PREVENTION & EARLY INTERVENTION SERVICES

Lot 2 (Draft Specification)

Supporting Independence through Advocacy & Inclusion (Outcome 2)

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1 Introduction

Enfield has a proud history of working with a strong, vibrant and innovative voluntary sector. As part of our work to recommission early intervention and preventative services to support the people of Enfield, we are keen to work with local organisations to deliver the kind of joined up services which the people of Enfield expect and need.

The population in Enfield is aging and rising, and more and more individuals are in need of health and social care services, particularly those aged 65 plus. The Council has to be creative around how we use resources whilst ensuring that our statutory duties to those with social care needs are met.

This purpose of this service is to ensure people have access to independent advocacy to enable them to access health, social care and Voluntary Community Sector services and enable people to make informed decisions about their lives to support and increase their independence, health and wellbeing.

Independent advocacy will be accessible to;

1. **People aged 18+ with care and support needs**
2. **People aged 18+ at risk of developing care and support needs**
3. **Carers**

People supported to express their views and needs, have their rights respected, increase their options and influence in their lives and ultimately improve wellbeing. The service will be inclusive and accessible, including through various forms of media and languages to provide accessible gateways for people in Enfield who are 18+ including but not restricted to:

- Carers
- Adults who have learning disabilities
- Autistic adults / Neurodiverse adults
- Older people
- Adults who have physical disabilities
- Adults who have acquired brain injury
- Adults who have sensory impairments
- Older people, including those with organic mental health problems
- Young people in transition between children's and adult services
- People at the end of Life
- People with a Mental Health condition
- People with Dementia
- People with a long-term condition such as asthma or diabetes
- People with behaviour that challenges
- People with Muscular Dystrophy/Multiple Sclerosis
- Adults with learning difficulties such as dyslexia and dyspraxia
- Any adult at risk of developing needs for care and support

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- Adults with care and support needs

The service will work with the following Adult Social Care Partnership Boards to represent those accessing the service and work in partnership to develop services;

- Older Person's Partnership Board
- Learning Disabilities Partnership Board
- Mental health Partnership Board
- Carers Partnership Board
- Physical Disabilities Partnership Board
- Adult Autism Group

This service is not intended for people who live in Enfield who have care and support arrangements funded by another local authority. In those circumstances the local authority funding the support we'll need to make their own arrangements.

2 Aims and Objectives

The overarching aim of this contract is to improve accessibility and provision to advocacy for people. This will be achieved by promoting and encourage choice, and promoting independence through support. People will be supported to be at the centre of all decision-making that impacts their lives and in achieving their full potential.

Key aims

- To run an accessible advocacy service for vulnerable people and their families in Enfield
- To raise the awareness and understanding of service user /carer's rights, eligibility criteria and assessment and care planning processes
- Build service users and carer's knowledge and confidence when dealing with professionals
- To support people with support and care needs to make their voice heard (including through consultation opportunities) to influence and contribute to the design and delivery of services, including people represented by smaller community organisations, whose voice is seldom heard.
- Provide the right support to enable meaningful co-production of services.
- Provision of one-to-one advocates when necessary

The service will treat people with courtesy, dignity and respect and will promote the needs according to the person's gender, sexual orientation, age, religion, race, ability, culture and lifestyle.

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Working in partnership with other agencies and community organisations, the provider will build relationships to ensure open communication channels through which respectful challenges can be made to affect change at an individual and systemic level. The provider will support local services to develop effective and efficient practices and partnerships to optimise the effectiveness of all services in Enfield.

People will be involved with the service provider in establishing good practice, reviewing policy and procedures and in maintaining and continuously improving delivery of the service in accordance with the principles of meaningful Service User involvement.

The provision of Advocacy will contribute to the following expected outcomes based on the concept of well-being, these being:

- Improved health and emotional well-being
- Improved levels of independence
- Improved quality of life
- Making a positive contribution
- Exercising choice and control
- Freedom from discrimination
- Economic well-being
- Personal dignity

This will be achieved through the operation of an accessible advocacy service for people in Enfield where people are supported to understand their rights, eligibility criteria and assessment and care planning processes. The service will be personalised and accessible, and build service user and carer knowledge and confidence when dealing with professionals.

3 Strategic and Local Context

In the 2021 National Census the following amount of people assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).:

Category	No	%
Disabled under the Equality Act: Day-to-day activities limited a lot	21,145	6%
Disabled under the Equality Act: Day-to-day activities limited a little	23,731	7%

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Not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited	14,442	4%
Not disabled under the Equality Act: No long-term physical or mental health conditions	270,666	82%
Does not apply	0	0
Total	329,984	100%

Data set available
https://www.ons.gov.uk/datasets/TS038/editions/2021/versions/3

Locally, the importance of supporting people to achieve their full potential is headlined within Enfield's Council Plan. This specification builds on the Council's Plan aiming to ensure people in Enfield live healthy and well by way working towards achieving the below strategic goal.

Strong healthy and safer communities

- *Protect vulnerable adults from harm and deliver robust early help and social care services.*
- *Work with our partners to provide high quality and accessible health services.*

Enfield's population are living longer but this does not always come with good health. The number of people with complex needs is increasing and the number of older people managing long term health conditions, that limit the quality of life is also on the rise.In terms of support arrangements, in 2023 the landscape demonstrated the following *:*

People Aged 18-64

- Estimates from 2020 indicate that, among working-age people (aged 16-64 years), 53,000 had some level of disability – around 25% of the working-age population.
- The number of emergency hospital admissions in Enfield was 1,748 per 100,000 in 2022/2023. This was higher than the London average.
- 768 people in 2022/2023 admitted to hospital was diagnosed with a nutritional deficiency.
- Between September 2022 and October 2023 195,000 Enfield residents presented themselves to A&E at North Middlesex hospital
- 18,919 people under the age of 65 live alone and 8.1% of our residents in Enfield aged over 18 feel lonely 'often' or 'always' compared to 6.5% of London and England residents.

People Aged 65+

- Over 6,363 older people provided unpaid care (rising to nearly 7,554 by 2030)
- Nearly 13,990 older people unable to manage at least one domestic task (rising to over 16,335 in 2030)
- Over 13,830 older people unable to manage at least oneself care activity (rising to over 16,218 in 2030)
- Dementia is also on the rise and prevalence amongst the population aged 65 at 63.3%.
- The highest risk of falls is in those aged 65 and above. Up to 20% of this population who contact a medical service for assistance are classified as serious falls leading to hospitalisation and ultimately residential care.

4 Outcomes

The key outcome is that people are able to access an appropriate level of advocacy support to empower them to make the right choices based on their individual circumstances. Where people are able to self-advocate, this will be encouraged.

People and their carers will;

• have a strong voice that is heard and responded to
• achieve equality and social inclusion
• have their rights upheld
• increase their resilience and independence
• live the life that they want in the way that they want
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Expected Outcome Domains

For the person / carer;

- Increased voice and personal control
- Improved opportunities
- Increased independence

Wider community benefits;

- Increased social inclusion of people using the service
- Increased social contribution by people accessing the advocacy service
- People have improved access to community services
- Democratic participation has increased

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For health and social care;

- Improved the quality-of-service response and service experience by people who use services
- Person-led decision making has improved

For the advocacy service;

- Improved accessibility to advocacy
- Stronger co-production

4.1 Outcome rationale

Advocacy services help people - particularly those who are most vulnerable in society to:

- access information and services
- be involved in decisions about their lives
- explore choices and options
- defend and promote their rights and responsibilities
- speak out about issues that matter to them

Research has shown that there are clear benefits to the provision of advocacy as follows:

Empowering the Individual - Research has shown advocacy empowers people who access support by enabling them to have their voices heard. In formal proceedings, people who access support also reported having a greater knowledge and understanding of the processes involved and the language used, as well as their rights, leading to a greater sense of empowerment. This empowerment can result in an increase in self- reported well-being and improved confidence

Practical and Moral support - People who access advocacy support report high levels of satisfaction with the help and support they receive as a consequence. These include practical tasks such as interpretation/translation of information, help to apply challenge benefit decisions if they are unable to do this independently. The aspect of moral support has been highlighted as being important, particularly during formal proceedings, which can be viewed as intimidating by service users and carers.

Relationships and Support Networks - Self-advocacy, peer advocacy and citizen advocacy in particular are thought to offer great potential to promote social networks and support individuals to build relationships by offering individuals a safe and stable environment. The development of a trusting relationship between the person who accesses support and the advocate is essential and requires frequent face-to-face contact and communication, particularly in the early stages of the relationship.

Advocacy therefore can deliver the following cost savings and efficiencies to statutory services through:

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- The reduction of complaints
- Better personalised services that meet people's needs more effectively, keeping them well and healthy
- Carers are supported and valued, giving them the resources and confidence to continue caring
- Confidence to feedback when things aren't working - and when they do - allowing professionals to reflect on their practice
- Increased communication and understanding between service user, carer/family and professionals
- Reduces social isolation through information provision, confidence building and accessing support networks

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5 Definition

5.1 Definition

Advocates work in partnership with the people they support and take their side whilst promoting social inclusion, equality and social justice.

Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to:
- say what they want; have their voice heard on issues that are important to them
- secure, defend and safegaurd their rights
- represent their interests; have their views and wishes genuinely considered when decisions are being made about their lives
- and obtain services they need

6 Service Description

The service will not replace any legal statutory responsibility for advocacy, as such the following are outside of the scope of this contract;

- Advocacy for victims of domestic violence
- A form of legal representation
- A formal complaints or mediation service
- Care Act Advocacy
- Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards (DoLS) and Relevant Person's Paid Representative (RPPR)
- Independent Mental Health Advocacy (IMHA)
- Independent Health Complaints Advocacy (IHCA)

The ultimate aim of all forms of advocacy should be to support people to self-advocate as far as they are able to. It is expected that the service provider will be able to provide services and activities to promote the following:

Self-advocacy

Self-advocacy refers to an individual's ability to effectively communicate their own interests, desires, needs and rights. It recognises people are experts by experience and involves them in speaking out for themselves about the things that are important to them. It means that people are able to ask for what they want and need and to tell others about their thoughts and feelings.

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The goal of self-advocacy is for people to decide what they want and to carry out plans to help them get it. Self-advocacy differs from other forms of advocacy in that the individual self-assesses a situation or problem and then speaks for his or her own needs.

Group advocacy

Group advocacy involves people with shared experiences, positions or values coming together in groups to talk and listen to each other and speak up collectively about issues that are important to them. These groups aim to influence public opinion, policy and service provision. They vary considerably in size, influence and motive. Representatives of local groups are often included on planning committees and involved in the commissioning and monitoring of health and social care services.

Peer advocacy

Peer advocacy refers to one-to-one support provided by advocates with a similar disability or experience to a person using services. Trained and supported volunteers often provide peer advocacy as part of a coordinated project. Peer advocacy schemes argue that they are particularly well placed to empathise with the needs of people, to approach them as their equals and to feel strongly about, and fight hard for, their needs.

Citizen advocacy

Citizen advocacy aims to involve people in their local community by enabling them to have a voice and to make decisions about the things that affect their lives. Citizen advocacy partnerships are long term, not time-limited, and last for as long as the citizen advocate and the individual want them to. Citizen advocates are ordinary members of the local community. They are unpaid and usually operate with support from a coordinated scheme.

Professional advocacy

Paid independent advocates support and enable people to speak up and represent their views, usually during times of major change or crisis. Such advocacy is issue-based and the advocate may only need to work with the person for a short time.

The service will be delivered in line with the Advocacy Charter;

Independence
The provider will be independent from the council and all other statutory organisations and therefore free from conflict of interest. The service provider's culture will support advocates to promote their independence with individuals, professionals and other stakeholders advocates

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will be free from influence and conflict of interest so that they can represent the person for whom they advocate.

Confidentiality
Information held by the service provider about individuals will be kept confidential to the service and the provider will have a confidentiality policy reflecting current legislation. It will be clear about how personal information held by the provider will be kept confidential, under what circumstances it may be shared, the organization's approach to confidentiality in the delivery of non-instructed advocacy, and how the organization responds if confidentiality is breached. Advocates will ensure that information concerning the people they advocate for is shared with these individuals unless there are exceptional circumstances when an explanation will be recorded. Advocates must also be aware of situations that require making a child or adult safeguarding alert.

Person-led
The provider and advocates will put the people they advocate for first ensuring that they are directed by their wishes and interests fully advocates will be nonjudgmental and respectful of people's needs, views, culture and experiences.

Empowerment
The provider will support people to self-advocate as far as is possible, creating and supporting opportunities for self-advocacy empowerment and enablement fully advocates support people to access information to exercise choice and control in their lives and the decisions affecting them people will choose their own level of involvement and the style of advocacy support they want. Where people lack capacity to influence the service the advocacy provider will ensure the advocacy remains personalised and enable those with an interest in the welfare of the person to be involved. People receiving advocacy will be involved in the wider activities of the organisation up into including the board.

Equality and Diversity
The provider will have an up-to-date equality and diversity policy that recognizes the need to be proactive in tackling all forms of inequality discrimination and social exclusion so that all people are treated fairly fully advocates time will be allocated equitably advocates will make reasonable adjustments to ensure people have appropriate opportunity to engage, direct and benefit from the advocacy activity.

Accessibility
advocacy will be provided free of charge to eligible people the advocacy provider will ensure that its premises, policies procedures and publicity materials promote full access for the population that it serves fully advocates will provide information and use language that is easy to understand and accessible to the person.

Accountability

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the provider is will be well managed, with appropriate governance arrangements in place meeting its obligations as a legally constituted organization. People accessing the service will have a named advocate and a means of contacting them. The provider will have systems in place for effective recording monitoring and evaluation of its work including identification of the impact of the service and outcomes for people supported in addition it will be accountable to people who use IT services by obtaining and responding to feedback and complaints fully the provider will address systemic issues in health and social care provision or other services..

Safeguarding
As part of supporting people to realise their human rights, the provider will have a thorough understanding of safeguarding responsibilities and processes as set out in law and best practice guidance. The provider will have clear, up to date policies and procedures in place to ensure safeguarding issues are identified and acted upon. Advocates support people to have their rights upheld and will be supported to understand and recognise the different forms of abuse and neglect issues relating to confidentiality and what to do if they suspect an individual is at risk.

Supporting Advocates
The provider will ensure that advocates are suitably trained supported and so advised in their role and provided with opportunities to develop their knowledge, skills and experience, including access to legal advice when necessary.

The service premises will be in the London Borough of Enfield and will serve as a base and contact point. This will be accessible through drop-ins and outreach to community spaces. People will be able to access a safe and comfortable environment which will include areas designated for confidential advocacy in a welcoming atmosphere.

7 Contract Value

7.1 Applications are invited up to the value of XXX per annum.

8 Performance Measures

The above will be measured, alongside basic monitoring data. The Service Provider will have a quality assurance system that is capable of monitoring and assessing provision of the service. The Service Provider will be required to collect data to demonstrate compliance to the required Outcomes and Key Performance Indicators and report their performance on the Council's Pentana Performance Measuring Tool on a quarterly basis. The Service Provider and the Council

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shall manage the performance of the Service Provider to ensure current delivery meets the required standard. The Council and the service Provider shall together agree methods for collecting and collating KPI data and shall meet on a quarterly basis to discuss performance and outcomes.

Any future additional performance monitoring requirements shall be introduced through discussion with Residents and agreement of the Service Provider and will be informed by the review and development of the Service. Details of the current data returns required are contained in this section of the service specification and shall be updated should any amendments be required during the lifetime of this Contract.

8.1 Outcome & Performance Indicators

Outcome	Outcome Indicators	Performance measures
Individuals (people and their carers)		
Increased voice and personal control	The person • has influenced the decision-making processes • was supported to challenge decisions • achieved the outcome they were seeking • felt listened to (by the professionals/ service providers) • was supported to make their own decisions • is supported to appeal, complain or raise concerns • accessed information to support decision making • has had their rights protected • Is supported to appeal welfare benefit decisions they feel may adversely impact on them	Quantitative: • XXX people referred to the service • XXX people supported via individual / group advocacy • XXX people feeling better informed of their rights • XXX people supported to appeal decisions associated with existing benefits Qualitative: • Individual feedback • Outcome Star • Case studies
Improved opportunities	The person	Quantitative:

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	• has improved quality of life • has increased choice • achieved improved economic wellbeing • has improved health or treatment	• XXX people report increased quality of life / wellbeing / choices / health / treatment Qualitative: • Individual feedback • Outcome Star • Case studies
Increased independence	The person • has increased personal dignity and respect • has reduced dependency on services • has increased independence • has increased confidence • has increased access to social and/or support networks	Quantitative: • XXX people influenced decisions • XXX people have reduced dependency on services • XXX people report increased independence / confidence Qualitative: • Individual feedback • Outcome Star • Case studies
Communities; wider community benefits		
Increased social inclusion of people using the service	• Social exclusion has been reduced • People have increased natural allies or networks	Quantitative: • XXX people supported to increase their networks / increase social inclusion Qualitative: • Individual feedback • Outcome Star • Case studies
Increased social contribution by people accessing the advocacy service	• People have been supported to contribute positively to their community	Qualitative: • XXX examples of people contributing positively / getting

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	• People have been supported to get involved in their community	involved in their community Individual feedback • Outcome Star • Case studies
People have improved access to community services	• Community services have responded to people positively • Access to Community services has been improved • More community organisations, groups and individuals know about the advocacy service and how to access it	Quantitative: • XXX examples of service promotion with people and community organisations Qualitative: • XXX examples of improvements in access to community services / facilities / spaces
Democratic participation has increased	• People have exercised their democratic rights	Quantitative: • XXX people supported to exercise democratic rights
Changes to the health and social care sector		
Improving the quality of service response and service experience by people who use it	• Local health and social care services have responded to people's feedback and experience • Services know when and how to refer to independent advocacy • People's experience of local health and care services has been improved	Quantitative: • XXX examples of health and social care services responding to feedback • the service experiences a decrease in inappropriate referrals • the service experiences an increase in appropriate referrals • XXX awareness raising sessions with Adult Social Care staff
Person-led decision making has improved	• People have meaningfully participated within decision making processes • Services have been co-produced with people who use them	• facilitate a quarterly advocacy group to discuss key Adult Social Care issues affecting the lives of people accessing the service • Provide an annual report to the Council highlighting; - positive feedback

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	• Decision making processes follow legislation and best practice	- key themes identified where improvement is needed
Outcomes that change the way the advocacy service is run		
Improve accessibility to advocacy	Increasing amount of advocacy provided to people from seldom heard groups and communities (including people with learning disabilities, people with complex needs, those who challenge services, autistic people).	• Demographic information of those accessing service
Ensuring strong co-production	• People who access the services have increased opportunities to be involved in decision making and governance of the organisation • Service developments have been co-produced with people who access the service, commissioners and other stakeholders • People who access the service, influence advocacy policy and practice	Quantitative: • XXX people supported to participate in Enfield Council consultations • XXX people supported to participate in other consultations • XXX people supported to participate in co-production events and programmes including as part of Enfield Council's co-production 'working together' framework • To attend quarterly and contribute towards the six Adult Social Care Partnership Boards representing the views and feedback of people accessing services Qualitative: • XXX examples of where advocacy policy/practice has been influenced

(Acknowledgements; NDTi Advocacy Outcomes Framework; Measuring the impact of independent advocacy; Advocacy_framework.pdf (ndti.org.uk)*)*

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