

Statutory Advocacy Consultation Feedback Report

August 2022

Background

This report presents the findings from the Statutory Advocacy Service consultation, which asked people who have used Statutory advocacy services, their families, and carers, as well as professionals, for their views on the current statutory advocacy service to inform a new service design.

The Statutory Advocacy Service in Cheshire is commissioned by Cheshire East Council and Cheshire West and Chester Council. This service has recently been recommissioned and a new contract is in place from 1 September 2022 from VoicAbility.

Advocacy is where people get support to help them speak up for themselves and get their voice heard. Advocates can also help find information and understand rights. In some cases, you have a legal right to advocacy services.

It is called statutory because this support must be offered locally.

Main types of statutory advocacy:

Independent Mental Capacity Statutory advocacy (IMCA).

Independent Mental Capacity Advocates (IMCAs) support people when they are assessed to lack capacity to make a best interest decision and they do not have family or friends appropriate to consult about the decision.

An IMCA can support someone with decisions about:

- long-term accommodation

- serious medical treatment (eg whether to stop or withhold treatment, as well as a decision to start it).

Paid Relevant Person Representative (RPR)

Support when someone is deprived of their liberty in a care home or hospital.

When someone is or may be deprived of their liberty, the law calls them the 'Relevant Person'.

The law says the Relevant Person must have a 'Representative'. This means someone to help make sure their views, wishes and rights are respected.

Care Act Statutory advocacy

For decisions about care and support when it will be difficult for the person to be involved and there aren't any family or friends to help.

Care Act advocates support people to understand their rights under the Care Act and to be fully involved in a local authority assessment, care review, care and support planning or safeguarding process.

Continuing HealthCare (CHC)

This is to help people understand the Continuing HealthCare process, including any problems they have with funding.

A CHC advocate will support people to discuss their options and help them to make their own decisions.

They can also support them to appeal a CHC decision.

The Statutory Advocacy Service in Cheshire is commissioned by Cheshire East Council and Cheshire West and Chester Council.

Cheshire East Council and Cheshire West and Chester Council asked members of the public, and health and social care representatives for feedback about their views on advocacy services. The feedback has helped shape and inform the new advocacy service.

Consultation Approach

The consultation was open to all and ran from 19 October to 26 November. It followed a 'digital first' approach using the Council's website, with paper-based materials available on request. Methods included the following:

- Service user / carer questionnaire – online and easy read version with paper-based versions available on request
- Professionals' questionnaire – online version with paper-based versions available on request
- Group discussions – 2 opportunities arranged in both West and East Cheshire
- Dedicated awareness raising activities with current advocacy clients, arranged through the Statutory Advocacy project Board
- Drop-in sessions, online and in person

Types of groups we engaged with:

1. Service users, carers and families
2. Professionals who work in health and social care (adults & children)
3. The organisation currently providing statutory services
4. Older people's services in health and social care
5. Healthwatch Cheshire (an independent statutory body providing feedback on health and social care services in Cheshire West and Chester and Cheshire East)

The consultation was also supported by an overview of the plan shared with the Statutory Advocacy project board to raise awareness of the consultation and encourage people to get involved.

Key Findings from the questionnaires:

The questionnaires included an explanation of what the role of an advocate was and how an advocate can help with the understanding and organising of a care and support plan. In total for both surveys 35 responses were received, and a summary of responses is provided below:

1. We asked people if they understood the role of an Advocate.

In response people said that they mostly know what the role of an advocate is, and only two people responded saying they didn't know what an advocate does.

2. We asked people how they found out about statutory advocacy services and what could be improved?

In response people said that they found relevant information mostly on the internet by searching for support services, and also looking at council websites. People were also introduced to the statutory advocacy service by professionals for example in some care and / or hospital settings, as well as other staff in third sector organisations such as the CAB.

People also fed back that in order to improve information about statutory advocacy services and what an advocate can do, there needs to be clearer, more accessible information, and the following suggestions were made:

- More information is needed in a wider variety of settings and locations. Many suggested more flyers and visual information in hospitals and GP surgeries, social media, even the television

- What the advocate can do is too limited, they don't know enough about problems with rent and debt
- Sometimes it's hard to know if you qualify for assistance or whether you can get some informal advice or one-off help with an issue rather than having an official advocate.
- Information leaflets should go out to all individuals receiving a Direct Payments package, or in sheltered housing/accommodation, as these are the people more likely to need help

3. We asked people about the support they had received from advocates.

Most people who responded had not needed to access support from an advocate, but of those that had, most accessed support with regards to IMHA (Independent Mental Health Statutory Advocacy) and with negotiation about packages of care.

4. We asked people what they felt about statutory advocacy services and what we can do to improve the understanding of, and access to statutory advocacy?

Responses told us the following:

- Leaflets should be clearer and easier to understand
- More care settings should be aware of the role of an advocate and be able to advise about access to an advocate.
- Continuing Health Care settings need to advise if the patient may be entitled to an advocate.
- Primary Care (GP's and Health Centre staff) should be aware which of their patients may benefit from statutory advocacy, so that timely information is provided

As well as the questionnaire responses, the following themes came out of the feedback gathered at sessions with current advocacy clients:

- Ask staff to tell patients and their families about it
- Have more signs / posters around hospital sites
- Improve knowledge of GP's/ Crisis teams on the role of statutory advocacy so that they can support people to access the right support with their situation
- Improve awareness of any specific statutory advocacy services for people with learning difficulties and their families, and also children and young people and their carers and families.