

Advocacy In Wakefield

The way forward

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Transformation Team

Advocacy in Wakefield

- Why has advocacy been reviewed?
- What did we find?
- What changes are proposed?
- How will these impact on the service users?

- Your views?

Why a review of Advocacy?

In 2011 advocacy services in Wakefield District were reviewed:

- Cloverleaf: 'Your Voice' Learning Disability service
- Cloverleaf: Mental Health
- Together for Wellbeing: Mental Capacity
- Age UK: Older People Advocacy

Why a review of Advocacy?

- Family Services need to match resources to needs and the LDDF has been lost
- Over the past 5 years, new services were added as new laws required specific types of advocate
- Laws came into force at different times so contracts were designed to respond at the time
- All contracts now due to expire

What did we find?

- ‘Your Voice’ has helped people with learning disabilities when they wanted to make major decisions and life changes
- The service has encouraged more people into self advocacy (from 26 to 32 people)
- Many people enjoy groups and attend ‘Hear Our Thoughts’ meetings
- People have been supported to help run LDPB

What did we find?

- 102 people received professional advocacy from 'Your Voice' (09\10 and 10\11)
- Many people don't see advocates (1200 known to teams)
- Difficulty in evidencing outcomes
- Some could possibly have used statutory advocacy services

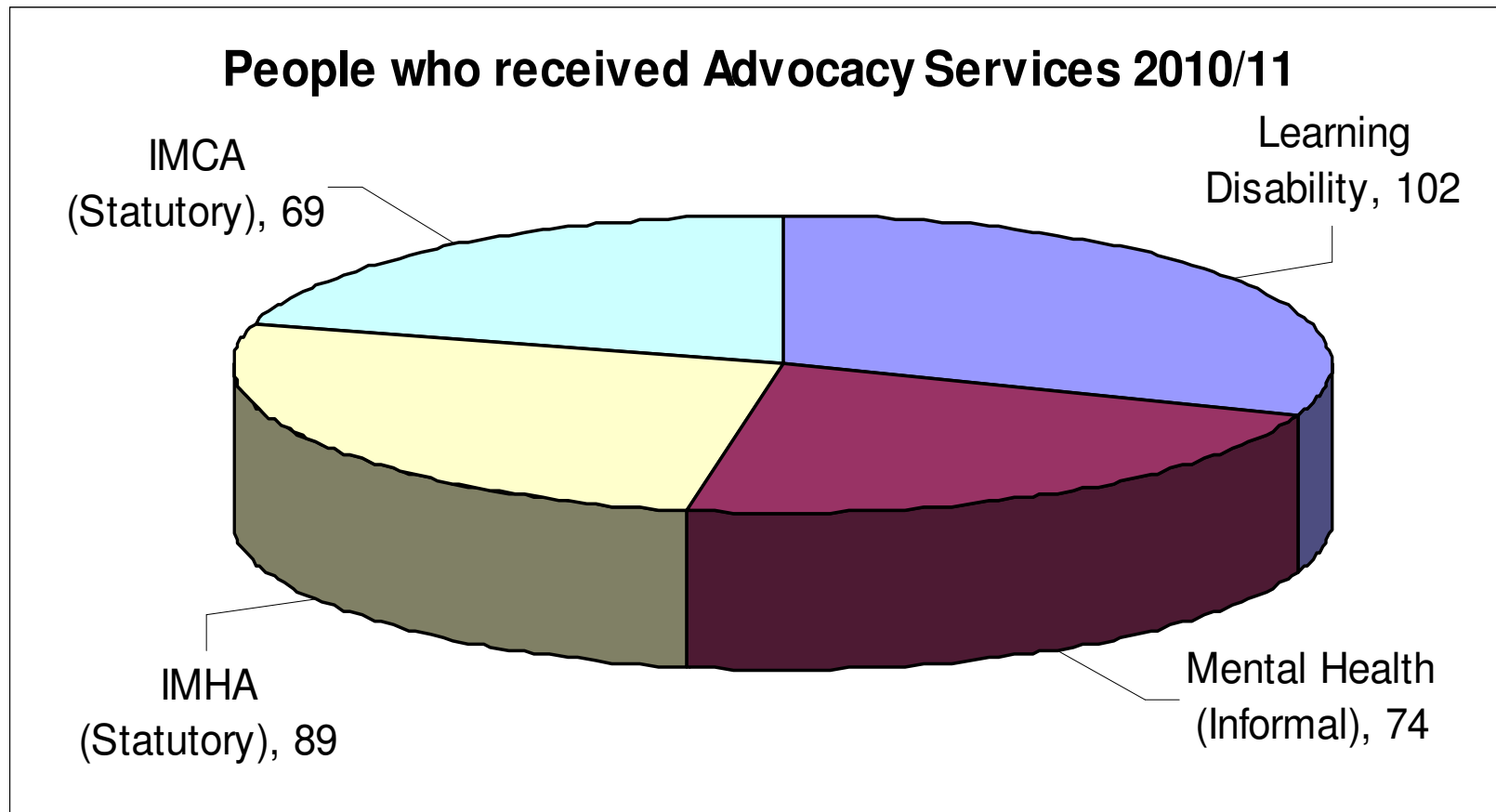
What did we find?

- There were 2 pilots for 18 months - there was no evidence to support further investment (through disinvestment elsewhere)
- Peer Advocacy-only 2 people were helped and 4 advocates trained; this was not good value for money and outcomes were not clear
- Parenting advocacy group - 6 parents were supported and outcomes were good - arrangements now in place between adult and children's services

What did we find?

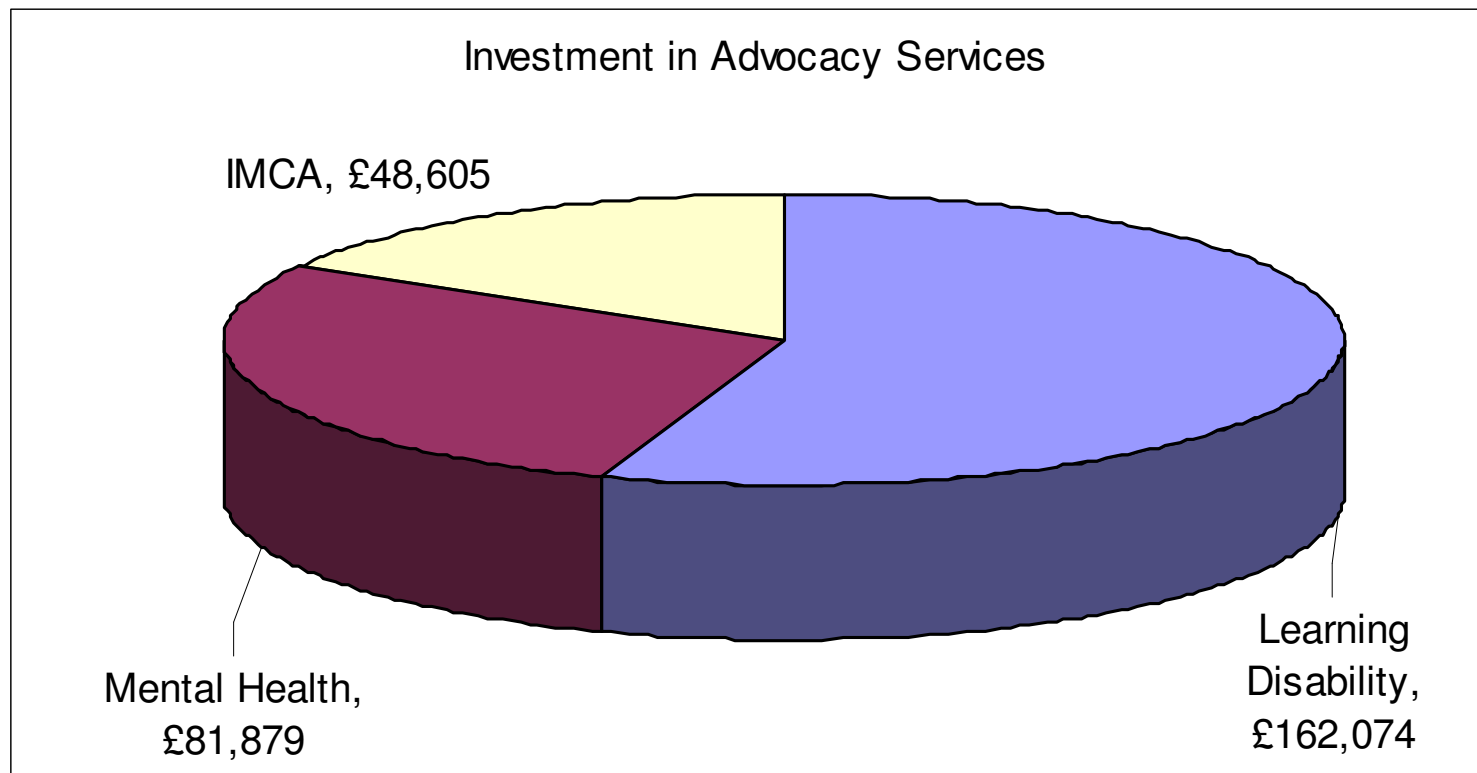
- Cloverleaf works with people who have mental health conditions; informally and by law (IMHA)
- **163** people used this service last year, **89** had a statutory advocate (IMHA)
- Cloverleaf provides Relevant Person's Representatives (RPR) - **6** in 10\11
- Together for Wellbeing provided IMCAs for **69** people last year

What did we find?



What did we find?

- Wakefield is spending just under £300,000 a year on advocacy for small numbers of people



What did we find?

PROVIDER	COST PER YEAR	NUMBER OF PEOPLE	AVERAGE COST PER PERSON
Learning Disability	£162,075	102	£1588.97
Mental Health	£81,879	163	£502.33
IMCA	£48,605	69	£704.42

What did we find?

- Learning Disabilities service costs are relatively high compared to Mental Health service costs
- Criteria for accessing schemes is not always clear
- Wakefield spends more on advocacy than some other LAs nearby
- There is an opportunity to streamline services

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What changes are proposed?

What changes are proposed?

- Put most of the advocacy together in one service
- This will include:
 - professional advocacy for people with learning disabilities
 - mental health advocacy
 - volunteer advocacy
 - self advocacy
 - new help for people with autism

What changes are proposed?

- Criteria for deciding who is eligible for professional advocacy
- Vulnerable people who do not qualify could still get help from volunteer advocates
- Only people who have no family to speak for them should be eligible

What changes are proposed?

- People out of district to be offered Advocacy automatically
- The different roles under the Mental Capacity Act would be put together (IMCA and RPR)
- Make sure advocacy services are more joined up and linked to Healthwatch

What changes are proposed?

- Self advocacy- to support people at LDPB meetings and HOT group only
- For this to become independent and self sustaining
- Reduce funding for self advocacy over time

What is not changing?

- It is not proposed to include older people advocacy in the revised contract
- Advocacy for older people is currently part of the work of Age UK (Wakefield District)
- Good networks are already in place for specialist provision for this group
- This contract will be reviewed/retendered separately at a later date

How will the proposals impact on service users?

- Help will be given to people who need it most
- People with autism will get support
- Vulnerable people could get mentoring or practical support
- Specialists will still work in each field

How will the proposals impact on service users?

- The statutory mental health and mental capacity work has to be done by law so service users will not see a difference
- In the case of a person needing an RPR, fewer advocates could be involved with the same person which would be helpful

Your views

- We would like to know what you think about these proposals
- Thank you for your comments

Contact:

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