



Strengthen the City Through Advocacy

Feedback summary from the event held on Wednesday 28th June 2017



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Introduction

On 28th June, Advonet hosted an advocacy stakeholder event entitled 'Strengthen the City through Advocacy'. Over 150 people participated; 17 organisations hosted discussions about the potential for advocacy to make a difference to the communities which they work with.

The event helped generate ideas about how we can better support the huge range of wider informal advocacy provision in the city, make advocacy services more accessible to a broader range of individuals and make sure that we can reach them. All the feedback that people came up with is captured here.

The event has also helped us to understand that there are gaps in people's knowledge and understanding of advocacy and that the term 'advocacy' itself is sometimes a barrier to people from taking up a service that could help them take control of their lives.

Finally, it was clear from all the feedback that there was a real appetite for supporting self-advocacy. There's definitely sufficient interest in developing this area to put on a separate event on this topic at some point.

There are a number of initiatives that are being explored as a result of the June 28th event: knowledge exchanges between organisations, joint advocacy projects and new community advocacy surgeries. These will all lead to a better cohesion of the work that is already going on in the city and make it easier for people facing disadvantage to access the support to understand their choices, their rights and to be heard.

We plan to hold a second Strengthen the City networking event in the Summer of 2018. This will look at the distance travelled since the first session and develop a concrete plan for what the city, its organisations and individual citizens could do next.

If you would like to be involved in planning the next session, please contact Wendy Cork at **Wendy.Cork@advonet.org.uk**.

Who are Advonet?

Advonet exists to ensure everyone can have their needs heard and their rights respected. It both delivers services directly and promotes independent advocacy provided by partners in Leeds and the surrounding area.

Advonet's vision is to be a leading voluntary sector organisation working across a wide range of communities, enabling individuals to thrive and feel empowered through inclusion and integration, with individuals being heard and feeling in control of their life choices.

Our mission is to ensure that all people attain their full rights and entitlements, improve their wellbeing and succeed as active members of the community. We accomplish this by supporting clients to communicate their needs and fully understand what is available to them.

We recognise that working in partnership with other agencies to deliver advocacy, engage with communities and influence service provision is an essential strategy to achieve our mission.

Advocates guide individual clients through this process, aiming to develop awareness and understanding, together with the confidence and skills that will help clients move towards independence in dealing with service providers and community participation.

We will work to strengthen and empower individuals, families and communities. We will champion and inspire positive change in service provision.

What is Advocacy?

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”

The Advocacy Charter, 2002

What participants wanted

At the event, we asked everyone attending to say what they wanted from it, splitting them into 17 groups. Each group covered a different topic or disadvantaged group.

Here are all of the answers we received from the discussions we held on the day:

- **Encouragement for people to use their own resources - “Don’t take over, join the dots”**
- **Empowerment for someone who is navigating disempowering services**
- **A clear definition of what advocacy is, as opposed to support work**
- **Information about advocacy made relevant to all**
- **Advocacy to better link to advice, as they often complement each other**
- **People who have benefitted from advocacy to be able to tell others about it, as their stories help explain what advocacy is**
- **A wider focus rather than just paid/professional advocates, as anyone can be an advocate**
- **People to be able to advocate for themselves and for them to be given support in doing this**
- **Family, citizen and peer and self-advocacy to be an option, in addition to statutory advocacy and formal advocacy**
- **An advocacy service that responds to what is going on in people’s lives**

1. Sex Workers' Rights

Needs and Challenges

- Budget cuts affect 85% of women - will return/continue on streets
- Engagement with advocates
- Still stigma around the work
- Difficulty reporting incidents - fearful
- Safety
- Financial pressures - reduced resources
- Police - pragmatic approach
- Getting access to the right services
- Poor physical health - 30% have heart conditions
- Self-advocacy - stigma stops this
- Access to services: it's difficult to find the women - they scatter when escaping police or violence
- Lack of social inclusion
- Until the law changes how can this improve/change
- Constantly 'fire fighting'
- What options have women had before they take to the streets
- Some women in this line of work have drug issues
- Lack of capacity to support demand

Solutions

- Women should be informing legislation
- Get voices of women heard
- Change peoples attitudes; HMRC - can register - women do pay tax
- Holistic services
- Basis will challenge other services women have been signposted to - often services are not set up well
- Need to empower women - not being listened to
- Change legislation
- Decriminalise this work to prompt change in society, remove stigma, give women a voice
- Peer advocacy
- One to advocate for all
- People to be able to advocate for themselves and for them to be given support in doing this
- Family, citizen, peer and self-advocacy to be an option, in addition to statutory advocacy and formal advocacy
- An advocacy service that responds to what is going on in people's lives

2. LGBT+ Community



Needs and Challenges

- Institutional barriers
- How services are set up including 'assumptions' about LGBT+, physical health services are heteronormative
- Trans people changing name in services - often blocks put in the way, denied rights to change name
- LGBT+ Asylum seekers - knowing you can access services
- Lack of resources to support people in providing appropriate services
- New communities - find it difficult to talk about issues - e.g. safeguarding, attitude of "wouldn't access it so don't think there will be a solution for it"
- Changing mind-set of communities
- Labelling and pigeonholing people because of pots of money allocated
- We are intersectional
- How do we use money and funding effectively?
- Trans people struggling with Gender Identity Clinic (GIC) and accessing mental health services - often people who are using GIC can't access NHS mental health services in fear of being kicked out of GIC
- Trans people scared to access crisis and statutory services due to impact on GIC criteria
- Difficulty accessing GIC due to stringent criteria and very long waiting lists (four years plus) - have to make narratives that 'fit'
- Medical model rather than social model
- Lost funding for LGBT+ advocacy

2. LGBT+ Community continued



Solutions

- Supportive employers and HR processes - protective characteristic; We have noticed there has been a knowledge gap within advocacy about LGBT issues and vice versa (already arranging training exchange)
- Accessible advocacy; not making assumptions, knowing people's rights, welcoming/not intimidating, challenging institutional barriers, facilitating peer support
- Advonet to give training to LGBT organisations; Advonet to exchange with LGBT+ groups - e.g. trans support; skills swap - utilise social media and website to share info
- Create a platform or hub in Leeds - whatever you need we can connect you - (commission a student to do this); something like a forum where different organisations can have input, or support with drop in sessions e.g. advocacy hubs, possibly at GPs, but some people find it difficult to access
- Support LGBT people through all parts of service - need more training
- More cross partnerships, with services working together; strategic, group advocacy or peer-led support to voice people's rights
- Work together to pool together knowledge (how do we do this?)
- Start from the margins to raise up standards for everyone
- Training for advocates - not aware of people's gender identities/struggles/terminology
- Advocacy support for trans people accessing GIC services and MH services separately (independent of NHS - e.g. third sector services)
- Advocacy to promote social model; Advonet's role in helping trans people to access GIC and navigate admission to service - particularly important due to waiting times of up to four years
- Apply for funding for LGBT+ advocacy

3. Refugees and People Seeking Asylum



Needs and Challenges

- English not first language - not assessed properly
- Learning disabilities and no support
- Women with children and not enough support
- Finding the right services
- Funding not available in services
- Barriers in general
- People's perceptions and attitudes towards someone who isn't born here
- Communication - no integration of services, assessments take too long
- Not enough support in the first place
- Not enough money to survive
- Access to transport
- Limited health care
- Not being listened to
- How does the UK work - not enough input
- Health needs - not knowing where to get this support
- Discrimination
- Lack of available services
- Not being able to work
- No support legally to help with asylum
- Slum housing

Solutions

- LCC facilitating Advocacy Hub and/or Online Service - with all advocacy services having input, including links to own website and signposting
- Knowing what entitlement is
- Advocacy help and support

4. Gypsies and Travellers



Key Points

- G.A.T.E led (via board) by Gypsies and Travellers (crucial)
- Not what haven't you got but what have you got (skills, knowledge etc.)
- Spreading positive experiences of achievements and result - i.e. peer advocacy skills and rights (such as GP, health visit)
- Paid advocacy - focus on the complex things, which are impossible for the individual to do
- Asset-based/strength-based - support and encourage people to use their own wider resources "Don't take over, join the dots"
- Supported self-advocacy requires more time input in the early stages but should lead to less outside input and less formal advocacy further down the line (self-advocacy/person-centred/strength based)
- Get an advocacy approach into front line services - e.g. training, support
- Communicate more widely and clearly what advocacy is (support person, empowerment) and isn't (support work!) - work with health care services and GPs?



5. Mental Health

Needs and Challenges

- Delays in gaining access to specialist services
- "Medical Model" still used, therapies tend not to be considered first
- People are not aware of options/criteria for services
- Many big companies have "help" services for their employees
- How to overcome barriers on a wider scale

Solutions

- Need to empower people to articulate what they want from services so they are directed to the right place
- There is a need to support service users to be aware of accessing the "right service, at the right time" and when they are clinically ready
- Services need to encourage client participation in establishing services, to ensure they are accessible
- Need to encourage self-advocacy
- The city may benefit from an advocacy hub, run along the lines of the Autism Hub, supporting people to self and peer support advocacy and bringing other services together
- Could you have a group of trainers to train new advocates to increase numbers?



6. Carers

Needs and Challenges

- Carers not aware of what support they are entitled to
- Carers are primary advocates and can be over-involved
- Issue of pride - “it's charity, I don't need it”
- Helping carers to step back when children become adults
- Open 'family' approach to support carers
- Managing expectations
- Difficulty of navigating social services, benefits system and health provisions
- Need to support carers to access the help they need to care for the person they care for

Solutions

- Organisations need to consult, involve and change, including advocacy services
- Service user involvement
- Value of self-advocacy and peer advocacy
- Keep it simple
- Self-advocacy courses
- How do we make information about services that exist more accessible and more widely broadcast?



7. Dementia

Key Points

- Stigma
- Family dynamics—who are we speaking for?
- BME-specific communities can have various cultural issues
- Increasing prevalence or risk of safeguarding; it can be difficult to ensure with service user involvement
- Instruction/best interest can be disempowering
- Remain person-centred, focus upon what a person can do
- Communication - clarity, interpreters should not edit or summarise
- Carer's assessments and rights supported by The Care Act



8. Deaf/Blind People



Needs and Challenges

- How do we meet needs when the person doesn't know their own?
- How do we talk about being deaf/blind?
- How do we make everyone feel included and welcome?
- Moving away from accessibility to an inclusive approach

Solutions

- 75% of people who are deaf/blind can use clear speech, but ask for things e.g. if the microphone is not loud enough - having the confidence and authority to say
- Good accessibility - include deaf/blind people in all communication (clearer print) for all groups e.g. learning disability, dementia, mental health



9. Survivors of Sexual Violence



Needs and Challenges

- Confusion between legal advocacy, general advocacy and ISVA (Independent Sexual Violence Advocate)
- Scale of problem - 85,000 females and 12,000 men are raped per year
- 90% of rape is committed by a person known to the survivor
- Only 15% of people report being raped, 7% of those reported result in conviction
- Managing expectations
- Knowing about service or what they actually are or do
- Knowing what advocacy is
- Discrimination and stigma
- Empowering someone who is navigating disempowering services
- Can work with people up to two years
- Funding
- Two paid advocates and three volunteers
- Impact on mental health of clients (e.g. PTSD)
- Impact on physical health
- Referrals from: Victim support, police, CPS, self-referrals, other agencies
- Traumatizing
- Safe space - therapeutic support alongside advocacy, grounding, managing anxiety, exploring process again and again

Solutions

- Advocacy principles: be believed, not their fault, in control, have informed choices, be heard, aware of their rights, supporting client through process, strength-based support, represented, accessing other information and services, exploring, empowering, mixture of instructed and non-instructed
- Individual and agency advocacy (multi and intra): police, CPS, housing, health, sexual health, education, employment, schools offering emotional and practical support
- Work with people at any point through the process of reporting to court
- Quicker process from police to court - better communication
- Awareness of who we are and what we do
- Signpost to SARSVL. Victims code of practice (guidelines); currently not mandatory - campaign for this
- Give presentations on wards to staff and raise awareness there
- Criminal Justice System - mental health/credible witness

10. Older People

Needs and Challenges

- Clear definition between advocacy support and support work - being clear with client
- Often an issue for advocates not having a support worker to signpost to and take on a particular issue
- Older people's circumstances can change quickly - may be appropriate for advocacy at one point but later down the line may need more support
- GPs need to be more proactive in signposting to advocacy services
- Are there enough services - funding and capacity issues
- Awareness of statutory and non-statutory advocacy
- Community organisations need to be more aware of advocacy services

Solutions

- More awareness and promotion, more accessible
- Train up volunteers
- Funding - more paid workers
- Capacity to take on clients - paid-for services?
- Service that's fully paid that supports the whole city
- Each neighbourhood, service or network to have its own advocate
- Companies with some sort of expertise to offer some sort of advocacy expertise i.e. banking, legal
- Advocate defining their role at beginning of their relationship
- Other advocacy services (apart from older people-specific) could be appropriate for an older person
- Promotion of advocacy services to older people - explaining what the service is; not just leaflets
- Making information about advocacy accessible and relevant

11. People facing material deprivation

Needs and Challenges

- Immigration - filling in forms, gaining self confidence and self esteem
- Problems with claiming benefits - scale of this problem, is this an advocacy issue?
- We can't hold people through the process at CAB; we give advice
- Why doesn't the health service look at provision of welfare benefits?
- Process is so complex, is it a tactic?
- Worse crisis is to come
- When paid jobs are being replaced by volunteer or peer support through complex procedures, it's easy to make a mistake
- CAB are the experts - we could organise or bring together people who have had the same experience, e.g. people who have had a support worker but do not have one anymore
- How can we better tie in with advocacy? - 2010-2015 project to train advocates to address this, then funding stopped
- Problems such as overpayment of debts
- Gap between advocacy and advice



11. People facing material deprivation cont.

Solutions

- Reach out to people at trusted places - e.g. church groups
- Local groups called money savers - self-advocacy
- Small groups trained in different areas go out to specific areas, e.g. group trained in Benefits to go to LEEP1
- Advice on maternity, going back to work etc.
- Internet use
- Working with people experiencing poverty. Benefits are very complex - complexities need leaving to experts
- Try to look at fuel poverty - trainers going round to different groups - cost issue - money saving website etc. - but not accessible to everyone, e.g. people with learning disabilities
- Using technology, training people, telephone access
- How do we control demand?
- What are we going to do to plan for the impact of universal credit?
- Arriving at a decision, framework for how to challenge
- Come together to help one another - sharing skills



12. Autistic People

Needs and Challenges

- Reduction in funding/support leading to increased crisis later
- Support needed at diagnosis and in transitions
- Employment - lack of info/fear
- After diagnosis - lack of support signposting - people in crisis as have not had info earlier - low level PA support could reduce crisis
- No one route after diagnosis, so Googling and getting to SAS/LAS
- Hard to identify needs/strengths
- Assessments done without Autism understanding
- Benefits etc. - PIP, ESA
- Not staff to support outreach to CAB etc. - need to build trust/relationships

Solutions

- Summary info of where to go after diagnosis so they can access the right support and information
- Second meeting after post-diagnosis consultation - various pathways, summarised visually
- Transitions - group to take forward, parent/carer linked bringing together Transitions, LAS, SAS, AIM, Leeds ABC and others - work with LADS, Autism PB and autistic adults to develop



13. People with Learning Disabilities

Needs and Challenges

- Laws about advocacy but less funded and self-advocacy groups closing
- People need to know their rights
- How do we shift money about?
- We don't always listen to people
- Families are important - they might need some help

Solutions

- Increased peer support and/or self-advocacy with support to identify needs and strengths, working together to develop workshops or packs about self-advocacy
- Rethinking advocacy - not just about paid (professional) advocates - we can all be advocates
- Rethinking advocacy: lots of different types of advocacy should be recognised
- People themselves can advocate - can we do anything to give them a hand?
- Statutory advocacy and formal advocacy needs to be there - it's the law but costs the most money
- Family, citizen and peer and self-advocacy should also be an option and costs less money
- Who advocates for us depends what is going on in our lives
- We should be working with people to develop confidence and skills



14. People in Safeguarding Processes

Key points

- Respect and dignity
- An advocacy approach regardless of role
- Listening and objectivity (someone prepared to listen, not imposing on values and ideals)
- Looking at the person as an individual, no assumptions (e.g. sexuality)
- Being believed
- Giving people all the options and information to make a decision
- Confidentiality – explaining rights - understanding
- People need to know what happens next. Be upfront about caveats and implications
- Advocacy at an early stage to be safe
- IMCA – a safeguarding within a safeguarding process
- Demonstrably objected regardless of role
- Honesty, transparency, and assuming capacity
- Accessibility/easy read information to enable people to understand
- Support self-advocacy, support and train on these principles
- Co-production principles
- Understand barriers to access
- Ensure the person's voice is heard, acknowledged and considered
- Not just speaking up, but standing alongside and supporting
- Someone I trust talks to me, before the decision is made
- Consider having same training across all services, communities – principle-based
- Check the local authority has understood my concern
- Power shift – from responsibility to empowerment
- Outcome focused – who decided, how do I appeal
- Ability to call and seek advice – talk to us rather than make a referral
- Shift from hearing your views to hearing your voice – be equitable and rights-based
- Making a phone call doesn't mean “hit the nuclear button”

15. People with Physical Health Difficulties & Sensory Impairments

Key Points

- Effective communication between all
- Open all-area drop-in advocacy hub-style surgery
- Events - celebrating all people like Learning Disability Week etc., but everyone together
- Newsletter from all sections, success stories
- A generic advocate to help with supporting/navigating through processes e.g. health/social care, breaking the difficulties down in health/social care, issue(s) person is going through may be complex



16. Healthwatch (System Learning/Signposting)

Key Points

- Reaching all demographics/communities
- Sharing evidence more widely - reporting issues
- Promoting each other's services more
- Advocating marginalised individuals
- Flexible contracts between services because of gaps in advocacy services - e.g. people who fall between the gaps of services such as Advonet, signposting between teams
- Accessibility of services e.g. hard of hearing



17. BME Communities



LEEDS BLACK ELDERS
ASSOCIATION



Needs and Challenges

- Culture differences
- Barriers
- Paranoia and stigma
- Family structure
- Gaining trust
- Tight communities
- Difficult to interact/engage
- Some communities still isolated and restricted from accessing help
- Difficulties can impact mental health
- Advocacy charter - do all services have an understanding? Knowledge?

Solutions

- Need more networking
- Free service needs to be more apparent
- Work directly with communities
- More promotion - target the main contracts
- Accessibility
- Partnership
- More funding
- Visibility



Questions from the session

- Can a service be created that is available to support asylum seekers and refugees navigating life in the UK? i.e. housing/Benefits/buses/schools /shopping etc. in their own language
- Commissioner arrangements of advocacy, will it be SPA with less specific criteria - because of fragmented services and specific criteria cause barriers to accessing services e.g. removing the box concerns around lack of generic support?
- There isn't enough formal/paid advocacy for everyone and (it is) unlikely there ever will be. How can we get a more 'advocacy approach' (person-centred/empowerment/strength-based) into frontline services (e.g. health, social care, welfare)? Through training? Awareness raising? Capacity support? How to make this a reality?
- How do we include deaf/blind people?
- How do we meet the needs when the person who is deaf/blind doesn't know their own needs?
- What are we going to do to plan for the impact of Universal Credit?
- How do Advocacy and Citizens Advice link?
- We know that most autistic adults use various services that may not be autism specialist. How are the services on the panel meeting the needs of autistic adults?
- When can we get a user orientation mental health services? And a quality service i.e. guaranteed outcomes to meet client expectations?
- Can we roll out 'Advocacy skills' training across the city?
- Are there any plans or strategies to develop peer/carer/self-advocacy and if so, has any consideration been given to how to fund this upskilling?
- How can we raise the profile of advocacy at the key triage points to access Mental Health services? E.g. CMHT, GP, Crisis Café?
- How do you raise the profile of 'Advocacy' to ensure it is embedded in all services?
- Is there any plan or strategy to develop peer/carer/self-advocacy which has been appropriately costed?
- Do services that refer in and other people understand the difference between advocacy and support work?
- How can we enable people to stand alongside a person who needs advocacy but may not have an advocate?
- Why can't the women [involved in sex work] have the same rights as other workers when they make the same contributions like Tax and National Insurance?
- When should an advocate be sought?

Questions from the session

- How do we re-engage and skill families to be effective advocates for those around them?
- Should we stop using the terms 'statutory' or 'non-statutory' advocacy given the importance of advocacy and the Equality Act?
- How do we make sure that all communities access advocacy?
- What is the ethnic breakdown of advocacy services by services? By area? And age breakdown? This enables targeted work
- How are ethnic minority benefits being raised? One-stop shops to promote?
- There is much difficulty accessing advocacy in challenging social care costs and supporting people going through difficult financial assessments. People are often vulnerable and struggle dealing with issues on their own. Can this improve?
- How do you make information about the services that exist more accessible and widely broadcast?
- How can we address institutional problems through advocacy? E.g. experiences of LGBT people and experience of accessing services.
- What are the biggest challenges we face and how can we work better together?
- How can the best of advocacy techniques be used to empower women to have a voice?
- How are services challenging homophobia/transphobia/biphobia?
- Where are the unions today as people experience discrimination at work?
- Partnership arrangements - barrier by meeting criteria e.g. working with three or four advocates
- Generic advocacy gap - needs/funding
- Recognising dual diagnosis - breaking the barrier down with professionals
- What does an advocate actually mean? (First impressions broken down e.g. some think it's legal)
- How can the best of advocacy techniques be used to empower women to have a voice

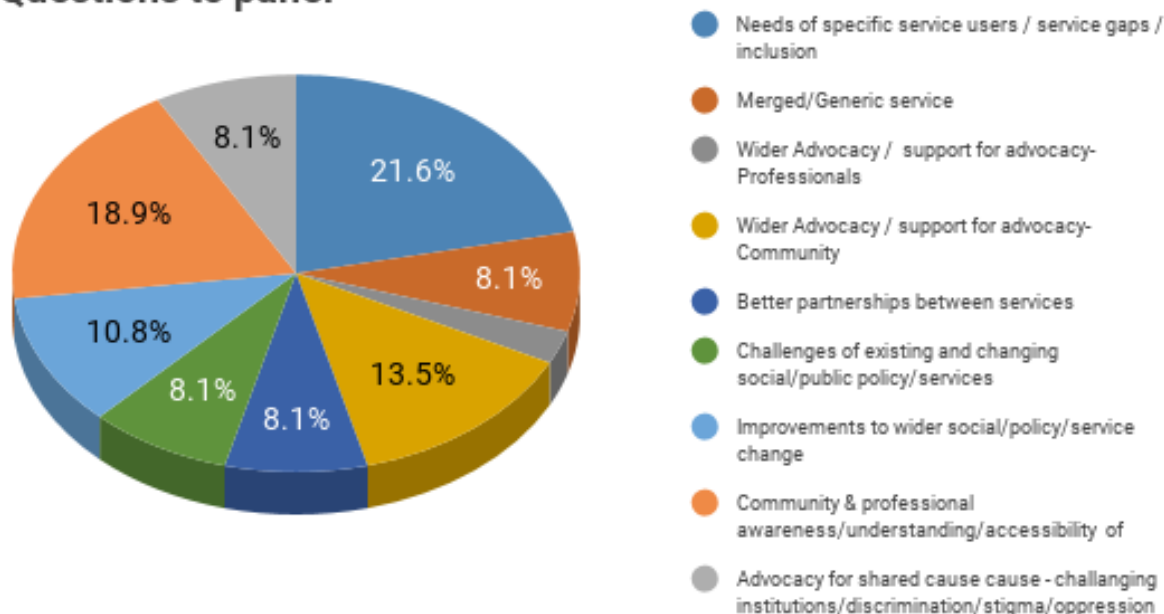
Points of information - submitted alongside the questions

- Awareness/achievements the support can gain/have complex and combined needs - fragmented in health/social care - crossing the border
- The way advocacy is currently provided mirrors the fragmentation of health/social care services. This needs to change to a generic approach based on the need of a person/family instead.

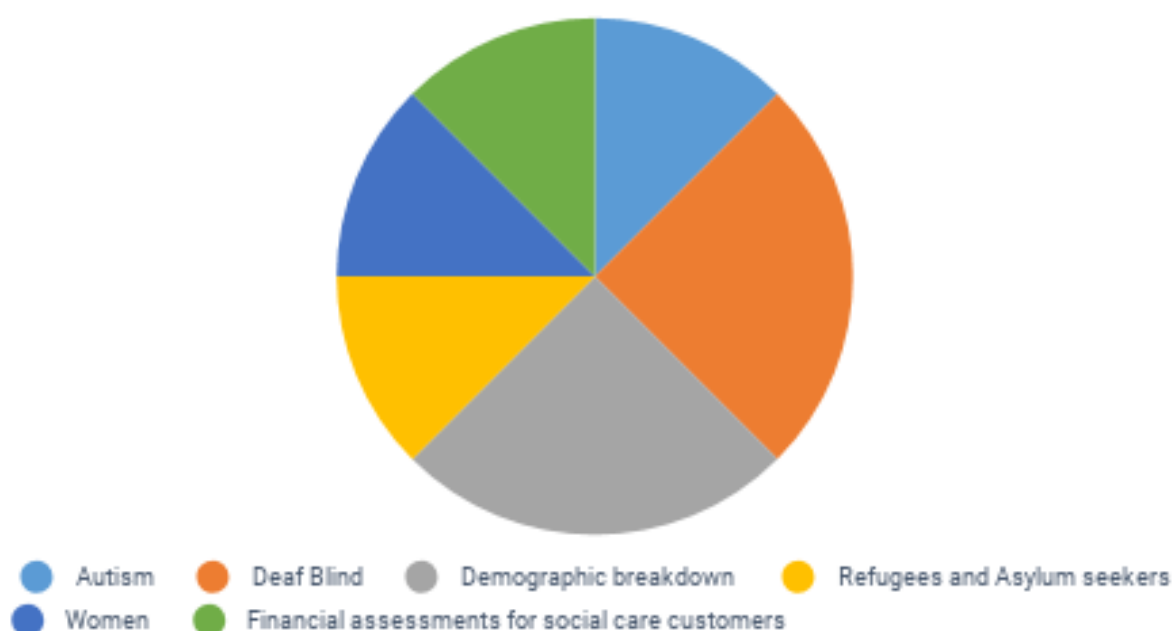
Questions to the panel

After the group discussions, we had a panel of expert speakers to answer a series of questions from those who attended. The pie charts below break down which type of questions were asked and what areas the answers covered.

Questions to panel



Breakdown of top response



**Thank you to our
partners and all
participants for your
energy and ideas on
the day**



**INVESTORS
IN PEOPLE**



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