



Advocacy review

Consultation analysis report

Report by Consultation & Research Team
July 2022

1. Survey

1a. Introduction & methodology

During summer 2022, stakeholders and the general public were invited to take part in a consultation around a review of advocacy services.

Methodology

- Two different questionnaires, [appendix one] a standard version and an easy read version with different questions were devised to capture views. Both questionnaires were electronic with a paper version available on request.
- The survey was promoted directly to stakeholders. It was also publicised via social media, featured on the 'Active consultations' page of the Council website and was sent direct to eView [our residents consultation panel]. The consultation reached 12,287 users on Facebook, with active engagement with 944 users (with Tuesday 28th being the most pro-active day for engagement). On Twitter the campaign reached 5,628 users, with active engagement with 55 users.
- A comprehensive communication plan was implemented to raise awareness of the proposal across the borough. A wide range of stakeholders and partners from the community, voluntary, public sector and educational establishments were invited to give their views and asked to circulate the survey to their service users, staff and wider networks.
- An email was also distributed to all stakeholders, including the Vision Partnership and equality groups.

Analysis notes

- Questions from standard questionnaire are denoted with an S, those from the Easy Read version with ER. Where the questions and response options were similar enough, they have been analysed together in this report.
- Results are presented in the questionnaire format, with don't know type responses removed unless stated. Responses may be abbreviated / ranked in order of popularity.
- Responses are given numerically due to low responses. Base: unless otherwise stated, percentages are based on respondents to a particular question.
- Sample verbatim extracts from comments are included in the report in italics.
- Data has been validated, i.e. 'other' responses moved into existing response options where appropriate.

1b. Responses

- 40 responses were received to the standard questionnaire.
- 23 responses to the easy read questionnaire.

Respondent profile / demographics

Full data is given in Appendix two. Numbers below relate to overall survey responses unless otherwise stated.

Profile

- Respondents to the standard survey had a range of connections to the advocacy service, from direct service users to family members, people who worked or volunteered for advocacy services or in a health or social care field. However, 9 respondents had no direct connection [SQ9]. 12 out of 21 easy read respondents had used advocacy services in the Bolton borough [ERQ9].
- Three quarters of respondents to the standard survey were giving their own views, however 10 answered as an official representative of a business, organisation or group or as councillor [SQ15]

Demographics

Respondents replying as an official representative of their organisation, ward or group were not asked demographic questions.

- Respondents were primarily White British [34 respondents], with 16 respondents from other ethnic groups [SQ19,ERQ16].
- 28 respondents were aged 44 or under and 23 aged 45 or older. The youngest respondent was aged 5-7 and oldest was aged 75-84 [SQ18,ERQ15].
- They lived primarily in the BL1, BL3, BL4 postal areas [6 respondents each] and BL2 [5 respondents] [SQ16, ERQ13].
- 28 Respondents were female, 23 male and 1 other [SQ17, ERQ14].

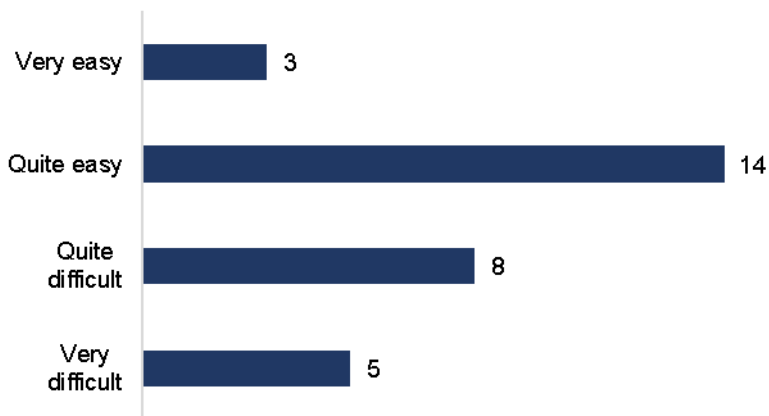
1c. Respondent's views

Getting support

SQ1: How easy / difficult is it to get advocacy support in Bolton?

- Just over half [17 out of 30] the respondents felt that getting advocacy support was easy, with 3 saying it was 'Very easy'

Ease of getting advocacy support in Bolton
/ no. of respondents
Q1 standard advocacy survey 2022



SQ1. base: 30

SQ1a: Please explain why you think that

Very easy / Quite easy

Respondents who had found accessing the service 'very / quite easy' felt that good support was offered *"advocates have supported people in Bolton supporting with big decisions ie house moves"*.

The service was responsive; *"we have had several resident's referred over the last few years and they have all been allocated very quickly"*, and advocates were *"easily contacted through email"* or *"via telephone"*.

Some had had the service set up for them *"I didn't really do anything, my IRO did it and then I just got a phone call from my advocate"*

One respondent did suggest that *"Bolton would benefit from having access to non-statutory advocacy support"*

Quite difficult / Very difficult

Other respondents had struggled with the service. There were felt to be few advocates *"the service is struggling to allocate advocates and to support statutory work"*, *"advocacy isn't like advice or guidance that you can get from the CAB. There are not many properly qualified advocates"*. It could be difficult to find certain types of advocates, *"it's rare you get a peer advocate ... for sensory, mental health Learning disabilities, mobility issues and autism"*. There was *"very little funding ...and what funding was available has just been cut by 50%"*.

Lack of information was cited: *"no one knows about it"*, it was *"hard to find out where you can get the service"*, *"unless you know where to ask, or your worker knows it is really hard"*. and two respondents had only found out about the advocacy service as a result of the consultation.

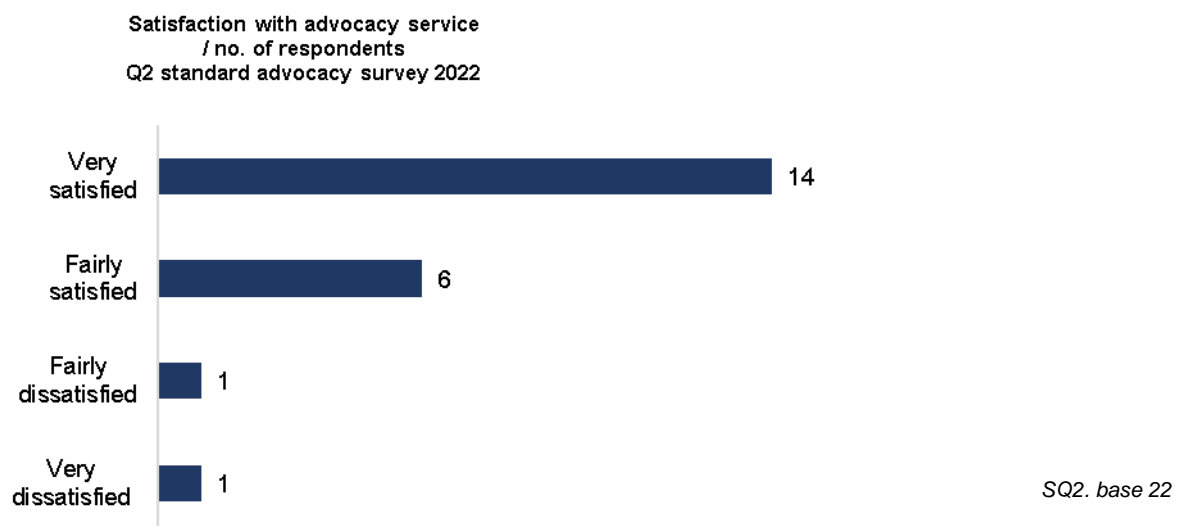
One respondent had struggled unsuccessfully for over a year to try to get support, being “passed from one person to the next, in a long chain of referring. Nothing ever came of it and I eventually had to pay privately”. Another had had to “request for an advocate multiple times”.

Respondents also felt that few people seemed to qualify for support; “for children it seems not a lot is available except for those in care/looked after. In addition there is little to no help for parents of children who are experiencing problems”.

Your support

SQ2: How satisfied / dissatisfied are you with the advocacy service you are receiving now [or used to receive]?

- All but 2 respondents were satisfied with the advocacy service, with 14 out of 22 being ‘Very satisfied’.



SQ2a: Please explain why you think that

Very / Fairly satisfied

Respondents felt that it “seems to work quite well”, that the service had helped them “tell someone so they can tell my social worker”. The advocate “keeps me updated and is very pleasant to work with”. The service was “very supportive”, “pro active and efficient”, being “very responsive regarding new referrals”.

The service “listens and sorts my problems”, and “they have done wot she said she would do for the kids.” One respondent said that the advocate they dealt with was “always wants to help. e.g. she wrote a letter of complaint to local MP on the service users behalf”.

People were helped to speak for themselves, with one respondent saying they “felt very empowered by my advocate at MhIST he discussed with me what my needs were, how i wanted to approach it and came with me to the meetings. We had already agreed what I would say and he prompted me once or

twice but I did the speaking. I felt great afterwards". Another said their advocate had helped them to "voice my opinion. Also they got me involved in alot of work which helped build my confidence".

Communication was *"excellent"*, the service was *"easily reachable ...via phone contact"*. Advocates were *"very helpful when making a referral and very knowledgeable"* and worked *"collaboratively with the provider and service users."*

In general, advocacy was an *"essential service for people who struggle to speak for themselves"*

Fairly / Very dissatisfied

Only one comment was received from a respondent who was dissatisfied: *"it was a joke"*.

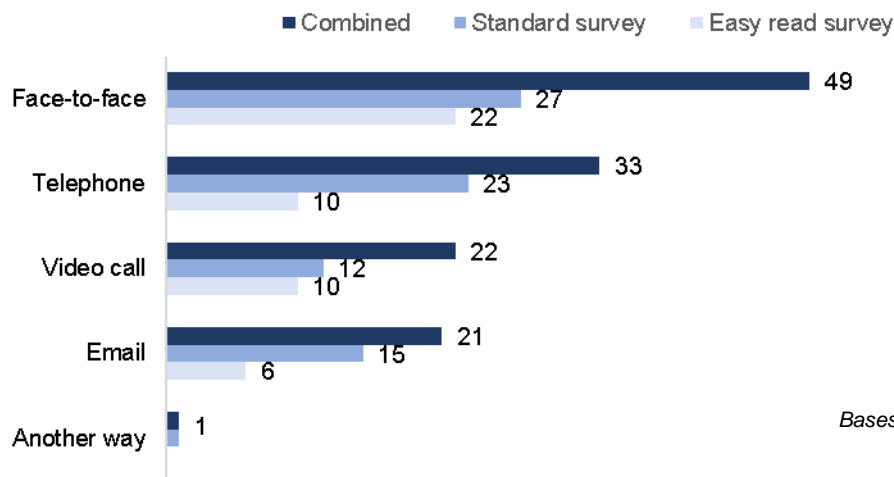
Accessing support

SQ3: How would you prefer to access advocacy support?

ERQ1-Q4: How would you like to get help from Advocacy services?

- The most popular communication method was in-person, with 49 out of 57 respondents wanting face-to-face meetings with their advocate. [27 standard, 22 out of 23 easy read].
- 33 out of 48 respondents wanted telephone contact [23 standard, and 10 out of 14 easy read].
- Just under half [22 out of 48] of respondents wanted contact via video calls, this was as popular with those completing the easy read survey as telephone contact, and desired by 12 standard respondents.
- Email support was the least popular contact method. While 21 out of 48 respondents wanted this, it was more popular with those completing the standard survey than for easy read completers[15 v. 6 respondents].
- An additional response option of 'another way' was included in the standard survey, with those selecting this option being invited to explain at SQ3a.

Format of contact wanted / No. of respondents
 Q3 standard and Q1-Q4 easy read
 Advocacy survey 2022



SQ3a: In what other way?

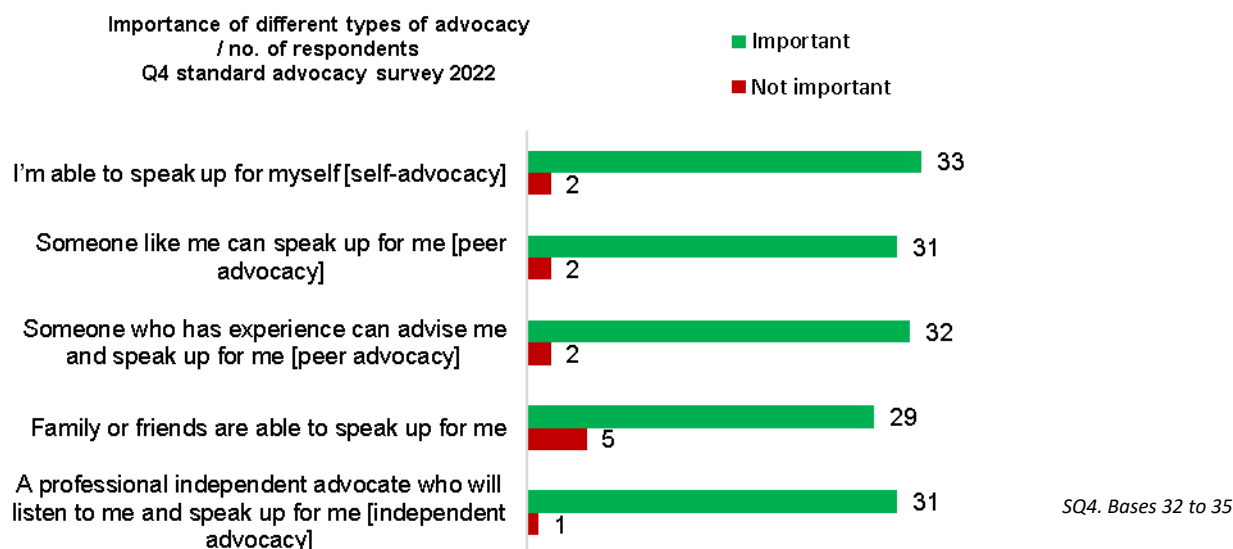
Only one respondent suggested another way “NGT. Relay interpreter. Lip-speaker with or without sign”.

Different types of advocacy / A good advocacy

As the questions and response options were different for each questionnaire, data has not been combined for SQ4 and ERQ5-8.

SQ4: When thinking about a good advocacy service, how would you rate the following?

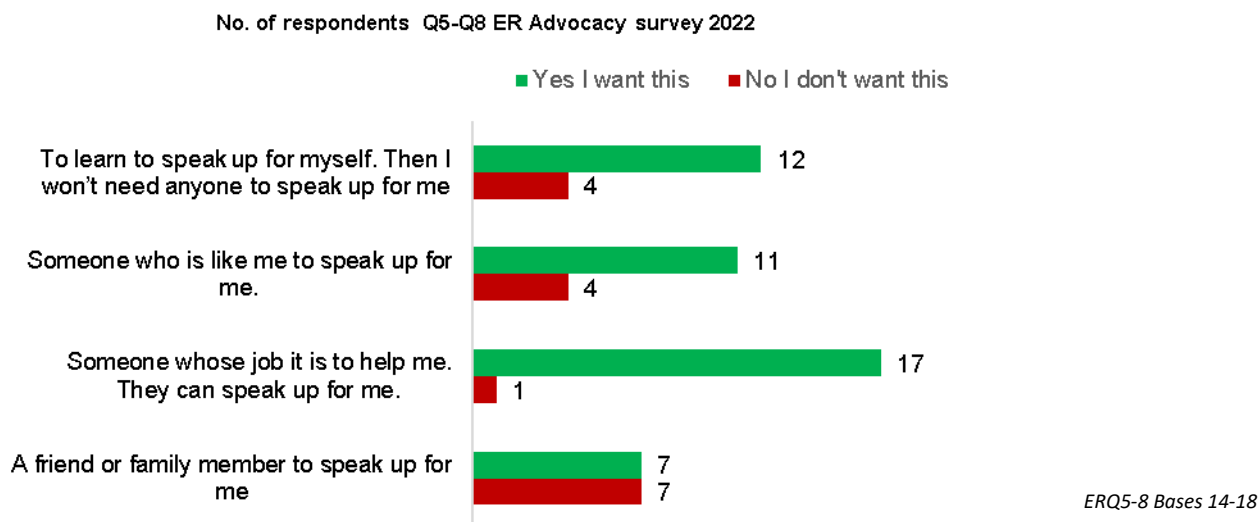
- All types of advocacy were rated as important.
- When looking at the proportion of those agreeing with each factor against the base, the greatest proportion of respondents [31 out of 32] wanted a professional advocate who would listen to and speak up for them. The lowest proportion [29 out of 34] wanted family or friends to advocate for them.



ERQ5-8: What do you want from your advocacy service?

The easy read survey asked a series of questions [Q5-8] around what people wanted from the service.

- Respondents were keenest to have an advocate speak for them, with 17 out of 18 respondents wanting this. However, three quarters of respondents said that they wanted to learn to advocate for themselves, and to have a peer advocate speak for them.
- Only half the respondents [7] wanted a friend or family member to advocate for them.



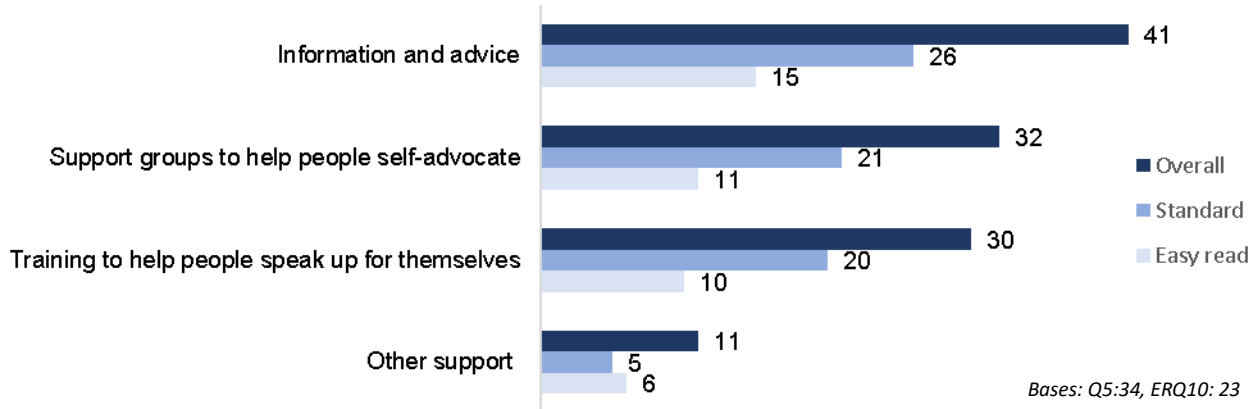
SQ5: Is there any support we could offer to help people advocate for themselves?

ERQ10: How can we help you to speak up for yourself?

- Information and advice was the most popular type of support for those completing both surveys [41 respondents], followed by support groups [32 respondents] and training [30 respondents]

- Respondents who selected other support / another way were invited to comment at SQ5a / ERQ10a.

Support to help people self-advocate
/ no. of respondents
SQ5 ER10 advocacy survey 2022



SQ5a: What other support could we offer?

In terms of helping people to self-advocate respondents suggested “a support helpline/ freephone in case of emergency”, that “advocacy is about empowerment” and that the service should “provide case studies of what different types of advocacy looks like, so people know what to expect.”

Further comments were received from respondents who felt that it was better if advocates were provided.

ERQ10a What else?

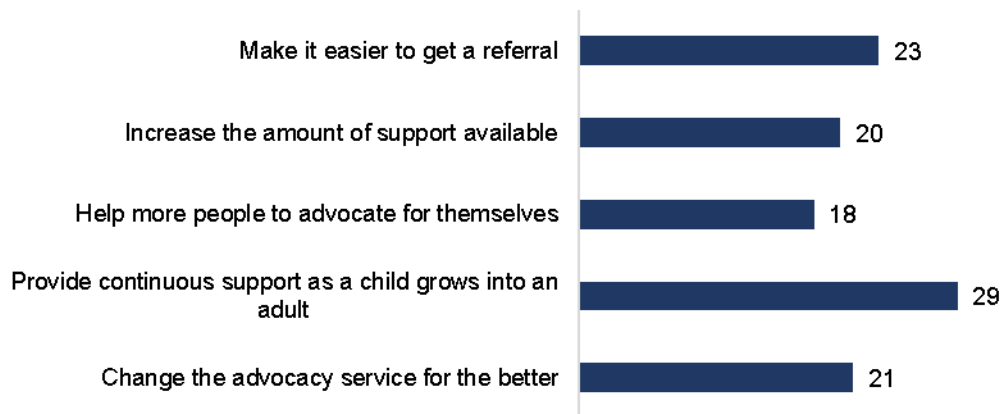
Respondents who suggested ‘support’ asked for “one to one appointments to help with specific tasks”, “an advocate coming to meetings”, needed “an advocate to help”. Another respondent stated “by explaining to me”.

Possible changes

SQ6: We are considering bringing children and adult advocacy services under "one roof" so it becomes one service. We would like to know what you think of this idea. Do you think this will ...?

- At least six out of ten respondents agreed with each of the statements.
- Looking at those agreeing against bases, the highest proportion of respondents [29 out of 34] agreed that the proposed move would provide a continuous service, and the lowest proportion [20 out of 32] felt it would increase the amount of support available.

Combining child & adult advocacy service
/ no. of respondents agreeing
Q6 standard advocacy survey 2022



SQ6 bases:27-34

What else?

SQ7. What should an advocacy service include?

Respondents were keen that advocates should have training to help them support people with a range of conditions and disabilities, such as *“peer advocacy for people with learning disabilities”*, or *“have personal experience of mental illness ...they know what it's like to be in the system and have ideas about what it feel like”*. They should be knowledgeable, with a *“good understanding of law and legislation in relation to the individual and decisions to be made.”* One respondent suggested adopting the *“nationally approved quality mark to show how good they are... means I can trust them.”* Advocates should offer characteristics such as *“confidentiality, listening skills”*, be *“understanding”*, *“approachable and friendly”*, *“very kind and caring”* with a *“flexible approach”*. They needed to be someone you could *“have a good relationship with”*.

They should *“empower”* people and ensure they *“get the help they need”*. Groups were suggested, as a resource that *“individuals can then tap into, this would increase individual's networks and peer support”*.

The service needed processes in place to ensure that people didn't need to *“explain their situation multiple times”*. It should offer *“one service with different departments that handle specific concerns ...the advocacy service didn't know who handled the concerns I had”*.

Advocates needed to work towards what the client wanted *“to achieve as an end result”*. A respondent wanted an advocate to *“talk to my social worker and tell her what I think and then I don't forget.”* They should be a *“voice for service users”*

The service was praised *“keep up the good work that's being done”* and *“I like advocacy because i feel listened to and involved in what is going on. I can't really do this on my own.”*

Using family and friends as advocates could be difficult *“I don't like the idea of family or friends doing advocacy for me. They would try to tell me what to do and try to control me.”*

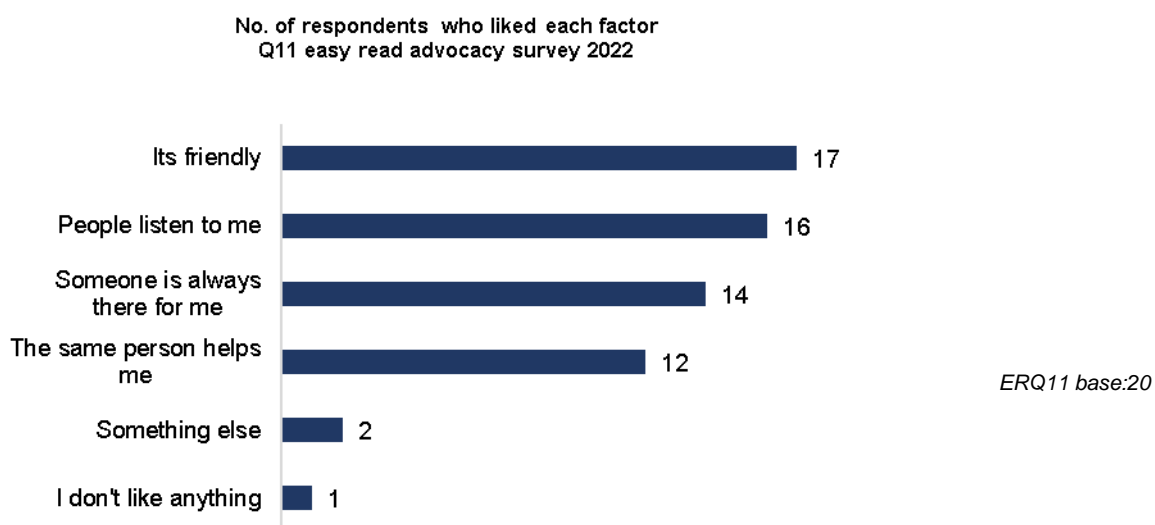
Advocacy should be more widely available *“I don't like that it is so hard to get advocacy help”, “It would be better if it didn't only apply to people who were sectioned. People still need this kind of help when they are off section and back at home. In fact it would be better to have advocacy even without needing to be sectioned”*. Advocacy should be *“preventative”* and *“something that every child is entitled to and every child should be asked if they would like an advocate when they first receive a social worker”*, not be limited to *“the bare minimum the council can get away with i.e. statutory advocacy only which has very strict eligibility criteria”*.

Regarding the proposal to offer a universal service, one respondent said *“I'm not sure if having the adults and childrens advocacy together is a good idea. I think that although advocacy is advocacy usually you need an independent specialist with particular knowledge about what you need...so advocates couldn't be easily swapped from kids to adults although the organisation management might be the same.”*

There should be *“a true advocacy hub similar to Gaddum Centre”* and all advocacy services should work together while being *“totally independent from all formal services”*.

ERQ11: What do you like best about the advocacy service you get now?

- Respondents liked it best that that the service was friendly [17 respondents] and that they were listened to [16 respondents].



ERQ11a: What else?

- Only 1 respondent, who said *“everyone is nice.”*

SQ8. Please use this space for any other comments or concerns about advocacy

ERQ12 Use this space if you want to say anything else about advocacy

There were concerns about the review, which was seen as *“just a process of trying to make it harder for people like me to get advocacy by reducing the number of properly qualified advocates to go around”*, and it was felt that adults could suffer if the proposal to merge two services went ahead *“worried about a dilution of adult advocacy services when you combine childrens and adults advocacy. Children also have parents and carers. Many adults have no-one else in their lives”*. *“Merging of adult and children advocacy services may result in children's being prioritised, though the ability for continuity from children into adults would be beneficial.”*

The role of the advocate needed to be clear *“advocacy is having someone who can help you to find out the info you need and then empower you to do it or say it yourself even if they think your choice is not the best thing to do”*. There was concern about a *“lack of experience/expertise. Do-gooders thinking they are doing the best for others but are making decisions with their take on it rather than what the person wants”*. It was important to *“listen and not make assumptions”*.

The service did not always provide what was wanted *“too pushy...Not much help just come fill there papers and go. No understanding”*.

Other respondents praised the advocacy service as *“very good. I like my advocate”*. Advocates were described as *“quite friendly”* people who respondents could talk to *“about anything”*. They found the support given very useful, not only listening but helping people to speak for themselves *“I talk with my advocate and she listens to me. I tell her to tell my social worker things and she sorts it out for me”* and *“my advocate is really good at meetings because she helps me speak up.”* The advocate *“helps me with meetings and goes for me. I don't have to write my views, she does it.”*

The importance of having one person to deal with was highlighted, *“would have liked one person who would have accepted my case”*

Advocacy was not felt to be a priority for the Council who had *“spent millions on cycle ways which no one uses but say there is no money to fund advocacy services to support the most vulnerable people in our community.”*

The best ways of providing advocacy services should be explored “*it’s all about spreading the funds getting the best outcomes*”. Providers should “*work together. There lots of organisation charities small who specialise*”.

Respondents also asked for support, wanting “*help and advice what to do in the future should anything happen to my parents*”, and asking “*who can the member or the family contact if they feel that advocacy is not working for them?*”

1d. Key findings – summary

- Consultation took place during late spring 2022 to gather views from service users, providers and other stakeholders into a review of the advocacy service. As part of this consultation two different questionnaires were designed; a standard questionnaire and an easy read questionnaire. Both were made available electronically, and in paper form on request.
- 40 responses were received to the standard questionnaire and 23 to the easy read questionnaire. Responses have been combined where appropriate within this report.
- Just over half [17 out of 30] the respondents to the standard survey felt that getting advocacy support was easy [SQ1], and 20 out of 32 were satisfied with the advocacy service [SQ2].
- Respondents preferred face-to-face contact [49 out of 57 respondents], with email support the least popular contact method. [SQ3, ERQ1-4].
- For those completing the standard questionnaire all types of advocacy were rated as important, however the greatest proportion of respondents [31 out of 32] wanted a professional advocate who would listen to and speak up for them. The lowest proportion [29 out of 34] wanted family or friends to advocate for them. [SQ4]. Easy read respondents were keenest to have an advocate speak for them [17 out of 18 respondents], although three quarters wanted to learn to advocate for themselves, and to have a peer advocate speak for them. [ERQ5-8].
- Information and advice was the most popular type of support for those completing both questionnaires [41 respondents], followed by support groups [32 respondents] and training [30 respondents]. [SQ5, ERQ10].
- Standard questionnaire respondents were generally in agreement that the proposal to combine child and adult advocacy would lead to improvements. The highest proportion of respondents [29 out of 34] agreed that the proposed move would provide a continuous service, and the lowest proportion [20 out of 32] felt it would increase the amount of support available [SQ6].
- When asked what they liked best about the advocacy service, easy read respondents found the service friendly [17 respondents] and that they were listened to [16 respondents] [ERQ11].
- When invited to comment, respondents needed an advocacy service that was flexible and responsive, staffed with well trained and knowledgeable advocates who could support and empower a range of clients with different needs. The service needed to be better known and more widely available, with more peer advocacy. Whilst accepting that the proposed merger could improve the

service for children, there were concerns that adults in need of advocacy could suffer if resources were concentrated on the former.

2. Responses from stakeholder sessions

Stakeholders from the youth sector, along with staff and services users from a forensic unit, residential homes and a family group, were invited to take part in one-to-one reflective sessions, providing an opportunity to share key concerns, strengths and aspirations for the review. Responses from the youth sector can be located in Appendix 3.

Participants were asked a series of questions to prompt discussion about their experiences and preferences around advocacy services:

- a) What does good advocacy look like currently?
- b) Where are there challenges in advocacy support and what could be done to rectify these challenges?
- c) What does good advocacy look like in a future service?

This summary reflects the views of stakeholders attending these sessions (see appendix 3 for youth).

Traits of an advocate:

All groups describe the following traits, of someone they would want to advocate for them, their family members or service users:



Advocacy meeting environments

The majority of service users would prefer to meet advocates face to face, either in their home, in a formal setting such as a doctors surgery or a setting like a library. It was noted by staff members in residential settings, that face to face meetings are more inclusive, supporting residents with learning disabilities, those

with impairments (hearing and visual) and those who had conditions such as dementia. Some younger service users expressed an interest in group meetings, as well as meeting in informal settings like a coffee shop. Some service users also expressed a preference to meet in formal settings, including doctors' surgeries, so meetings can be structured and provide a secure environment for those needing advocacy.

"Sometimes it would be more beneficial to meet in a formal setting, it would feel more secure, things would be taken more seriously".

"Face to face meetings would be better for our service users, as they have learning difficulties and need to see someone's body language".

"Offering a choice of how to meet is good, but telephone would not be good for our service users who have additional needs and impairments."

"Face to face delivery is better for our service users, so advocates can see care plans and the general wellbeing of service users".

It is important to note that delivery providers also commented on the importance of advocates providing feedback in written form, so that service users can read and reflect on them afterwards. This overview of the conversation would also be useful for carers, who can answer questions, if asked, at a later date.

"Sometimes service users don't want us in the meeting with the advocate and no information is left providing a summary of the meeting. This can be challenging when residents have questions afterwards or they forget who they've met with. It would be useful if a summary was provided (name/organisation/brief overview of discussion). We could then add it to the service users file if they have questions at a later date".

Working with wider networks

Working with wider networks was consideration that all stakeholder groups thought was important. This included working with family groups, as well as care providers.

"I would like an advocacy service that will work with care home staff that know my relative well. That are with her day in / day out".

"It's important the advocacy service is linked into wider support networks, accessed by the service user and their families/guardians i.e.: care home staff. Communication between these networks is key in providing holistic support for those needing advocacy.

"Someone who would work with my family and carers, the people that know me best, to get the right information and get the best outcome for me. A good partnership is positive.

"I would want the advocate to work with my family and for my family to know what the advocacy service could offer".

Training

Staff working in care settings thought it would be particularly useful if training could be provided to staff on what advocacy is, the role of the advocate, how it is delivered and who is eligible. Currently no training is provided, and staff gather this information in informal ways. One provider discussed the mode of delivery,

asking for training to be accessible, as some staff have hidden disabilities, including neurodiverse challenges.

“Staff training would be useful on the role of an advocate, but any professional development would need to consider staff with learning difficulties. Perhaps a short video could be provided that contains subtitles”.

“Staff training on the advocacy service would be useful and information for new starters. More information would enhance our service, so a dummies guide would be useful.

“Training for staff would be useful, providing us with guidance on how to support service user’s questions. Advocacy isn’t included in our induction or starter pack. We have a general idea of what the service provides, but have gained this knowledge since starting in post”.

Support for families

Families of care home residents were particularly keen on having an advocacy peer support network, which could provide relatives of those receiving support with a framework for a peer network to share advice, guidance and support; *“a good service should provide a peer support network to families of service users who access advocacy”.*

Communication and marketing

Having information and being aware of what the advocacy service is, what it offers and who is eligible was seen as a significant consideration when reviewing the service. This was an important requirement for all respondents of the consultation. Although some service users might not be eligible, having an understanding of the service was important due to changing circumstances.

“FAQs of the Advocacy Service would be useful to include in new resident family packs. This would ensure that everyone knows what the service offers and who can access it, particular as circumstances can change”.

“It would be good to get guidance on what to expect from Advocacy support. Sometimes the advocate doesn’t explain this

“The advocacy service should be really well publicised to those that need it or could need it. It should also be publicised to staff in services like care settings. Information on the service should be distributed in information about care settings (link to care home review). Currently this information is not readily available.”

“Further publicity about advocacy and who is eligible should be readily available to anyone that is accessing any wider services, i.e.: care homes. You don’t know what you don’t know. At a very challenging time, this information can make all the difference. I wish I’d know about it sooner”.

“It would be useful if there were real case-study examples of what advocacy for different groups of people look like (older people in care settings, people with SEN, mental health, young people)”.

3. Formal stakeholder feedback

Formal stakeholder feedback was provided by Bolton Advocacy, who asked their services users for feedback of advocacy support for the purposes of this review. There feedback has been collated below.

Likes:

- 1) They like the fact that they are assigned one advocate throughout their stay in hospital, as this ensures continuity.
- 2) They like that the advocate gets to know them and is interested in them.
- 3) They feel empowered when an advocate sits with them in ward round.
- 4) They like that an advocate can remind them of things they wanted to talk about to their doctors (a few of the service users said that they get nervous in front of the doctor, so having an advocate with them helps them to remember their questions)
- 5) They like that if they are feeling very poorly the day of their reviews with doctors, that they questions can still be answered through an advocate, instead of having to wait another week for answers.
- 6) They like feeling they have somebody "On their side"

Dislikes:

- 1) The main issue that most people said was that the current referral system limits their interactions. Currently all referrals to advocacy have to be applied for by the ward staff. Previously we could take self-referrals on the ward. Due to the new system, patients have to ask the nurses to fill in the referrals and send to our advocacy service. With their already busy workload the referrals are not being done as quickly as some of the patients would like or need. If a patient is under a sec 2 for their rights to be upheld under the MHA they need to see an advocate in their first two weeks of admission. If this is delayed then their right to appeal the section is lost.
- 2) Some service users mentioned that they would like an advocate to attend every ward round with them and see their advocate at least once weekly. (due to large client lists and few advocates this is not always possible.

Advocacy

Advocacy is when someone speaks up for a person, acts on their behalf or helps them to express their needs and wants. Someone would need a social care advocate if they would struggle to make decisions or explain what their needs and wishes are around the way their health and social care is provided. Under the 2014 Care Act, the Mental Health Act 2005 and the Health Social Care Act 2012, local councils must provide an advocate if someone has no-one who can advocate for them, such as a relative or good friend.

The Children's advocacy service helps children who need support to speak for themselves, or need someone to speak for them so that their rights are respected, their views heard and their needs met. The adult service provides a similar service for people who need help because of a learning disability, mental health issue, physical, sensory or autistic spectrum condition, or the effects of ageing. Advocacy is also available to the carers, parents and guardians of those receiving social care.

We are exploring different ways that advocacy services could be delivered across Bolton borough and we welcome your views as someone who is familiar with the service. One option could be to have one service that provides advocacy support for both adults and children to provide a holistic service.

We want to reduce duplication of resources such as admin support. and allow for resources and funding to be put to best use, making it easier to access advocacy services and make sure people get the right kind of support.

Please read the background documents for more information about the service and the changes that are proposed at www.bolton.gov.uk/advocacyreview. If you don't have internet access please ring 01204 334875.

We would appreciate your views on Advocacy Services in Bolton to help us to make any improvements that are necessary. Please take a few moments to tell us what you think of Advocacy Services from your experience or what you would like from this kind of Service in the future. Your opinion is important to us.

Your responses - keeping your data safe

If you're responding as an individual you won't be identified in any report; your responses will be anonymised and grouped together with those from other people. All questions are optional, so please feel free to skip any that you prefer not to answer.

Reports may be made public. If you are responding in an official capacity your response may be published, but no personal details will be made public.

Any personal data you provide will be held securely, in line with our retention schedule and privacy policy, which can be found here:

www.bolton.gov.uk/data-protection-freedom-information/privacy-notices

We use professional software called Snap Surveys to collect and process your data. As data processor, Snap Surveys Ltd. follow the UK General Data Protection Regulation [GDPR]. You can view their privacy policy here: www.snapsurveys.com/survey-software/privacy-policy-uk/

Getting support

Q1 How easy / difficult is it to get advocacy support in Bolton?

Very easy

Quite easy

Quite difficult

Very difficult

Can't remember /
Not applicable /
no opinion

Please explain why you think that

Your support

Q2 How satisfied / dissatisfied are you with the advocacy service you are receiving now [or used to receive]?

Very satisfied

Fairly satisfied

Fairly dissatisfied

Very dissatisfied

Not applicable /
No opinion

Please explain why you think that

Accessing support

Q3 How would you prefer to access advocacy support? Please select all that apply

Telephone

Email

Other way [please explain below]

Video call

Face-to-face

Not applicable / No opinion

In what other way?

Different types of advocacy

Q4 When thinking about a good advocacy service, how would you rate the following?

| | Very important | Quite important | Not very important | Not important at all | Not applicable / No opinion |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|
| I'm able to speak up for myself [self-advocacy] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Someone like me can speak up for me [peer advocacy] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Someone who has experience can advise me and speak up for me [peer advocacy] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family or friends are able to speak up for me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is a professional independent advocate who will listen to me and speak up for me [independent advocacy] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q5 Is there any support we could offer to help people advocate for themselves? Please select all that apply

- Support groups to help people self-advocate
 Other support - please explain below
 Training to help people speak up for themselves
 None of these / No opinion
 Information and advice

What other support could we offer?

Possible changes

Q6 We are considering bringing children and adult advocacy services under "one roof" so it becomes one service. We would like to know what you think of this idea. Do you think this will ...?

| | Strongly agree | Agree | Disagree | Strongly disagree | No opinion |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Make it easier to get a referral | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increase the amount of support available | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help more people to advocate for themselves | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide continuous support as a child grows into an adult | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Change the advocacy service for the better | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What else?

Q7 What should an advocacy service include?

You might want to think about what you like or dislike about advocacy, and any other advocacy you would like.

Q8 Please use this space for any other comments or concerns about advocacy

About you

Your answers in this section help us to make sure that we are getting views from different types of people.

They will not be used to contact or identify you.

Q9 What's your connection to advocacy services in Bolton? Please select all that apply

- I get support from a children's advocacy service for myself / as a parent or carer - please answer Q10
- I get support from an adult's advocacy service for myself / as a parent or carer - please answer Q10
- Friend / family of someone who is supported by the advocacy service but don't get support myself - please go to Q15
- Have received advocacy support in the past - please go to Q15
- Tried but was unable to get advocacy support - please go to Q15
- Work / volunteer for an advocacy service - please go to Q15
- Work / volunteer as a health or care support worker / paid care assistant / other health or care professional - please go to Q15
- No direct connection - please go to Q15

Q10 Why did you access advocacy? Please select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Care Act Advocacy - please answer Q11 | <input type="checkbox"/> Independent Complaints Advocacy - please go to Q15 |
| <input type="checkbox"/> Care Act Advocacy for Carers - please answer Q11 | <input type="checkbox"/> Children's Advocacy - please answer Q14 |
| <input type="checkbox"/> Independent Mental Capacity Advocacy - please answer Q12 | <input type="checkbox"/> Other reason [please give below] |
| <input type="checkbox"/> Independent Mental Health Advocacy - please answer Q13 | <input type="checkbox"/> Not sure - please go to Q15 |

Please explain 'other reason', then go to Q15

Q11 If Care Act Advocacy / Care Act Advocacy for Carers please select the type

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Support Planning after assessment |
| <input type="checkbox"/> Review | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Safeguarding | |

Q12 If Independent Mental Capacity Advocacy, please select the type

- | | |
|--|--|
| <input type="checkbox"/> Serious Medical Treatment | <input type="checkbox"/> Care assessment / Review |
| <input type="checkbox"/> Change in Accommodation | <input type="checkbox"/> Deprivation of Liberty safeguards |
| <input type="checkbox"/> Safeguarding | <input type="checkbox"/> Not sure |

Q13 If Independent Mental Health Advocacy, please select the type

- | | |
|--|---|
| <input type="checkbox"/> Section 2 | <input type="checkbox"/> Other - please explain below |
| <input type="checkbox"/> Section 3 | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Community Treatment Order | |

Please explain 'other'

Q14 If Children's Advocacy, please select the type

- | | |
|--|---|
| <input type="checkbox"/> To support them to say what they want | <input type="checkbox"/> To obtain a service that they need |
| <input type="checkbox"/> To secure their rights | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> To represent their interests | |

Q15 How have you answered this questionnaire?

- As an individual - giving my own views or the views of a friend / family member
- Official response from Parish / Bolton borough Councillor / Elected Member
- Official response from a business / organisation / community group. You must have their permission to submit an official response on their behalf.

Please say which ward, business, organisation or community group you represent

Please say what your role is / in what official capacity do you represent the business, organisation or community group? You don't need to answer any further questions [please ignore Q16 -19].

Q16 Please give your full postcode

Q17 Are you ...?

- Female
- Male
- Other

Q18 Which age group are you in?

- 5 - 7
- 8 - 11
- 12 - 16
- 17 - 18
- 19 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85 or over

Q19 What is your ethnic group?

- White British
- White other
- Mixed or Multiple ethnic group
- Asian or Asian British
- Black, Black British, Caribbean or African
- Other ethnic group

**Thanks for your time.
Please send your completed form to: Freepost RTTT-YTEL-YSXS, Consultation & Research Team, 2nd Floor, Town Hall, Victoria Square, Bolton, BL1 1RU.**

Your advocacy service

Can you help us?

We'd like to know what you want from advocacy.

Please answer the questions on this form. This will help us know what's important to you.

You can decide which questions you want to answer. You can say whatever you like. If you don't want to answer a question that's okay. It will make no difference to any help you already get

What is Advocacy?

Advocacy support can give you the confidence and ability to speak up about things that are important.

Advocacy means helping people speak for themselves.

Advocates don't speak on behalf of people – they make sure a person's own voice is heard.

Advocates support people to develop the skills, confidence and knowledge they need to voice their concerns and make sure they are being treated right.

Advocates help people to

- access information and services
- be involved in decisions about their lives
- explore choices and options
- speak out about issues that matter to them.

Keeping your information private



The answers you give us on this form will be kept private. We are asking these questions to lots of people. We will put them altogether and look at what people want.



Advocacy support





How would you like to get help from Advocacy services?



Q1 On the telephone?

 Yes. I want this 



 No. I don't want this 



Q2 In a video call?

 Yes. I want this 



 No. I don't want this 



Q3 By email?

 Yes. I want this 

 No. I don't want this 

Q4 Seeing someone face-to-face, in person?

 Yes. I want this 



 No. I don't want this 



A good advocacy service





What do you want from your advocacy service?



Q5 I want to learn to speak up for myself. Then I won't need anyone to speak up for me.

 Yes. I want this 



 No. I don't want this 



Q6 I want someone who is like me to speak up for me.

 Yes. I want this 



 No. I don't want this 



Q7 I want someone whose job it is to help me. They can speak up for me.

 Yes. I want this 

 No. I don't want this 

Q8 I want a friend or family member to speak up for me.

 Yes. I want this 

 No. I don't want this 

Using advocacy services

Q9 Have you used Bolton's advocacy service?



Speaking up for yourself





Q10 How can we help you to speak up for yourself?

-   A support group
-   Training to help you
-   Information and advice
-   Another way - tell us in the box

How else?

The service you get now

Q11 What do you like best about the advocacy service you get now?

-   Its friendly
-   People listen to me
-   Someone is always there for me
-   The same person helps me
-   Something else - tell us in the box
-   I don't like anything

What else?

Tell us more!



Q12 Use this space if you want to say anything else about advocacy

All about you

Tell us a bit about yourself. This helps us make sure we hear from lots of different people.

Q13 Please give your full postcode

Q14 Are you ...?

Female

Male

Other

Q15 How old are you?

5 - 7

19 - 24

55 - 64

8 - 11

25 - 34

65 - 74

12 - 16

35 - 44

75 - 84

17 - 18

45 - 54

85 or over

Q16 What is your ethnic group?

White British

Asian or Asian British

White other

Black, Black British, Caribbean or African

Mixed or Multiple ethnic group

Other ethnic group

Thanks for your time.

Please send your form to: Freepost RTTT-YTEL-YSXS, Consultation & Research Team, 2nd Floor, Town Hall, Victoria Square, Bolton, BL1 1RU.

Survey - respondent profile

ERQ9: Have you used Bolton's advocacy service?

- 12 respondents had used the borough's advocacy service, 8 had not and 1 wasn't sure.



12 respondents



8 respondents



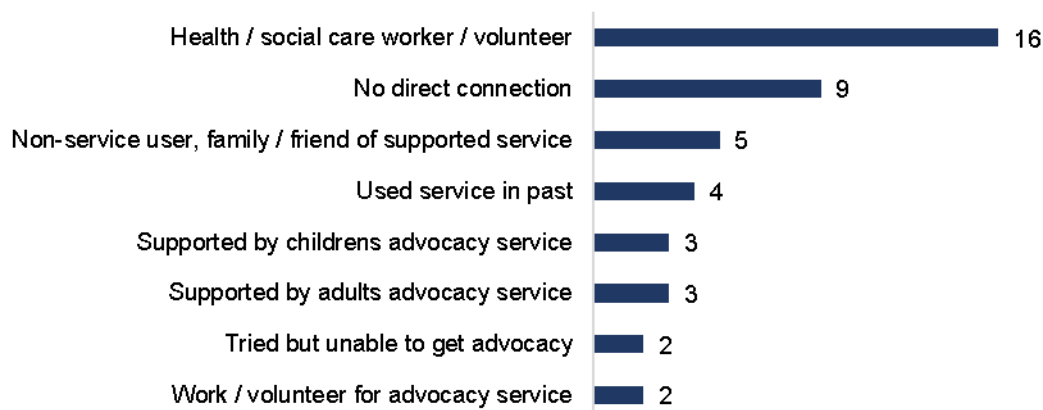
1 respondent

ERQ9 base:21

SQ9: What's your connection to advocacy services in Bolton?

- 16 respondents worked or volunteered as a health or care support worker / paid care assistant / other health or care professional, and 2 worked or volunteered for an advocacy service.
- While 9 respondents had no direct connection, the remainder of respondents had a personal connection to advocacy, as a current [6 respondents] or former service user themselves, the friend of family member of a service user, or someone who had tried to access advocacy.

Connection to advocacy service
/ no. of respondents
Q9 standard advocacy survey 2022



SQ9 base:39

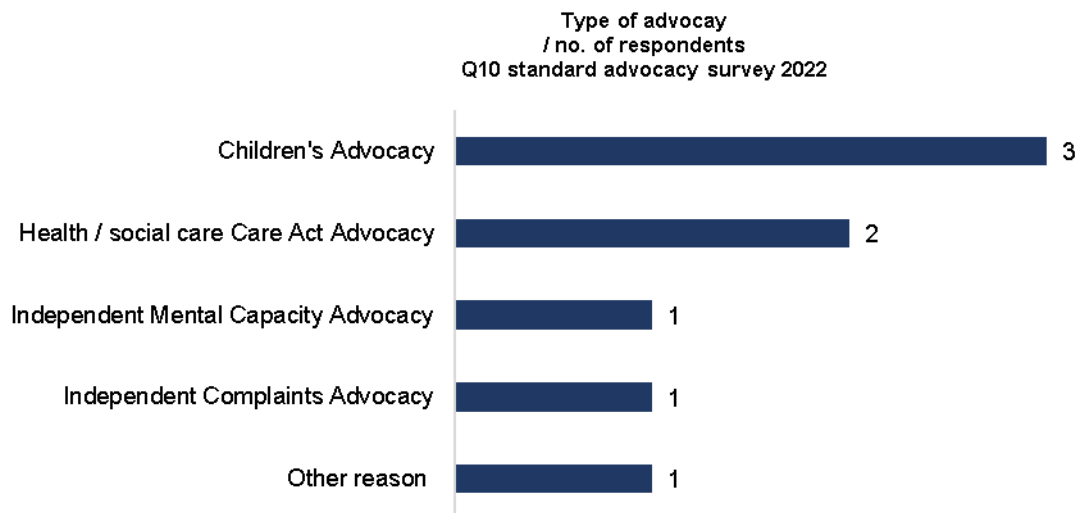
SQ10: Why did you access advocacy?

Respondents who were not getting current advocacy support were routed to question S15. The 6 respondents who said they were currently receiving advocacy support were asked about the reasons for that support in SQ11-Q14, included in the following analysis.

6 respondents were currently receiving advocacy support.

Of these:

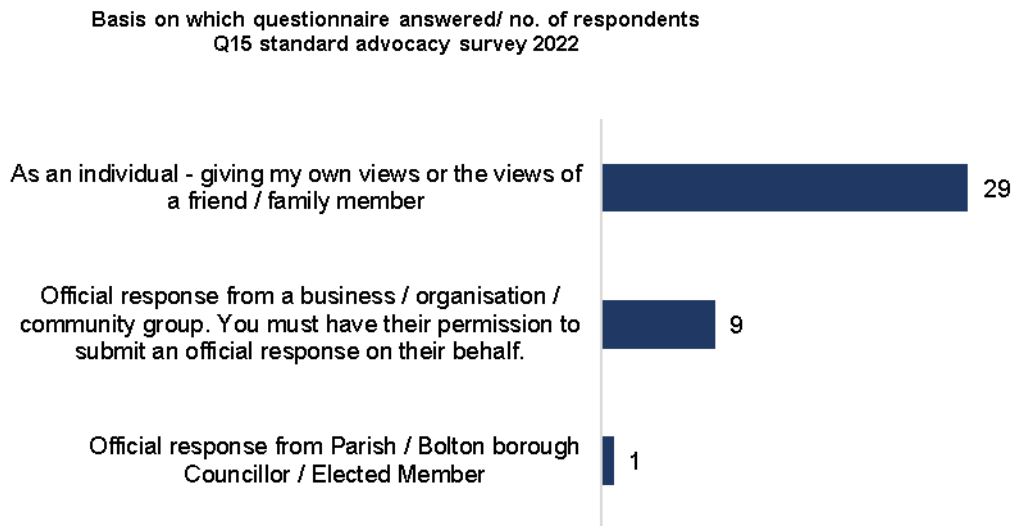
- 2 were receiving Care Act Advocacy [SQ10]. When asked about the type, the 1 respondent who replied said they were getting 'Assessment', 'Review', 'Safeguarding' and 'Support planning after assessment' [SQ11].
- 1 was receiving Independent Mental Capacity Advocacy [SQ10], the type being 'Safeguarding', 'Care assessment / Review' and 'Deprivation of Liberty safeguards' [SQ12].
- 1 was receiving Independent Complaints Advocacy [SQ10].
- 3 were receiving Children's Advocacy [SQ10], the type being 'To support them to say what they want' [SQ14].
- 1 respondent was receiving advocacy for another reason [SQ10]. When asked in SQ10a, they said that they had needed an advocacy as they had previously lived in a secure facility.



SQ10 base:6

SQ15: How have you answered this questionnaire?

The majority of respondents [29] were giving their own views, with 9 giving an official response on behalf of their organisation, group or business and 1 responding as a councillor



SQ15 base:39

SQ15a: Please say which ward, business, organisation or community group you represent

SQ15b: Please say what your role is / in what official capacity do you represent the business, organisation or community group?

- Respondents stating that they were making an official representations on behalf of an organisation were received from social care, services for people with mental health issues, vulnerable young adults and people with disabilities, community advice, a councillor and care homes.

Demographics

Respondents answering in an official capacity were not asked demographic questions.

SQ16 / ERQ13: Please give your full postcode

- The postal areas with the highest number of respondents for the standard survey were BL2 and BL4, with 4 respondents each.
- For the Easy read survey, most respondents lived in BL1 [5] and BL3 [4].
- Overall, most responses were received from residents living in BL1, BL3, BL4 [6 respondents each] and BL2 [5 respondents].

| Standard Q16 Easy read Q13 - Advocacy survey 2022 | | | |
|---|--------------------|-----------|-----------|
| Postal area | No. of respondents | | |
| | Standard | Easy read | Overall |
| BL1 | 1 | 5 | 6 |
| BL2 | 4 | 1 | 5 |
| BL3 | 2 | 4 | 6 |
| BL4 | 4 | 2 | 6 |
| BL5 | 1 | - | 1 |
| BL6 | 2 | - | 2 |
| BL7 | 1 | 1 | 2 |
| WN | 1 | - | 1 |
| WW | 1 | - | 1 |
| <i>Base</i> | <i>17</i> | <i>13</i> | <i>30</i> |

SQ17: ERQ14: Are you ...?

Standard survey: 20 respondents female, 7 male, 1 other.

Easy read survey: 16 respondents female, 7 male, no-one identified as other.



S: 20 respondents
ER: 16 respondents
All: 36 respondents



S: 7 respondents
ER: 7 respondents
All: 14 respondents

Other
S: 1 respondent
ER: 0 respondents
All: 1 respondent

Bases: SQ7:28, ERQ14: Base 23

SQ18: ERQ15: Which age group are you in?

- 14 respondents to the standard survey were aged 44 or under, 14 to the easy read survey, 28 overall.
- 14 respondents to the standard survey were aged 45 or older, 9 to the easy read survey, 23 overall.
- For the standard survey, the youngest respondent was aged 12-16, and for the easy read survey aged 5-7.
- Oldest respondents were 75-84 for the standard survey and 55-64 for the easy read survey.

| Standard Q18 Easy read Q15 - Advocacy survey 2022 | | | |
|--|---------------------------|------------------|----------------|
| Age | No. of respondents | | |
| | Standard | Easy read | Overall |
| 5-7 | - | 1 | 1 |
| 8-11 | - | 1 | 1 |
| 12-16 | 4 | 2 | 6 |
| 17-18 | - | - | - |
| 19-24 | 2 | 3 | 5 |
| 25-34 | 2 | 3 | 5 |
| 35-44 | 6 | 4 | 10 |
| 45-54 | 5 | 7 | 12 |
| 55-64 | 6 | 2 | 8 |
| 65-74 | 2 | - | 2 |
| 75-84 | 1 | - | 1 |
| 85 or over | - | - | - |
| <i>Base</i> | <i>28</i> | <i>23</i> | <i>51</i> |

SQ19: ERQ16: What is your ethnic group?

- The majority of respondents to both surveys were White British [20 standard survey, 14 easy read]

| Standard Q19 Easy read Q16 - Advocacy survey 2022 | | | |
|--|---------------------------|------------------|----------------|
| Ethnicity | No. of respondents | | |
| | Standard | Easy read | Overall |
| White British | 20 | 14 | 34 |
| White other | 4 | 3 | 7 |
| Mixed or Multiple ethnic group | 1 | 2 | 3 |
| Asian or Asian British | 2 | 3 | 5 |
| Black, Black British, Caribbean or African | - | - | - |
| Other ethnic group | 1 | - | 1 |
| <i>Base</i> | 28 | 22 | 50 |



Notes from Advocacy consultation meeting with young people on 15th June 2022

Consultation & Research Team

1. **Background**

On 15th June 2022 a consultation meeting was held at Castle Hill youth centre to seek the views of young people in conjunction with the review of the advocacy service.

2. **Participants**

Young people were invited to attend by staff from Youth Services, who also attended the meeting together with three staff from the Consultation & Research Team and Adult Services.

Seven young people participated in the consultation, five female and 2 male, aged thirteen to twenty-two.

3. **Meeting notes**

The young people were asked a series of questions to prompt discussion about their experiences and preferences around advocacy services. This report reflects the views of the young people present at the meeting.

What would a good Advocacy service look like for children and young people?

An advocate should be trustworthy, caring, helpful, kind and supportive. They must listen to what the young person wanted to say and put things in the way the young person wanted them said, rather than speaking for them.

The advocate needs to build a professional relationship with the young person, so that the latter can be confident in sharing information and know that the advocate will respect confidentiality and only share what has been agreed - and only then to relevant people.

For this to happen, the advocate must be someone the young person can get along with and feel comfortable with. They must understand what the young person is going through and remain non-judgemental. Non-judgement and respecting confidentiality boundaries were the benefits of a professional advocate over a friend or relative, although it was also important that the advocate was not biased towards authorities such as social services.

The advocate should give young people options regarding the approach to advocacy. One participant had been given the option of speaking for herself, having the advocate speak for her or a mixture of the two. She chose to speak for herself at times but asked the advocate to step in where there was something she didn't want to say. The advocate was also able to explain things to the young person, in clear terms that she could understand.

Would it help to understand the service? How should this be done?

It was clear that the service should be tailored to the individual as participants suggested different approaches.

While some wanted to have things explained face-to-face, others preferred a phone call as they'd feel more relaxed and comfortable in their own home. This could also be more anonymous as they wouldn't know what the advocate looked like. However, some participants found it difficult to talk to people on the phone

Whilst some participants wouldn't read written information, others would like a booklet etc as long as the language was pitched at the right level. Service explanations could also be delivered by video clip or TikTok.

Participant suggested that advocates should be in GP surgeries and hospitals to help people understand medical situations and ensure their views were expressed. This could be especially helpful for those with learning difficulties or mental health issues, and face to face advocacy would be most helpful in these situations.

What doesn't work well? Where are there challenges with Advocacy support? What would make Advocacy support better?

It was important that the young person only had to deal with one advocate, for as long as they needed the service including the transition to adult advocacy. This would allow them to build up a relationship and avoid the annoyance of having to keep repeating information.

The advocate should familiarise themselves with the case before speaking to young people, so that they know what trigger subjects to avoid [when these weren't relevant to the case].

Similarly, family advocates need to ensure they actually represented the whole family, reading any previous notes and making sure they listen to the views of everyone involved rather than just listening to and representing one or two family members.

Young people wanted to be able to control boundaries. Some wanted the advocate to stick to their role and not try to get involved in other areas of the young person's life, while others wanted to be able to chat generally so they could build up a relationship.

There needed to be choice in how contact was maintained too, with some suggesting meeting up in somewhere like Costa where the young person felt comfortable. As outlined previously, face to face contact was the preferred option for some participants who felt that this allowed the advocate to get a truer picture of the situation, whereas on the phone it was easier to hide things.

There should be options regarding the advocate too. It was important for the young person to have an advocate they felt comfortable with and that they should be allowed to express any preferences e.g. for a female / male advocate.

Difficulties in building relationship and maintaining contact could be faced when a young person in care was placed out of borough as their advocate may be from their area of origin rather than where the young person was living.


Advocates should be there when the young person wanted to contact them. Participants had had problems contacting the advocacy service as no-one answered the phone when they rang.

Advocates needed to give information in ways that could be understood by young people.

More time needed to be allowed for contact, to avoid meetings / contact feeling rushed.

When you change from child to adult services, at the moment, you would change advocacy provider. How do you feel about this?

The participants felt that this could be very frustrating; they had built up a relationship and learnt to trust the advocate they had as a child. Transferring to a new adult advocate meant repeating information already given, although it was suggested that



this could work for some if the advocate they had as child made sure that all relevant information was passed to the new advocate.

Concerns were expressed about the lack of stability with the current approach; if they had to start again with someone they weren't confident with the young person could stop using the advocacy service. A universal service seemed to be preferred, with one participant saying that this would mean young people would know they'd be "safe" until they were older – perhaps until they were 25.

4. Summary

Seven young people who participated in a consultation meeting on 15th June 2022 expressed their preferences about the advocacy service. They seemed to prefer a universal service with continuity of advocacy support to allow them to build and maintain a professional trusted relationship with an advocate who would listen to and represent their views, in a way and to the extent of their choosing. It was important that the young person was able to express preferences around the characteristic of their advocate, and that contact was maintained in a way that suited the young person.