

Advocacy Works

Increasing Access to Independent Advocacy in Wrexham

Consultation Document

July 2007

ADVOCACY WORKS

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1 Introduction

1.1 Independent advocacy has an essential enabling role when, for whatever reason, someone is unable to make their voice heard and has no one who can speak up for them. Its main function is to support people to clarify their options, express their wishes and feelings and achieve their desired outcomes. It can also be seen as a preventive service that reduces the likelihood of complaints and other problems escalating.

1.2 Advocacy is a citizen led movement that seeks to obtain social justice, human rights and equality for all. It is a foundation stone of service user, patient & citizen participation in both service planning and civic life. Social inclusion, community cohesion and equality are not possible without access to advocacy.

1.3 At present only a small number of service user/patient groups have access to advocacy services in Wrexham. Many individuals are currently unable to access advocacy, while the advocacy needs of some service user/patient groups are presently under-resourced.

1.4 An Advocacy Reference Group meeting in February 2006 asked a Task & Finish Group to produce an advocacy plan with the support of the Voices Through Advocacy project. The group consisted of service users, carers and representatives from local advocacy schemes, AVOW, Social Services and the Local Health Board.

1.5 The Task & Finish Group carried out an options appraisal exercise and agreed that a “hub and spoke” or network model is best suited to local need. This will enable existing advocacy schemes to retain their specialisms by continuing to deliver their own services but will increase opportunities for organisations to collaborate for mutual benefit and maximum efficiency.

1.6 Advocacy schemes will be invited to form a new constituted body called Advocacy Works. A condition of membership will be that organisations must provide a form of advocacy. Individual organisations will remain accountable to their members and trustees. The “hub” will be accountable to the member organisations and to its governing body.

1.7 The advocacy plan proposes that a new service should be in place by April 2008 to meet the targets set by the National Service Framework for Older People and other strategies. The service will:

- a) coordinate and support the development of all forms of advocacy in Wrexham County Borough,
- b) signpost to appropriate advocacy schemes where possible, and
- c) provide a new generic advocacy service to people for whom advocacy is currently unavailable.

1.8 Consideration has been given to whether resource allocation should be prioritised for client and patient groups with the highest needs. Although it is not desirable to establish a priority list resulting in advocacy being made available to some groups to the exclusion of others, it is accepted that this may be necessary in the short term.

1.9 The long-term aim of the advocacy plan is to ensure that advocacy is available to all citizens of Wrexham.

1.10 The draft advocacy plan has been presented to senior managers within the commissioning bodies of Wrexham County Borough Council and Wrexham Local Health Board. There has been some preliminary discussion about the funding arrangements for the proposed new advocacy service. A business case is currently being developed to support the developments outlined in the advocacy plan.

1.10 The Advocacy Reference Group are now seeking your views on the advocacy plan. The consultation focuses on the following four questions:

1. Do you agree or disagree with the given definition of advocacy?

2. Do you agree or disagree with the proposed service model?

3. Do you agree or disagree that Advocacy Works should be developed (with the necessary protection that existing services are to be continued)?

4. Do you agree or disagree that the proposed new generic service should prioritise advocacy for people who are in urgent need of representation?

1.11 The consultation commences on June 22nd 2007 and ends on August 7th 2007. Responses are invited on the form at the end of this document.

2 The definition of advocacy

2.1 Imagine that you have a learning difficulty or a mental health issue that makes it hard to talk to professionals and say what you want when decisions are being made that affect how you live your life. Perhaps you don't consider yourself to be disabled but just lack some confidence and find it hard to speak up for yourself in case conferences and other formal meetings. Or maybe you're perfectly capable of telling professionals what you want but find that they just don't understand what you're talking about and ignore your wishes when they make their decisions.

2.2 At some time in our lives all of us may find ourselves in situations where we feel unable to make our wishes and feelings heard. Many of us have family or friends whom we can call upon to advocate for us when we feel our views are not being listened to. Some of us may feel that our family and friends don't fully understand our viewpoint and would prefer someone independent to help us get what we want. Others don't have anyone they can call upon for support and need a trained advocate to take their side.

2.3 Independent advocacy helps people to clarify and express their wishes and feelings so they feel they've been fully heard, understood and included in decision-making processes. It also helps to ensure that individuals receive their full entitlements and that their human rights are fully respected. Another important goal of independent advocacy is to support individuals to advocate for themselves.

2.4 The Advocacy Reference Group agrees with the following definition of advocacy:

"Advocacy is a way of ensuring that people have some control over their lives. It is a way to make sure that a person's voice is heard when decisions are made. Advocates and advocacy schemes work in partnership with the people they support and take their side. It involves looking at choices, enabling people to know their rights, helping to defend those rights and getting the person's voice heard."

2.5 The following is a table of different types of advocacy:

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| <p>Self Advocacy</p> | <p>Individuals represent and speak up for themselves. In the fields of mental health and learning disability this has involved collective self advocacy, empowering groups of service users to have a voice and influence service provision.</p> |
| <p>Peer Advocacy</p> | <p>The advocate and partner have a common background. For example, they may have shared experiences of service provision.</p> |
| <p>Citizen Advocacy</p> | <p>This involves volunteers who are recruited, trained and matched with an individual. Citizen advocacy involves a one-to-one relationship over an extended period between a volunteer and a partner. This relationship goes beyond befriending and the volunteer represents the interests of the partner.</p> |

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|--|---|
| <p>Independent or paid advocacy</p> | <p>This usually involves a paid worker (often with a professional background) supporting the person in a crisis or in relation to a relatively short-term need. Long-term advocacy work may be required in relation to changing needs over time but may be beyond the scope of paid advocacy schemes: these tend to focus on short-term work in resolving a specific issue.</p> |
| <p>Volunteer Advocacy</p> | <p>Volunteers work alongside and are supported by paid advocates; it differs from citizen advocacy in that the involvement may be short-term, and the volunteer may have a number of partners.</p> |

3 What advocacy services are already available?

3.1 At present only a limited amount of independent advocacy is provided to a small number of service user, patient and carer groups in Wrexham. These are mental health service users, people who have learning difficulties, older people, the Cultural Deaf Community, migrant workers, and children and young people. Advocacy is also available for complainants within the NHS complaints procedure.

3.2 The specialist schemes for mental health service users and people who have learning difficulties can also provide advocacy to people who have complex needs. However, a wide range of individuals do not have access to advocacy services, while the advocacy needs of some service user groups are presently under-resourced, including:

- people who have physical impairments
- people who have sensory issues (visual/hearing impairment)
- people who have long-term neurological conditions
- people who have chronic illnesses
- people who have dementia
- people who have autism spectrum disorders
- older people (65+) with mental health problems
- young people under 18 who have mental health problems
- people who live in residential homes / sheltered housing
- residents in Local Authority residential homes who are funded by other local authorities
- asylum seekers & refugees
- gypsy & traveller community
- carers
- young carers
- victims of domestic abuse.

4 Which service model would be most effective for Wrexham?

4.1 Whilst the work of existing advocacy schemes is greatly valued, the service must be developed further to meet local need more effectively. To evaluate the most appropriate service model the Task & Finish Group appraised three possible options:

- the market model (i.e. specialist advocacy schemes compete against each other for available contracts)
- generic advocacy (i.e. one or more schemes provide a non-specialist service for all user groups)

- a network or "hub & spoke" model (i.e. advocacy schemes retain their specialisms but collaborate to share a range of functions for mutual benefit and maximum efficiency).

4.2 After carefully balancing the advantages and disadvantages of each model the group unanimously favoured a hub & spoke design that includes generic and network components.

4.3 The proposed hub will provide a first point of contact and deliver a range of functions which could include:

- generic advocacy
- Independent Mental Capacity Advocacy
- signposting to specialist advocacy providers
- development and maintenance of a website & advocacy directory
- rural outreach
- joint fundraising and tender bids
- some administrative functions
- training
- supervision
- development of policies & procedures
- complaints management
- research
- awareness raising
- service quality monitoring.

4.4 The preferred model will ensure that specialist advocacy skills are retained within the network while expanding provision to a wider range of

groups. It will also enable development of the existing structures for advocacy provision instead of replacing them and starting from scratch, thus minimising disruption to services during the transition period.

4.5 The hub will support the individual schemes by enabling them to benefit from reduced duplication and shared functions whilst retaining most of their autonomy. However, for the model to work each advocacy scheme will need to take ownership of it and invest resources and goodwill into the long-term development of the project.

5 Consultation

5.1 Copies of the full 70 page advocacy plan are available on request and can be provided in a range of formats including large print, CD, DVD with BSL signing and easy read. Please contact Paul Swann as below.

5.2 Please return this form by **August 7th 2007** to:

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ADVOCACY PLAN CONSULTATION RESPONSE FORM

| Question | Agree or Dis- agree | Comments (Please use reverse or separate pages if more space is needed) |
|--|------------------------------|---|
| 1 Do you agree or disagree with the given definition of advocacy? | | |
| 2 Do you agree or disagree with the proposed service model? | | |
| 3. Do you agree or disagree that Advocacy Works should be developed (with the necessary protection that existing services are to be continued)? | | |
| 4. Do you agree or disagree that the proposed new generic service should prioritise advocacy for people who are in urgent need of representation? | | |
| 5. Please use this space to add any further comments. | | |

THANK YOU for taking the time to respond to this consultation.