

1. Topic of assessment

EIA title:	Advocacy Services in Surrey
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EIA author:	Rebecca Brooker, Senior Commissioning Manager, Adult Social Care
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2. Approval

	Name	Date approved
Approved by¹	Sonya Sellar	1 November 2016

3. Quality control

Version number	1	EIA completed	October 2016
Date saved	30 November 2016	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Rebecca Brooker	Senior Commissioning Manager	ASC, SCC	Main author
Nicola Sinnett	Category Specialist	Procurement, SCC	Procurement support
Laura Saunders	Public Health Lead	PH, SCC	Substance misuse commissioner
Augustine Blankson	Senior Manager – Mental Health	CMHRS, SCC	Mental Health service leader
Caroline Hewlett	Senior Manager – Mental Health	ASC	Adult Social Care representative with focus on social care in prisons

¹ Refer to earlier guidance for details on getting approval for your EIA.

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Surrey County Council is seeking an outstanding independent advocacy service that responds to the requirements of a number of legislative Acts and ensures Surrey’s young people and adults have a strong voice that is heard and is at the heart of care and support.</p> <p>Surrey County Council wishes to create a single integrated advocacy service that assists specific service user groups including young people and adults, which promotes individual wellbeing and prevention, supports the transition into adult care and intervenes earlier to prevent needs escalating and to manage demand.</p> <p>In Surrey we want advocacy services to be provided in the most seamless way possible, that improves the user experience, makes it simple for people to access the advocacy support needed, and provides the most sustainable and flexible model of provision.</p> <p>Surrey County Council is looking to contract one or more providers to deliver a range of advocacy services in Surrey outlined in the specification, summarised as:</p> <ul style="list-style-type: none"> • Advocacy for people who are detained under the Mental Health Act (this will be in line with statutory legislation and will include those detained under Part 2 of the Mental Health Act such as those under section, guardianship, community treatment order (CTO) or Part 3 of the Mental Health Act such as those under section 37/41, 47 and 48 and will provide elements of IMHA, DOLS and Care Act advocacy) • Advocacy for people who are in Prison or approved premises (this will be in line with statutory legislation and best practice guidance and will include Care Act advocacy) • Advocacy for people who have substantial difficulty understanding: (this will be in line with statutory legislation and best practice guidance and will include Care Act advocacy, Continuing Health Care, safeguarding support and child and young carer’s assessment. It will apply equally to carers in accordance with the parity they are given in the Care Act.) • Advocacy for young people (this will be in line with statutory legislation and best practice and will extend Care Act Advocacy to young people moving from children’s to adult’s services.) <p>In addition we wish to provide a discretionary advocacy service as follows:</p> <ul style="list-style-type: none"> • Advocacy for people at risk and who require preventative support (this will include advocacy around a range of preventative issues and will be in line with best practice. It will support people: <ul style="list-style-type: none"> ○ accessing mental health services, ○ receiving substance misuse support, ○ living with HIV ○ with care and support needs who have difficulty
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	<p>understanding or retaining information and are at high risk of an escalation in care needs if preventative measures are not taken.)</p> <p>Surrey wishes to provide a single point of access for all advocacy services within a locality, so that people who require advocacy support can find it easily and access and navigate the right services at the right time and take control. The new service will be coherent, efficient and flexible.</p> <p>Through the focussing of advocacy activity via a single point of contact, it is expected that advocacy as a whole will be strengthened in Surrey and that its value as a means of empowering residents in their dealings with Statutory bodies will be more visible and enhanced.</p> <p><u>In scope:</u></p> <ul style="list-style-type: none"> • Statutory advocacy duties including advocacy for those in Prison. • Definitive discretionary preventative advocacy for the most vulnerable, such as those at high risk, people living with HIV and those accessing substance misuse treatment. • Those who have substantial difficulty in being involved and have no other independent person to help them do so. • The advocacy support will be task-centred and short term and is expected to last less than 3 months. • Carers – they are given parity with other potential users and must meet the same eligibility criteria. • Those young people aged 16 or over who are transitioning from children’s to adults services and meet the Care Act criteria will be eligible for an advocate under this service. <p><u>Out of scope:</u></p> <ul style="list-style-type: none"> • Those who are able to be involved or who have someone to represent them, such as a family member or peer. • Long term ongoing support needs such as mediation, counselling, representation at tribunals^[1] or day-to-day communication support, for example for those with Autism or sensory impairment. • Independent Complaints Advocacy Service (ICAS) • Independent Mental Capacity Advocacy, Deprivation of Liberty Safeguard (DOLS) or non instructed Care Act Advocacy which are already provided in Surrey. The plan is to coordinate the end dates of the contracts so that at the next tender they can be tendered together. • Advice and information – advocates by definition supports an individual to express their views and wishes and must not provider advice. • Children and young people under 16 with care and support needs, and young carers will receive advocacy through children’s services.
<p>What proposals are you assessing?</p>	<p>Historically, a range of discrete advocacy services have delivered a range of generic and specialist provision. These services will be refocused to take a person-centred approach which puts the individual at the heart of the process and ensures their advocacy needs are met in the most seamless way</p> <p>The Care Act, Mental Capacity Act and Mental Health Act make it a statutory duty for SCC to provide advocacy to specific groups of people. This support will continue, to the same level, though the provider may be changed through the tender process.</p> <p>SCC also provides a range of discretionary advocacy and this will be</p>

revised in the new service provision.

What will stay the same:

1. Advocacy will be available to people over 18, and those over 16 transition from children’s into adult services
2. Advocacy will continue to be available to people with care and support needs, learning disabilities, Autism, physical and cognitive disabilities, sensory impairments and older people as well as those accessing mental health support and substance misuse treatment.
3. Advocacy support will still be available for the most common issues, these are: care assessment, planning and review, continuing health care, safeguarding, child’s needs assessment, child’s carers assessment and young carer’s assessment, housing issues, finance and debt issues, welfare, benefits and funding issues, legal issues, health and medical treatment issues, complaints and employment issues.
4. The advocacy provider will still need to respond to all requests within 1 working day and provide support, where appropriate, within 3 working days.
5. Advocacy support will continue to be for short-term task-centred interventions rather than long term support.
6. Advocacy will continue to be accessible to those with different communication and access requirements..

What will be different:

7. Advocacy support will be available to those who face substantial stigma in accessing support, including people living with HIV and those from the Gypsy, Roma and Traveller community.
8. Carers will be able to access the advocacy service
9. There will be a single point of access so accessing advocacy support will be easy and seamless.
10. Whereas we currently specify that independent professional advocacy, peer advocacy, self-advocacy and citizen advocacy must be provided, the new specification allows the provide to identify the best ways to deliver the support required and have freedom to innovate in how advocacy is delivered, so that it best meets the needs of residents.
11. Advocacy will only be available for the issues listed in point 3 above. Support for other issues will be available through other existing information and advice providers.
12. Provision is included so that in emergency situations, an advocate will be made available on the same day.
13. All advocates will be trained to the highest standard so that, should further issues emerge during the course of support, the same advocate will be able to support with them, providing a more comprehensive and seamless experience for the person.

As a result of these changes, the service experience will be improved. 65% of clients and 67% of issues will still be eligible for advocacy support. The issues that remain eligible for advocacy support were co-designed with people who could potentially use the service.

Those issues for which advocacy support is no longer available, are not disproportionately affecting any group of people, but are the least frequently present issues across all cohorts.

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	<p>Those ineligible for advocacy support will be able to access information and advice through a range of other sources available in Surrey. It is the role of the advocacy provider to signpost anyone not eligible for advocacy support on to an appropriate alternative source of support.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>People who use advocacy services The advocacy services will be easier for people who use the service to access. They will have an improved experience with fewer handovers and able to get the right help first time. The advocacy service focuses on those most at risk, ensuring limited resources are spent on the most vulnerable. The majority of people who use advocacy services will still be eligible for advocacy support. Those no longer eligible to receive advocacy support have the lowest need and are the most able to access alternative forms of support. Those who are not eligible for advocacy support will be signposted to alternative support.</p> <p>All statutory provision will be maintained, and it is worth noting that Surrey’s discretionary advocacy service remains broader than most other local authorities.</p> <p>This approach has been consulted on with people who use the service, their carers and representative support organisations through a survey and a workshop.</p> <p>Carers and families Carers will be able to access the advocacy support and are given parity with those they care for. Families will be able to receive support from different advocates to ensure confidentially and no conflict of interest exists.</p> <p>Partners and External organisations The single point of access will make it easier for partners to refer individuals into the advocacy service. It is also required that the advocacy provider undertake awareness raising activity with partners increasing their understanding and ability to refer individuals to advocacy support. This model has been co-design with partner representatives.</p>

6. Sources of information

Engagement carried out
<p>Monitoring Panel: Throughout the course of the current provision, user representatives have been included in the monitoring panels for both the general and mental health advocacy contracts. Through this continually engagement, potential improvements to the service have been gathered.</p> <p>Survey: A survey for people who could use advocacy services, their families, carers and representative support groups was circulated. This was sent to individuals and groups representing learning disabilities, sensory impairment, people with mental ill health, people in substance misuse treatment, carers, those with care and support needs and people living with HIV, as well as others. 125 people responded to the survey and the information was used to inform the provision and the outcomes. The feedback is attached in appendix 1.</p> <p>It should be noted that engaging with those who have used advocacy services can be difficult, as my requirement they find it difficult to express themselves. Support was offered to help them complete the survey. Additionally, some eligible for advocacy support are hard to engage with due to being detained for example. Current advocacy providers were encouraged to use the survey 1-2-1 with individuals in these settings where appropriate and possible.</p> <p>Workshop: We held a workshop for people who could use advocacy services, their carers, families and representative support groups. Approximately 50 people attended the event including representatives with learning disabilities, Autism, sensory impairment, physical disability, mental ill health, representatives who were carers and those from potentially stigmatised communities such as people living with HIV and the Gypsy, Roma Traveller community. The workshop talked through the specification and gave attendees a chance to feedback on the themes. The feedback was used to inform the specification.</p> <p>Co-design Group: The advocacy review has been lead by a steering including representatives from Public Health, Adult Social Care, CMHRS and the CCGs.</p> <p>Further Engagement: Groups were offered for someone to come and present on the specification and discuss it with them. This has not been taken up by any groups in Surrey to date.</p>
Data used
<p>Monitoring Data: During the current contract, monitoring data is collected on a quarterly basis. This includes complaints, compliment, case studies and user satisfaction data. This information has been used to inform the areas of the specification that need to be updated. This is available in appendices 2 and 3.</p> <p>Modelling: Current performance data and data on numbers of potential advocacy users in Surrey has been used to model the new capacity required. It should be noted that predicting advocacy demand is difficult as it is dependent on whether an individual has a friend or family member able to act on their behalf. Of course we cannot predict this, so modelling is done as a simple forecast based on current demand and the growth in referrals seen over the last 4 years.</p>

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7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
Age	The new service is available to anyone aged 16 and over if they meet the eligibility criteria meaning all adults have access to advocacy support.		It was considered important in feedback from users that young people between 16 and 18, though not in receipt of adult social care support should receive advocacy support to enable them to prepare for their care and support needs post turning 18.
Disability	<p>In line with Care Act legislation and best practice guidance, people with disabilities will be able to access advocacy support on the following topics:</p> <ul style="list-style-type: none"> • care assessment, planning and review, • continuing health care, • safeguarding, • child’s needs assessment, child’s carers assessment and young carer’s assessment, • housing issues, • finance and debt issues • welfare, benefits and funding issues • legal issues • health and medical treatment issues • complaints • employment issues <p>In accordance with the NHS Accessible Information Standard, information</p>	People with physical disabilities will only be able to access advocacy on the issues, where as previously they could access advocacy support on any issue.	The list of topics on which advocacy support can be provided has been increased from those statutorily required to include some additional topics that people who use the service told us were important for them. Due to the introduction of Care Act legislation requiring local authorities to provide information and advice to all residents, a broader range of support is now available in other ways across the County, for example through Surrey’s ULO Hubs. This has been taken into consideration when assessing what discretionary advocacy support could be provided in Surrey.

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² More information on the definitions of these groups can be found [here](#).

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<p>Page 76</p>	<p>communication must be provided in the individual’s preferred format, including easy read. Accessibility from the first point of contact has been ensured within the new advocacy service, supporting those with sensory impairments in particular to be able to request an advocate, receive advocacy support and feedback on the service they received. The new provider has been requested to train their advocates to work with people with learning disabilities and/or Autism. Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.</p>		
<p>Gender reassignment</p>	<p>Those who have experienced gender reassignment will be able to access advocacy services in Surrey against the same eligibility criteria as any other resident. Discretionary advocacy support for communities that experience substantial stigma in accessing care and support services will be provided under the new contract. The advocacy service is based on the principle of offering non-judgemental support and this will be monitored throughout the life of the contract.</p>		<p>Feedback from stigmatised communities such as people living with HIV and people from BME communities such as the Gypsy, Roma, Traveller community told us that residents who experience stigma in accessing care and support need additional support to help them address issues and make their voice heard. The new contract responds to this by including additional discretionary provision for people who may experience stigma, and ensuring the provider is trained to support these individuals effectively.</p>

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	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Pregnancy and maternity	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Page 77 Race	<p>Those of all races will be able to access advocacy services in Surrey against the same eligibility criteria as any other resident.</p> <p>Discretionary advocacy support for communities that experience substantial stigma in accessing care and support services will be provided under the new contract.</p> <p>The advocacy service is based on the principle of offering non-judgemental support and this will be monitored throughout the life of the contract.</p> <p>The provider must be able to provide translated information or translation support as required by an eligible client.</p> <p>Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.</p>		<p>Feedback from stigmatised communities such as people living with HIV and people from BME communities such as the Gypsy, Roma, Traveller community told us that residents who experience stigma in accessing care and support need additional support to help them address issues and make their voice heard. The new contract responds to this by including additional discretionary provision for people who may experience stigma, and ensuring the provider is trained to support these individuals effectively.</p> <p>Feedback also told us that some communities were unaware of the advocacy service and so the new contract requires the provider to proactively raise awareness of advocacy services in communities, especially those that may be isolated by language, culture or beliefs.</p>
Religion and belief	Those of all religions and beliefs will be able to access advocacy services in Surrey against the same eligibility criteria as any other resident.		Feedback from stigmatised communities such as people living with HIV and people from BME communities such as the Gypsy, Roma, Traveller community told us that residents who experience stigma in accessing care and support need additional support to help them address

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	<p>Discretionary advocacy support for communities that experience substantial stigma in accessing care and support services will be provided under the new contract.</p> <p>The advocacy service is based on the principle of offering non-judgemental support and this will be monitored throughout the life of the contract.</p> <p>Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.</p>		<p>issues and make their voice heard. The new contract responds to this by including additional discretionary provision for people who may experience stigma, and ensuring the provider is trained to support these individuals effectively.</p> <p>Feedback also told us that some communities were unaware of the advocacy service and so the new contract requires the provider to proactively raise awareness of advocacy services in communities, especially those that may be isolated by language, culture or beliefs.</p>
Page 78	<p>Sex</p> <p>All residents will have equal access to advocacy support. An individual may request an advocate of the same sex and every effort will be made by the provider to accommodate this.</p>		<p>Performance monitoring shows that over the last 5 years we have seen equal numbers of men and women receiving advocacy support in Surrey and we expect this to continue.</p>
	<p>Sexual orientation</p> <p>People of any sexual orientation will be able to access advocacy services in Surrey against the same eligibility criteria as any other resident.</p> <p>Discretionary advocacy support for communities that experience substantial stigma in accessing care and support services will be provided under the new contract, this includes people of different sexual orientations and those living with HIV.</p> <p>The advocacy service is based on the principle of offering non-judgemental support and this will be monitored throughout the life of the contract.</p>		

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	<p>The potential provider trains their staff in awareness of LGBT.</p> <p>Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.</p>		
<p>Marriage and civil partnerships</p> <p>Page 79</p>	<p>All adults will be able to access advocacy services in Surrey against the same eligibility criteria as any other resident. The advocacy service is based on the principle of offering non-judgemental support and this will be monitored throughout the life of the contract.</p> <p>Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.</p>		
<p>Carers³</p>	<p>Under the new contract, Carers are now able to access advocacy services in Surrey against the same eligibility criteria as any other residents. This gives them parity of esteem to the person they care for. The new contract ensures a carer and the person they care for can access separate advocates if necessary.</p> <p>Potential providers must abide by equality and diversity best practice in their recruitment,</p>		<p>Feedback from people who use the service has said that carers and the person they care for sometimes need to be supported by different advocates.</p>

³ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family; partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

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	employment and service provision.		
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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Disability	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Gender reassignment	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Pregnancy and maternity	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Race	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Religion and belief	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		

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	provision.		
Sex	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Sexual orientation	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Marriage and civil partnerships	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		
Carers	Potential providers must abide by equality and diversity best practice in their recruitment, employment and service provision.		

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8. Amendments to the proposals

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Change	Reason for change
An increased range of topics on which advocacy can be provided has been included in the new contract	Following consultation with people who could use the service we understood the issues most important to them and have ensured the list of topics covered by the specification reflects these
An increased assurance of the accessibility of the service for people with hearing impairment or loss has been included at all stages from the first point of contact, to receiving the service, to giving feedback	Following consultation with people who could use the service, we understood the difficulties experienced to date in accessing advocacy support because of the range of ways people with hearing loss communicate and the relatively low awareness of this. In response we have specifically included hearing loss appropriate communication in the contract and asked about this in the evaluation of the bids.
Access to advocacy support for those experiencing temporary difficulty in understanding, processing or retaining information, rather than just a permanent difficulty.	Following consultation with people who could use the service we understood that for some people there could be temporary periods where they were unable to make their voice heard and express this wishes as to their care – for example during debilitating medical treatment, following a bereavement or during times of high stress. As such we have made provision that though someone does not always need an advocate, if for a temporary period they are unable to express their wishes, they can access advocacy support to help them do so.

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Carers are now able to access advocacy support in Surrey	Proactive promotion of the advocacy service to carers and representative groups.	Ongoing	SCC/ Provider
People with long term conditions such as HIV are able to access advocacy support in Surrey	Proactive promotion of the advocacy service to people with long term conditions and groups that represent them such as support groups.	Ongoing	SCC/ Provider
People who experience stigma in accessing care and support will be able to access advocacy support to help them do so.	Proactive promotion of the advocacy service to stigmatised communities and groups representing them such as BME and LGBT forums.	Ongoing	SCC/ Provider
Improved accessibility of advocacy services for people with communication differences	Promotion of the advocacy service in different and accessible formats and proactive circulation of these resources to groups that represent or support those with communication differences.	Ongoing	SCC/ Provider

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Some people with lower needs will no longer be able to access advocacy support.	All protected characteristics

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	User consultation – survey, workshop, co-design
Key impacts (positive and/or negative) on people with protected characteristics	Carers, people with long term conditions such as HIV, people who experience stigma and people with temporary difficulty in understanding, processing or retaining information will now be able to access advocacy support. Advocacy support is now limited to a list of statutory, and some discretionary topics, based on what users told us was most important. For other topics, the individual will be signposted to alternative sources of information and advice. This will apply to all people equally irrespective of protected characteristics.
Changes you have made to the proposal as a result of the EIA	Improved accessibility for those with hearing impairment, those with temporary difficulty understanding and for a list of topics co-designed with people who use the service.
Key mitigating actions planned to address any outstanding negative impacts	Structured preparation period before new contract begins to resolve cases that would no longer be eligible for advocacy support and active promotion to explain new eligibility criteria for advocacy support.
Potential negative impacts that cannot be mitigated	

**Have your say on Advocacy Services in Surrey –
Feedback Report 2016/17.**

Date report published: 25th July 2016

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Methodology

Feedback on Advocacy services in Surrey was collected via Surry Says, Surrey County Council's online survey and consultation tool. This survey was active online from the 28th June 2016 to the 15th July 2016. During this period, hard copies of the survey were also distributed with the option for feedback to be returned by post or by email. Any postal or emailed surveys were then manually uploaded to the Surrey Says website.

Responding Cohort

The following report is collected from the feedback of 133 respondents. 112 of these responses were collected online via Surrey Says and 21 were received via post. Six of these were easy read surveys and the rest were standard surveys.

The following tables show the majority of respondents were female and aged between 18 and 64.

Gender	Responses	%	Age	Responses	%
Male	49	37%	Under 18	1	1%
Female	77	58%	18 - 64	110	83%
Not Answered	7	5%	65+	19	14%
Total	133		Not Answered	3	2%
			Total	133	

Over half of respondents described themselves as using health or social care support in the community and a further 35% were carers or care professionals. Just 7% of respondents were accessing health or social care support in a residential, nursing or hospital setting.

How would you best describe yourself?	Responses	%
I am a carer or care professional	47	35%
I use health / social care support in a residential / nursing setting	6	5%
I use health / social care support in hospital	2	2%
I use health / social care support in the community	68	51%
Not Answered	10	8%
Total	133	

A quarter of respondents selected Physical or sensory disabilities as their main client group. This was the most popular response followed by 22% with Mental Health difficulties and 16% with learning difficulties.

Main Client Group	Responses	%
Autism	6	5%
Care Professional	18	14%
Carer	9	7%
Drug / Alcohol	2	2%
Learning difficulties	21	16%
Mental health difficulties	29	22%
Physical / sensory	33	25%
Not Answered	15	11%
Total	133	

Results

The following tables shows that 70% of the individuals who responded to the survey had used, or helped someone to use, advocacy services in Surrey within the last year.

Have you used, or helped someone to use, advocacy services in Surrey within the last year?	Responses	%
Yes	93	70%
No	39	29%
Not Answered	1	1%
Total	133	

Please note: the 39 people who had not used advocacy in the last year proceeded straight to question 16 of the survey. Therefore, the following section (questions 2 to 15) will have only been answered by the 93 individuals who used advocacy service in Surrey within the last year.

Questions 2 – 16.

- **How easy was it to *find out about* advocacy services in Surrey?**

Very Easy	Easy	Neither Easy or Hard	Hard	Very Hard
20	25	31	10	7
22%	27%	33%	11%	8%

Of the 70% of respondents that have used advocacy services within the last year, less than half (49%) were satisfied that they found it easy or very easy to find out about advocacy services. The majority felt it was neither easy nor hard but nearly 20% believed finding out about advocacy service in Surrey was hard or very hard.

- **How easy was it to *access* advocacy services in Surrey?**

Very Easy	Easy	Neither Easy or Hard	Hard	Very Hard
23	28	21	5	7
27%	33%	25%	6%	8%

Just 60% of respondents were satisfied that they could access the current advocacy service easily or very easily. 14% believed the advocacy service was hard or very hard to access and a further 25% gave a neutral response. Nine individuals did not respond to this question.

- **How many times have you used, or helped someone to use, advocacy services for separate issues in Surrey within the last year?**

1	2	3	4 +
15	17	15	45
16%	18%	16%	49%

Nearly half of the respondents had used, or helped someone to use, advocacy services in Surrey four or more times within the last year. This was by far the most popular response to this question.

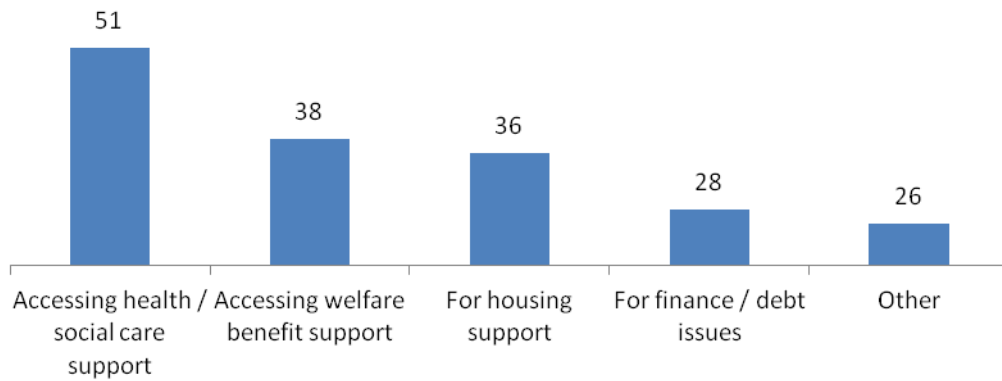
- **Thinking about your most recent advocacy support within the last year, which organisation provided this support?**

Organisation	Responses	%
Age UK	3	3%
Deaf Plus	2	2%
Just Advocacy	2	2%
KAG	11	10%
Matrix	5	5%
Positive Action	22	20%
SDPP	18	16%
Sight for Surrey	4	4%
St Peter's House	13	12%
THT	4	4%
Other	26	24%

The most popular organisation selected from the options provided on the survey was ‘Positive Action’ with 20% of respondents getting support from this organisation. Following this, 16% were provided with support from SDPP and 12% from St Peter’s House. However, the most popular response for this question was actually ‘other’, where 14 different organisations were named as provided support to respondents. 12 of these were named only once but CAB was named three times, The Sunnybank Trust was named four times and Age Concern Epsom and Ewell were named six times.

- **Thinking about your most recent advocacy support within in the last year, what issue did you need help with?**

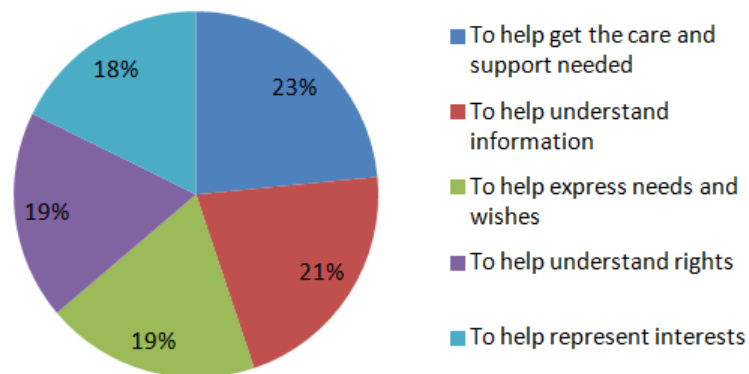
What issue did you need help with?



The chart above shows the top five issues which respondents needed help with when accessing advocacy support in the last year. This shows that the most common issue was accessing health and social care support, followed by accessing welfare benefit support. Issues listed as ‘other’ included creating end of life plans, accessing counselling, accessing mental health services and getting advice on complimentary therapies.

- **Thinking about your most recent advocacy support in the last year, how did the advocacy support help you?**

Thinking about your most recent advocacy support in the last year, how did the advocacy support help you?



This question had five possible options for respondents to choose from. As the chart above shows, each of these options received a very similar number of responses. Consistent with the responses from the previous question, the largest proportion of respondents felt advocacy support helped them to get the care and support they needed.

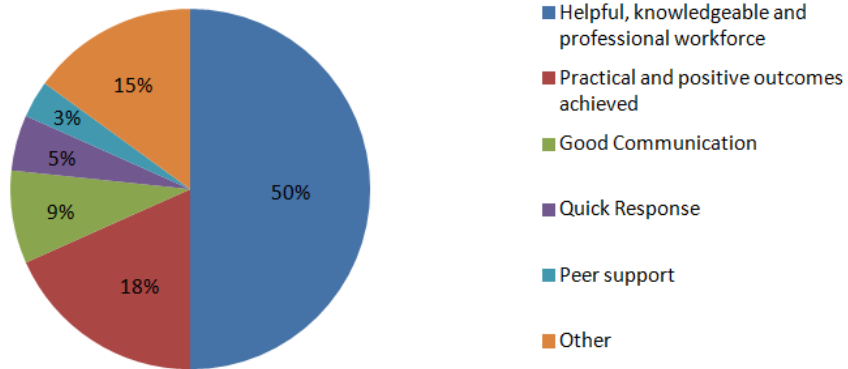
- **How satisfied were you with your most recent experience of advocacy support in Surrey?**

Very Satisfied	Satisfied	Neither satisfied or unsatisfied	Unsatisfied	Very unsatisfied
52	17	8	8	5
58%	19%	9%	9%	6%

Just over three quarters of respondents (77%) were satisfied, or very satisfied, with their most recent experience of advocacy support in Surrey. However, a further 15% were either unsatisfied or very unsatisfied with their recent experience of advocacy support.

- **Thinking about your experience of advocacy services in the last year, please tell us what was good about the service.**

Thinking about your experience of advocacy services in the last year, please tell us what was good about the service.



The question above was a free text question asking individuals what they thought was good about the advocacy service they received. This question received 60 responses which have been grouped into six categories, shown in the chart above.

Exactly half of all the comments received have been categorised as ‘Helpful, knowledgeable and professional workforce’. This included comments such as ‘helpful information was given in a non patronising way and I was listened to very carefully’ and ‘very helpful and understanding staff’.

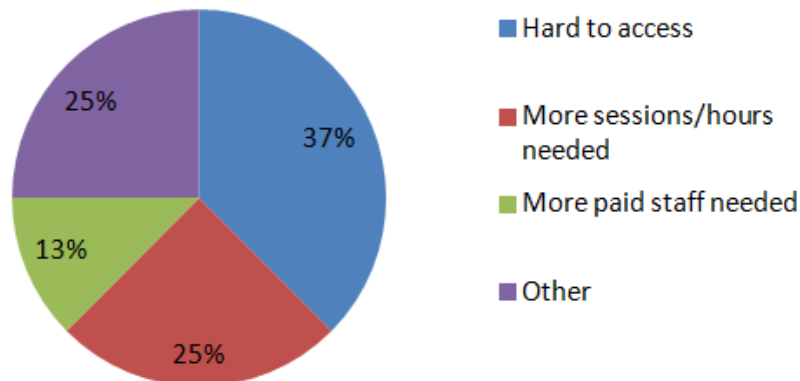
The next biggest category was ‘Practical and positive outcomes achieved’. This category was made up of 11 responses and included comments such as ‘advocate managed to get everything sorted out and abusive person got an official warning by police’ and ‘their support enabled [my client] to get her views expressed and ultimately secured an improved benefit outcome for her’.

The remaining 19 responses fell into either ‘good communication’, ‘quick response’, ‘peer support’ or ‘other’.

All responses to this question can be found in the appendix.

- **Thinking about your experience of advocacy services in the last year, please tell us what you feel could have been better about the service.**

Please tell us what you feel could have been better about the service.



The question above was also a free text question asking individuals what they thought could have been better about the advocacy service they received. This question received 46 responses, however nearly half of these (48%) simply said that the individual was satisfied and couldn't think of anything which could have been better about the service. Therefore, the remaining 24 comments have been grouped into four categories, shown in the chart above.

The largest of these categories is 'hard to access'. The category included 9 comments, including the following comment made by a care professional:

"This year I have also tried to find safeguarding support for one client without success and am in the process of trying to find advocacy support for a learning disabled client due to attend a benefit appeal hearing and again if there are services out there, they are not easy to find."

This echoes the responses for the earlier questions, which revealed that less than half of respondents were satisfied that they found it each to find out about advocacy services, and only 60% were satisfied that they could access the current advocacy service easily.

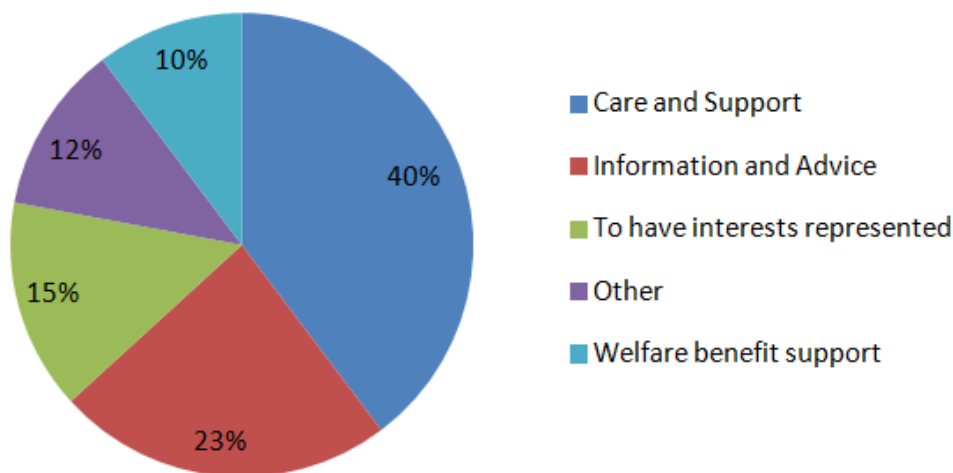
Six comments also mentioned the need for more paid staff and a further six mentioned the need for longer opening hours or more advocacy sessions.

'Other' responses included a lack of complimentary therapy advice and a lack of access to computers.

All responses to this question can be found in the appendix.

- **Please tell us what you hoped to achieve with advocacy support?**

What did you hope to achieve with advocacy support?



The question above was another free text question which asked individuals what they hoped to achieve with advocacy support. This question received 68 responses which are group into five categories, shown in the chart above. The majority of respondents hoped to achieve care and support (40%) or information and advice (23%).

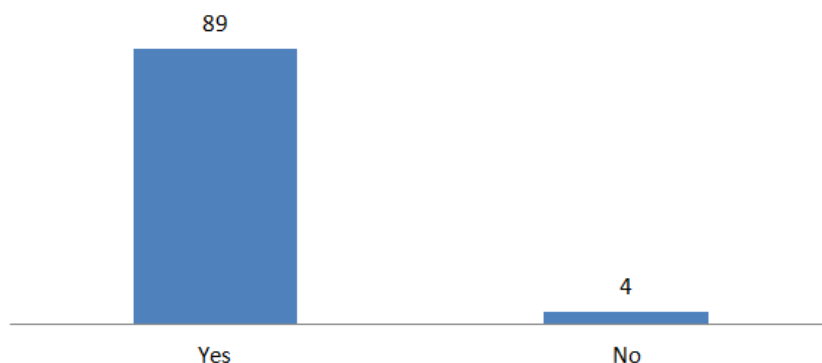
- **How satisfied were you that advocacy support helped you to achieve what you hoped it would achieve?**

Very Satisfied	Satisfied	Neither satisfied or unsatisfied	Unsatisfied	Very unsatisfied
52	15	7	6	5
61%	18%	8%	7%	6%

79% of respondents were satisfied, or very satisfied, that the advocacy support they received helped them to achieve what they hoped it would. However, a further 13% were either unsatisfied or very unsatisfied that their experience of advocacy support helped them to achieve what they hoped it would.

- **Would you access advocacy service again in surrey?**

Would you access advocacy services again in Surrey?



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Positively, 96% of respondents said they would access advocacy services again in Surrey. Just four individuals would not access advocacy service again. These individuals were asked the additional question ‘why would you not access advocacy services again in Surrey’. Only one response was received for this question: “the [benefit] application was unsuccessful. Next time I will be quicker to contact Carers Support Spelthorne”.

- **If you have not accessed advocacy services within the last year, why not?**

Reasons for not accessing advocacy services	Responses	%
As a carer / professional I haven’t needed to help someone to access advocacy services	12	32%
I didn’t know about advocacy services in Surrey	9	24%
I haven’t needed advocacy support in the last year	9	24%
I could represent myself	3	8%
I didn’t know how to access advocacy services in Surrey	3	8%
Previous advocacy support was sufficient	1	3%

Over half of the respondents (56%) did not access advocacy services in the past year because they hadn’t needed advocacy support themselves or hadn’t needed to help someone else access advocacy service. However, over 30% of the respondents said they had not accessed advocacy services because they didn’t know about advocacy services in Surrey or they didn’t know how to access them.

Future Advocacy Service in Surrey.

Characterises of an advocacy service.

The table below shows how respondents rated the importance of the following characteristics of an advocacy service. Responses were on a scale of one to five, with 1 being very important and 5 being not important.

Characteristics of an advocacy Service	1 (Very important)	2	3	4	5 (Not important)
Easy to find out about advocacy services	87%	11%	2%	0%	0%
Easy to access an advocacy service	91%	9%	0%	1%	0%
Quick response to requests for advocacy	75%	22%	2%	1%	0%
Provision of a comprehensive advocacy service	74%	22%	5%	0%	0%
People providing advocacy are professional	72%	22%	5%	0%	2%
Being supported with advocacy by the same group of people	60%	28%	9%	2%	2%
Advocacy services are provided flexibly to meet my needs	69%	26%	3%	2%	0%
Being confident that advocacy services are provided independently	75%	15%	9%	1%	0%
Being confident that an advocacy service works for my best needs	81%	16%	2%	1%	0%
Being confident that an advocacy service can provide appropriate challenge on my behalf	83%	14%	1%	2%	0%

Easy to access an advocacy service was rated as the most important characteristic, with 91% of respondents believing this was very important. This is important to note as just 60% of respondents felt satisfied that they could access the current advocacy service easily or very easily and nine individuals commented that access to services was something which the advocacy service could do better.

The least important characteristic for the respondents was ‘being supported with advocacy by the same group of people’ which only 60% on respondents felt was very important. However, all the characteristics were regarded as somewhat important.

Qualities and skills of an advocate.

The table below shows how respondents rated the importance of the following qualities and skills of an advocate. Responses were on a scale of one to five, with 1 being very important and 5 being not important. All the qualities and skills listed were regarded as important by the respondents and no four or five responses were given. Therefore, the table below shows options one to three only.

Qualities and skills of an advocate	1 (Very important)	2	3
Good listener	90%	8%	2%
Able to understand situation	93%	6%	1%
Flexible and accommodating	70%	27%	3%
Qualified and appropriately trained	73%	21%	6%
Approachable	82%	15%	3%
Good communication skills	90%	9%	1%
Quick at responding	64%	32%	4%
Reliable	85%	15%	0%
Knowledgeable	83%	15%	2%
Able to provide appropriate challenge	79%	17%	5%
Respect confidentiality	92%	5%	2%
Able and willing to represent your views	87%	12%	1%

Being able to understand the situation was the quality respondents rated as the most important for an advocate, with 93% of respondents believing this was very important. This was shortly followed by respecting confidentiality, good communication skills and being good listener, which were all rated as very important by 90% or more of the respondents. With just 64% of respondents believing quick at responding to be very important, this was rated as the least important quality of an advocate.