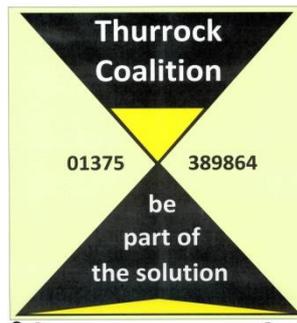


Thurrock Coalition



Action on Advocacy Engagement Report and Recommendations

Introduction

Thurrock Coalition offers advice and support for disabled and older residents of Thurrock and their carers. We are a wide network of individuals and groups aiming to inform people about their rights and entitlements and to improve the quality and choice of services that might assist them.

Context

The “Action on Advocacy” Workshops were held in October and November 2015. These were a series of interactive workshops held across Thurrock, in Grays and Belhus and online to ensure that the widest number of people have an input into the shaping of an Advocacy Service, of what it will comprise in Thurrock and what it will mean for the people who need to access it.

This was achieved by ascertaining the community viewpoint of what people want to see in an Advocacy Service in Thurrock, determining what is provided now. Where the gap(s) are, and what people want to see in an Advocacy Service from June 2016 onwards. From experience, we know that the most effective way of gathering and distilling input, views and feedback is through public engagement workshops in community venues.

Good practice stipulates that “Commissioners...should engage with users of advocacy services who share protected characteristics and with organisations representing people who share protected characteristics to identify issues regarding access to, experience of and outcomes from commissioned advocacy services for these groups.”¹

It is on this basis that Thurrock Coalition gathered the input and feedback and drafted this report and recommendations.

¹ SCIE “Care Act 2014: Commissioning independent advocacy” – March 2015 – p.30

Recommendations and Next Steps

- In terms of future planning, Guidance suggests that: *Local authorities will have to anticipate demand for advocacy because of the new duty under the Care Act, as well as increased demand on the system overall.*

Local authorities already have to commission statutory advocacy services (independent mental capacity advocacy, independent mental health advocacy and NHS complaints advocacy), and many go beyond these minimums to enable people to access advocacy where they would benefit from it.

Commissioners should look at the arrangements for these existing services and consider building on them to become compliant with the Care Act by April 2015.

Contractual arrangements for providing Care Act advocacy must contain the flexibility to grow as demand for the service is anticipated to increase.

Once a flexible arrangement is set up, local authorities should gather as much information as possible to feed into a more long-term solution for providing advocacy where it is needed.

This information should feed into a thorough commissioning process, informing the analysis of demand, planning and strategy, the establishment of new contracts and the review of advocacy arrangements in every local area.

All of these activities will be enriched and made more effective by co-producing each step with local people who use services and engaging constructively with existing and potential providers of advocacy services.²

- The workshops and outreach exercises engaged people, of a varied demographic and with a range of impairment types each of whom provided a valuable insight into requirements and uses of Advocacy in their lived experiences (see below).
- It is hoped that the discussions, questions and issues raised throughout the workshops will be used to inform, develop and implement a new Advocacy Specification in a positive and meaningful way, informed by person-centred principles alongside the people who use Council Services through further, additional involvement, engagement and consultation as and where required.

² SCIE: "At a glance: Care Act 2014: Commissioning Independent Advocacy". Version 1 published October 2014. P.1

Background

The Commissioning Officer for Learning Disabilities and Mental Health, Adults Health and Commissioning has approached the Thurrock Coalition (the “Coalition”) with a view to engaging with people to inform future commissioning of advocacy services in Thurrock. The Coalition scoped, administered and facilitated the Engagement activities.

Thurrock Council Commissioners are in the process of forward planning for 2016/17 and beyond - the current advocacy contract ends in June 2016. As part of this process Commissioners approached Thurrock Coalition in June 2015 with a view to planning an engagement exercise and consulting early as to what service it is people want to have. Any exercise would need to look at the statutory function and obligations relating to advocacy alongside the community aspect of advocacy.

Audience

The audience included people who use Services, of all impairment types, Older people, Carers, parents, family members, relatives, People not yet disabled, People already accessing Advocacy, people who may require advocacy in the future and crucially those who need help with form filling.

“Action on Advocacy”- Engagement considerations, Format and Aims of the Activities

Our professional and practical experience, coupled with our research and engagement activities in recent years has shown that that many people do not immediately recognise or use the word “Advocacy” but do know when they encounter an issue or problem with which they need help to address, and tend to fall into 2 categories of customer:

- i) Individuals who are sure and know what the issue is they need to address and what support they need, for example support to understand and to complete various forms (paper or online).
- ii) Individuals who are unsure or unaware of what they may or may not be entitled to in terms of support, available service(s) or disability-related welfare benefits. Individuals may need assistance to decipher complex correspondence from various bodies, including, but not limited to various Council Directorates, the Job Centre or the Department for Work and Pensions.

Individuals are often entitled to support as a result of impairment or caring role and need support to access the Adult Social Care, Housing, Transport, Health, Education, Employment systems accordingly. Individuals thus require “advocacy” support to understand the forms/literature and what it requires (i.e. the questions

being asked and the information sought) and guidance via an assistive dialogue discussing the issue(s), the relevant requirements (legal, procedural or other), applying the required law or policy to the specific situation and the subsequent process and then discussing options with the individual towards a logical conclusion.

Many referrals for both groups of customers are directly as a result of signposting by the Civic Offices to The Beehive. There may also be barriers in terms of language, literacy alongside existing conditions.

The engagement workshop covered the **Key Principles of Advocacy**, through group discussions, which ensured consistency of understanding and to utilise a **universal definition** of what is meant by, included with and excluded from the meaning of “Advocacy” for the purposes of the Project (see below).

The Social Model of Disability

The Social Model of Disability is a useful way of understanding disability that was developed by Disabled people. The Social Model states that Disabled people are disadvantaged by social, environmental, physical and economic barriers in society. It is the way society is organised that excludes disabled people from being involved and taking part. The Social Model of Disability sees Disabled People as active citizens: campaigning for equality, working in partnership with allies.

A “Social Model” definition of Advocacy

The feedback, views and input obtained from the “Action on Advocacy” workshops contained a number of common themes or threads in terms of a definition of Advocacy from the community perspective in Thurrock. We have collated and distilled these into the following comprehensive definition:

Advocacy:

Disabled people are entitled to have choices and to be in control of their own lives but sometimes through social, attitudinal, environmental, physical and economic barriers, they may find themselves in a position where their ability to exercise choice or represent their own interests is limited or restricted.

In these circumstances, independent advocates can act in partnership with individuals to help ensure that an individual’s rights are upheld and that views, wishes and needs are heard, respected and acted upon to obtain the support and services to which they are entitled.

Advocacy promotes social inclusion, equality and social justice.

The Advocacy Charter

We recommend that the above definition should be read and implemented in any Specification in conjunction with the Principles of Advocacy contained in the Advocacy Charter 2002 (revised 2014) – see below.

The Advocacy Charter was published in July 2002 by Action for Advocacy and set out to define and promote key advocacy principles. The Charter provides advocacy schemes and others with a vehicle for both explaining what advocacy is and outlining a common vision of what constitutes effective advocacy.

The Advocacy Charter principles and the Code of Practice have been revised in 2014, by Empowerment Matters CIC and the National Development Team for Inclusion (NDTi), to reflect changes in legislation as well as developments in advocacy practice.

The Advocacy Charter – Defining and promoting key advocacy principles³

Clarity of purpose

The advocacy provider's aims, objectives and planned activities are within the objects set out in its governing document and providers should be able to demonstrate how these meet the principles contained in this Charter. Advocacy providers should ensure that the people they advocate on behalf of, health and social care services and funding agencies have information on the scope and limitations of the advocacy provider's role.

Independence

The advocacy provider will be structurally independent from statutory organisations. The advocacy provider will be as free from conflict of interest as possible, both in design and operation of advocacy services, and seek actively to reduce conflicting interests, in particular where the organisation provides additional services such as housing provision.

Person Centred Approach

The advocacy provider will ensure that the wishes and interests of the people it advocates on behalf of direct its work. Advocates should be non-judgmental and respectful of people's needs, views, culture and experiences.

Empowerment

The advocacy provider will support self-advocacy and empowerment through its work. People who access the service should have a say in the level of involvement and style of advocacy support they want where they are able and wish to.

³ The Advocacy Charter – Available at: <http://www.advocacyproject.org.uk/advocacy/what-is-advocacy/the-advocacy-charter/>

Where clients lack the ability or capacity to influence the service, the advocacy provider should have a process in place to enable those with an interest in the welfare of the person to influence this. Providers will ensure that people who want to, can influence and be involved in the wider activities of the organisation up to and including at Board level.

Equal Opportunity

The organisation will have a written equal opportunities policy that recognises the need to be pro-active in tackling all forms of inequality, discrimination and social exclusion. The advocacy provider will have systems in place for the fair and equitable allocation of advocates' time.

Accessibility

Advocacy will be provided free of charge to eligible people. Where clients need or want to purchase advocacy or where someone has an appointed deputy/attorney in place who wishes to instruct an advocate on the person's behalf, suitable processes should be in place to safeguard the person and ensure they are not open to financial abuse. The advocacy provider will aim to ensure that its premises (where appropriate), policies, procedures and publicity materials promote access for the population that it serves.

Supporting advocates

The advocacy provider will ensure advocates are suitably prepared, trained and supported in their role and provided with opportunities to develop their knowledge, skills and experience.

Accountability

The advocacy provider will have systems in place for the effective monitoring and evaluation of its work, including identification of outcomes for people supported. All those who access the service will have a named advocate and a means of contacting them.

Confidentiality

The advocacy provider will have a written policy on confidentiality that is in line with the Data Protection Act 1998 and the Mental Capacity Act 2005. It should outline how information about a person accessing the service may be shared as well as the circumstances under which confidentiality might be breached. Advocates must also be aware of situations that would require making a child or adult safeguarding alert.

Complaints

The advocacy provider will have a written policy describing how individuals, including relevant stakeholders, can make complaints or give feedback about the service or about individual advocates. Where necessary, the organisation will enable people who use its services to access external independent support to make or pursue a

complaint.

Safeguarding

Clear policies and procedures will be in place to ensure safeguarding issues are identified and acted upon. Advocates will be supported to understand the different forms of abuse and neglect, issues relating to confidentiality and what to do if they suspect a client is at risk.

Practical Application of the Advocacy Charter in Thurrock

One of the “Action on Advocacy” Workshops took place in November 2015 at Thurrock Diversity Network Limited (TDN) – A Community Benefit Society working for the benefit of Disabled Adult Residents of Thurrock through consultation, engagement and peer support.

We utilised the “Quality Standards for Advocacy Schemes” document, developed by a4a⁴. We devised a series of questions and activities for the TDN Breakout Groups. These Breakout Group exercises are designed to bring the Advocacy Charter to life. Each exercise is designed to challenge and stimulate debate within groups about the meaning of each of the Charter principles. In this way, individuals will gain a greater understanding of what the principles mean for people.

We recommend that similar tasks or variations thereof be used in a future tender process, placing individuals with lived experience of using advocacy services at the heart of design, interview, recruitment and evaluation of potential providers.

⁴ Document available at: <http://www.aqv59.dsl.pipex.com/Quality%20Standards%20Doc.pdf>

Thurrock Diversity Network Limited (TDN) Action on Advocacy Breakout Groups - Application of the Advocacy Charter in Thurrock

Imagine you are an Advocacy Service Provider

Principle from the Advocacy Charter	How to implement the Advocacy Charter
<p>CLARITY OF PURPOSE</p> <p>a) Think about and design the contents of a ‘frequently asked questions’ information leaflet which explains exactly what advocacy is; what your scheme can and cannot provide; how advocacy differs from advice, social work, etc. Use accessible language throughout.</p>	<p>The “Frequently Asked Questions” Leaflet should include the following:</p> <ul style="list-style-type: none"> • What is Advocacy? • Can you help me fill in forms and scribe for me? • Can you help me to make a phone call to the bank/DWP/energy company/utility provider? • How can I trust you? • How long will you be able to work with me? • How will we keep in touch? • Do I have to pay for your service? • Will my information be kept secure? • Will our conversations be kept private? • Will you come with me to my appointments and meetings? • Will you always be able to support me? • If I have different problems or issues will you or another advocate be able to help me?
<p>INDEPENDENCE</p> <p>a) Your local Health Foundation Trust (who also funds you) objects to you working with a particular service user or tries to prevent you from going into a particular day centre or ward. How would you demonstrate your independence in this instance? Think about structural, operational and psychological independence.</p> <p>b) You receive an application from someone wishing to become an advocate who also works part time in your</p>	<p>a) Object to restrictions on provision of service or working with individuals. Sometimes not paying for a service makes one feel less powerful. Paying can be empowering, but need to be alert to avoiding confusion between Advocacy provision and legal expertise/advice. Independence has to be fundamental in service provision</p> <p>b) No conflict of interest can be tolerated if independence is to be maintained. Conflicts</p>

<p>local day centre. How do you respond?</p>	<p>will arise but Advocates must alert the organisation and clients as they arise.</p>
<p>ACCESSIBILITY</p> <p>Can you think of six things you could do to make your scheme more accessible to the widest range of people? Such as:</p> <ol style="list-style-type: none"> 1 Physical location/ space 2 Publicity 3 Policies 4 Personnel 5 Training 6 Funding <p>What are the resource implications of each of these?</p>	<ol style="list-style-type: none"> 1) Provide home visits and have a permanent physical hub with private facilities in a central place for ease of access. Identify client's preferences for method and venue of contact. 2) Publicity must be in all accessible formats including BSL, Audio (clear speech, no accent), Easy Read, large print, plain English, additional languages in order to target hard to reach groups 3) Equal Opportunities to attract diversity from all sectors of the local community 4) Personnel – Have a choice of provider and a choice of Advocate 5) Hands on experience – shadowing and supervision, mentoring plus professional qualification, continuing professional development, provision of professional peer support 6) Clients could choose to pay for advocacy
<p>ACCOUNTABILITY</p> <p>Put yourself in the shoes of one of your funders. Think about:</p> <ul style="list-style-type: none"> • What information you could use to show the scheme is effective? • That it provides value for money? • That users are satisfied with the services? • That the money would not be better spent on another advocacy scheme? <p>Think about the evidence you currently provide:</p> <ul style="list-style-type: none"> • Is it sufficient or could you produce more? 	<ul style="list-style-type: none"> • Need to have waiting list details and targets re: maximum waiting times. • Details of governance • Measuring outcomes • Hold Public Meetings with Q&As – held to account • Record numbers of people but have to show depth of provision (qualitative examples) – and hours spent by client and number of issues • Clarity of model and type of advocacy used • Hours spent by client • Have a start, mid-point and closure questionnaire for each issue for each client. • Value for money is not about cost per head. Agreement should be reached at the start of the contract what the measure is for value.

- Run a customer satisfaction survey (through a ring back from an independent 3rd party).
- Measure outcomes throughout the process using an outcome star. Have an assessed or facilitated assessment)
- Test the outcomes on key quality aspects (against the 10 Advocacy Charter Principles), include service standards and a measurement of the responsiveness of the service.

Must involve measuring of [Social Return on Investment](#) (SORI)

- The Local Authority should make some of the commissioning and performance measures qualitative not just quantitative.
- Develop a “Trip Advisor” style review system that is simple to use.
- Have a plethora of Advocacy Service providers in the borough. Having only one provider is not good for choice and control. Develop a contact list or reference resource detailing who does what/menu so clients can choose which provider is best for them to meet their needs, through a transparent “filter” model – allowing the client to self-select, to keep the choice, control and power in their hands.
- Support user-led customer experience initiatives

Monitor value for money through:

- Anonymous case studies
- Monetise the benefit – social value/cost avoidance (an estimated value)
- Volumes of clients
- Time taken

To evidence that the money would not be better spent on another advocacy scheme, the provider would have to show:

- Local knowledge

	<ul style="list-style-type: none"> • Added value – through building the citizen advocacy resource and a focus upon self-advocacy <p>Do not need to produce more – Need to measure the right thing, not “more”</p>
<p>CONFIDENTIALITY</p> <p>How would you respond if your local commissioners demanded access to your client records, for monitoring purposes?</p> <p>What does your confidentiality policy say about this? What would happen if you refused?</p>	<p>Agreement should be sought at the outset exactly what disclosures are appropriate in the contract.</p> <p>Safeguarding considerations mean that there are limits, must be clear when you are going to share.</p> <p>Such a demand from commissioners breaches the fundamental relationship with the client. It would be possible to breach in limited circumstances, including:</p> <ul style="list-style-type: none"> • Safeguarding • Legal demand/warrant <p>Client would be informed</p>
<p>COMPLAINTS</p> <p>As an Advocacy Service Provider, how would you make sure that your complaints procedure is clear and understood by everyone? What should be included in an effective complaints procedure?</p>	<p>It must be a clear process and be supplied to every client, with ultimate recourse to an independent party</p> <p>Easy Read and plain English and BSL and audio versions of complaints procedure must be published and made available.</p> <p>Discuss numbers of complaints at public meetings (forming part of the accountability requirements, above)</p> <p>The complaints procedure should include:</p> <ul style="list-style-type: none"> • Timescales – with agreed process and flexibility – e.g. complaints do not have to be made in writing, can be verbal etc. • Transparency • Actions, follow ups, resolutions • Desired outcomes • The process is in the control of the complainant as much as possible • Agreed methods and stages for external

	escalation
<p>SUPPORTING ADVOCATES</p> <p>Draw a diagram with the advocate at the centre.</p> <p>Now map out a package of support, supervision and training which ensures the advocate is fully supported in their role. Does this accurately reflect the arrangements in your own scheme?</p>	<ul style="list-style-type: none"> • Each advocate would have to have continuous training, awareness, understanding and relevant skills, knowledge through theory and practical learning methods • Hands on experience • Shadowing and supervision (monthly), mentoring plus undertaking a professional qualification, continuing professional development, provision of professional peer support

Imagine you are someone who uses Advocacy Services

Principle from the Advocacy Charter	How to implement the Advocacy Charter
<p>PUTTING PEOPLE FIRST</p> <p>As someone who uses Advocacy Services how would you get access to your advocate? How could you tell the scheme what you thought of them? How would you access your records? This exercise could be repeated for someone who can speak for themselves and for someone who cannot speak for themselves; what difference will this make to the individual's experience of using the advocacy scheme?</p>	<p>A User-Led definition of "Advocacy" needs to be adopted. There needs to be a focus upon self advocacy and empowerment</p> <p>Access to an Advocate through a local or free phone number, answered by a real person, that can help or action and not just refer. Need the ability to book an appointment then (with diary access for the Advocate workforce).</p> <p>Access to the service via the Internet, website with accessibility options. Provision of a Facebook/Social media information page and a "Live Chat" support option and Google Search optimisation.</p> <p>To meet me at a local office or in my home, and be flexible.</p> <p>Access through signposting from others. E.g. agencies (need to give some advice, and work together and signpost appropriately through an agreed referral route – e.g. third sector, local authority, health, G.P.s) providers, workers. Adverts and posters in community locations, including Hubs, libraries, G.Ps, clinics, community groups, forums,</p>

	<p>faith groups.</p> <p>I could tell them how I found my experience with them through a post-meeting telephone survey and an available free phone service.</p> <p>To access my records I would want copies of major points discussed and notes of meetings with third parties.</p> <p>There could be an online Record/Assessment/Support Plan – “My Advocacy Plan” (MAP) that is owned by me as a client and can be accessed by those to whom I give permission, e.g. various professionals/support staff, and I can see the updated changes and able to challenge incorrect information/any errors</p> <p>Citizen Advocacy could be available more freely Peer Advocacy – run shared characteristics groups Must have a Non-Instructed Advocacy Service for people without capacity, who cannot speak. This must be clearly available and widely advertised.</p> <p>Accessibility for people with limited or no speech to be achieved through a text phone service / minicom service, BSL service to be available, interpreter service to be available, hearing loop to be available.</p>
<p>EMPOWERMENT</p> <p>List as many ways as possible in which users can be involved in:</p> <ul style="list-style-type: none"> • the day to day operation of your scheme, • the overall management of your scheme, • the broader planning and monitoring of local services, • campaigning and lobbying for rights and services. <p>What can your scheme do to support these activities? What are the benefits and drawbacks, including resource issues?</p>	<p>People who use services should be involved in:</p> <ul style="list-style-type: none"> • Specification drafting and sign off • The Tender process • The interview process and scoring thereof • The weighting and scoring process • Form the chair and membership of a User-Led Advisory Group • Monitoring and evaluation through meetings and customer experience activities <p>The Advocacy Service must support me in my full involvement in groups, networks, Partnership Boards</p> <p>Create Standing focus workshops and groups - develop Peer Advocacy and Citizen Advocacy to “grow locally”</p> <p>Ensure people who use the service are part of their governance – have open and public meetings</p>

	<p>Develop, create and use Easy Read documents and plain English, this will help to support the Activities by increasing participation and understanding.</p> <p>It has to be about empowering the individual - show examples, use of scoring and an outcome star.</p>
<p>EQUAL OPPORTUNITY</p> <p>What factors might prevent people from black and minority ethnic communities, disabled people, gay men and lesbians and other minority groups, from accessing advocacy services?</p> <p>What steps could be taken to facilitate easy access to Advocacy Services for people from these communities?</p>	<p>A limited responsiveness of service might prevent people who share particular Protected Characteristics from accessing advocacy services</p> <p>Provision of sufficient funding to provide BSL and language interpreters .</p> <p>LGB and Transgender need to be considered. Need to understand the local demographics and who the minority communities are, and recognise that this changes fast.</p> <p>Engage with particular groups to be included with the service, e.g. LGBT, Nigerian</p> <p>Increased accessibility and implementation of the anticipatory duty to make reasonable adjustments. Providing multi-channel routes into the service to promote ease of access.</p> <p>Join up on initiatives with London Boroughs and share resources.</p> <p>Understand the effects of poverty – pay for cost of transport and fares for individuals. Important for advocates to be mobile but not at the expense of confidentiality or quality.</p>

“Action on Advocacy” Workshop at The Beehive, Grays

A further workshop was held in the Main Hall of the Beehive. Details of which are below

Provision of Advocacy under The Care Act 2014.

Workshop participants were provided with an outline of the statutory provision of Advocacy under the Care Act 2014, in the form of an EASYREAD Handout which is available by clicking on the icon below, or visiting:

<http://www.local.gov.uk/documents/10180/5756320/Independent+advocacy+and+the+Care+Act+Easy+read+version/8ce09927-a869-4ce6-b4d0-c36931e2bfa9>



Participants were also provided with copies of the SCIE [“At a Glance” Briefing Note on Commissioning Independent Advocacy](#).

The scope and remit of Advocacy

The Workshop feedback showed that people believe that funded Advocacy should not just be limited to interactions with health and social care support and services, but be sourced from a much broader base of stakeholders, different local/national/statutory/non-statutory organisations, including, but not limited to the Department of Work & Pensions (DWP) (Central Government), Housing, Transport, Health, Adult Social Care (Local Government). Integrated joint funding arrangements should be drafted and agreed. This approach would be in line with the current duties to “prevent, reduce & delay” the need for care and the push towards greater integration of services and would go some way in alleviating the funding constraints of individual stakeholders if acting in isolation. Equitable distribution of any joint funding for the “Community Aspect” of Advocacy and form-filling should be considered by the Local Authority and Partners alongside its statutory Advocacy provision obligations. E.g. following welfare reforms to Disability Living Allowance

and the introduction of Personal Independence Payment and Universal Credit implementation & support.

Advocacy Service Standards for Thurrock

Discussions then took place around what kind of Advocacy Service people would like to see in Thurrock and developed the ideal service standards for any effective Advocacy Service, including whether the service understands needs, whether it is individually tailored and easily accessible. These appear below:

- *I feel I have choice and am in control of the advocacy services I receive and they meet my needs.*
- *I feel I have been listened to and understood and am in control of the advocacy process*
- *I feel confident that advocates and advocacy know what they are doing.*
- *Advocacy policies are clear and understood by everyone*
- *I feel all information about me is shared appropriately and with my knowledge*
- *I understand what is available to me both in my community and from advocacy services and support*
- *I feel recognised as an individual, able to make decisions for myself and my own contribution to society*

Format of the Workshop

Each group at the “Action on Advocacy” Workshop was asked to address the following headings:

- i) What the word “Advocacy” means to people and why it’s important
- ii) The scope, range and responsiveness of advocacy that people need (including locations, and what support people need along with timeliness and timescales involved).
- iii) Examples of lived experience (including positive and negative experiences).

“Action on Advocacy” Outreach Exercises in South Ockendon & Belhus

We also conducted outreach exercises at the **BATIAS “Zero Five” Club** in South Ockendon, speaking to and gathering feedback from people with Learning Difficulties about Advocacy, who, what, why, where, when and how it should be provided and delivered.

The collated feedback for each question is analysed in turn below.

What the word “Advocacy” means to people and why it’s important

Focus on Thurrock



In terms of what Advocacy (and Advocates) means to people, several key overarching elements emerged from the workshops and outreach exercises.

Attendees broadly agreed that Advocacy/an Advocate was someone who listens, offers support, help and assistance to understand a variety of information from various sources (Across all of the Local Authority Directorates [housing, transport etc.], Health, DWP, Social Security (including benefits and help paying bills), and the Job Centre) and discusses available options with individuals to enable people to have their voices heard. Advocates are important because they are able to re-assure people, to help people to understand their rights, entitlements and how to realise them, providing a voice when someone has trouble explaining themselves, with ongoing, face-to-face assistance in removing barriers, navigating processes and pathways (including meetings, appointments and formal hearings) until a solution is reached.

The scope, range and responsiveness of advocacy that people need (including locations, and what support people need along with timeliness and timescales involved)

Focus on Thurrock



The scope of advocacy should be person-centred and is often dependent upon individual circumstances and the needs of the person requiring an advocate. Support should be substantive and cover the whole “customer journey” from a first meeting, to finding a satisfactory solution, through form filling and completion, to meeting support to representation. The role of advocacy support in effective form filling is vital as this requires involved discussions, drawing out the information and asking the right questions and agreeing actions. – “Form filling” should be given a purposive

interpretation and is not therefore limited to simply writing straightforward details on a form. The individual narrative needs to be recorded in an outcome-focused manner. This will save time, costs and resources in the longer term, particularly if completed correctly. Therefore the preventative value of advocacy-based assistance with forms and documents should not be underestimated.

Assistance with Form filling and completion in Thurrock

The information below was informed by involvement of several local organisations, including TCIL, DIAL and Age Concern Thurrock that offer and provide a form-filling service, as to numbers of specially trained staff, how many forms they complete and the average time taken (see below):

Thurrock Centre for Independent Living

Number of Days open per week	Number of staff	Number of forms completed per week	Type/Range of forms	Average Time taken	Waiting List
5	1	5-6	DWP - Disability-related Benefits Application Forms. Attendance Allowance – 4 Personal Independence Payment – 6 Employment & Support Allowance - 2 Thurrock Council – Blue Badge Forms – 4 Discretionary Housing Payments Essential Living Fund	Personal Independence Payment (PIP) Forms – 90-120 minutes each Disability Living Allowance (DLA) Forms – 120-180 minutes each Attendance Allowance (AA) Forms – 90 minutes each	1 week waiting list

DIAL Thurrock

Number of Days open per week	Number of staff	Number of forms completed per week	Type/Range of forms	Average Time taken	Waiting List
3	2	6-10 Forms per week	<p>DWP - Disability-related Benefits Application Forms.</p> <p>Thurrock Council – Blue Badge Forms Discretionary Housing Payments Essential Living Fund</p>	<p>Personal Independence Payment (PIP) Forms – 90-120 minutes each</p> <p>Disability Living Allowance (DLA) Forms – 120-180 minutes each</p> <p>Attendance Allowance (AA) Forms – 90 minutes each</p>	4 week waiting list

Age Concern Thurrock

Number of Days open per week	Number of staff	Number of forms completed per week	Type/Range of forms	Average Time taken	Waiting List
2 days per week - Outreach on form filling	1	<p>2-3 per week</p> <p>Over 50 forms completed between April and October 2015</p>	<p>Primarily Attendance Allowance Forms, also Income Maximisation assistance – e.g. pension related.</p> <p>Brought £238,000 into the borough in the form of AA Entitlements</p>	90-120 minutes each (excluding travel time)	

The scope, range and responsiveness of advocacy that people need (including locations, and what support people need along with timeliness and timescales involved)

Focus on Thurrock (continued)



Attendees emphasised the need for a choice of providers in Thurrock, working in partnership, each dealing with a Specialist area of Advocacy alongside associated advice and support. Advocacy should be provided to all, including working age adults and older people, people with dementia, people with Mental Health issues/conditions, people with various impairment types including learning disability, physical impairment, sensory impairment.

There should be a common training and best practice development programme for all partners and advocates, with information, updates and briefings shared easily across the borough.⁵

The scope of advocacy should also include support to find out what is happening in the local community and to make complaints or raise concerns about a given service.

Advocacy should be available in a range of formats, and interaction should take place using the individuals preferred method of communication, face to face, in person, telephone, via email, letter using “easyread” documents, large print, audio, BSL (this list is not exhaustive).

Advocacy should be available to individuals of all impairment types, family members and carers, and be delivered on “neutral ground” in existing community organisations, buildings and confidential spaces (situated on bus routes) and outreach and home visits throughout the borough and should be flexible in providing drop ins and appointments.

A free phone number should be given and an “out-of-hours” number be provided in urgent cases. Attendees stated that call-backs must happen within a maximum of 48 hours. Waiting can make the situation worse and could lead to missed opportunities and/or deadlines, exacerbating existing issues and worsening health conditions, e.g. stress, anxiety.

⁵ See for example “Total Voice Suffolk: a countywide advocacy partnership” SCIE “Care Act 2014: Commissioning independent advocacy” – March 2015 – p.33

Ongoing and “one-off” support should be provided and tailored to the individual, having a single named point of contact is vital to ensure continuity of support and understanding of individual circumstances and to build trust, rapport and confidence in advocates.

Advocacy Services should also encourage and foster opportunities for “peer support” to build confidence, self-esteem and aspirations. Confidentiality is fundamental, a client-friendly record should be kept of all advocacy sessions to share with the client so there is a record of work covered and agreed actions any commitments need to be kept by all parties.

The Advocacy Service should be publicised with support from local press, media and internet outlets.

Attendees discussed the need for a robust referral system. The Council needs to make sure that individuals with lived experience are involved and engaged in shortlisting application forms from advocacy providers, in scoring the applications and in recommending contract awards in an agreed format. The Local Authority also needs to ensure that linking up takes place and that performance reviews happen to check Providers are meeting the set standards. Individuals who use services should be involved in the evaluation of services.

Examples of lived experience (including positive and negative experiences).

Focus on Thurrock



I had help with my housing situation and with reading and understanding letters in the post. [It] was a good experience, things got done and I was satisfied with the result.

Emails sent – with no reply – weeks go by having different advocates. They come to meetings but don't support me – don't say anything – they might as well not be there

TCIL called up the transport people at the Council and helped to fill the form to get a new bus pass. They also helped me to understand and then write letters and support me. They gave me good information so I could make a decision.

I've never had an advocate – have been waiting for one...

My Advocate helped me with my review

My advocate has helped with moving home and also with making a complaint

My support worker and advocate helped me to get help about my health matters and my social care package of support via locality base. It was good and I was happy.

Advocate provided for police matter. Was prompt and available when needed. Supported a client to sort out problem with police

Advocate for housing. The Advocate was helpful and got things sorted. Had good level of communication. Was happy with service

Advocate for events. Helped with understanding and recording information. Was flexible with support sessions to meet my needs.

Conclusion & Recommendations

- The workshops and outreach exercises engaged people, of a varied demographic and with a range of impairment types each of whom provided a valuable insight into requirements and uses of Advocacy in their lived experiences (see below).
- We recommend that the definition of Advocacy and the application of the 10 Principles from the Advocacy Charter contained within the report be adopted and implemented as a basis to inform the scope, range and responsiveness of advocacy services in Thurrock.
- It is hoped that the discussions, questions and issues raised throughout the workshops along with the references to and application of key policy and good practice documentation will be used to inform, develop, implement and evaluate a new Advocacy Specification (and subsequent service) in a positive and meaningful way, informed by person-centred principles alongside the people who use Council Services, through further, additional involvement, engagement and consultation as and where required.

Thurrock Coalition – December 2015

Appendices

Thurrock Coalition

Action on Advocacy Workshop

19th October 2015

Feedback & Input to inform the Thurrock Council Advocacy Specification

Table 1

What the word “Advocacy” means to people and why it’s important

- Someone to help me a lot with reading documents/writing letters, and to phone me
- Someone who knows my rights to maximise the help they are able to give
- Offers advice
- Gives me options so I can self-advocate
- Understanding and explain papers and documents
- Explains the options available and the process
- Help to go through, understand and complete a range of DWP forms e.g. PIP
- Somewhere to talk to someone – safe and you trust
- Explain situations
- Understanding, acceptance
- £ funding problems - limit advocacy but it shouldn't
- First point of help
- Preventive – vital
- Helpful, supportive, peer support, support to share experiences
- Local, nearby
- Help to “Prevent, reduce delay” the need for care

Scope, range and responsiveness of advocacy needed

Where?

- Local
- In buildings in Thurrock
- Outreach at the various community Hubs
- At my home, offering home visits
- Community spaces
- Should offer support to people of all impairment types
- The locations/premises On public transport routes
- Telephone 24/7 – out of hours

- Transcript to check and read back – coaching support to express yourself

Why? What support should be on offer?

- Everything – user led – what support the person needs, e.g. DWP, Health, Social Care, Housing, Transport
- Form completion - Draw out the information and ask the right questions
- Experts to support us
- A Safety net
- We should have a Choice of provider each dealing with a Specialist area of Advocacy AND associated advice and support.
- A referral system needs to be in place and the Council needs to make sure that linking up takes place and that performance reviews happen to check Providers are meeting the set standards. Individuals who use services should be involved in the evaluation of services.

Responsiveness (including timeliness and timescales)

- One my file is open, it should always be open
- Ongoing support vital
- Peer support – go there meet people – when
- Availability – advocate there in case you need them
- Advocacy – Mon. Weds, Fri
- Peer support – Tues, Thurs
- Empowering
- Independent
- Confidence – aspirations, self esteem
- Enabling
- Avoid crisis
- Information sharing – with permission
- Tell us what is available
- Types of advocacy
- Continuity
- Truthful
- Consequences of a particular decision

Timescales

- Person on the end of the phone
- If an answerphone MUST call back in 24 hours
- Freephone number
- Confidential information – and conversation
- Face to face better, depending on the issue, e.g. gender specific
- Check understanding – time to do this – build up trust
- Confidential space

- Flexible
- rapport
- MPs to pay the bill
- Friendly, approachable, relaxed, welcoming

Lived Experience Examples

- a) The Mind Advocate - They Talk to me, I can phone or visit them – They also help with form filling and reading letters responding to letters. Reminding me about upcoming G.P. appointments. The flat upstairs flooded and the maintenance company of the building fixed it. I then got a bill for £1500. My advocate at Mind contacted them – got the debt written off. Powher – I needed benefits help, transferring from DLA to PIP, Powher signposted me to Mind.
- *All I want is what I'm entitled to - If I am entitled, and I'm not told about it, that's unfair*

Table 2

What the word “Advocacy” means to people and why it's important

- Advise people
- Listen
- Professional advice and support you can trust
- Quality service to have your voice heard
- Helping people
- Support people with forms and give right information

Scope, range and responsiveness of advocacy needed

Where?

- At Help centres
- Organisations locally
- Newspaper ads and articles, radio and news services
- Working with social workers, housing etc.
- Police matters
- Health issues
- Social care

Why? What support should be on offer?

- Speaking up for people
- Helping with events to record information and explain
- Help with access to services
- Complaints
- Finding other organisations and groups to help
- Help in meetings for explanation and understanding
- Upholding your rights
- Equal treatment
- Making sure person's views and wishes are heard

Responsiveness (including timeliness and timescales)

- Timescales – as soon as possible
- Long waiting times no good
- Need to be able to access service urgently if needed
- Service should remain free at point of access
- Find resolutions as quickly as possible
- To be way of complaining if advocate does not meet expectations that is clear and addresses the issues
- Ongoing advocacy where needed

Timescales

- By phone
- Email
- Letter
- In person face to face
- Client choice of mode of contact
- Use client focused tools to aid and or facilitate communication
- Keep a client friendly record of advocacy sessions to share with client so there is evidence of work covered
- Contact once a week or as when needed
- Need to be able to contact advocate directly and/or leave message for a prompt return call

Lived Experience Examples

- a)** Advocate provided for police matter
Was prompt and available when needed
Supported client to sort out problem with police
- b)** Advocate for housing
Was helpful and got things sorted
Had good level of communication
Was happy with service
- c)** Advocate for events

Helped with understanding and recording information
Was flexible with support sessions to meet client needs

Table 3

What the word “Advocacy” means to people and why it’s important

- Well informed area: Information, Advice, Signpost
- Neutrality
- Choice and control – want to feel in charge 8/9
- Listened too and understood 9/10
- Confidence in them – trust/competent 5/10
- Chemistry?

Scope, range and responsiveness of advocacy needed

Where?

- Face to face, Letter writing – housing complaints
- Third party (neutral) – Not at the council

Why? What support should be on offer?

- Telephone
- Emails
- Forms – DWP = PIP, ESA/JSA, Universal credit – Council = Blue badges, Bus passes
- Pals (health) – annotating records

Responsiveness (including timeliness and timescales)

- Confidential
- Records available/shown to you
- Personal (understand me)
- Flexibility
- Offers Appointments
- Accessibility
- Visiting/ phone/premises
- Visibility
- Continuity (same face!)

Table 4

What the word “Advocacy” means to people and why it’s important

- Giving me help and support to put my views across
- Assistance, guidance and signposting to the right service
- People take more notice of me if an advocate is involved
- Helps me get out to tribunals and other very important meetings
- Helps me with employment, speaking to the job centre
- Helps me fill in forms and read and understand letters and other important post
- Helps me access IT and learning about how to apply for jobs
- Provides support to access volunteering
- Removes barriers to services
- Helps me explain my needs to people such as doctors and other professionals
- When I going to an appointment an advocate helps me understand what's happening and explain things to me when I feel anxious
- They can speak up on my behalf
- Helping me prepare for meetings with doctors, social workers, job centre, accessing TLS services etc.
- Making sure I say everything that is important to me at assessments and prompting me to express my views.

Scope, range and responsiveness of advocacy needed

Where?

- Meetings with advocates should be local, within walking distance from home, in my home or at a central location such as a Hub (e.g. South Ockendon Centre)
- Should be in a confidential private space – NOT a café, open area or in library etc.
- Advocacy organisation should be based locally, where I can go to see an advocate to make the first appointment if necessary

Why? What support should be on offer?

- I find it difficult to use the phone or answering service – I like to be able to call into somewhere to see the advocate
- There needs to be consistency – a set person as my advocate, who gets to know me and bonds with me
- Seeing the advocate face to face is important when discussing the support I need
- I find it helpful to arrange appointments by email directly with an

advocate but then see them face to face

- If I have to phone up to arrange for an advocate, I want to speak to someone who may already know me and who is local
- I want to phone a local phone number
- An advocate needs to take time to understand me and my diagnosis to represent me and my views
- Need support to cope with reviews, assessments, visits to the GP etc

Responsiveness (including timeliness and timescales)

- Advocate and advocacy services need to keep promises e.g. if they say they will ring me back within a certain time they should
- Appreciate and advocate that needs to keep in touch and visit regularly – this is not happening at present
- I would like more frequent input
- An advocate should not let me down

Timescales

- Need to be able to access an advocate as soon as possible as waiting can make the situation worse and cause stress and anxiety
- Would like an appointment within a day.

Lived Experience Examples

- a)** The current provider has not returned my calls and I struggle to contact them. They don't keep in touch to check how things are going and I'm not getting replies. At present there are communication barriers to accessing advocacy in Thurrock. It's not easy to get a service at present. You have to ring Birmingham. I'm not happy leaving a message on answerphones – don't like using them. They're not providing a good service as I struggle to get hold of them. I keep getting different advocates and they don't know and understand me and I have to chase them to get support. Would like another advocate to respond if the advocate I am trying to contact is not available. When phoning I don't know who I will get and if they will know me and what I want. It's difficult to contact them – They have not been helpful, felt let down and lack of support
- b)** Thurrock Mind have been wonderful to me, helping me with form filling

(Of the 6 people on the table, only 2 had used the current contracted provider and felt disappointed in the service)

Table 5

What the word “Advocacy” means to people and why it’s important

- To help me decide whether to do this or that
- Most people don't understand what big words mean
- Stand up for our rights and inform us
- Do people really listen to us?
- “For people who do not have family”

Scope, range and responsiveness of advocacy needed

Where?

- Need contact details. Telephone call. CARIADS would tell us. Ideally a home visit and maybe then in a group
- Needs to be a private place, not using a café or public place

Why? What support should be on offer?

- Should always be there with contact number “just in case”
- Worried that increase in population will make demand too big
- Worried that re-organisation will take facilities away
- Face to face is more personal

Responsiveness (including timeliness and timescales)

- Always face to face. Doesn't work on the phone for talking about the main issues/concerns

Timescales

- Depends on what we need and circumstances but knowing that there is someone to go to if we need it
- Long term relationships are important

Lived Experience Examples

- a) As carers it helped us mentally to deal with stress and needed someone to talk to.
- b) Doing a 6 week course with SEPT – helped us set goals. Not telling us what to do – gave us food for thought.

**Thurrock Coalition – “Action on Advocacy” Outreach at the Zero Five Club
November 2015**

Questionnaire Responses

What is Advocacy?

What do you think of when shown the word advocacy? What does “advocacy” mean to you?

- Don't know what it means
- A Befriender
- A person that helps people in jobs
- Help in speaking for yourself
- They take people out and talk to you
- To help people out and to do things with them
- Help with financial things
- Helps with letters and forms
- It's a good thing – staff to help me find a solution
- Helping me with communications – supporting me. Being a voice when I have trouble explaining myself
- Someone to help me
- People that help me
- Helping with problems – befriending – someone to talk to
- Meetings – talking about things I want to do – help to decide things – e.g. day trips – help to write letters
- To help and listen – help to decide things. Help with understanding and paying bills
- Advocacy = it means to me: reassurance I'll be dealt with fairly and be able to get my point across. Not to deal with something alone

Scope and Range of Advocacy

Where/in what sorts of places should advocacy be provided?

- Council, Batias, at social groups (zero 5), Beehive, College
- Beehive
- Council, Beehive, hospital
- In my flat, in the Council, in the Beehive
- In the locality bases, the Beehive, the Council
- In Thurrock, at social clubs, in Beehive and Council
- In South Ockendon library, the Council, the Beehive

- The Beehive
- The Beehive, community hall. In Colleges
- Home visits, at appointments (e.g. at my GPs) at DWP appeals. At the Beehive, forum
- The Beehive
- In a community building
- In home – help from staff
- At community bases
- Anywhere in Grays. In the Beehive
- Advocacy should be available from a variety of public places for different services and free

What sorts of things/issues should Advocates help or support you with?

- Getting on to courses at college, money, social worker
- Friendship, arranging support, Family Mosaic, social worker, bereavement counsellor
- If I have problems, if I get a snag or have a quarrel an advocate will sort things out
- Move into my flat, make a complaint
- Take you out, they help with things like health and getting days at the base.
- They listen to me, help with staff problems
- Independent living, moving house
- Letters and housing and with Job centre
- Housing, transport issues
- Form filling, telephone calls, social care, house, buses finding out what services are available, like befriending
- Getting a new bus pass. Help to understand letters
- Bus pass. House moving
- Anxiety – understanding letters
- Help to write letters e.g. about day trips. Help with spelling
- Using a computer. Filling in forms – literacy
- For independent living, health issues, housing, NHS, adult social services, benefits claims and appeals, finance issues, transport issues

How would you like to communicate with the Advocate/Advocacy Service?
Do you prefer face to face or telephone contact with Advocates?

- Walk in to get a service
- Face to face in private
- Come and meet them in private
- Talk on the phone
- Sit and talk face to face
- Staff to phone to ask advocate to come for face to face meeting
- Phone them up
- Face to face
- Face to face – better
- Face to face, I find it difficult on the telephone
- Over the telephone to talk to the advocates
- Face to face
- Face to face to talk to the advocate
- Face to face
- Telephone
- Face to face would be preferred either an advocate will come to your home or you go there. But if not possible other ways should be available by phone or via the internet (face time – email)

Responsiveness of Advocacy

How quickly would you like an Advocate to respond to your needs?

- As soon as possible
- Good to see me quickly
- 24 hrs. – best 48 hrs. – the maximum
- Very quickly – to get an appointment to see the advocate
- On the day – to get an appointment
- Within a week
- Up to them
- ASAP – not slow
- Two weeks
- Very soon – less than 1 week
- Within a week
- Within a week
- Within a couple of days

- Quite soon, more than a week but less than 2
- As quickly as possible as meetings may need to be set up between yourself, your advocate and a third party

Would you like “one-off” or ongoing support from an Advocate?

- Ongoing support
- One off advocates
- Ongoing support
- Good to have help to go back to
- Ongoing support from the same advocate
- To see the same person for ongoing support
- Ongoing support – wouldn't mind a different person
- See the same advocate – and be gender specific – M / F
- It's good to get to know the advocates
- The same person ongoing
- You may need more support with health changes and for very different issues or things

Lived experience examples

Please provide some examples of your experiences (good/bad) of advocacy services & support

- Never had an advocate
- Never had an advocate – have been waiting for one from Pohwer
- Helped me with my review
- Moving home and making a complaint
- Help with health matters and social care package of support via locality base. It was good and I was happy
- Helped to find ways of dealing with my anxiety
- Helped get me help for my behaviour
- Was a good experience, things got done and I was satisfied with the result. Had help with housing and with letters
- Sorting out my budget and money – the help was really good. From my support worker
- Emails sent – with no reply – weeks go by having different advocates. They come to meetings but don't support me – don't

say anything – they might as well not be there

- Called up the transport people – helped to fill the form to get a new bus pass
- Help to understand and then write letters and support me
- Gave me good info to make a decision
- I have had assistance/support/advocacy with Direct Payments and my care package

Advocacy Service Quality Standards

Do you agree/disagree with these Advocacy Service Quality Standards?

I feel I have choice and am in control of the advocacy services I receive and they meet my needs

I feel I have been listened to and understood and am in control of the advocacy process

I feel confident that advocates and advocacy service staff know what they are doing. Advocacy policies are clear and understood by everyone

I feel all information about me is shared appropriately and with my knowledge

I understand what is available to me both in my community and from advocacy services and support

I feel recognised as an individual, able to make decisions for myself and my own contribution to society

Any Comments

- Need advocates with experience and understanding of Autism

Thank you for taking the time to speak to us about Advocacy in Thurrock