacy. To be taken forward within the Suffolk Advocacy Forum. | 1 | Adopted in August 2009. |
| 15. Review of training programmes to include module on advocacy, together with action plan for briefing/training sessions to staff in statutory, voluntary and independent agencies. This to be taken forward in partnership with the Suffolk Advocacy Forum. | 2 | Commencing April 2010, completion April 2011. |
| 16. Review of recording practices in ACS concerning advocacy activity, and information sharing practices with advocacy organisations | 2/3 | April 2010, to be completed March 2012. |

Focus on Advocacy 2008

Part 3 Appendices

Appendix 1 – Advocacy review steering group members 2008

Suffolk County Council

| | | |
|-----------------|---|-----------------------------------------------------------------------------|
| Liz Whitby | – | Head of Customer Rights |
| Gillian Mullins | – | Advocacy Development Manager |
| Pauline Martin | – | Advocacy Development Manager |
| Fiona Harris | – | Children & Young Peoples; Safeguarding manager |
| Bridget Warren | – | Children's Rights Officer |
| Craig Moran | – | Professional Advisor – Family Carers |
| Jean Driscoll | – | Professional Advisor (Children & Families) |
| Andy Yacoub | – | Head of Planning and External Funding |
| Sara O'Driscoll | – | Community Learning and Skills Development; Curriculum Standards Advisor. |
| David Pintilie | – | Planning and Performance SSF; Programme Manager (People in Control) |

Other organisations

| | | |
|-----------------|---|-------------------------------------------------------|
| Brian Wesley | – | West Suffolk PCT |
| Sandy Griffiths | – | Waveney PCT |
| Laura Hack | – | SAVO (Suffolk Association of Voluntary Organisations) |

Service Users/ Family Carers

Gunnel Billing
Deborah Thornton
Edward Shillings

Appendix 2 - Terms of reference of the advocacy review 2008

Advocacy has become a statutory obligation since the Mental Capacity Act (2005) came into effect in April 2007. Further statutory advocacy provisions commence within the next 2 years, with the revised provisions of the Mental Health Act (2007) and the statutory obligation to provide advocacy to complainants. The profile of advocacy has also been raised by the introduction of the Mental Capacity Act and other legislation aimed at protecting the most vulnerable people – this is resulting in an increased demand.

The commissioning guidelines for Independent Mental Capacity Advocacy recommended a review of local advocacy provision, leading to an advocacy strategy. We also recognise that we need a much clearer picture of the funding and provision of advocacy in Suffolk. As we move towards a community based approach in service delivery, in which people will need a range of services including advice, advocacy and brokerage, an advocacy strategy arising from a comprehensive review is essential.

The review, which will include all existing services that may include an advocacy element, will enable Suffolk to maximise the funding for advocacy services and ensure a more equitable service.

Terms of reference: -

Overall aims of the review:

- Define advocacy, identify types of advocacy, good practice models,
- Map current provision and identify gaps in provision and sources of funding.
- Update good practice guidelines and code of practice
- Develop an advocacy strategy to deliver advocacy policy.

Management

The review project will have clear stages and reporting routes, with a Project Initiation Document (PID) used as a tool to support the project through to fruition. The PID is an internal document that provides a framework to track a

project and ensures that key people are responsible for outcomes and related development.

A steering group, including representatives from Health, Adult and Community Services (ACS), Children and Young People's services (CYP), voluntary sector and service user and family carers, will guide the project.

There will be a 6 week consultation period, following the production of the draft report.

The project is commissioned by ACS directorate and will be largely carried out by the Advocacy Development Managers supported by a lead commissioner.

The steering group are an advisory group and will:

- Monitor the general progress and development of the advocacy review and assist in keeping to the tight timescale.
- Monitor compliance with local policies, practice guidance and procedures relating to the review
- Identify, and where appropriate, address any problems that arise during the course of the review.
- Support the Advocacy Development Managers with the review methodology and advise on all aspects.
- Support the Advocacy Development Managers to compile the report.

Oversee consultation on draft document and presentation of final report to commissioners

Appendix 3 - Review plan

Review of Independent Advocacy in Suffolk

Aims of review

1. Define advocacy, identify types of advocacy, good practice models,
2. Map current provision and identify gaps in provision and sources of funding.
3. Update good practice guidelines and code of practice
4. Develop an advocacy strategy to deliver advocacy policy.

| Review Stage | Actions | Method |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. Project initiation document | Initiate project, commissioning sponsor, formalise work on advocacy strategy to sit underneath commissioning strategy | Liaise with John Morgan/ Mel Cassedy |
| 2. Define advocacy | Independent advocacy Statutory advocacy Advocacy forming part of support work Acknowledge other representation – directly commissioned advocacy, welfare rights, other advice work, interpretation services | From Suffolk Advocacy Forum good practice guidelines/ national policy |
| 3. Types of advocacy | Overview of advocacy types | Use nationally recognised definitions |
| 4. Map existing advocacy 4.1 Advocacy providers including those with children and young people | Divided by type, area, age, target group, ethnic group. | Questionnaire to advocacy providers |

| | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.2 Employees/ volunteers | Numbers and type | Questionnaire to advocacy providers |
| 4.3 Funding | (i) Pooled fund, other direct funding by ACS, CYS, PCT's, including grants, LDDF. (ii) External funding including terms, conditions. | Information sources such as: Pooled fund; Pauline McGovern, LDDF – Becky Steer Prevention Grant – Jill Stewart, Carers Grant – Mandy Whittaker CYP – Cheryl Sharland, PCT's – John Such, Brian Wesley Euro. funding Single gateway – Jayne Vaughan, Spot purchasing – Locality managers Complaints adv. – Sarah Baalham Transitions Equality and diversity |
| 4.4 User/ carer control | Constitution, management practice, literature | Questionnaire to advocacy providers/ interview |
| 4.5 Advocacy standards/ code of practice | Code of practice/ standards used | Questionnaire to advocacy providers/ interview |
| 4.6 Training for staff, volunteers, members | Training offered/ provided | Questionnaire to advocacy providers/ |
| 4.7 Monitoring methods/ results | Service level agreements, monitoring arrangements | Questionnaire to providers |
| 4.8 Access by people with complex needs, BME communities | Systems/ development work to ensure access by these groups | Questionnaire to advocacy providers, interview |

| | | |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.9 Financial control | Methods of financial control | Accounts systems, annual accounts |
| 4.10 Role of Suffolk Advocacy Forum | Support to development of independent advocacy in Suffolk | Information from SAF minutes |
| 5. Advocacy training | Advocacy training available for both statutory/ non statutory advocacy | Currently available, within Suffolk, nationally |
| 6. Gaps in advocacy provision | Groups with no available advocacy Information from requests to Advocacy Rights External comparison Operational teams – awareness of and experience in accessing advocacy | Compare with provision for similar group in another area Records and anecdotal Compare with advocacy availability in similar county 'Snapshot' of opinion using questionnaire |
| 7. Best practice models | Overview of models | Use nationally recognised models |
| 8. Review report | Prepare report for consultation | Existing independent advocacy provision – how this fits with advocacy standards and code of practice Statutory advocacy provision – current and planned Effects of future developments on advocacy needs Recommendations re advocacy for Suffolk |
| 9. Consultation on report | Consultation with: Service Users, Family Carers, advocacy organisations, health and social care providers, voluntary sector | 6 week consultation period, using varied methods: Interview, questionnaire, consultation groups via service planning bodies e.g. partnership boards |
| 10. Advocacy strategy | Recommendations for future commissioning of advocacy within Suffolk | Report produced for submission to ACS management team |

| | | |
|----------------------------------------------------------------------------|-----------------------------------------------------|--|
| 11. Submit recommendations for advocacy strategy to management team | Recommendations to be submitted by end of June 2008 | |
|----------------------------------------------------------------------------|-----------------------------------------------------|--|

Appendix 4 - Questionnaires

Review of Advocacy in Suffolk Independent advocacy questionnaire

| | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. | Have you heard about independent advocacy? YES / NO If YES, where did you hear about it? | |
| 2. | Have you seen any leaflets/ other information about Advocacy? YES / NO If yes, were they (<i>Please circle as appropriate</i>): Very Helpful / Helpful / Unhelpful / Very Unhelpful | |
| 3. | Which of these organisations have you heard of? (<i>Please circle as appropriate</i>) | |
| | East Suffolk Advocacy Network Carers Age Concern Society ACE | Suffolk Family Alzheimer's East Suffolk Mind |
| | OPTUA (Independent advocacy) | IMCA SUFFOLK |
| | ICAS | NYAS |
| | VOICE | Other – <i>please specify</i> |
| 4. | Have you ever been supported by an advocate? YES / NO If YES, which organisation were they from? (<i>Please circle as appropriate</i>) | |
| | East Suffolk Advocacy Network Carers Age Concern Society | Suffolk Family Alzheimer's |

| | | |
|----|--------------------------------------------|-----------------------|
| | ACE | East Suffolk Mind |
| | OPTUA (Independent advocacy) | IMCA SUFFOLK |
| | ICAS | NYAS |
| | VOICE <i>specify</i> | Other – <i>please</i> |
| 5. | What type of issue did they help you with? | |
| | Treatment | Employment |
| | Care | Money |
| | Housing | Child care |
| | Day Services | Carer support |

| | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. | <p>Was the service from the advocate? (<i>Please circle as appropriate</i>)</p> <p>Very Helpful / Helpful / Not helpful / Very unhelpful.</p> |
| 7. | <p>Would you request advocacy support again? YES / NO</p> <p>If NO, why not?</p> |
| 8. | <p>Any Other Comments</p> |

Thank you for completing the questionnaire

Suffolk Review of Independent Advocacy Provision 2008

Questionnaire for Practitioners

1. Name and job title

| |
|--|
| |
|--|

2. Service Area

| | |
|----------------------|--------------|
| Organisation: | Team: |
|----------------------|--------------|

3. Please identify the age of the people you work with: *(Please tick as appropriate)*

| | |
|----------------------------------|--|
| Children / young people under 18 | |
| Young people aged 18-25 | |
| Adults aged 18 – 65 | |
| Older people aged 55 and over | |

4. Please identify the customer groups that you work with: *(Please tick as appropriate)*

| | | | |
|-----------------------------------|--|----------------------------------------|--|
| People with learning difficulties | | People with mental health difficulties | |
| People with physical disabilities | | Family Carers | |
| People with sensory impairment | | Substance misuse and dual diagnosis | |
| Older People | | People with dementia | |
| Young People | | Other <i>(please specify)</i> | |

5. Have you ever made an advocacy referral for someone you work with?

Yes/ No (please circle your answer).

If yes, who did you approach? (Please tick as appropriate)

| | | | |
|-------------------------------|--|----------------------------------|--|
| East Suffolk Advocacy Network | | Suffolk Family Carers | |
| Age Concern | | Alzheimer's Society | |
| ACE | | East Suffolk Mind | |
| OPTUA (Independent Advocacy) | | Advocacy Development Manager ACS | |
| IMCA SUFFOLK (OPTUA) | | Children's Rights Officer (CYP) | |
| Other (please specify) | | | |

6. How many times have you made an advocacy referral in the past 24 months? (Please tick as appropriate)

| | | | |
|-----------------------|--|-----------|--|
| Only once | | 1-2 times | |
| 3-4 times | | 5-6 times | |
| More than 7 occasions | | Never | |

7. If you have never referred for an advocate what are your reasons?
(Please tick as appropriate)

| | | | |
|-------------------------------------------------------|--|-----------------------------------------------------|--|
| Never had a client requiring an advocate | | I am worried about the quality of advocacy. | |
| I know there is no advocacy available so do not refer | | I do not have time to seek out an advocacy service. | |
| I have had previous bad experience of advocacy | | I do not know enough about advocacy | |
| I can advocate for my clients | | I have never thought about advocacy as an option | |
| I do not know where to go to find an advocate | | I do not think that advocacy is needed | |
| Other (please specify) | | | |

8. Have you ever worked in a situation where an advocate was involved?

YES/NO *(Please circle your answer)*

9. If the answer to 8 is YES, how did you feel the presence of an advocate contributed to the situation? *(Please tick as appropriate)*

| | | | |
|-------------------------------------------------|--|------------------------------------------|--|
| It improved the process for both parties | | Bad experience for my client | |
| It improved the process/ outcome for my client | | Bad experience for me | |
| The advocate did not make any difference | | I would refer for advocacy again | |
| The advocate created a tension between parties. | | I would not refer for an advocacy again. | |

Any other comments:

10. When you contacted an advocacy service, was the referral acted on in a timely manner?

YES/ NO *(Please circle your answer)*

Any other comments:

11. When you contacted an advocacy service, were you ever required to spot purchase the provision?

YES/ NO. *(Please circle your answer)*

Any comments about spot purchasing:

12. Did you know what to expect from an advocacy service and how an advocate would support the person involved?

YES/NO *(Please circle your answer)*

Any other comments:

13. What information or training on advocacy have you received, including advocacy practice, types, standards and referral?

| | | | |
|----------------------------------------------------|--|---------------------------|--|
| Hard Copy leaflets/ booklets | | Training for staff team | |
| Electronic information on website | | Training for wider groups | |
| Information given informally at team meeting etc. | | One day training | |
| Information available over the phone when required | | Part day training | |
| Other | | None | |

Did you find it helpful?
answer)

YES/ NO *(Please circle your*

14. What information/ training would you like and how/ where would you like this provided? *(Please tick all that apply)*

| | | | |
|----------------------------------------------------|--|---------------------------|--|
| Hard Copy leaflets/ booklets | | Training for staff team | |
| Electronic information on website | | Training for wider groups | |
| Information given informally at team meeting etc. | | One day training | |
| Information available over the phone when required | | Part day training | |
| Other | | None | |

Any other comments:

15. Please tell us about any gaps you feel there are in advocacy provision in Suffolk, including:

- **Areas of Suffolk**
- **Types of Advocacy**
- **Groups/ communities needing advocacy support.**

16. Do you currently record unmet advocacy need. Yes/No

If Yes how is this recorded?

Thank you for completing this questionnaire.

*Please send completed forms to Pauline Martin/Gillian Mullins
Advocacy Development Managers*

Suffolk Review of Independent Advocacy Provision 2008

2. Details of Organisation

| | | |
|------------------------------------------------------------------------------------|----------|---------|
| Name and address of main office: | | |
| Post code: | Tel. No: | Fax No: |
| E-mail address: | | |
| Year established: | | |
| Is your organisation part of another organisation based outside Suffolk? Yes/No | | |
| Description of service: | | |
| Is advocacy the only activity of your organisation? Yes/No | | |
| If no, what are the other activities of your organisation? | | |
| What percentage of your work does advocacy form? | | |
| Name and address of other offices in Suffolk (1): | | |
| Post code: | Tel. No: | Fax No: |
| E-mail address: | | |
| Name and address of other offices in Suffolk (2): | | |
| Post code: | Tel. No: | Fax No: |
| E-mail address: | | |

Please continue on a separate sheet if necessary.

3. Types of advocacy provided (Please tick as many as relevant).

| | | | |
|------------------------------|--|------------------------------------------------|--|
| Volunteer advocacy | | Group / individual self advocacy | |
| Citizen advocacy | | Crisis Advocacy | |
| Professional / paid advocacy | | Independent Mental Capacity Advocacy (IMCA) | |
| Peer advocacy | | Independent Complaints Advocacy Service (ICAS) | |
| Group advocacy | | Other – please specify: | |

4. Who uses the service? (Please tick as many as relevant).

3.1 Age

| Target age group | | Other groups you work with | |
|---------------------------------|--|-----------------------------------|--|
| Children /young people under 18 | | Children /young people under 18 | |
| Young people aged 18-25 | | Young people aged 18-25 | |
| Adults aged 18 – 65 | | Adults aged 18 – 65 | |
| Older people aged 55 and over | | Older people aged 55 and over | |

3.2 Black and minority ethnic communities

Is your service only for people from a particular community?

Yes/ No

If yes, please tick as appropriate below.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Asian or Asian British <ul style="list-style-type: none"> ▪ Indian ▪ Pakistani ▪ Bangladeshi | | Mixed <ul style="list-style-type: none"> ▪ White and Black Caribbean ▪ White and Black African ▪ White and Asian | |
| Black or Black British <ul style="list-style-type: none"> ▪ Caribbean ▪ African ▪ Other black origin | | Chinese/Other <ul style="list-style-type: none"> ▪ Chinese ▪ Gypsy/traveller ▪ Other – please specify | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------|--|--|--|
| White <ul style="list-style-type: none"> ▪ British ▪ Irish ▪ Any other white origin | | | |
|----------------------------------------------------------------------------------------------------------------------|--|--|--|

As a part of your service, do you target any particular community? Yes/No
If yes, please tick as appropriate below.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Asian or Asian British <ul style="list-style-type: none"> ▪ Indian ▪ Pakistani ▪ Bangladeshi | | Mixed <ul style="list-style-type: none"> ▪ White and Black Caribbean ▪ White and Black African ▪ White and Asian | |
| Black or Black British <ul style="list-style-type: none"> ▪ Caribbean ▪ African ▪ Other black origin | | Chinese/Other <ul style="list-style-type: none"> ▪ Chinese ▪ Gypsy/traveller ▪ Other – please specify | |
| White <ul style="list-style-type: none"> ▪ British ▪ Irish ▪ Any other white origin | | | |

20 Focus of Advocacy (Please tick as appropriate)

| | | | |
|-----------------------------------|--|----------------------------------------|--|
| People with learning difficulties | | People with mental health difficulties | |
| People with physical disabilities | | Gay, lesbian and bisexual | |
| People with sensory impairment | | Substance misuse and dual diagnosis | |
| Older People | | People with dementia | |
| Other (please specify) | | Family Carers | |

21 Settings you work in *(Please tick as many as relevant)*

| Main setting | | Other settings in which you work | |
|---------------------------|--|----------------------------------|--|
| Community | | Community | |
| Hospital | | Hospital | |
| Residential accommodation | | Residential accommodation | |
| Forensic/secure setting | | Forensic/secure setting | |
| Prison | | Prison | |
| Other (please specify) | | Other (please specify) | |

22 Which areas of Suffolk does your service cover? *(Please tick as many as relevant)*

| | | | | | |
|---------------|--|--------------|--|--------------|--|
| North Suffolk | | West Suffolk | | East Suffolk | |
|---------------|--|--------------|--|--------------|--|

Does your service work in specific hospitals/units/prisons? Yes/ No
If yes, please name the hospitals/units.

7. How do you advertise/ promote your service? *(Please tick as many as relevant)*

| | | | |
|------------------------------------|--|------------------------|--|
| Leaflets / other printed materials | | Newsletter | |
| Press | | Talks about service | |
| Provision of training | | Other – please specify | |

23 Organisational Structure

Is your organisation *(Please tick as many as relevant)*:

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Formally constituted | |
| Part of/ franchised from a national/ regional voluntary sector organisation (e.g. Mind, Rethink, etc.). If Yes, please name the organisation..... | |
| A registered charity If yes, please state charity no..... | |

| | |
|----------------------------------------------------------------------------------------------------------------------|--|
| A Company limited by guarantee If yes, please state Company no. | |
| Part of a statutory agency (e.g. Local Authority, NHS organisation) If Yes, please name the organisation..... | |
| A private sector organisation | |
| Other. Please specify..... | |

24 How is your service managed? *(Please tick as appropriate).*

| | | | |
|-----------------------------|--|-------------------------------|--|
| Part of larger organisation | | Board of Directors / Trustees | |
| Advisory/ Steering Group | | Management Committee | |
| Other – Please specify | | | |

Do people eligible to use the advocacy scheme control the management group or have representation on it? Yes/No

25 Staffing

Please state the number of people (paid and unpaid) and hours worked in an average week (whole time equivalent – WTE). *(If the advocacy service is part of a larger organisation, list only staff and staff time spent on advocacy).*

| Post | No. of staff/ volunteers | WTE | Salary payable |
|-----------------------------------------------------------------|--------------------------|-----|----------------|
| Full-time Manager | | | |
| If Manager has a caseload, % of time spent on management?.....% | | | |
| Part-time Manager – time managing advocacy | | | |
| Paid advocates (Full time) | | | |
| Paid advocates (Part-time) | | | |
| Volunteer advocates | | | |
| Admin staff (paid) | | | |

| | | | |
|----------------------------------------------------------------------------------------------------------|--|--|--|
| Admin staff (volunteer) | | | |
| Other staff (paid) – please specify | | | |
| Other volunteers (excluding Management Committee / Board of Directors, etc.)? Please specify | | | |

26 Training and supervision

Does your service: *(Please tick as many as relevant)*

| | |
|----------------------------------------------------------------------------------------------------------|--|
| Provide in-house advocacy/ advocacy related training? Is it accredited? Yes/ No If yes, who by? | |
| Use training provided by Suffolk Advocacy Forum | |
| Use external trainers / training organisations? | |
| Have a training budget for paid staff? | |
| Have a training budget for volunteers | |
| Provide regular (at least monthly) internal supervision to your advocates | |
| Provide regular (at least monthly) external supervision to your advocates | |

27 Who funds your service? *(Tick as many as appropriate)*

| | | | |
|-----------------------------------------------|--|---------------------|--|
| No funding received. | | Lottery | |
| Statutory funding (NHS, Local Authority, etc) | | Charitable Trust(s) | |
| Other – please specify | | | |

28 **Commissioning/purchasing arrangements**

Which agencies do you have formal commissioning or purchasing arrangements with? *(Tick as many as appropriate)*

| | | | |
|-----------------------|--|------------------------|--|
| Primary Care Trust(s) | | Prison Service | |
| NHS Trust(s) | | Private Sector | |
| Local Authority | | Other (please specify) | |

Does your service have Service Level Agreement (s) with commissioning bodies?

Yes/ No

Are you spot purchased to provide advocacy support to individual service users?

Yes/ No

14. Policies

14.1 Do you work in accordance with the provisions of Suffolk Advocacy Forum Advocacy Standards 2004?

Yes/No

14.2 Which of these policies and procedures have been decided by your management group and implemented? *(Tick as many as appropriate)*

| | | | |
|------------------------|--|------------------------------------------------|--|
| Equal Opportunities | | Lone working | |
| Health and Safety | | Storage and sharing of information | |
| Confidentiality | | Service user and family carer involvement | |
| Complaints | | Monitoring and evaluation | |
| Protection from abuse | | Training, supervision and support of advocates | |
| <i>Code of Conduct</i> | | | |

15. Monitoring

15.1 Does your organisation hold nationally recognised accreditation(s)?
Yes/No (Please tick all that apply)

| | | | |
|---------------------|--|--------------------------|--|
| PQASSO | | Community Legal Services | |
| Investors in People | | Other (please specify). | |

15.2 Do you; *(Please tick all that apply)*

| | |
|----------------------------------------------------------------------------------------------|--|
| Have a system in place for collecting feedback from the people who use your service? | |
| Have a system for users of your service to make comments and compliments on an ad hoc basis? | |
| Produce a freely available annual report? | |
| Monitor and evaluate your service? | |

Thank you very much for answering the questions!

In your opinion, what are the gaps in advocacy support available in Suffolk?

29 We would like to hear about any gaps you feel there are in advocacy provision in Suffolk, including:

- Areas of Suffolk
- Types of Advocacy
- Groups/ communities needing advocacy support.

30 Do you have plans for extending the range of advocacy support you provide? Please tell us:

- Has funding been agreed?
- When do you plan to do this?
- Any other information you are able to give us about your plans.

31 What are the priorities for developing further advocacy?

Please provide relevant attachments or continue on a separate sheet, if necessary.

Thank you.

Appendix 5 - Service areas contributing to review

| | |
|---------------------------|-----------------------------------------------|
| ACS Managers East | LDDF Advocacy Contracts |
| ACS Managers North | MH Pooled Fund Commissioning |
| ACS Managers South | Partnership Board/Learning disability |
| ACS Managers West Suffolk | Partnership with older People |
| CYP/safeguarding | People in Control |
| CYP/integrated services | Person Centred Planning |
| CMHT's | Probation |
| CPA Development | Professional Advisor Group |
| Customer Rights Team | Professional Advisors |
| Direct Payments | Self Directed Support |
| Drug and Alcohol | SMHT |
| Enhanced Customer First | Social Inclusion /Street women |
| Family Carers | Social Inclusion Managers Meeting |
| GY and Waveney LIT | Social Inclusion/ IDVA |
| Health SMHPT | Social Inclusion/Racial Harassment/hate crime |
| Health-PCT | Suffolk PCT |

Appendix 6 - Guidelines for good practice in advocacy

Introduction

Independent advocacy in Suffolk, following the wishes of service users and family carers and informed by their experiences, has developed through a number of different organisations during the last 15 years. Each organisation has developed in different ways reflecting the views and opinions of those who use their service. These organisations actively co-operate and come together through Suffolk Advocacy Forum, an informal forum where advocacy organisations work together to promote and develop independent advocacy throughout Suffolk.

The Guidelines for good practice in advocacy, comprising advocacy standards and code of practice for advocates have been updated by a sub group of Suffolk Advocacy Forum during the review of advocacy services in Suffolk 2008 and consulted upon during the review. Following the review, the following statutory and voluntary organisations throughout Suffolk endorsed the document:

Advocacy standards

Definition of advocacy

Advocacy is speaking and taking action with someone to have their wishes heard, make their own choices and take control over their own lives. Advocacy promotes social inclusion, equality and justice.

Equal Opportunities

The advocacy scheme will strive to make their service available to all regardless of their age, status, gender, sexuality, perceived ability, cultural background or religious beliefs. It will have a written equal opportunities policy that will include a strategy to progress towards eliminating inequality, discrimination and social exclusion. The scheme will have a system to provide for fair and equitable allocation of advocates' time.

Management of advocacy project

The advocacy scheme will be well managed, with people eligible to use it controlling or being represented on the management group.

Accessibility

The advocacy scheme and its services will be accessible to all. Information about the project and its services will be clear, well publicised and readily available in a range of formats. Any request for advocacy will be responded to promptly in an appropriate manner.

Independence

The advocacy scheme will demonstrate that it is independent from other service providers and strive to be free from conflict of interest. It will not be limited by agreements that compromise independence and will work solely on behalf of the people it serves. People using the scheme will influence its development.

Confidentiality

The advocacy scheme will work to a high level of confidentiality in accordance with a clear confidentiality policy. It will ensure that those using the scheme and others concerned are aware of this policy which will clearly state the circumstances under which confidentiality might be breached.

Where records are kept, access to information about the individual to whom they refer will be given in accordance with the Data Protection Act (1998) and Freedom of Information Act (2001).

Policies and Procedures

The advocacy scheme will implement policies and procedures decided by the management group relating to:

- Conditions of Employment
- Equal Opportunities
- Health and Safety
- Confidentiality
- Complaints
- Protection from abuse
- Code of Conduct
- Lone working
- Storage and sharing of information
- Service user and family carer involvement
- Monitoring and evaluation
- Training, supervision and support of advocates

Accountability

The advocacy scheme will be accountable to the people who use it and its funders, having in place systems for monitoring and evaluating its work. The scheme will be externally evaluated at regular intervals. Each person who uses the scheme will have a named advocate and will be given clear information on how to contact them.

Training, Support and Supervision of Advocates

Advocates will be recruited, trained, supported and supervised in their role to provide effective advocacy and be given opportunities to further develop their skills and experience. The advocacy scheme will have a budget for training.

Putting People First

Advocates will be directed in their work by the wishes and interests of the people they advocate for. The advocacy scheme will support self-advocacy and empowerment. Advocates should be non judgmental, recognising peoples' views, opinions and experiences, within the requirements of the law. Any information received by advocates about the people they represent will be shared with those individuals.

Advocacy arrangement

An advocate's agreement to work with people will include:

- Description of the tasks to be carried out and likely timescales for that work.
- Named advocate and contact arrangements.
- Statement that the advocacy will be delivered free of charge.
- People will be free to stop or suspend the advocacy at any time.
- Advocates will not break or be a party to breaking the law.

Code of practice for advocates

The advocate will:

- Comply with the policies and procedures of the advocacy scheme and with Suffolk Advocacy Forum advocacy standards.
- Act with or speak on behalf of a person only with their consent and in accordance with their expressed wishes or instructions, so long as this does not involve breaking the law or being associated with breaking the law. Where the person appears to lack capacity to consent, the advocate will comply with separate guidelines developed by the advocacy scheme and/or discuss the situation with their supervisor.
- Maintain high standards of ethics, integrity, honesty, quality and consistency of behaviour.
- Respect the person's right to continue or discontinue the advocate's involvement.
- Maintain full and proper records in accordance with the advocacy scheme's guidelines and ensure the person has full access to those records.
- Keep the person fully informed of the progress of the advocacy task and share all information with him/her.
- Comply with the advocacy scheme's confidentiality policy.
- Report any actual or potential conflict of interest immediately to his/her supervisor.
- Respect the boundaries of the advocacy project and, for services outside those boundaries, signpost the person to the appropriate service provider, e.g. solicitor. Where necessary, support should be provided to the person during the transfer process.

- Seek to practise principled negotiation whilst focusing on the person's wishes, when faced with confrontation or challenges.
- Carry a formal identity card of the advocacy scheme whilst acting on behalf of any person.
- Recognise the value of and make full use of supervision, including reflection on their practice.

The advocate will not:

- Impose his/her own judgement, values or beliefs.
- Make any decision or choice on behalf of the person and will not limit, by their own preference, the options available to make an informed choice.
- Discriminate in any way against any person.
- Abuse the trust or position of advocate.
- Assume the role of mediator.
- Adopt a deliberately adversarial stance but neither should they seek to avoid confrontation and challenges if and when these arise.

2008

Appendix 7 - Suffolk County Council

Adult and Community Services, Children and Young People's Services

Advocacy policy

Children and Young Peoples' services and Adult and Community Services are committed to the principles and provisions of independent advocacy. Advocacy empowers service users and carers, who would otherwise have difficulty in having their views heard, to participate as fully as possible in decisions that affect them. Independent advocacy supports people at risk of being excluded from society to have choice and control in their lives.

This underlines the County Council's commitment to put people at the heart of all its activities, valuing their views and promoting fairness. It complements the Suffolk County Council equalities policy, by working to eliminate discrimination on grounds of race, gender, perceived ability, religion/belief, sexual orientation and age.

How this policy will work

CYP and ACS are committed to advocacy and its further development and to working with our partners in the voluntary and statutory sectors on planned initiatives in advocacy. This helps us to provide responsive services and improve our performance, complementing best practice.

CYP and ACS will work with partners, including service users, family carers, advocacy schemes, voluntary organisations and independent service providers to:

- Maintain high standards in independent advocacy.
- Ensure that advocacy is accessible for service users and family carers, actively supporting equal opportunities and complying with relevant legislation.
- Ensure that service users and family carers are supported in the way that they would wish, to enable them to participate in decisions that affect their lives.

- Staff will work with independent advocacy in a positive way, recognising and supporting the variety of ways in which advocacy can be delivered, including statutory provision.
- Support the continued development of independent advocacy organisations through the Suffolk Advocacy Forum and the endorsement of the Guidelines for good practice in advocacy.
- Ensure advocacy is consistently provided across the county, both geographically and for all service groups.

This policy forms a framework for extending the principles and practice of advocacy across all services provided or commissioned by CYP and ACS. It also provides guidance for applying best practice in advocacy.

Who is it for?

This policy is for the residents of Suffolk and guides all County Council staff and organisations providing advocacy. It further applies to staff and volunteers providing services commissioned by the County Council.

What is advocacy?

Advocacy is speaking and taking action with someone to ensure they can have their wishes heard, make their own choices and take control over their own lives.

Advocacy promotes social inclusion, equality and justice.

How can advocacy help?

By:

- Clarifying views and wishes
- Supporting people to express their views
- Representing people's views effectively
- Providing independent, balanced and accurate information
- Enabling negotiation and resolution of conflict to take place
- Redressing balance of power between service user or family carer and service provider.

Types of advocacy

The County Council recognises different types of advocacy, including:

- **Self advocacy** – where individuals put forward their own views and have their say. This should be the aim of all advocacy.
- **Group self advocacy** – empowering groups to have a voice and be fully involved in local planning and implementing local services.
- **Informal advocacy** – one individual acting for or with another. This role is most often carried out by family or friends.
- **Peer advocacy** – where an individual is supported by someone with similar experiences.
- **Professional (formal) advocacy** – a paid advocate employed by an independent advocacy scheme supporting an individual in dealing with specific issues. This type of advocacy can also be used to support people in crisis.
- **Legal advocacy** – representation by legally qualified advocates, usually solicitors.
- **Citizen advocacy** – a long term advocacy relationship, usually involving unpaid volunteer advocates, trained supervised and supported by a paid co-ordinator.
- **Statutory advocacy** – advocacy which is compliant with the requirements of legislation.
- **Non-Instructed advocacy** – advocacy where a service user cannot give clear instruction.

Our responsibilities

The County Council will take account of the legislation that underpins community services for adults, children and young people:

- The Human Rights Act 1998
- Disability Discrimination Act 2005
- Race Relations (Amendment) Act 2000
- NHS and Community Care Act 1990
- Health and Social Care Act 2001
- The Children Act 1989
- Adoption and Children Act 2002
- Carers Recognition and Services Act 1995
- Carers (Equal Opportunities) Act 2004

- Valuing People Now 2008
- Mental Capacity Act 2005
- Mental Health Act 2007
- Equality Act 2006

These place a responsibility upon local authorities to listen and take account of service users and carers' views.

The County Council aims to ensure that people have access to support by an advocate from a local advocacy scheme that follows Suffolk Advocacy Forum Guidelines for good practice in advocacy, when they are having difficulty expressing their views and/or are facing decisions that may change their life.

How we promote advocacy

The County Council:

- Values people's views and opinions and encourages advocates to support service users and family carers to speak out or speak on their behalf when they are not able to do so themselves.
- Will ensure that advocacy is free of charge to the person needing it.
- Will work in partnership with individuals and organisations to promote advocacy across Suffolk.
- Endorses the Guidelines for good practice in advocacy, developed in partnership with individual service users, family carers and organisations providing advocacy (SAF Guidelines for good practice in advocacy 2008).
- Will work collaboratively with partners and internal colleagues to develop a framework that will support national initiatives.
- Are committed to supporting national advocacy initiatives where these will benefit advocacy provision in Suffolk.

How we will implement the policy

The policy and accompanying appendices will be circulated widely to internal colleagues and partners. Practice guidance will be provided for commissioners and staff.

It will become an integral part of induction and staff training in the County Council and those organisations that provide services on its behalf.

The principles and guidance contained in the policy and Guidelines for good practice in advocacy will be formalised through service level agreements and an advocacy strategy. The County Council will support the adoption:

- By independent advocacy schemes, of the Guidelines for good practice in advocacy and monitoring tools that contribute to the further development of advocacy.
- Of a partnership approach between specialisms and with other organisations in commissioning advocacy consistently and supporting advocates efficiently.

This policy, including all documents and work that support it, will be reviewed annually with partners.

Appendix 8 – Organisations, contributing to review

ACE

Age Concern

D.I.A.L Lowestoft and Waveney

Disability advice service (East Suffolk)

East Suffolk association for the blind

ESAN

IMPACT

Norfolk County Council/Advocacy Development Co-ordinator

Optua

PALS – SMHP

PALS – Suffolk PCT

PALS SMHT

PoHwer

Suffolk ACRE

Suffolk Family Carers

Suffolk Inter-faith resource

Suffolk User Forum

Appendix 9 - Suffolk Advocacy Forum 2008



Terms of reference

Suffolk Advocacy Forum was reformed in 2003 and brings together advocacy organisations, voluntary organisations and community groups that support the aims and development of independent advocacy in Suffolk.

Purpose and aims

The forum aims to make independent advocacy known and accessible to people who may find it helpful, with activities including;

- Informing and educating people about advocacy.
- Promoting guidelines for good practice in advocacy
- Designing and providing accessible advocacy training for those interested in knowing more about advocacy
- Working on new initiatives to extend the availability of advocacy.
- Supporting each other and sharing information/ expertise

Structure, co-ordination and administration.

The forum is open to all individuals or organisations that support the aims and share an interest in the development of independent advocacy.

The forum is co-ordinated and administered by the Advocacy Development Managers from Suffolk County Council who facilitate and support its activities. The forum will work towards a robust structure and securing funding which will enable it to become self-supporting.

Membership

Any one with an interest in advocacy may join the circulation list and attend the meetings. There is no formal membership.

Meeting frequency

The forum aims to meet bi- monthly but this may vary according to the wishes of the membership. Meeting dates will be fixed and circulated annually.

Additionally, sub groups e.g. Training sub group will meet as required and requested by the forum.

Activities and agendas

The meeting agendas should be planned in advance to fulfil the agreed objectives of the forum. Some items will be the same every meeting; others will be specific to a particular meeting. Guest speakers will be invited as requested by the members.

Members should submit items for the agenda and relevant papers two weeks before the date of the meeting.

**Date Terms of reference originally created: April 2003
to be reviewed on an annual basis**

Glossary

| | |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | |
| ACCORD | Adult and Children's services Co-ordination |
| ACS | Adult and Community Services |
| B | |
| BME | Black and minority ethnic communities |
| C | |
| Carers Grant | Part of the Area based grant allocated to Suffolk to provide services to carers. |
| Charitable organisation | An organisation that is registered with the charities commission. |
| Commissioning | The full set of activities that local authorities and Primary Care Trusts (PCTs) undertake to make sure that services funded by them, on behalf of the public, are used to meet the needs of the individual fairly, efficiently and effectively |
| Community Care | Care or support provided by social services departments and the NHS to assist people in their day-to-day living |
| CPA | Care Programme Approach |
| CSCI | The single independent inspectorate for all social care services in England |
| CSIP | The Care Services Improvement Partnership |
| Customer | A member of the public receiving a service from, through, or on behalf of, ACS. A customer can be a New Customer or and Existing Customer |
| CYP | Children's and Young Peoples Services |
| D | |
| Dementia | Significant loss of intellectual abilities such as memory capacity, severe enough to interfere with social or occupational functioning. |
| Direct Payments | Payments given to individuals so that they can organise and pay for the social care services they need, rather than using the services offered by their local authority |
| DOL | Deprivation of Liberty – term used in Mental Capacity Act (2005) |

| | |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E | |
| ECF | Enhanced Customer First |
| Eligibility Criteria | A set of characteristics or requirements, which must be satisfied before a person, can receive services. |
| F | |
| FACS | Fair Access to Care – Guidance issued by the Department of Health to local authorities about eligibility criteria for adult social care |
| Family Carer | A Family Carer is someone of any age whose life is restricted because they are looking after another person who cannot manage without help because of illness, age related frailty, mental health need or disability. Family Carers are not paid and do not always live with the person that they care for. They may be caring for a friend, neighbour or relative. |
| H | |
| Hub and spoke | A model of service provision where a central organisation manages and co-ordinates activities of a number of sub contractors. |
| I | |
| ICAS | Independent Complaints Advocacy Service |
| IMCA | Independent Mental Capacity Advocacy – a statutory role that became operational with the implementation of the Mental Capacity Act 2005 |
| IMHA | Independent Mental Health Advocacy – A statutory role that will become operational in April 2009 with the implementation of the Mental Health Act 2007 |
| Individual Budgets | Individual budgets bring together a variety of income streams from different agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her care needs |
| L | |
| LA | Local authority |
| LAC | Looked After Children – Children for whom the LASSR has parental responsibility |
| LASSR | Local authority with social service responsibility |
| LDDF | Learning disability development fund |
| LGBTI | Lesbian, gay, bi-sexual, transgender, intersex |

| | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| M | |
| MCA | Mental Capacity Act |
| ME | Myalgic Encephalomyelitis |
| MHA | Mental Health Act |
| Multi-disciplinary | Relating to or involving several disciplines including health and social care. |
| N | |
| NHS | National Health Service |
| P | |
| PALS | Patient Advice and Liaison Service |
| PCP | Person Centred Plan |
| PCT'S | Primary Care Trust - Freestanding statutory NHS bodies with responsibility for delivering health care and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions |
| PID | Project Initiation Document |
| Pooled Fund | Funding to which Suffolk County Council and PCT'S contribute. |
| Practitioner | Professional who provides care management. |
| R | |
| RAS | Resource Allocation System |
| S | |
| SCT | Supervised Community Treatment |
| Self-Directed Support (SDS) | A way of redesigning the social care system so that people who get services can take much greater control over them |
| Service User | A person who is entitled to receive services from Health or Social Care. |
| SMHPT | Suffolk Mental Health Partnership Trust |
| Social exclusion | Social exclusion occurs when people or areas suffer from a combination of linked problems including unemployment, poor skills, low incomes, poor housing, high-crime environments, bad health and family breakdown. It involves exclusion from essential services or aspects of everyday life that most others take for granted |

| | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spot purchased Advocacy | Advocacy that is purchased by Health or Social Care to provide support to an individual for a specified issue. |
| Supporting People | A grant programme providing local housing-related programme support to services to help vulnerable people move into or stay independently in their homes |
| V | |
| Valuing People | A Department of Health team working to improve Support Team services for people with learning disabilities through regional programmes of events, networks and support for groups and partnership boards. Its work is underpinned by national programmes designed to support local implementation |
| Voluntary and community sector | An 'umbrella term' referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, for public or community benefit |
| W | |
| White Paper | Documents produced by the government setting out details of future policy on a particular subject |

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Focus on advocacy Consultation Questions used

We would welcome your views about the content of this report. Your comments will help shape the final recommendations and advocacy strategy that will be produced at the end of the consultation period. Our questions focus on the main topics of the report but we will welcome your comments on any aspect of it.

1. How should independent advocacy be funded?

1.1 Is it important that part of the funding comes from independent sources (outside health, local authority, central government)?

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

Other comments about funding of independent advocacy.

- 2 Should advocacy training in Suffolk be based on the national advocacy qualification?

Yes ☐
No ☐

2.1 How should the training be offered and funded?

Other comments about advocacy training.

3. How important is it that Service Users/ Family Carers control advocacy?

3.1 What needs to happen to make this 'real'

Other comments on Service Users / Family Carers control.

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4. What information do we need to know through monitoring?

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4.1 Is developing a 'monitoring tool' for Suffolk the best way to help us find out that information.

| | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

Other comments on monitoring.

| |
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5. What should the role of Suffolk Advocacy Forum be in the future?

5.1 How should this be managed and funded?

Other comments on Suffolk Advocacy Forum

6. How can an understanding of the important differences between independent advocacy and statutory advocacy be best promoted?

Other comments on independent advocacy and statutory advocacy.

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7. In section 16 the awareness of advocacy was explored – how do you think people’s awareness and understanding of advocacy could be improved?

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7.1 How should this happen in practice and who should be responsible?

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Other comments on the awareness of advocacy.

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8. Which service factors/ legislation will affect the need for advocacy most?

Other comments on service factors / legislation.

9. What should be the 3 top priorities for the future development of advocacy?

9.1 Which of these is the most important?

Other comments on priorities.

10. What are the most important things to take into account when commissioning advocacy?

Other comments on commissioning advocacy.

11. What should be included in the advocacy strategy for Suffolk?

Other comments on the advocacy strategy for Suffolk.

12. Will the advocacy policy (appendix 7) help advocacy develop as we would like to see it in Suffolk?

Yes ☐
No ☐

12.1 What changes would you like to see in the advocacy policy?

Other comments on the advocacy policy.

Please have your say – **be honest**. We need and welcome your comments.

We would be grateful if you could fill in your details on the following page and send back to the address supplied.

Contact Details

| | |
|-----------|------------|
| Name | |
| Job Title | |
| Team | |
| Address | |
| | Post Code: |
| Telephone | |
| E-Mail | |

Please return to: -

Customer Rights Team, Endeavour House, Russell Road, Ipswich, Suffolk,
IP1 2BX.

Phone: 01473 260784.

E-mail: Advocacy.Rights@suffolk.gov.uk