

# Review of Advocacy Provision in Croydon

*December 2012*

## **Foreword and summary**

This advocacy review is designed to bring together information on the various forms of advocacy provided for residents of adult age in Croydon, ranging from informal advocacy support to statutory professional advocacy services.

Explanation is given as to the various forms of advocacy and the client groups that are served.

The review covers mainly advocacy that has been commissioned by Croydon Council and also makes some reference to jointly commissioned arrangements with NHS Croydon, in particular for statutory advocacy services and some charitable trusts. The review lists the organisations providing advocacy of all types.

In bringing this information together, the review identifies both the range of services currently available but also highlights the differing views of what constitutes advocacy and the need for greater clarity in this respect. Without this, it is difficult to know exactly how much advocacy is available for Croydon residents who may be at risk or in need of services and the level of expertise in delivering this.

My thanks to the commissioners and providers for the information they have contributed and for sharing their views which I have tried to reflect. My apologies likewise to any organizations providing advocacy whom I may have failed to capture in this review.

My thanks also to the author of the earlier stock take review of August 2011, Sharon Houlden, on whose work I have drawn and to the authors, Vincent Docherty and Joannah Weightman, of the draft safeguarding advocacy strategy of 2010-13 both of which have been put on hold pending further review.

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## **Review of Advocacy Provision in Croydon**

### **1. The purpose of this review is to:**

#### Part 1

- Identify what advocacy is and the forms it can take
- Provide some brief information about the statutory requirements around advocacy

#### Part 2

- Describe the current advocacy arrangements that have been put in place by Croydon Council in conjunction with partner agencies including NHS Croydon for the various client groups
- Include information on the multiagency arrangements that are in place for advocacy via voluntary/ third sector groups.
- Identify whether there are any significant gaps in current advocacy provision.

## **PART ONE**

### **2. What is advocacy?**

2.1 It is generally accepted that advocacy as provided by today's independent advocacy organisations, evolved from the Citizen Advocacy movement in the United States and Canada in the mid 1960's which stemmed from Bengt Nirge, Wolf Wolfensberger's and John O'Brien's work on normalisation. This has been acknowledged by supporters and critics alike as fundamental to advocacy development in a number of countries, most notably the USA, Canada, Australasia, and the UK.

2.2 Also of great influence were the many of today's larger charities which developed out of different forms of advocacy. For example Scope, began in 1952 when four people stood up for the ideal that every child should have the right to an education. Their children had cerebral palsy and at the time were considered "uneducable". The charity was set up to prove what was possible and to fight for the recognition of the human rights of all disabled people. In 1946, Judy Fryd, a mother of a child with a learning disability (Mental Handicap as was in those days), formed 'The National Association of Parents of Backward Children' (which later became Mencap). She wrote to 'Nursery World', magazine inviting other parents to contact her. Many parents wrote to Judy expressing their anger and sorrow at the lack of services.

2.3 Since the late 1970s, mental health services have been transformed by the growing influence of consumer and family organizations. Through strong advocacy, consumer and family organizations have gained a voice in

legislation and policy for mental health service delivery. Their goals are to overcome stigma , prevent discrimination, promote self-help groups and recovery from mental illness.

2.4 To a large extent advocacy has stemmed from people's fight to attain human rights for disadvantaged groups. Independent Advocacy has flourished in Britain over the last twenty five years. There was no great advocacy plan and it has happened from a scramble to create something independent and in response to people's needs, being reactive rather than organised. It has now evolved into a movement that is recognised as a valuable commodity by individuals who use it, government and services alike.

2.5 The following are examples of symptoms or conditions that indicate why some people are more likely than others to benefit from the support of an independent advocate:

Impairment (cognitive, psychological, motor, and sensory): people who do not use words to communicate or do not use formal methods of communication or people who are regarded as incapable of making decisions.

- Age: children and young people and the elderly who feel that others have power and control over them
- Reputation: people who have a negative reputation within the wider community because of their behaviour, mental ill health, disability, sexuality or status
- Physical condition: people who are physically or mentally frail, ill or impaired
- Cultural or ethnic differences: people who do not use English as their first language or those whose background and culture is different and/or mis-understood by the majority population
- Limited life experience or knowledge: those who have lived in care systems for most of their life or have been overprotected by family members and others, because of a disability.
- Lack of support and help: people who are just worn out by trying to navigate the plethora of health and social care systems
- Abuse: those who have been abused in anyway and suffered at the hands of others
- Isolation: those experiencing family breakdown, and dislocation

2.6 The Valuing People team in 2009 defined advocacy as:

'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'.

2.7 Although Valuing People was set up specifically to champion the rights of people with a learning disability and ensure that they are afforded the opportunity to be heard, make choices and be supported to enjoy the benefits

of living an ordinary life in the community, this definition of advocacy also serves well the needs of any adult who for reasons of disability or serious long term physical or mental illness is unable to speak up for themselves.

2.8 Other definitions follow a similar line:

2.9 Advocacy is independent help and support with understanding issues and assistance in putting forward a person's own views, feelings and ideas (Code of Practice, annex A, 2006)

2.10 Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need (Kings Fund 2008)

2.11 Advocacy is about enabling every person to have a voice of their own and ensuring that they are not excluded because they do not express their views in ways that people understand (A voice of their own, BILD, 2006)

2.12 Advocacy is helping people to say what they want, secure their rights, represent their interests and obtain services that they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. It promotes social inclusion and social justice (About advocacy – Action for Advocacy).

### **3. There are different types of advocacy to accommodate the differing needs of the individual and their circumstances:**

#### **Instructed advocacy:**

3.1 This is the preferred form of advocacy for a person who is able to express their wishes and feelings to an advocate and seeks support from the advocate in expressing and negotiating their views to others.

3.2 An advocate who is working in an instructed capacity will:

- Establish an open, trusting relationship with the service user
- Ascertain what the service user wants from the relationship
- Identify goals and desired outcomes from the advocacy process
- Gather information on behalf of the service user
- Represent the person's views, wishes and concerns to third parties
- Review progress and redefining goals in light of experience

3.3 In this relationship the advocate must ensure that it is the service users

views that they are representing and not their own, even if they may not necessarily agree with what the service user is expressing.

3.3 In this situation, it is not the role of the advocate to give advice, act independently, speak to third parties or make decisions without the expressed wish of the service user.

#### **4. Non instructed advocacy:**

4.1 This is advocacy for a service user who is not able to instruct an advocate or make decisions for themselves. The role of a non instructed advocate is to get to know the service user well enough and seek information from others who know them well, in order to represent as far as possible what it is believed they want, in as far as the service user can express this, and taking account of their best interests.

4.2 There is a requirement of non instructed advocates to use a far greater level of judgement than in instructed advocacy. The issue of judgement is a key factor in defining non-instructed advocacy. Without a clear steer from the service user, the advocate is obliged to judge the precise nature of the person's concerns; the best methods for seeking redress; and the criteria for a successful outcome. This level of judgement places a degree of burden on the advocate that does not exist in instructed advocacy, where each of the above criteria is agreed and assessed by the service user through negotiation.

Other distinctions in terms of types of advocacy also apply:

#### **5. Family or befriender advocacy:**

5.1 This relates to a family member, friend or close other who speaks up for a person unable to advocate for themselves. Ideally the person should always be acting with the best interest of the service user and representing what is believed to be their preferred views.

5.2 However with befriender or family advocacy there is always the risk that the befriender will express their own wishes for the person regardless of what the person may prefer for themselves. Some would argue that a friend or family member can never technically 'advocate' for a person, however well intentioned, although their views and opinions may be wholly in the best interest of the service user and from the best motivation. Friends of family may indeed provide very important information about the service user and their likes, dislikes and needs which should be listened to.

#### **6. Third party – independent instructed or non instructed advocacy:**

6.1 When it comes to difficult or critical decisions, independent advocacy for someone unable to speak up clearly for themselves is key to ensuring a fair outcome. An independent advocate, either instructed or non instructed,

should have no vested interest, preconceptions or obvious conflicts at the start of the advocacy relationship. The Advocacy Charter produced by Action for Advocacy in 2002 states 'The advocacy scheme will be structurally independent from statutory organisations and preferably from all service provider agencies. The advocacy scheme will be as free from conflict of interest as possible both in design and operation, and actively seek to reduce conflicting interests.'

6.2 'Putting people first: a shared vision and commitment to the transformation of adult social care' (2007) outlined the key elements of a reformed service that would be of high quality, safe and promote people's own individual needs for independence, well-being and dignity. It recommended 'A universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding...' and 'Personal advocates available in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget'.

## **7. Self advocacy:**

7.1 This is when someone speaks and acts for their self to present their case. Many self advocates have come together to form a collective voice on issues that impact on their lives. This is also sometimes called group advocacy. Many people with disabilities are good at speaking up for themselves. Sometimes they find it hard to get others to accept this or to listen to them.

7.2 Self advocacy groups are a good way of encouraging this. They are run by people with disabilities who sometimes have supporters. Self advocacy groups are often groups of people who use services or have the same interests locally. They work together to make sure they have a say in how those services are run. They are a very good way for people to support each other and they can help to build confidence so that people feel more able to speak up for themselves.

## **8. Peer advocacy**

8.1 This is when the advocate and the advocacy partner share similar experiences or environments. This happens for example with those experiencing mental ill health and those with a learning disability. People who have experienced the same things may feel they have a better understanding and can be more supportive of each other especially if one person has already met and dealt with challenges that the other person is now facing. This is mostly of an informal nature but can be a very powerful form of support.

## **9. Citizen advocacy:**

9.1 This is similar to peer advocacy and based on one to one partnerships between the advocacy partner and the citizen advocate. An advocacy partner is someone at risk of having choices, wishes and decisions ignored, and who needs help in making them known and making sure they are responded to.

9.2 A citizen advocate is a person who volunteers to speak up for and support an advocacy partner, is not paid to do so and is independent of service providers and families and is a member of the local community. The advocacy partnership is one to one and the advocate's loyalty is to the advocacy partner alone. The advocacy relationship is based on trust and confidentiality. The citizen advocate identifies the partner's choices and decisions, but does not make or influence them. The partnership is long term and not time limited and lasts for as long as both partners want it to.

### **10. Bi-lingual and Health Advocacy:**

Bi-lingual advocates speak the language of the people they work with as well as English. Bilingual advocates often support people through health issues. They are sometimes employed by the statutory sector. Like bi-lingual advocates, health advocates normally support people whose first language is not English. There are health advocates available who speak a range of languages. Health Advocates can support people to access GPs, Practice Nurses, Dentists, Opticians, Pharmacists, Health Visitors, District Nurses, Family Planning Services, Health Screening Services, School Nurses, Community Mental health Services, Speech and Language Therapy and other health services.

### **11. Statutory advocacy:**

In certain circumstances statutory agencies have a duty in law to provide advocacy for a service user.

#### **11.1 Independent Mental Capacity Advocates:**

Under the Mental Capacity Act 2005 and code of practice 2006 the statutory authority must make arrangements for the person to have access to an Independent Mental Capacity Advocate in the following circumstances:

11.2 An IMCA *must* be instructed, and then consulted, for people lacking capacity who *have no-one else to support them (other than paid staff)*, whenever:

- an NHS body is proposing to provide serious medical treatment, or
- an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home and . the person will stay in hospital longer than 28 days, or they will stay in the care home for more than eight weeks.



11.3. An IMCA *may* be instructed to support someone who lacks capacity to make decisions concerning:

- care reviews, where no-one else is available to be consulted
- adult protection cases, whether or not family, friends or others are involved

11.4 The IMCA will:

- be independent of the person making the decision
- provide support for the person who lacks capacity
- represent the person without capacity in discussions to work out whether the proposed decision is in the person's best interests
- provide information to help work out what is in the person's best interests and
- raise questions or challenge decisions which appear not to be in the best interests of the person.

11.5 The information the IMCA provides must be taken into account by decision-makers whenever they are working out what is in a person's best interests. IMCAs have a different role from many other advocates. They:

- provide statutory advocacy
- are instructed to support and represent people who lack capacity to make decisions on specific issues
- have a right to meet in private the person they are supporting
- are allowed access to relevant healthcare records and social care records
- provide support and representation specifically while the decision is being made, and
- act quickly so their report can form part of decision-making.

## 12. **Independent mental health advocates:**

12.1 IMHA's are statutory advocates defined under the Mental health Act 1983.

12.2 Independent mental health advocacy services provide an additional safeguard for patients who are subject to the Act. IMHAs are specialist advocates who are trained specifically to work within the framework of the Act to meet the needs of patients. Independent mental health advocacy services do not replace any other advocacy and support services that are available to patients, but are intended to operate in conjunction with those services.

### **12.3 Patients are eligible for independent mental health advocacy services (qualifying patients) if they are:**

- detained under the Act (even if they are currently on leave of absence from hospital);
- Conditionally discharged restricted patients;

- subject to guardianship; or
- supervised community treatment (SCT) patients.

12.4 IMHA's have the same roles, responsibilities and powers as IMCA's.

### **13. The role of advocacy in safeguarding**

13.1 Adults at risk, whether through frailty or disability may often find themselves in a position where their ability to exercise choice or represent their own interests is limited. It is in these circumstances advocacy can help ensure that an individual's views and needs are heard, respected and acted upon. People with mental health problems are also as vulnerable as other groups at risk such as older people and those with a learning disability. Mind's 'Another Assault' report found high rates of abuse amongst people with mental ill-health and a failure to believe people when reporting abuse.

13.2 Adults at risk may face unique barriers to reporting abuse - such as communication or cognitive difficulties, fear of being institutionalised, fear of not being believed, fear of being separated from family and fear of reprisals from the person causing harm. The outcome for such people experiencing abuse— what they want to see achieved from an intervention – may not be what someone else wants to see for them. Advocacy in such circumstances can be an empowering process, responsive to the circumstances of each individual.

13.3 An advocate has a unique opportunity to empower an adult at risk to demand appropriate interventions, to understand what they may be entitled to expect and to remain in control of their lives whilst tackling the abuse that they are suffering. Advocacy can help keep the abused adult at the centre of any processes designed to help them. The advocate, being separate from statutory services, can help to steer the person at risk through the safeguarding process and complex world of support services and ensure that their voice is heard. Advocacy can provide the check and balance that a person at risk may not be able to provide for themselves. In such cases however it is vital that the advocate is well trained and knowledgeable about both safeguarding practice and procedure and community care legislation in order to ensure that the person at risk has access to the full range of support to which they are entitled.

13.4 Advocacy within the safeguarding process can have a strong influence on involvement and empowerment. ADASS reaffirmed this commitment to involvement and empowerment as well as to advocacy in its *Advice Note: Safeguarding Adults*<sup>1</sup>, issued in April 2011.

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ADASS. *Safeguarding Adults Advice Note, April 2011*. ADASS introduces the *Advice Note* as a framework and position statement to support Directors of Adult Social Services in their leadership role regarding adult safeguarding. It includes recommendations for Directors to

“Most important in the safeguarding context is a focus on the individual concerned defining the outcomes they want themselves. Safeguarding in personalisation is about working with a person in their own context in order to negotiate the levels of risk enablement and safeguarding that are appropriate to them.” Advocacy is a vital tool in supporting the balancing of sometimes competing demands between keeping someone safe and managing and accepting risk in order to maintain independence and choice.

13.5 A draft strategy ‘Croydon Safeguarding Vulnerable Adults through Advocacy - Advocacy Strategy for Safeguarding Vulnerable Adults 2010-2013’ which was never implemented makes recommendations regarding training and shared partnership understanding of the role of advocacy which would be worth revisiting.

**13.6 The Law Commission – report on Adult Social Care – May 2011** includes advocacy as part of its recommendations to the government. The law commission states that :

‘The role of the advocate is to assist disabled people to speak up for themselves, or if the disabled person is unable to do so, to communicate and represent the disabled person’s needs and wishes. *Advocacy is, therefore, seen as a vital component of achieving independent living and full citizenship for disabled people.*’

13.7 The law commission report refers to the general right to advocacy in adult social care legislation, in the *unimplemented* provision of the Disabled Persons (Services, Consultation and Representation) Act 1986. The 1986 act refers to the appointment of an ‘authorized representative’ for a person who is disabled. The law commission does not go as far as stating that this must be implemented but makes the recommendation that (Recommendation 72) : ‘The right to advocacy contained in the Disabled Persons (Services, Consultation and Representation) Act 1986 should be retained in the statute, with a power for the Secretary of State and Welsh Ministers to implement the right and modify it to bring it into line with modern understandings’.

## 14. Training for advocacy

14.1 The development of advocacy from the starting point of being a people’s movement means that much of the advocacy still being carried out is by people who have no specific qualifications or training. There are similarities in the development of advocacy with that of social work with advocacy being several decades behind, but fast catching up, in terms of professionalising the service and bringing in accredited training. Advocacy has not yet reached the stage that social work has in that there is no bar to

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consider taking forward in their own localities. Whilst targeted at Directors of Adult Social Services, it makes it clear that it will also be useful to partners, for example from the health and police sectors.

anyone calling themselves an advocate whereas the title social worker is protected for those qualified and registered with the accrediting agency.

14.2 Over recent years Independent Advocacy Awards have been developed by City and Guilds in collaboration with the department of health. This is a vocational qualification offered at levels 3 and 4. There are specialist units for IMCA, IMHA and DOLS as part of the Independent Advocacy Qualification.

14.3 Organisations can also be assessed and awarded a quality performance mark for its delivery of advocacy services. There is a nationally recognised quality mark for advocacy services - the Action for Advocacy Quality Performance Mark.

14.4 Unless advocates receive some training, the risk is that the advocate may fail to make distinctions between their own views and those of the person they are representing. This is especially true if they are representing a capacitated person and seek instead to influence the person rather than to express objectively their wishes.

14.5 In the case of a person who lacks capacity, there is a risk that an unskilled advocate may fail to understand the concept of best interest and how this should be achieved or be too easily swayed by other interested parties such that their focus on the person who lacks capacity is lost.

14.6 Advocates who lack sufficient training or skill may err into trying to provide advice or support beyond their area of knowledge and so disadvantage the person they are seeking to support.

14.7 It is important that a framework is developed between commissioners and agencies as to what level of training should be enabled to meet various defined levels of needs. At a very basic level, those carrying out any form of advocacy should have basic training in safeguarding and in the Mental Capacity Act and best interest decision making. Any person carrying out an advocacy role should be aware of the different forms of advocacy and remain conscious of which framework they are operating in and the level of their own expertise.

## **PART TWO**

### **15. Current advocacy arrangements in Croydon:**

15.1 Croydon Council currently funds a range of advocacy services either singly or jointly with partner agencies via third sector commissioning. In many instances it is not possible to separate out precisely funding that is intended for advocacy from other types of support such as welfare benefits advice or general advice which nevertheless forms an important part of advocating on behalf of an individual. Commissioners may wish to consider clearer

specification about which types of advocacy they are commissioning from each agency with agreed definitions and training requirements. There is greater clarity about the role and qualifications required for statutory advocacy.

Current funding provision for advocacy and associated support services included in this review runs at £1.16m across the local authority, Croydon health and direct from the department of health.

## 16. **Statutory advocacy**

**16.1 IMCA services** – professional advocacy for people who lack capacity to make a specific decision that meets the criteria for IMCA involvement and for Relevant Person’s Representation under DOLS.

16.2 This is a joint funded service commissioned jointly by NHS Croydon and the Local Authority with Voiceability.

16.3 This service is commissioned to meet the statutory requirement to provide an Independent Mental Capacity Advocate service (IMCA) in Croydon. The aim of the Voiceability IMCA service is to provide independent safeguards for people who lack capacity to make certain important decisions [about serious medical treatment and changes of accommodation] and, at the time such decisions need to be made, have no-one else (other than paid staff) to support or represent them or be consulted.

16.4 The target group is :

- (a) any person aged 16 years or older,
- (b) receiving medical and or social care within the London Borough of Croydon
- (c) does not have friends or relatives to consult support and represent them (with the exception of 4 (d) (iii) below,
- (d) lacks capacity to make a decision about either:
  - (i) a long-term care move;
  - (ii) serious medical treatment;
  - (iii) adult protection procedures; or
  - (iv) a care review.
- (e) Persons who are the subject of an application under Deprivation of Liberty Safeguards (DoLS).

**17 . Support for people with mental health problems who fall under relevant sections of the Mental Health Act – Independent Mental Health Advocates**

17.1 This service is commissioned by NHS Croydon from Mind in Croydon.

Service objectives are set out as follows:

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain the 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.

Independent mental health advocacy services provide an additional safeguard for patients who are subject to the Act [the Mental Health Act (1983)]. An Independent Mental Health Advocate (IMHA) is a specialist advocate trained specifically to work within the framework of the Act to meet the needs of patients.

This service is commissioned to meet the statutory requirement to provide an IMHA to “qualifying patients,” and to provide independent advocacy to adults who identify themselves as mental health service users, who require the assistance of an advocate with other issues. This service is aimed at all adults from 18 with no upper age limit.

The contract also specifies that non statutory advocacy can also be provided for adults aged 18 to 64 who identify themselves as having a mental illness but who do not fall under the relevant sections of the mental health act to warrant an IMHA. The MIND IN CROYDON contract therefore does not cover older adults with mental health problems, not eligible for IMHA services.

## **18. Advocacy for people making complaints about health services:**

Clause 185 of the Health & Social Care Bill transfers a duty to commission independent advocacy services from the Secretary of State to individual local authorities; this transfer will take place on 1 April 2013

- The Government’s ‘Localism Agenda’ supports the shifting of the commissioning of NHS complaints independent advocacy services from central government to local authorities.
- Local authorities are better placed to determine what services are appropriate to be arranged for their local area and giving them responsibility for arranging them.
- Local authorities already commission advocacy services for social care complaints and mental health.
- Independent advocacy services are services assisting persons making or intending to make complaints in relation to the provision of NHS services or the exercise of functions of certain NHS bodies.

18.1 . Currently PALS ( Patient Advisory Liaison service) based at Croydon University Hospital may refer people who are unhappy about the health care they have received to ICAS (Independent Complaints Advocacy Service) if

their concerns are complex and beyond the scope of PALS. This is currently run by POhWER. POhWER is an independent advocacy agency which provides generic advocacy, including non-instructed advocacy in several areas of the country including Surrey and the London regions. POhWER is run as a charitable business and ICAS receives some direct funding from the department of health. With the changes mentioned above the future of ICAS may change once DH money for health advocacy is transferred to local authorities. Plans are currently in place to recommission the ICAS service across several London authorities from April 2013 using pooled funding.

## 19. Other Professional Advocacy Services

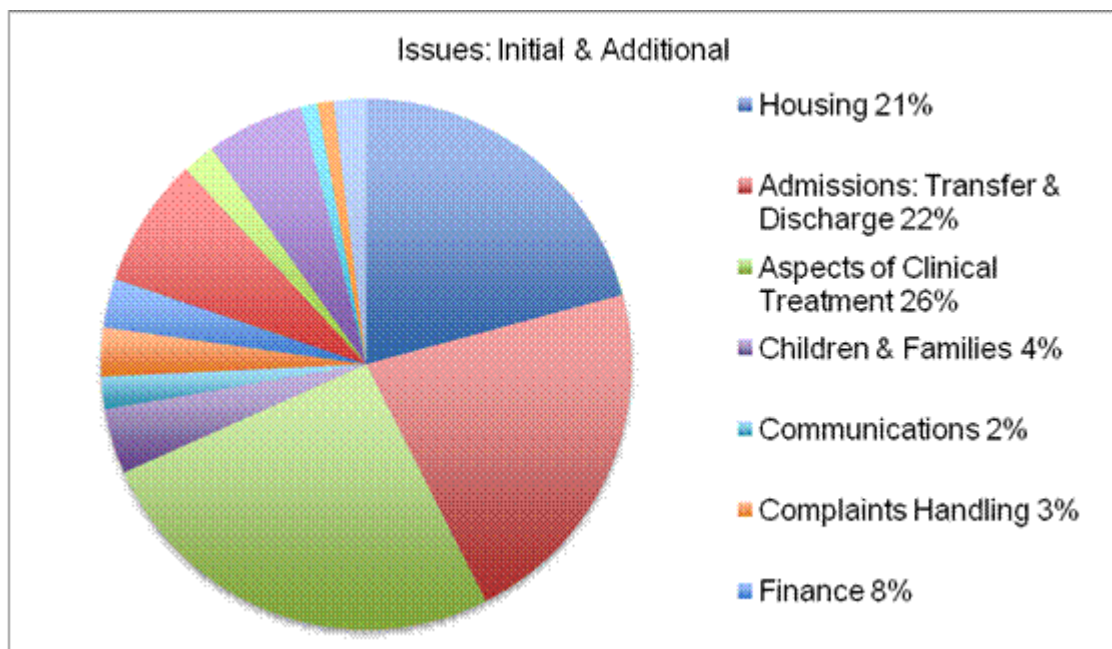
### 19.1 Advocacy for people with mental health problems

Mind in Croydon provide both IMHA and generic advocacy for people with mental health problems

19.2 Richard Pacitti, chief executive of MIND writes:

'Our advocacy service provides professional advocacy and are an accredited advocacy provider. We also hold the contract to provide IMHA services in Croydon. Many of our other projects provide informal advocacy too.

We provide our service to people with mental health problems and deal with a wide range of issues as per the diagram below



Our advocacy staff hold the formal advocacy qualification.

We also provide a parenting advocacy service funded by Comic Relief.

More information about the parenting advocacy is available here

<http://www.mindincroydon.org.uk/parenting-advocacy.asp>

More information about our advocacy service (including IMHA) is available here.'

<http://www.mindincroydon.org.uk/advocacy.asp>

19.3 'Advocates work as instructed by the client. We therefore work differently according to the needs and wishes of our individual clients. Some common examples of advocacy work include:

- Listening to you and helping you have your voice heard.
- Supporting you, at ward rounds and Care Programme Approach meetings
- Supporting you when discussing your treatment plan with your doctors and nurses or social workers
- Providing clear information about rights, medication and any aspect of treatment while in hospital.
- Supporting you in gaining legal advice and representation if necessary.
- Providing information on community groups and support networks while in hospital and when you are discharged

19.4 We are also available to people living in the community, who may be suffering from mental health problems. We provide support services for community care and treatment concerns.

We can assist you with a range of issues and if needed, refer to other professionals for advice and representation. This includes solicitors, welfare rights workers, the Health Service or to the relevant Ombudsman.

Apart from general advocacy we also provide assistance with formal complaints. You do not need to decide whether you want to make a complaint before you approach Mind in Croydon's Advocacy Service – this is one of the options which we can discuss with you.'

## **20. Advocacy for People with mental health problems who are parents or in a parental role.**

Mind in Croydon provide a professional advocacy service for people with mental health problems who are parents. This service is funded by Comic Relief.

20.1 Richard Pacitti of Mind in Croydon writes:

'Sometimes parents find it difficult to express their concerns about themselves or their family, particularly if their role as a parent is affected by their mental health problem.



It can be especially difficult if you are in hospital on a section or if this is your first time having contact with mental health services. We can help if you are concerned about your own care and treatment or if you have any issues relating to your parenting role.

The parenting advocate can also help to sign post you to services or help you to access and liaise with agencies which include: Integrated Adult Mental Health Teams, Children & Families Social Services, Croydon Council, Education Department, schools and solicitors and other outside agencies.

The Parenting Advocacy Service operates independently of Statutory Services and offers you the opportunity to talk to someone in confidence about issues in a non-judgemental way. An advocate can support you through the process of mental health services and Children & Families Social Services.'

## **21 . Support for people with a learning disability. One year contact 2012/13 with Voiceability.**

21.1 Croydon Council has a one year contract in place with Voiceability to provide independent advocacy support for people with a learning disability. The service provides independent support and representation to ensure that the views, needs and rights of people with learning disabilities are recognised and responded to.

21.2 Key areas of work include community care assessment and service provision, adult protection, housing and accessing quality health care.

21.3 The advocacy provided includes professional advocacy delivered by paid staff and is of particular benefit to people with complex needs or people who require major service change. The work includes time spent getting to know the individual and their needs (by spending time with them and significant others). This work involves liaison and negotiation with health, social care, housing and other professionals.

21.4 The contract also provides for Citizen Advocates to support their Advocacy Partner to speak out and provide independent support and representation. Citizen Advocates provide continuity of support and, where desired by the client, support individuals to widen their social and leisure opportunities.

21.5 Voiceability recruits, trains and supports volunteer citizen advocates for people with learning disabilities. It screens applicants, provides training; matches advocates to people who require them and provide on-going monitoring, supervision, problem solving and guidance.

## **22. Advocacy Services commissioned as part of Advice, Support,**

## **Information and Advocacy**

22.1 In the arrangement described below, support is defined in its broadest terms and covers all of the types of advocacy mentioned above. This approach allows third sector agencies considerable latitude to work out how best to support the individual clients group of which they have close knowledge, but within some defined parameters.

### **23. Support for service users with physical and sensory impairments – from age 18 with no upper age limit:**

23.1 Croydon Council contracts with Disability Croydon to provide support services.

23.2 A funding agreement for a three year period ( 2011 – 2014) is in place with Disability Croydon to:

provide seamless access to information, advice and advocacy for people aged 18 plus (no upper age limit) who are living with physical and/or sensory impairment(s) (PDSI).

- offer support to access professional advice and advocacy on human and welfare rights in order to improve their quality of life, their ability to take control over the things which affect their quality of life and to empower them with the knowledge and/or confidence to make informed life choices which will enable them to live more independently.
- provide specialist advocacy for people with PDSI including older people, by complementing the advocacy approach with essential and immediate welfare rights advice to help move more quickly to resolutions.
- provide signposting and information on a range of issues, including:
  - health and social care.
  - welfare benefits.
  - leisure and learning opportunities.
  - housing.
  - General advice
  - Welfare Rights
- To encourage people to take a more proactive role in their own communities; disability benefits, legal issues, housing.

23.3 Disability Croydon offers a high quality professional advocacy service, in response to demand, designed to support beneficiaries to understand and cut through the bureaucracy which can often restrict their ability to live full and active lives.

23.4 The 6 main elements to the advocacy service include:

- I. Triage (prioritising, targeting early intervention to prevent crisis).
- II. Advice plus - personal, practical support (enabling, assisting work to help people get things done).
- III. Think families (supporting families including disabled parents).
- IV. Returning home (supporting hospital discharge).
- V. Understanding and being understood (access to information/communication).
- VI. Unity (a self-advocacy group)

23.5 Welfare rights advice and advocacy services are delivered jointly by disabled professionals drawing on their personal experience and intimate knowledge of disability and supported by their peers within Croydon's largest user-led pan disability organisation. The unique nature of this service is the combination of advice and peer advocacy delivered by a small joined up team of disabled people who are invested in with high quality training and support to deliver the best possible outcomes for beneficiaries.

#### 24. **Support for older people and their carers:**

24.1 Croydon Council has a contract with Age UK. This is a three year contract from 2011 – 14 and the service name is Age Connect.

24.2 Age Connect provides a seamless access to information, advice and advocacy for older people over 50 in Croydon. Access to high quality independent information and advice is an important factor in enabling older people to make informed choices about issues that affect them. Age Connect ensures that people not only have access to information but are advised on the consequences of the different choices they make and are also given support to implement those choices and manage risk. The service provides

- Signposting and information on a range of issues affecting older people, including
- health and social care.
- healthy living.
- welfare benefits.
- leisure and learning opportunities.
- housing.

- residential and nursing care.
- individual budgets and brokerage.
- General advice to enable older people to make the most of the information given to them.
- Volunteers from across all sections of the community, ensuring they are able to make a positive contribution to London Borough of Croydon.
- Advice on welfare rights and housing options.
- Advocacy support to help the most marginalized speak up about issues affecting their quality of life. Age Connect promotes the empowerment, respect and dignity of older people by ensuring they can exercise choice and their views are respected and acted upon. Support from an advocate empowers vulnerable older people to disclose instances of abuse.

24.3 Older people and their carers and families are able to access the service in a variety of ways, including:

- I. Telephone
- II. Drop in
- III. Specialist surgeries (by appointment and drop in)
- IV. Home visits
- V. Outreach promotions at venues for older people
- VI. Website and email. Age UK Croydon will keep their directory updated.

24.4 Age Connect ensures that information, advice and advocacy are available to all older people from all sections of the community. Age Connect provide services where necessary in a variety of languages and formats and includes home visits as a key part of the service to ensure that housebound older people are able to use the service. Services are culturally appropriate and every effort is made to make them accessible to all older people irrespective of their ethnic origin, gender, disability, sexual orientation and cultural or religious beliefs.

24.5 Jill Ward of Age Connect writes:

24.6 The element of funding specific to advocacy covers 1x 4 days a week of financial advocacy and 1x 2days per week of general advocacy.

24.7 Age UK are members of Action for Advocacy (A4A), Older People's Advocacy Alliance (OPAAL), Action on Elder Abuse (AEA) and previously the Age Concern Advocacy Network. Age UK has recently been part of the Age UK pilot audit and assessment of

information and advice. All Age Connect funded staff participated and the assessment included Independent File Reviews, audits of our policies and procedures, training, referrals and signposting processes etc.

24.8 The Age UK advocates have undertaken training with A4A, OPAAL, Westminster Advocacy Service for Senior Residents (WASSR) now known as Advocacy Plus. Additionally they have received Safeguarding training from Croydon Council, as well as training around Mental Capacity, Deprivation of Liberty, Financial Abuse, Self Directed Support, Community Care (all through Croydon Council), plus training via Action on Elder Abuse. One of the advocates is a member of the Institute of Money Advisors and an Intermediate for Debt Relief Orders. He is also a member of the Universal Credit Working Group. Some of the training undertaken is:

- Supervising Money Advice
- Local Authority Debt Recovery
- Welfare Benefits (including DLA and AA)
- Advocacy skills
- Advocacy Managers Skills
- Financial and Material Abuse
- Deprivation of Liberty
- Mental Capacity Act
- Mental Health Law

This advocate is currently in the process of completing the Certificate in Money Advice via the Institute of Money Advisors

Age UK also has a Consumer Credit License for debt advice and insurance to give advice as part of the Age UK national charity and attend the CUH Safeguarding Steering Group meetings.'

## 25 **Support for people with HIV**

25.1 Croydon Council contributes towards HIV related support services. The level of contribution is based on the estimated population of people living with HIV in Croydon.

25.2 The service is provided by South London HIV partnership which is a collaborative commissioning arrangement by 10 London Boroughs south of the river. The jointly commissioned service provides HIV health support, counselling, advice, advocacy and peer support via the Terrence Higgins trust.

25.3 Much of the service provided involves independent advocacy and peer advocacy in addition to clear medical advice and explanation to help people come to terms with and learn how to manage their condition.

25.4 When clients come to SLHP's Advice and Advocacy service, HIV is often only one of a list of concerns they have. Whether they are managing

financial problems, housing, welfare, employment or even immigration issues, SLHP's Advice and Advocacy service is often at the centre of a network of client issues. They help SLHP clients:

- Understand and access HIV and mainstream services for which they are eligible
- Get advice and advocacy for HIV and non-HIV related services through referral to relevant agencies.' From the Bigger Picture 2 – outcomes from the South London HIV Partnership

## **26 Support for people with Alzheimer's and their carers:**

26.1 Croydon Council has a contract for 3 years 2011-14 with the Alzheimers Society ( AS) . The purpose of this contract is to provide:

26 .2 Peer Support - A range of accessible peer support opportunities for people with dementia and their carers delivered in accessible locations around Croydon including:

- 3x Monthly Carers support groups
- 3 x programmes of 6-8 sessions for people with dementia
- Monthly "Forget me not" Dementia Café

26 .3 These services are supported by a group of volunteers many of whom have been AS service users and have chosen to support the continuing work of AS. Roles include volunteer group facilitators, volunteer drivers, volunteer befrienders, volunteer administrators, and volunteer fundraisers.

26 .4 Carers Information and Education Programme

3 programmes per year of 8 sessions are run including themes such as:

- Understanding dementia
- Understanding behaviour that challenges
- Welfare and legal matters
- What help is there?
- Caring for the carer
- Practical caring tips
- Planning future care

26 .5 Supporting carers to continue to care at home when they want to can improve the quality of life of both carers and people with dementia. Being able to stay at home is a key factor in quality of life for older people. This service reduces the risk of carers feeling isolated and excluded by giving them an opportunity to meet peers and access help.

26 .6 Improved knowledge of dementia and dementia services and practical caring advice help to reduce the risk of physical and mental ill health associated with caring for a person with dementia.

26 .7 Service users continue to volunteer as co-facilitators at Information and Education programmes or in other roles with AS. A positive experience of older adults' mental health services makes it more likely that people with dementia and their carers will want to participate either as volunteers or in other roles as they feel empowered and influential.

26 .8 Alzheimers Society carries out carer's assessments for carers of people with dementia living in Croydon, to assist with identifying needs and development of support plans within the self directed support process.

26 .9 The service provides an advice and support line at its office base in Croydon, where people can receive information on the range of dementia services available in Croydon.

## **27. Support for people with a learning disability in managing their health needs - as a one year project 2011/12 . This is funded via NHS Croydon**

27.1 This project was set up in the light of growing recognition that the health needs of people with a learning disability are often neglected for a variety of reasons:

- The person is less able to explain their health needs to a doctor and less able to understand and respond to routine health screening programmes requests
- Doctors may be poorly skilled at communicating with people who have a learning disability whose communication is also restricted
- Screening programmes are often not sufficiently accessible to people with disabilities.

27.2 The health advocacy project supports people to access primary health care and post discharge hospital follow up. This is carried out by direct work with the individual and through their carers. The project helps people to have and implement a health action plan, to have an annual health check and to have a hospital passport.

27.3 The project also assists people with a learning disability with best interest decision making around their health when the issue falls outside of IMCA services.

27.4 The project also established a self advocacy group, to help access information on health related topics in an accessible format and share this with other people with a learning disability.

## **28. Carers Support**

28.1 The following projects provide support for carers in order to relieve carer stress. The support is wide ranging and includes respite, short breaks, advice, information, advocacy and support including emotional support.

As a result of the new 'Carers strategy 2011-16: The next steps for carers in Croydon' and feedback received from stakeholders that the need for advice and advocacy is on the increase, a new council funded model of service delivery has now been developed in the form of the Croydon Carers Support Network. Funding agreements with providers are in place from July 2012. Please note that Crossroads Carers' advice and advocacy services is now funded by the Big Lotteries but the service will still be connected to the Carers Support Network. Please also note that Council's Safeguarding Team has a regular slot on the Carers Partnership Group agenda (a strategic body made of statutory and voluntary sector partners to ensure that carers needs are continuously highlighted and met) to give updated briefings on carers and safeguarding issues.

28.2 Providers include:

**1. Whitgift Foundation's Carers Information Service – single contact service for the Carers Support Network**

The Foundation employs three full time workers to run a single contact service for the Carers Support Network. The service carries out triage and then makes appropriate referrals either internally to their own service, to other carers support network providers or another external service. These include referrals for advocacy to appropriate and high quality providers.

The service also develops a single website for the Carers Support Network which informs carers of their rights and hence towards empowering them to advocate for themselves.

The Carers Information Service is a provider of carers information in the Borough and deliver carers' awareness training for multi-agency staff and offers advocacy on a range of issues including domestic violence.



**b). Specialist advice, advocacy and support services in the following areas:**

**Working carers, carers of working age and carers of older people. This involves developing peer support networks and developing a befriending service.**

Provider - Croydon Neighbourhood Care Association (CNCA)

Although the service runs a part time befriending service for carers and their cared-for, the service will make appropriate referrals for advocacy where this has been picked up in the initial assessment form. The befriending service may pave the way for developing peer support which can contribute to supporting carers when having to advocate on certain issues.

**d). Specialist advice, advocacy and support for parent carers**

Provider - Parents in Partnership

The service delivers advice, advocacy and support services to parent carers of older disabled children (aged 16 plus and about to go through a transitions phase – moving from children's services to adult services) via telephone, email, in carers' homes and in community settings, wherever the carer needs it at daytime, evenings and at weekends. The service supports parent carers of children with a wide range of disabilities including transition's support. The service also runs an evening monthly support group and offers parent carers of young people in transition information about a range of provision as well an opportunity to meet with others in the same situation, improving their peer support networks. Representatives of statutory agencies are invited to attend and explain the changes to services which take place as people move from children's to adult's services. This gives parent carers an opportunity to informally feed back views of services, as well as being an excellent source of good quality information.

**e). Specialist advice, advocacy and support for carers of people with learning difficulties**

Provider - Croydon Mencap

The service offers a specialist carers' assessment and support service for carers of people with learning difficulties. The service takes referrals from the Croydon Learning Disabilities Care Management Team. The service in addition supports carers across a wide range of issues such as benefits, income maximisation, housing, hospital discharge and so on.

Vanessa Hosford, director of Croydon Mencap, writes:

[Most is informal advocacy which the Family Services Adviser and myself have](#)

been giving for the past 15 years.

The Older Carers Service member of staff has been in post for just over 4 years.

We would support people of any age but they would need to have a learning disability related issue within the family.

- Advocate and support families with DSS Benefit claims
- Support for Housing Benefit and Blue Badge requests
- Advice and support on housing issues related to learning disability issues
- Support to Service Users and their families in cases of Safeguarding within Older Carers; Leslie Park and one off requests
- One off advocacy support with regard to issues such as: care; finances - typically being signed up to services for things such as phones; health clubs and catalogues plus issues around services in general.
- Advocating and supporting Service Users and their families on health issues with GPs, CUH and health services in general - we have good links with Susan Dunn and PALS. I and The CASS worker sit on the Safeguarding Boards and Sub groups and I attend the Safeguarding meeting at CUH.

Training This has been 'in house' and developed in response to need though the Benefit Adviser has attended specific training on DSS benefits over the years so this is a specialist area of work for him.

f). **Carers' assessments**

Provider - Croydon Mencap

Croydon Mencap will provide this service jointly with the service mentioned in (e) above. Please refer to point e.

g). **Specialist advice, advocacy and support services for carers of people with mental health issues**

Provider- Mind in Croydon

The service will offer specialist services to carers of people with mental health issues. The service will offer advice and advocacy relating to navigation and service provision around the mental health and social care system. The service will also run a carers support group and peer support groups to bring carers together. This will offer carers information about mental health issues and their caring role.

h). **BME Respite and volunteering project**

**Provider - Horizon Care and Welfare**

The project will run a respite and volunteering project - essentially this is a volunteering project to increase breaks provision for carers. Again as a

Carers Support Network provider, where the need for advocacy is highlighted, appropriate referrals will be made to quality providers.

i). Counselling and emotional support service

**Provider - Croydon Mind in Croydon**

This service will provide a counselling and support service to all carers – the service will operate in a flexible way – carers can either receive counselling within the Carers Support Network officers or at Mind in Croydon’s own premises. The service will be a face to face or a telephone support service. The service will offer a support group service once a week.

k). Carers training

**Provider - Whitgift Foundation’s Carers Information Service**

Carers need training in terms of their caring role. Whitgift Foundation will offer a range of training to adult and young carers which is practical and emotional in nature such as first aid, lifting and handling, coping with stress, confidence building and so on. Training sessions will also be a way of ensuring that carers receive a break from their caring role, meet other carers, know where to access appropriate support and to know how to take care of themselves. Part of the training will include better awareness of services for carers including access to advocacy services.

**l). Management of breaks, respite and activities service**

Provider - Crossroads Care

To manage breaks funds for carers (which is funded separately). Crossroads Care who provides sitting services will be responsive to referrals from other Carers Support Network providers in giving carers a break. The breaks fund will have an eligibility criteria for referrals. A fair eligibility criteria will be developed. As a Carers Support Network provider, they will be required to signpost carers to other appropriate quality providers of advocacy and other services.

**(J) Externally-funded provider for support for carers of people with disabilities**

**Provider – Crossroads Care**

A contract with Crossroads to provide for advocacy for carers was funded by the Council until June 2012. Crossroads Care, however, achieved lottery funding and have since used this to fund the Carers Support and Advocacy Service from July 2012. The services as mentioned before will also be a Carers Support Network provider as they wish to run co-ordinated services for carers.

Lisa Taylor, Carers Advice and Advocacy Officer, for the **Carers Support and Advocacy Service** writes:

‘Our team provide qualified advocacy, advice, information, emotional and social support (groups and outings) to unpaid adult carers looking after a frail, ill or disabled adult or child living in the London Borough of Croydon. We help with a range of issues that affect carers including accessing benefits and respite breaks.

Myself and my colleague, Patricia Mohabir have NVQ Level 4 Advice and Guidance and I have a Post Graduate Diploma in Guidance with the Qualification in Careers Guidance. Our Volunteer Co-Ordinator, Barbara Francis, has NVQ Level 3 in Health and Social Care and our Administrator, Ros Cox has a degree in Languages. We were funded by Croydon Council to deliver this project from January 2007 but we are currently in transitional funding from the Council (until the end of June) and our project is now to be funded by the Big Lottery.

The service is accredited by the Princess Royal trust for carers ( now Carers trust). ‘

## **29 . Support for people from Black and Minority Ethnic groups**

A contract has recently been agreed with The Black, Asian and Minority Ethnic Advice, Information and Advocacy Service for (50+) in Croydon. This contract is mainly to provide information, advice and advocacy on a range of issues, including welfare benefits, housing, health and wellbeing, independent living, social care, pensions, learning and domestic violence and abuse.

**30 . Croydon Advice and Information Network (CRAIN)** has recently been set up to work with 5 local organisations around advice, information and advocacy. The 5 organisations are The Black, Asian and Minority Ethnic Advice, Information and Advocacy Service for (50+), Age UK, Carers Information Service, Disability Croydon and POP ( Partnership for older people) Bus Service. All of these organisations except for Carers Information Service include advocacy as part of their remit. The network ensures that all organisations within it are working to a defined quality standard for information and advice and several of the organisations have accreditation arrangements for advocacy.

## **31 . Advocacy in the field of domestic violence**

The home office recognizes the importance of advocacy for victims of domestic violence and provides funding to the Croydon Family Justice Centre for advocacy. The charity Coordinated Action Against Domestic Abuse (CAADA) provides accredited training courses for specialist advocates called Independent Domestic Violence Advocates (IDVA's) .

## **32. Support and Advocacy for Refugees in Croydon**

32.1 Croydon has a relatively high number of refugee adults and families who receive specialist support through the council for those with no recourse to public funds. Unaccompanied minors are supported through children and family services. The field of immigration advice is very specialized and most people with refugee status are able to access full legal advice and representation under the legal aid scheme. A list of voluntary agencies for refugees in Croydon is included at appendix 2.

## **33. Analysis of current advocacy provision in Croydon.**

33. 1 At the broadest level there is a significant level of funding being provided by Croydon Council and NHS Croydon for information, support and advocacy to a wide number of charitable and voluntary organisations to meet the needs of designated user groups. There is also some direct government funding provided in addition.

33.2 The organisations that provide a qualified service are Voiceability and Mind in Croydon as they provide advocacy as specified to meet the legal requirements of the Mental Capacity Act 2005 and Mental Health Act 2007. They are accredited services that hold the Action for Advocacy Quality Provider Mark. It is possible to deliver statutory advocacy without this quality mark although commissioners normally ask such providers to be working towards this qualification.

33.3 There do not appear to be any significant groups of people who are excluded from advocacy who might otherwise need it. Mind in Croydon is not funded to provide non statutory advocacy to people above working age ( 65 years) but arguably this group of people would be supported by Age UK. A new contract with the Black, Asian and Minority Ethnic Advice, Information and Advocacy Service for (50+) in Croydon has been agreed to meet the needs of this group of people. There does not appear to be a specific BME service for younger adults however. It is known that there is under reporting of safeguarding issues for BME older people in particular and for the BME groups as a whole compared with similar white groups. The specialist advocacy service for BME older people is welcome therefore but the potential gap for younger adults remains.

33.4 An earlier stocktake of advocacy carried out in August 2011 found that older People's Services had commissioned limited advocacy service provision (i.e. to a small group of people; the service is fully utilized and has often run with a waiting list), delivered by Age Uk Croydon. A commissioning review in 2010 had led to a 20% increase in funding for this organization over a 3 year period enabling them to deliver a service to a larger group and to deliver an advice and information service. The importance of robust advocacy services

for older people is significant given the greater levels of safeguarding incidents that this client group experiences, their greater reliance on support services and with an ageing population.

33.5 In some contracts advocacy support is not specified separately from advice giving and other more general support so it is not possible to say how much is being spent on advocacy alone. However more recent contracts are becoming more specific about this and the training standards expected of providers of advocacy.

33.6 Because of the varied nature of advocacy and how it is defined it is not possible to be certain what type of support provided meets the definition of advocacy and there will likely be a range of different opinions about this. There is a temptation to resolve this by only commissioning advocacy which is provided by professionally qualified advocates. The disadvantage of this approach is to exclude support and advocacy that is and can be provided by non qualified advocates or those acting in an advocating role, possibly on an unqualified or volunteer basis. The outcome may be to make advocacy services unaffordable and unable to meet the demand. Far better perhaps to continue to provide a range of advocacy and support that is fit for purpose and meets a range of needs as not every problem is complex. The important factor is that any person delivering support or advocacy has received basic training, knows the limits of their expertise and when to refer a person on to a more specialized service.

33.7 More recently with the new contract for Croydon Advice and Information Network (CRAIN), work is ongoing to identify those groups that will focus on advocacy in addition to the statutory advocacy services, and to provide a network to support the training needs of smaller organisations. This will include best practice in advice giving and when to refer clients who need more formal advocacy.

VoiceAbility emphasizes the need for this broader view of advocacy, recommending “a model of proactive professional advocacy, extending beyond current statutory provision”<sup>2</sup>. It makes a case for a model of providing and commissioning advocacy services which makes it possible for the necessary time and skills to be made available for the broad range of safeguarding situations which present as capable of benefitting from advocacy involvement. It identifies as a key rationale the importance of proactive and preventive work and interventions based on relationships of trust which empower individuals to manage risk in their lives over the longer term. If the aspirations towards person-centred and empowering processes and outcomes of policy and law are to be realised in the field of safeguarding adults then the focus in respect of advocacy provision must be broadened out from one which relies too heavily on statutory advocacy.

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<sup>2</sup> VoiceAbility memorandum to the Department of Health Review, following events at Winterbourne View Hospital, *Advocacy: Voice and the protection from crime and abuse* 19<sup>th</sup> March 2012

Research literature gives insight into the breadth of potential roles for advocacy in safeguarding adults. It will be helpful for commissioners when considering in what circumstances and how they might commission advocacy services to have an overview of those roles. Relevant research in this respect includes: Townsley, R. and Laing, A. (2011)<sup>3</sup>; Older People's Advocacy Alliance, May 2009<sup>3</sup>; Redley et al (SCIE 2008)<sup>4</sup> ( Redley et al, The involvement of independent mental capacity advocates (IMCA's) in Adult Protection Procedures in England; 1 April 2007 – 31 March 2008, SCIE, 2008);VoiceAbility memorandum to the Department of Health, 19<sup>th</sup> March 2012<sup>10</sup> and AEA/A4A (Action on Elder Abuse, Action for Advocacy ) Advocacy Toolkit<sup>5</sup>, Lawson, J (2001) <sup>6</sup> (The role of citizen advocacy in adult abuse, in Good Practice with vulnerable adults ed Jacki Pritchard, Jessica Kingsley Publishers)

33.8 It is positive that this year (2012) there has been a focus on recommissioning for comprehensive carer support across service user groups to provide comprehensive and overarching support.

33.9 In carrying out this review, there are no obvious areas of significant overlap in service provision. Voiceability hold both an advocacy service for adults with a learning disability (for non statutory advocacy) as well as the IMCA contract. However there is no evident doubling up in these services. If a person with a learning disability required an IMCA, this should be provided from the IMCA contract rather than from the learning disability one. However more recently the learning disability advocate has been trained to be able to provide IMCA services as well. As the learning disability advocate and Voiceability IMCA's work from the same organisation, they are able to make sure that there is appropriate representation given best deployment of their resources at that particular time.

33.10 Potentially Age Uk and the Alzheimer's service may overlap with regard to some older people with dementia but both organisations work together to rationalize how they work.

33.11 An earlier advocacy stocktake (August 2011) found that from some providers of statutory advocacy services believed that care management staff

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<sup>3</sup> Townsley, R. and Laing, A. *Effective Relationships, Better Outcomes: Mapping the Impact of the Independent Mental Capacity Advocate Service in England (1st April 2009 to 31<sup>st</sup> March 2010)*. London: Social Care Institute for Excellence, 2011

<sup>4</sup> Redley et al *The Involvement of Independent Mental Capacity Advocates (IMCAs) in Adult Protection Procedures in England: 1st April 2007 – 31st March 2008*, SCIE, 2008

<sup>5</sup> Action on Elder Abuse, in conjunction with Action for Advocacy. *Elder Abuse Advocacy Toolkit*

<sup>6</sup> Lawson, J *The role of citizen advocacy in adult abuse*, in Good Practice with Vulnerable Adults ed Jacki Pritchard, Jessica Kingsley Publishers, 2001

tend not to use advocates or to consider the need for independent advocacy alongside their own interventions. There was a suggestion that care managers and social workers may see themselves as the client's advocate and do not necessarily recognise the need for an independent service. This view was supported by anecdotal evidence that advocacy provision available to cover IMHA requirements was never fully taken up, and would explain why there appears to be an imbalance of supply vs demand for statutory advocacy provision and a dearth of provision in relation to non-statutory advocacy. However in contrast there was an equally common perception that IMCA/DOLs/MCA advocacy services are well used, however current demands are being met.

33.12 The qualitative impact of advocacy on an individual and the wider benefits to the community will never be easy to quantify. However further work is needed to begin to address this issue which could take the form of satisfaction questionnaires and outcome data. Although some advocacy providers do measure outcomes as well as outputs, not all commissioners ask for this. There may arguably be financial as well as qualitative outcomes, if for example it can be established that people are able to access welfare benefits or other service entitlements through the support of advocacy which avoids them reaching a crisis point and the need for even greater and more costly support at a later date.

33.13 The above research of Townley and Laing, Redley et al and Voiceability all present evidence on the effectiveness of advocacy and specifically on these qualitative aspects. For example Townley and Laing show that not only are advocates successful in relation to presenting issues but that in addition, in 8 out of 15 cases where advocacy input in safeguarding adults the IMCA input was "felt to be instrumental in bringing about additional outcomes for clients in addition to the safeguarding role that the IMCA would be expected to play IMCAs brought extra information to bear on a complex situation and used this to help clarify misunderstandings and confusion." In addition OPAAL<sup>7</sup> (Older Peoples Advocacy Alliance, 2009) state that effectiveness in person-centred, individualised responses is evident "In some of our partnerships the outcome was completely different to what was expected...But it was great! It was really the process that changed things and brought out the things that really mattered to the person"

#### **34 . Recommendations:**

34.1 Commissioners should ensure that contracts are specific with regard to type and amount of advocacy expected within the contract. Reference to the research literature can inform the possible roles for advocacy which might be specified.

34.2 Commissioners should be specific within contracts as to whether the

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<sup>7</sup> Older People's Advocacy Alliance (OPAAL) UK, *Speaking up to Safeguard: lessons and findings from the benchmarking advocacy and abuse project*, 2008-2009, May 2009



advocacy expected is qualified and regulated or whether it is non professional e.g. could be carried out by trained volunteers.

34.3 With respect to non professional advocacy, commissioners should be specific about the amount of training required to ensure an adequate level of skill.

34.4 Commissioners should ensure adequate monitoring of advocacy carried out by all agencies to ensure defined quality standards are met and include key performance indicators. Reference to the research literature cited will support development of performance indicators which address expressive as well as instrumental roles of advocacy.

34.5 Commissioners across the different client groups should work together with the respective commissioned agencies to establish whether the initial picture from this review, that there are no gaps and no significant overlaps, is accurate. In particular more attention is needed with regard to BME younger adults. Commissioners should jointly ensure that their services cover all adults who may be in need of advocacy services so that there are no gaps and no significant overlap. This will also highlight whether there are any efficiencies to be made from rationalizing services.

34.6 Commissioners should also work with agencies to explore the opportunity for additional charitable funding.

34.7 Safeguarding and social work teams should always consider whether the adult at risk of harm would benefit from advocacy and begin to collect evidence as to whether the current advocacy provision is meeting this need adequately in order to inform future commissioning arrangements and plans to develop the third sector. Staff attitudes to advocacy should be reviewed as well as their awareness of the range of roles advocacy is capable of performing (see cited literature) to ensure appropriate take up of these services by people who are at risk . The role of advocacy should form part of social worker staff induction and ongoing supervision.

34.8 Social workers and other staff in assessment and care management services should similarly ensure that service users are supported and encouraged to access advocacy services and that this is open to all with an identified need.

34.9 Voluntary agencies who provide support and advocacy should ensure that they are clear as to what type of support/ advocacy their staff or volunteers are providing and that commensurate training is provided. Staff should be made aware of the need to recognize when their own skills or knowledge is inadequate to the needs of the person they are supporting so that alternative support can be made available.

34.10 Voluntary agencies and commissioners should develop a system (with reference to available research literature including that cited in this paper) to evaluate the impact and outcomes of advocacy for the recipients and ascertain whether there are any measurable benefits from the service to the community as a whole.

34.11 Commissioners, the providers of advocacy services and learning and development should work together to develop a framework for minimum training for advocates and consider if this could be provided within the multiagency partnership learning and development programme.

34.12 Clear information on advocacy support should be made available and publicized as widely as possible.

December 2012

Appendix 1

**Summary of advocacy and related provision in Croydon**

<b>Client group</b>	<b>Service provider</b>	<b>Additional comments</b>	<b>Contacts</b>
Physical disability and sensory impairment	Disability Croydon	Provision of advocacy alongside other support services	Disability Croydon Strand House, Zion Road, Thornton Heath 020 8684 5538
Older people – age 50+	Age UK	Provision of information and advocacy	Age UK Croydon 2 Katharine Street, CR0 1NX 020 8288 9229
People with HIV	Terrence Higgins trust	Partnership arrangement with south London LAs and health authorities	Terrence Higgins Trust Acorn House, 314-320 Grays Inn Road, City of London 020 7812 1600
People with Alzheimer's and their carers	Alzheimer's Society	Information, peer advocacy and individual advocacy	Alzheimers Society, Heavers Resource Centre, 122 Selhurst Road, SE25 6LL 020 8916 3587
People with a learning disability	Voiceability	Advocacy support for individuals and befriender support	VoiceAbility Geoffrey Harris House, Coombe Road, Croydon, CR0 5RD 020 8681 4903
People with a learning disability and	Voiceability	Advocacy and support targeted at improving people's health.	

health needs		Contract ceased 2012	
Carers Services	Whitgift foundation	Single contact service for Carers Support Network (Carers Hub)	The Whitgift Foundation, North End, Croydon, CR9 1SS 020 8649 9339
Working carers and carers of older people	Croydon Neighbourhood Care Association (CNCA)	Specialist advice, advocacy and support for carers	CNCA Central Hall, Davidson Lodge, Freemason's Road, Croydon 020 8662 1000
Parent carers	Parents in Partnership (PIP)	Specialist advice, advocacy and support for parent carers	Parents in Partnership, 14 Willis Road, Croydon 020 8684 9082
Carers of people with a learning disability	Mencap	Support for carers of adults with a learning disability, advocating for services to meet their needs. Facilitates carers meetings and peer advocacy. and specialist carer assessments	Croydon Mencap, 61 Leslie Park Road, Croydon 020 8662 9201
Carers of people with mental health issues	MIND IN CROYDON	Specialist advice, advocacy and support for carers of people with mental health issues	Mind in Croydon, 26 Pampisford Road, Purley, Surrey, CR8 2NE 020 8763 6730
Carers training	Whitgift Foundation	Practical and emotional training for carers including young carers	The Whitgift Foundation, North End, Croydon, CR9 1SS 020 8649 9339
BME respite and volunteer	Horizon Care	Respite and volunteer project to increase	C/O Carers Information

project	and Welfare	short breaks provision for BME clients and carers	Service, Courtyard House, 1d Church Road, Croydon, CR0 1SG 020 8665 0921
Carers emotional support	MIND IN CROYDON	Counselling and support for carers either at Carers Hub or at MIND IN CROYDON offices	Mind in Croydon, 26 Pampisford Road, Purley, Surrey, CR8 2NE 020 8763 6730
People who lack capacity to make specific decisions under the Mental Capacity Act	Voiceability	Statutory professional advocacy (IMCA) for people defined under the MCA. Joint funded by Croydon council and NHS Croydon	VoiceAbility, IMCA service, McMillan House, 54 Cheam Common Road, Worcester Park, Surrey, KT4 8RH 0845 0175 198 020 8330 6644
People who are subject to detention under the Mental health Act	MIND IN CROYDON	Statutory/ professional IMHA advocacy for people of all ages from 18 under designated sections of the MHA and non health advocacy for people with mental health issues of working age. Funded by NHS Croydon	Mind in Croydon, 26 Pampisford Road, Purley, Surrey, CR8 2NE 020 8763 6730
People with mental health problems	Mind in Croydon	Professional advocacy service for people of working age with mental health problems	Mind in Croydon, 26 Pampisford Road, Purley, Surrey, CR8 2NE 020 8763 6730
People from BME groups	The Black, Asian and	Provision of advocacy, advice and information	C/O Croydon Advice and

who require support	Minority Ethnic Advice, Information and Advocacy	to BME service users aged 50+	Information Network, 020 8684 0272
Support for carers of people with disabilities	Crossroads	Mainly short breaks care and emergency respite but also proving some advocacy. Now funded by lottery funding	Crossroads Care, 410 Brighton Road, South Croydon, CR2 6AN  For advocacy 020 8667 9893  For short breaks 020 8688 4499
IMHA services for people with mental illness	MIND IN CROYDON	Statutory advocacy service for people under sections of the Mental health Act funded by NHS Croydon	Mind in Croydon, 26 Pampisford Road, Purley, Surrey, CR8 2NE  020 8763 6730
People experiencing quality related issues with health services	Independent complaints advocacy service – POhWER	Independent complaints advocacy. Funded directly by DH until March 2013. Funding and commissioning arrangements from 2013 will change when the DH funding transfers to LA's.	PohWER 0300 456 2370
Victims of domestic violence	Independent Domestic Violence advocacy	Funded by Home Office – direct to Family Justice Centre.	Family Justice Centre, 69 Park Lane, Croydon, CR0 1JD  020 8688 0100
BME older people	The Black, Asian and Minority Ethnic Advice, Information and Advocacy Service for (50+)	Croydon Council Funding. Part of the Croydon Advice and Information network (CRAIN	C/O Croydon Advice and Information Network, 020 8684 0272

## Appendix 2

### **SUPPORT AND ADVOCACY FOR REFUGEES IN CROYDON**

#### **African Help Point**

**31 Croham Valley Road, Croydon CR2 7JE**

**Tel: 07961 074426**

**Email: [cherrykem\\_23@hotmail.com](mailto:cherrykem_23@hotmail.com)**

African Help Point provides advice and support to African migrants including refugees and asylum seekers. The service is run by volunteers and the Coordinator is Cherry Ekem.

#### **Services and activities:**

African Help Point volunteers provide advice and information on a broad range of issues, as well as advocacy and signposting / referral services, usually by phone or at the office address. Arrangements can also be made for meetings to take place in the community.

#### **Children's Society – New Londoners Young Refugees' and Migrants' Rights Project**

**The Hub, 123 Star Lane, London E16 4PZ**

**Tel: 0207 474 7222**

**Email: [alice.myers@childrenssociety.org.uk](mailto:alice.myers@childrenssociety.org.uk)**

The Children's Society New Londoners project offers casework, advice and advocacy support for 13 -19 year old asylum-seeking, refugee and migrant young people across eleven London boroughs, including Croydon. The main contact is Alice Myers.

#### **Services and activities:**

The project has specialist staff who offer holistic support; for example, they can assist young people to find quality legal representation and support them through the immigration process, act as appropriate adult in age assessments, advocate to Children's Services if young people have problems with their care, accompany young people to appointments, assist with education, health and financial support issues. The project can assist young people to know and understand their rights and entitlements.

They also do group work sessions with young people. Interpreters are provided.

#### **How to refer:**

Referrals can be made by service users themselves or professionals by call or email or in writing to the postal address.

**Kikiwa Counselling Centre**

**95 Gonville Road, Thornton Heath, CR7 6DF**

**Tel: 020 8240 9741 / 07941 287933**

**Email: [kikiwacounselling@yahoo.co.uk](mailto:kikiwacounselling@yahoo.co.uk)**

Kikiwa Counselling Centre provides advice, support and advocacy to asylum seekers, refugees and migrants, especially those from Africa, as well as support around mental health and substance misuse issues. The organisation also promotes HIV awareness and prevention. The main contact person is Elizabeth Njenga.

**Services and activities:**

Kikiwa Counselling Centre provides its advice and support services over the telephone, at drop-ins and through visits at home, in hospital and in detention centres.

**How to refer:**

Referrals can be made preferably by email.

**Kurdish Women's Rights**

**Tel: 07817 116495**

Kurdish Women's Rights works nationally and internationally to champion, raise awareness of and advocate women's rights. The group focuses primarily but not solely on Kurdish women, and operates mainly in Croydon. The main contact is Goulbahar Pirkhezraniyan, also known as Bahar, who is one of 15 volunteers running the group.

**Services and activities:**

Kurdish Women's Rights provides advice, information, advocacy, signposting and interpreting in community settings to women on their rights and entitlements covering a broad range of welfare issues. Bahar attends the Refugee Day Centre drop-in on Tuesdays 10am – 1pm (see section on Refugee day Centre below for address).

Key issues addressed by the organisation include forced marriage; female genital mutilation; honour-based violence and honour killing; domestic violence; immigration issues; divorce and family issues; combating polygamy; and housing and welfare benefits.

The group also organises regular events, including one in March to celebrate International Women's Day, and one in November for International Day for the



Elimination of Violence against Women. It also campaigns and raises public awareness of women's rights issues at international level via seminars and the media.

How to refer:

Phone call or in person at Refugee Day Centre drop-in.

**Migrant Helpline**

**Brigstock House, 78-86 Brigstock Road, Thornton Heath CR7 7JA**

**Tel: 020 8683 4767**

**Email: [Deborah.Rowan@migranthelpline.org](mailto:Deborah.Rowan@migranthelpline.org)**

Migrant Helpline provides advice services to newly arrived asylum seekers staying in initial accommodation. Deborah Rowan is the Manager.

Services and activities:

Migrant Helpline is independent of the UK Border Agency and provides advice, support and advocacy to asylum seekers staying temporarily at Brigstock House. The organisation can advise service users on the asylum process, their rights and entitlements, and ensures that their support and healthcare needs are met. It can give practical assistance to people being dispersed to other areas.

How to refer:

Referrals are made through the UK Border Agency. Migrant Helpline cannot accept referrals from other sources.