

Advocacy Consultative Listening Exercise Report

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Summary

Hackney Council reviewed adult advocacy services in the borough to evaluate the service provided and to plan ahead to ensure it not only meets the needs of people in Hackney now, but delivers high quality services in the future.

The London Borough of Hackney Adult Services has a commitment to co-production including listening to and acting on the views of services users. It was important to canvass these views by undertaking a consultation style listening exercise.

This report sets out the significant findings (both positive and negative) from the 12 week exercise on advocacy that helped form part of the 2022 commissioning review of current services in anticipation of recommissioning future advocacy services.

The views of a wide range of stakeholders were gathered and taken on board to help shape a service that is fit for purpose. It was key that these views were ascertained at the very start of the process and that this involvement continued throughout the recommissioning process.

The new contract is due to go live in spring/summer 2023

Context

London Borough of Hackney has a statutory duty to ensure the provision of a range of independent advocacy for adults and are required to commission advocacy under a number of acts including:

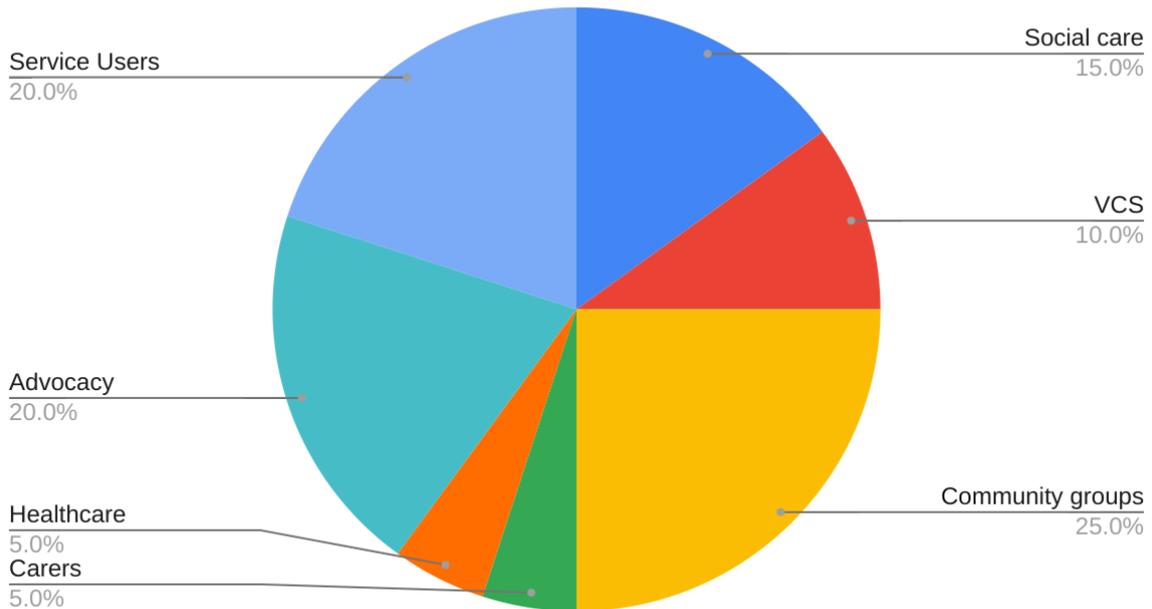
- [Care Act 2014](#) - Independent Care Act Advocacy (ICAA)
- [Mental Capacity Act 2005](#) Independent Mental Capacity Act Advocacy (IMCA)
- [Mental Health Act 1983](#) and 2007 Independent Mental Health Act Advocacy (IMHA)
- [The Health and Social Care Act 2012](#) Independent Health Complaints Advocacy (IHCAS)

London Borough of Hackney goes beyond this statutory duty by commissioning non-statutory advocacy also known as community advocacy, to support those residents who either fall below the threshold for statutory support or who are entitled to support but have ***“fallen through the cracks in the system”***.

Methodology

The 2022 listening exercise assessed the views of a range of stakeholders including service users, carers, residents, health and social care professionals, providers, local community groups and voluntary sector organisations.

This consisted of hearing from approximately 400 people in 40 forums, focus groups and 1-2-1 interviews.



We also widely distributed thousands of surveys including a targeted mailout of service users (See Appendix 1.)

The survey was published online via the Council's Citizen Space platform. 1000 paper copies of the survey were also printed to support this and provide anyone with no access to digital devices to be able to take part.

An Easy Read version of the survey was also created in partnership with Hackney People First, a grassroots organisation that works with Learning Disabled residents.

The Easy Read version was also translated into Turkish for distribution by Derman, an advocacy provider who works with Turkish / Kurdish speaking residents. Information on the consultation and a link to the survey was also published in Hackney today distributed to 90,000 residents.



Limitations of the Consultation

The nature of the services consulted upon are quite niche and only 0.25%-0.5% of the population use this service, with many at the end of life, lacking mental capacity due to dementia or suffering a mental health crisis.

Considerable efforts were made to engage with services users, residents and wider stakeholders including engaging the Hackney Consultation and Resident Engagement team, the current provider and Mental Health teams.

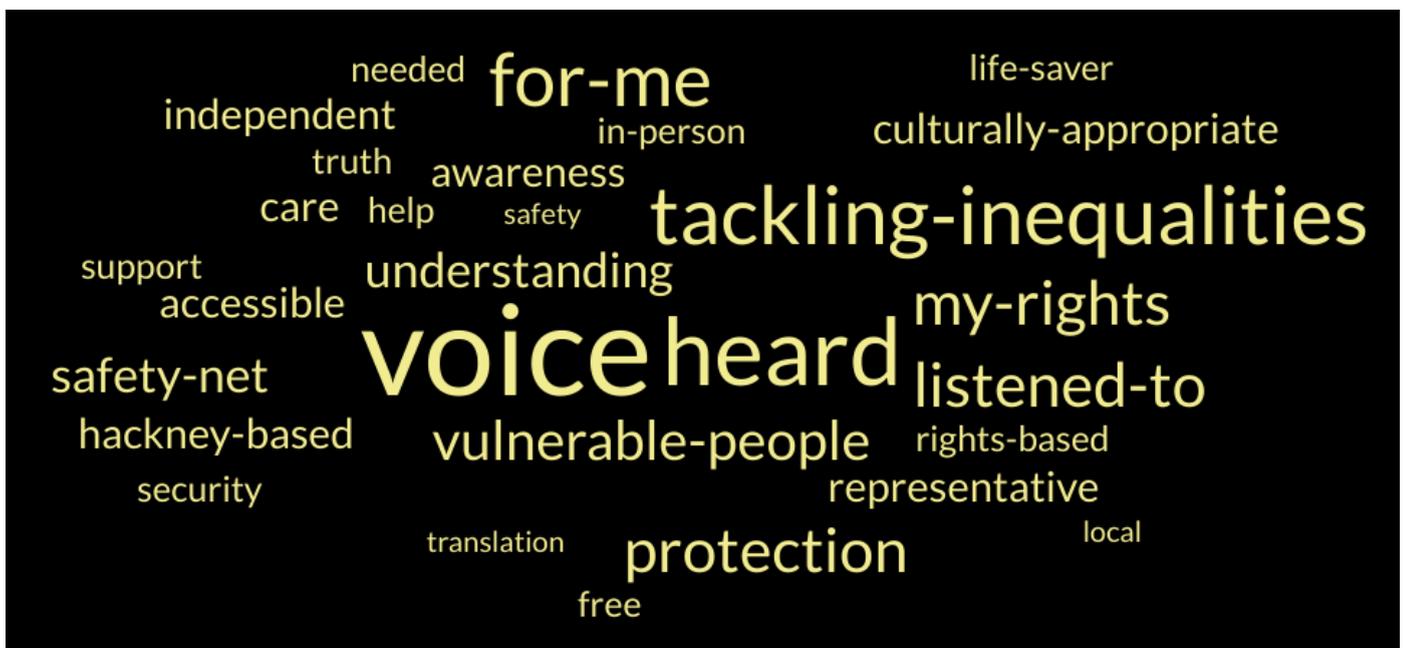
The consultation took part whilst the country had restrictions due to Covid lockdown so many sessions were online however, where possible and safe, sessions were offered in person to any organisation/group/forum that would prefer one.

For many, the service whilst valued represented a difficult period in the service users' lives and one which it was too traumatic or uncomfortable to revisit, others had passed away.

One to one's were offered to service users and many preferred this to the groups which caused distress and confusion for some.

Sessions were limited to 6 key questions (see Appendix 2)

Ultimately despite considerable efforts a relatively small number of voices (500) were heard both in the sessions and through surveys, However the information was rich and gave clear insight into the wants and needs of residents with regards advocacy services.



Significant findings from the report

Whilst we heard from a broad range of opinions through a variety of mediums, what was apparent from the listening exercise was the emergence of a number of themes which were consistently discussed. These have been summarised below in the positive and negative findings sections. There were four topics in particular that were universally raised:

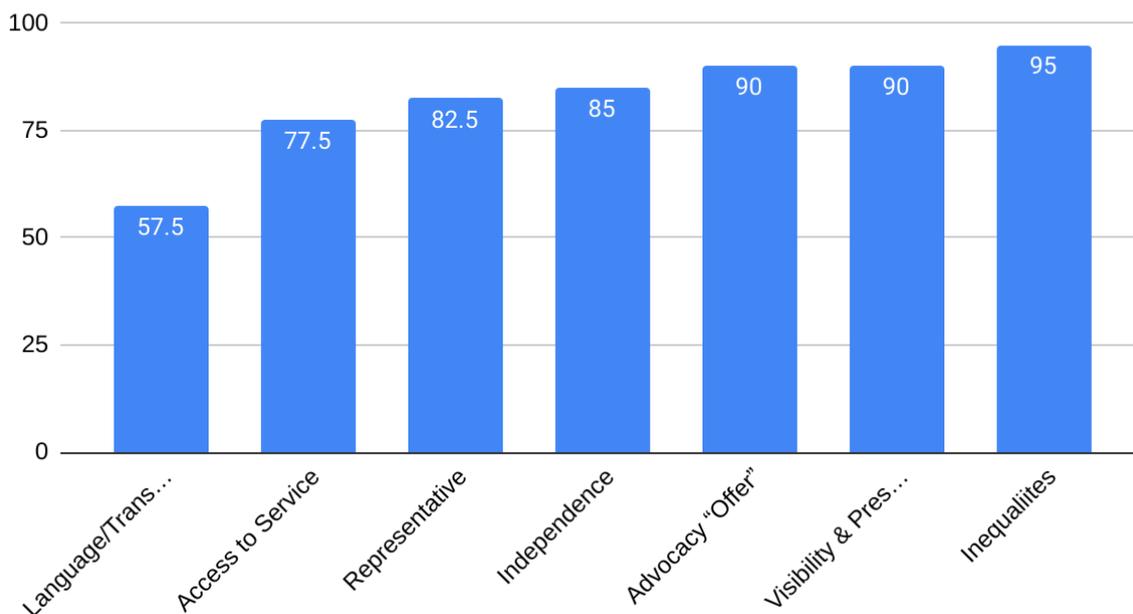
- **Tackling Inequalities**
- **Understanding of Advocacy “Offer”**
- **Visibility and Presence of the Advocacy Service**
- **Independence of Advocacy**

Summary of positive findings

The below feedback was gathered from the listening exercise:

- **Tackling Inequalities** - Advocacy is seen a key tenet in tackling inequalities enabling those without a voice to be heard; providing a safety net for those in the health and care system who experience poorer outcomes; and ensuring that residents are central to the decision making process that affect their lives.
“It’s a difficult system to navigate”
- **Enabling Challenge** - Advocacy is valued for enabling residents to get the support they need and legally entitled to when these would otherwise have been denied.
- **Community Advocacy** helps support vulnerable residents with specific issues find help and support before they escalate into long term and extremely challenging issues.
- **Advocacy Services are valued by Hackney Stakeholders** particularly when they are delivered by organisations that reflect and understand the community, being described as *“a life saver”* and *“a service they really care and work for you”*
- **Independence** - *Whilst some professionals from both Health and Social care felt that Advocates could be “obstructive”, “unhelpful” and “unwilling to cooperate”* It was acknowledged that independent advocacy is essential to support people who are at risk of exclusion to help them say what they want, secure their rights, represent their interests and obtain services they need.

Raised in percentage of groups



Summary of negative findings

- **Lack of understanding of advocacy "Offer"** - which can be confused with a number of other services such as translation or Information advice and guidance (see below). The word is very generic, whereas advocacy in this context has a specific meaning and that is only to give a voice to the thoughts and wishes of residents to speak up for themselves.

"It hasn't felt clear what advocacy services are being provided."

- **Visibility and Presence** - There is very little visibility or presence of advocacy services within the community services many were unable to name Hackney advocacy providers. This highlights the need for greater promotion of the service and for it to be more widely accessible.

"There needs to be an easier way to access services and this needs to be well publicised"

- **Difficult to access services** - There is confusion around entitlement to an advocacy service and respondents found it difficult to contact the provider with details often out of date on websites and posters although people gave various reasons for the delays and problems they had in accessing the service. This included referrals that were not responded to by the service, not being signposted to the service sooner or not even knowing such a service existed

“People on the wards had no knowledge of advocacy”

“Ability to access services is difficult unless you have the capacity to research, phone and tenacity”.

- **Advocacy is often confused for Translation services** - For non-English speakers who used the advocacy services, the translation element of the support seemed to be the most important part. Often the main hindrance to their problems was the language barrier, which impacted their ability to comprehend what was being said and also how well they were able to express themselves. Although some users did have issues with mental and physical health, the advocates made it easier for all residents to access the services they needed such as health care and housing. Having a dedicated person who could help explain their problems and enable them to express themselves properly to medical professionals etc helped with their feelings of frustration, stress and anxiety, as well as addressing their physical and medical needs. It seemed that for some non-English speakers, advocacy and translation was interchangeable.

What you said; what we did

| YOU SAID ... | WE DID |
|--|---|
| <p>“There is a lack of clarity with both professionals and the public as to what the Advocacy offer is”</p> | <p>The new contract will have knowledge and learning sessions as a contractual requirement with the provider being targeted to deliver sessions both to professions within the local health and care system and to residents, neighbourhoods and community organisations.</p> |
| <p>“Advocacy should be accessible and culturally appropriate.”</p> | <p>We have worked hard to ensure that we offer a service that meets the needs of those who require the service and reflective of Hackney’s population. This contract will widen the scope of deliver with training and development both for community organisations and communities to be able to deliver advocacy in a way which is fully accessible and appropriate</p> |
| <p>“We don’t want to lose Advocacy Services “</p> | <p>Most advocacy services are protected as a legal right which a local authority has to provide. The London Borough of Hackney has listened to residents and also looked to provide non statutory community advocacy and develop alternative forms of advocacy to ensure that there is a legacy of advocacy beyond this contract delivery; but we operate in an environment where pressures on budgets make this increasing challenging</p> |
| <p>“Advocacy should challenge (systemic) inequalities and support the borough’s most vulnerable residents.”</p> | <p>We agree and will</p> <ul style="list-style-type: none"> - Ensure effective data capture, identify trends and gaps in delivery and act on them. - Train communities and develop the offer for underserved residents to ensure we maximise support |
| <p>“Advocacy services should be delivered by local organisations that reflect the communities that they serve”</p> | <p>London Borough of Hackney always looks to deliver services that reflect the communities that they serve and this is outlined in many of its policies and priorities. We have looked to develop on the good work that has taken place over the last</p> |

| | |
|--|--|
| | <p>contract and broaden the reach of advocacy and close any gaps in the service.</p> <p>The new contact is designed for more grassroots involvement and delivery.</p> |
| <p>“Staff keep changing and knowledge is lost”</p> | <p>We acknowledge that there has been a high turnover of key staff in key roles (within the provider itself but also Health and Social services) which reflects what is happening across the health and care sectors, however we are looking to embed knowledge both within these systems and within the community.</p> <p>Targets on delivery of Knowledge and Information sessions also form contractual requirements. (see above)</p> |
| <p>“The Local Community should be utilised and developed”</p> | <p>Local community organisations and small to medium enterprises will be developed by a lead provider as a contractual obligation to enable them to deliver advocacy services. There is an expectation to link into Hackney’s Neighbourhood model.</p> |
| <p>“The alternative forms of advocacy (citizen, group, peer, self) have not been apparent”</p> | <p>Alternative forms of advocacy will be developed by a lead provider and delivery within the communities and Neighbourhoods as a contractual obligation. Residents will be at the heart of this process.</p> |
| <p>“Will advocacy to be able to accommodate future increases demand”</p> | <p>Future demand for advocacy is uncertain, however we have undertaken comprehensive analysis based on local data and expert advice including from a advocacy providers and the National Development Team for Inclusion (NDTi)</p> <p>We have used this to build capacity which will look to meet future demand, accommodate changes in law, build on best practice and flex to meet the needs of the most vulnerable in society.</p> |
| <p>“Advocacy services should be promoted and more widely advertised”</p> | <p>Promotion of the role and function of advocacy services form part of expectations of new advocacy services both with residents and professionals.</p> |

| | |
|---|---|
| | We also expect advocacy services to be more visible in the community |
| “It is important that advocacy services are independent” | Whilst the London Borough of Hackney funds advocacy by law it has to remain independent and is delivered by external organisations. This is partly overseen by Healthwatch Hackney and is an element of the Advocacy Quality Performance Mark (QPM) which we require our lead provider to hold. |
| “There are issues with safeguarding and delays to residents accessing advocacy” | Responses to safeguarding issues have been monitored and working with the Hackney Advocacy Safeguarding Board improved. |
| “Advocacy must be able to support people affected by Covid” | We understand that covid has had a greater impact on our most vulnerable residents and residents who are already impacted by health and social inequalities. Many of these will be supported by statutory advocacy. If residents do not qualify for statutory help they will be supported by either a local community organisation delivering non statutory advocacy or signposted to an organisation that may be able to provide relevant support. |
| “Translation services are vital” (see key findings) | Although often confused for advocacy itself Translation services are key to enabling access to services. There is a contractual obligation on the advocacy provider to ensure its services are accessible to all who have a right to them. We have also embedded a requirement to broaden the delivery of advocacy services to ensure that it is reflective of the borough’s diversity and its community languages. |
| “Is advocacy there just to make health and care professionals' lives easier?” | One of the reasons that independent Advocacy is so important is that it is there solely to support the service user to have their voice heard and work in partnership with professionals as part of the process. |
| “Can anyone use Advocacy for help with anything?” | There is set criteria in law as to who can access Advocacy under one of the Acts mentioned above (in context), however if a |

| | |
|--|---|
| | <p>Hackney resident or individual who comes under the responsibility of London Borough of Hackney meets this criteria are legally entitled to help as defined by that act. Non Statutory Advocacy is limited and criteria will be set out in the new contract. We need to ensure that advocacy services are delivered to those who need it most so we will ensure that issue based advocacy is prioritised to these, often underserved, groups and available resources directed accordingly..</p> |
| <p><i>“Increase the amount of advocates for patients to see as this is too important”</i></p> | <p>We are looking at training more people from the local communities as advocates to help increase advocate numbers. There will also be opportunities for communities to participate in alternative forms of advocacy.</p> |
| <p><i>“Seems to be that there is a always a drive to the cheapest service”</i></p> | <p>We work within tight financial constraints and this is public money so we have to ensure that we are getting Value for Money however our contract award decision will be predominantly based on the quality of service. We will be supported in this by service users and representatives of Healthwatch Hackney.</p> |
| <p><i>“There were calls from the wider community for more Activist Advocacy to help drive meaningful systematic change.”</i></p> | <p>We have stipulated the required delivery of group advocacy and other forms of community advocacy which will enable residents to undertake more issue based activist advocacy.</p> |
| <p><i>“Going digital has left some people behind”</i></p> | <p>Whilst there is a place for using technology the service is and will continue to be delivered in person and in the way residents require and best suits those with accessibility needs.</p> |

Next Steps

We would like to thank all those who took part in this listening exercise. The feedback will help form the basis in shaping a new service model and ultimately what the service will look like in the future (within the boundaries of the law and limited budget constraints that local authorities operate).

We will also affirm our commitment to co-production with service users forming part of the recommissioning and procurement processes for this next contract.

APPENDIX 1:

Online survey or paper copies were distributed in the following ways:

- Hackney Social Workers
- The Advocacy Project (Including mailout to 600+ service users)
- Advocacy Providers
- Supported living organisations / care homes etc in Hackney
- Age UK
- Homerton Hospital
- Chairs and Resident Reps from Council housing TRAs and resident groups
- Hackney Today and Hackney Life print publications - 108,000 circulation
- Shared via Hackney Matters online citizens platform - 1000 members
- LB Hackney Website
- LB Hackney social media - Facebook and Twitter
- Advocacy Service User Participation Group
- Carers Network
- Refugee Network
- Advocates
- Hackney CVS (500+ local CVS Organisations)
- Healthwatch Hackney
- Hackney Neighbourhoods Network
- Hackney Adult Services Providers
- Hackney Housing with Care Homes
- Mental Health Teams and Units
- Public Health
- LGBTQIA+ network,
- Community Champions

Group Questions and some example user insight

1. What is Advocacy to You?

"A bridge between where I am and where I want to be"

"A life saver"

"Protect and to look after us to ensure that we are not neglected"

*"They are there to support you and give a S*** about you and make sure your rights are upheld and give you the info you the information to fight for you"*

2. How does it work now?

"Real input in services and what we want from them"

"When you go to an organisation and they talk on your behalf"

"We have a voice and can state our opinions"

3. What has worked well?

"It's a difficult system to navigate without advocacy"

"I've at long last started to receive a service and it seems good and they keep in contact"

"Regular Meetings"

"They are independant"

"They have supported with some extreme safeguarding issues"

4. What hasn't worked so well/needs to be improved?

"I've been passed around the system and have limited support"

"Staff question why I ask for help with service and say I can self advocate"

"Even though I'm clinically medically vulnerable , I'm not classed as someone who is eligible"

"Not sure that hidden disabilities are supported"

"Initial contact was difficult"

"The understanding wasn't there at the start and this would have been worse if I had ESol or Literacy Issue"

"I was on a ward an didn't know whats going on and I was given the wrong number for advocacy but when Advocate came in I queued and met with them"

5. What suggestions do you have for future services?

"Train frontline staff"

"Ensure Health advocacy is community focused"

"Increase the network so it is more representative"

"Reach as many community members as possible"

"There needs to be an easier way to access services and this needs to be well publicised"

"Increase the amount of advocates for patients to see as this is too important"

"Provide translation services"

"Employ staff from different communities"

"Work with organisations within the borough"

6. Any other comments?

“People on the wards had no knowledge of advocacy”

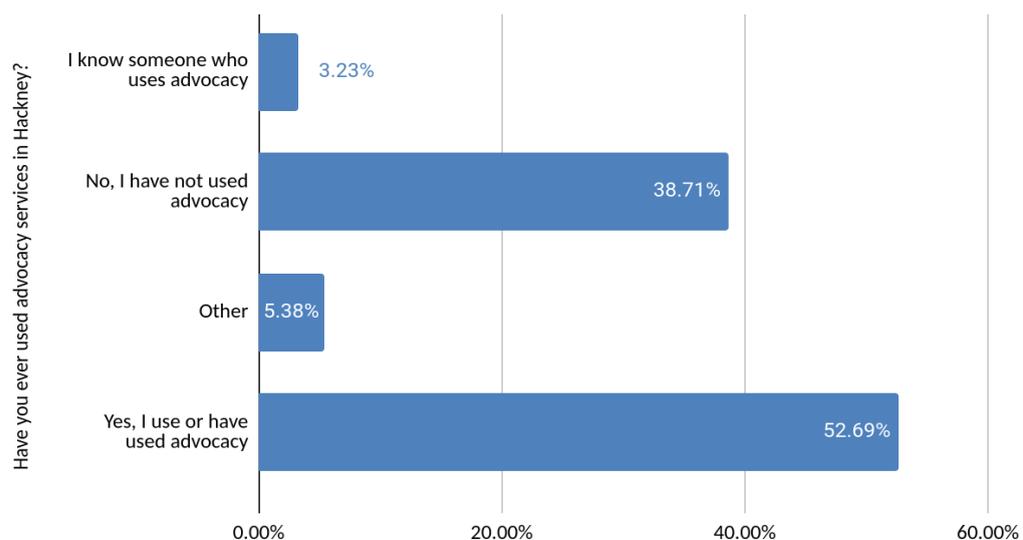
“The Service Can Be Patchy”

“Streamline hierarchy - more money for frontline workers”

Appendix 2: Breakdown of survey question results

Q1. Have you ever used advocacy services in Hackney?

- The reasons people gave for 'Other' were that they had either made referrals to advocacy services on behalf of themselves and/or other users and received no response or support. Or that they worked with people who had used advocacy services.



Q2. What support did the advocate provide?

| What support did the advocate provide? | |
|--|-------|
| Advice & support - Benefits, welfare, debt, housing,, legal issues etc | 48.2% |
| Helping them express themselves, speak up for their rights and that the advocates listened to them and helped them be heard. | 19.6% |
| Making appointments and phone calls on their behalf | 17.9% |
| Support filling in forms, letter writing, wills and other paperwork | 16.1% |
| Translating | 12.5% |
| Helping with complaints against NHS, GP service or others | 10.7% |
| Received no reply after contacting advocacy services or had a bad experience - not getting the support they needed etc, | 7.1% |
| Needing support due to mental health issues | 7.1% |
| Support in hospital rounds etc | 5.4% |

In terms of insight, comments from respondents included:

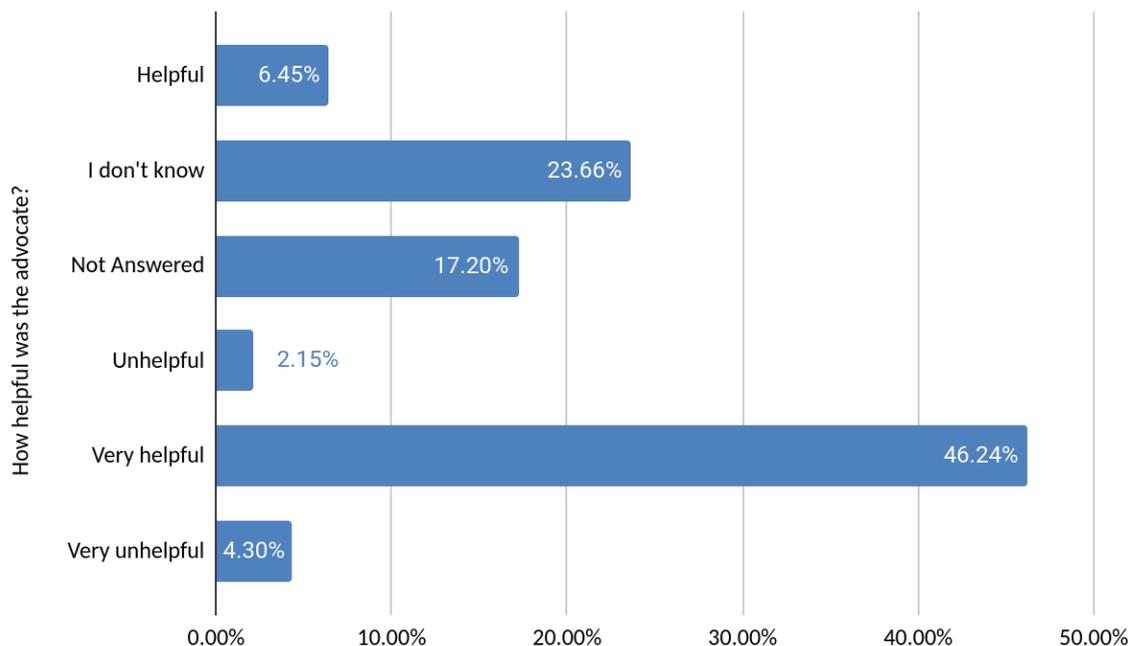
“ Lucia and Choice Hackney helped me to navigate next steps to force Hackney Homes to do their job: so advising me to get a solicitor, and also to contact my local MP to help apply pressure. She Also accompanied me on voice and zoom calls and tried to get Hackney Homes to meet access requirements for disabled people. “

“ All support e.g. explained in detail even after consultation. Signposting to other relevant services. Encouragement in speaking out and exercising the rights. “

“ The advocate made phone calls on behalf of the client however it was never clear what their role is and how they were supporting the individual. “

“ We have to date not had a successful referral for an advocate carried out by Hackney council. “

Q3. How helpful was the advocate?



Q4. Please tell us what was good about the advocacy service you received?

| What was good about the advocacy service you received? | Percentage of respondents mentioned |
|---|--|
| The service was good overall and user was happy with it | 30.8% |
| Provided good advice and signposting to other relevant services and information, helping users to navigate the system | 30.8% |
| Support with decision making and ensuring a good outcome | 15.4% |
| Helping users to express themselves properly | 15.4% |
| Users felt they were listened to and the advocate took time to understand their needs in order to best help them. | 13.5% |
| Users felt they were treated as an individual and with respect | 13.5% |
| Help with attending and booking GP and hospital appointments or on the wards | 13.5% |
| No comments as hadn't received the service yet | 7.7% |
| Nothing was good about the service | 3.8% |
| Translations | 1.9% |

In terms of insight, comments from respondents included:

“ Really focused on ensuring the patient was able to access services. Kept patient agenda at the heart of the consultation and assisted the care journey. “

“ I feel that I was listened to and treated as an individual even though some of my requests ie form filling help and support may well be common, I was assisted with respect to my individual needs. ”

“...So far the advocate has been very knowledgeable and helpful, has promptly answered any concerns and questions and helped me feel empowered to put in this complaint. I definitely wouldn't do it without them.”

“ To have someone who was helpful and supportive and attentive to my needs was good. They helped me express how I was feeling and worries I had on the ward and my consultant acted on the advice my advocate shared with him.”

“ When I can't express myself I get stressed and anxious and they help me with expressing myself properly. “ - Spoken in reference to Derman

Q5. Please tell us what was not so good about the advocacy you received?

| What was not so good about the advocacy you received? | Percentage of respondents mentioned |
|--|--|
| Nothing was bad about the service (tended to be non-English speakers who were happy for the support) | 40% |
| A lack of funding for the service, not enough staff, time, resources | 31.4% |
| Users not happy with the service they received for various reasons | 17.1% |
| Poor communication and lack of clarity about what the advocate did and how they could help. Difficulty getting hold of them. | 11.4% |
| Not receiving any advocacy service despite contacting them. | 5.7% |

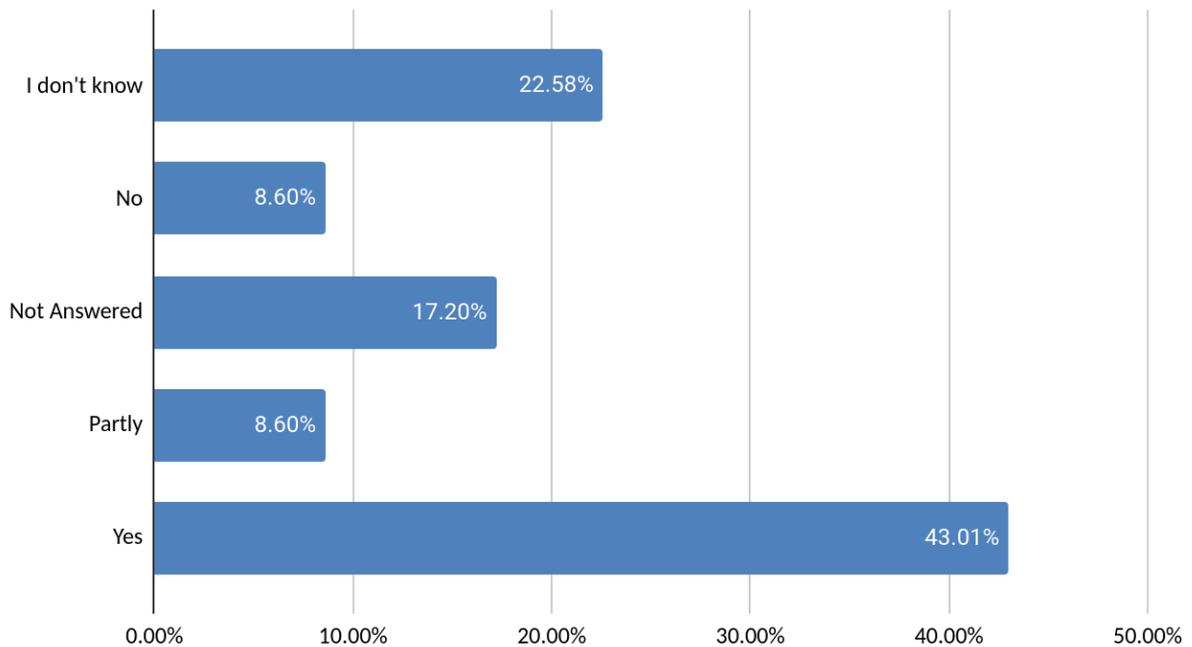
In terms of insight, the negative comments from respondents included:

“ It would help if the current provider was clear about what support they provide and have better communication with other services in the borough. “

“ Unavailability of advocates. “

“ It is quite clear to me that the service isn't being funded enough (or some sort of issue like that, that is my guess) because they don't have enough advocates working. I really need support with appointments in general, as I struggle to communicate verbally out loud and often get confused, and am therefore quite easy to manipulate and misinterpret which have both been key issues in my healthcare, resulting in negative consequences for my treatment. Sadly I haven't been able to find an advocacy service in London at all that can help with this - the existing services only help with complaints, and even for those there is quite a wait (I had to wait 7 months). This is absolutely not reflective of the quality of service these services provide, but instead I feel it's reflective of the lack of funding and support these services are receiving. ”

Q6. Did the advocate help you solve your problem in the time you wanted?



Q7. Please tell us why you gave the above answer?

| Please tell us why you gave the above answer? | Percentage of respondents mentioned |
|--|-------------------------------------|
| They received good support and are happy with the service (tended to be non-English speakers who were happy for the support) | 64% |
| Received no or poor support | 16% |
| Mentioned translation as being important to non-English speakers | 14% |
| Users issues were ongoing so they are still working through them | 12% |
| Liked the fact that advocates were independent and unbiased | 2% |

In terms of insight, comments from respondents included:

“ He is always present when I need to decide about what’s best for me. “

“ Because after the advocate summarised everything all future meetings were practical as the basic issue had been resolved. “

“ We are in the middle of the process, but I have absolutely no complaints at all about the service itself and couldn’t ask for better. Sadly, I feel the issue could have been better resolved if I had an advocate that could attend appointments with me or take some role in helping me advocate to the hospital before the complaint stage, but there is no service that has the capacity to provide that sort of help right now. “

“ It was difficult to get through to the advocate and when I did it was unclear what they were providing. “

Q8. What do you think we could do to make advocacy better in the future?

| What could we do to make advocacy better in the future? | Percentage Mentions |
|--|----------------------------|
| Reduce waiting times, more resources needed, more funding | 31.7% |
| More promotion of the service and accessibility in the community | 24.4% |
| Widen the scope and eligibility criteria of the advocacy to others | 14.7% |
| Empathetic advocates and maintaining the service as it is needed | 12.2% |
| Better communications and working with services and families of users as well. | 10% |
| Better communications with users, managing their expectations and keeping them informed with their cases | 5% |
| The current provider should be investigated and reviewed | 2% |

In terms of insight, comments from respondents included:

“ It needs to be available to people with a streamlined process for making the referral and connecting people with their advocate. “

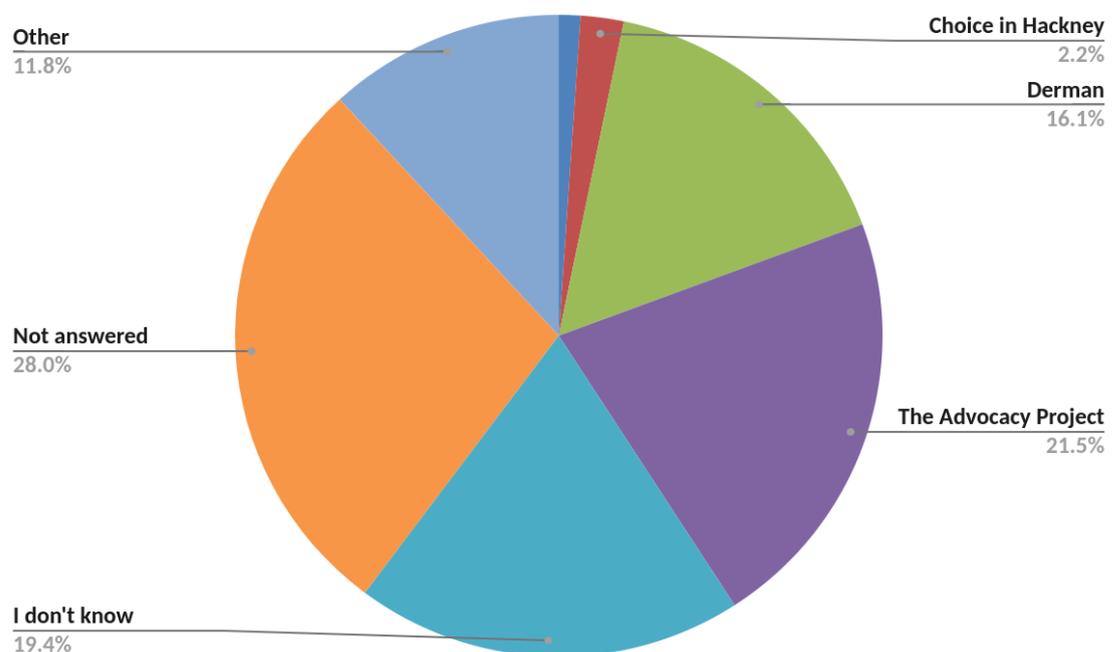
“ To keep employing empathetic people who have lived experience and come across as genuine warm good hearted people at interviews. “

“ Better funding to services, treating advocates as valuable people and supporting them with better paid and more secure working conditions. Making sure that local authorities adhere to the law in making their services accessible to disabled people and to people who may have language, cultural or economic barriers to accessing services. “

“ Make more people aware of advocacy services in the borough. Advertise/publicise them in the local papers, libraries, community centres etc. Posters are good + people can take photos of them for later investigation. “

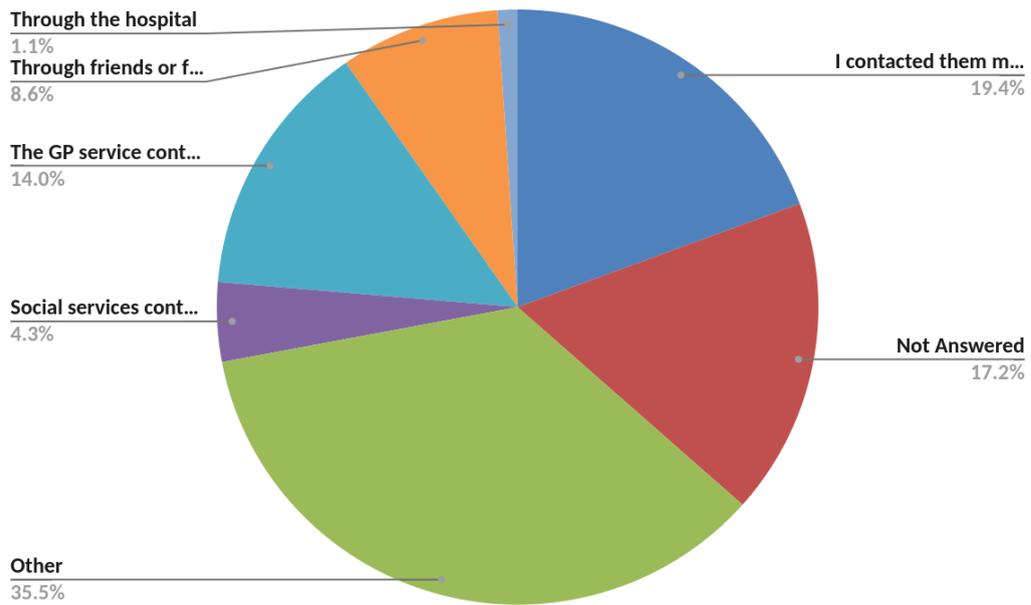
“ Make it accessible to unpaid carers as well as the people they care for as often by giving the carer the help they need, you are supporting the person being cared for as well, and maybe the wider family also.”

Q9. Which organisation did the advocate come from?

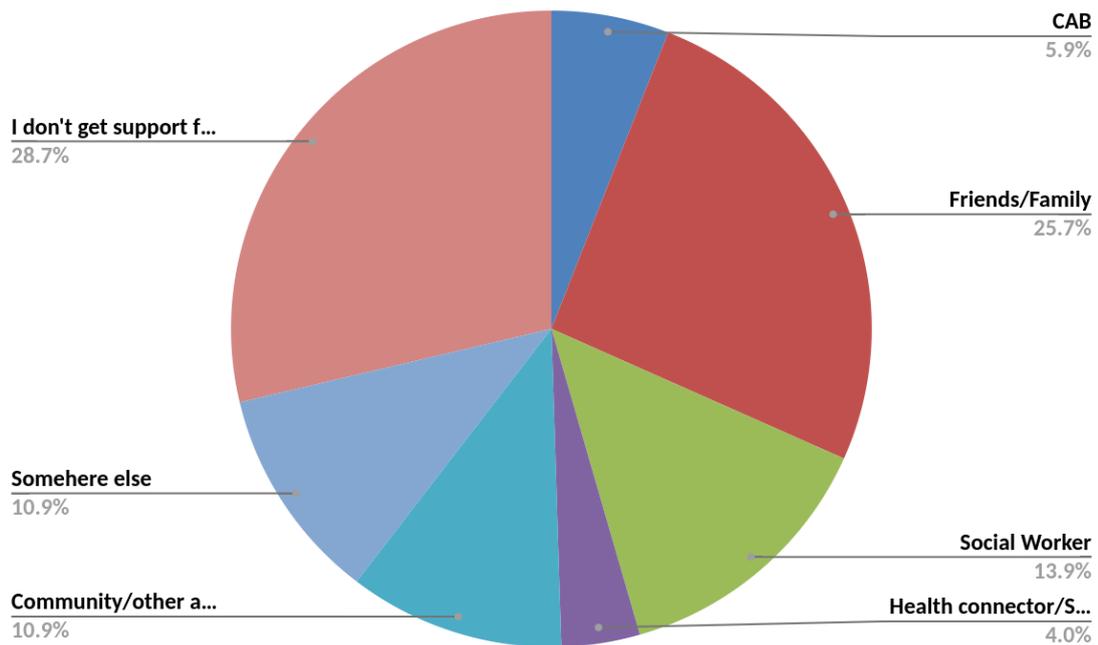


Q10. How did you find out about the service or get access to it?

- The responses to this question were split between people contacting the service themselves, followed by their GP service and then through their friends or family.
- 35% people gave, 'Other,' and the responses to this included: Google, their Carer/Keyworker, a visit to their hospital or home by a representative from the advocacy service, or seeing it listed in the press. One person said it was through an enquiry with the Ombudsman, while other people said they hadn't used the service or received no response.



Q11. Where else do you get support from? (tick all that apply)



Q12. Do you have any comments about advocacy services you want to share with us?

| Do you have any comments about advocacy services? | Mentions |
|---|-----------------|
| Compliments and thanks for the service they received | 50% |
| More funding and better facilities needed | 17% |
| Need for more awareness of advocacy and a better referral process | 9% |
| Users said they received a bad or poor service | 6% |

In terms of insight, comments from respondents included:

“ Advocacy service is fantastic and should be readily available for patients' within practices . “

“ My experience of support has been very good, though there's just not enough funding to serve people in need. It's not very easy to access support and even doing that requires a lot of fighting. What the advocates have to deal with is tough. The awfulness of how callous, rude and with no idea about adhering to legal requirements for disability access. “

“ Greater publicity leading, hopefully, to greater awareness of all the advocacy support available in the borough. “

“ It would help if the current provider were clear about what support they provide and have better communication with other services in the borough. “

“ Face to face advocacy is more helpful than on the phone sessions... I don't know of any other organisation in this area that provides the same type of service. “