Provider Advocacy Event 15.12.2023.

What works well

Good signposting
Easily Accessible services (digital and in person/face to face)
Person-centred
Local focus
Strength based. (knowledge/skills/experience)
Holistic approach (going the extra mile for service users)

Consistency of Contracts
Integrated approach-

- Comprehensive joined up range of services
- Quick response
- No waiting lists
- No gaps in provision
- Multi skilled advocates

Expert by experience advocacy
Appropriately funded services.
Strong outcomes
Advocacy led by clients (both needs and wishes)
Non-stat advocacy as a preventative service which stops needs escalating.

Understanding legislation/sector/guides code of practice.
Qualified and experienced staff
Ability to connect with people with lived experiences and professionals.
Explore role of advocates/advocacy.
Good relationships – without over managing by commissioner/contracting etc.
Advocates are people with lived experiences – gives people who uses the service confidence.
Non- judgemental approach
In reach into wards/care homes/ GP practices.

What we could do better

Resource allocation – need to increase linked to demand.
Recognition of General Advocacy Provision (GAP) within advocacy.
Approach/format of provision
Signposting/referral pathways
Reporting framework (capture added value and wellbeing impact)

Local base: Local services for local people- local knowledge.
Specialist services (wherever located)
Communication between providers and people who use services.
Advertising/marketing the industry of advocacy- educating people and informing choice.
Access to services - raising the profile of services before people need it.
Strengthening collaboration (pooling resources for shared outcomes)
Greater creativity.

Develop specialisms locally e.g., Learning Disabilities
Links to DV/homelessness.
Where people face multiple challenges
Address any gaps in current provision
Advocates for Council Complaints – Childrens and Adults
Involvement from Acute services – care trust/hospital trust.
Inclusion at specification stage.
Advocates for under 16s/ citizens advocates
Seamless support from Community advocacy to Statutory advocacy

What needs to change?

Signposting, referrals process
Awareness, understanding of Advocacy provision.
Disconnect of providers
Structural approach
Funding framework – Create/support GAP.
Start retention, Development.

Project demands and budget accordingly (non-stat in particular)
Flex in approach (legislation)
Regular reviews of future contracts, providers to be enabled to re-deploy resources to where needed
Savings from Non–stat advocacy – recognise value of value of early intervention.

Local knowledge and relationships based in Bradford.
Easily accessible – no barriers to finding advocates.
Passion and commitment.
Effective and regular ongoing needs to be robust supervision and support.
Regular training
Early intervention
Attention to Safeguarding

What needs to happen to shape services to meet current and future needs.

Ensure no gaps in provision between S&E advocacy and statutory advocacy.
Advocacy network (providers)
Resource Allocation (linked to increase of demand)
Approach to out-of-area referrals (clarity re: duty to support)
Incorporate Wellbeing Goals.
Invest in provision.
Listen to people with Lived experiences.
Reach out to people who don't know about available services.
Understand where the biggest demands are coming from/ where are the pressure points.
Understand and recognise efficiencies in organisations/added and social value in local provision.
Ongoing dialogue and engagement with advocates.
Involvement with people with LD.