What is the need for advocacy services in Brighton and Hove?
Easy read version

Brighton & Hove City Council
Public Health Intelligence Team

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1. What is this document about?

This report is about the need for advocacy services in Brighton and Hove.

To help us know more about advocacy in the city we spoke to lots of people. We talked to people who use advocacy, people who refer people to advocacy services and the advocacy services themselves.

We looked at which people in city may need advocacy services. We looked at whether the number of people needing advocacy services was getting bigger or smaller.

We also looked at how other parts of the country provide advocacy support to learn from what they do.

2. What does advocacy mean?

The word ‘Advocacy’ can be difficult to understand. Advocacy can mean different things to different people.

Many people think that Advocacy means having your ideas and wishes listened to.

Advocacy is a broad idea and covers a lot of different skills.

Many people can advocate for themselves. Family and friends can advocate for someone. Health and social care workers can sometimes advocate for their client. There are also professional advocates who can provide expert support.
3. What is the best way to do things? – learning from others

We wanted to find the best way to provide advocacy services for the people who need them. We looked at research and work in other places to see if we could learn from different people.

We found that there are lots of ways of providing advocacy. Advocacy services should be shaped by the type of advocacy needed.

There are lots of different providers. There is no ‘best’ type of service.

But, where possible self-advocacy should be encouraged.

Some people find it difficult to get advocacy support. To help we could offer advocacy services to anyone who contacts mental health or social care services.

We can make services better by linking them up. Services also need to be flexible to meet everyone’s needs.

Three Acts of Parliament say who must get advocacy support. These Acts are the Mental Capacity Act, the Mental Health Act and the Care Act.

Now in Brighton and Hove advocacy is delivered by some specialist services. These services provide support under these Acts. They also provide services for people who have: mental ill-health (including people who are Lesbian, Gay, Bisexual, Transgender and Queer); sensory and/or physical disabilities; learning disabilities; language needs; older people; vulnerable adults with autism; and trans people.
4. In Brighton and Hove who needs advocacy help?

Lots of people get support from advocacy services.

The need for advocacy will probably get bigger over the next twenty years. Some groups particularly will get bigger and need more support: older people, adults with moderate or serious physical disability and those with hearing impairment and especially adults with hearing loss.

There are a large number of people in the city who have mental health problems. Compared with England and the South East there are fewer older people living in the city. But more of the older people who live in the city live by themselves.

Some people who need advocacy have more than one reason to seek extra help. For example, they might have a physical disability as well as be an older person.

Some people need an advocacy service because their family or friends can’t advocate for them.

5. Listening to people who use advocacy services

A community researcher asked people who received advocacy support what would make local services better.

The researcher found that Advocacy services in the city are not well-known. One of the reasons is that people don’t always know what ‘advocacy’ is.

Another problem is that NHS and social care services (including doctors) don’t always know about advocacy support.

The researcher also found that people who had more than one problem were often lonely and had difficulty getting an advocate.

We think more people would use the services if they knew about them.
Lots of people need advocacy services because of the difficulties with complicated health and social care systems, or getting disability and other benefits. Problems about housing were also a common reason why someone might need an advocate.

When people do get help from an advocate they feel better. Their problems are solved or made smaller.

People who had worked with an advocate liked the way they were helped over time, and that they could be helped with more than one problem.

If there were fewer advocacy services people might well have to deal with be more problems. There might also be more pressure on other services such as the local health and social care.

6. What do social work and mental health workers thinking about advocacy?

We asked people who work in health and social care what they think about advocacy services.

They said that they understood advocacy. They would ask if their client needed an advocate to support them.

Some people felt that it was sometimes difficult to know which advocacy service to contact because there were lots of different ones to choose from. But overall people were very pleased with advocacy services.

Some people need to have an advocate because they are protected by an Act of parliament. This type of advocacy needs very special skills. The social workers and mental health staff who supported people in need of this type of support were very happy with the advocacy services they used.
But some social workers, including those working with people with a Learning Disability, said that they often worked with people with lots of different problems. They sometimes didn’t know which advocacy service to get in touch with for support. They would like just one place to contact. This is sometimes called ‘a common access point’. The social workers also wanted a short waiting time so that their clients got support as soon as possible.

The social workers also wanted advocacy services to meet all the needs of their clients, not just one problem.

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7. What do the current advocacy services think?

We asked staff working in local advocacy services what they thought. They said there is a gap between people who might benefit from advocacy support and people who made contact with the services. They thought that advocacy services needed to advertise better and work closer together.

The Advocacy Service staff also felt that sometimes people didn’t know what the word ‘Advocacy’ actually meant. The services would also like more funding and more staff, so they could help more people.

Advocacy services felt that isolated people were less likely to be in contact.

The advocacy services said they would like to work better together. They also thought of the idea of ‘Champions’ for Advocacy. People who work in health and social care could become
Champions for advocacy. They would work hard to make sure lots more people could access advocacy.

People who work in advocacy services said advocates needed to have local knowledge.

We talked to lots of people. Lots of them said the same things were important. These things are:

- People need to be clearer about what the advocacy means
- We need to advertise advocacy services more
- Advocacy services need to work better together so more people get support

A full version of this report is available on the Brighton Hove Connected Website: http://www.bhconnected.org.uk/
What will we do with these findings?

1. Work together so that everyone understands what advocacy means.

2. We will advertise local advocacy services so more people know about them. We will make sure that information is available on:
   - the Council’s website and sites like MyLife
   - Develop a list of advocacy services available in Brighton & Hove
   - We will also ask people to become ‘Advocacy Champions’.

3. We will make sure that advocacy services work closer together.
   - Services will have one point of access
   - We will make sure there is a service that can meet the different needs that one person may have
   - We will make sure that people can get advocacy support when they need it
   - We will make sure that people who need interpreting services including British Sign Language can get advocacy support.

4. We will try training people in self-advocacy or group-advocacy.

5. We will work with other services like housing and benefits so their services are easier to access. This might mean that advocacy services are needed less.

6. We will do more to understand the needs of older people and people who come from a Black and Minority Ethnic background and their need for advocacy.