Speaking Up, Speaking Out, Taking Action

A strategy for commissioning advocacy in Bracknell Forest 2012 – 2015

10th January 2012
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1. Introduction

All people, regardless of whether they are permanently or temporarily disadvantaged because of such things as age, disability, illness or other circumstances, may from time to time need additional support to speak up about the choices they want to make so that they achieve the outcomes they want, and not necessarily the choices that others feel are best for them.

This strategy will be helpful to people who are eligible for social care support as well as practitioners and organisations that currently provide, or are considering commissioning advocacy support and services. Supporting information to accompany this strategy can be found in a separate document of appendices.

What is advocacy?

Advocacy is:

• speaking up for, or acting on behalf of, yourself or another person
• taking action to help people say what they want, secure their rights, represent their interests
• making sure people feel part of the community and contribute to it

Advocates work in partnership with the people they support and take their side.

There are four main types of advocacy:

“Self-advocacy” When you speak up or take action by yourself or are helped to speak up for yourself.

“Informal advocacy” When you ask someone you know such as a family member, friend or carer or someone who has the same disability, illness, condition or circumstances as you to speak up or take action for you (also known as “peer advocacy”).

“Independent advocacy” When you ask someone you do NOT know to speak up or take action for you.

“Group advocacy” When you ask a group of people or an organisation to speak up or take action for you.

Advocates can be:

• You
• A friend, family member or carer
• A community volunteer
• An organisation
• A paid professional

1 Action for Advocacy, “A Code of Practice for Advocates”, p. 5
Advocacy is not:

**Information**  
This is a collection of facts which helps to improve understanding of a problem.

**Advice**  
This is when someone gives their views or opinions about what could be done about a problem.

**Mediation**  
This is when someone sorts out a problem between two or more people. A mediator is a person who gives their own views or opinions to help everyone involved to agree.

Information, advice and advocacy are all linked together. Information helps people understand their choices. Advocacy helps people speak up about the choices they wish to make.

**Having a voice means having a choice**

“A Vision for Adult Social Care: Capable Communities and Active Citizens” is a Government document that says health and social care services should deliver better outcomes for people by matching support to individual needs, focussing on prevention and early intervention.

“Putting People First” is a document that began a process to join up health and social care services so that people would have more information, advice and support so they could have choice and control over decisions about their care and could remain independent for as long as possible.

“Think Local, Act Personal: Next Steps for Transforming Adult Social Care” is another Government document which sets out in depth the idea of “personalisation”. Personalisation means people can design the support and care arrangements that best suit their specific needs.

“Valuing People” and “Valuing People Now” seek to ensure people with learning disabilities know their rights and are treated with fairness and dignity, have unique needs considered and respected, have real chances to be independent and opportunities to speak up and have choice in their daily lifestyles.

**2. National Context & Local Action**

**Health and Social Care Bill 2011-2012**

Draft legislation is currently being considered by Parliament to put people at the heart of decisions about their support so that they can say that there is “no decision about me, without me”.

It says changes must be made to the way that health and social care services are delivered so that people can be involved in decision making and get the support they need.

It also says that from April 2013 all councils will become responsible for putting in place arrangements to deliver advocacy provision required by the following legislation.

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2 http://services.parliament.uk/bills/2010-11/healthandsocialcare.html
• Children and Young People’s Act 2008
• Mental Health Act 1983 and Mental Capacity 2005
• National Health Service Act 2006
• Children Act 2004
• Health and Social Care Act 2001
• Disabled Persons (Services, Consultation and Representation) Act 1986

Local action
This plan will support other Council plans which are already helping people to speak up about their needs and speak out about their choices.
• The Commissioning Strategy for Adult Mental Health 2008 to 2013
• The Commissioning Strategy for Learning Disabilities “Making Choices, Being In Control”
• Long Term Conditions Strategy
• Sensory Impairment Strategy
• Stroke Strategy
• Autism Strategy
• Children’s Social Care Participation Strategy 2010
• The Commissioning Strategy for Looked After Children 2009-2012
• Prevention & Early Intervention Strategy
• Carers Strategy 2011-2014 (in development)
• Safeguarding Annual Report
• Older People’s Strategy (Refresh to be undertaken in 2012)

3. Research and Practice
Research into advocacy need amongst different groups of people is currently limited\(^3\). This section offers only an illustration of different issues facing different people eligible for social care support.

“Advocacy for All”
Action for Advocacy is a national organisation that provides a range of information, training and capacity building services to make advocacy accessible to vulnerable and disadvantaged individuals. Their broad aims are to:
• support the development of independent advocacy schemes
• promote good practice and information sharing across the advocacy sector
• facilitate effective networking between advocates and advocacy schemes
• ‘advocate for advocacy’ at a strategic policy level

They have created an “advocacy charter” which sets out a clear description of what advocacy is and what it is not and what is expected from advocates according to key principles:

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\(^3\) Transforming adult social care: access to information, advice and advocacy (IAA) http://www.idea.gov.uk/dk/core/page.do?pageId=9454439
Clarity of purpose  
Schemes should have clearly stated aims and objectives and be clear on their scope, and limitations of their role

Independence  
Schemes should be operationally independent from statutory organisations and service provider agencies

Putting People First  
Advocates should be non-judgemental, be respectful of people’s needs, views and experiences

Empowerment  
Schemes should support self-advocacy and empower people to say what type and level of support they need

Equal Opportunity  
Schemes should have an equal opportunities policy and be proactive in tackling all forms of inequality, discrimination and social exclusion

Accessibility  
Schemes should be free of charge to eligible people. Offices, policies, procedures and publicity should promote access for the whole community as well.

Accountability  
Schemes should monitor and evaluate their work

Supporting advocates  
Advocates should be trained and supported in their role and helped to develop skills and experience

Confidentiality  
Schemes should have policies on confidentiality and how information might be shared

Complaints  
Schemes should make clear how complaints or feedback can be made and provide support to people to make complaints

Understanding of advocacy is poor
A Social Care Institute for Excellence (SCIE) Stakeholder Participation Guide found that few people understood what is meant by advocacy. This led to people having different expectations from advocacy providers and people having different experiences.

But there is clear need …
A national Counsel and Care survey found many people do not understand how the health and social care system works and need support to speak up and take action when finding out about their care options and entitlements. These national issues were also highlighted in local research (see Needs Analysis on page 8)

Unequal access to advocacy
The SCIE Participation Guide also said that whilst advocacy services are available in most parts of the country, not everyone has equal access to advocacy services.

Issues to consider
- Many people do not know about advocates and that advocacy can help people raise issues and sort out problems.
- Advocacy service for people with learning disabilities or mental health issues are the most developed.
Although information is now more accessible\textsuperscript{4}, when it comes to advocacy there is little research about what works, and what does not work.

**People with a learning disability**

*Issues to consider*

- Some people with learning disabilities worry about independence and confidentiality because they are dependent on others (staff, family, support workers) to access the information and advice they need.
- Because they can often not be aware of their rights, they are not encouraged to speak up for themselves, and their lives can be controlled by the needs of others, not their needs.
- People with learning disabilities are impacted by poor communication skills including inconsistent contact, people talking too fast, using jargon and long words, providing written information in inappropriate formats or in handwriting and grow impatient if people do not understand or phrase questions well.

*Local context*

327 people aged over 18 with a learning disability were in receipt of support from Adult Social Care in 2010-2011\textsuperscript{5}.

**Older People and people with Long Term Conditions**

The Social Care Institute for Excellence states that “there is currently no systematic framework to ensure that all older people have access to advocates to support decision making and the process of informed consent, whether they have capacity or not”.

*Issues to consider*

- Older people do not demand to know, have explained or fully understand their rights and are often misled or put under pressure to accept a certain viewpoint or agree to advice that is completely unsuitable for their needs.
- Older people welcomed advice that helped relate information to their particular circumstances (a life-course approach) and topic-based, rather than the agency-based information.
- Older people also desired continuity of contact, to avoid having to retell their story to new people.

*Local context*

1,944 people aged over 65 were in receipt of support from Adult Social Care in 2010-2011\textsuperscript{6}.

**Mis-users of drug and/or alcohol**

*Issues to consider*

- Current and ex-drug mis-users and their families are highly stigmatised in a wide range of health and social care settings leading to exclusion and discrimination.
- People with a drug dependency and their families are seen as both blameworthy and to be feared - 32% of people do not believe they deserve the best possible care.
- Care journals report an increased prevalence of conditions complicated by alcohol particularly amongst people of working age. Advocacy can help ensure that negative

\textsuperscript{4} IDeA, Transforming adult social care: access to information, advice and advocacy (IAA) http://www.idea.gov.uk/idk/core/page.do?pageId=9454439

\textsuperscript{5} RAP return 2010-2011

\textsuperscript{6} RAP return 2010-2011
perceptions of alcohol misuse do not cause patients’ concerns of underlying conditions to be dismissed or disregarded.

Local context

In 2010/2011, 366 people were in receipt of treatment for drug or alcohol misuse in Bracknell Forest.

People who are deaf or hard of hearing

Issues to consider

- Deaf people are not adequately supported by hearing-based services.
- After visiting their GP, deaf people come away unclear about what was wrong with them and miss more NHS appointments because of communication issues.
- The inability to raise and discuss issues and concerns between deaf people and service providers inevitably means access to information is poor, needs are not being met and deaf people have negative experiences of healthcare.

Local context

76 people aged over 18 with a hearing impairment were in receipt of support from Adult Social Care in 2010-2011.

People with impaired capacity

Some people have a greater need for advocacy because of a reduced ability to understand new or complex information and their ability to make informed choices is limited. Under the Mental Capacity Act 2005, when a person is assessed to lack mental capacity and is facing a decision about serious medical treatment or a long-term change of accommodation by an NHS body or a local authority, a referral must be made for an independent mental capacity advocate (IMCA) if there is no person to whom it would be appropriate to consult in determining what would be in the person’s best interest or the matter is of an urgent nature. Under certain circumstances, a person lacking capacity who is detained under the Mental Health Act 2007 also has a right to an Independent Mental Health Advocate (IMHA).

People with mental health problems

Issues to consider

- There can be poor understanding of mental health and people describe experiences of not being listened to or worse, are told their views are merely symptoms of ongoing mental distress.
- Peer advocacy is particularly popular amongst people with mental health issues because they make easier connections with others experiencing similar issues.
- People with mental health issues need more flexible approaches to advocacy provision in community and clinical settings so that they feel safe and secure.

Local context

780 people aged over 18 with a mental health issue were in receipt of support from Adult Social Care in 2010-2011.
People with autism

Autism is a lifelong developmental condition, sometimes referred to as Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC). The word spectrum is used because while all people with autism share three main areas of difficulty: ‘social communication’, ‘social interaction’, and ‘social imagination’, their condition affects them in different ways.

Issues to consider

- National Autistic Society research says that advocacy schemes are challenged by the communication barriers experienced by people with ASD and more training in awareness and understanding of ASD is needed.
- To encourage people with ASD to speak up with confidence, physical factors need to be considered such as familiar, less crowded, uncluttered, quieter environments with fewer distractions and visual structures.
- The number of people from minority ethnic groups with autism is increasing but there is no corresponding increase in culturally appropriate services to meet the growing needs of ethnic minority communities across the UK.

Local context

There are currently 74 people aged 18 and above supported by or known to the Learning Disability and Autism Teams.10

People with a dementia

The SCIE research briefing “Aiding Communication with People with Dementia” records experts highlighting that people with dementia lack the opportunity to talk and express their feelings about the quality of their own life and services they receive.

Issues to consider

- Whilst dementia is primarily an older persons’ disease, there is a danger that younger adults will be overlooked at a time when they have additional support needs beyond their diagnosis such as coping with broader life responsibilities in the home and the workplace.
- People with dementia have difficulty speaking up and taking action because of a range of communication barriers such as word-finding and memory problems, not appearing to understand what it said, a lessening ability to be coherent and difficulty maintaining a conversational topic.
- People with dementia both want and are able to give their opinions on the services they receive.

Local context

17 people aged over 18 with a dementia were in receipt of support from Adult Social Care in 2010-2011.11

Carers

Issues to consider

- The intense focus on the needs of the person to be cared for means that carers do not always have the time to consider their own needs, express their own views and opinions and secure the outcomes they need to feel supported and valued.

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10 Bracknell Forest Adult Autism Joint Commissioning Strategy 2011
11 RAP return 2010-2011
Knowing what advocacy is, how it can help and where to get it emerge as the first issues that need to be addressed by commissioners. If they don’t, people won’t be able to make decisions about issues which affect their basic quality of life.

*Local context*

769 carers aged over 18 were assessed for support from Adult Social Care in 2010-2011.\(^{12}\)

4. **Needs Analysis**

This document brings together as a needs analysis a range of information about advocacy to:

- Help estimate the current and future needs of a population
- Indicate the distribution of need
- Identify people who might be at greatest risk
- Help identify the gap between met and unmet need

This section represents a summary of the views, opinions and needs expressed by younger and older adults aged 14 and above.

**What do people understand about advocacy?**

Individuals, organisations and care professionals agreed that there was no clear understanding of advocacy.

Amongst care practitioners, the difference between advice, mediation and advocacy was not consistently understood.

- Almost all knew instinctively that advocacy was a way to secure the outcomes of personalisation but felt they did not have enough or the right information to signpost people to advocacy support in the community.
- Most care practitioners knew about informal and independent advocacy, whilst other types of advocacy were less well known.
- Many felt unsure about the appropriate time in the care pathway to introduce advocacy.

Nearly all responding organisations agreed that greater awareness of and training about advocacy was important to ensure people could access and receive the support they needed.

**What barriers did people experience?**

Of the 58 people who did not use advocacy:

- 8 (14%) said they would have liked to
- 8 said they did not know about advocacy
- 5 individuals said they did not know where to get information
- 4 individuals said they received information but did not understand it
- 3 wanted more support.

\(^{12}\) RAP return 2010-2011
Other barriers affecting the ability to advocate included:
- conditions or issues limiting their ability to access information
- finding and understanding information
- accessing information in appropriate formats
- communications barriers including visual, hearing, speech impairments, physical disabilities
- levels of confidence, mental health problems or simply being overwhelmed
- The Borough’s Nepali community are disadvantaged due to communications issues and cultural barriers

**When do people need advocacy?**

All 117 people were asked about issues or circumstances relevant to their quality of life where help to speak up, speak out or take action would be beneficial. 28 people (24%) highlighted specific problem areas, grouped as follows:
- 10 mentioned general communications issues (see list above)
- 7 mentioned housing issues including planning, arranging or changing accommodation
- 7 mentioned issues with social or health care planning or provision, including choices or timeliness of social care or health planning, lack of continuity or inconsistent support
- 2 mentioned issues relating to finance such as benefits and care funding
- 2 people had issues of a personal nature

77 care practitioners across different service areas also identified issues that supported individuals had difficulty speaking up about:
- 36 state that individuals needed help to express their views and opinions relating to housing
- 28 about healthcare
- 28 about finance and benefits
- 17 about care planning
- 13 about family issues
- 11 about legal issues

32 community organisations were asked about key issues people needed help to express their needs about:
- 15 identified care and support assessments, planning and provision as an issue
- 6 identified finance and benefits
- 6 mentioned health care
- 5 spoke of housing issues
- 4 identified family issues
- 3 highlighted issues around making complaints

**What advocacy do people want?**

Of the 117 individuals who responded, 59 people (50%) had used some form of advocacy and the other 58 (50%) had not. It was not possible to accurately break down usage by “care group”. 
Independence and impartiality must be secured if decisions are to be made based on the expressed needs of the individual, not in the best interests of others who might be affected by that person’s choices.

The community holds a good deal of potential for people who may need advocacy but more needs to be done to promote availability if early intervention and prevention outcomes are to be achieved.

Of the 59 individuals who had used advocacy, 22 respondents had used more than one type of advocacy. Of the 23 organisations who responded, 15 provide more than one type of advocacy. 2 organisations did not provide advocacy and 17 offered advice and signposting services.

Research shows that the landscape of advocacy supply within the community is much richer than anticipated therefore influencing direct investment commissioning intentions. Although initial analysis appears to show a mismatch in demand compared to supply, shaping available capacity to support community and individual need will support away and deliver early intervention, prevention and more personalised outcomes. All individuals were asked to rate how important different types of advocacy were to them.

- 85% of individuals said it was more important to them to advocate for themselves.
- When asked about informal advocacy, family members as advocates were rated more important (69%) than advocates who were friends (53%) or carers (39%).
  - Care practitioners and organisations believed family and friends were important but said needed support to undertake the advocacy role in an independent and impartial manner to avoid conflicts of interest and ensure outcomes for supported individuals were achieved.
- 61% of individuals felt it more important that their independent advocate be trained, paid employees compared to 43% support for trained volunteer advocates.
  - 86% of organisations thought trained, paid advocates were more important compared to 47% support for trained volunteers. Care practitioners rated trained volunteer advocates marginally more important (84%) than paid employees (77%).
- The importance of specialist advocacy agencies (63%), disability organisations (60%) and issue organisations (58%) was rated equally high, with club or group representation rated least important at 46%.
  - Organisations rated specialist advocacy agencies (89%), disability organisations (83%) and issue organisations (83%) equally as did care professionals who rated...
importance as follows: specialist advocacy agencies (98%), disability organisations (93%) and issue organisations (87%).

**Where do people want to access advocacy?**

This analysis above tells a strong story of demand for self-advocacy and informal advocacy and that more needs to be done to inform and empower individuals and their support networks to provide good advocacy. The survey also looked at ways to best engage with people:

- Individuals thought it was more important to access advocacy support at home (84%), through outreach in local communities (70%) and accessible locations like town centres (59%). This ranking is shared by participating organisations and social care practitioners.
- Least important new media such as the internet (30%), social networks (23%) and telephone support (34%).
  - Younger people were more accepting of new media
  - Websites were generally considered by everyone to be good sources of information.
  - Telephone support has a place for out-of-hours contact, support when no appointment is needed or for mentoring self- or informal advocates.
  - Combining the internet and video technology would also allow face-to-face communication at a distance and might be ideal for those with mobility problems or issues with confidence.

**What makes a good advocacy service?**

Of the organisations who responded to this question, 10 (42%) said they had policies in place about how to provide people with or signpost people to advocacy support services, 14 organisations (58%) had no formal policy.

Care practitioners expressed concern that there was no single policy on advocacy, relied on different sources of guidance or did not know where to get guidance. They expressed concern that an inconsistent approach would not help deliver personalised outcomes, would give people a negative experience of care and could cause their practice decisions to be called into question.

Only 2 out of 25 organisations said they had waiting lists for their services, individuals and social care professionals indicated that capacity of services had been a problem. Further research would be helpful into patterns of demand.
5. Current services funded by Bracknell Forest Council

The statutory services in receipt of funding contributions from Bracknell Forest Council.

**Just Advocacy**
An independent organisation, Just Advocacy provides advocacy on behalf of people with learning disabilities and autism. Just Advocacy helps people to make their own decisions, communicate their opinions and decisions and take part in community life. They train their advocates to be on the side of the person they help and also across a number of different issues and they work with other practitioners such as care managers, community nurses, etc. to ensure everyone is kept up to date with latest information. They also run drop-in sessions for people to explore their needs and to receive advice.

**Matrix**¹³
Matrix provides advocacy support by paid practitioners on specific issues and also delivers Independent Mental Capacity Advocacy (IMCA). Matrix supports a range of client groups such as adults with mental health problems, learning disabilities, drug issues, and elderly people with mental health problems in in-patient and community contexts. They also provide training and guidance to the advocacy sector. Since April 2009, Matrix has also been providing this support across Berkshire.

**SEAP (Support Empower Advocate Promote)**
SEAP is one of three national providers of Independent Complaints Advisory Service (ICAS) in England. Bracknell Forest has a contract with SEAP to provide specialised advocacy support designed to meet different needs, including those of children and young people, those with sensory, learning or physical disabilities, people experiencing mental health issues, older people, and those with dementia-type illnesses and acquired brain injuries.

**Be Heard**
Be Heard is based in Bracknell and is supported by a Berkshire based organisation called United Voices. It is member-led, made up of learning disabled adults and promotes self-advocacy and informal/peer advocacy. Be Heard helps members to achieve confidence and gives them the skills to speak up. They also raise awareness about learning disabilities so that people with learning disabilities can feel and be included in the local community.

**Rethink**
Rethink provides advocacy for people affected by mental illness, including Independent Mental Health Advocacy (IMHA). They have offices in Bracknell and their advocacy services are designed to support vulnerable people to make informed decisions and secure the rights and services to which they are entitled. They have experience in developing and delivering quality advocacy services across a variety of settings, both in the community and in hospitals and secure units.

**Citizens’ Advice Bureau (CAB)**
The CAB offers advice and information on a wide range of employment, welfare, finance, tax, legal, education, housing, health, immigration and personal issues by telephone, person and

letter. They work with other local organisations in the health and social care sectors to support vulnerable individuals and groups, accepting and making referrals from and to various agencies, organisations and services. They also provide representation to individuals seeking to secure financial support and assistance, appealing decisions and working with creditors.

Local HealthWatch

If the Health and Social Care Bill passes through parliament successfully, from October 2012, the Government would like local authorities to set up new Local HealthWatch organisations in each Council area. These organisations will become the consumer champion for people using health and social care services. Amongst other things, Local HealthWatch will provide people in local communities with the information and advice they need to make choices about their health and social care. They are intended to be the voice of the public and patients when decisions are being made about health and social care services.

From April 2013, responsibility and associated funding for health advice, information, complaints advocacy and Independent Mental Health Advocacy may transfer from the health service to the local authority. Funding arrangements are currently subject to Government consultation and allocations will not be known until after the publication of this plan.

6. Priorities for Advocacy Commissioning

Priorities are grouped under the four domains of the Adult Social Care Outcome Framework.

Enhancing quality of life

People should be able to live independently, balance different life commitments, manage their own support and contribute to community life.

<table>
<thead>
<tr>
<th>Priorities for the next 3 years</th>
<th>How we will know these have been achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Promote a broad understanding of what advocacy is, the types of advocacy available and the role it can play in achieving personalised outcomes</td>
<td>• Monitoring will demonstrate improved understanding of advocacy</td>
</tr>
<tr>
<td>1.2 People will experience greater choice and control over the type of advocacy they want from the source they want</td>
<td>• Monitor trends, analyse referrals, survey providers and individuals about preferred sources</td>
</tr>
<tr>
<td>1.3 People will be supported to self-advocate or their chosen advocate will be supported to speak or take action on their behalf</td>
<td>• Monitoring will show people will have self-advocated or received support to advocate</td>
</tr>
</tbody>
</table>

DH, Consultation on Allocation Options for distribution of additional funding to local authorities for Local HealthWatch, NHS Complaints Advocacy, PCT Deprivation of Liberty Safeguards
**Delaying and reducing the need for care and support**

People should be able to proactively manage their health and care needs with support and information, secure early interventions to reduce dependency on intensive services and can regain their health, wellbeing and independence.

<table>
<thead>
<tr>
<th>Priorities for the next 3 years</th>
<th>How we will know these have been achieved</th>
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</table>
| 2.1 Promote advocacy provision already available in the community | • A map of advocacy supply in the community will have been completed  
• Advocacy schemes will report increased usage |
| 2.2 People will be offered advocacy in a timely manner at any time along their care pathway | • Individuals will report that they have felt heard in the determination of preferred outcomes |
| 2.3 Information about advocacy will be universal, readily available, in ways and formats appropriate to people’s needs and at times suitable to their circumstances | • Individuals will report satisfaction with all aspects of information provision about advocacy |

**Positive experience of care and support**

People are satisfied with their experience of support, feel respected as equal partners, are aware of the choices available to them and where to get support from.

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<th>Priorities for the next 3 years</th>
<th>How we will know these have been achieved</th>
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<tr>
<td>3.1 Align policy and practice guidance with the advocacy charter to set out a common understanding of advocacy and its role in securing personalised outcomes</td>
<td>• Individuals, organisations and care practitioners will use guidance, report their satisfaction and offer their comments for continuous improvement</td>
</tr>
</tbody>
</table>
| 3.2 Advocates will be supported to develop appropriate skills and expertise | • Advocacy schemes will be able to demonstrate workforce development  
• Individuals will report positive experience of advocacy |
| 3.3 People will be able to access advocacy in environments that make them feel safe and secure | • Individuals will report satisfaction with advocacy delivery that is delivered in varied and flexible ways |

**Protection from avoidable harm**

People enjoy physical safety and feel secure, are free from abuse, intimidation, harassment and neglect, are supported to plan ahead and manage risks in the way they want.

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<tr>
<th>Priorities for the next 3 years</th>
<th>How we will know these have been achieved</th>
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<tr>
<td>4.1 Individuals will be protected from exploitation by accessing the advocacy they need to make the choices they want</td>
<td>• Individuals will report the choices and outcomes they want based on their needs and not those of other people</td>
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<tr>
<td>4.2</td>
<td>Promote the advocacy charter and code of practice so that advocates are accountable to people they support</td>
</tr>
<tr>
<td></td>
<td>• Advocacy schemes will be able to demonstrate policies that are aligned with the advocacy charter and code of practice</td>
</tr>
<tr>
<td>4.3</td>
<td>Advocates will be non-judgemental, respectful, act independently, impartially and protect confidentiality</td>
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<tr>
<td></td>
<td>• Feedback from individuals, advocates and care professionals reporting high levels of satisfaction against these key criteria</td>
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</tbody>
</table>
7. Conclusions

Just making information available about the support available in the community is only one step in the journey people take before they can make choices about the care and support they need.

This strategy suggests there is work to be done by everyone to make clear and to understand the role and purpose of advocacy so that it can be made available sooner, in appropriate ways so that people’s concerns are addressed as they arise at any time along their care pathway.

There is demand for advocacy beyond formal service provision and the Council has a role to play in promoting and growing capacity in the community, facilitating access to a broader range of advocacy support and thus continuing to enable individuals to be heard.

One thing that emerges is a shared understanding that universal advocacy must and will give people the opportunity to:

- Access advice and accurate information to help them better understand and exercise their rights and responsibilities in a non-judgemental way
- Make clear what they think, feel, believe, want or need and express their opinions effectively and independently
- To talk about, raise concerns, negotiate and resolve any conflicts, and make informed decisions that affect their lives
- Provide feedback to providers of services and support so that service providers are accountable and improve their services

In this way can people have a more positive experience of health and social care, achieve the outcomes they want and have the quality of life they expect.
Copies of this booklet may be obtained in large print, Braille, on audio cassette or in other languages. To obtain a copy in an alternative format please telephone 01344 352000.

**Nepali**

यस प्रतिको समेत वा सार निचोड चाहिए दिइने छ टुलो अन्करमा, ग्रेल वा क्वासेट सुन्नको लागि। अरु भाषाको नक्कल पनि हासिल गर्न सकिने छ। कुप्या सम्पर्क गर्नुहोला ०१३४४ ३५२०००।

**Tagalog**

Mga buod/ mga hango ng dokumentong ito ay makukuha sa maling letra, imbagn mga bulag o audio kasete. Mga kopya sa ibat-ibang wika ay inyo ring makakamit, Makipag-alam sa 01344 352000

**Urdu**

اس دستاویز کے خلاصے یا مختصر متن جی چیز حروف، بریل لکھانی یا ایک چیز پریکار کے وار ہیں جن میں فیاں کے جس کے بیچ ہیں۔

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