STRATEGIC COMMISSIONING PEOPLE
SERVICE SPECIFICATION

Contract No & Service Name	**Provision of an All-Age Advocacy Service** **Lot 1 – All Age Advocacy** **Lot 2 – Independent Health Complaints**
Programme Area	**Adults, Children, and Public Health**
Commissioner Lead	**Adam Lomas (Service Lead)**
Provider Lead	**Jayna Adshead (Children's)** **Jane Bentley (Adults)** **Elise Carrol (Public Health)**
Period	**1st April 2026 – 31st March 2029 (three years, with option to extend for 1 + 1 years)**
Contract Value	**Lot 1 - £240,000 per annum** **Lot 2 - £20,000 per annum**
Notice Period	**Six months**

1. Purpose

Description of the Service, Vision, and Purpose

The All-Age Advocacy Service will be delivered boroughwide to those who meet the eligibility criteria summarised below.

Detail on each of the different types of advocacy interventions are provided in Appendix 1

Vision

The vision is to provide Advocacy Services that work to help people say what they want, meet their rights, represent their interests and obtain services they need in a way they choose.

A review was conducted of the existing advocacy services in Blackburn with Darwen, and it has been determined that an All-Age Advocacy Service, would support The Council's objectives of a seamless Advocacy service for the full life course. This would mean:

- Consistency of advocates and continuity for individuals
- Training, support groups and information & advice to help people to speak up for themselves
- The provision of different types of advocacy: Self, peer, group and independent

- People will be able to choose how they receive advocacy support as there will be different offers available.
- Bridging the gap between Children's and Adult Services to ensure no one is missed.

Objectives

The aim of the Service is to ensure the views and wishes of eligible individuals living in Blackburn with Darwen are heard whilst enabling and facilitating outcomes of individuals and, if appropriate, their families and/or Carers.

The Provider will implement and deliver a Service that will meet the following objectives:

- Deliver and meet the requirements of The Council's statutory advocacy responsibilities.
- To provide person centred support which will improve mental health, emotional wellbeing and support people to achieve individual outcomes.
- To promote social value by building a network of volunteers to support advocacy delivery.
- Ensure the delivery of a joined-up service between adults and children, enabling continuity of advocacy provision across age boundaries where this is appropriate.
- To promote the Service and meet with all relevant Stakeholders to maintain communication and efficient service delivery.
- Offer training and resources on advocacy provision to all relevant Stakeholders and professionals.
- To work in a developmental way feeding back about identified gaps and themes to the Council.
- Develop and improve services in line with need, demand, and feedback.
- Increase and maximise the voice of individuals, providing opportunities for them to feedback and inform development of services, i.e., through forums and Service User panels.
- Empower individuals and their families/representatives to make informed choices about their care and treatment, improve their quality of life and to take greater control over their lives.
- Provide a flexible, innovative and efficient Service.
- Provide a Service which is accessible within the individual's own community utilising local assets to enhance and improve support.

Expected Outcomes

The Provider will adopt the principles and practices of coproduction and codesign in the delivery of this service. This applies particularly to increasing and maximising the voice and involvement of individuals, their families and Carers, alongside collaborating and working in partnership with other local organisations in addition to The Council. This priority will enable the Provider to:

- Ensure all services are fundamentally person-centred and grounded in the needs, aspirations and outcomes of Service Users, their families and Carers
- Support people's independence and maximise people's strengths and abilities, including them in the design and delivery of support

- Review and evaluate services together with people, using qualitative alongside quantitative means, to improve services over the life of the contract
- Demonstrate a commitment to strengths-based practice and embodying the Authorities TRACK values.

Service	**Outcomes**
IMCA	• Views expressed by advocates on behalf of people who lack mental capacity will be made in a manner that safeguards their rights, dignity and privacy and respects them and their individuality; • The Service will be able to show how any views that are expressed in protecting people's best interests have been determined; • Advocates will represent the interests of people in a professional manner; • Other professionals will value the views and interventions that the advocate brings to discussions and decision making forums; and • Where it is possible to increase the range of choices of options, this is done in order that discussions may take place about all options.
IMHA	• Individuals who are eligible will understand their rights under the Mental Health Act and the provisions that apply to them. This includes helping residents to access and understand information about their treatment and the legal authority under which it is given; • Views expressed by advocates on behalf of people will be made in a manner that safeguards their rights, dignity and privacy and respects them and their individuality; • People using the Service will feel empowered to participate in decision making, raising their complaints about their care and treatment and feel supported in appealing their detentions and/or other conditions; • Advocates will represent the interests of people in a professional manner; • Other professionals will value the views and interventions that the advocate brings to discussions and decision-making forums; and • Where it is possible to increase the range of choices of options, this is done in order that discussions may take place about all options.
RPR	• Views expressed by paid relevant person representatives on behalf of people who lack mental capacity will be made in a manner that safeguards their rights, dignity and privacy and respects them and their individuality; • The Service will be able to show how any views that are expressed in protecting people's best interests have been determined;

	• Paid relevant person representatives will represent the interests of people in a professional manner; • Other professionals will value the views and interventions that the paid relevant person representative brings to discussions and decision making forums; and • Where it is possible to increase the range of choices of options, this is done in order that discussions may take place about all options.
General Advocacy Provision	• People using the Service are able to comment on their levels of satisfaction; • People using the Service are able to live independently for longer without resorting to statutory health or social care services, or are able to avoid these altogether; • People using the Service are able to maximise their independence; • People using the service are supported to minimise social exclusion and isolation; • People using the Service feel empowered to take greater control of their lives; and • People using the Service are able to make informed personal choices about how to help themselves or regarding who to approach for information, advice or support

Advocates will develop an intervention plan in partnership with individuals, which clearly details the reasons, aims, and expected outcomes from the advocacy intervention.

2. Scope

It is proposed to commence with an all-age advocacy service from the 1 April 2026. This will be for a duration of three (3) years with the ability to extend for period or period of up to two (2) years. The projects will be commissioned in two Lots:

Lot 1 – All Age Advocacy service from Children's and Adult's Statutory advocacy services

Lot 2 – Independent Health Complaints Advocacy

The scope of Lot 1 includes:

Children's Advocacy

The Council is required to provide access to independent advocacy for children and young people in care, children in need and care leavers.

The Children Act (1989 and 2004) places a duty on local authorities to ascertain and consider a child's wishes and feelings and give them due consideration when making decisions.

The Children and Families Act (2014) sets out clear statutory guidance and legislation relating to all children and families. Within the guidance there are specific duties for local authorities to provide advocacy services for the most vulnerable children, young people and families within their area.

This specification outlines the aim of the Council's Children's Social Care department for the provision of an Independent Children's Rights and Advocacy service to meet the requirements to assist eligible children and young people in the early resolution of complaints or concerns under Section 26 of the Children Act 1989.

The service should be available to all Looked After Children, Care Leavers, Children with Disabilities (CWD) children who are subject to Court of Protection, Deprivation of Liberty Safeguards (COP DOLS), Child Protection and Child in Need plans. The service is responsible for:

- Ensuring there is availability of advocates to meet demands for up 30 children and young people at any one time.
- Promoting the voices of Looked After Children, Care Leavers, CWD and children subject to Child Protection and Child in Need plans to ensure they are heard in the decision making process
- Providing a rule 1.2 representative to represent the best interests of a person who lacks the mental capacity to consent to their care arrangements,
- Ensuring children and young people can understand what is happening to them, can make their views known and where possible, exercise choice when decisions about them are being made.
- Providing practical tools to facilitate this (direct work- feelings and wishes)
- Developing appropriate skills and confidence in those advocating for children and young people
- Facilitating better outcomes for children and young people involved in decision making processes and in resolving issues relating to their care and protection
- Ensuring young people are matched appropriately to advocates that meet their needs in accordance with their gender, specific history and cultural requirements
- Ensuring young people are contacted within agreed timescales- child seen at least 5 days prior to conference.
- Ensuring appropriate referral processes are agreed and implemented
- Ensuring young people's needs, wishes and feelings are being heard in the decision making processes
- Ensuring young people's needs, wishes and feelings are used to influence service delivery
- Ensuring Advocates are recruited and trained to an appropriate standard
- Ensuring Advocates receive regular supervision
- Supporting at around 2 conferences per week per advocate (on an average week)
- Sending reports of Wishes and Feelings if the child or young person is not attending conference
- Re-engaging and offering support at their Review Child Protection Conference (If the child or young person wants this).

Care Act Advocacy

Advocacy that meets the requirements of the Care Act 2014. The duty applies to adults, and children approaching transition, Carers and young Carers. The focus of advocacy requirements under the Act are around support and representation in the following:

- a needs assessment
- a Carers assessment
- the preparation of a care and support plan
- a review of a care and support plan
- a child's needs assessment
- a child's Carers needs assessment

- a young Carers assessment

The duty to provide advocacy under the Care Act provides support for people who have capacity but who have substantial difficulty in being involved in the care and support processes, such as:

- in relation to their assessment and/or care and support planning regardless of whether a change of accommodation is being considered for the person
- in relation to the review of a care and/or support plan
- in relation to safeguarding processes (though Independent Mental Capacity Advocates are involved if protective measures are being proposed for a person who lacks capacity)
- Carers who have substantial difficulty in engaging – whether or not they have capacity
- people for whom there is someone who is appropriate to consult for the purpose of best interest decisions under the Mental Capacity Act, but who is not able and/or willing to facilitate the person's involvement in the Council's process.

Independent Mental Capacity Advocacy (IMCA)

The Mental Capacity Act 2005 makes it a legal requirement for people lacking mental capacity to have independent advocacy when there are no known relatives or close friends to speak for them. The Council is required to commission an Independent Mental Capacity Advocacy (IMCA) service from an independent organisation.

The aim of the IMCA service is to provide independent safeguards for people who lack capacity to make certain important decisions and, at the time such decisions need to be made, have no-one else (other than paid staff) to support or represent them or be consulted. Relevant decisions are:

- an NHS body proposing serious medical treatment or
- an NHS body or Council proposing to arrange accommodation (or change of accommodation) in hospital or care home and the person will stay in hospital longer than 28 days or they will stay in the care home for more than eight weeks

An IMCA may also be instructed to support someone who lacks capacity for decisions concerning: care reviews (where no-one else is available to be consulted) or Adult Protection cases – where the person is victim or alleged perpetrator, regardless of family or friend involvement.

The IMCA service must be a generic service, for people aged 16 years and above and for a wide variety of needs. It will include people with learning disabilities, autism, dementia, mental health difficulties and acquired brain injury and others who may require it including those covered by the extended provisions of the Mental Capacity Act 2005.

Independent Mental Health Advocacy (IMHA)

From April 2009, statutory access to an Independent Mental Health Advocate (IMHA) has been available to patients subject to certain aspects of the Mental Health Act (MHA) 1983.

Patients, who are eligible to use IMHA services, i.e., qualifying patients, are:

- Detained under the MHA (even if they are currently on leave of absence from hospital) apart from those patients detained under sections 4, 5(2), 5(4), 135 or 136;
- Conditionally discharged restricted patients;

- Subject to Guardianship under the Act; or
- On Supervised Community Treatment (SCT).

as well as patients not covered by any of the above but who are:

- Being considered for a treatment to which section 57 applies ("a section 57 treatment");
- Under 18 years old and being considered for electro-convulsive therapy or any other treatment to which section 58A applies ("a section 58A treatment").

Non-Statutory Advocacy

In addition to the range of statutory duties, the All-Age Advocacy Service will also meet the needs of people who don't meet the criteria for a form of statutory advocacy but who do require advocacy support regarding a health and social care issue, including but not limited to:

- Adults, Children and Young People with learning difficulties and disabilities
- Adults, Children and Young People with mental health problems
- Adults, Children and Young People with Autistic spectrum conditions
- Adults, Children and Young People with physical and sensory disabilities
- Older people

This work will be provided in a variety of ways such as group, peer and case advocacy, plus information, advice and signposting. A benefit of this offer is to provide a service that will enable people to advocate for themselves in the future, that they are better informed and able to progress with their issue.

Such cases may be self-referred. Non-Statutory Advocacy may involve direction to self-help materials and templates, interventions with the support of volunteers or signposted to wider specialist volunteering or peer support groups.

The Scope of Lot 2 includes:

Independent Health Complaints Advocacy (IHCA)

The Health and Social Care Act 2012, section 185, inserts section 223A into the Local Government and Public Involvement in Health Act 2007 which requires local authorities to make arrangements for the provision of independent advocacy to people who wish to make a complaint about an NHS service. Within the meaning of the above legislation, the term of advocacy services relates only to the provision of assistance for individuals making or intending to make an NHS related complaint which includes a complaint of the Health Service Ombudsman.

3. Service Delivery

Service Model

This section regarding service model and service delivery will be further populated in line with the model submitted by the successful organisation.

The purpose of the All-Age Advocacy Service is that there will be an efficient and person-centred response to advocacy and that a range of advocates will be skilled and trained in

advocating for people under all the various statutory obligations as detailed within this specification.

Service Requirements

The requirements of the Service, as detailed below, can be met in a number of ways such as, but not limited to, a consortium, in a partnership or as a single provider.

We require a service that:

- Has one referral route and a single point of access for all advocacy services.
- Enables consistency of advocate - developing relationships that support and facilitate meeting of outcomes.
- Reduces the need for re-referral and encourages the use of self-advocacy.
- Maintains accurate and up to date records of work undertaken
- Is accessible to vulnerable groups. This includes offering choices of communication methods and support from staff who understand the additional vulnerabilities of; Children and Young People, those whose first language is not English and adults who have additional needs, disabilities, or have experienced trauma or abuse.
- Will report as one all-age service quarterly as detailed in Section 6
- Will use innovative solutions to service delivery including maximising digital opportunities to transform service delivery.
- Maximise the use of available digital technology and social media, to ensure the service is well promoted and offers a variety of delivery and communication options
- Empowers individuals to reach their optimum independence.
- Provides the appropriate levels of training to Stakeholders to assist in seamless and efficient service delivery
- Has access to a website that promotes all statutory and non-statutory services.

If the Service is delivered by a single provider, then consideration should be given to how individuals could be offered choice within the proposed service. If the Provider proposes to sub-contract elements of the service any such arrangements must be compliant with the tender submission and the requirements as detailed above. Bids should make clear how any consortium or subcontracting arrangements will work with regards to governance, finance and in the case of one or more organisations failing to carry out the work.

This specification sets out our requirements for each type of Advocacy, but we recognise that there will be a need to develop and enhance the offer over the life of the contract. It is acknowledged that it may often be the non-statutory allocation that will be drawn on at times of high demand in other statutory advocacy interventions, Commissioners are keen that this is not always seen as the first resort and that a significant amount of preventative work is addressed by providing advocacy interventions outside of these statutory remits. Consequently, the Provider will work flexibly and efficiently to lessen the impact of demand and that all forms of advocacy are examined to determine demand and caseload at that time.

The Provider will work with the Council over the course of the contract to balance the needs of the population in terms of managing capacity between statutory and non-statutory advocacy and to realise the ambition of this specification. Provision and delivery will be reviewed annually by Commissioning and the Provider to assess demand.

The Provider will deliver advocacy through a range of approaches (telephone, face-to-face, internet) either on a one-to-one basis or, where appropriate through group advocacy. Delivery will be based on the needs and wishes of the individual and is likely to take place in a range of settings and locations and may require the advocate to attend appointments with service professionals such as, but not limited to, Consultants, Care Managers, Care Co-ordinators, Mental Health Review Tribunals and also LAC reviews and child protection conferences either with the individual or on their behalf.

One of the priorities of the All-Age Advocacy Services will be to educate, inform and involve the Individual in improving their own health and wellbeing. This priority is reflected in the Care Act's principal requirement that the individual must be at the centre of decision-making in respect of arrangements to meet their care and support needs.

The Service will be delivered in a way that maximises a person's independence and encourages upskilling and education that will give people the skills to self-advocate confidently.

We want to strengthen the voice of people with a disability and marginalised groups and ensure services are co-designed and co-produced – for example, providers who can help develop support groups and other group advocacy preventative services.

The Council is looking to work with providers who demonstrate a willingness to develop more strategic advocacy, being an active member of and participating in the relevant strategic forums with Service User representation.

The Provider will also develop sustainable solutions to route referrals away from paid advocacy (other than where eligibility exists for statutory provision). The Provider will work with and support existing local advocacy groups and stimulate the development of self, citizen and peer advocacy.

The Provider will ensure the delivery of all elements of the All-age Advocacy Service within a fixed annual contract price.

In keeping with the Council's commitment to ensure that the services it commissions create a wider positive impact to communities of the Council, the Provider will encourage good social value, developing appropriate volunteering opportunities and the associated volunteer training and support programmes.

Volunteers may be utilised to enhance and enrich advocacy services and will provide a valuable contribution to service development.

However, the Provider must ensure that:

- The recruitment, management and supervision of volunteers is a distinct area of work, which is adequately resourced.
- Volunteer advocates are trained in advocacy and communication skills prior to undertaking any advocacy work and receive regular supervision, including discussion and review of individual cases and monitoring the quality of case work.
- Regular volunteer advocate group meetings take place to allow volunteers to network with peers and share experiences, whilst ensuring that confidentiality is maintained at all times.

Volunteers will create a vital asset for the Provider allowing for and encouraging the use of peer advocacy and advocacy support groups.

Competencies and Training

The Provider will at all times have sufficient arrangements in place to manage the delivery of the Service and to ensure that the required outcomes are achieved. This will also include ensuring that it has adequate staffing levels to deliver the Service to meet need.

Once appointed, all independent advocates should be expected to achieve the National Qualification in Independent Advocacy (Level 3) within a year of being appointed.

The *'Seventh Year of the Independent Mental Capacity Advocacy (IMCA) Service'* report identified training and Continuous Professional Development requirements for IMCAs

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416341/imca-report.pdf). The Provider must adhere to these minimum requirements.

The advocate must not be working for the Council or local Health Trust, or for an organisation that is commissioned to carry out assessments, care and support plans or reviews for the Council. Nor can an advocate be appointed if they are providing care or treatment to the individual in a professional or a paid capacity.

The Provider will:

- Have adequate induction, core training and staff supervision processes.
- Review staff skills and update training when a need is identified.
- Ensure all staff and volunteers have the most recent qualification and training required to provide advocacy.

Policies and Procedures

The Provider will ensure that the Service operates effectively and efficiently to deliver a good quality, flexible service, implementing and maintaining good practice through robust policies and procedures. The Provider must meet all the legislative and regulatory requirements and work to a programme of continuous improvement.

The Provider will be required to submit written policies and procedures on request. The list below is not exhaustive and additional appropriate polices and/or procedures may be required:

- Recruitment & Employment, including volunteers
- Staff Supervision, Appraisal & Training
- Health & Safety
- Equality & Diversity
- Complaints/Compliments
- Confidentiality
- Protection & Safeguarding – Adults & Children
- Discipline, Misconduct & Competence
- Gifts & Inducements

The Provider should have a written complaints procedure, which should include a role for a person who is independent of the organisation, as either an investigator or decision maker at an appeal stage.

The Provider will have a written system in place for reviewing and revising policies and procedures every 12 months. These will be dated and signed by the responsible person.

The Provider will ensure that the Service operates effectively and efficiently to deliver a good quality, flexible service, implementing and maintaining good practice through robust policies and procedures. The Provider must meet all the legislative and regulatory requirements and work to a programme of continuous improvement.

All volunteers and staff employed to deliver the service will comply with the requirements contained therein. Any policies and procedures which are not in place at the start of the contract will be expected to be put in place within a timescale to be agreed with the Provider.

Safeguarding

Safeguarding is the highest priority for services commissioned by the Council. The Council is committed to promoting the welfare of all residents and to ensuring that children, young people and vulnerable adults are kept safe from harm.

The Provider must operate robust Adult and Child Safeguarding policies and procedures and ensure all sub-contracted providers follow similar procedures, as set out in the policies and guidance available on the Council's website.

The Provider will at all times work within the Council's Safeguarding Board Multi Agency Operational Policy & Procedures for Safeguarding Adults at Risk, and The Safeguarding Children Partnership Arrangements

Children's Safeguarding - Safeguarding Children Partnership | Blackburn with Darwen Borough Council

Adults Safeguarding - Multi-Agency Operational Policy and Procedure Safeguarding Adults

Report a safeguarding concern - professionals | Blackburn with Darwen Borough Council

As a minimum requirement, arrangements must be in place for:

- The safe recruitment and selection of staff and volunteers;
- Ensuring that all workers / volunteers working with young people and vulnerable adults have two checked references, a newly issued enhanced Disclosure and Barring Service (DBS) clearance certificate and have completed appropriate safeguarding training prior to the commencement of employment;
- DBS checks for staff and volunteers are kept up to date;
- The regular reinforcement of safeguarding awareness through the management and support of staff and volunteers;
- Effective complaints and whistle blowing processes which have been clearly communicated to all workers and volunteers.

In accordance with the Authorities policy and procedures, the Provider's Independent Advocate must immediately report any safeguarding concerns to the allocated worker and the appropriated Safeguarding Teams and report any protective action taken. Safeguarding Adults contact email address: Safeguarding.Adultsteam@blackburn.gov.uk.

Business Continuity

Providers who are awarded this contract are expected to ensure sustainability of provision and wherever possible, added value through the use of volunteers, modern apprentices, students or similar.

It is important that business continuity is managed, in order that vulnerable People using the service do not experience long delays in obtaining the advocacy support which they require, or unnecessary changes in personnel to deal with.

It would be desirable for The Provider to continue to grow and generate new sources of income, i.e., through grant funding. This will diversify income streams to reduce reliance on a single contract, and ultimately invest in service development, improvement and sustainability.

Additional Costs

The full cost of the service should be managed within the financial envelope available as outlined within the invitation to tender.

Any unexpected or additional costs identified should be highlighted to the commissioners for discussion within the contract review process but should be managed by the Provider.

Communication and Marketing

The All-Age Advocacy Service will be well publicised in a range of different formats and routes that are accessible to all individuals. Information should be available in appropriate formats for different cohorts where required and/or in a variety of different languages.

The Provider shall maintain the accuracy of any leaflet(s) and re-distribute copies when it is revised.

The Provider will maintain an online presence with a website, links to social media and facilities for people to comment on the service. The website should be fully accessible to people with specialist communication needs and include self-help and signposting guidance as well as referral information.

The Provider will build and maintain strong working relationships with health and care services, residential, care and support agencies and voluntary organisations and ensure clear referral protocols are in place.

The Provider will meet with appropriate operational teams and care workers and to train and inform staff and service managers and build an understanding of the role of advocacy services and how to access it. This will include targeted awareness and training sessions on specific elements of the service such as IMCA.

The Provider must work in partnership with other agencies: statutory, independent and voluntary. This will include hospital discharge staff, doctors, nurses, social workers, care managers, and managers of care homes. It must assist staff and service managers who are likely to refer their residents, to understand the role of Advocacy and know how and when to access the service.

Joint Working

Blackburn with Darwen Borough Council wish to work in partnership with the IMHA, IMCA, DOLS RPR, Care Act Advocate, and Independent Health Complaints Advocacy Provider(s) in delivering a high-quality service to its Service Users.

By signing up to a partnership approach, the Commissioner and the Provider(s) are making a commitment to:

- Share key objectives
- Collaborate for mutual benefit
- Communicate with each other clearly and regularly
- Be open and honest with each other
- Listen to, and understand, each other's point of view

- Share relevant information, expertise and plans
- Attend the quarterly DOLS/BIA forums organised by the Council
- Avoid duplication wherever possible
- Monitor the performance of all parties.
- Provide case studies as part of reporting.
- Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level
- Seek continuous improvement by working together in order to achieve optimum benefit from the resources available
- Be willing to develop and innovate in line with new initiatives such as assistive technology
- Promote the partnership approach at all levels in all organisations (e.g., through joint induction/training initiatives)
- Have a contract, which is flexible enough to reflect changing needs, priorities and lessons learned, and which encourages the person's participation.
- Providers must provide quarterly reports with evidence based data related to key performance indicators.

Key Stakeholders

The Provider must work in partnership with other agencies: statutory, independent and voluntary. It must assist staff and service managers who are likely to refer their residents, to understand the role of Advocacy and know how and when to access the service. The key Stakeholders are:

- Care management/Social Workers/Care Coordinators
- Commissioners and Quality Assurance Teams
- Families
- Carers
- Elected members

Key External Partnerships

Advocates should seek to develop constructive working relationships with all relevant Stakeholders who would be expected to include the following (the list is not exhaustive):

- Health and Social Care Teams and services across all service areas
- Lancashire and South Cumbria ICB
- Advice and Information Services
- Hospitals
- Housing
- Community and Voluntary Sector
- Legal Services
- Healthwatch
- Carers Support Services

- All NHS Trusts and NHS Bodies including NHS Foundation Trusts
- Family Health Services provided for the NHS by GPs, Dentists, Opticians or Pharmacists.
- Private health care establishments if the treatment has been paid for by the NHS
- All other health services commissioned by NHS funding
- Dementia Support Services
- Autism Support Services
- Education
- CAFCASS
- ELCAS
- CAMHS

The Service will build strong local partnerships and work in collaboration with other providers and community and voluntary sector organisations to ensure the best outcomes are achieved for individuals who use the service.

Commissioner Provider Relationship

By the Council and Provider working together we are aiming to ensure that:

- All statutory duties are allocated and provided in a timely manner
- Continued high quality services for all
- Further development of our local strength based approaches
- A reduction in duplicated services
- Efficiencies for commissioning organisations and the Provider
- Increased sharing of best practice and lessons learnt
- Development of common and shared protocols
- Clear and consistent outcomes for individuals
- Clear and consistent quality standards
- Champion innovation and service improvement

The Provider will commit, in consultation with commissioners and Stakeholders, to review provision on an annual basis. As a condition of acceptable contract delivery, the Provider will supply data relating to key performance indicators on a quarterly basis.

Residents Involvement

The Provider is required to have effective communication strategies in place, with Residents, families, partners, commissioners and the wider community. Examples of Communications roles and responsibility can be seen below:

Who?	What?	Why?
The Council	• **Meetings** • **Monitoring/reporting** • **Compliments/Complaints** • **Safeguarding** • **Finance** • **Stakeholder/advisory groups**	• **Reporting/outcomes** • **Audit/delivery benefits** • **Joined-up services** • **Resident safety**
Residents	• **Focus groups** • **Advertising literature** • **Newsletters** • **On-line forums** • **Workshops**	• **Resident participation/design/ service implementation**
Local communities	• **Focus groups** • **Volunteering** • **Involvement in activities**	• **Activities/organisation** • **Participation**
Volunteers	• **Training** • **Services updates** • **Rewards**	• **Improved confidence/skills development** • **Preparation/paid employment** • **Share creativity**
Health Professionals	• **Stakeholder/advisory/expert groups** • **INT case meetings**	• **Supporting residents**
VCFS	• **Clinics** • **Referrals/signposting**	• **Holistic support/information and advice**

Reducing Barriers

The provision of training will actively address barriers to access and make adaptations where appropriate in terms of location, times of operation, and language, and will record and report unmet requests for support.

Services will be adapted to meet the needs of people who have had difficulties accessing support. It will also be culturally sensitive, and staff will work effectively across cultural, historical, and gendered contexts. The Service will reflect a broad range of cultural needs.

Evaluation

The Provider will engage with any external evaluations of the Service and undertake their own continual reviews of the service to ensure efficacy.

4. Referral, Access and Acceptance Criteria

Referrals will be received from a variety of services. Source of referral into the Service will depend on the form of advocacy requested.

- Referrals for children's advocacy will primarily be received through the Council who are engaged with children and young people who meet the eligibility criteria for the Service.
- Children and young people will also be able to self-refer to the Service as can any other professional/Carer/family/friend working with eligible children and young people.
- Referrals in respect of Independent Mental Capacity Advocates (IMCA) will be made by managing authorities under the Mental Capacity Act / DoLS or directly via the Court of Protection.
- Notifications in respect of those who qualify for Independent Mental Health Act Advocacy will be provided by hospital authorities and close liaison must also be kept with all relevant hospital wards/community teams.
- Referrals for Independent Care Act Advocates will be made by the Council's following completion of initial screening.
- Referral for Independent Complaints Advocacy (ICA) can be made from any of the following routes:

I. Referral from health and social care services
II. Referral from Carers and family members / friends
III. Referral form any other voluntary / community bodies, as appropriate
IV. Self-referrals, where possible.

The Service will provide a single gateway into all services and will:

- Respond to all IMHA and urgent IMCA requests within 24 hours
- Respond to all other referrals within 48 hours of referral being received
- Where possible, reduce the need for referrers to provide multiple referrals for the same individual
- The advocate will contact the resident within 5 working days of the referral being received

The Provider will record all appropriate information at the point of referral. The Commissioners or their representatives may request access to information held in relation to referrals at any time. The referral process will be agreed with the Provider during the mobilisation phase.

Eligibility Criteria

Children's Advocacy

- All looked after children & young people aged up to 18yrs, who have requested the need of advocacy who are the responsibility of the Council, inclusive of those children and young people placed outside of the borough.
- All disabled children and young people, aged up to 19yrs, who are accessing social care provision or services from the Council.
- All young people aged 16 – 25 who are eligible under the children Leaving Care Act 2000, who are within the categories of eligible, relevant, formerly relevant and entitled to advice and assistance.
- All children and young people who are making a formal complaint with regards to social care services.
- Children and young people who are subject to Child Protection Plans.

Any requests for advocacy service provision for children and young people who fall outside of the stipulated criteria will be subject to agreement via the relevant Head of Service (in the Council) and in consultation with the Provider.

Adults Advocacy

Individual eligibility will be determined pursuant to the applicable statute and Code of Practice or Statutory Guidance:

- IMCA will be determined in accordance with the Mental Capacity Act 2005/Mental Capacity (Amendment) Act 2019 and associated Codes of Practice. Eligibility for DoLS will be determined in accordance with the Mental Capacity Act 2005 and Mental Capacity (Amendment) Act 2019 and the underpinning Codes of Practice relating to the Act.
- RPR's Will be in accordance with the Mental Capacity Act 2005/Mental Capacity (Amendment) Act 2019 and associated Codes of Practice. Eligibility for DoLS will be determined in accordance with the Mental Capacity Act 2005 and Mental Capacity (Amendment) Act 2019 and the underpinning Codes of Practice relating to the Act.
- IMHA will be determined in accordance with the Mental Health Act 1983 (amended 2007) and the Mental Health Act Code of Practice.
- Independent Advocacy under the Care Act will be determined in accordance with the Care Act 2014 and the Care and Support Statutory Guidance issued under the Care Act.
- IHCA is determined pursuant to the Health and Social Care Act 2012, the Local Government and Public Involvement in Health Act 2007 and any associated guidance. The service has no explicit referral eligibility criteria: it is open to all NHS complainants on the basis of individual need. The service will be available to people making or intending to make a complaint about NHS services in line with Section 185(2) of the Local Government and Public Involvement in Health Act 2007, more particularly detailed as follows:
    - Any person who lives within the boundaries of the Council detailed in Appendix 1 and who requires assistance to make a complaint about an NHS service they have received.

- Any person living outside of the Council's boundary who requires assistance to make a complaint about an NHS service they have received within the boundary.
- Any person who is acting on behalf of someone else who meets the criteria, provided any issues regarding consent and safeguarding of the person to whom NHS services have been delivered are dealt with).

- The Service is not available to those who have a complaint to make in respect of privately purchased healthcare or where a medical service has been received under a private medical insurance policy.
- The Provider is required to deliver the Services to all residents and temporary residents (including prisoners, holiday-makers, students, Gypsies and travellers, and children and young people on placement) within the Council area.
- The Provider must make appropriate arrangements with similar providers of NHS Complaints Advocacy to ensure that the wish of the client is respected as regards to in which locality the complainant would like to pursue their case**.**

Transition from Children's to Adults Social Care.

The Council has recognised the specific needs of young people who are transitioning from children's services into adult services, with a specific focus for young adults who are subject to deprivations of their liberty. The Provider must make appropriate provision to support young adults through all eligible legal frameworks prior to their date of transition.

Non-Statutory Advocacy

To access the non-statutory generic element of the service, individuals must be residents or the responsibility of the Borough, and/or:

- Be open to social care services or a community mental health team of the Council;
- Have a substantial difficulty in line with the Care Act 2014;
- Have no appropriate person to support them in line with the Care Act (please see section 7 of the Care and Support Statutory Guidance issued under the Care Act 2014); and
- Have a specific issue, in a significant area, that they require support to resolve

Information Sharing and Data Management

Advocates will have the right to access information regarding the individual, which is relevant to the issue. The advocate may also receive information that is private to the individual but has no bearing on the issue.

The advocate must ensure that only information relevant to the issue is gathered and that all information is kept in a secure environment at all times and only accessible to authorised personnel of the Provider.

To ensure confidentiality, The Provider shall:

- Ensure that the information, records, and documentation necessary to effectively monitor the service are accurately maintained at all times, and that their validity is checked at regular intervals
- Grant the Council access to the relevant information and facilities utilised, or provide the requested information to enable the Service to be effectively monitored;

- Ensure the provision of information to the Council to enable the Council to meet its statutory obligations.

The Provider will:

- Comply with the overarching provisions contained within the terms and conditions of the Contract with regard to data protection;
- Perform its data obligations in accordance with the Data Protection Act 2018 and all other relevant legislation, regulations and guidance;
- Keep data and personal information confidential;
- Retain and dispose of documents relating to Service Users in accordance with the Provider's Information Retention Schedule.
- Register and be compliant with one of the three standards of the Data Security & Protection Toolkit (DPST) within a year of contract initiation Data Security and Protection Toolkit (dsptoolkit.nhs.uk). Following this the Provider will:
- Achieve or maintain the "Standards Met" standard of the DSPT as a minimum for the duration of the contract

The Commissioners or their representatives may request access to information held in relation to referrals at any time.

Geographic coverage / boundaries

Out of Area Referrals

IMHAs will need to be available to help the patient where the patient is receiving treatment (in-patients) or is currently resident (patients in the community). In most instances, these arrangements will be straightforward, with the patient receiving treatment or resident in their local area and the IMHA provided by a local independent advocacy provider contracted by the Council.

Where patients are treated out of area, the patient's responsible Council must make suitable arrangements for an IMHA to be made available by arranging with another local authority to commission IMHA services for the patient in question. When people are eligible for an IMHA and currently residing within 50 miles of the Council boundary, the Provider has a responsibility to work with that individual, unless and alternative arrangement is agreed by the Commissioners.

For people who move out of area the Provider will support them to find an IMHA or other appropriate Advocacy Service in the area they will be going to if necessary wherever possible and practicable. Payment terms will need to be agreed between The Council commissioners and IMHA services (an hourly rate for spot-purchasing IMHA services of £35 per hour will be paid plus travel expenses and payment of invoices will be not more than 30 days).

In this way, the same IMHA service provider can work with all qualifying patients in a particular ward or hospital which will be much easier for patients and staff.

For complaints - The Provider is required to deliver the services to all residents and temporary residents (including prisoners, holidaymakers, students, Gypsies and travellers, and children and young people on placement) within the Council areas. The Provider must make appropriate arrangements with similar providers of NHS Complaints Advocacy to ensure that the wish of the client is respected as regards to in which locality the complainant would like to pursue their case.

The Service will support any individuals across Blackburn with Darwen who need and would benefit from advocacy support to enable them to actively participate in assessment, care and support planning and review and who ordinarily resident in Blackburn with Darwen as well as within a 50 mile radius of the borough.

The advocate must support and represent the person in the assessment, in the care and support planning, and the review.

This applies to the following:

- a needs assessment under section 9 of the Care Act;
- a Carer's assessment under section 10;
- the preparation of a care and support plan or support plan under section 25;
- a review of care and support plan or support plan under section 27; of age);
- a young Carer's assessment under section 63;
- safeguarding under section 68.

For a person whose care and support is being provided out of area it will be the local authority in which the person is ordinarily resident who is responsible for the provision of an advocate. Understanding of local communities may be an important consideration, so the advocacy/advocate should wherever possible be from the area where the person is resident at the time of the assessment, planning or review.

The Service operates within the boundaries of Blackburn with Darwen for those people registered with a Blackburn with Darwen GP. However, some travelling outside the Council may be required for people placed out of area but who have a Blackburn with Darwen GP (i.e., Hospital Inpatients or 39a, c and d referrals, children who are on a temporary child protection plan out of area).

All other out of area advocacy is provided in accordance with local commissioning arrangements.

Location(s) of service delivery

Delivery of the advocacy services will be boroughwide.

Services shall be offered to individuals in a variety of methods and locations. Choice of location shall be provided based on the needs of the individual and the Provider will be innovative in its service offer.

Days / hours of operation

The single point of access will offer as a minimum:

- A six day per week service, for the public and professionals, with core hours of 9am to 5pm Monday to Friday (except for public holidays) and 9am till noon Saturday for all strands of advocacy.

All calls should be answered in person during office hours. However, answer phones are a preferred alternative to placing people on hold but should only be used as back up.

The Independent Health Complaints Advocacy should be available as follows:

- Service Levels 1 / 2 - A web based information and support portal will be put in place which will be maintained on a 24 hour year round basis. This portal will provide capacity to record and respond to Service User queries.

- A 24 hour free phone service will also be available, which will include a telephone answering service outside of office hours.
- A “Call Centre” facility to be available Monday to Friday between the hours of 9am – 5pm (excluding Bank Holidays).

The Provider will be required to operate the service within a dynamic environment where the impact of new legislation and processes will be progressive.

The Provider shall work in a flexible, pragmatic way that promotes innovation, efficiency and community working.

The All-Age Advocacy Hub will be available during office hours Monday to Friday (09:00 to 17:00), however there should be flexibility and staff available to respond in exceptional circumstances to meet individual need, which may require support at evenings and/or weekends.

Service Volume

The Provider will be required to deliver all statutory advocacy as detailed in this specification and within the approved financial resource. The following data had been provided from the current providers to show demand for advocacy from 1 April 2024 to 31 March 2025. This does not necessarily reflect future demand.

Advocacy Type	**Referral Numbers**
IMCA	75
IMHA	411
IMCA- Paid Relevant Person Representative	175
Independent Care Act Advocacy	43
Independent Complaints Advocacy	21
Children’s LAC Advocacy	**107**
Child Protection Advocacy	**83**

It is estimated that within the service there will be the delivery of approximately 7,000 hours per annum across all services. With 2000 hours ringfenced for children’s advocacy, to ensure fair and equitable delivery.

These delivery hours should be inclusive of travel and direct casework only. It is expected that the required training, awareness-raising, supervision and administration will be undertaken outside these indicative hours but be included in the total cost. The Provider will be required to adopt lean working practises, maximising the use of flexible working, IT and telephony to minimise time and cost.

There are some areas where we know demand will be high and which merit a dedicated and more specialist approach. One of these is focussed on support for Residents who are subject to deprivation of Liberty Safeguards and require the services of an RPR, alongside inpatients on acute wards in hospital. It is expected that given the widening of advocacy responsibility (beyond solely IMHA) expected from these services, an IMHA will need to

have a regular contact with all these units either by the phone or in person, to meet the advocacy needs of inpatients.

Applicable service standards – national/local/statutory

Over the next few years, a number of legislative changes are expected, including the amendments to the deprivation of liberty's legislation (Liberty Protection Safeguards- LPS), the amendments to the Mental Health Act, plus the social care reform. It is expected that this will result in an increase in demand for advocacy. As such it is expected that The Provider will adopt innovative, creative, flexible delivery to maximise capacity.

The anticipated changes in volume and demand, particularly relating to the introduction of LPS requires a Provider who will work collaboratively with The Council and will co-design the response to legislative changes. Contract variations by mutual consent may be required to meet needs.

5. Discharge Criteria and Planning

Advocacy services will be outcome focused with clearly defined objectives at the point of referral. Discharge pathways should be understood at the point of a case being accepted and residents should be informed that once the desired outcome or issue has been resolved the case will be closed. This will need to be made clear to the individual at the outset through effective planning. The exceptions to this would be where the Provider may recruit a volunteer to act as a citizen/peer Advocate which could be continued beyond a successful outcome.

6. Service Improvement Requirements

The Provider will meet as required with the Council, respond in a timely manner to all information requests and submit performance data as required under relevant paragraphs.

Where a service complaint arises from a Service User or agency the Provider shall inform the Council, supply information and meet with that representative as required.

The Provider must ensure that the views of Service Users are routinely sought, collated, evaluated and utilised to support service delivery and service development. The outcomes of such feedback must be routinely made available to the Council.

The Provider must ensure that they can evidence the capacity of their service, and in the event that the demand for a particular type of provision outstrips supply, that in the first instance, they make use of existing provision in other parts of the contract, and then give timely notice and information to the Council that funding to provide extra capacity is requested. It is the responsibility of the Provider, to keep the commissioner informed of any capacity issues, and in negotiation, to flex capacity in different parts of the contract to meet need.

7. Baseline Performance Targets – Quality, Performance & Productivity

Monitoring and Evaluation

The Provider will be required to provide data in order for the Council to monitor contract performance. The Lead Commissioner will agree a suitable protocol with the Provider upon award of Contract. That protocol will require three levels of reporting:-

- Three monthly reporting against key outcome areas detailed below

- An Annual Report summarising the work of the Service and its performance against strategic development objectives, for approval by the Consortium steering Group and for circulation to wider Stakeholders.

Recorded data should be broken down to show the usage of the Service by:

- Local Authority area
- NHS Trust

The Provider will be expected to support the Commissioner to meet the outcomes of the Blackburn with Darwen Vision for Adults and Children's Social Care and Health and service specific outcomes underpinning the Vision as detailed in this service specification.

Overall assurance reviews as to the achievement of said service outcomes and below KPIs will be through quarterly monitoring sessions and will include key Stakeholders from both the Commissioner, Provider, adults and children's Operational Teams.

To support this, the successful contract provider will work with the Council's Commissioning and Quality Assurance leads during the contract mobilisation period to confirm the reporting methods to be utilised; this will include the use of a suite of tools to support effective evidence-based monitoring in line with Blackburn with Darwen Council's Quality Assurance Framework, see below.

The Council believes that good communication is an essential aspect of good contract performance. The Council and the Provider shall maintain this through regular contact, via telephone or in person, and the quarterly monitoring sessions which will enable the Council and Provider to work constructively together to resolve any problems arising.

The Council reserves the right to implement further monitoring measures within the period of the Contract and the data will be collated to set a base line.

Termination

The Provider shall not cease to provide the Service without the agreement of The Council except in accordance with the Contract.

Variation

In the event of an emergency or an unforeseeable situation when the Provider may, acting reasonably, vary the Services under a Contract provided that it maintains the safety and welfare of each affected individual and informs the Council within one working day of all action taken. The Provider may then continue with such a variation provided that it has sought the Council's written agreement for a continued variation and the Council has not refused this

Changes to national or local policies and priorities may also necessitate changes to this specification. The Provider shall work with the Council to implement any new and evolving requirements during the Contract Period.

Flexible Service Delivery

- The Provider will respond as flexibly as possible in the delivery of the Service in order to ensure that eligible needs and outcomes are met as efficiently as possible. Service Users' choice and control over how, when and by whom support is delivered takes priority.

- The Provider has the option of flexing hours to meet individual needs where appropriate and as needed to meet eligible needs and outcomes.

Subcontracting

The Service Provider shall not - without the Council's prior written consent - be entitled to sub-contract any or all of its obligations under this Contract.

If the Provider enters into any partnership or sub-contracting arrangements with a third party, the Provider shall be responsible for all payments due to the partners or sub-contractors and the Provider shall be responsible for making sure that the delivery of all Services are delivered within the agreed price (as detailed at Schedule) and in keeping with standards specified or required of the service.

8. Activity

Activity
Activity Performance Indicators

Performance Indicator	Threshold	Method of Measurement	Frequency of Monitoring
SINGLE POINT OF ACCESS PERFORMANCE INDICATORS			
In addition, all enquiries to the single point of access must be recorded using the following categories: • Number of enquiries which were referred to IMHA/non-statutory mental health advocacy • Number of enquiries which were referred to non-instructed advocacy (LD) • Number of enquiries which were referred to self-advocacy (LD) • Number of enquiries which were referred to Help Direct • Number of enquiries which were referred to Welfare Rights or other sources of benefits advice • Number of enquiries which were referred to other organisation/agency			
IMCA SERVICE PERFORMANCE INDICATORS			
• Number of Service Users receiving an IMCA. • Number of Service Users not receiving an IMCA after referral because the advocate was unavailable. • Number of IMCA reports (verbal/written) where the IMCA manager judged that the			

	reports made a real difference to the outcome (including case studies). **The IMCA service is provided by a trained professional workforce** • Number of IMCAs, by age, gender and ethnic origin. • Details of qualifications and experience, including details of non-instructed advocacy. • Details of training including Safeguarding Adults Awareness training/understanding of Safeguarding Adults procedures. • Number of supervision sessions. **The IMCA service values the comments of Service Users and professionals** • Number and types of compliments, complaints and outcomes. • Outcome of any consultation and evaluation. **The service is of sound financial standing** • Summary of service income and expenditure. • Details of any temporary or permanent variation from budget, with reasons. **Service Outcomes – requiring the development of quality indicators** • Views expressed by advocates on behalf of people who lack mental capacity will be made in a manner that safeguards their rights, dignity and privacy and respects them and their individuality; • The Service will be able to show how any views that are expressed in protecting people's best interests have been arrived at; • Advocates will represent the interests of people in a professional manner; • Other professionals will value the views and interventions that the advocate brings to discussions and decision making forums; and • Where it is possible to increase the range of choices of options, this is done in order			

that discussions may take place about all options.			
RPR SERVICE PERFORMANCE INDICATORS			
The Relevant Person's Representative Service (RPRS) is responsive • Number of Service Users receiving a paid relevant person representative. by age, gender, ethnic origin and client group. • Number of Service Users not receiving a paid relevant person representative after referral because the representative was unavailable by age, gender, ethnic origin and client group • Average hours per closed RPR case **The RPRS is provided by a trained professional workforce** • Number of paid relevant person representatives, by age, gender and ethnic origin. • Details of qualifications and experience; • Details of training including Safeguarding Adults Awareness training / understanding of Safeguarding Adults procedures. • Number of supervision sessions. **The RPRS service values the comments of Service Users and professionals** • Records of outcomes for Service Users including 1 in-depth anonymised case study which evidences effective intervention by a RPR to be discussed at each bi-annual review meeting • Records of any complaints or compliments the service receives • Outcome of any consultation and evaluation **The Service is of sound financial standing** • Summary of service income and expenditure • Details of any temporary or permanent variation from budget, with reasons.			

Service Outcomes – requiring the development of quality indicators • Views expressed by paid relevant person representatives on behalf of people who lack mental capacity will be made in a manner that safeguards their rights, dignity and privacy and respects them and their individuality. • The Service will be able to show how any views that are expressed in protecting people's best interests have been arrived at. • Paid relevant person representatives will represent the interests of people in a professional manner. • Other professionals will value the views and interventions that the paid relevant person representative brings to discussions and decision making forums. • Where it is possible to increase the range of choices of options, this is done in order that discussions may take place about all options.			
IMHA MONITORING PERFORMANCE INDICATORS			
• Number of referrals • Number of extended partnerships • Number of single session partnerships • Number of open cases to be carried over to the next period • Number of enquiries which were signposted to: - Other advocacy provider/service - Welfare Rights or other sources of benefits advice - Other organisation/agency • Number of people whose issues concerned: - Health - Social Services - Both - Other • Referrals categorised by Section • Reason for referral • Referral source			

• Ethnicity and equality monitoring information.			
CARE ACT ADVOCACY PERFORMANCE INDICATORS			
CARE ACT ADVOCACY **MAXIMISING EFFECTIVENESS AND VALUE- Generic advocacy provision** Whenever there is spare capacity in the Care Act Advocacy element of this contract, it is required that the Provider offers a short term generic advocacy provision of up to eight sessions per client. This generic advocacy provision can be used to support any adult with health or social care needs, to address any issues relevant to their health and wellbeing, for example to attend appointments, make enquiries of statutory services or agencies, and to develop self-advocacy skills. At the end of eight sessions the case can be reviewed. If it is necessary and the Provider still has capacity, further sessions can be agreed as appropriate. **MONITORING** The Provider will be required to have an effective system/s to monitor record and quantify the achievement of outputs and comply with the Authorities monthly reporting schedule. Methods of recording information will include appropriate computerised or manual systems - but must be comprehensive and appropriate to the service/activity. Areas to be monitored will include: • The number of sessions delivered and the method of delivery (e.g., appointments, 1-to-1 support, drop-in, telephone, home visit, outreach, etc). • The number of new customers. • The number of repeat customers. • The number of users taking up services and the pattern of take-up. • Maintain a profile of users monitored by ethnicity, gender, age and disability etc. • Maintain details of referrals to other agencies/support services.			
INDEPENDENT HEALTH COMPLAINTS PERFORMANCE INDICATORS			
• Number of telephone messages and web enquiries responded to on the next working day.			

• Number of direct advocacy provision referral where contact has been made within 5 working days of referral. • Number of enquiries which were referred to HealthWatch Blackburn with Darwen • Number of enquiries which were referred to generic/health complaints advocacy • Evidence of marketing and promotional presentation • Case studies to demonstrate Service User satisfaction in how they have been empowered to get their views across to the relevant NHS Service			

KPI's 1-7 will each be broken down by the following Advocacy type:

- IMCA
- IMCA RPR
- IMCA DoLs
- IMHA
- CAA
- ICA
- LAC Advocacy
- CP Advocacy

	Data	**Rationale**
1	New Referrals per month	To monitor demand for services and continue to inform service development
2	Referral Response Time	To provide reassurance of requirements of the specification
3	Referral Source	To monitor demand for services and continue to inform service development
4	Number of active cases	To monitor demand for services and continue to inform service development
5	Number of hours delivered per month	To monitor demand for services and continue to inform service development
6	Breakdown of new referrals, active cases and hours	To monitor demand for services and continue to inform service development
7	Number of cases closed	To monitor demand for services and continue to inform service development

KPI's and outcomes will be reported on quarterly.

Appendix 1 – Advocacy Types

This section provides further detail as to the specifics around each of the forms of Advocacy. It is expected as outlined in Section 1 of the Specification, that although as much detail has been provided as possible, there will be aspects of delivery that have not been addressed and the Provider will approach requests outside of detail below in a pragmatic and collaborative way.

Independent Mental capacity Advocates IMCA

This section must be read in conjunction with the 'Mental Capacity Act 2005 Code of Practice' and 'Making Decisions: the Independent Mental Capacity Advocate Service' – see links below

https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

https://www.gov.uk/government/publications/independent-mental-capacity-advocates

This section details the requirements for delivery of services for IMCA, RPR for individuals 16 or over, where an evaluation is required on whether an individual's Deprivation of Liberty (DOLS) considerations are being met. IMCA's provide independent advocacy under the Metal Capacity Act 2005 for un-befriended individuals assessed as lacking capacity.

An Independent Mental Capacity Advocate must be provided where needed when decisions are being made regarding:

- An NHS body is proposing to provide serious medical treatment (as specified in the Act); and
- A Local Authority or NHS Body is proposing to arrange accommodation (or a change of accommodation) in a care home or hospital and the person will stay in the care home for more than 8 weeks or stay in hospital for longer than 28 days.
- An appropriate authority must instruct an IMCA to support people to whom acts or decisions are proposed under sections 37, 38 and 39 relate or persons who fall within section 39a, 39c or 39d of the Deprivation of Liberty Safeguards.

Under the MCA people who lack capacity and are alleged to be responsible for abuse are entitled to the help of an IMCA to support them and represent them in the enquiries that are taking place.

An IMCA may be provided at the discretion of the Council and following discussion with them regarding:

- Care reviews, where there is no-one else to consult
- Adult Safeguarding cases, whether or not family, friends or others are involved.

The IMCA service will provide a generic service for a wide variety of individuals, including but not limited to individuals with learning disabilities, dementia, mental health needs and acquired brain injury. The provider will employ advocates who have the skills to communicate in non-standard ways, for example individuals who have no spoken language.

Relevant Individual Representative (RPR)

RPR is often referred to as a paid representative, with the terms being used interchangeably. The role of the paid Relevant Persons Representative is to maintain contact with the individual, and to represent and support the individual in matters relating to, or connected with, the deprivation of liberty (DoLs). The paid RPR must satisfy the criteria in regulation 9 of the RPR Regulations but this is not an IMCA role as such and can be performed by any advocate.

The Provider will also deliver a Paid Representative service under section 39D of the Mental Capacity Act 2005 Representative Service to the individual and/or their Unpaid Representative. ECC requires written reports from Paid Representatives and section 39D IMCAs to summarise actions and activities

Liberty Protection Safeguards (LPS)

The Mental Capacity (Amendment) Bill has been passed by Parliament. It introduces a new statutory scheme, Liberty Protection Safeguards (LPS) to replace the existing DOLS scheme.

Liberty Protection Safeguards are expected to come into force over the course of this contract. The LPS will apply to everyone aged 16 and over who is being cared for in any setting, such as supported living, or in their own homes. This differs to DoLS, which ae only implemented when someone is residing in a care home or hospital.

Rule 1.2 (3A) Representative (Litigation Friend)

In July 2015 rules governing Deprivation of Liberty applications to the Court of Protection was changed for non-controversial cases the court was asked to address.

As a result of the Cheshire west ruling in 2014, the court has been inundated with applications to authorise people's deprivation of liberty in community/domestic settings. To respond and meet the demand of the applications coming into the court arena it developed a streamlined paper procedure known as Re X to deal with the vast amount of cases being brought to the court.

As a result of the Re X streamlined procedure, this introduced the concept of a 'Rule 1.2 Representative.' (Formally Rule 3A Representative)

A 1.2 Representative is the name given by the court to a person who is able to consider whether from the perspective of individuals best interests you agree or do not agree that the Court should authorise the individuals package of care and support resulting in a deprivation of their liberty. This is usually a family member, however in cases where the person has no family an Independent Advocate may be appointed as Rule 1.2 representative.

If a person is being deprived of their liberty in a domestic setting, e.g., own home, supported living placement, shared lives etc. and lacks the capacity to consent to these arrangements, local authorities may need to apply to the Court of Protection to authorise the deprivation of liberty.

When doing so, The Council will identify if the individual is suitable for the Re X streamline process, if the individual has a close relative, friend or Independent Advocate to get involved in this process to act as a Rule 1.2 Representative.

Role of a Rule 1.2 Representative:

Key responsibilities of a Rule 1.2 Rep include:

- Weighing the pros and cons of the individual's care and support package and comparing it with other available options;
- Considering whether any of the restrictions are unnecessary, inappropriate or should be changed;
- Informing the court about what the individual has said, and the individual's attitude towards, the care and support package;
- Checking from time to time that the care and support package is being properly implemented.

The paid Rule 1.2 Rep must be:

- Over 18 years of age
- Able to keep in contact with the relevant person, and
- Willing to be appointed.

They must not be:

- Financially interested in the relevant person's managing authority
- A relative of a person with financial interest as stated above
- Employed by or providing services to the care home where the person is residing
- Employed by the hospital in a role that could be related to treatment and care of the person, or
- Employed to work in the relevant person's supervisory body (refer to MCA code of practice CH7 pp76-85).

Some individuals will not be suitable for Re X streamline process and will require a Litigation Friend.

Litigation Friend

The Litigation Friend role is to; enable the litigation; act in the person's Best Interests; conduct proceedings fairly and competently; appraise themselves as Litigation Friend of the issues and instruct a Solicitor on the Client's views and ensure those views are put before the Court. Essentially the Litigation Friend will put forward the Client's position and ensure this is heard in the Court arena.

Judges in Court of Protection cases have often supported the role of Litigation Friend being carried out by IMCAs. There is no guidance contained in the MCA (2005) or in any of the supporting materials as to how a Litigation Friend should discharge their duties. This area of the law is not straightforward, and the Litigation Friend should seek specific legal advice both at the outset and in relation to any specific points that may arise.

An advocate may also be a litigation friend in an application made to the County Court to discharge a person's nearest relative when they are detained under the Mental Health Act 1983. There is further reference to this within the revised Mental Health Code of Practice (January 2015)

IMCAs or other advocates may be asked to carry out this role because there is no one else willing and able to and the time constraints on the Official Solicitor may mean the case is heard earlier than they are able to become involved.

The individuals accessing the IMCA service shall be Service Users of sixteen years or over or in the case of Deprivations of Liberty Safeguards the person will be eighteen years or over.

Independent Mental Health Advocacy IMHA

This section must also be read in conjunction with regulations, standards and guidance regarding IMHA – see link below:

http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Healthcare/Mentalhealth/InformationontheMentalHealthAct/DH_091895

Many people with an acute mental health problem may experience heightened vulnerability, prejudice and difficulties with communication. Many people affected by mental ill-health also have difficulty getting their views about their mental health care needs across to the providers of mental health services. Access to an advocacy service ensures that individuals are able to positively engage with services, making the most effective use of the services available.

From April 2009, statutory access to an Independent Mental Health Advocate (IMHA) has been available to patients subject to certain aspects of the Mental Health Act (MHA) 1983. Patients, who are eligible to use IMHA services, i.e., qualifying patients, are those patients:

- Detained under the MHA (even if they are currently on leave of absence from hospital) apart from those patients detained under sections 4, 5(2), 5(4), 135 or 136
- Conditionally discharged restricted patients;
- Subject to Guardianship under the Act; or
- On Supervised Community Treatment (SCT)

as well as patients not covered by any of the above but who are:

- Being considered for a treatment to which section 57 applies ("a section 57 treatment");
- Under 18 and being considered for electro-convulsive therapy or any other treatment to which section 58A applies ("a section 58A treatment").

IMHAs **do not** advocate for people who:

i. Have been detained in an emergency under section 4 until a "second medical recommendation is received"

ii. Are under section 5

iii. In a place of safety under section 135 or 136

iv. Have other advocacy related issues that are not IMHA related but come under the Care Act or General Advocacy provision. If these types or other types of advocacy are required by an individual, the IMHA must make a referral back to the Provider for an appropriate advocate to be allocated.

The aims of the IMHA Service is to ensure 'qualifying patients' have access to advocacy services that help them say what they want, meet their rights, represent their interests and obtain services that meet their needs. The purpose of the IMHA service is to help patients to fully participate in decisions about their care and treatment.

While the focus of an IMHA intervention will be surrounding the mental health care and treatment, the service is expected to respond to the issues that are paramount to the Service User and therefore it is expected that the advocacy service will address a broad range of issues, e.g., housing and social care issues, which will require building effective partnerships with other advocacy services.

An IMHA service supports qualifying individuals to understand the Act and their own rights and safeguards. This may include support in obtaining information about any of the following:

- Patient's rights under the Act
- Provision of the Act under which the individual qualifies for an IMHA
- Conditions or restrictions which affect the individual
- Medical treatment being received, discussed or proposed and the reasons for this
- Legal authority for providing such treatment
- Requirements of the Act which apply to treatment

The Mental Health Act 1983 (amended 2007) as revised places a duty on the 'responsible individual' to provide verbal and written information about the IMHA service to qualifying individuals. However, qualifying individuals can be referred into advocacy from a range of

sources, including but not restricted to inpatient wards, community staff, Carers and self-referrals.

The term 'responsible individual' includes:

i. Managers of the hospital;

ii. The responsible clinician;

iii. The local Social Services authority (in respect of Guardianship patients); and

iv. The responsible medical practitioner or an Approved Mental Health Professional (AMHP).

The responsible individual must inform the individual of their rights to an IMHA. As all qualifying patients are expected to be referred for an IMHA, once this has been undertaken, the qualifying patient can make an informed choice to either use the Service or not, or ask for someone else to perform this role. This reason should be recorded.

Consent from the individual being supported must be sought, where possible, before undertaking any proceedings on their behalf.

IMHAs have a statutory duty to comply with any reasonable request to visit a qualifying individual when a referral is made by any of the following people:

i. The individuals Nearest Relative (NR),

ii. The individuals Responsible Clinician (RC),

iii. An approved Mental Health Professional (AMHP) acting on behalf of a local Social Service Authority.

IMHAs will **only** practice within their specific role and boundaries as defined in the Mental Health Act Code of Practice.

Care Act Advocacy

This section must also be read in conjunction with the Care Act Guidance – see the link below:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

The duty applies to adults, children approaching transition, Carers and young Carers.

The focus of advocacy requirements under the Care Act is around support and representation in the following:

- a needs assessment under section 9 of the Care Act;
- a Carer's assessment under section 10;
- a safeguarding investigation under section 42;
- the preparation of a care and support plan or support plan under section 25;
- a review of care and support plan or support plan under section 27;
- a child's needs assessment under section 60;
- a child's Carer's assessment under section 62;
- a young Carer's assessment under section 65.

As part of the assessment and the care and support plan, the Council must have regard to the need to help protect people from abuse and neglect. They should assist the person to identify any risks and ways to manage them. They should also assist the person to decide how much risk they can manage. The Council must also have regard to ensuring that any restriction on the person's rights or freedom of action is kept to the minimum necessary. Restrictions should be carefully considered and frequently reviewed. Any potential deprivation of liberty must be authorised, either by a Deprivation of Liberty Authorisation by the Council or the Court of Protection under the Deprivation of Liberty.

Advocacy under the duty flowing from the Care Act is similar in many ways to independent advocacy under the Mental Capacity Act (MCA). Regulations have been designed to enable independent advocates to be able to carry out both roles. However, the duty to provide independent advocacy under the Care Act is broader and provides support to:

- people who have capacity but who have substantial difficulty in being involved in the care and support 'processes';
- people in relation to their assessment and/or care and support planning regardless of whether a change of accommodation is being considered for the person;
- people in relation to the review of a care and/or support plan;
- people in relation to safeguarding processes (though IMCAs are involved if protective measures are being proposed for a person who lacks capacity);
- people for whom there is someone who is appropriate to consult for the purpose of best interests decisions under the Mental Capacity Act, but who is not able and/or willing to facilitate the person's involvement in the Council's process.

Where a Council is carrying out enquiries in relation to abuse or neglect and the adult has substantial difficult in being involved and there is no-one appropriate to support them, the Council must arrange for an independent advocate to represent them for the purpose of facilitating their involvement (sections 14.43 and 14.67 Statutory Guidance to the 2014 Care Act). What happens as a result of a safeguarding enquiry should reflect the adult's wishes wherever possible as stated by them or by their representative or advocate (14:66; 14:80 and 14:81).

Council's will need to determine what determines 'substantial difficulty' by accessing the individual's ability to:

- understand relevant information
- retain information
- use or weigh up the information
- communicate their views, wishes and feelings

Before referring for an Advocate the Council must consider whether there is an 'appropriate' individual via the following considerations:

- It cannot be someone who is already providing the person with care or treatment in a professional capacity
- The person must agree to the particular individual supporting them
- That they have the knowledge and ability to support the person's active involvement with the Council processes.

In general, a person who has substantial difficulty in being involved in their assessment, plan and review will only become eligible for an advocate where there is no-one appropriate to support their involvement. The exceptions are:

- where the exercising of the assessment or planning function might result in placement in NHS-funded provision in either a hospital for a period exceeding four weeks or in a care home for a period of eight weeks or more and the Council believes that it would be in the best interests of the individual to arrange an advocate;
- where there is a disagreement, relating to the individual, between the Council and the appropriate person whose role it would be to facilitate the individual's involvement, and the Council and the appropriate person agree that the involvement of an independent advocate would be beneficial to the individual.
- where a deprivation of liberty may be the result of the proposed care and support plan.

Independent Complaints Advocacy

This section must also be read in conjunction with the 'Commissioning Independent NHS Complaints Advocacy Briefing Pack' – see the link below

https://www.local.gov.uk/sites/default/files/documents/commissioning-independent-2e5.pdf

The Health and Social Care Act 2012, section 185, inserts section 223A into the Local Government and Public Involvement in Health Act 2007 which requires local authorities to make arrangements for the provision of independent advocacy to people who wish to make a complaint about an NHS service. Within the meaning of the above legislation, the term advocacy services relate only to the provision of assistance for individuals making or intending to make an NHS related complaint which includes a complaint to the Health Service Ombudsman. Please note that this is separate from complaints arrangements in respect of adult social care.

The same legislation also makes provision for Local Healthwatch organisations to replace the Local Involvement Networks (LINks) as the new consumer champion for health & social care services. Local Healthwatch organisations will be required to direct individuals making or intending to make an NHS related complaint to this advocacy service.

The core purpose of the service is to ensure that Service Users have access to the support they need to clarify and articulate their concerns, to navigate the complaints system and to pursue a resolution to the satisfaction of the Service User or the exhaustion of the process. The Service will play no role in relation to matters where a complainant determines to resort to direct legal action, other than appropriate signposting.

The graded intervention will follow the structure below:

- Level 1 - web-based and published information: self-help advocacy information, i.e., website, basic guidance material, templates, directories of support organisations, leaflets, self-help packs, other published materials.
- Level 2 – call centre and web/email response: assisted information, i.e., responding at distance to Service User needs/queries, e.g., to explore which route would be the best remedy for their circumstances, support to access information and frame complaint, providing templates and where necessary referring on to Level 3 or other relevant organisation as appropriate.
- Level 3 – nominated advocate support: personalised advocacy via a nominated advocate, i.e., working with the Service User to develop and progress their complaint but with limited face to face contact. Providing practical assistance (i.e., templates, letter writing, form filing, contacting third parties to seek information) but wherever possible working at distance via telephone or email.
- Level 4 – intensive face to face support: some Service Users will require more intensive advocacy support due to:

- the nature or complexity of the complaint
- the Service User's capacity to negotiate the complaint process, i.e., people with limited confidence or emotional barriers, learning or communicating difficulties, people whose first language is not English, people with mental health problems or frail elderly people or those who may be distressed due to illness or bereavement (this is not an exclusive list).

Such Service Users may require more direct face to face advocacy support to clarify personal objectives, negotiate process, communicate with agencies by letter or telephone and support through local resolution processes, attendance at hearings and throughout the second stage of the complaints procedure.

- Level 5 – specialist advocacy support: i.e., some Service Users may require advocates with specialist knowledge of areas such as children's rights, mental health, legal issues, refugee issues or other specialist health environments, such as prisons, etc.

For avoidance of any doubt the NHS complaints process covers:

- All NHS Trusts and NHS bodies including NHS Foundation Trusts
- Family Health Services provided for the NHS by GPs, Dentists, Opticians or Pharmacists.
- Primary Care Trusts / Clinical Commissioning Groups
- Private health care establishments if the treatment has been paid for by the NHS
- All other health services commissioned by NHS funding

Children's Advocacy

The Provider will deliver independent and confidential advocacy services that are fully accessible to eligible children and young people, receiving a service from the Council's Children's Social Care who are living with the administrative boundaries of the Council and for children in care and care leavers, placed both within and outside its administrative boundary.

The Service will deliver independent advocacy that enables children and young people to:

- Express what they want to say in the way they want it to be said;
- Feel safe and protected from neglect and abuse;
- Get the services they need;
- Secure their rights and entitlements; and
- Be heard and have their views taken seriously into account when decisions which affect them are being made.

The Service must meet the national Standards for the provision of Children's Advocacy Services (November 2002) which sets out the requirements that advocacy is accessible, independent, committed to children's rights and led by the views and wishes of children and young people

To achieve the required outcomes of the Service, the Provider will work with children and young people and help them identify the most appropriate route to resolve their issues. This must be achieved by negotiation, by assessing the child to express their views, by assisting frontline staff to support the child, by referring cases and where necessary, by accessing legal advice.

The Provider will strive to support a continual increase in opportunities for children and young people to express their views directly to decision-makers and persons in positions of authority

on matters affecting them, and where this is not possible, to present the child's views and wishes.

Where the Council is the Provider of residential care for children and young people, the Service will establish as appropriate, a calendar of visits for advocates to meet with children and young people. The purpose of the visit is to promote the Service and offer of advocacy to children and young people, provide them with information on children's rights and entitlements, attend meetings with and on behalf of children and young people, provide representation and support with complaints.

The Provider shall within six weeks from the commencement of the contract have in place:

- Arrangements agreed in consultation with home managers and visits and actions recorded on the quarterly monitoring report;
- Arrangements for each home to be reviewed every six months and to include feedback from children, young people, residential care staff and the home managers.

The Services to be provided are:

- To meet with individuals and groups of young people who may be experiencing difficulties, providing them with information on their rights and assisting and supporting them to explore their options;
- To assist in making complaints using informal and formal complaints procedures and representing young people's views to Social Care, Health and other agencies;
- To provide information, representation, support and advocacy to vulnerable young people;
- To negotiate with Social Work practitioners, foster carers, solicitors and care-worker on their behalf with the consent of the young person;
- To accompany young people to decision-making forums such as reviews and Child Protection and ensure that their views are represented;
- To liaise with the guardians and other legal advisors concerning legal issues as and when required;
- To work within the standards in The Advocacy Charter and the national Standards for the Provision of Children's Advocacy Services; and

The advocate(s) will offer to attend meetings with young people as and when requested. Also, the advocacy service will meet a young person prior to a meeting in order to establish the views of the young person. The advocacy service will with the consent of the young person, offer an opportunity for all reports connected to the young person to be reviewed before meetings. As a result, the young person will be better able to contribute during the meeting in a more informed manner.

Appendix 2: Glossary

Asset Based Approach shall mean approach that recognises and builds on a combination of the human, social and physical capital that exists within communities

Assistive Technology refers to an item, object, device or system that enables a person to perform a task that they would otherwise be unable to do, or increase the ease and safety by which certain tasks can be performed, it may support an individual to live independently

Business Continuity Plan shall mean the plan setting out the Provider's proposed methodology to ensure continuance of the Contract in the event of an emergency

Carer(s) shall mean the adults who provide formal support to a Service User, and may include anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid

Child Protection Plans A plan put together at a child protection case conference detailing the ways in which the child is to be kept safe, how its health and development is to be promoted and anyways in which professionals can support the child's family in promoting the child's welfare

Contract Monitoring Meetings shall mean meetings between the Provider and the Council to discuss compliance of the Contract including any performance and cost issues relating to the Service.

Group Advocacy shall mean group of people with similar experiences meet to support each other and collectively strengthen their voice

Improvement Notice shall mean a written notice served by the Council on the Provider detailing the improvements which the Council requires the Provider to make in relation to the delivery of the services.

Independent Advocates A person/organisation who does not work for the LA and is fully autonomous from any LA control and provides support, pleading or recommendations in favour of something or somebody

Individual/Person shall mean an individual with eligible needs who is supported by this Service.

Integrated Care Partnership (ICP) shall mean the partnership made up of the different providers of health and care in Blackburn with Darwen. Together they will provide the most appropriate services for local residents in order to help them stay well for longer

Key Performance Indicators (KPIs) are quantifiable measures that gauge performance against a set of targets and/or objectives.

Looked After Children shall mean children under the care of the Council.

Mental Health Condition shall mean those conditions as defined in the International Classification of Disease (ICD) or the Diagnostic and Statistical Manual (DSM) of Mental Disorders.

Neighbourhoods shall mean the nine neighbourhoods of Blackburn with Darwen which have been developed as part of the Integrated Care Partnership between the Council and the NHS Foundation Trust to improve health and care in the Blackburn with Darwen locality

Outcome Based means putting the person at the centre, identifying what is important in their life, ensuring that everyone is working together to achieve the same purpose of maximising the person's independence and quality of life.

Partnership Ethos shall mean the spirit of partnership required by the Provider and the inherent acceptance by all the Provider's staff that they will need to work with a number of agencies and services to ensure the best outcome for Service Users.

Partnership Working shall mean different organisations working together to ensure an effective Service is delivered to Service Users (in this context this is not the same as a legal partnership, although it may be subject to a co-operation or operational protocol).

Peer Advocacy shall mean 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

Person-Centred Care shall mean an approach that discovers and acts on what is important to the individual Service User.

Performance Monitoring shall mean how the Service is monitored

Personalised shall mean a service where people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs.

Referral shall mean the action of referring a Service User to the appropriate agency or receiving a referral.

Reportable Incidents shall mean the reports that the Provider must submit to the Council as soon as they occurred. A reportable incident is defined as anything that happens out of the ordinary and would normally relate to unplanned events or situations that result in or have the potential to cause harm to Service Users, staff or members of the public. Reportable Incidents shall include safeguarding incidents which shall mean any issue or concern relating to safeguarding, as set out in The Council's safeguarding policies and procedures. Reportable Incidents shall include any occurrence which results in police action or investigation; incidents which need to be reported to regulatory bodies; any enforcement or improvement notices served by any regulatory body; any other incident which would adversely affect the Provider's ability to provide the service as outlined in this Contract.

Risk Assessment shall mean the review of a Service User undertaken to identify any risks to their safety, and measures which need to be put in place to mitigate any risks identified.

Safeguarding Team shall mean the team within the Council responsible for investigating Safeguarding incidents, as well as providing information about prevention work.

Services This is the All-Age Advocacy Services – Independent Advocacy Service to be run by the Provider

Service User shall mean an individual with eligible needs who is supported by this Service.

Staff shall mean an individual employed by the Provider with the specific role of providing the Service to a Service User.

Stakeholders shall mean those individuals who have an interest in the operation of the service including Service Users, the family of the Service User, Carers and Landlords.

Strengths Based Approach shall mean an emphasis on people's self-determination and strengths

TEC shall mean Technology Enabled Care.

Wellbeing shall mean the state of being comfortable, healthy, or happy.

Working Hours shall mean the times during which the Council has commissioned the Provider to deliver the Service within this specification.

Young Person A person over compulsory school age (the end of the academic year in which they turn 16). From this point the right to make decisions about matters covered by the Children & Families Act 2014 applies to the young person directly, rather than their parents.