

Briefing Paper to Skills for Care NE

May 2009



Advocacy Action Learning Set Discussion Group Facilitated by DECHA (Durham Alliance)

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1. Purpose of the Report

This report has been produced to provide feedback to Skills for Care NE of the findings and recommendations of the three Advocacy Action Learning Set meetings, facilitated by Durham Alliance.

2. Background and Overview

This piece of work was initiated and funded by Skills for Care NE. In January 09 it was agreed that Durham Employers' Care and Health Alliance would facilitate three sessions with local advocacy services in Durham, and regionally where possible, to assess the impact on these services of the introduction of the personalisation agenda.

Three facilitated sessions were held on:

- 5th February 2009 – Durham Cricket Club, Chester-le-Street
- 12th March 2009 – Lumley Castle, Chester-le-Street
- 22nd April 2009 – Lumley Castle, Chester-le-Street

Although these meetings were held in Durham they were open to all regional advocacy services to attend. The advocacy services, who attended, included:

- Disc/One Voice
- Real Life Real Choices
- National Advocacy Network
- Spiral Skills
- Carers Federation ICAS
- County Durham LINK
- Rethink
- National Youth Advocacy Network
- Citizen's Advice Bureau / Representational Advocacy Service
- Voice 4 Hartlepool
- Blind Life in Durham
- Open Door
- GAIN

The final session held on the 22nd April 2009 was an extended group to allow representatives from the Local Authorities to hear the findings and the proposed recommendations made by the group. This extended group encompassed representatives from:

- North Tyneside Council – Personalisation Lead
- Durham County Council – Personalisation Lead
- Durham County Council – Commissioning and Contracting
- Newcastle City Council – Adult Services

These three sessions were established to promote a community of discovery focusing on 5 key areas:

- Who are Advocacy Groups and what is their role?
- How the Personalisation Agenda currently impacts them as an organisation and personally?
- Positives of the Personalisation Agenda.
- Define the role of advocacy services from the point of view of contracting
- Develop recommendations to Skills for Care NE and Durham County Council

While analysing these areas DECHA has been able to develop some key themes and priorities which need to be tackled in the short and long term. These are summarised in section 3 of this report.

3. Findings and Key Themes

3.1. Current Advocacy Networks

When these Action Learning Sets began the group were asked about current networks regionally and sub regionally because it was really important that the group did not replicate current networks that already existed. It was established that there are a number of current groups, which include:

- North East Regional Network
- Durham Advocacy Network
- Durham Service User Parliament
- Skills for People – focus on Mental Capacity and Deprivation of Liberty Advocacy

3.2. Summary of Advocacy Categories

The group were asked to define advocacy and they quoted the Advocacy Charter published by Action for Advocacy (2002). Advocacy can be defined as:

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and Advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice. “

Action for Advocacy (2002)

The sessions focused on categorising the different types of advocacy service provided and below is provided a summarised list:

- Citizen Advocacy

- Social Care Advocacy
- Health Care Advocacy
- Group Advocacy
- Self Advocacy
- User Forums
- Case Advocacy
- Case/ Representational/ Support
- NHS/Social Care Complaints Advocacy
- Specialist Advocacy – Complex Needs/ Hard to Reach Groups
- Independent Mental Health Advocacy.
- Children and Young People

3.3. Difficulties in Accessing Advocacy Services

It was highlighted by the group the difficulties advocacy services experience in trying to promote their own service, especially in trying to display information in local GP surgeries and residential homes. It was highlighted how this impact on their service as navigation of the range of services can be difficult, especially when promoting services to hard to reach groups. These groups need to be communicated to through a variety of communications, provided in different formats. The group identified a need for a number of communication resources as it is particularly difficult to engage with these groups.

To improve navigation of advocacy services provided to other advocacy services, service users and commissioners. The group recognised the need for an advocacy service directory to allow organisations and individuals to locate appropriate advocacy services contact details. The directory should be easily accessed through different media and provided in appropriate formats. This should be published within the community, NHS and social care establishments.

The group stated that this should be resourced, developed and have ownership by one particular organisation or agency who can manage and maintain the directory and take a lead role in signposting.

3.4. Capacity and Time Constraints

The group investigated capacity and time constraints in relation to contracting. The group outlined that there are difficulties in advocacy services identifying sufficient capacity to deal with the demand on their service.

The group explained how the advocacy services need to be flexible to build trust with their service users and can't be constrained by time as it can be difficult to state how long a case would take to deal with. The group used the term "Quality and not Quantity."

The group stressed a real need for an advocate service to be called in at an earlier stage to engage with a client/service user as this can impact the length of time required with each client/ service user. This is because advocacy services feel they are dealing with more crisis situations. The group felt if they were brought in at an earlier stage then a crisis situation could be resolved or prevented. Also the group felt that as an advocate they are adopting more of a social worker role as they are ending up dealing with crisis situations more often. They indicated that this might be due to an unmet demand in the sector.

It was identified by the group that all council contracts should include protocols which state that the local authority will support and promote the services it contracts with.

The group also felt that trigger points should be built into contracts for when an advocate may be required to be referred to and at what stage as there are times when people move through the statutory agencies when they need help and need to be reminded of the availability of advocacy.

Also, it is difficult to produce a contract based purely on contact time and the group felt flexibility should be built into contracts so that the contracted contact time is movable between clients. As more information is collated by the advocacy agencies then evidence can be provided to influence following contracts.

3.5. Professional Status of Advocacy Services

The main objectives of this piece of work were to establish workforce development needs of this particular group. The professional status issue was an underlying theme throughout the three sessions. The group described how health and social care professionals don't view advocates with the same professional regard. Some of the issues identified included:

- Being regularly asked to justify their role and qualifications
- Advocacy is not seen as a profession throughout the sector
- It needs to be valued as a role within social care.

It is crucial that the sector skills development supports the need of advocacy qualifications and the need to increase its status. There is no identified career pathway for people who wish to work in advocacy. It is important that care pathways are clearly mapped out to include advocacy and there is a need for ambassadors to promote the service.

3.6. Personalisation Agenda and the possible impacts

The group's opinion is that advocacy services have concerns around the possible new tender and funding arrangements that the Personalisation Agenda will bring. The group expressed concerns about commissioning budgets across the country as they are not standardised, this would make it difficult to provide an equitable service across the region, which could result in gaps in service across the region.

The group also voiced concerns about clients/service users not feeling empowered about their care, as the group's clients/service users have voiced concerns about individual budgets not being standardised. The service users feel Social Workers decide on clients/service users' care and that personal budgets are mainly given to complex cases. A service has to be provided to help clients/service users understand their budgets and what they can do with it.

The group stated:

“Clients should have a level of independence in decision making and receive information on how to access direct payments and other services with the right level of choice and support which advocacy services can provide.”

The group raised the issue around self-funding individuals who currently have no access to advocacy services and this provision needs to be offered to provide them with an option.

3.7. Developing Roles

The group stressed the distinction between Advocacy and Brokerage as being two different roles. Both of these roles have specific and different functions/responsibilities which can impact training needs and qualifications. Each role needs to be defined with its own skill mix and job roles. They also defined the amount of involvement each role would need with the client/service user.

- Advocacy – Long Term involvement with client/service user
- Broker – Short Term involvement with client/service user

The group discussed how brokerage is potentially open to financial abuse and that accreditation and training may reduce this from happening. Who should undertake brokerage? There is a natural link to advocacy but it should be independent, and not part of a care package. There have been approaches made to advocates to deliver brokerage, by both clients and carers and the advocacy role can become confused. The group felt that there is a real need for clarity here.

3.8. Positives of the Personalisation Agenda for Advocacy Services

The group welcomed the new opportunities the personalisation agenda will bring. Contracting and commissioning arrangements will impact on advocacy services significantly. This agenda will develop a new market for organisations, which give clients' increased opportunity to have:

- freedom to choose/choice
- wider range of providers
- careers in advocacy, new knowledge skill sets
- advocacy qualifications
- professional progression

However, this may depend upon the type of contracts offered by the commissioners.

3.9. Benefits of Advocacy in the Future

A summary of advocacy service benefits include:

- This could help clients to make supported decision making (balanced and educated).
- Promotion to clients of advocacy services provided.
- Raise awareness with the clients of the range of services.
- Establish professional status across other associated professions
- Rights will be seen in a positive light
- Advocacy can prevent something becoming a complaint
- Organisations need to identify when someone should be referred to advocacy. An individual can self refer to advocacy service. Services should be signposted and triggers could be identified.
- The Personalisation Agenda needs to empower the individual to achieve a local resolution with a tailored service.

4. Recommendations

That Skills for Care NE accept this report and consider the recommendations below for action on a regional and national basis.

- Funding and support for current groups and especially the Regional Advocacy Networks
- Awareness raising of advocacy services to all professions within the sector through:
 - Short Course programme development
 - eLearning programme development
- Funding of Qualifications – City and Guilds NVQ units and professional development. Links need to be made with social care courses with local colleges and Further Education establishments
- Support and funding for the nationally recognised qualification (VRQ) for advocacy in the region
- Development of the advocacy directory to support navigation and access to the services provided
- Marketing of advocacy services through regional publicity campaign and regional initiatives
- Development of local initiatives to raising the professional profile and promote recruitment and opportunities.
- Access to regional alliances for continuous improvement to workforce development opportunities.

Actions taken so far by Durham Alliance:

- Findings have been presented and supplied to Durham's Advocacy Review Group on Wednesday 8th April 2009 to feed into the new contract development for advocacy provision in Durham.
- Investment of £6,000 from Durham alliance to develop an advocacy e-learning package.
- All Durham advocacy services are members of the alliance therefore benefiting from the workforce development opportunities provided by the alliance.