

Developing an Advocacy Network for Wakefield District

Purpose

1. This report will:
 - i. Update people on the work being done to develop an Advocacy Network for Wakefield District
 - ii. Inform people of the proposed work of the Network and seek feedback on these proposals

Background

2. In October 2002 Social Services & Health (SS&H) commissioned some research into the availability of advocacy in Wakefield District and the challenges for its future development. The results of this research were published and a stakeholder event was held in July 2003. Following the recommendations of this research, a Steering Group was formed in October 2003 comprising representatives of SS&H, the PCTs, DIAL Wakefield, Barnardo's, MENCAP, Age Concern, the Richmond Fellowship, Carers Wakefield and District, Rasa Advocacy Project, and Wakefield Asian Community Forum. The Steering Group's primary aim, in line with the research findings, was to develop a Network similar to the model of the Gateshead Advocacy and Information Network. The Steering Group decided it was necessary to employ a Project Co-ordinator to move this work forward. SS&H provided funding to facilitate this, and the Project Co-ordinator started on 5 May 2004.

The Growing Advocacy Agenda

3. The benefits of advocacy are becoming increasingly recognised across the UK, and this is being reflected in the growth in the number and diversity of advocacy schemes, the increasing focus on advocacy in legislation and government guidance, and the increasing general use of the term advocacy.
4. Local authorities are now assessed on the amount of money they spend on advocacy for people with learning disabilities. It is also a statutory right, from April 2004, for children going through the complaints procedure to have access to advocacy support. And in Scotland local authorities and health boards were required to work together to commission advocacy schemes in every area across the country by the end of 2001. These types of measures are likely to be extended to other special interest groups and the rest of the UK in the future.
5. There are many organisations in Wakefield District that say they do advocacy, but often their work is based on a very loose conception of the term. The original proposal to call PALS the Patient *Advocacy* and Liaison Service (later changed to the more accurate and descriptive *Advice*) is indicative of the situation, and led to further confusion for many people.

6. While advocacy is a reasonably clearly defined activity, there are no commonly accepted standards across the UK to evaluate schemes' use of the term or to help service users or providers understand what advocacy means or what to expect of an advocate or advocacy scheme.
7. The Advocacy Network has been established with two broad (draft) aims which pick up on this growing advocacy agenda, fit in with the Fast Forward vision, and stay within the guidelines for charitable objects in order to maintain flexibility. These draft aims are:
 - i. To build the capacity of the people and communities of Wakefield District to live and work independently and to improve their quality of life, health and sense of well-being by developing inclusive and sustainable solutions to their problems.
 - ii. To create a more positive environment for independent advocacy among local people and organisations through developing access to and understanding of advocacy services, and a more stable financial environment.

So what is advocacy, and what can it do for us?

8. There are many different approaches to advocacy, which have led to a variety of slightly different (but complementary) definitions. There is however a broad consensus that:

“Advocacy is about making sure people’s voices are heard.”

9. We are all informal advocates at one time or another as we stick up for people around us who are not being listened to, and we have all had someone speak up for us at some time in the past. Independent advocacy can help if someone doesn't feel they have this support around them, or if they don't agree with what their 'supporters' are saying 'on their behalf'.
10. Over the last thirty years this idea about advocacy has been developed into a set of practices that make the advocacy partnership unique, and uniquely beneficial to both individuals and the services they are engaging with. These benefits have been defined as follows.

For the individual, advocacy:

- extends **choices**;
- improves access to **services**;
- ensures people are treated **justly**;
- **supports** them through problems and conflicts;
- **empowers** people to help themselves;
- encourages **social development**;
- helps services to develop to **prevent** recurrence of problems.

A Right Result? Advocacy, Justice & Empowerment
Henderson & Pochin (2002), The Policy Press

For local authorities, health trusts, etc., advocacy offers:

- Better outcomes for people
- Intelligence and feedback
- Added value
- Constructive challenge to service providers
- Keeping the focus on people who are most at risk
- Designing user-focused services

Independent Advocacy: A Guide for Commissioners
The Scottish Executive (2001)

What is available now, and where are the gaps?

11. Most of the schemes that clearly fit the model of independent advocacy in Wakefield District are provided by organisations currently contracting with SS&H. In this respect Wakefield MDC has been forward thinking - it commissioned a Children's Advocacy Service four years before it was a statutory requirement - but there are still many gaps and opportunities.
12. The directly commissioned advocacy schemes are:
 - Barnardo's run the Children's Advocacy Service and the Independent Visitor Service - for children in the looked after system;
 - The Richmond Fellowship provide advocacy for adults receiving mental health services;
 - MENCAP run Your Voice, Wakefield - for adults with learning disabilities.
13. Three schemes are run by organisations using core funding received from a SS&H contract:
 - Age Concern have been providing advocacy to elderly people for 9 years now, funding it from their core grant. Originally the plan was for the advocacy service to become independent, but it has been squeezed by other commitments and the advocacy capacity has recently been reduced.
 - DIAL Wakefield offer advocacy for people with disabilities and their carers.
 - Carers Wakefield and District provide advocacy for carers when required.
14. Rasa Advocacy Project is the most financially independent from WMDC, receiving a small grant to rent an office space. They are doing good work with refugees and asylum seekers, but they are a new project and are still setting up their advocacy systems and writing a business plan to seek more permanent funding.
15. There are also statutory bodies established following the NHS Plan and the Health and Social Care Act 2001 and the NHS Reform and Health Care Professions Act 2002. These are the Patient Advice and Liaison Service (PALS), the Independent Complaints and Advocacy Service (ICAS), and the Patient and Public Involvement Forums (PPIFs). These bodies do not directly provide the sort of advocacy that this Network will focus on, but they play an important role locally and they have been and will continue to be closely involved in the development of the Advocacy Network.
16. Some of the gaps in advocacy availability can be elicited directly from these lists:

- Children who are not in the looked-after system including, for example children at risk of exclusion from school, pregnant teenagers, young people with learning disabilities;
 - Most people receiving community mental health services don't have access to the Richmond Fellowship's services because it is in such demand from people in hospital;
 - Many adults with learning disabilities are not able to access advocacy support, although additional provision is developing;
 - People who could access existing services but who come at a time when there is no capacity for them - especially relevant to older people and carers, but also other projects listed above.
17. There are many more gaps, or areas where advocacy could help people who don't (feel as if they) have a voice. These include, but are not limited to:
- Parents going through child protection proceedings;
 - Children and older people experiencing mental health problems;
 - Members of Asian communities and other BME groups;
 - People accessing primary care services;
 - People with chronic illnesses;
 - Alzheimer's sufferers;
 - Adults with disabilities;
 - Drug users before and after rehabilitation;
 - Ex-offenders.
18. There are not only gaps within specific user groups. There are a wide range of approaches to advocacy, including citizen or volunteer advocacy, group advocacy, self advocacy, peer advocacy, and professional or casework advocacy. Guidance issued with the consultation on the Mental Incapacity Bill suggests that there should be a citizen advocacy scheme in every district. This would be an important development for Wakefield District because we are currently quite skewed towards the professional/casework model of advocacy provision. There are many advantages to promoting a wider range of advocacy options, and a wider range of ways that people may become involved in advocacy - e.g. as volunteers rather than partners.

How will the Advocacy Network deliver?

19. Given the broad draft aims stated above (para. 7) and the situation outlined in the rest of this report, we are considering the following draft strategic objectives:
- a) **Advocate for advocacy.**
 The importance of independent advocacy is becoming increasingly recognised both on a practical local level and in government guidance and legislative developments. The Advocacy Network is a timely response to these developments, but we need to make sure that clear information is made available to local people as well as policy- and decision-makers about these developments and the possibilities they hold.

- b) **Develop and agree a set of local standards and good practice guidance for independent advocacy, ensuring that they fit in with existing national trends and guidance.**

This will assist in the development of new advocacy schemes; give greater confidence both to potential beneficiaries of advocacy and to the organisations advocates work with; and help promote good practice in the commissioning, operation and evaluation of advocacy schemes.

- c) **Ensure that developments in advocacy are widely owned and shared across the District through proper consultation and involvement, and through open and accessible decision-making processes.**

This overlaps with the previous point, but I think it is important enough to merit its own heading, and there is certainly enough work involved. One of the priorities seems to be developing a strategy for this work.

- d) **Set up the Network.**

We should try to ensure that the Network effectively represents and responds to providers of advocacy as well as local people and communities, and will be able to meet its aims. This involves developing a strategic plan in consultation with all our partners. This plan should detail the measures the Network plans to take to achieve its strategic objectives, evaluate the human and capital resource implications, and seek possible funding solutions.

- e) **Develop a comprehensive resource for advocacy in Wakefield District.**

The Network needs to be able to provide local advocates and advocacy schemes with support through: providing a safe and supportive space for advocates to come and talk; developing a library of information, news, copies of legislation and government guidance and other good practice; extending training opportunities by developing a shared programme between local advocacy providers; and keep all our stakeholders up to date, possibly by producing a newsletter and/or website.

- 20. We are beginning to develop an action plan to ensure that each of these strategic objectives is clearly defined and has achievable targets and dates associated with it. Part of the action plan will be to develop a strategic approach for the Advocacy Network that will provide a clear picture of the different possible ways forward.

John Farrar, Service Manager, Customer Relations
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Initial Action Plan

Objective	Evidence	Resources*	Target end date
1 Clarify vision for steering group and emerging network	Terms of reference agreed by Steering Group	None	Draft for July, decision August 04
2 Establish a stable base for Network Project Co-ordinator within Voluntary Sector for easy access	Moved into new office in VAWD complex at 21 King Street, Wakefield	Rent + rates + utilities	August 04
3 Develop a set of standards for advocacy in Wakefield District - and then get them agreed	Final draft standards available for public consultation Standards agreed by all stakeholders, including WDP	Advocacy books and copies of existing good practice guidance	1 September 04 1 January 05
4 Ensure that all stakeholders across Wakefield District are properly engaged in planning and developing the Network's activities	A wide range of groups will have been engaged, will have given feedback, and will want to attend stakeholder day in November and conference in February	Meeting rooms, handouts, flipcharts, etc.	Sep - Nov 04 Feb 05 And ongoing
5 To develop a clear analysis for current and potential advocacy provision	Report finalised and circulated	Feedback from engagement	December 04
6 Develop a strategy setting out options for the future of the Network - and then make decision on direction	Strategy circulated Direction agreed for business plan	Feedback from engagement	December 04 Dec 05/Jan 05
7 To identify and begin discussions with a range of potential funders of advocacy	Information available to Network members and funding plan developed for Network development	Support from CIB, VAWD, etc.	January 05
8 Develop a draft business plan	Business plan ready to take to conference	None	January 05
9 Organise Stakeholder Conference	Conference held	Room hire and catering	February 05

* Basic resources for the first 12 months are being covered by the Public Information and Access budget from Social Services and Health.