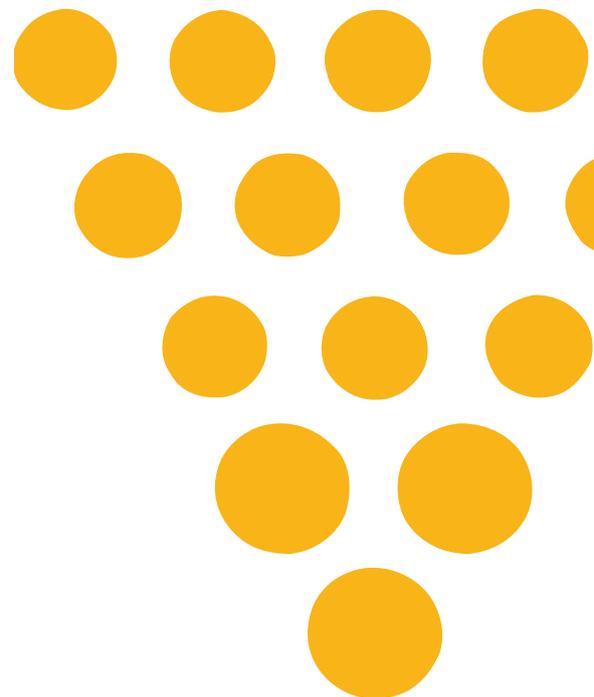




Adults Advocacy Engagement Report

August 2019, version 4

Adult Social Care



Adults Advocacy Engagement Report

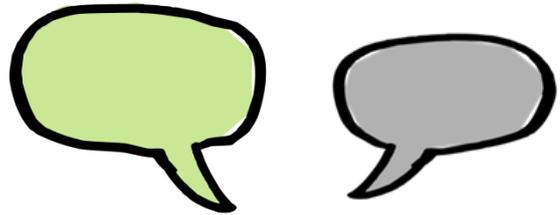
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Introduction

Advocacy services help people and carers to:

- Speak up for themselves
- Get their voice heard
- Understand their rights
- Find and understand information
- Make decisions about what they need
- Find the right support for them
- Tell the important people in their life like family, social workers, carers, support workers, doctors and nurses what they want.



Some people have family and friends who can help them to speak up for themselves, others may need an independent advocate. An “independent advocate” is someone who is paid to deliver professional advocacy and has had specialist training to make sure they do a good job.

There are different types of advocacy. This includes:

- Self-advocacy – people speaking up for themselves
- Peer and group advocacy – people with lived experience supporting others
- Independent professional advocacy – people who are paid to advocate on behalf of others

This report presents results of **the advocacy** engagement activities carried out from June 2019 until September 2019. The feedback gathered will be used to inform the future model of advocacy provision planned to start in summer 2020.

For more information about the project visit our website:

www.cornwall.gov.uk/advocacyadults.

Feedback summary



“Advocacy is empowering for people who would otherwise not have a voice, or a voice that they felt confident to use.” Workshop participant, 2019

“Advocacy builds trusting relationships and gives people the confidence and momentum to achieve things they otherwise would not have.” Workshop participant, 2019

How did we engage and who with?

We engaged with over 150 people of all ages (18+) from all geographical areas of Cornwall including people who use the services, providers, social workers, health and care workers and other stakeholders.

Over 80 people responded to our survey. This included an online survey and paper copies distributed via email networks and at events.

We also engaged with about 70 people via:

- Self-advocacy forum on 6 June at Blantyre Day Service in St Austell attended by 12 people
- Blue Light Day on 3 July in Wadebridge- emergency services event attended by service users, carers, providers and health and social care workers
- A workshop with stakeholders on 9 July in Pool attended by 25 people including service providers, advocates, a service user and other stakeholders
- A co-production workshop with service users on 8 August in Hayle attended by 12 people

- Carers Partnership Board on 1 August in Redruth – attended by carers and other stakeholders.

Our engagement activities were widely promoted amongst our stakeholders, including advocacy and care and support providers.

What did people tell us?

Key points

- People want **to have choice** and be able **to express** their **opinion** about day to day activities, such as choosing their clothes to wear, feeling safe, when changes happen in their lives, with social care and doctor appointments and with finding work or a suitable volunteering opportunity. They want to be as independent as possible.
- **Advocacy services are extremely valued** by people for supporting vulnerable individuals to have their voice heard.
- There is often a lack of understanding and **a misconception** about **what advocacy services provide**. It has been recommended to widely promote current and new provision.
- It was fed back that **not enough funding** and cuts to services have a negative knock on effect and advocacy becomes more necessary. To address this many respondents felt that we need to **be more creative in designing and providing advocacy services**. People suggested offering advocacy support in community settings, with community advocacy sitting with community services, and statutory level advocacy being accessible through independent advocates ‘hot desking’ at community venues. Community services could also receive training in providing advocacy, as well as training for peer advocates. Another innovative suggestion was using time credits to encourage peer/volunteer advocacy.
- **Family, friends and relationships** are very important and people would like to have opportunities to build good relationships and socialise with their peers. However family members may also disempower people or might not be informed well enough to support their relatives. Therefore training on how to be an advocate could also be made available to family members.
- To make services more accessible and to empower people it was suggested **to change the culture** in which the services are being delivered. Professionals and services can be associated with having “high powers” and with using jargon and too difficult language, not considered to be easily accessible. **Services could be designed as community hubs** where the

culture and language used are positive and friendly to be more able to connect with the public. Documents should be accessible and written in 'plain' language. This would also reduce the need for resources and services including advocacy provision.

- In addition to those already mentioned above, "lack of trust in support services" and "not being able to communicate effectively" were considered as **the biggest barriers** in accessing advocacy services.

Survey and workshops analysis

1. Feedback about advocacy services

What do advocacy services provide?

There is often a lack of understanding and a misconception about what advocacy services provide. Some people think they link to the law, a few mentioned "devil's advocate". Therefore we started the stakeholder event with current advocacy providers asking people to agree what interventions are advocacy, and what interventions are not advocacy provision.

Advocacy service will:	Advocacy service will not:
<ul style="list-style-type: none"> ☺ Help you to find and understand information to help you make informed decisions. ☺ Help you contact relevant people or make contact on your behalf. ☺ Listen to your views and concerns. ☺ Help you explore your options and rights. ☺ Accompany you and support you in meetings or appointments – depends on the situation. 	<ul style="list-style-type: none"> ☹ Provide information, advice and guidance. ☹ Solve problems and make decisions for you. ☹ Make judgements about you. ☹ Cross over with community support e.g. social prescribing. ☹ Be your friend. ☹ Be a support worker. ☹ Give you a personal opinion.

People have also identified a few additional points:

- ☹ It is hard to see boundaries between advocacy, support and information, as well as between advocacy and self-advocacy.

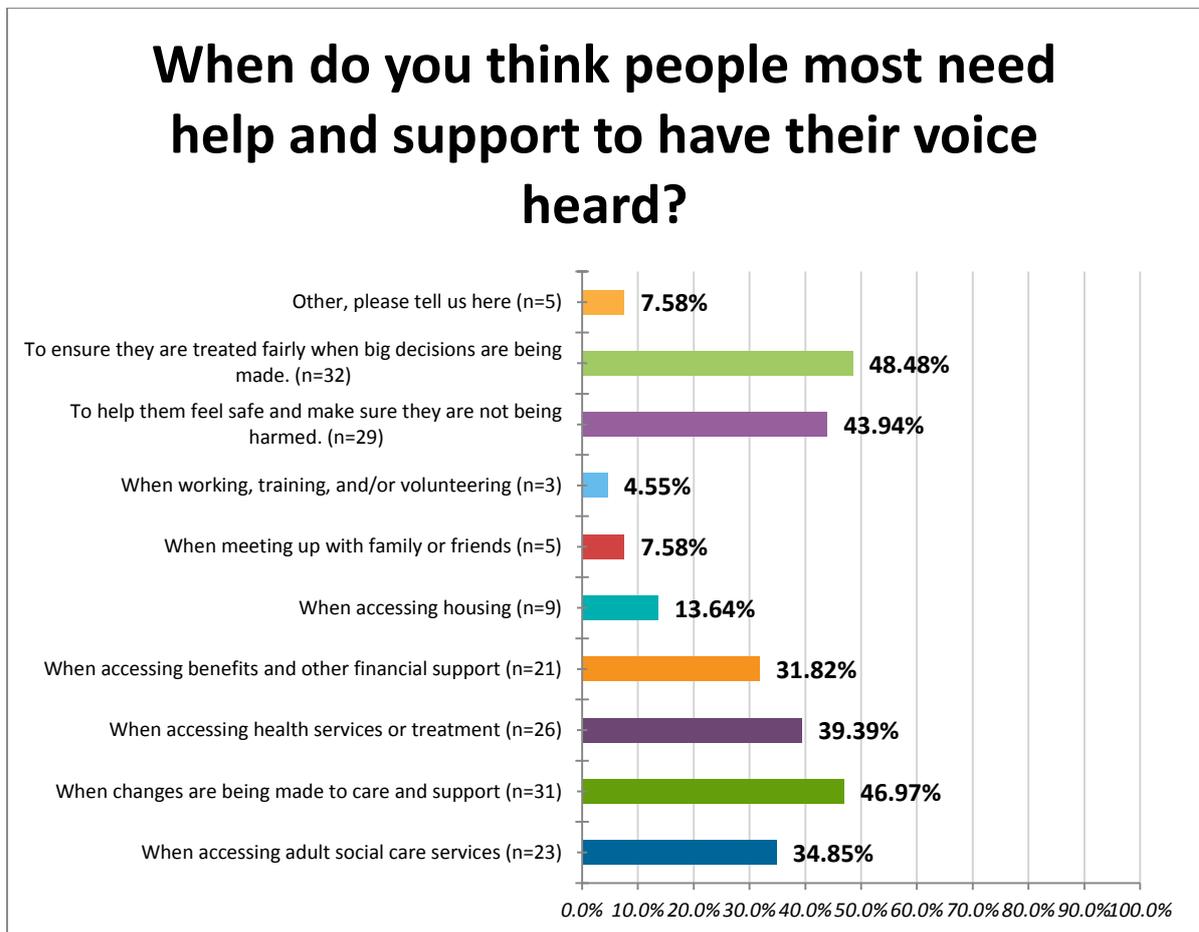
- ☺ Definition of advocacy across health and social care is needed.
- ☺ Clarity is needed regarding who can access the services, and whether they can support families of those who need an advocate.
- ☹ It is not helpful when the advocate's own views affect the way the person's views are heard.

“Over opinionated, overstepped the advocacy role” Survey respondent, 2019

When do people need an advocate?

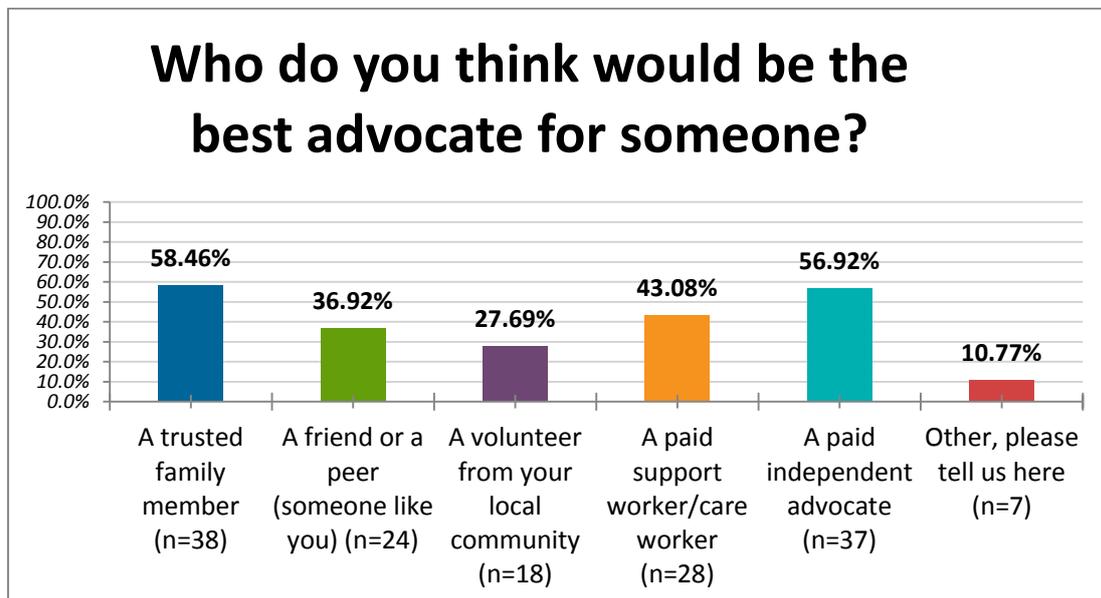
The survey asked people to tell us what they thought the three most important reasons were for people needing help and support to have their voices heard. Over 40% thought the key reasons were:

- To ensure they are treated fairly when big decisions are being made
- When changes are being made to care and support
- To help them feel safe and make sure they are not being harmed



Who can be an advocate?

People who attended the workshops and those that completed the survey were clear that an advocate needs to be a trusted person, whether it is a member of a family or a professional. As illustrated by the chart below, the majority of survey respondents (60%) thought the best advocate would be a trusted family member and a paid independent advocate (almost 60%). Although the chart below shows that other options were also popular.



People who responded to the survey and attended the workshops also indicated that although family and friends would be deemed appropriate advocates, however they do not always have sufficient knowledge of systems and laws to truly advocate on somebody's behalf. It is evident that families play a key role in people's life. People told us that they would like to have a better relationship with their families. It was reported that some family members may think they know what's best for their relatives but this sometimes might not be the case. It was suggested that they would benefit from training to change their approach so they can empower people to make their own choices and to have the best quality of life.

"My mum told me that I can't get married because I'm disabled. This made me feel upset." Self-advocacy forum participant, 2019

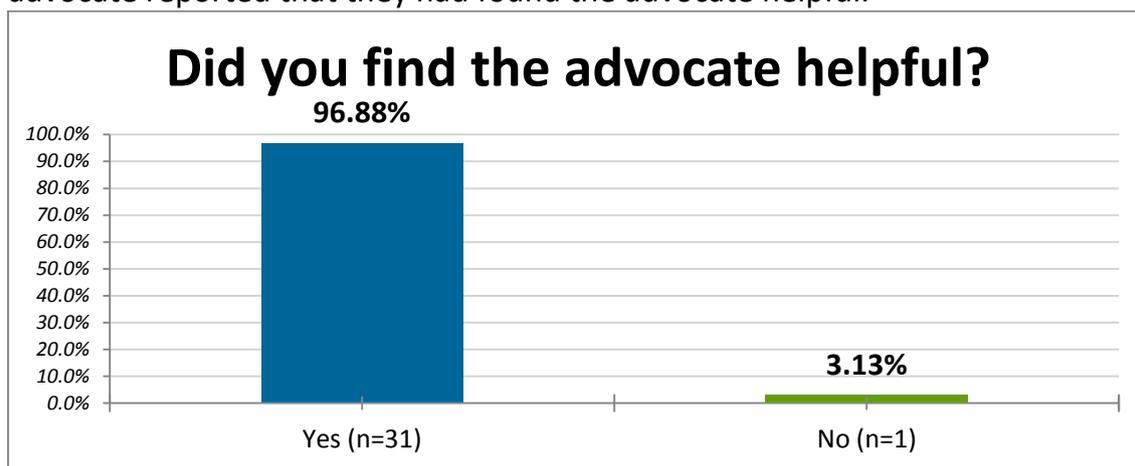
Additionally it was noted that advocacy should be embedded in each service and training provided to staff, including staff in care homes, home care, supported living, day services and voluntary and community services.

What works well in the current provision?

Half of the people who completed the survey and the majority of the workshops attendees have been supported by or have worked with an advocate.

Good service

Nearly 97% of the survey respondents who received support or worked with an advocate reported that they had found the advocate helpful.



People that responded to the survey and attended the workshops indicated that they value a good service that is being currently provided which includes the qualities below:

- ☺ It is independent and confidential.
- ☺ It makes sure people's voices and opinions are heard and that people are treated fairly.
- ☺ In a complaints process it improves and challenges systems.
- ☺ It is person-centred, flexible and provides good outcomes for people with different needs.
- ☺ More people are receiving advocacy since Care Act 2014.
- ☺ Advocates were praised for their professionalism and knowledge to be able to support people in making their choices and decisions.

“I work with people who lack mental capacity to make decisions. Advocates have always represented the person's views but also worked hard to ensure the person's rights are upheld.” Survey respondent, 2019

**“They were a lifeline for our family and being independent they had my son’s best interests at heart and I trusted them”
Survey respondent, 2019**

- ☺ It empowers individuals to navigate the system and understand relevant language and terminology.
- ☺ Support is provided in various ways including on 1 to1 basis, and meeting locally or where the person wants, also in crisis.
- ☺ Hospital advocacy has been a huge success to enable speedier discharge or to ensure end of life needs are considered. It was nominated twice for a national award.
- ☺ Self-advocacy helps people to have their own voice and supports people with complex needs related to a learning disability.

Challenges and opportunities

Information

Some people argued that there is not enough information about advocacy services and how to access them:

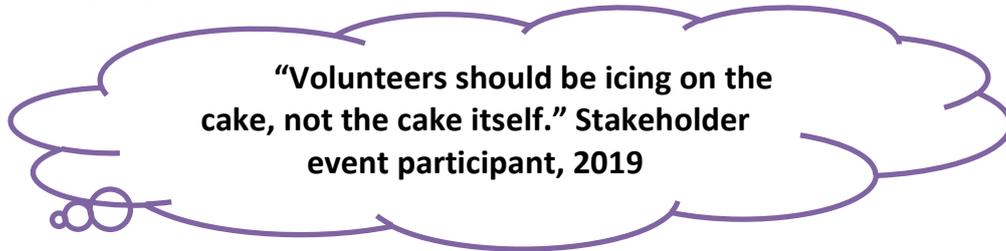
- ☹ Several people indicated problems getting advocates for deaf people and deaf people not knowing what advocacy service is available.*

“I am deaf. Accessing any service in Cornwall is difficult for me because I use sign language.” Survey respondent, 2019

*Please note there is an accessibility link on a bottom of each Cornwall Council’s webpage when you can find instructions how to request information in a

different language and format. However, we are mindful that this does not address the issue of profoundly Deaf needs and acknowledge the consideration of providing some BSL signed video links.

- ☺ It's about services giving the right information so people do not need an advocate.
- ☺ Respondents felt that it was important to ensure that the budget provided enough funding for people to get the independent paid advocacy they were entitled to.



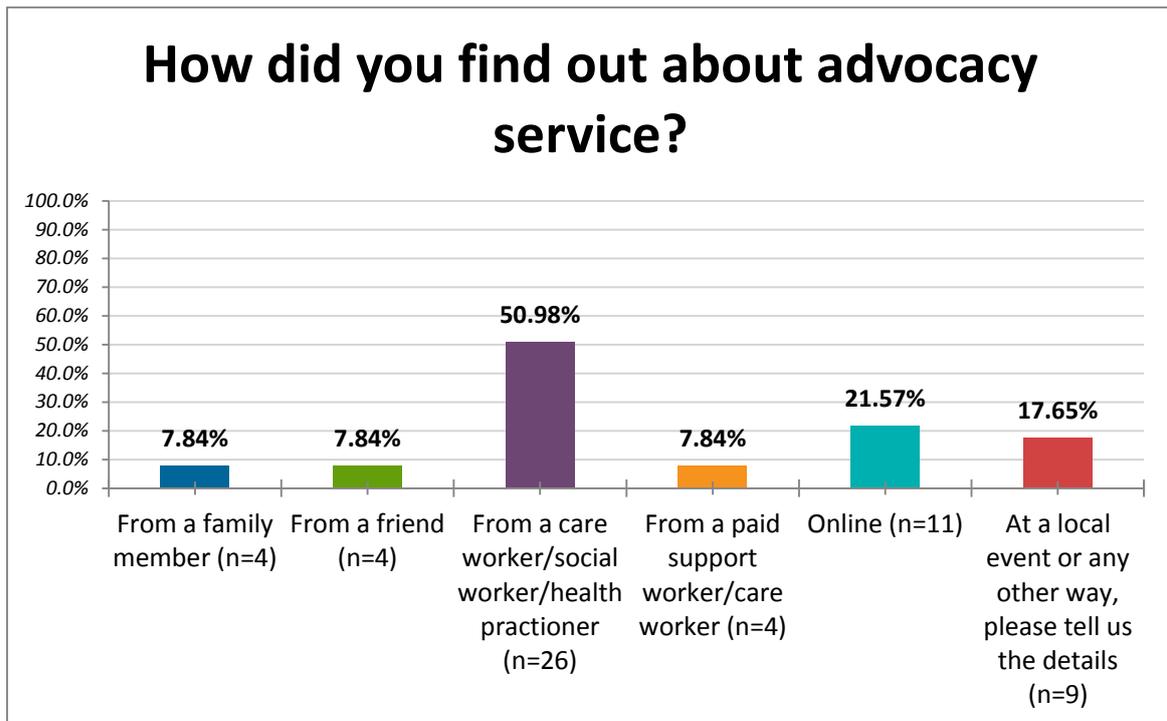
- ☺ It was suggested that the referral process needs to be simple and straightforward.
- ☺ There is a need to provide specialist and long term advocacy to young people with complex needs and those in transition to adulthood.

Other people noted that there is already a lot of information and peer support in the community, this includes:

- ☺ [Care and Support in Cornwall](#) - which includes ‘Family Information Service’ providing information for families and on the Local Offer, as well as Care and Support and You, providing information for adults
- ☺ [The Cornwall Link](#) – which provides information on local community groups and activities, as well as services
- ☺ Informal networks (not just paid advocates)
- ☺ Communications groups for people with complex needs to empower individuals to share views.
- ☺ Peer to peer support – within children’s it is strong and would like it to continue into adults.

It has been recommended to promote the current and new services more widely, also to those hard to reach groups.

Most people who responded to the survey found out about advocacy services from a care worker, social worker or health practitioner, as shown in the chart below.



Funding gap/Creative approach

- ☹️ It was fed back that not enough funding and cuts to services have a negative knock on effect and advocacy becomes more necessary.
- 😊 Most of respondents felt we need to be more creative in delivering advocacy services. The advocacy service could be integrated into existing groups and activities. It was suggested that existing community services could be trained to become community advocacy services. People are already accessing these provisions and they are known to professionals. This makes the advocacy services front facing and accessible.
- 😊 People also suggested to bridge the gap by offering advocacy support in community settings, with community advocacy sitting with community services and statutory level advocacy being accessible through “hot desking” at community venues, for example in libraries on certain days of the week. This way community services could be a gate way to statutory advocacy if required, so people can be linked to this provision from community locations. This could also empower people and local services and may reduce need for advocacy service.



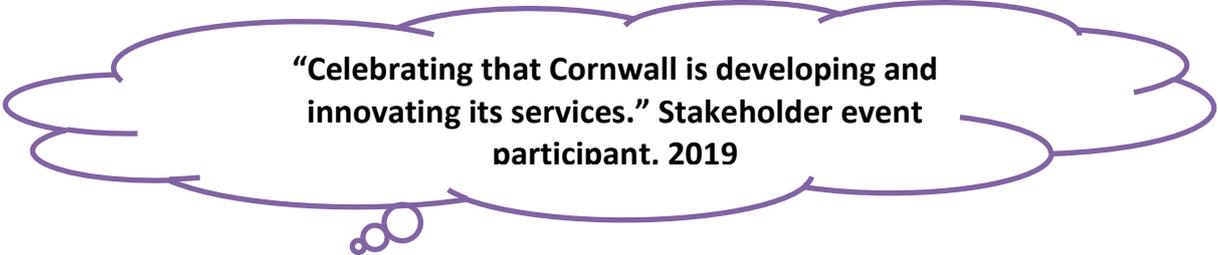
**Advocacy needs developing to a service locality based that meets local needs, more like advocacy in the community.”
Stakeholder event participant, 2019**



Also a tool kit could be developed to be used in a community and promoted by local people to local people.

Peer advocates/Time Credits

- ☺ People also suggested the idea of using time credits. Peer advocates, advocates that come from sectors of society, could work as voluntary advocates as a time credit earn. They can then progress on their own career development to become community advocates if they would like or it can lead to other employment opportunities, as well as the opportunity to develop a host of skills along the way.



“Celebrating that Cornwall is developing and innovating its services.” Stakeholder event participant. 2019

Links with other services

- ☺ It was suggested to link advocacy with other services such as social prescribing, partnership boards and using personal budgets/Direct Payments to pay for non-statutory advocacy – providers having ‘pots’ to purchase advocacy if needed.
- ☺ The key would be to connect services with positive relationships to ensure people receive each service and are openly and positively referred to other services for any additional needs.

Gaps in the current provision

- ☹ People reported that form filling and reading correspondence – benefits, housing and also information and guidance are a gap in the current provision. **
- ☹ It was also indicated that the services provide bare minimum which is short sighted. Early intervention and prevention of crisis would alleviate a need for an advocate. **



you said, we did

- ☺ **This feedback was received during the review of the Adult Social Care prevention services and as a result services have been commissioned that will offer this type of support – please see the prevention page on the Council’s website for more information on the new Empowering Independence and Social Inclusion services
www.cornwall.gov.uk/preventionservices.

- ☹ It was noted that sometimes there are good projects being piloted but the outcomes are not followed up and the projects are being forgotten.

Workforce

- ☹ People felt frustrated about delays in social workers being allocated, lack of capacity within the health and social care workers, sickness level and that there are not enough social workers/care workers. This can cause delays in needs assessments and care and support plans being created and also impacts on the quality of support provided. Receiving a number of inappropriate referrals doesn’t help.
- ☹ It was reported that sometimes health and social workers don’t listen to people and don’t act according to people’s wishes.
- ☹ It was indicated that social workers are not consistent in referring to advocacy services.

Confidentiality

- ☹ It was also flagged up that professionals do not always respect confidentiality and share information inappropriately. On the contrary to this it was noted that people with additional needs can often take a long time to build trusting relationships, if workers spend time creating these relationships to then have to pass the person on to another service this process can take a lot of time and become frustrating. Therefore it was suggested to gain consent to pass on people histories to other professional involved so that they do not have to re-go over their whole past but can concentrate on the moving forwards and progressing

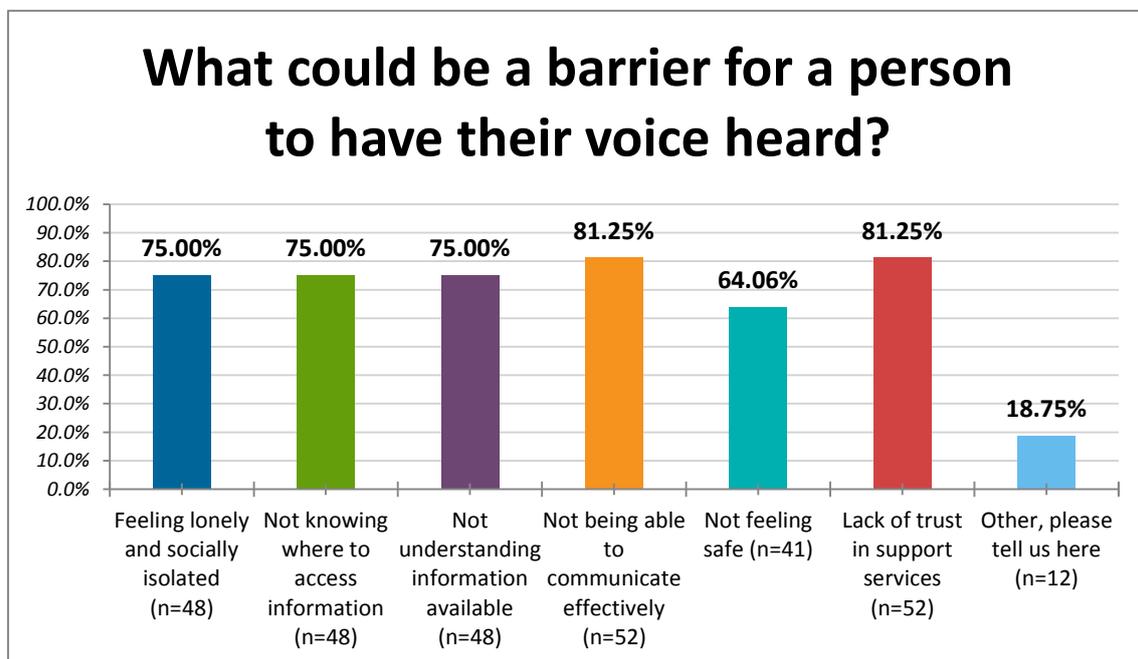
“Being passed on to services means sharing my history over and over and I find this hard, and it makes me ‘not bother’ then I can be seen to be ‘disengaging’ and then I am not supported – when really I am frustrated at a time when I need help the most.” Workshop participant, 2019

Barriers in accessing advocacy services

The survey respondents felt the biggest barriers in accessing advocacy services were:

- ☹️ Lack of trust in support services (81.67% people agreed)
- ☹️ Not being able to communicate effectively (80% people agreed)

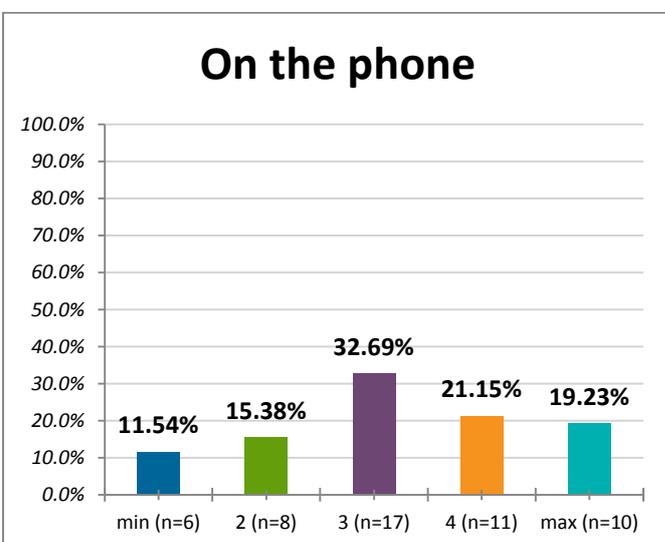
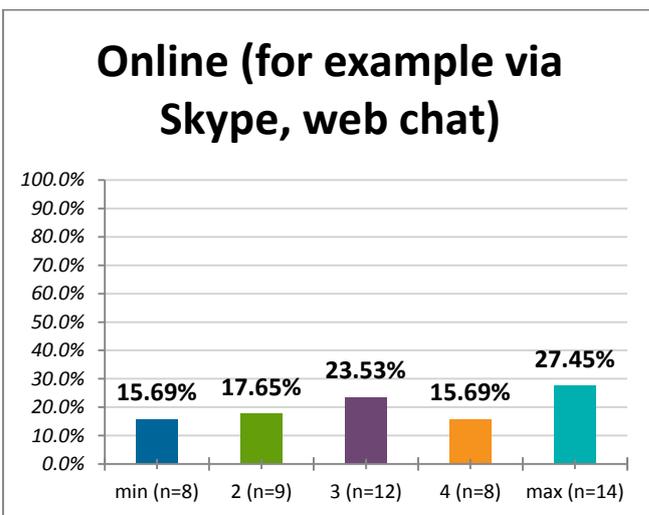
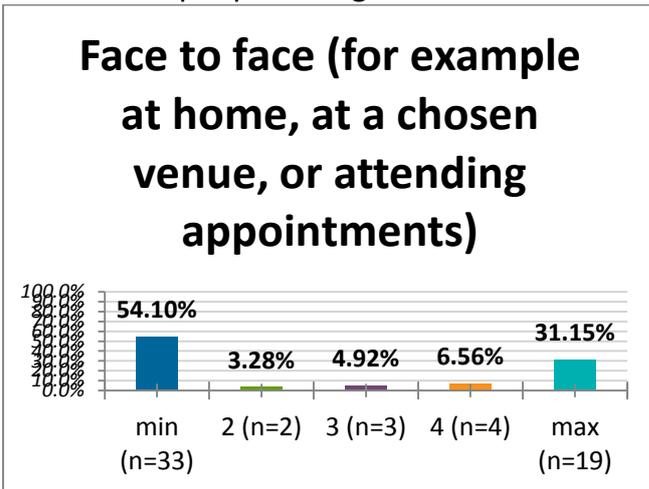
Although all other answers were also strong, as shown in the graph below:

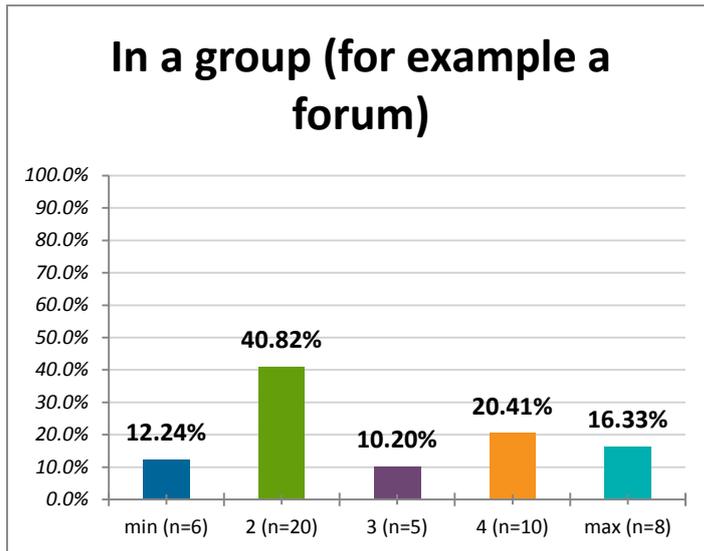


Communication

☺️ For people who completed the survey the most preferable way of receiving advocacy support was face to face- half of respondents chose this as the best option. However over one third thought this was the worst option. Please see the charts below for more details. The second best option was “in a group”, then “over the phone”. An online option gained all round even scores which may indicate that there are some people who have digital skills and

would like to access the service online for example via a webchat but an equal number of people thought it was a bad or the worst option.





- ☹️ Some survey and workshop participants felt that relationships/joint working/partnership with the NHS and the Council including commissioners are working well. Others reported that communication between different services, departments and organisations for example social care and health could improve, particularly after hospital discharge and in transition work from children's to adults. Integration of health and social care and education that includes advocacy would be a good solution.

Also people identified good opportunities for meaningful engagement and promotion, such as:

- ☺️ Utilising community groups, day services and care homes
- ☺️ Making best use of conferences, Voluntary Sector Forum and Healthwatch
- ☺️ Better engagement planning—so it doesn't overlap with other engagement activities.

Language and culture

- ☹️ People felt strongly about too difficult language and terminology used by professionals and in documents. Documents should be accessible and in 'plain' language wherever possible, or in an easy read format to reduce the need for resources and services including advocacy provision.
- ☹️ The workshops' participants also made an observation that advocacy is often associated with challenging people in high positions of power and should be changed. The culture of power means that people can feel that they cannot complain especially with in health care services like hospitals and doctor surgeries. Using support and positive and accessible language could empower people's voice.

It was suggested to change a word "complaint" to a softer equivalent such as "feedback" or "opinion". Health services should open ask for feedback and

thought on experiences so this dialogue is always open and challenges what can be seen as an opposing and official system.

- ☺ Veor surgery was suggested as an innovative example of a model of equalising power and creating a surgery as a community hub.

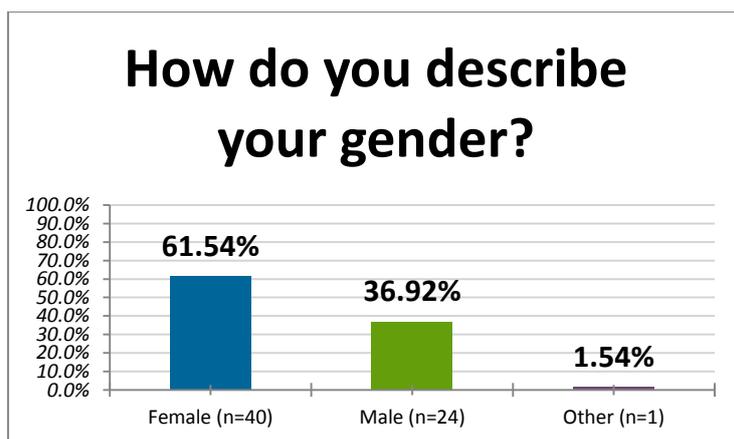
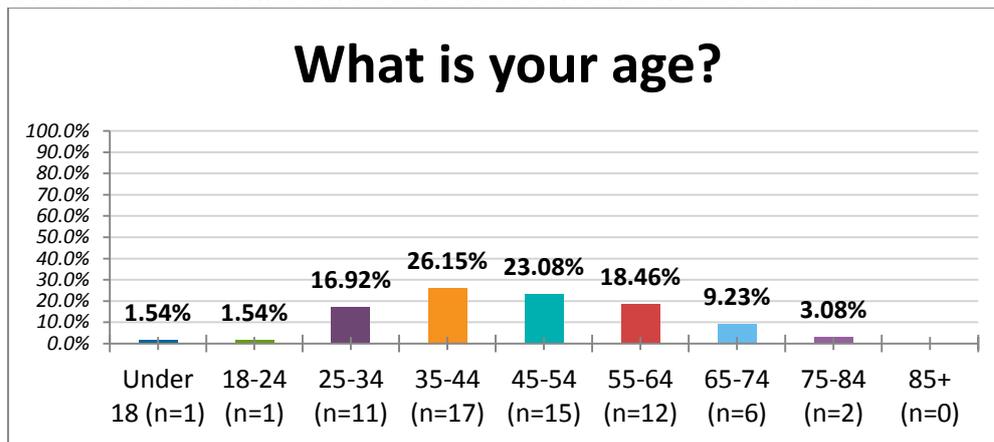
People have also made **other suggestions for improvement:**

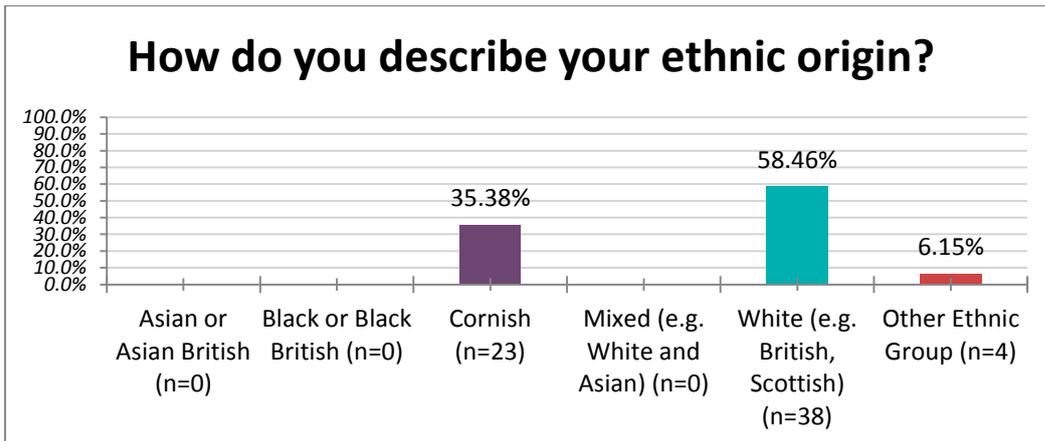
- ☺ Better links for referrals – single point of access and less admin processes
- ☺ Learning from other local authorities innovations for example homeless care pathway (London) peer advocates in hospitals and out into community
- ☺ Digital Inclusion as a key to helping the most vulnerable.
- ☺ Developing and understanding diversity in the county (for example in relation to protected characteristics) to help people access support.

2. Further information on survey respondents ***

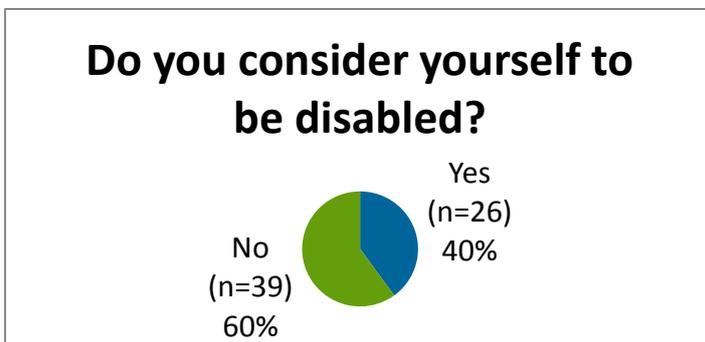
(***please note not all respondents answered all the questions)

Aver 25% of our survey respondents were between 35 and 44 years old and 23% were between 45 and 54 years old. Just over 60% of people were female and almost 40% were male. Nearly 60% of the survey respondents classed themselves as White and 35% classed themselves as Cornish.

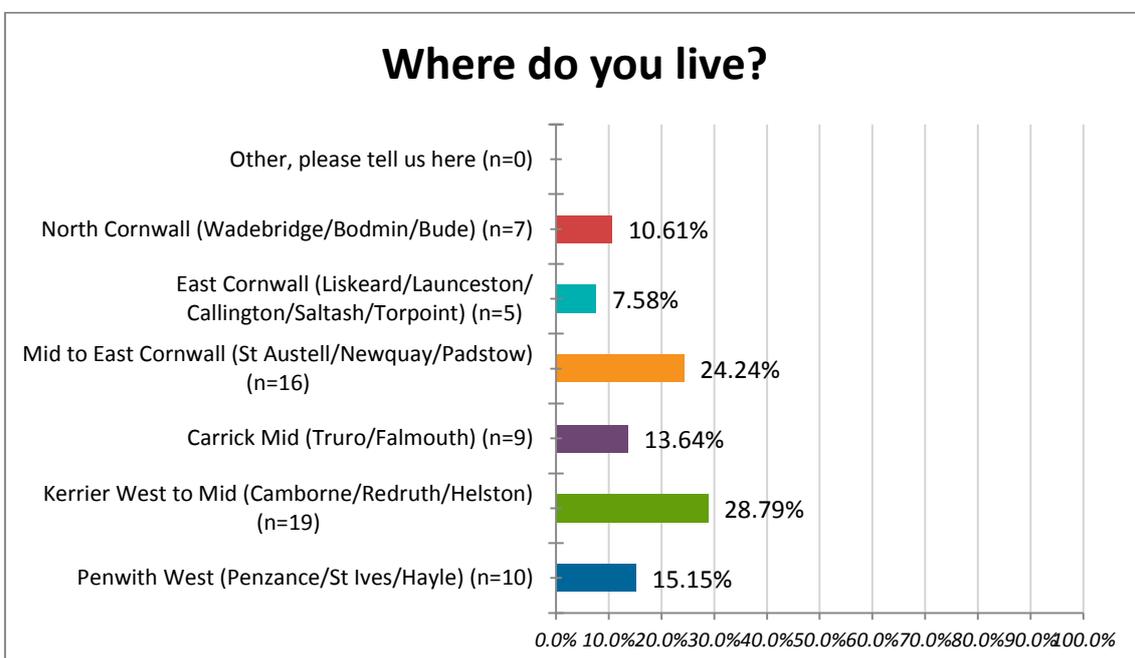




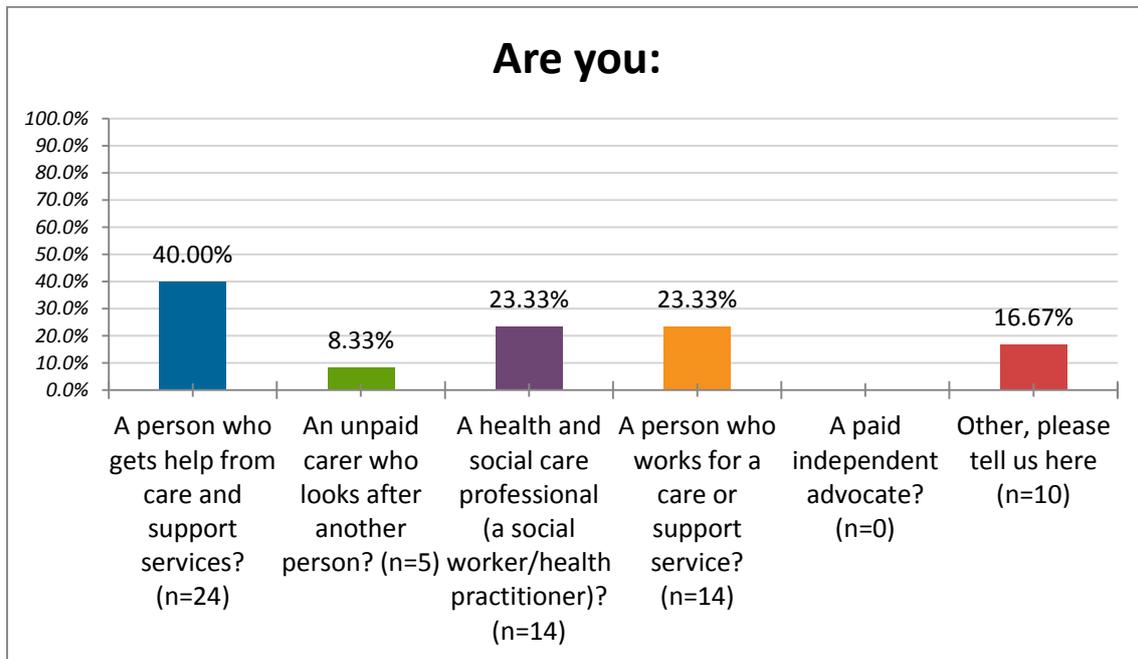
40% of the people who completed the survey considered themselves to be disabled.



One fourth of the people who responded to our survey lived in Mid to East area of Cornwall and over one fourth were from West Cornwall (Penwith area).



40% of our survey respondents stated that they get help from care and support services, almost one fourth were social workers or health practitioners and nearly one fourth worked for care and support services.



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August 2019

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