Advocacy in social care for groups protected under equality legislation

**Equality and
Human Rights**
Commission

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Executive summary

The provision of advocacy forms an increasingly important part of the social care agenda, particularly in relation to personalised care. Its availability, though, varies by locality. There is little information about the availability of advocacy for people in the groups protected by equality legislation: people who share characteristics relating to age, disability, gender, gender reassignment, race, religion or belief, or sexual orientation (as set out in the Equality Act 2006 and subsequently in the more wide-ranging 2010 Act). The purpose of this study was to fill this gap and assess the extent to which existing advocacy provision is available to people in the protected groups in Great Britain.

The study consisted of:

- 403 interviews with independent advocacy providers (drawn from three databases, together comprising 1,500 names). There is no guarantee that those databases included all advocacy providers in Britain; as a result, it is not possible to say that the respondents were representative of all advocacy providers.
- 200 interviews with advocacy commissioners, in both the social care and health sectors, selected through a variety of means. This sample, too, is not representative of all commissioners.
- 13 case studies.

Key findings

Around one in four of the advocacy providers who took part in the survey provided advocacy to anyone who needed it, regardless of personal characteristics or identity. The remainder had the objective of providing advocacy to people from one or more user groups or with one or more protected characteristic.

Thirty-seven per cent of providers estimated that half or more of their users had mental health problems, 27 per cent said at least half their users had learning disabilities, and 27 per cent said half or more were older people. Smaller proportions estimated that half or more of their users had a physical or sensory impairment (18 per cent), were from a non-white ethnic minority (15 per cent), or were from a particular religion or belief group (12 per cent). The equivalent percentage for lesbian, gay or bisexual (LGB) people was one per cent, and less than half a per cent for transgender people. All these percentages were estimates, not based on monitoring data.

Some providers specialised in providing services only to people from specific groups. Fourteen per cent said they had a user base made up exclusively of people with mental health problems, 14 per cent worked exclusively with people with a learning disability and seven per cent provided services exclusively to people aged over 60.

The proportions of providers who said they regularly recorded service users' gender, age, ethnicity, sensory or physical impairments, mental health problems or learning disabilities varied between 80 and 96 per cent. The proportions of those who said they recorded religion or belief, sexual orientation or transgender status were much lower, at between 28 and 37 per cent.

Among commissioners of advocacy services, the proportions of those who had gathered information or carried out research on the latter three groups were also lower (at between 24 and 28 per cent) than in relation to disabled or older people, or people from ethnic minorities (45 to 66 per cent).

The proportions of commissioners who thought there were gaps in local advocacy provision were relatively low. Although 16 per cent referred to a general lack of capacity, only 14 per cent mentioned a lack of provision for older people, nine per cent for ethnic minorities (including refugees and asylum seekers), eight per cent for people with mental health problems and eight per cent for LGBT. Proportions of providers referring to these groups were similar at 13 per cent, nine per cent, nine per cent and three per cent respectively.

Providers mentioned a range of means they had adopted to improve the accessibility of their services to people with protected characteristics. The most common were outreach (mentioned by 32 per cent of providers), promotional materials (20 per cent), and running conferences or forums (13 per cent). Some of the organisations in the case studies worked with people from two protected groups, such as people with learning disabilities from ethnic minorities, or ethnic minority women.

The extent of collaborative work with other advocacy providers or organisations working with people from the protected groups was variable: 45 per cent of providers said they 'often' did this, 21 per cent 'sometimes' and 21 per cent 'occasionally'. Among commissioners, 85 per cent said they had collaborated with other commissioners or funders of advocacy services in their area. Sixty-seven per cent also said they had taken some steps to encourage advocacy providers and other organisations to work together to meet the needs of people in the protected groups: setting up and/or supporting forums or networks, supporting joint research or information-sharing, or supporting joint training and development.

The benefits of collaborative work included: a single point of access for service users; reduced duplication; sharing resources; more systematic assessment of need and referral procedures, and a shared approach to quality and standards.

Outreach and collaborative work emerged as two key areas with potential to improve the availability of advocacy services for people in the protected groups.

1.   Introduction

This chapter sets the scene for the research project. It provides:

- a brief overview of the development of personalisation in social care services
- an introduction to advocacy and its value in supporting people, and
- a discussion of the project's methodology.

1.1   The development of personalised services

The health and social care sectors are changing, with increasing moves towards personalised provision: aiming to respond more to individual needs and choices. This means every person, across the spectrum of need, having choice and control over the shape of his or her support, in the most appropriate setting, involving self-directed assessment, individual budgets or self-directed support initiatives.

The way policy and provision are developing is different in England, Scotland and Wales. In England, personalisation is a key component of Department of Health policy. Part of a transformation of care announced in the previous government's 2006 White Paper, *Our Health, Our Care, Our Say* (Department of Health, 2006), it was then central to an inter-departmental Concordat, *Putting People First*, in 2007 (HM Government, 2007). The Association of Directors of Adult Social Services noted, in 2009, that: 'The move towards self-directed support and personal budgets involves comprehensive change – the policy makes it clear self-directed support needs to become the core way of doing business. It is not an "option". Implementing self-directed support is as much about changing culture as about changing systems.' More recently, the coalition government has said it will continue to press ahead with the personalisation and choice agenda in health and social care (HM Government, 2010).

In Scotland, personalisation is central to the public service reform agenda: service users being centrally involved in the way services are designed, so that they receive support that is most suited to their needs (Social Work Scotland, 2008). A current consultation on Self-Directed Support: A National Strategy for Scotland aims to develop the personalisation of health and social care services, based on a cultural shift in the delivery of care and support that views people as equal citizens with rights and responsibilities (Scottish Government, 2010).

The Welsh Assembly Government has not adopted the approach to individual or personalised budgets that is being rolled out in England. Some local authorities are

considering this approach on their own initiative. As at the end of 2009, however, only one authority (Wrexham) was providing personalised budgets for service users.

In 2009, the Equality and Human Rights Commission (the Commission) published a policy paper, *From Safety Net to Springboard*, focusing on England, which set out its vision of an approach to social care and support based on equality and human rights (EHRC, 2009). It was the Commission's view that such care and support should act as a springboard by promoting people's abilities, be based on their own views of what they need, and seek to benefit society as a whole. Fundamental to the Commission's vision was the belief that all groups should be able to access support to enhance and maximise their life chances and quality of life.

The take-up of personalised support has varied among different groups of people, as well as in different parts of Britain: it is less likely, for instance, among people with mental health problems or cognitive impairments such as dementia or learning disabilities (Riddell et al., 2006; Kinnaird and Fearnley, 2010). The Commission is concerned that personalisation has, so far, been difficult to achieve for people disadvantaged because of age, race or ethnicity, gender (including transgender status), religion or belief, or sexual orientation (groups, other than disabled people, who are protected under the Equality Act 2006, now included within the more wide-ranging Equality Act 2010). Emerging evidence on the implementation of self-directed support initiatives in England suggests that not all users of social care are benefiting equally from personalised support: discrimination and other barriers may be preventing some user groups and communities from accessing the types of support they would like (EHRC, 2010).

To safeguard against inequality and disadvantage emerging in such developments in social care, the Commission considers that access to tailored support, such as independent advocacy, must be made available. In its view, access to high-quality independent advocacy can assist people who may otherwise not benefit from a greater focus on tailored support services designed to increase autonomy.

1.2   An introduction to advocacy

Advocacy involves:

> 'Taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.'
> Action for Advocacy (undated)

Advocacy is not necessarily needed by everyone using social care services, nor do individuals need it all the time. Most frequently, it can be of benefit to people with long-term lack of capacity or in shorter term crises when radical changes to support arrangements may be needed. However, independent advocacy does reach out to some of the most marginalised and disadvantaged people in the community, who may be isolated, lack confidence to speak up, have lost faith in services, or be unaware that services and support exist.

As the personalisation agenda has advanced, the vital role of advocacy has been viewed with increasing importance. In England, *Putting People First* set out a goal of a universal information, advice and advocacy service for people needing services and their carers, particularly in the context of personalised services (HM Government, 2007). The Independent Living in Scotland Project noted that advocacy is essential to enable disabled people to know their options and participate fully in society as equal citizens (Independent Living in Scotland Project, 2009). In Wales, advocacy needs to develop to support service users, though without the current emphasis on personalisation that is evident in England and Scotland. At a service level, recent years have seen the introduction of three new statutory advocacy services: the NHS Independent Complaints and Advocacy Service, the Independent Mental Capacity Advocacy service and Independent Mental Health Advocates.

Research has shown that independent advocacy helps to empower disabled people, make them more confident, and enable them to maintain choice and control at critical times in their lives (Townsley et al., 2009). The value of advocacy has also been highlighted in a number of recent high-profile reviews of care and support services. These include the Joint Committee on Human Rights report on Older People (Joint Committee on Human Rights, 2007) and the House of Commons Health Committee's review of social care (House of Commons, 2010). Their recommendations have sought to address systematic failings in meeting the needs of people in vulnerable situations.

Current evidence shows, however, that access to advocacy services depends very much on where a person lives (Advocacy Safeguards Agency, 2004; Kitchen, 2006; Age Concern Cymru, 2007). Where advocacy services are available, they often only serve one section of the community, such as people with mental health conditions or learning difficulties. Advocacy services frequently face insecure futures, with many only surviving for short times with specific funding streams. There are also clear gaps in knowledge. Evidence sources may focus on single groups, with no robust picture of whether existing advocacy services are able to meet the needs of people from the range of groups protected under equality legislation. Local authorities have little

reliable information about the overall need for advocacy, and few have managed to produce a comprehensive strategy on advocacy provision (IDeA, 2009). In addition, very little evidence is available about partnership working between different advocacy providers or with commissioners of services, the role of advocacy in promoting equality and human rights, or ensuring equality in access to social care and support.

1.3   Project overview and methodology

In order to fill the current knowledge gaps, the Commission commissioned the Office for Public Management (OPM), together with Plus Four Market Research Limited, to assess the existing range of advocacy provision in relation to social care and map the extent to which this is potentially available to members of the protected groups. The scope of the research project was GB-wide, focusing on independent advocacy providers and the commissioners of advocacy services.

In commissioning this piece of work, the Commission was keen to:

- establish the extent to which advocacy providers provide services for members of the protected groups
- ascertain the extent to which current advocacy services specifically address human rights and equality issues, including reference to the provisions of the Human Rights Act and equality legislation
- assess the gap between current provision and the model of a single local joined-up network of services in which people can locate advocacy services that are appropriate to their needs
- assess the accessibility of advocacy services and their capacity to deliver for different groups' needs (for example examining the extent to which advocacy organisations are able to provide bilingual advocates, translation services, and outreach to particular groups such as Gypsy and Traveller communities or asylum seekers), and
- set out how known gaps for specific groups should be addressed, and how collaborative arrangements might be achieved.

The project was conducted in two phases: 1) surveys of providers and commissioners; and 2) case studies of good practice.

Phase 1 – surveys
The first phase aimed to gather information about the provision, quality and accessibility of advocacy services for members of protected groups through surveys of providers and commissioners of advocacy services in England, Scotland and

Wales. A database of advocacy providers was compiled from databases held by Action for Advocacy, the Older People's Advocacy Alliance and Action Resource Exchange. The final database comprised 1,500 organisations.

The survey of advocacy providers initially ran from October to December 2009 and was conducted by phone. In this first round of survey activity, 72 per cent (1,080) of providers were contacted. Of the 303 interviews undertaken, 296 came from the database and seven from referrals from these interviewees. In March 2010, a second wave of survey activity took place to boost the sample of providers. This involved contacting the remaining 28 per cent (420) of advocacy providers from the database, resulting in an additional 100 interviews. In total, 403 advocacy providers took part in the survey. This represents around 27 per cent of the providers on the database, though not all details on the database proved to be up to date.

The questionnaire covered: information about the nature of advocacy providers, the type and scale of advocacy in general, and advocacy for protected groups more specifically.

Two hundred commissioners of advocacy services also took part. They were identified through existing contacts, website searches and snowballing. Of 178 who were initially contacted, 57 agreed to take part in interviews. A further 143 interviews came from referrals from either provider or commissioner interviewees.

Copies of the survey questionnaires are included at Appendices 2 and 3.

Both survey samples included large numbers of organisations which provided or commissioned advocacy services for people in the protected groups. Nevertheless, the surveys were not based on random samples of advocacy providers and commissioners, and cannot be considered to be representative of all providers or commissioners across England, Wales and Scotland.

Phase 2 – case studies
The second phase of the project consisted of case studies. These aimed to add detail to the survey findings, and to increase understanding of the availability of advocacy for members of the protected groups in relation to social care services.

The evidence collected in Phase 1 provided information about interesting or promising practice in relation to the provision or commissioning of advocacy for the protected groups. From this, a shortlist was drawn up of potential case studies.

Scoping interviews were undertaken with individuals from the selected organisations in order to obtain further detail about their work.

On the evidence collected from the scoping interviews, 13 case studies were selected as examples of good practice. For each of the case studies, between two and 10 semi-structured interviews were conducted with members of the advocacy organisation (including organisational leaders, paid and volunteer advocates) and commissioners. Where possible, researchers also interviewed service users or their carers. A list of the case studies and the interview guides are attached in Appendices 4 and 5, with fuller details of the case studies in a supplementary report.

2. Research findings

This chapter presents the findings from the surveys of providers and commissioners, drawing on case study data to develop specific points. It explores:

- respondent profile, organisational focus and characteristics of service users
- gaps in provision, monitoring data, barriers to commissioning advocacy and information gathering
- accessibility, and the use of human rights and equality legislation, and
- networks and partnerships.

2.1 Respondent profile

The 403 advocacy providers that took part in the survey ranged from large providers with well-established advocacy services, to smaller organisations starting to develop their services. Of them, 309 worked in England, 54 in Scotland and 58 in Wales: some provided services in two or more countries.

Of the 200 commissioners that responded to the survey, 129 funded advocacy services in England, 47 in Scotland and 24 in Wales. The majority (157) worked for local authorities, of which 83 per cent were located within adult social care teams. A total of 76 respondents worked for a health organisation, including those who held joint appointments with local authorities.

2.2 Organisational focus

Some providers offered advocacy services alongside other community services, while others specialised in advocacy provision. As Figure 2.1 shows, nearly half of the provider organisations (49 per cent) spent between 75 and 100 per cent of their total income on advocacy services, with another 12 per cent spending between 50 and 74 per cent. One in five respondents (19 per cent) spent less than a quarter of their total income on advocacy.

Figure 2.1: Proportion of advocacy providers' total income spent on advocacy
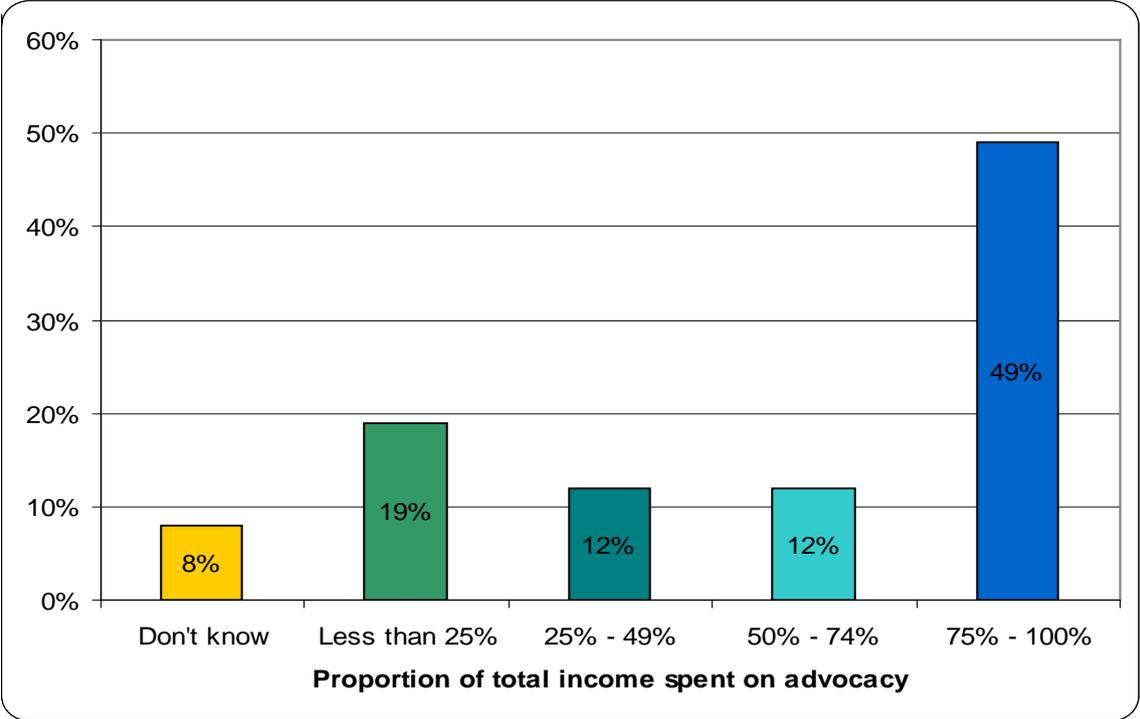
(Base: 403)

A quarter (24 per cent) of respondent providers offered advocacy support to any individuals who needed such support, regardless of personal characteristics or identity. The majority (75 per cent) had the objective of providing support for one or more specific groups. Table 2.1 shows that over half of providers included advocacy for people with mental health conditions (54 per cent) or learning disabilities (53 per cent) within their main objectives, and 41 per cent specified older people within their main objectives. A higher proportion of providers in Scotland aimed to provide support to people with mental health conditions or learning disabilities, compared with other countries; but proportions of those offering support to ethnic minorities, lesbian, gay, bisexual or transgender (LGBT) people, or people of a specific religion or belief were lower. A higher proportion of providers in Wales aimed to provide support to older people, people with a physical or sensory impairment, members of ethnic minorities, LGBT people, people of a specific religion or belief, and Gypsies and Travellers. However, these figures only refer to those organisations that took part in the survey: they do not reflect advocacy provision as a whole.

Table 2.1:   Percentage of advocacy providers aiming to support members of specific groups

Group	England (Base: 309)	Scotland (Base: 54)	Wales (Base: 58)	Total (Base: 403)
People with mental health conditions	52	61	53	54
People with learning disabilities	49	70	55	53
Older people	40	44	50	41
People with a physical or sensory impairment	37	37	45	38
Women	37	26	41	37
Men	34	26	41	34
Black, Asian or ethnic minority communities	33	22	38	32
Lesbian, bisexual and gay people	28	24	33	28
Transgender people	28	22	31	27
People of a specific religion or faith	25	20	31	25
Gypsies or Travellers	23	20	31	24
Other (incl. carers, young people)	17	19	19	22

A wide range of advocacy was provided by respondent providers. As highlighted in Table 2.2, advocacy was most often in relation to: resolving grievances or making complaints, supporting individuals in accessing services (health, housing, social care), and assisting people for whom residential care might be a possibility.

Table 2.2:   Type of advocacy provided

Type of advocacy provided	% of providers
Resolving grievances or making complaints to providers of social care or health services	87
Accessing health services	87
Accessing housing services	81
Accessing social care services	79
Where residential care is a possibility	75
For disabled people who are accused of anti-social behaviour or are the victims of such behaviour or hate crimes	64
For disabled parents who are subject to child protection procedures	55
Accessing or managing direct payments or individual budgets	57
Support for people who are subject to the Mental Health Act	52
Support for young disabled people in transition to adult services	45
Support for people who lack mental capacity to make decisions about serious medical treatment or changes of residence	34
Other (including domestic violence, carers and addiction)	20

(Base: 403)

The main responsibilities of the 130 respondent commissioners who were based in adult social care teams reflect the overall focus among providers. Two thirds (66 per cent) of commissioners had responsibilities for mental health, about the same proportion (65 per cent) for learning disabilities, a slightly lower proportion (59 per cent) for older people, and 53 per cent for people with physical and sensory impairments. A larger proportion of commissioners who responded to the survey in Scotland and Wales listed mental health as one of their main responsibilities (83 and 76 per cent respectively), compared with 61 per cent of respondents in England.

2.3   Characteristics of service users

Table 2.3 shows providers' estimates of the proportions of service users with particular characteristics. It has to be stressed that these were based on estimates at the time of interview, not on monitoring data held by respondents. Some of the groups are potentially overlapping, as service users could fall within two or more categories. Not least, the table does not indicate total numbers, as different providers had different user populations.

However, the data do indicate a tendency for providers to provide services to particular groups: 13 per cent, for instance, served mainly older people (who made up at least 90 per cent of their users), 20 per cent focused on people with mental health conditions and 19 per cent concentrated on people with learning disabilities. These groups were the main users of the organisations which took part in the survey in England, Scotland and Wales, though the proportions varied. For instance, people with mental health problems made up at least 90 per cent of users in 13 per cent of providers in Scotland and 14 per cent in Wales, compared to 21 per cent in England (see Appendix 1 for details).

Table 2.3:   Providers' estimates of the proportion of users with particular characteristics, over previous year, percentages

	All	90% or more	Half or more	Less than half	Don't know
Aged over 60	7	13	27	67	6
Non-white ethnic minority	1	4	15	77	8
Physical or sensory impairment	2	5	18	63	15
Mental health condition	14	20	37	52	12
Learning disability	14	19	27	64	9
Men	1	1	66	31	4
Women	2	6	85	11	4
Transgender	<1	<1	<1	52	48
Lesbian, gay or bisexual	1	1	1	46	52
From a particular religion or faith group	1	3	12	31	57

(Base: 403)

Given that service users may fall within more than one protected group, some advocacy providers have set up services to, for instance, people with learning disabilities from ethnic minorities (as in the case of Grapevine in Coventry) or women from ethnic minorities (Women's Health and Family Services in Tower Hamlets).

2.4   Gaps in provision

Figure 2.2 shows that 18 per cent of providers felt there were no gaps in advocacy provision for members of protected groups in their area. However, 17 per cent referred to a general lack of provision or funding, 14 per cent to insufficient advocacy for children and young people, and 13 per cent to advocacy for older people.

Figure 2.2:   Perceived gaps (percentage of advocacy providers)
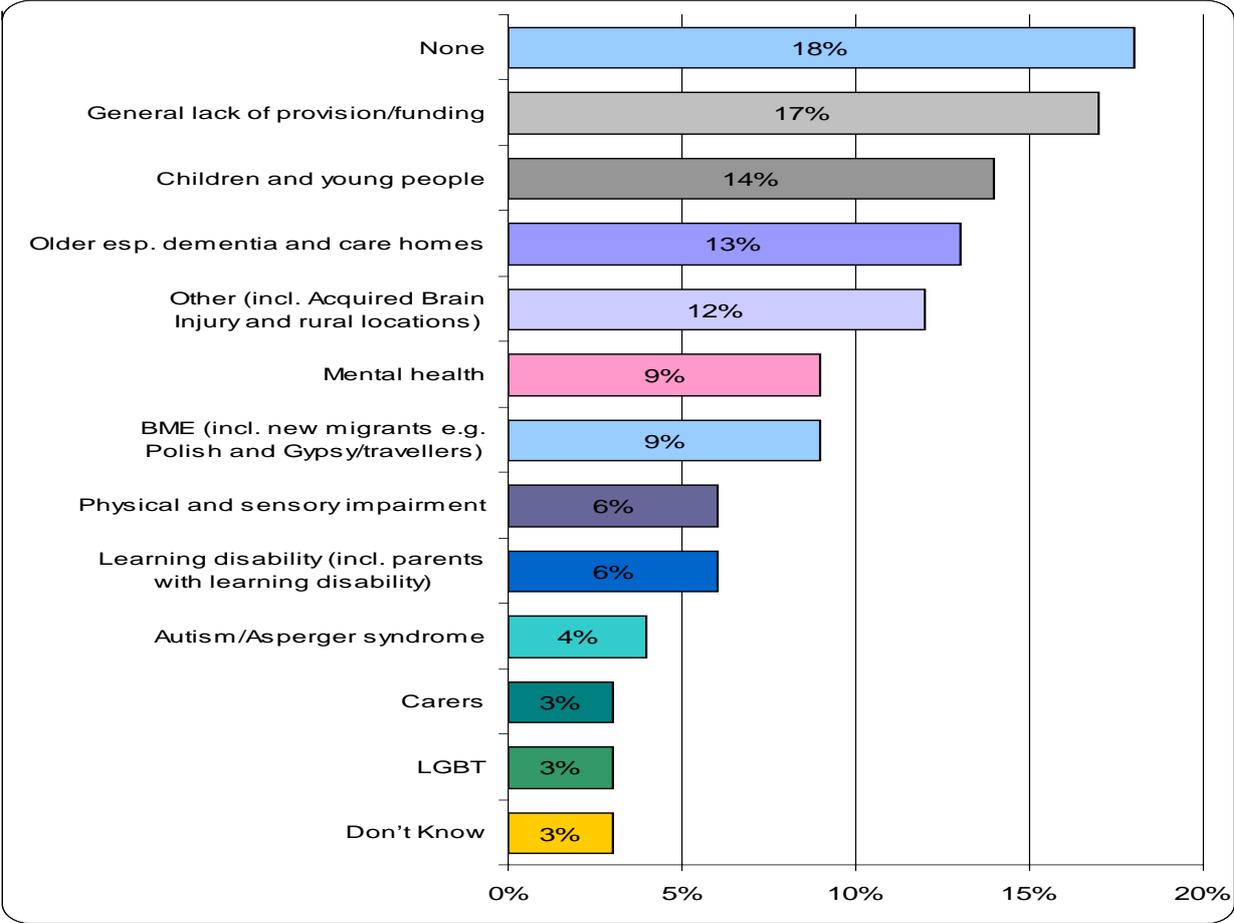
(Base: 403)

Of the commissioners, just over a quarter (28 per cent) said they did not think that there were any major gaps in the provision of advocacy for members of the protected groups in their area (Figure 2.3). Sixteen per cent felt there was a general lack of capacity to provide advocacy services linked to a lack of funding or geographical coverage. Fourteen per cent referred to a gap in advocacy provision for older people.

Figure 2.3: Perceived gaps (percentage of commissioners)
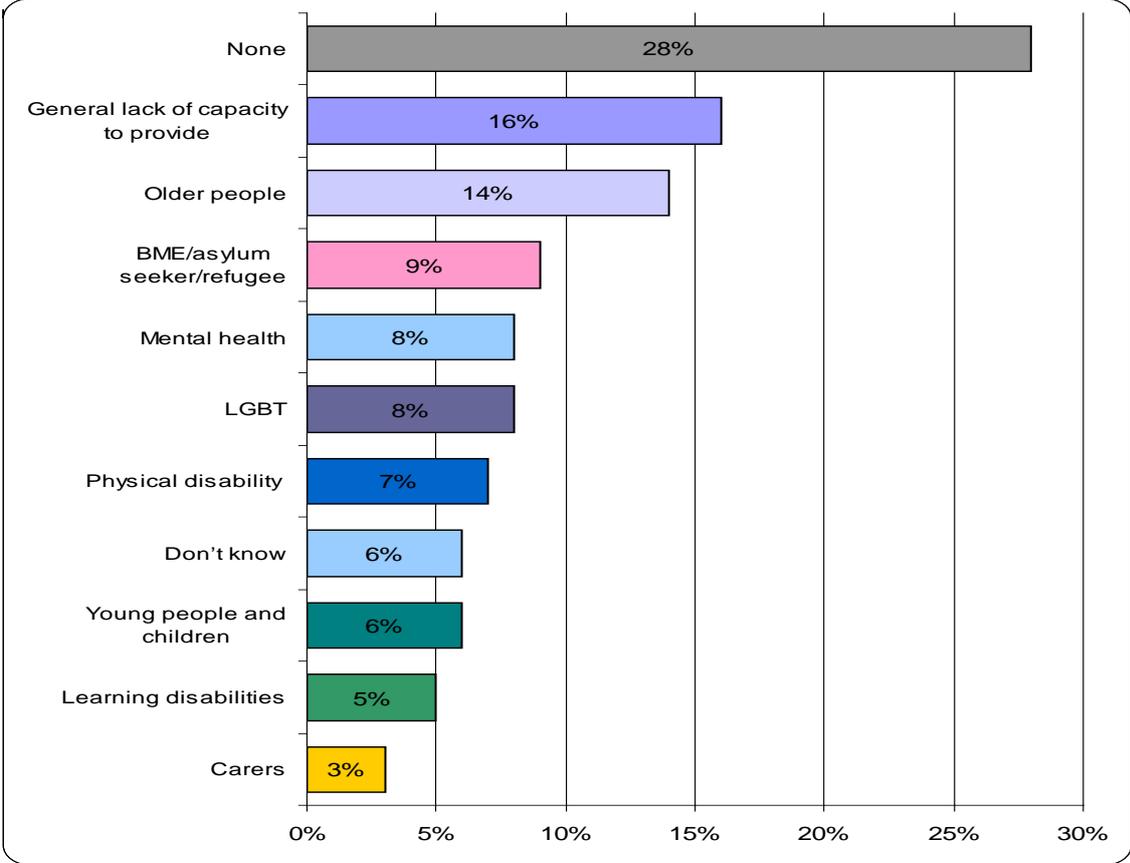
(Base: 199)

Commissioners were also asked about the main barriers in commissioning advocacy for people with protected characteristics. The most significant barrier was 'lack of funds', with 38 per cent perceiving this as a 'significant' or 'very significant' barrier. Only 10 per cent of commissioners felt that a lack of funds was 'not a barrier at all'. Lack of information about needs was also seen as a major barrier.

2.5   Collection of monitoring data

Figure 4 shows that the vast majority of providers (between 80% and 96%) who responded to the survey indicated that they had a regular practice of recording service users' age, ethnicity, gender, sensory or physical impairments, mental health conditions, and learning disabilities. A lower proportion (between a quarter and a third) recorded users' sexual orientation, religion/belief, or whether they are transgender. In a very small number of cases, providers did not know what monitoring they carried out.

Figure 2.4: Extent to which advocacy providers recorded service users' details

Figure 2.4: Extent to which advocacy providers recorded service users' details. Stacked bar chart showing Yes, No, and Don't Know responses for each category.

Category	Yes	No	Don't Know
Clients' gender	96%	5%	
How old clients are	95%	5%	
Ethnicity of clients	92%	8%	
Whether clients have learning disabilities	84%	16%	
Whether clients have a mental health condition	82%	18%	
Whether clients have a physical or sensory impairment	80%	20%	
Clients' religion or belief	37%	63%	
Clients' sexual orientation	30%	70%	
Whether client is transgender	28%	71%	

(Base: 403)

Of those providers who did not record information on service users' religion (73 per cent of the 253 providers), three quarters said that the reason was because the information was not relevant or did not impact on the service they offered. In the case of sexual orientation (not recorded by 63 per cent of the 279 providers), almost two-thirds said they did not record this because this information was not relevant or did not impact on the service they offer, and 12 per cent did not record it because they considered it a private matter or the questions too intrusive. (These figures do not take account of providers' particular specialisms, which would mean that monitoring some characteristics is particularly relevant to their work.)

Some providers who took part in the case studies felt that asking about a service user's religion or belief or sexuality was inappropriate: they feared it might undermine attempts to establish a trusting relationship, especially where a person might have experienced discrimination or stigma in the past. However, some providers were beginning to monitor users' sexuality as they were aware they would be required to do so under the Equality Act 2010. This work was, for the most part, at an early stage. Exceptions were those organisations that offer targeted help to the LGB community.

The majority of commissioners (88 per cent) made it a condition of all their contracts or agreements with advocacy providers that they should record equality information; seven per cent made it a condition in some cases and six per cent never did so. Ninety per cent of all commissioners required providers to monitor their service users' gender in all or some cases, 89 per cent their age and 88 per cent their race/ethnicity (Figure 2.5). The figure for disability status was 78 per cent, religion or faith 44 per cent, sexual orientation 30 per cent, and transgender status 22 per cent.

Figure 2.5:   Equality monitoring data required by commissioners
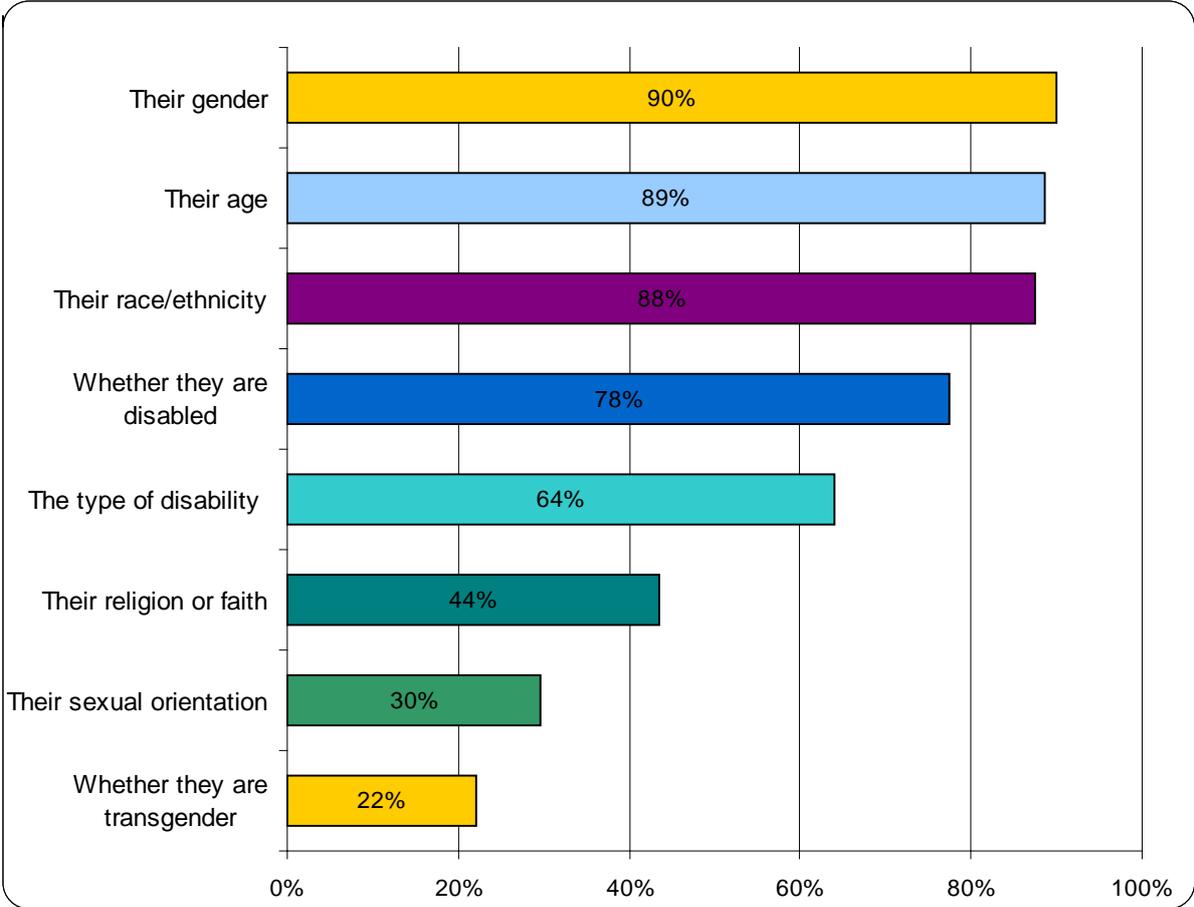
(Base: 200)

Barriers to commissioning advocacy for the protected groups

Commissioners were asked about four specified potential barriers in commissioning advocacy for people in the protected groups. The largest proportion (38 per cent) thought a lack of funds was a major barrier (as represented by a response of 4 or 5 on a scale of 1-5), followed by 17 per cent who highlighted a lack of information about needs (Figure 2.6).

Figure 2.6:   Barriers to commissioning advocacy for the protected groups, percentage of commissioners
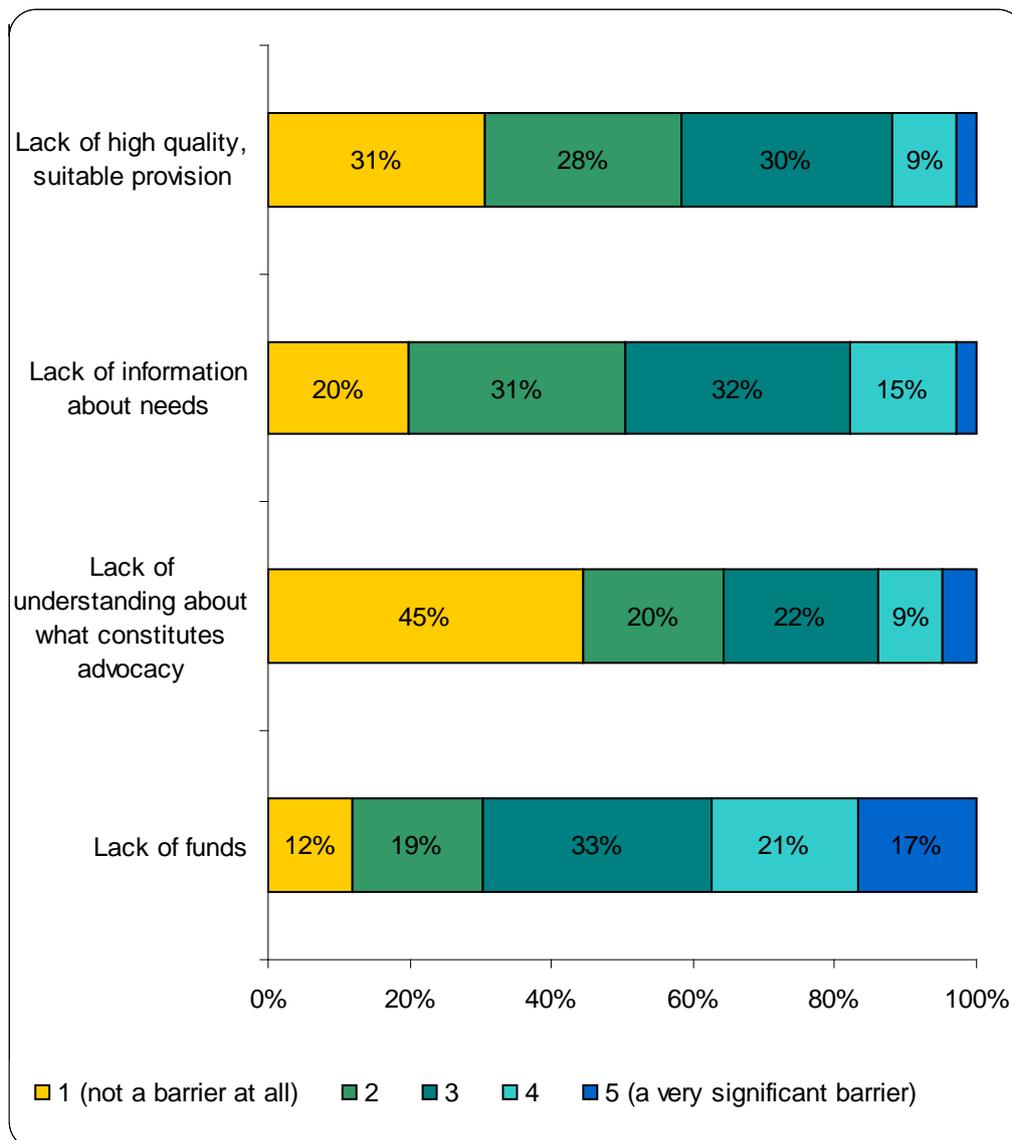
(Base: 200)

Information gathering

Advocacy commissioners were asked whether they had gathered information or commissioned research in the last five years on the advocacy needs of different

groups. As Figure 2.7 shows, information gathering or research was most common in respect of the needs of people with mental health conditions and people with learning disabilities (66 and 64 per cent respectively). Information gathering or research was least common on transgender people, people of a specific religion or belief group, and LGB people (between 24 and 28 per cent). Three-fifths (59 per cent) of commissioners in England had commissioned research or gathered information on the advocacy needs of black, Asian and ethnic minority communities in the last five years, compared with just 30 per cent of commissioners in Scotland and 21 per cent of commissioners in Wales. Again, these data apply to commissioners as a whole, among whom there were different areas of specialism.

Figure 2.7: Information gathering or research by commissioners on the advocacy needs of different groups in the past five years, percentage of commissioners

Group	Yes	No	Don't know
People with mental health conditions	66%	23%	12%
Learning disabled people	64%	27%	10%
Older people	57%	33%	11%
Black/Asian and minority ethnic communities	48%	42%	11%
People with physical or sensory impairment	45%	44%	12%
Women	30%	58%	13%
Gypsies or travellers	29%	55%	17%
Lesbian/gay or bisexual people	28%	58%	15%
Men	28%	60%	13%
People of a specific religion or faith group	27%	60%	13%
Transgender people	24%	61%	15%

*(Base: 200)*

2.6   Accessibility

Table 2.4 provides an overview of the main steps taken by advocacy providers to ensure their services were accessible. The most common provision was home visits, available from 83 per cent of providers. Wheelchair-accessible offices or meeting rooms were available from 82 per cent, outreach services 76 per cent, a choice of a male or female advocate from 61 per cent, and information to users in accessible formats (such as Easy Read, Braille or large font) from 59 per cent. Smaller proportions provided information in different languages or interpreting services, though most said they could provide these on request. Higher proportions of organisations offered outreach services in Scotland, and proportions offering information in accessible formats were higher in both Wales and Scotland than in England. However, lower proportions in Scotland offered information in different languages or language interpreting. Respondents from Wales were most likely to offer information in different languages (including Welsh).

Table 2.4:   Services currently provided by advocacy providers to ensure accessibility, percentage

	England (Base: 309)	Scotland (Base: 54)	Wales (Base: 58)	All (Base: 403)
Home visits	82	83	83	83
Wheelchair accessible offices or meeting rooms	81	83	85	82
Other outreach services (e.g. taking advocacy services to another community or voluntary organisation where people might access a service)	75	85	78	76
Choice of male or female advocate	61	61	55	61
Information and literature in accessible formats (e.g. Easy Read, Braille, large font)	55	76	71	59
Information and literature in different languages	34	26	53	37
Interpreting services (community language)	25	13	24	24
Interpreting services (sign language)	23	22	21	24

In response to an open-ended question on actions they had taken to increase the accessibility of services for members of the protected groups, the highest proportion of providers (32 per cent) referred to outreach (for instance, setting up drop-in centres or surgeries, providing services in community groups, and home visits) (Figure 2.8). Twenty per cent mentioned the creation and distribution of promotional materials, while 13 per cent referred to setting up or running conferences or forums (13 per cent). Nine per cent said they had offered staff training as a way of increasing accessibility. Only two per cent had increased accessibility through the use of Easy Read. Given that this was an open-ended question, providers may not have mentioned all the steps they were taking to increase accessibility; some may have taken particular steps earlier and did not mention them all here.

Figure 2.8:   Actions by advocacy providers to increase accessibility
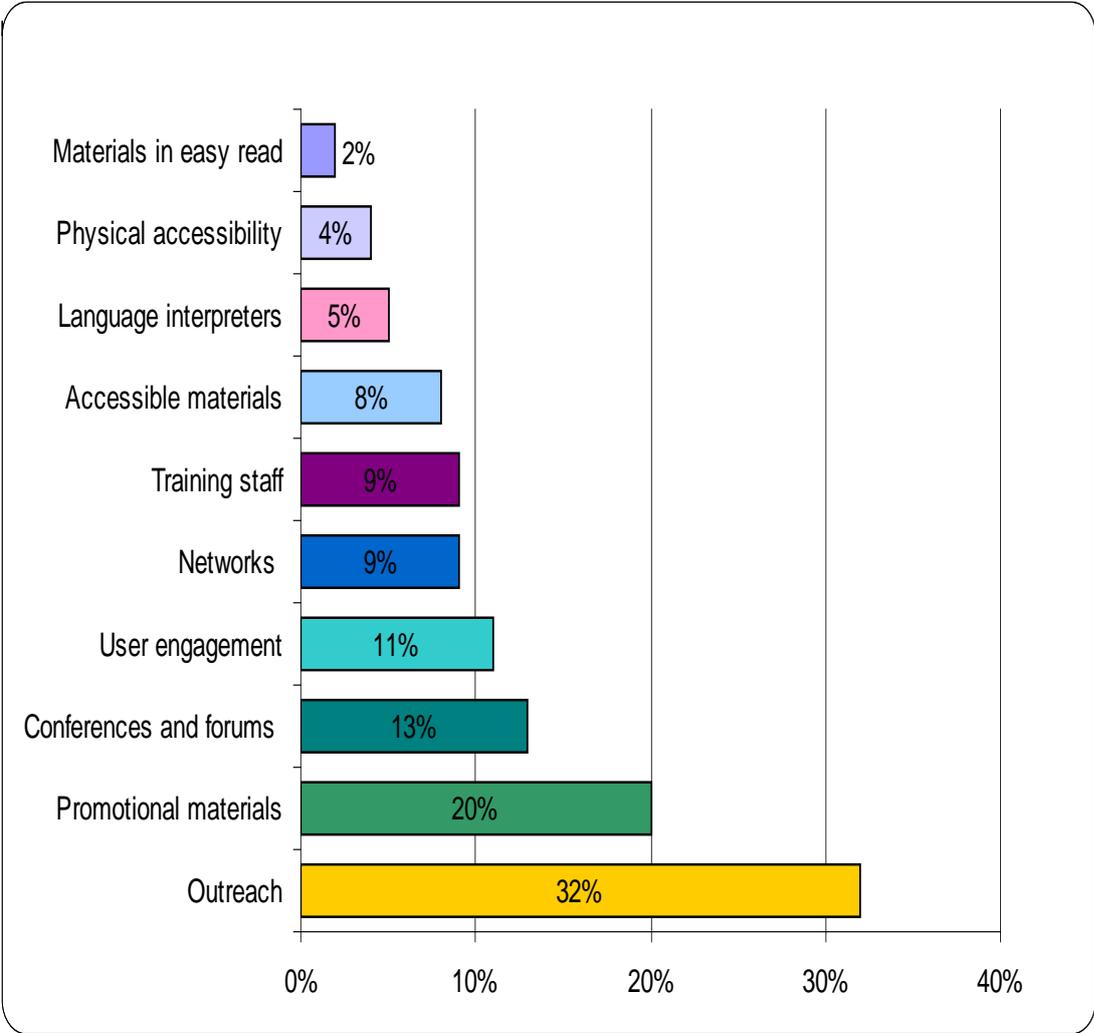
(Base: 403)

Some advocacy providers in the case studies undertook promotional activities such as attending forums and arranging meetings with community groups working with members of protected groups to explain what advocacy is and how to access their services. A project by Living Options Devon to meet the needs of deaf people involved the use of social networking sites such as Facebook, self-referrals via mobile phone texting, as well as attending deaf clubs to talk about the service.

Geographical accessibility could also be increased through drop-in surgeries in other community organisations' venues (as carried out by Advocacy Support in Leeds, which works with ethnic minorities, and the Minority Ethnic Carers of Older People Project (MECOPP) in Edinburgh and West Lothian, which provides advocacy for carers from ethnic minorities). MECOPP's remit includes rural areas, where carers from ethnic minority communities can feel particularly isolated.

The qualities and characteristics of the people providing advocacy are important in encouraging members of protected groups to access services and enable the organisations to meet users' needs more appropriately. Several of the case study organisations that provided advocacy to ethnic minority communities noted that advocates from those communities could speak the relevant languages and were seen by service users as 'culturally competent' and able to understand the cultural barriers their service users faced. This was highlighted by One Voice 4 Travellers, whose staff and volunteers were drawn from the Gypsy and Traveller community. For some providers working with ethnic minority women, it was more important for advocates to be female than from the same ethnic minority community. In some instances, service users reportedly preferred to receive support from an advocate who was not from their ethnic community.

2.7   Use of human rights and equality legislation

Two-thirds (68 per cent) of advocacy providers said they had explicitly used the Human Rights Act to support a person to whom they had provided advocacy. A slightly higher proportion (71 per cent) said they had explicitly used equality legislation to support a person receiving their service.

Many of the case study participants reported that human rights principles were a core part of the ethos of their organisations. For the Devon Advocacy Consortium, advocacy was central to the personalisation agenda and enabling services to become more responsive to individuals:

> 'Services are getting more attuned to the individual and this must become the norm in the market if personalisation is able to have the shaping influence it has

the potential for. Advocacy is central to this. It doesn't allow service providers not to hear requests for support… so there is a strong element of justice and the equalities agenda in good advocacy provision.'
(Joint strategic commissioning manager)

Most advocacy providers in the case studies had organised in-house training on human rights and equality legislation and some had accessed external training and support from national advocacy bodies, partner organisations or service commissioners.

2.8   Networks and partnerships

Providers were asked if their organisation worked with other advocacy providers or organisations working with people from the protected groups. Forty-five per cent said they 'often' did so, 21 per cent 'sometimes', 21 per cent 'occasionally', three per cent 'seldom', and nine per cent 'never' (Table 2.5). Such joint work was most commonly reported by providers in Wales, and least by those in Scotland. The likelihood of joint working was directly related to size: those that had the largest estimated numbers of users and the largest incomes were the most likely to say they worked with others.

Table 2.5:   Working with other advocacy providers or organisations working with people from the protected groups, percentage of advocacy providers

	England (Base: 309)	Scotland (Base: 54)	Wales (Base: 58)	All (Base: 403)
Often	46	37	50	45
Sometimes	20	24	21	21
Occasionally	20	26	21	21
Seldom	3	0	3	3
Never	10	11	3	9
Don't know	1	2	2	1

Figure 2.9 shows the reasons why providers collaborated with other organisations. The most commonly cited reasons were: to share information and good practice (23 per cent of those that worked with other organisations), provide more specialised services (21 per cent), and refer or signpost users to appropriate services and support (19 per cent).

Figure 2.9: Reasons for collaboration by advocacy providers
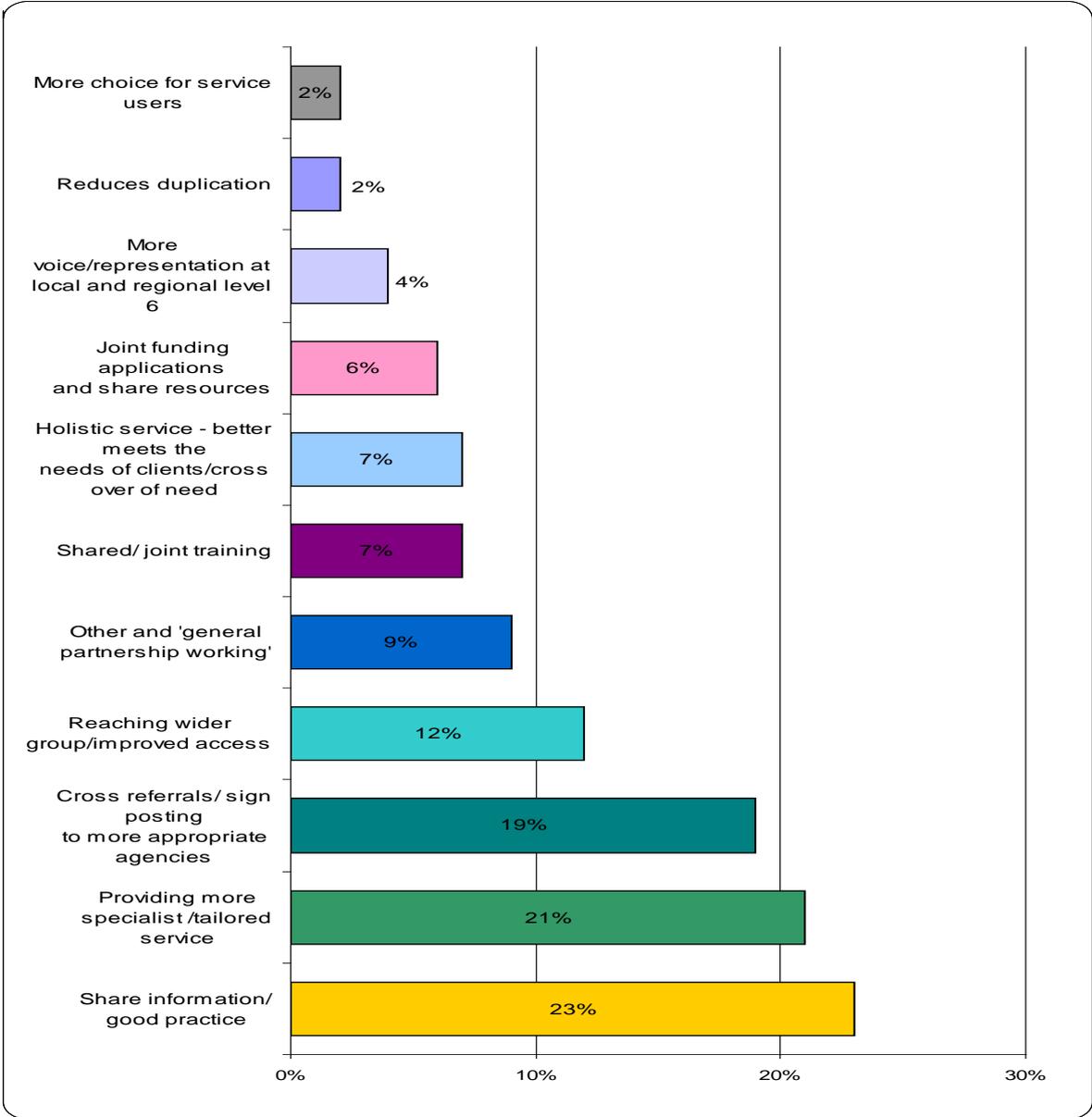
(Base: 363)

Seventy-eight per cent of commissioners had taken steps to build the capacity of providers to meet the needs of people in the protected groups. This included:

- staff training - to build understanding (mentioned by 30 per cent of commissioners who had taken such steps)
- networking and sharing information with providers (15 per cent)
- increasing or continuing funding (15 per cent), and
- carrying out local needs assessment or gap analysis (10 per cent).

In addition, 133 commissioners (67 per cent) said they had taken some steps to encourage advocacy providers and other organisations to work together to meet the needs of people in the protected groups. These included:

- setting up and/or supporting forums or networks (mentioned by 38 per cent of those who had taken some steps)
- supporting joint research or information sharing (12 per cent), and
- supporting joint training and development (eight per cent).

Eighty-five per cent or 170 commissioners said they had collaborated with other commissioners or funders of advocacy services in their area. Joint work with the health service or local authority was mentioned by the largest proportions (31 and 18 per cent of this group). Figure 2.10 shows the forms this collaboration took.

Figure 2.10: Type of joint collaboration between commissioners of advocacy services, percentage
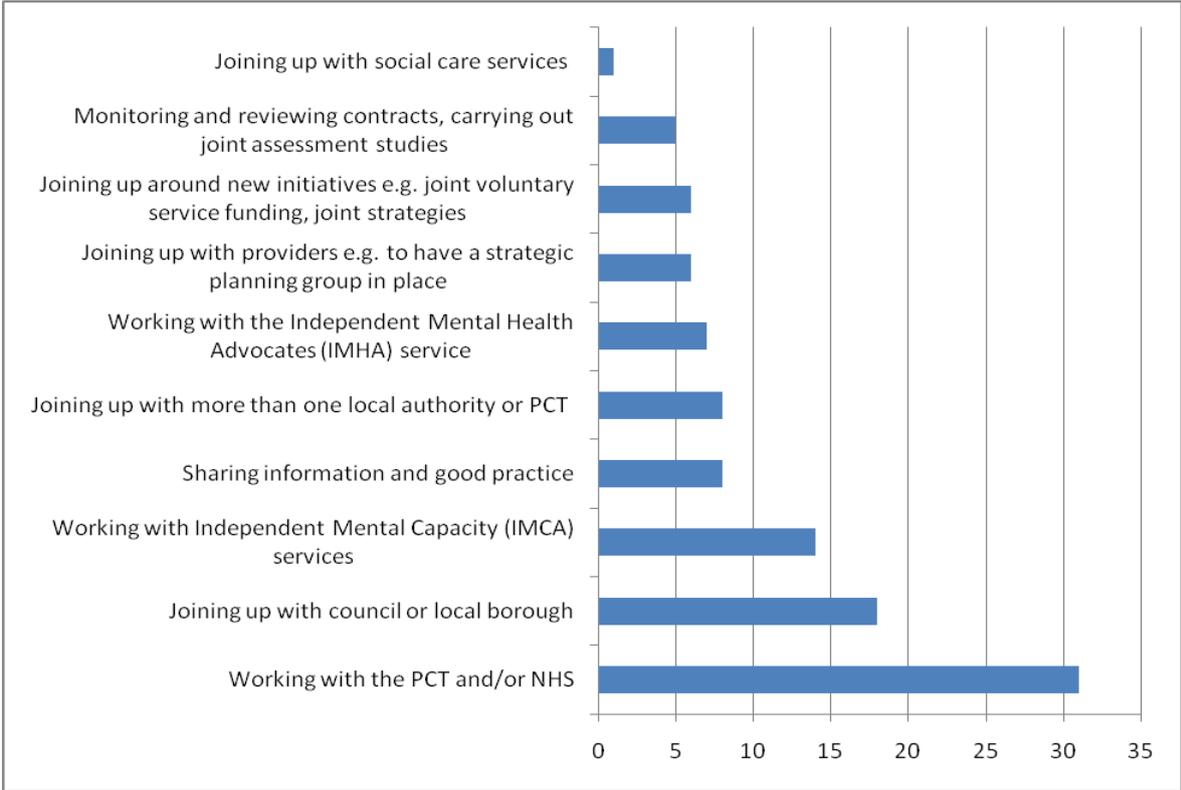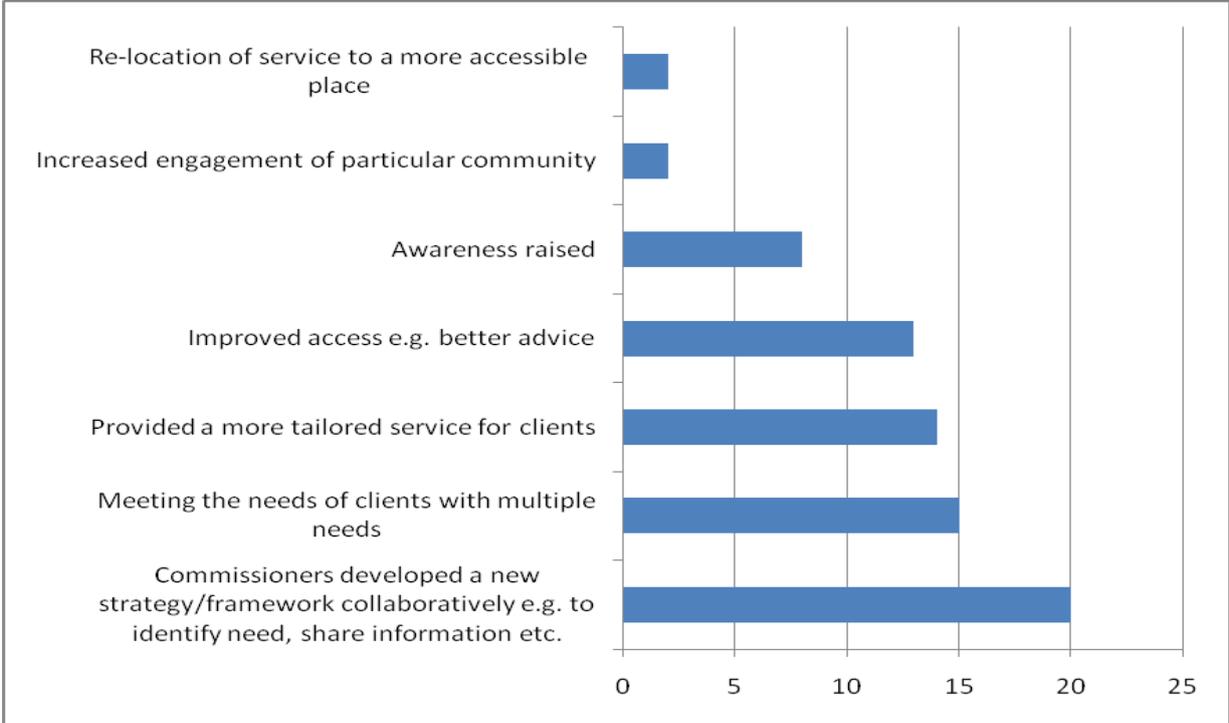

(Base: 169)

Twenty per cent of these commissioners said that joint working was helping them to develop a new strategy or framework to identify need or share information; 15 per

cent said that joint working allowed them to meet the needs of clients with multiple needs (Figure 2.11).

Figure 2.11: Commissioners' views about the benefits of collaboration with other commissioners or funders, percentage

(Base: 168)

The case studies identified several examples of collaboration. By providing a single point of access for advocacy services, the Devon Advocacy Consortium aimed to ensure that advocacy would be available for people who might otherwise feel there were no services with specific knowledge of their particular condition or impairment. And Galop's LGBT Domestic Abuse Partnership, which involved five LGBT organisations, acted as a single point of contact and offered more streamlined access to advocacy for LGBT people experiencing abuse from their family or partners. Respondents in both areas felt that working together in this way offered a means of reducing duplication and sharing resources. In Edinburgh, a group of eight advocacy providers, working with different service user groups, had protocols on their respective roles, designed to avoid duplication and competition.

As well as assessing need, joint arrangements provided a means of referring people to the most appropriate agency. The Liverpool Advocacy Rights Hub helped users to identify and prioritise their needs and liaised with relevant organisations to put together an appropriate package of support.

Collaboration could involve a shared approach to quality and standards. Advocacy providers commissioned by Leeds City Council were required to join Advonet, a network of advocacy providers that facilitated relationships between providers and with commissioners. They were required to sign up to the Leeds Advocacy Standards, as developed within the city and endorsed by commissioners.

Unusually, collaborative working on the part of providers could be used to create more responsive commissioning arrangements. A group of advocacy providers in Essex was now commissioning advocacy services on behalf of the County Council. The intention was that commissioning should be more closely informed by, and responsive to, practitioners' knowledge and experience, as well as service users' feedback and preferences.

3.   Conclusions

This report is based on interviews with 403 advocacy providers in Great Britain (around one quarter of those whose details were listed on three existing databases), 200 commissioners of advocacy services, and 13 case studies. Some small organisations would not have been included on the available databases, and other larger organisations may well provide advocacy alongside other functions and similarly not have been listed. Without knowing the overall size and nature of the independent advocacy sector, it is unclear whether the results accurately reflect the true nature and extent of provision. The number of participating organisations was nonetheless extensive, and the results provide a good indication of current provision.

The main focus of this project was on independent advocacy services for people in the groups protected under equality legislation. The results show that, while some providers specialise in providing advocacy for specific groups, others have a wider spread of users. Those who specialised included 14 per cent who focused entirely on mental health issues, 14 per cent provided services just to people with learning disabilities, and seven per cent only served people aged over 60. A tendency for advocacy services to focus on those three groups was reflected in data from the wider sample. Among these, 37 per cent estimated that half or more of their users in the previous year had a mental health condition, 27 per cent said this of people with learning disabilities, and 27 per cent said this applied to older people. In addition, 18 per cent estimated that at least half of their users had a physical or sensory impairment, and 15 per cent said that at least half were from a non-white ethnic minority.

Knowledge about service users' membership of other protected groups was less extensive. Providers generally did not know to what extent their users were LGBT or from particular religion or belief groups. Their monitoring data frequently did not include these characteristics: only 37 per cent said they recorded religion or belief, 30 per cent sexual orientation, and 28 per cent transgender status. It is possible that individual advocates may be addressing individuals' needs, including taking account of their personal characteristics and how these affect their need for social care services. In addition, one in four providers said their services were potentially open to any person requiring advocacy, regardless of membership of any specific user or protected group. And organisations may themselves include statements about equality of access within their wider objectives. Without full monitoring, though, it is not possible to say whether members of all protected groups are accessing advocacy services.

Better monitoring alone, though, would not indicate how well advocacy providers are meeting current needs, including those that derive from sharing different protected characteristics. For that, they would need to carry out some local needs assessment. The study found that 57 per cent of commissioners had gathered information or carried out research in relation to older people, 64 per cent for people with learning disabilities, and 66 per cent for people with mental health problems. Proportions for lesbian, gay, bisexual and transgender people, or those from particular religion or belief groups, were much lower, at around a quarter. Without either dedicated services or information about personal characteristics or needs, it is unclear whether the needs of people from these protected groups will be fully met.

One way of seeking more universal advocacy coverage is to advertise services and reach out to potential service users. Home visits, outreach services in community or voluntary sector locations, a choice of male or female advocate, and information in accessible formats were all cited by over 50 per cent of providers. However, providers in the case studies also referred to uncertainties in current funding arrangements, which could impact on their capacity to extend services or even to continue current levels of provision.

The study also provided examples of networks and partnership working by providers and commissioners, designed to meet needs more appropriately. Some advocacy providers worked with other community groups, and some commissioners were seeking to build the capacity of providers in their local areas. Partnership sometimes involved having a single point of access and generic support to help users navigate advocacy services and ensure they received appropriate assistance that was tailored to their particular needs.

In their various forms, hubs or networks offer opportunities to ensure users can access advocacy services more easily, create smoother and more effective referral systems, and may improve quality. They also have the potential to provide more joined-up approaches to the mapping of existing provision and unmet need, which can help improve future commissioning. Streamlined commissioning and the creation of hubs or networks may additionally reduce overlap and duplication of services.

Some of the forms of collaboration set out in this report are in the early stages of development. Data on the use of advocacy services by people in the protected groups are needed to demonstrate their effectiveness. In the meantime, consultation with members of those groups, together with an understanding of the accessibility of existing services, will provide an indication of the extent to which their needs for advocacy support are met.

Appendix 1: Providers' estimates of the proportion of users with particular characteristics, England, Scotland and Wales

Table A.1: Providers' estimates of the proportion of users with particular characteristics, over previous year, England, percentage

	All	90% or more	Half or more	Less than half	Don't know
Aged over 60	7	13	27	67	6
Non-white ethnic minority	1	4	19	72	9
Physical or sensory impairment	3	6	22	63	16
Mental health condition	15	21	37	51	12
Learning disability	12	16	24	65	11
Men	<1	<1	65	31	4
Women	2	7	85	11	4
Transgender	<1	<1	<1	52	49
Lesbian, gay or bisexual	1	2	2	45	53
From a particular religion or faith group	<1	4	13	31	56

(Base: 309)

Table A.2: Providers' estimates of the proportion of users with particular characteristics, over previous year, Scotland, percentage

	All	90% or more	Half or more	Less than half	Don't know
Aged over 60	6	11	26	65	9
Non-white ethnic minority	2	4	6	83	11
Physical or sensory impairment	2	2	13	67	20
Mental health condition	11	13	48	37	15
Learning disability	22	28	43	50	7
Men	2	2	61	33	6
Women	0	7	83	9	7
Transgender	0	0	0	37	63
Lesbian, gay or bisexual	0	0	0	33	67
From a particular religion or faith group	2	4	8	17	76

(Base: 54)

Table A.3 Providers' estimates of the proportion of users with particular characteristics, over previous year, Wales, percentage

	All	90% or more	Half or more	Less than half	Don't know
Aged over 60	12	16	29	67	3
Non-white ethnic minority	2	5	9	90	2
Physical or sensory impairment	3	9	31	62	7
Mental health condition	9	14	24	60	16
Learning disability	14	24	31	64	5
Men	0	0	64	34	2
Women	0	5	81	17	2
Transgender	0	0	0	59	41
Lesbian, gay or bisexual	0	0	0	59	41
From a particular religion or faith group	0	0	9	40	52

(Base: 58)

Appendix 2:   Questionnaire for advocacy providers

Introduction

Good morning/good afternoon – I am calling from a research agency called Plus Four. We are carrying out a survey of providers of advocacy services for the Equality and Human Rights Commission (EHRC). The Commission wants to ensure that independent advocacy is available to everyone who needs it, as part of a social care system based on equality and human rights.

The EHRC has commissioned Plus Four and OPM, both independent research organisations, to conduct research into the availability of advocacy to the seven 'protected groups' for which it is responsible. These groups are: age, disability, race or ethnicity, gender, transgender, religion or belief, and sexual orientation.

As well as this survey of providers of advocacy services, we're also surveying funders and commissioners of advocacy services across England, Scotland and Wales.

We'd like to ask you some questions about the advocacy services your organisation provides. The survey should take about 20 minutes and involves a mixture of multiple choice and open questions.

Please be assured that your response to this survey will be held confidentially and your views will be included in a way that does not identify you as an individual or the organisation you work for.

Have you got any questions before we start?

SECTION 1. Screening

There are many definitions of advocacy.

For the purposes of this survey we're defining advocacy as 'Taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need.'

Just to be clear, we're talking about direct support to adults and we are focusing on the health and social care environment.

1. Does your organisation provide one or more of these kinds of direct support to individuals?
   a. If yes: go to section 2.
   b. If no: end interview with thanks.

SECTION 2. Basic information

1. Please can I confirm your name:

2. Please can I confirm your organisation:

3. What is your job title?

4. Which country or countries do provide services in? (please tick all that apply)
   a. England
   b. Scotland
   c. Wales
   d. Other

5. England – in which region do you operate? [9 English regions and whole of England given as options, please tick all that apply]

6. Scotland – which local authority area/s do you operate in? [whole of Scotland and every Scottish council given as options, please tick all that apply)

7. Wales – which local authority area/s do you operate in? [whole of Wales and every Welsh council given as options, please tick all that apply]

SECTION 3. Type and scale of advocacy provided

8. I'm going to read out a list of different types of advocacy and I'd like you to choose the ones that apply to your organisation. (Please tick all that apply). Does your organisation provide…
   a. Advocacy to support individuals in accessing **social care services** (for example home help)?
   b. Advocacy to support individuals in accessing or **managing direct payments** or **individual budgets**?
   c. Advocacy to support individuals in accessing **housing** services?
   d. Advocacy to support individuals in accessing **health** services?
   e. Advocacy to support individuals in **resolving grievances** or **making complaints** to providers of social care or health services?

[(f) for English and Welsh respondents only.]

f. Advocacy to support people who lack mental capacity to make decisions made by the NHS and Local Authorities about serious medical treatment and changes of residence? [This is known as Independent Mental Capacity Advocate (IMCA) service]

g. Advocacy to support people who are subject to the Mental Health Act? [This is known as Independent Mental Health Advocate (IMHA) for detained patients in England and Wales. A similar commitment is provided in Scotland.]

h. Advocacy when moving into a care home is a possibility?

i. Advocacy when disabled parents are subject to child protection procedures?

j. Advocacy when young disabled people are in transition to adult services?

k. Advocacy for disabled people who are accused of anti-social behaviour or who are the victims of such behaviour or hate crimes?

l. Other, please specify

9. How many people did you provide these kinds of advocacy to in the past 12 months? Please tick only one
   a. 0-49
   b. 50 -99
   c. 100-249
   d. 250-499
   e. 500 plus
   f. Collect this information but don't have it to hand
   g. Don't collect this information

10. Does this represent more, less, or about the same as previous years? Please tick only one
    a. More.
    b. Less.
    c. About the same.
    d. Not applicable.
    e. Don't know.

11. How are your organisation's advocacy services funded? Please tick all that apply.
    a. By a **grant** from the local authority.
    b. By a **grant** from a local health trust or board.
    c. Please give the name of this health trust or board
    d. By a **grant** from another local statutory organisation.
    e. By a **grant** from a regional or national statutory organisation.
    f. Through a **contract** with the local authority.
    g. Through a **contract** with a local health trust or board.

h. Please give the name of this health trust or board
i. Through a **contract** with another local statutory organisation.
j. Through a **contract** with a regional or national statutory organisation.
k. By funding from a private source.
l. By funding from another voluntary or community sector organisation.
m. Other, please specify

12. Of these sources of funding, which is the largest?

13. What is your organisation's total income? (If organisation is part of a large national organisation, request answer for local branch). Please tick only one
a. Less than £49,999
b. £50,000-£99,999
c. £100,000-£249,999
d. £250,000-£499,999
e. £500,000-£999,000
f. £1,000,000 or more
g. Don't know

14. Approximately, what proportion of your income do you spend on providing advocacy services? Please tick only one
a. Less than 25%
b. Between 25% and 49%
c. Between 50% and 74%
d. Between 75% and 100%
e. Don't know

15. How many paid staff and volunteers in your organisation are involved in delivering advocacy services? Please tick only one answer for staff and only one answer for volunteers. [Posts should be recorded as full time equivalents.]
16.

	Staff		Volunteers
	Full time	Part time	
Fewer than 3			
3-5			
6-9			
10-19			
20-49			
50 or more			

17. How are your clients referred to your organisation for social care advocacy support? Please tick all that apply.
   a. They refer themselves.
   b. They're referred by a friend or a family member
   c. They're referred by the local authority.
   d. They're referred by a local health trust or board.
   e. They're referred by a voluntary or community sector organisation (one that does not itself provide advocacy support).
   f. They're referred by another provider of advocacy services.
   g. Other, please specify

18. Of these, which is the most common type of referral?
   a. They refer themselves.
   b. They're referred by a friend or a family member
   c. They're referred by the local authority.
   d. They're referred by a local health trust or board.
   e. They're referred by a voluntary or community sector organisation (one that does not itself provide advocacy support).
   f. They're referred by another provider of advocacy services.
   g. Other, please specify

SECTION 4. Advocacy provision for protected groups

19. Does your organisation provide social care advocacy to the **anyone in general population** that might need advocacy support? (i.e. not a specific group like people with mental health conditions, older or disabled people)
   a. Yes
   b. No
   c. Don't know

20. Does your organisation have as one of its **main objectives** providing advocacy services to one or more of the following groups? Please tick all that apply
Read the list below and record:
   a. Older people
   b. People with a physical or sensory impairment
   c. People with mental health conditions
   d. Learning disabled people
   e. Black, Asian and minority ethnic communities
   f. Gypsies or travellers
   g. Women
   h. Men

i. Transgender people

j. People of a specific religion or faith group

k. Lesbian, gay or bisexual people

21. Do you have a regular practice of recording:
    a. How old your clients are? [YES/NO/DON'T KNOW]
    b. Your clients' ethnicity? [YES/NO/DON'T KNOW]
    c. Whether your clients have a physical or sensory impairment? [YES/NO/DON'T KNOW]
    d. Whether your clients have a mental health condition? [YES/NO/DON'T KNOW]
    e. Whether your clients have learning disabilities? [YES/NO/DON'T KNOW]
    f. Your clients' gender? [YES/NO/DON'T KNOW]
    g. Your clients' sexual orientation? [YES/NO/DON'T KNOW]
    h. Whether your client is transgender? [YES/NO/DON'T KNOW]
    i. Your clients' religion or belief? [YES/NO/DON'T KNOW]

22. **[Only ask if answered no to any of the above]** What are your organisation's main reasons for not recording this information?
    OPEN ENDED

23. I'm going to read out a list of different groups of people. For each, can you tell me roughly what proportion of the people who used your advocacy services in the last 12 months were members of these groups? :

GROUP	All	90 per cent or more	About three-quarters	About two-thirds	About half	About a third	About a quarter	About 10 per cent	Less than 10 per cent	None	Don't know
A. Over the age of 60	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
B. From an ethnic group other than White	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
C. Physical or sensory impairment	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
D. People with a mental health condition	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
E. Learning disabled	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
F1. Men	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
F2. Women	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
F3. Transgender	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
G. Lesbian, gay or bisexual	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11
H People of a particular religion or faith group	❏1	❏2	❏3	❏4	❏5	❏6	❏7	❏8	❏9	❏10	❏11

Based on interviewee's initial response suggest one or more of the categories below and ask them to confirm (e.g. 'would you say that was 'about half' or 'about a quarter'?').

24. I'm now going to read out a list of services that some advocacy organisations provide in order to ensure their services are accessible to all. Could you indicate whether your organisation: a) currently provides this for service users; b) does not currently provide this but can arrange for this service to be provided; c) does not currently provide this.

   a. Interpreting services (community language)   a   b   c
   b. Interpreting services (sign language)   a   b   c
   c. Information and literature in different languages a   b   c
   d. Information and literature in accessible formats e.g. easy read, Braille, large font   a   b   c
   e. Wheelchair accessible offices or meeting rooms a   b   c
   f. Choice of male or female advocate   a   b   c
   g. Home visits   a   b   c
   h. Other outreach services (e.g. taking advocacy services to another community or voluntary organisation where people might access a service) a b c

25. Could you tell me about one or two things you've done that you think have been most important in increasing the accessibility of your advocacy service for protected groups? (Protected groups refer to age, disability, race or ethnicity, gender, transgender, religion or belief, and sexual orientation.)
   OPEN ENDED

26. To your knowledge has your organisation explicitly used equalities legislation such as the Disability Discrimination Act or Race Relation Amendments Act to support a person you have advocated for?
   a. Yes
   b. No
   c. Don't know

27. To your knowledge has your organisation explicitly used the Human Rights Act to support a case you have advocated for?
   a. Yes
   b. No
   c. Don't know

28. Do you offer your advocates training on equality and diversity legislation such as the Disability Discrimination Act or Race Relation Amendments Act?
   a. Yes
   b. No

c. Don't know

29. Do you offer your advocates training on the Human Rights Act?
    a. Yes
    b. No
    c. Don't know

30. Does your organisation work with other advocacy providers or organisations working with people from the protected groups?
    a. Often – go to question 28
    b. Sometimes – go to question 28
    c. Occasionally – go to question 28
    d. Seldom – go to question 28
    e. Never – go to question 29
    f. Don't know

31. What is the purpose of this collaboration and has it helped you better meet the needs of the protected groups?

32. In your view, are there any significant gaps in provision of advocacy for the protected groups in your area?

33. We are also speaking to commissioners or funders of advocacy services. Could you give us the name and contact details of people that commission or fund your service?
    Record details of name and add to commissioner database if not already on there

34. Would you be happy for a researcher to contact you again, for example to take part in a further interview?
    Record details of name and preferred contact method.

Appendix 3:   Questionnaire for commissioners

Introduction

Good morning/good afternoon – I am calling from a research agency called Plus Four. We are carrying out a survey of providers of advocacy services for the Equality and Human Rights Commission (EHRC). The Commission wants to ensure that independent advocacy is available to everyone who needs it, as part of a social care system based on equality and human rights.

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Have you got any questions before we start?

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There are many definitions of advocacy.

For the purposes of this survey we're defining advocacy as 'Taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need.'

Just to be clear, we're talking about direct support to adults and we are focusing on the health and social care environment.

1. Do you currently commission or fund this kind of advocacy?
   a. If yes: go to section 2.

b. If no: end interview with thanks.

c. If 'no but my organisation does': ask for details of the relevant person to speak to.

SECTION 2. Basic information

2. Please can I confirm your name:

3. Please can I confirm your organisation:

4. What is your job title?

RECORD WHETHER:

Local council – go to question 5

Health organisation – go to question 7

Other, please specify – go to question 7

5. Are you a commissioner of advocacy in an Adult and Social Care team?
   a. Yes – go to question 6
   b. No – go to question 7

6. Are you mainly responsible for: [tick all that are relevant]
   a. older people
   b. mental health
   c. learning disabilities
   d. physical and sensory impairments
   e. joint position with health
   f. other – please specify

7. Which country or countries do you commission services in? (please tick all that apply)
   a. England
   b. Scotland
   c. Wales
   d. All of the above

8. England – which region do you operate in? [whole of England and 9 English regions given as options, please tick all that apply]

9. Scotland – which local authority area/s do you operate in? [whole of Scotland and all Scottish councils given as options, please tick all that apply].

10. Wales – which local authority area/s do you operate in? [whole of Wales and all Welsh councils given as options, please tick all that apply]

SECTION 3. Type and scale of advocacy commissioned

11. I'm going to read out a list of different types of advocacy and I'd like you to choose the ones that apply to you. Do you commission or fund: [Please tick all that apply]

    a. Advocacy to support individuals in accessing **social care services** (for example home help)?

    b. Advocacy to support individuals in accessing or **managing direct payments** or **individual budgets**?

    c. Advocacy to support individuals in accessing **housing** services?

    d. Advocacy to support individuals in accessing **health** services?

    e. Advocacy to support individuals in **resolving grievances** or **making complaints** to providers of social care or health services?

[(f) for English and Welsh respondents only.]

    f. Advocacy to support people who **lack mental capacity to make decisions made by the NHS and Local Authorities** about serious medical treatment and changes of residence? [This is known as Independent Mental Capacity Advocate (IMCA) service]

    g. Advocacy to support **people who are subject to the Mental Health Act**? [This is known as Independent Mental Health Advocate (IMHA) for detained patients in England and Wales. A similar commitment is provided in Scotland.]

    h. Advocacy when **moving into a care home** is a possibility?

    i. Advocacy when **disabled parents are subject to child protection procedures**?

    j. Advocacy when **young disabled people are in transition** to adult services?

    k. Advocacy for **disabled people who are accused of anti-social behaviour or who are the victims of such behaviour or hate crimes**?

    l. Other, please specify

12. In total, roughly how many people received these kinds of advocacy support in the past 12 months from providers that you commissioned or funded? [Please tick only one box]

    a. 99 or less.

    b. 100-499

    c. 500-999

    d. 1000-2499

    e. 2500-4999

    f. 5000 or more.

    g. We record this information but I don't have it to hand.

    h. We do not have this kind of information.

13. Does this represent more, less, or about the same as previous years? [Please tick only one]
    a. More.
    b. Less.
    c. About the same.
    d. Don't know/not applicable

14. What is the approximate size of the budget you spend on these kinds of advocacy each year? [Please tick only one]
    a. £49,999 or less
    b. £50,000-£99,999
    c. £100,000-£249,999
    d. £250,000-£499,999
    e. £500,000-£999,000
    f. £1,000,000 or more
    g. Don't know

15. Is this figure for your organisation as a whole, or only for your team/service area/department only?

16. Which of the following statements best describes the situation in relation to the provision of advocacy for the client groups you have responsibility for? [Please tick only one]
    a. The advocacy services we commission or fund fully meet the need for such services amongst this group(s).
    b. There is some need for advocacy for this group(s) that we cannot currently meet.
    c. There is substantial need for advocacy for this group(s) that we cannot currently meet.
    d. We do not have data to show whether or not there is unmet need for advocacy for this group(s).

SECTION 4. Commissioning for equality groups

17. In the last 5 years, have you commissioned research or gathered information into the specific advocacy needs of the following groups?
    a. Older people Yes, no, don't know
    b. People with a physical or sensory impairment Yes, no, don't know
    c. People with mental health conditions Yes, no, don't know
    d. Learning disabled people Yes, no, don't know
    e. Black, Asian and minority ethnic communities Yes, no, don't know

f. Gypsies or travellers Yes, no, don't know

g. Women Yes, no, don't know

h. Men Yes, no, don't know

i. Transgender people Yes, no, don't know

j. People of a specific religion or faith group Yes, no, don't know

k. Lesbian, gay or bisexual people Yes, no, don't know

18. Do you make it a condition of your contracts or agreements with advocacy providers you commission or fund that they record equality information about their clients such as ethnicity or gender?

a. Yes, in all cases.

b. Yes, in some cases.

c. No, never. IF NO GO TO Q. 20

19. Do you require the advocacy providers you commission or fund to collect any of the following types of information about their clients?

	All providers	Some providers	No providers	Don't know
Their age	☐1	☐2	☐3	☐4
Whether they are disabled	☐1	☐2	☐3	☐4
The type of disability	☐1	☐2	☐3	☐4
Their race/ethnicity	☐1	☐2	☐3	☐4
Their gender	☐1	☐2	☐3	☐4
Their religion or faith	☐1	☐2	☐3	☐4
Their sexual orientation	☐1	☐2	☐3	☐4
Whether they are transgender?	☐1	☐2	☐3	☐4
Feedback from service users	☐1	☐2	☐3	☐4

20. Do you make it a condition of your contracts or agreements with advocacy providers that they take active steps to ensure their services are accessible for the protected groups and meet their needs? [Prompt – accessibility is a wide concept and can relate to physical accessibility, language, location of services etc]

[READ OUT OPTIONS]

a. In all cases.

b. In most cases.

c. In some cases.

d. Never.

e. Don't know.

21. Do you make it a condition of your contracts or agreements with advocacy providers that the services they provide comply with the Human Rights Act [READ OUT OPTIONS]

a. In all cases.

b. In most cases.

c. In some cases.

d. Never.

e. Don't know.

22. How important are the following factors in influencing your decision about **what types** of advocacy services you commission?

	Always a major influence	Often a major influence	Sometimes influential	Never a factor we consider	Don't know	Not applicable
Legal obligation to provide advocacy	□1	□2	□3	□4	□5	□5
The provision is for a client group for whom advocacy is especially important	□1	□2	□3	□4	□5	□5
Direct payments / personalisation mean that particular groups may need specialist support	□1	□2	□3	□4	□5	□5

23. How important are the following factors in influencing your decision about **which provider** to commission advocacy services **from?**

	Always a major influence	**Often a major influence**	**Sometimes influential**	**Never a factor we consider**	**Don't know**
The capacity of the provider	☐1	☐2	☐3	☐4	☐5
Value for money	☐1	☐2	☐3	☐4	☐5
The track record of the provider	☐1	☐2	☐3	☐4	☐5
The financial viability of the provider	☐1	☐2	☐3	☐4	☐5
The providers specialist expertise on advocacy	☐1	☐2	☐3	☐4	☐5
The providers ability to cater to the needs of people in the protected groups* (The protected groups are related to: age, disability, race or ethnicity, gender, transgender, religion or belief, and sexual orientation)	☐1	☐2	☐3	☐4	☐5
Feedback from service users	☐1	☐2	☐3	☐4	☐5

24. In your view, are there any significant gaps in provision of advocacy for the protected groups in your area?
   a. Yes
   b. No

c. Don't know

25. Please could you give us an indication of the extent to which the following factors have acted as a barrier to commissioning advocacy for the protected groups? Please answer on a scale of 1-5 with 1 being 'not a barrier at all' and 5 being 'a very significant barrier'
   a. Lack of funds 1, 2, 3, 4, 5
   b. Lack of understanding about what constitutes advocacy 1, 2, 3, 4, 5
   c. Lack of information about needs 1, 2, 3, 4, 5
   d. Lack of high quality, suitable provision 1, 2, 3, 4, 5
   e. Other (please state) 1, 2, 3, 4, 5

26. Have you taken any steps to build the capacity of advocacy providers to meet the needs of people in the seven protected groups? The seven protected groups refer to (age, disability, race or ethnicity, gender, transgender, religion or belief, and sexual orientation). For example, this could be about sharing information on needs, disseminating guidance or providing training.
   a. Yes – go to question 27
   b. No – go to question 28
   c. Don't know – go to question 28

27. What did this capacity building involve?

28. Have you taken any steps to encourage advocacy providers and other organisations working with people from the protected groups to work together to meet the needs of clients in the seven protected groups in your area? [Prompt: For example to encourage an advocacy provider to provide outreach services from the premises of a voluntary group working with a particular protected group]
   a. Yes – go to question 29
   b. No – go to question 30
   c. Don't know – go to question 30

29. What did this joint working involve and in what ways did this mean the needs of the protected groups were better met?

30. In what ways, if any, have you collaborated with other commissioners or funders of advocacy in your local area?
   OPEN QUESTION – record response
If they haven't done this type of collaboration go to 32.

31. In what ways, if any, were the needs of the protected groups addressed in this joint working?

32. We are keen to talk to a number of different types of commissioners or funders of advocacy services. Are there other people in your organisation or partner organisations who have this role? If so, could you give me their contact details so I can see if they would be willing to take part in this research?
[Record name, job title, organisation and contact details and add to commissioner database to contact].

33. Would you be happy for a researcher to contact you again, for example to take part in a further interview?
[Record details of name and preferred contact method]

Thanks and close

Appendix 4:   Case studies: overview

Grapevine, Coventry and Warwickshire	Supports people with learning disabilities and their carers. Specific experience of providing personal planning and advocacy for young people from ethnic minority communities and their families.
The Liverpool Advocacy Rights Hub	The Hub is a new initiative which aims to increase awareness of, and access to, advocacy and provide more joined-up and appropriate support to the city's citizens.
Galop, London	Galop is an advocacy organisation working across London with members of the LGBT communities. Provides support for those who have experienced hate crime or homophobia, domestic violence or abuse and sexual violence or abuse. Runs the Shine project, which focuses on how LGBT and general advocacy organisations can be more inclusive to transgender people.
Advocacy Support, Leeds	Provides advocacy services to ethnic minority communities in Leeds to help overcome barriers to accessing services, including language, lack of trust, confidence and knowledge of rights. Works with individuals from 13 different language communities.
Women's Health and Family Services, Tower Hamlets	Provides advocacy services to women from Bangladeshi, Chinese, Vietnamese and Somali communities in East London. Focuses mainly on health-related support.
Devon Advocacy Consortium	A new initiative which aims to facilitate access to advocacy for people in Devon.

One Voice 4 Travellers, East Anglia	Providing advocacy for the Gypsy and Traveller communities, building a bridge between the communities and statutory services. Aims to reduce violence within and towards the Gypsy and Traveller community.
Advocacy Matters, Cardiff	Supports people with learning disabilities. Has developed an advocacy service for people with Aspergers Syndrome, in response to evidence about unmet need.
Age Concern, North East Wales	Supports older people in the community to live independently. Also provides advocacy for older people in nursing or residential care.
The Minority Ethnic Carers of Older People Project, Scotland	Provides outreach support to ethnic minority carers, from seven different language communities.
AdvoCard, Edinburgh	AdvoCard provides advocacy support to people with mental health needs, including: a volunteer-led service in the community; advocacy around statutory rights under the Mental Health Act; and a service for in-patients in a psychiatric hospital.
Living Options, Devon	Aims to support people with physical and/or sensory disabilities and Deaf people who use sign language. Has set up an advocacy project designed to meet the needs of Deaf people.

Independent Living Advocacy, Essex	Provides advice, support and advocacy to help disabled people to access personalised services.

Appendix 5: Interview guides for case studies

Guide for provider-focused case studies

This is a bank of possible questions. We will tailor our questions to reflect the particular focus of each case study and the particular stakeholder being interviewed. The questions below are written assuming we are talking to our lead provider contact.

Where participants have already responded to our survey, we will build on survey responses, rather than repeating the same questions.

Introduction

- Can you tell me a bit about your current role and how long you have been in post?
- Please can you tell me a bit about the history of your organisation – when was it established and why?
- Is advocacy the main focus of your work or are there other services you provide – for example, advice and guidance?
- What would you say the ethos behind the provision of advocacy is in your organisation?
- What kinds of advocacy services do you currently offer? Are they targeted at specific groups or available to anyone? Do you help people with any issue they might face, or specialise in certain areas of support?
- Who provides your advocacy services? What is the mix of paid staff and volunteers?
- How are your services funded? If by a range, has this always been the case? Why has this changed?
- Approximately how many people use your advocacy services each year?
- How do users get referred to your service?
- What is your annual turnover?

Access for the protected groups

- Do you know approximately how many people from the protected groups you provided advocacy services to in the last year? Please provide an approximate breakdown by group if you can.
- Do you have a practice of regularly recording information about whether your users belong to any of the protected groups? (Do you record information for *all* the groups? At what points do you collect this information? If you don't monitor this information, why not?)

- If you do monitor this information is it possible to get a copy or information about your mapping/data collection tool?
- In your view, do people from the different protected groups have specific advocacy needs? What are they?
- Can you tell me a bit about some of the ways in which you try to ensure the services you offer are accessible to the protected groups?
  - What specifically does this involve?
  - When and why did these initiatives evolve?
  - What challenges have you encountered?
  - What have you learnt about how to do this well?
- Do you offer training for your advocates on how to work successfully with people from the protected groups? (e.g. on equalities legislation). If so, what does this involve? Do you take a human rights based approach to this? How exactly are human rights referred to? E.g. embedded or referred to on a daily basis
- How do you judge whether your services, and the measures you have taken to ensure they are accessible, are meeting your users' needs?
  - Do you carry out periodic reviews? If so, how?
  - Do you involve users in this process? If so, how?

Networks
- Do you work with any other advocacy groups or voluntary and community organisations to ensure people from the protected groups are referred to advocacy services that best suit their needs? If so:
  - What specifically does this involve?
  - When and why did this joint working evolve?
  - What challenges have you encountered
  - What have you learnt about how to do this well?
  - What has been the impact of this joining up?
- Do you work with any other advocacy groups or voluntary and community groups to improve the service your organisation offers to people from the protected groups? (Prompts: e.g. to share learning about specific needs, put forward joint bids, jointly liaise with commissioners, deliver outreach advocacy services at VCS organisations etc)
  - What specifically does this involve?
  - When and why did this joint working evolve?
  - What challenges have you encountered?
  - What have you learnt about how to do this well?
  - What has been the impact of this joining up?

Working with commissioners and funders

- Do those who commission or fund your services require you to monitor information about your users in terms of their membership of the protected groups? What information are you required to collect?
- Do those who commission or fund your services require you to make sure your services are fully accessible to members of the protected groups? How do they do this?
- Have those who commission or fund your services helped you in any way to ensure your services are accessible to people from the protected groups? What have they done? How helpful was this?

Future developments

- What more do you think you need to do to ensure your services are fully accessible to and meet the needs of people from the protected groups? What would enable you to make these changes?
- What other changes, if any, are required in your local advocacy sector to ensure the needs of the protected groups are met?
- What more could commissioners and funders, government or other stakeholders do to help?

Guide for commissioner-focused case studies

This is a bank of possible questions. We will tailor our questions to reflect the particular focus of each case study and the particular stakeholder being interviewed. The questions below are written assuming we are talking to our lead commissioner contact.

Where participants have already responded to our survey, we will build on survey responses, rather than repeating the same questions.

Introduction
- Can you tell me a bit about your current role and how long you have been in post?
- What kinds of advocacy services do you currently commission? Are these services targeted at particular groups and/or focused on particular issues or areas of support?
- What is the approximate size of your budget for advocacy services? Has this changed significantly over the past 3 years?
- What kinds of organisations do you currently commission to provide advocacy? (Prompt: generic/specialist, range in terms of size/income etc)

Commissioning for the protected groups
- Have you conducted any research into or gathered information on the specific advocacy needs of those from the protected groups? If so:
  - What was the focus of the research?
  - What did it reveal about the advocacy needs of the protected groups?
  - In what ways, if any, did the findings of this research affect your approach to commissioning of advocacy services?
- Do you require the advocacy organisations you fund or commission to collect and report information on whether their users belong to any of the protected groups? If you do, how do you ensure they do this? (e.g. part of contractual terms / monitoring etc)
- Do you require the advocacy organisations you fund or commission to ensure the services they offer are accessible to the protected groups? If you do, how do you ensure they do this?
- How do you judge whether the services you commission are meeting the needs of people from the protected groups? (Prompt: approach to evaluation, impact assessment of funded services)
- What have you learnt about how to ensure the needs of those from the protected groups are taken into account when commissioning advocacy services? What advice would you give to commissioners in other areas?

Networks

- Do you know if the advocacy organisations in your local area work with each other (and/or with other VCS organisations) in order to ensure people from the protected groups are referred to advocacy services that best suit their needs? If so:
  - What specifically does this involve?
  - Do you have a view on how successful this collaboration has been and why?
- Do you know if any of the advocacy groups in your local area work with each other (and/or with other VCS organisations) in order to improve the service they offer to people from the protected groups? (Prompts: e.g. to share learning about specific needs, put forward joint bids, jointly liaise with commissioners, deliver outreach advocacy services at VCS organisations etc)
  - What specifically does this involve?
  - Do you have a view on how successful this collaboration has been and why?

Working with providers

- Have you taken any steps to help those who provide advocacy in your area to ensure their services are accessible to people from the protected groups?
  - What specifically have you done and why?
  - What was the impact of this?
  - What challenges did you encounter?
  - What have you learnt about how to do this well?
  - What has been the impact of this?
- Have you taken any steps to encourage those advocacy organisations you fund or commission to work together in networks to better meet the needs of people from the protected groups?
  - What specifically have you done and why?
  - What was the impact of this?
  - What challenges did you encounter?
  - What have you learnt about how to do this well?
  - What has been the impact of this?
- Do you have any direct engagement with the service users? If so how does this work? (e.g. local board they feed into etc) If not, why not?

Working with other commissioners

- Do you share information or thoughts in relation to advocacy with other commissioners? If so, how does this work?

Future developments

- What more do you think you need to do to ensure people from the protected groups have access to high quality advocacy support that meets their specific needs? What would enable you to make these changes?
- What other changes, if any, are required in your local advocacy sector to ensure the needs of the protected groups are met?
- What more could other stakeholders do to ensure this happens?

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Contacts

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Equality and Human Rights Commission Helpline
FREEPOST RRLL-GHUX-CTRX
Arndale House, The Arndale Centre, Manchester M4 3AQ
Main number: 0845 604 6610
Textphone: 0845 604 6620
Fax: 0845 604 6630

Scotland
Equality and Human Rights Commission Helpline
FREEPOST RSAB-YJEJ-EXUJ
The Optima Building, 58 Robertson Street, Glasgow G2 8DU
Main number: 0845 604 5510
Textphone: 0845 604 5520
Fax: 0845 604 5530

Wales
Equality and Human Rights Commission Helpline
FREEPOST RRLR-UEYB-UYZL
3rd Floor, 3 Callaghan Square, Cardiff CF10 5BT
Main number: 0845 604 8810
Textphone: 0845 604 8820
Fax: 0845 604 8830

Helpline opening times:
Monday to Friday 8am–6pm.
Calls from BT landlines are charged at local rates, but calls from mobiles and other providers may vary.

Calls may be monitored for training and quality purposes.
Interpreting service available through Language Line, when you call our helplines.

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Independent advocacy is essential for many people who use or need social care services. This report examines the extent to which such advocacy is available to people in the protected groups set out in the Equality Act 2006: groups which share a common attribute in respect of age, disability, gender, race, religion or belief, or sexual orientation.

WHAT IS ALREADY KNOWN ON THIS TOPIC

Independent advocacy helps to empower disabled people, make them more confident, and enable them to make crucial decisions about the way they lead their lives.

The need for independent advocacy is stressed in recent policy documents on social care.

Its availability varies, though, depending on where a person lives.

WHAT THIS REPORT ADDS

This report provides information about the characteristics of people who use independent advocacy services in relation to social care, based on a large-scale survey of advocacy providers across Britain.

Equality and Human Rights Commission