

Bracknell Forest Advocacy Joint Commissioning Strategy

2016-2021



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Introduction

If you need help to understand the language in this document, there is a Glossary starting on page 23 to explain what some of the words and terms mean. Words in this document that are explained in the glossary are underlined.

Many people sometimes need support to speak up about the choices they need to make and be involved in decisions about their lives. It is important that people understand their rights and options and can express their views and wishes, to help them achieve the outcomes they want, and not necessarily the choices that others feel are best for them. This is where advocacy can help.

What is advocacy?

Advocacy can involve:

- helping someone to understand information
- someone speaking up for, or acting on behalf of, themselves or another person
- taking action to help people say what they want, secure their rights, represent their interests and help them get the support they need
- making sure people feel part of the community and can contribute to it^{1, 2}

An advocate is the person who provides advocacy to help someone speak up and take action, or does these things for them. Advocates work in partnership with the people they support and take their side. Advocates can be:

- The person themselves
- A friend, family member or carer
- A community volunteer
- An organisation or group
- A paid professional

There are different types of advocacy, including:

“Self-advocacy”	When someone speaks up or takes action by themselves or are helped to do this.
“Informal advocacy”	When someone else such as a family member, friend or carer is a person’s advocate.
Peer advocacy	When someone who has a similar disability, illness or experience is the person’s advocate.
Professional advocacy	When someone’s advocate is a paid, independent person. This is

¹ Action for Advocacy, *A Code of Practice for Advocates*

² Care Act 2014: Care and Support Statutory Guidance 2014

³ Social Care Institute for Excellence: *Care Act 2014 – Commissioning independent advocacy*

often when an important change is happening, a decision is needed, or to help with a specific issue.

“Independent advocacy” When someone's advocate is a person who is not connected with the organisations providing their care, support or treatment. This will usually be a professional advocate, but sometimes the person could be a family member, friend or carer.

“Group advocacy” When someone asks a group of people or an organisation to speak up or take action for them.³

The law says that advocacy must be provided in certain situations to people who need it. This is called statutory advocacy, and there are different types for different situations. These advocates work with people one-to-one and are independent of other organisations, such as the NHS or social services. This helps make sure they work to represent the person's interests only. Statutory advocacy is usually provided by a professional advocate (a person who is paid to do this). But in some situations it can be provided by someone the person already knows, such as a family member, friend or carer.

Advocacy is **not**:

Information This is a collection of facts which helps someone understand a subject or problem.

Advice This is when someone gives their views or opinions about what could be done about a situation or 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 to understand what that information, and any advice, means for them and speak up about the choices they wish to make.

About this strategy

A commissioning strategy is a plan that sets out how support and services will be developed for people in the local area. To decide on the priorities in this advocacy commissioning strategy, and to understand how advocacy services can best be provided locally, the Council has taken into account:

- the views of local people
- current legislation (laws)
- national guidance from government and other organisations
- the needs of local people and how they may change in future
- how well current advocacy services work and whether they could work better in future

This strategy will also be useful for people who are eligible for social care support as well as staff and organisations that currently provide, or are considering commissioning, advocacy services.

National and local context

National context

In recent years there have been several changes in the law that make it a priority for health and social care services to involve people, including by providing advocacy to help people be involved in making decisions. This part of the strategy looks at some of these laws.

Care Act 2014

The Care Act was the biggest change to social care for over 60 years. It puts people and their carers at the heart of their care and support. The new law says that councils must involve people fully and provide independent advocacy to people who have substantial difficulty being involved in and voicing their views about their care and support. For example, this could be when someone is:

- having an assessment of their care and support needs
- having a carers assessment
- planning their care and support
- having a review of their care and support plan
- supported at the time of a safeguarding enquiry or review²

Mental Capacity Act 2005

The Mental Capacity Act provides protection to people who don't have the mental capacity to make some or all decisions. The law covers how people can plan ahead in case they don't have mental capacity in future, how people can ask someone else to make decisions for them, and who can make decisions if someone hasn't planned ahead. Independent Mental Capacity Advocacy (IMCA) must be provided in certain situations to people who lack capacity.³

There are similarities between IMCA and independent advocacy provided under the Care Act. Government guidance to councils about the Care Act says that the rules have been designed so that an independent advocate can carry out both roles. It also says that in nearly all situations someone who qualifies for IMCA will also qualify for independent advocacy under the Care Act.⁴ But not everyone who is eligible for advocacy under the Care Act will be eligible for an IMCA.

² The Care Act 2014 (c.23) and Care and Support Statutory Guidance 2014

³ Office of the Public Guardian (2007), *Making Decisions: the IMCA service*

⁴ Care and Support Statutory Guidance 2014

Mental Health Act 1983

This law says when Independent Mental Health Advocacy (IMHA) must be provided to people with mental health needs to help them be involved in decisions about their care and treatment. It is available to people who are detained under most sections of the Mental Health Act, as well as in some other situations⁵. Councils are now responsible for commissioning these services since the Health and Social Care Act 2012 was introduced.

Local Government and Public Involvement in Health Act 2007

This law was amended by the Health and Social Care Act 2012 to include a duty for local councils to make independent advocacy available to support people who want to make a complaint about an NHS service⁶. This service is for anyone who needs support at any point during the NHS complaints process. Before these changes, the Department of Health centrally commissioned an independent advocacy service for people making complaints about health services.

Health and Social Care Act 2012

The Health and Social Care Act 2012 was the biggest change to health and care law since the creation of the NHS. One of the many changes in this law was to give responsibility for commissioning two existing types of advocacy to local councils from April 2013⁷:

- Independent Mental Health Advocacy (under the Mental Health Act 1983)
- NHS complaints advocacy (under the Local Government and Public Involvement in Health Act 2007)

⁵ Social Care Institute for Excellence, *Understanding IMHA*

⁶ Local Government and Public Involvement in Health Act 2007 (c. 28) (as amended)

⁷ Local Government Association (2012), *Get in on the Act: Health and Social Care Act 2012*

Local context

Bracknell Forest Health and Wellbeing Board

The Health and Wellbeing Board is a partnership of commissioning leaders from the health and care system, and related areas such as housing and education, that must work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board is accountable to local people.

The Board provides a forum for challenge, discussion and the involvement of local people and brings together the Bracknell & Ascot Clinical Commissioning Group, NHS England, Healthwatch and the Council. They have a legal responsibility for developing a shared understanding of the health and wellbeing of the community through a wide ranging assessment of health and wellbeing needs by:

- producing a Joint Strategic Needs Assessment (JSNA)
- setting priorities for improving the health and wellbeing in a Joint Health and Wellbeing Strategy (JHWS) which takes into account information from the JSNA and other commissioning strategies.
- assessing other plans and strategies to make sure they align with the JHWS
- encouraging organisations to work together and share resources

As a result, patients and the public should benefit from more joined-up services from the NHS, Bracknell Forest Council and other partners.

Joint Health and Wellbeing Strategy

The local Health and Wellbeing Strategy was refreshed in December 2015.

The objective of the strategy is to make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place where people:

- understand and take responsibility for their own health and wellbeing
- can access services and support to achieve this
- have a smooth, stress free and seamless journey through the health and care system should they become ill or need support

There are key underpinning principles in the strategy which should be considered when planning advocacy services:

1. People should be supported to take responsibility for their own health and wellbeing as much as possible
2. Everybody should have equal access to treatment or services
3. Organisations should work together to make the best use of all the resources they have to prevent and treat ill-health
4. The support and services that people get should be of the best possible quality

Other related strategies

This plan supports other council plans which are already helping people to speak up about their needs and speak out about their choices, including:

- “Healthy Minds” Commissioning Strategy for Adults with Mental Health Needs 2013-2018
- Joint Commissioning Strategy for People with Learning Disabilities 2014-2019
- Joint Commissioning Strategy for Intermediate Care 2015-2018
- “Living with Positive Choices” Commissioning Strategy for People with Long Term Conditions aged between 18 to 64 2013-2018
- Sensory Needs Strategy 2016-2021
- Joint Commissioning Strategy for Dementia 2014-2019
- Joint Commissioning Strategy for Adults with Autism 2015-2020
- Looked After Children Commissioning Strategy
- “Creating Opportunities - Positive Futures” Early Help Strategy for Children, Young People and Families in Bracknell Forest 2015-2017
- Joint Commissioning Strategy for Supporting People in an Unpaid Caring Role 2015-2020
- Safeguarding Adults Annual Report
- Older People’s Partnership Board Commissioning Strategy for Older People 2013-2016
- Joint Commissioning Strategy for Assistive Technology 2012-2017

Research and practice

What makes a good advocacy service?

The principles and features of good quality advocacy have been known for some time⁸. These are brought together in various quality marks and advocacy qualifications.⁹

The advocacy Quality Performance Mark (QPM) is a nationally-recognised set of standards that aim to increase the quality and consistency of advocacy. It was developed from the advocacy charter and code of practice by Action for Advocacy, which was a national advocacy organisation, and it builds on these other documents¹⁰. An updated version of the QPM was released in 2013 and it is now overseen by the National Development Team for Inclusion (NDTi), a not-for-profit organisation that promotes inclusion and equality.¹¹

The QPM says there are eight important areas of quality for advocacy services:

- 1. Independence** Services should be provided by independent organisations, such as a charity, that are not part of any statutory organisation, such as a council, or service provider agencies
- 2. Clarity of purpose** It is essential that people know what they can expect from the service. It needs to be clear about its aims, its role and how it makes decisions.
- 3. Confidentiality** Services should have clear policies on confidentiality and be clear about how information might be shared
- 4. Safeguarding** Services need to have safeguarding policies in place and their staff need to be trained and experienced in identifying safeguarding issues.
- 5. Empowerment and Putting People First** Services need to focus on the person they are working with and their views, needs and strengths. They should support self-advocacy and empower people to speak up.
- 6. Equality, Accessibility and Diversity** Services should have an equal opportunities policy and be proactive in removing barriers and making their services easy to access for everyone
- 7. Accountability and complaints** Services should be accountable for the work they do and how they use the money they receive. Services should make it clear how people can complain or give feedback, and provide support to people to make complaints.
- 8. Supporting advocates** Advocates should be trained and supported in their role and helped to develop skills and experience

⁸ I&DeA, *Transforming adult social care: access to information advice and advocacy*

⁹ School for Social Care Research (2013), *The Impact of Advocacy for People who use Social Care Services*

¹⁰ Ibid.

¹¹ NDTi, *Advocacy QPM*: www.ndti.org.uk/major-projects/current/advocacy-quality-performance-mark/

The National Development Team for Inclusion describes the Quality Performance Mark as a recognised national benchmark, which advocacy providers should use to demonstrate the quality of their service.¹² Additionally, it is increasingly being used by commissioners to define the quality requirements in contracts for advocacy services.¹³

As well as the advocacy charter, code of practice and quality performance mark, there are other standards and good practice guidance for some types of advocacy. These help providers to deliver high quality services and help commissioners monitor how well services are performing. For example:

- IMHA resources from the Social Care Institute of Excellence and the University of Central Lancashire¹⁴
- IMCA resources from the Social Care Institute of Excellence¹⁵
- Care Act resources from the Social Care Institute of Excellence¹⁶
- NHS Complaints Advocacy guidance from the Local Government Association¹⁷ and complaints advocacy standards from Healthwatch England¹⁸

Who uses advocacy services?

Some types of advocacy are available to anyone who needs it. For example, NHS complaints advocacy can be used by anyone who wants to complain about an NHS service, and independent social care advocacy is for anyone who needs it to help them be involved in decisions about their care and support. Other types of advocacy are just for people in a particular situation, or with a particular health condition or disability. For example, IMCA services are for people who don't have the mental capacity to make specific decisions.

Before the introduction of the Care Act, two major national surveys of advocacy services both estimated that 25% of services were available to anyone rather than only people with specific health conditions or disabilities^{19, 20}. However, the Care Act aims to ensure that advocacy is more widely available to people with care and support needs, and their carers, whether or not they have any particular health condition or disability. So these figures will likely change over time as more services offer support to anyone who needs it.

¹² NDTi, *Insights 19*:

www.ndti.org.uk/uploads/files/Insights_19_Impact_of_Advocacy_FINAL_v2_Feb_2014.pdf

¹³ NDTi, *Advocacy QPM*: www.ndti.org.uk/major-projects/current/advocacy-quality-performance-mark

¹⁴ Social Care Institute for Excellence, *IMHA*: www.scie.org.uk/independent-mental-health-advocacy/

¹⁵ Social Care Institute for Excellence, *IMCA* resources: www.scie.org.uk/publications/imca/

¹⁶ Social Care Institute for Excellence, *Care Act 2014: Commissioning independent advocacy*

¹⁷ Local Government Association (2012), *Commissioning Independent NHS Complaints Advocacy*

¹⁸ Healthwatch England (2015), *Independent Complaints Advocacy*

¹⁹ Equality & Human Rights Commission (2010), *Advocacy in Social Care Groups Protected Under Equality Legislation*

²⁰ Action for Advocacy (2011), *Advocacy in a Cold Climate*

The other 75% of services said they provide support to one or more groups of people. Based on these surveys, an estimate of how many advocacy providers support different groups of people showed that²¹:

- 55% provided advocacy for people with mental health conditions
- 55% provided advocacy for people with learning disabilities
- 47% provided advocacy for older people
- 43% provided advocacy for people with dementia
- 39% provided advocacy for people with physical or sensory impairments
- 30% provided advocacy for people from a Black or Minority Ethnic (BME) background
- 27% provided advocacy for carers
- 22% provided advocacy for Lesbian, Gay or Bisexual people (advocacy for transgender people was considered separately)
- 17% provided advocacy for children and young people

The impact of advocacy

Over the past two decades, there has been an increasing focus in UK Government policy on the importance of advocacy. Although some research into advocacy has been carried out in the UK, there is limited robust evidence about how effective different approaches are and the difference advocacy makes to people's lives.²²

However, there is some evidence about the benefits people think advocacy has, and how it plays an essential role in helping people, to be aware of their rights, assess options available to them, and make and communicate their decisions.²³²⁴²⁵

It is important to note that:

- the lack of robust evidence *should not be* taken as meaning there is evidence that advocacy *doesn't* work.¹²
- there is a clear commitment, nationally, to providing advocacy to support equality of access and help people be fully involved in their care and support.²⁶

A report by the School for Social Care Research about the impact of advocacy recommends that commissioners should improve how they evaluate advocacy services by using new approaches and making use of recognised, but under-used, ways of measuring impact. It also suggests that commissioners should monitor outcomes better at both an individual and

²¹ School for Social Care Research (2013), *The Impact of Advocacy for People who use Social Care Services*

²² Ibid.

²³ The Law Commission (2011), *Adult Social Care (Law Com No. 326)*

²⁴ Equality and Human Rights Commission (2009), *From Safety Net to Spring Board*

²⁵ Social Care Institute for Excellence (2011), *Prevention in Adult Safeguarding: Adults' services report 41*

²⁶ Department of Health (2014): *The Care Act 2014 impact assessment (No. 6107)*

population level²⁷ and it identifies several connected challenges that need addressing to improve the evidence around advocacy outcomes:

- Definitions of advocacy and its boundaries
 - There is lack of agreement about definitions of advocacy and understanding of the role.
 - It can be difficult to separate advocacy from other areas such as information and advice.
 - Advocacy is very diverse. There are many services, supporting a range of people in different situations with different issues.

- Defining outcomes
 - The variety of advocacy services means that they have different aims and objectives, with shifting or unclear outcomes as a result.
 - It is difficult to define outcomes that can be measured quantitatively. This makes gathering evidence difficult.
 - Advocacy is often about moving towards a goal and helping people to develop, rather than achieving a change or definite result.

- Measuring outcomes
 - Working out whether advocacy directly results in particular outcomes is difficult without having other groups to compare with.
 - Outcomes cannot always be quantified.
 - Monitoring and evaluation of outcomes by advocacy services needs to improve.
 - Information is sometimes based on a small number of case studies.
 - There is often a reliance on data and outcomes reported by advocacy organisations themselves.

Further to this, other reports suggest that commissioners and providers should work together in future to collect evidence of the impact of advocacy services, including how cost-effective they are.²⁸

²⁷ School for Social Care Research (2013), *The Impact of Advocacy for People who use Social Care Services*

²⁸ NDTi, *Insights 19*:

www.ndti.org.uk/uploads/files/Insights_19_Impact_of_Advocacy_FINAL_v2_Feb_2014.pdf

Needs analysis

A needs analysis is a way of estimating what the needs of a population are so that appropriate support can be planned. This section brings together a range of information, including population estimates, national and local data, and results from a local consultation to help estimate the local need for advocacy services now and in the future.

Who might need advocacy?

As some types of advocacy are only available for people in specific situations or with particular needs, these people are more likely to use advocacy services. For example, only people with mental health needs can access Independent Mental Health Advocacy (IMHA), and people with dementia or a learning disability are most likely to need Independent Mental Capacity Advocacy (IMCA). As independent advocacy under the Care Act is closely linked with IMCA and the qualifying criteria are related, the people who need this service are most likely to be people with similar needs and in similar situations to those who access IMCA services.

Some people are also more likely to need advocacy than others in general, including people with a learning disability, older people, and people with mental health needs or dementia²⁹. *Figure 1* shows the number of people supported by Adult Social Care from Bracknell Forest Council.

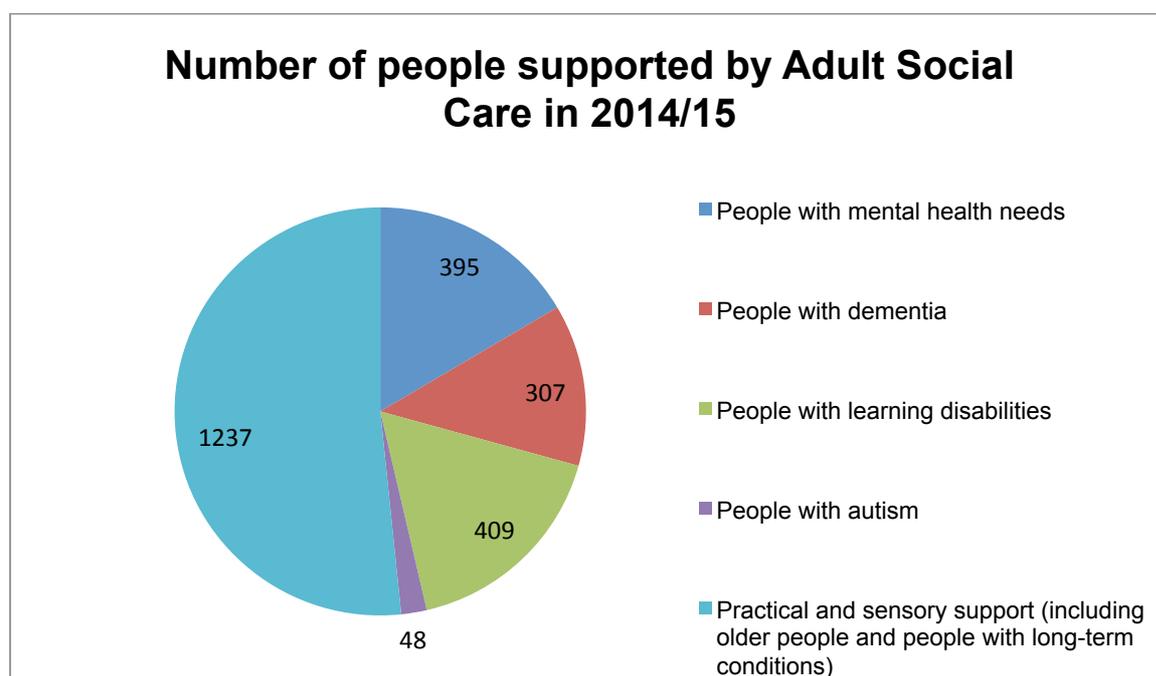


Figure 1 - source: local data.

²⁹ IMCA national report – The Seventh Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2013/14

The total number of people who had an assessment or review of their care and support needs, or received support, in this year was 2396. At the time of the 2011 census, the number of unpaid carers in Bracknell Forest was estimated to be about 9600³⁰.

How many people might need advocacy?

A government Care Act impact assessment estimated the proportion of people who are in contact with councils about their care and support that might qualify for independent advocacy under the Care Act. Based on the figures from this analysis and local data, approximately 130 people might take up this type of advocacy in Bracknell Forest in a year. However, the impact assessment is clear that these are simply estimates and some people may choose not to have advocacy support, and it is too soon to tell from local data how many people are actually using this type of advocacy³¹.

Estimates suggest that 2 million people in England lacked the mental capacity to make some decisions for themselves³². If Bracknell Forest has a proportionate share of residents who may lack mental capacity, based on the latest mid-year population estimate in 2014, there will be around 4300 people in the local area who may lack capacity at times. Of course, not all of these people will need support from an advocacy service and not all will qualify for specialist services such as IMCA.

Based on the number of people detained under the Mental Health Act in England in 2014-15, it is estimated that around 130 Bracknell Forest residents may be detained under the Act in a year and could therefore qualify for IMHA³³.

NHS complaints advocacy can be used by anyone who needs support to make a complaint about health services and could, therefore, be used by any resident of Bracknell Forest.

How many people might need advocacy in future?

At the time of the last census, in 2011, the estimated population of Bracknell was 115,000³⁴. The Office for National Statistics predicts that the general population in the local area will increase by around 5% between 2015 and 2020 to reach around 124,300³⁵. However, some sections of the population are predicted to grow at different rates from this average, including the numbers of people who may be more likely to need advocacy. For example, this includes people with a range of different disabilities and circumstances, such as people with dementia, learning disabilities or mental health needs.

To help estimate the future level of need, *Figure 2* shows estimated increases in the numbers of people in Bracknell Forest that have particular health conditions, disabilities, or life circumstances that may make them more likely to need advocacy.

³⁰ Office for National Statistics: *2011 Census*.

³¹ Department of Health (2014): *The Care Act 2014 impact assessment (No. 6107)*

³² GOV.UK news release (2015): www.gov.uk/government/news/appointment-of-the-chair-of-the-national-mental-capacity-forum

³³ Health and Social Care Information Centre (2015), *Uses of the Mental Health Act: Annual Statistics, 2014/15*

³⁴ Office for National Statistics: *2011 Census*.

³⁵ Office for National Statistics (2014): *2012-based Subnational Population Projections*.

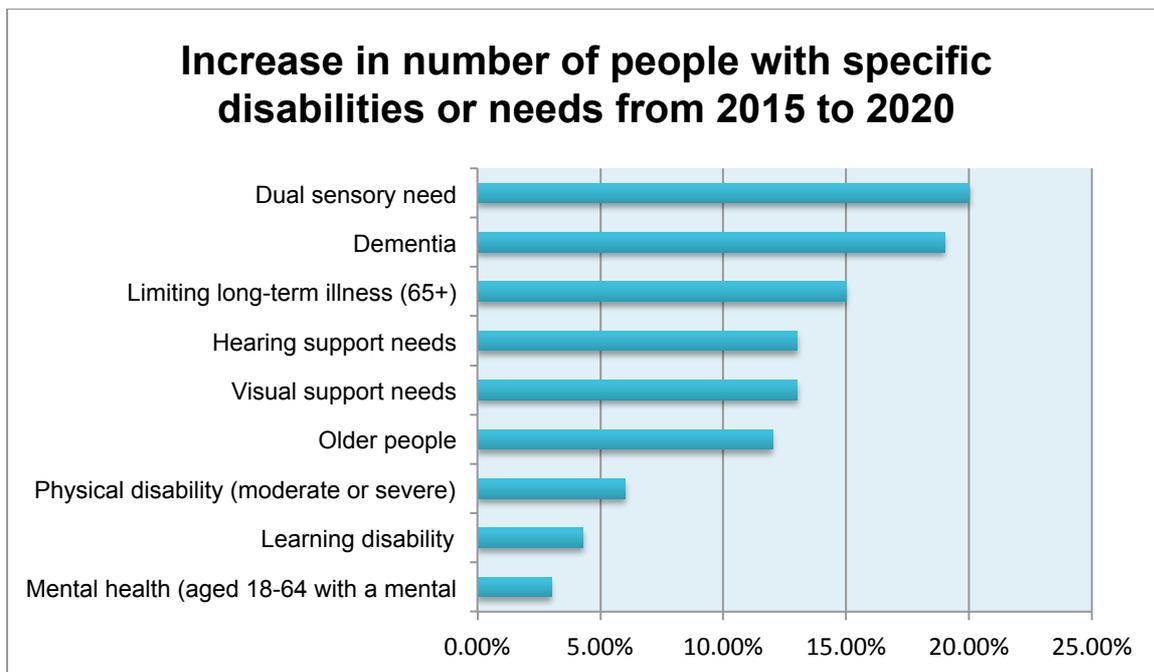


Figure 2 - Sources: collated ONS, POPPI, and PANSI data.

It has not been possible to give a prediction of the number of unpaid carers in Bracknell Forest in future, but as the number of people from the groups in *Figure 2* increase the number of carers is expected to increase in a similar way. Although the increases in the learning disabled and people with mental ill health groups may seem small compared with the other groups in *Figure 2*, these local increases are noticeably above the predicted national increases. Over the next five years the number of people with a learning disability is predicted to increase nationally by only 1.5%, compared with 4.3% in Bracknell Forest. The number of people with mental ill health is predicted to increase nationally by 1.4% over the next five years, compared with a 3% increase in Bracknell Forest.³⁶

If the proportion of people from each of these groups who need advocacy in the future is about the same as the proportion who need it now, these estimates of how the population will change gives a strong indication of the likely increased demand for advocacy in future. Over the lifetime of this strategy there is expected to be, on average, an increase of 10% in the number of people in Bracknell Forest who are most likely to need advocacy support and therefore over 5 years there may be a 10% increase in demand for advocacy.

Despite this, it should be noted that national trends suggest there could be greater increases than this in the use of some advocacy services. For example, the number of people in the population with mental ill health is projected to increase by less than 0.5% per year nationally³⁶. Yet, the number of people detained under the Mental Health Act, and who may need IMHA advocacy as a result, increased nationally by 9.8% in 2014/15 alone³⁷. Also, referrals to IMCA services increased by an average of almost 18% per year over the five years from 2008/09 to 2013/14, with a 10% increase recorded in the most recent data from

³⁶ Institute of Public Care: *Projecting Adult Needs and Service Information (PANSI) database*

³⁷ Health and Social Care Information Centre (2015), *Uses of the Mental Health Act: Annual Statistics, 2014/15*

2013/14³⁸. There have been consistent increases in most types of IMCA referral, but the increases are also partly due to the introduction of the Deprivation of Liberty Safeguards (DoLS) in April 2009. Further significant increases may happen because of the increased number of DoLS applications as a result of the Supreme Court's clarification in March 2014 of the test to decide what counts as a Deprivation of Liberty.

³⁸ IMCA national report – The Seventh Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2013/14

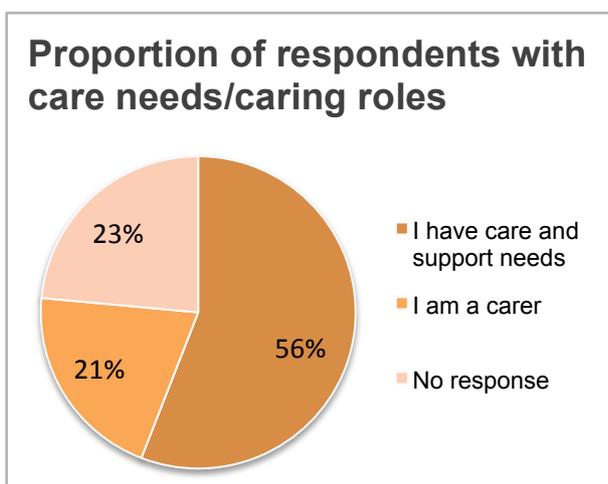
Consultation

The development of this strategy was informed by a consultation through December 2015 and January 2016. The consultation was open to anybody wishing to contribute, but aimed to particularly seek views from:

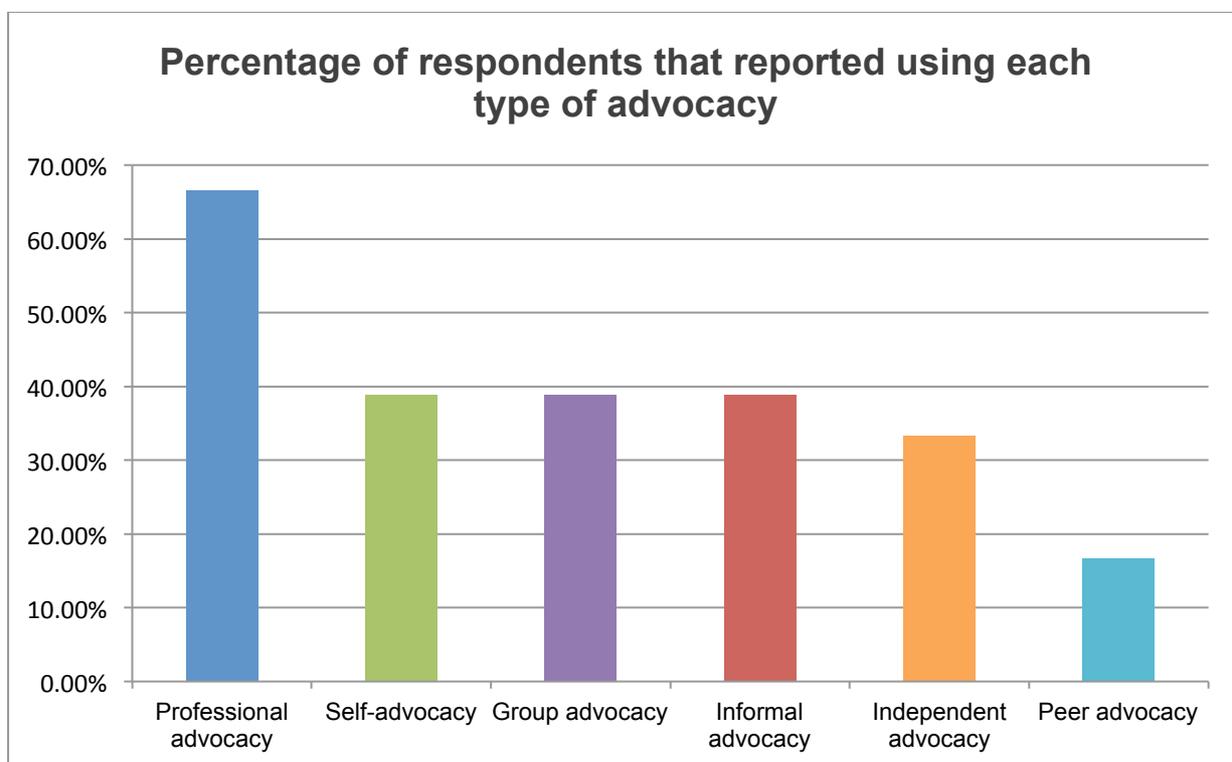
- People who have used advocacy services.
- People who could have used these services but did not.
- People who may now qualify for these services because of changes in the law or in their needs and circumstances.

Use of advocacy

A total of 34 people responded to the consultation and 90 comments were received. Most respondents to the survey had care and support needs (56%), 21% were unpaid carers and the remaining 23% were neither or did not answer this question. Those who answered were from a broad range of age groups. Half (50%) were male, with 35% female and the remainder choosing not to answer.



Of the 34 people who responded, 25 people had used advocacy in the past. This is roughly 14% of the total number of people who are referred to an advocacy service in a year. Amongst those who had used advocacy, the most commonly used types were:

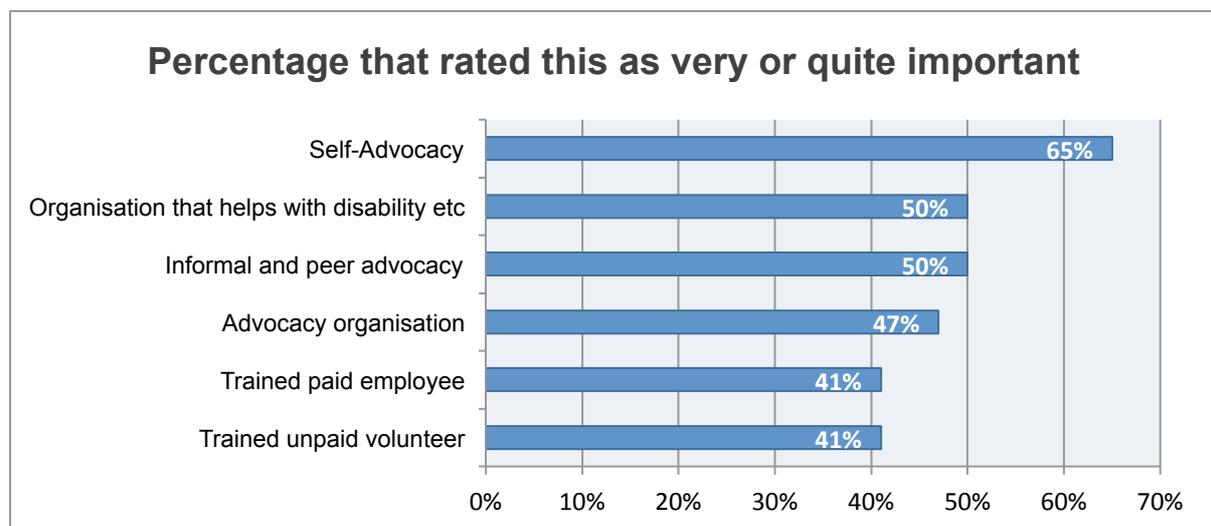


Access to advocacy

Over a third (35%) of those who responded said there was a time when advocacy could have helped them but they didn't have advocacy. The most common reasons given were that they:

- didn't know what advocacy was (36%)
- didn't understand how it could help (18%)
- were not confident or were overwhelmed (both 18%)

This suggests further work may be needed to make sure people who may benefit from advocacy know what it is, understand how it can help and are appropriately supported to access it. The following types of advocacy were rated as very important or quite important by the most respondents.



It is notable that 65% of people rated self-advocacy as very or quite important, particularly in the context of almost 40% of people who have used advocacy reporting they had self-advocated in the past. This supports the view that advocacy services should help people develop the skills and confidence to self-advocate, and underlines the importance of well-established and successful initiatives in Bracknell Forest, such as the self-advocacy group Be Heard.

What do people want from an advocacy service?

Over 70% of respondents rated the following features as very important or quite important.

<p>An advocacy service should:</p> <ul style="list-style-type: none"> • Be confidential • Explain how advocacy can help • Tell people about advocacy so people know it's there if they need it • Meet a recognised standard, such as the advocacy quality performance mark • Provide training and support to help people speak up for themselves 	<p>An advocate should:</p> <ul style="list-style-type: none"> • "Listen to me and be understanding" • "Give me information and explain things in ways I understand" • "Be well-trained" • "Have appropriate skills and knowledge so they can support me" • "Understand how health and social care services work"
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Current services funded by Bracknell Forest Council

Bracknell Forest Council provides funding to a range of statutory and non-statutory advocacy services. These statutory services are funded by the Council:

Independent Mental Capacity Advocacy

This service is for people aged 16 or over who don't have the mental capacity to make important decisions about where they live or about serious medical treatment. Usually it is for people who don't have someone appropriate to speak up for them, such as a family member or friend. In Bracknell Forest in 2013/14 there were 25 referrals to this service. Data was not available for 2014/15.

Independent Mental Health Advocacy

This service is provided to help people with mental health be involved in decisions about their care and treatment. It is available to people who are detained under most sections of the Mental Health Act, as well as in some other situations. Between April 2013 and August 2015, the average number of new referrals to this service was 16 per year.

Independent Advocacy

This is an independent advocacy service for people who have substantial difficulty being involved in the council's care and support processes, such as when having an assessment of their needs or when planning their care and support. There are predicted to be about 112 referrals to this service each year, based on 6 months of data from April 2015. As this estimate is based on only 6 months of data since this service changed with the introduction of the Care Act, it may not reflect the level of usage of this service in the future.

NHS Complaints Advocacy

This is an independent service that helps people who want to make a complaint about a National Health Service (NHS). It helps people to understand their options, make a complaint and supports them through the process. There were an estimated 28 new referrals to this service on average each year based on data from 2013/14 and 2014/15.

The Council also provides funding to these related services:

Be Heard

Be Heard is a self-advocacy group for adults with learning disabilities. It is based in Bracknell Forest and is supported by paid advocates commissioned by the council. The group is member-led 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.

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, in person and by 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.

Healthwatch Bracknell Forest

Healthwatch Bracknell Forest is the independent consumer champion for people who use health and social care services. It gathers and represents the views of the public and people who use these services, as well as providing information, advice and guidance.

Mencap

Wokingham, Bracknell & Districts Mencap provides support to families and carers of adults and young people (aged 16 and over) with a learning disability or autistic spectrum disorder. The family liaison team can also provide informal advocacy as well as other support.

Priorities for advocacy commissioning

Bracknell Forest Council's vision is that advocacy services will:

- Be free, independent and available to the people who qualify for them
- Be high quality
- Provide value for money
- Help people to be involved in their care, support and treatment so that they can be as independent as possible
- Help people to speak up and make choices and therefore keep safe from harm

The priorities for the next five years, based on this vision, are grouped under the four areas of the Adult Social Care Outcomes Framework. The council has defined local outcomes for advocacy, which broadly fit within these four areas, along with the individual priorities that contribute towards each outcome.

These priorities will lead to the development of a detailed action plan, which will be monitored in a variety of ways, for example by using:

- Local data, for example from the department's IT systems
- Monitoring reports from advocacy providers
- Bracknell Forest's versions of the national personal social services surveys
- Feedback surveys after people have received advocacy

Enhancing quality of life

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

Advocacy-related outcome	Priorities that contribute towards this outcome	How we will know these have been achieved
People will have as much choice and control as they want over their support	1.1 People will be supported to self-advocate or have support from an advocate who can speak or take action on their behalf	Monitoring data will show people have self-advocated or received support to speak up
	1.2 Advocacy will help people, including carers, to understand their rights	People will report they were helped to understand their rights after having advocacy
	1.3 Services will cooperate and be coordinated to make support as seamless as possible	People will say they were satisfied with their advocacy service and how joined up the support was, after receiving it

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.

Advocacy-related outcomes	Priorities that contribute towards this outcome	How we will know these have been achieved
People will understand what advocacy is and how it can help	2.1 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
	2.2 Help people understand what advocacy is, the types of advocacy available and how it helps people achieve their personal outcomes	Monitoring and feedback will show improved understanding of advocacy
People can access the most appropriate type of advocacy when they need it.	2.3 Raise awareness of the different advocacy services amongst the people who need them	A map of advocacy supply in the community will have been completed Advocacy schemes will report increased usage
	2.4 People can access advocacy promptly when they need it	People will say that they had advocacy when they needed it and felt listened to
	2.5 Staff will understand the value of advocacy and the different types available	Advocacy will be an integral topic in relevant training and other learning activities

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.

Advocacy-related outcome	Priorities that contribute towards this outcome	How we will know these have been achieved
People will be supported by high quality advocacy services that help them be involved in their care and support, and respected as equal partners	3.1 Advocacy services will meet recognised standards, such as the Quality Performance Mark, and adhere to the advocacy code of practice and charter	Providers will produce evidence of meeting the standards and having compliant policies
	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 The impact and efficiency of advocacy will be effectively monitored and evaluated	Monitoring arrangements will be clearly and consistently defined and followed

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.

Advocacy related outcome	Priorities that contribute towards this outcome	How we will know these have been achieved
Advocacy will contribute to keeping people safe from harm by helping them to speak up and make the choices they want	4.1 Advocates will be non-judgemental, respectful, act independently, impartially and protect confidentiality	Feedback from individuals, advocates and care professionals reporting high levels of satisfaction against these key criteria
	4.3 People will be able to access advocacy in environments that make them feel safe and secure	People will report satisfaction with advocacy delivery that is delivered in varied and flexible ways
	4.4. People will have access to advocacy to help them speak up and be involved during safeguarding enquiries and reviews	Monitoring data will show people have been offered advocacy in these situations

Conclusions and next steps

Providing independent advocacy remains a priority for Bracknell Forest Council. In recent years, changes in the law have recognised the value of advocacy in helping people to speak up and be involved in decisions about their lives and their care and support.

The introduction of a new type of independent advocacy under the Care Act 2014 means that more people will have the support of an advocate. Changes in the law around how advocacy services are commissioned, such as within the Health and Social Care Act 2012, provide new opportunities to make sure that services are joined-up, high quality and cost-effective.

Based on current estimates, there are likely to be increases in the number of people who need advocacy over the next five years. This strategy outlines how there are also opportunities to improve the understanding of how effective advocacy is locally by, for example, improving how service providers and commissioners monitor the impact of services. This will be essential in making sure services are planned and commissioned effectively to meet increased demand in future.

Additionally, there are opportunities to improve awareness of what advocacy is and help people develop the skills to self-advocate. This will mean that residents of Bracknell Forest are better able to speak up for themselves and better informed about how advocacy can help, if they need it, and how they can be supported to access it.

The council will work to take advantage of these opportunities to improve local services and will continue to prioritise advocacy to help those most in need to achieve the outcomes they want and have the quality of life they expect.

Glossary

Action plan	The steps that must be taken, or activities that must be done well, for a strategy to succeed.
Adult Social Care Outcomes Framework	A tool that the Department of Health in England uses to measure how well your local care and support services are doing in helping local people achieve the outcomes that matter most to them. It should help councils improve the services they offer.
Advocacy	Advocacy is support that helps people to speak up and be involved in decisions that affect their lives, or when someone else speaks up or makes decisions for someone who is unable to do it themselves.
Advocate	Someone to help to get your voice heard. Having help to say what you think and what is important to you. An advocate is the person who provides advocacy.
Assessment	The process of working out what your needs are.
Autistic Spectrum Disorder or Autism	Autism is a lifelong developmental condition, sometimes referred to as Autistic Spectrum Disorder (ASD). 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.
Carer	A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.
Commission Commissioning	To authorise or have a contract with a person or organisation to make something specific happen. This might be to provide a particular service such as nursing care. Often commissioners pay the providers to run a particular service.
Commissioners	The people or organisations that commission other people or organisations to do things. The Local Authority commissions Social Care services, and the CCG commissions Health services.
Commissioning strategy	This is a plan about how services need to be changed to make sure people continue to get the support they need in the future.
Consultation	Consultation is a way of involving people in matters and decisions that might affect them. A consultation is an opportunity for people to

	give their views about a specific subject to help an organisation understand people's needs and opinions so they can be taken into consideration when making decisions.
Dementia	<p>The term 'dementia' describes a set of symptoms that are caused when the brain is damaged by diseases such as Alzheimer's disease or a series of strokes. It may include problems with:</p> <ul style="list-style-type: none"> • memory loss • thinking speed • mental agility • language • understanding • judgement <p>How fast dementia progresses will depend on the individual person and what type of dementia they have. Each person is unique and will experience dementia in their own way.</p>
Department of Health	The Department of Health is a part of Government that is responsible for policy and some funding for health and social care services, and for improving the country's health and well-being.
Deprivation of Liberty	<p>A deprivation of liberty is when someone who is unable to make decisions about their own care and support is under continuous supervision and control and is not free to leave.</p> <p>There are legal protections for people in these situations, such as the Deprivation of Liberty Safeguards (DoLS), and a deprivation of liberty must usually be authorised by the local council or by a court order, depending on the circumstances.</p>
Eligible	When your needs meet the criteria for council-funded social care and support.
Government	The government is made up of ministers, elected politicians, who decide on government policy and propose new laws. The government is accountable to parliament, which is where proposed laws are discussed and decided on.
Joint Health and Wellbeing Strategy (JHWS)	A plan that sets out the priorities that commissioning organisations need to think about when developing health and social care services.
Joint Strategic Needs	An assessment of the health needs of the local population, which

Assessment (JSNA)	then identifies where there are particular problems that need attention.
Learning disability	A significant inability to learn or remember a range of things. There are a lot of different causes, but the term learning disability is usually used when the disability has been there from birth or a very young age.
Mental capacity	The ability to make decisions for yourself.
Mental health	Mental wellbeing, good mental functioning or having no particular problems in thinking, feelings or behaviour.
National Health Service (NHS)	This is the health service that is available all over the country and is free at the point of use to all residents of the UK.
Outcomes	An outcome is something that happens as a result of action. In social care, an 'outcome' is an aim or objective you would like to achieve or need to happen. For example, continuing to live in your own home, or being able to go out and about.
Priorities	The most important or urgent things to work on. Things might be a priority because of the number of people affected, or because of what might happen if nothing is done.
Referral	A request for an assessment of a person's needs, or for support from a health or social care organisation.
Rights	What you are entitled to receive, and how you should be treated, as a citizen.
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them.

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Nepali

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