

Advocacy Retender Engagement

*Please note that this is a draft document, some of the staff and user engagement is ongoing as part of the re commission of advocacy services. All engagement will be completed prior to the tender process beginning.

Overview

Over the past 3 months we have carried out engagement for the upcoming Advocacy retender. Engagement has been carried with various stakeholders, current users of advocacy, advocacy hub staff and others. The engagement took place in a variety of formats including individual interviews, group discussions, surveys, and a short play.

This collaborative approach has us better understand the unique needs and perspectives of individuals who use advocacy services, professionals who refer to the service and advocates carrying out the work. This approach has also fostered a sense of ownership and inclusivity in the design of council services.

As a result, the service specification has been enriched with input from all stakeholders, ensuring that it aligns more closely with their aspirations and values. This engagement work exemplified the power of co-creation and has paved the way for a more meaningful and sustainable impact on the community we serve.

You Said - We Did

This section summarises the comments made throughout the engagement process and advises on the actions taken within the new specification to address these.

Service Delivery

You said:

Promotion and awareness raising – There were a number of comments from individuals who use services and health and social care staff tenement that advocacy services were hard to find out about and difficult to access. We have also included a requirement for the future provider to delivery bespoke training packages for social care staff with the option of health staff being able to purchase this in the future.

Communication – We have heard from individuals who use services, that they would like to communicate with the services in a number of ways, they cannot communicate with the services currently.

Service capacity – We have heard concerns from current advocacy hub staff and health and social care professionals about the current service capacity.

Staff training and supervision – We have heard from Sheffield Advocacy Hub staff that, there is little time for skill building training and reflective supervision.

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We did:

Promotion and awareness raising – We have noted in the new advocacy service specification the need for profile raising and the marketing of services using a variety of means highlighted through the engagement process.

Communication – We have noted in the new advocacy service specification the need for a variety of communication methods including digital communication and drop in surgeries as highlighted in the engagement.

Service capacity – We have included in the new advocacy service specification robust forecasting to help the future provider to plan adequately for service demand. We have also had a discussion with social care about the impact of project work on advocacy to help plan for surges in demand.

Staff training and supervision – We have included in the specification a requirement for the future provider to create a reflective supervision network and allow staff time to access additional training and supervision.

Development areas

You said:

Advocacy scope – We have heard from all stakeholders that the current scope for advocacy is not sufficient, and the advocacy gaps have a knock on effect on care and support needs.

Self/Peer Advocacy – We have heard from individuals who use services that they would benefit from more access to build skills towards self and peer advocacy.

We did:

Advocacy scope – We have included new areas of advocacy that were highlighted and have written the advocacy service specification in such a way that new areas can be added in the future within the life of the contract.

Self/Peer Advocacy – We have included a requirement for the future provider to integrate volunteers into the service and provide them a high level of training with a view of volunteers being able to move onto paid advocacy if they wish. We have also included a requirement for the new provider to link into existing and promote the setup of new peer advocacy networks.

User Engagement

The user engagement aimed to reach out to a large cross section of advocacy service users and potential users. The engagement took place in seven different venues using a variety of approaches.

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Sheaf College – Special educational needs college

We attended Sheaf College towards the end of term, as a result of this we were able to have group discussions with approximately 35 students. Advocates from The Sheffield Advocacy Hub attended to give a quick overview of their roles and we introduced the following scenario as a topic of conversation:

Scenario – Moving Out

Jayden is ready to move out of home. Family have asked that a social worker is allocated to support the move. A social worker is allocated and takes Jayden to view a few properties. There are some shared houses and some flats. Jayden wants to live on their own in a flat, but family and the social worker do not think they are ready because they cannot look after a flat on their own and keep safe. Jayden has been learning skills at school and feels that they can keep themselves safe.

The scenario supported the students, many of whom have not encountered the concept of advocacy, to reflect on the role of advocacy in supporting Jayden amplify their voice.

During the discussion we supported the students to reflect on questions such as:

- How would they like to be able to access advocacy services?
- What attributes are important in an advocate?
- What is their preferred method of communication with advocacy services?
- How would they know if an advocate has carried out a good job?

The students reflected that they would like to find out about advocacy via a variety of means such as:

- Information in college
- Posters in places they access regularly such as coffee shops, gym, youth clubs, etc.
- Stickers with QR codes that link to further information
- Social media – Instagram, Facebook, X (formally Twitter)
- YouTube – The students advised that it would be beneficial if there were videos explaining how advocacy services can support individuals
- Via a dedicated advocacy app

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The students reflected that they would like to get in touch with the service initially via:

- Website form
- Email
- Drop in cafe
- Social media – Instagram, Facebook, X (formally Twitter) – There was mixed reviews around this as some said they use some platforms such as Tik Tok to socialise rather than finding out information. Those who were keen on social media presence, advised that this can initially be a automated bot or AI response that would then signpost or pass a message onto the advocacy service
- Via a dedicated advocacy app

The students reflected on the important attributes to them in advocates:

- Knowledge of health and social care processes – It is important to the students that advocates have knowledge and experience of the health and social care areas relevant to the subject they were providing advocacy for.
- Loyalty - It is important to the students that the advocate is loyal to the individual they are working with
- Confidentiality – It is important to the students that the advocate is able to maintain confidentiality
- Integrity – Its is important to the students that the advocate is trustworthy and will not keep information from them
- Non judgemental – It is important to the students that an advocate would not impose their own values on the individuals they support
- Maturity – while age was not too important, it was very important to the students that a mature person advocated on their behalf. They did however have some concern that older advocates may not understand some of the issues they are facing.
- Cultural understanding – It was important for some of the students in the group that advocates supporting them would have good cultural understanding of their upbringing
- Communication means – the students reflected that it was important for individuals whose first language is not English or who communicate via BSL to be able to have access to an advocate who they could communicate freely with

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The students reflected on their preferred method of communication with advocates once allocated, they told us that they prefer a range to communication methods such as:

- Text messaging
- Via a dedicated advocacy app
- Phone calls
- In person – preferences were shown for public areas such as coffee shops and non-public areas to discuss more private matters
- Email – there was a preference that any summaries are provided via email
- Correspondence – there was some preference for information to be posted to the individual receiving advocacy support. This seemed to be the case especially prior to ending involvement or providing summaries.

The students reflected on quality of advocacy services and how they would know if an advocate has done a good job. This sparked a lot of debate around the experience of advocacy vs the outcome of advocacy. It was decided that a negative outcome for an individual does not necessarily reflect on the quality of the advocacy provided.

A number of individuals commented on how they think quality should be measured, when asked if they would like to take part in the design of this, there was some positive feedback from the groups.

The students remarked that an advocate has done a good job if:

- Feeling heard –the individual felt like they have been heard by the advocate and the wider network of professionals
- Return rate – the individual feels that it is a good experience and therefor they will seek advocacy services in the future

[Herris Lodge – Older people care home](#)

We visited Herris Lodge mid-morning, in the time in-between breakfast and lunch to help ensure as much engagement as possible from the residents. Upon arrival we discussed our purpose of visit with the manager in detail and agreed that 1:1 interviews would be the best form of engagement for the residents.

We met a number of residents, discussed the concept of advocacy, and asked the following questions:

- How would they like to be able to access advocacy services?
- What attributes are important in an advocate?

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- What is their preferred method of communication with advocacy services?
- How would they know if an advocate has carried out a good job?

The residents reflected that they would like to find out about advocacy via means such as:

- Posters in the care home
- Family members being aware and informing them
- Care home staff being aware of advocacy and talking to them about it

The residents reflected that they would like to get in touch with the service initially via:

- Self-referral via a phone call
- Referral from the care home manager
- Family members contacting advocacy services on their behalf

The residents reflected on the important attributes to them in advocates:

- Age – There was some mixed opinion but the majority of residents we interviewed were concerned that a very young advocate would not be able to relate to them as well
- Experience – It is important to the residents that the advocates have experience and knowledge of health and social care processes as well as wider understanding of the system
- Good manner – It is important to the residents that the advocates had a good manner with them as they felt they could open up more to people that don't rush them and understand that they may have difficulties such as memory or mobility.
- Knowledge of the individual – It is important to the residents that the advocate has some prior knowledge about them, their needs, and their situation prior to meeting.

The residents reflected on their preferred method of communication with advocates once allocated, they told us that they prefer:

- Face to face meeting
- Phone calls to their personal mobile phone

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- Messages passed by care home manager or staff
- Correspondence via letter but they would need assistance in writing and reading responses from care/support staff.

The residents reflected on quality of advocacy services and how they would know if an advocate has done a good job. It was again a struggle to distinguish the outcome of the advocacy work and the experience of advocacy.

The residents told us that they would know if an advocate did a good job if:

- Understanding – if the individuals understood the decisions being made
- Felt listened to – if the individual has felt listened to by the advocate and they have aired their opinions in decision making
- Familiarity – If the advocate took the time to get to know the individuals background and past experiences

We Speak You Listen – Learning disabilities peer advocacy community hub

We speak you listen is a community sharing hub for individuals with learning disabilities. The hub brings together approximately 30-40 individuals with learning disabilities to share views on subject of importance to them. This is done using a range of mediums such as art, theatre, story telling and debate. The hub is commissioned by Sheffield City Council and facilitated via Sheffield Voices who are a part of Disability Sheffield, an independent voluntary sector organisation that focuses on disability rights.

We combined the topic of advocacy together with the area of overnight short breaks to support commissioning work being undertaken in that area.

Advocates from The Sheffield Advocacy Hub attended to give a quick overview of their roles and we introduced the following scenario as a topic of conversation:

Scenario – Overnight Short Breaks (Respite)

Morgan lives at home with their family. Morgan is turning 18 and can no longer go to their childrens overnight short breaks. Family have asked that a social worker is allocated to explore other overnight short break options. A social worker is allocated and takes Morgan to view a few overnight short breaks. Morgan does not like any of the places and wants something else. Family and the social worker want Morgan to go to a shared overnight short breaks house.

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The scenario supported the groups, some of whom have not encountered the concept of individual advocacy, to reflect on the role of advocacy in supporting Morgan amplify their voice.

During the discussion we supported the group to reflect on questions such as:

- How would you like to be able to access advocacy?
- What do you think Morgan would like to do instead of going to a shared overnight short breaks house? – *captured in separate engagement document*
- What are important attributes in an advocate?
- Whats your experience of overnight short breaks? – *captured in separate engagement document*
- How would you prefer to communicate with an advocate?

The groups reflected that they would like to access and communicate with advocacy services using means such as:

- Flyers - Placed in places individuals with learning disabilities access
- Phone – Self referral via the phone
- Advertisement – Billboards, posters, online ads such as Youtube, ads on buses & trams
- Social worker/care manager – Inform them of their right to access advocacy
- Notice boards - Placed in places individuals with learning disabilities access
- Drop in service – Ability to show up and know you will be able to get advice and support
- Digital presence – Up to date website, online portal, social media presence – This could have an initial response from an avatar that would then give information and/or pass a message to the advocacy service
- Text/Instant Messenger – access via text message or instant messenger such as Whatsapp

The groups reflected on the important attributes to them in advocates:

- Cultural/religious understanding – Some of the group remarked that it is important to them that advocates have an understanding of their cultural and religious needs

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- Manner – Some of the group reflected that an outgoing manner is important to them in an advocate and that they feel that could open up better to someone who is outgoing. Other members of the group reflected that it is important that the advocate makes them feel comfortable and at ease
- Knowledgeable – The groups remarked that an advocate would have to have a good understanding of the subject they were supporting them with such as housing, social care and health processes
- Trusted – The groups remarked that they would need the advocate to be trustworthy
- Independent – The groups remarked that it is important for the advocate to remain independent from decision-making
- Person centred – The groups remarked that is important that the advocate works in a person centred approach, highlighting the individuals voice

Other feedback received:

- Self/Peer Advocacy – There was a very strong sentiment throughout the session that Learning Disability community can support themselves and others through self/peer advocacy and that services should be resourced to support this
- Remit – One individual commented that the current remit of advocacy services is not wide enough and should cover more areas such as:
 - Disputes with support providers
 - Non NHS complaints
- Ending point – One individual commented that there is current pressure to close cases too early
- Senior advocacy role - One individual commented that on occasion advocates would benefit from support of senior advocates with specialist expertise

Big Voice Drama – Learning disabilities drama group

Big Voice Drama group brings together approximately individuals with learning disabilities to share views on subjects of importance to them through drama and performance.

During the session a number of individual were existing and rejoining due to simultaneously filming of a long COVID video project.

We introduced the following scenario as the basis of a short play:

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Scenario – Moving Out

Jayden is ready to move out of home. Family have asked that a social worker is allocated to support the move. A social worker is allocated and takes Jayden to view a few properties. There are some shared houses and some flats. Jayden wants to live on their own in a flat, but family and the social worker do not think they are ready because they cannot look after a flat on their own and keep safe. Jayden has been learning skills at school and feels that they can keep themselves safe.

Performance

The members assumed the various roles, Jayden, mom, dad, social worker, advocate, teacher, and GP. The performance focused on Jayden and their interactions with an advocate and a multi-disciplinary panel taking a best interest decision about accommodation for Jayden.

We filmed the performance, and it can be viewed via the link below:

INSERT LINK TO PERFORMANCE – Awaiting editing and listing on SCC Youtube

During the follow up discussion we supported the students to reflect on questions such as:

- How would they like to be able to access advocacy services?
- What attributes are important in an advocate?
- What is their preferred method of communication with advocacy services?
- How would they know if an advocate has carried out a good job?

The group reflected that they would like to access and communicate with advocacy services using means such as:

- Existing links – Through organisations they currently have interactions with such as Disability Sheffield
- Drop in service – Ability to show up and know you will be able to get advice and support
- Digital presence – Communicate via email, app, video calling and social media
- Phone – The ability to self-refer and communicate with advocates over the phone

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- Face to face meeting – meetings in person at appropriate locations. It was important to the group that the venues cater for mobility needs.
- Accessible information – Information both online and in writing that cater for various communication needs such as Easy Read, pictorial information, BSL, etc.

The group reflected on the important attributes to them in advocates:

- Knowledgeable – The groups remarked that an advocate would have to have a good understanding of the subject they were supporting them with such as housing, social care and health processes
- Maturity – It is very important to the group that a mature person advocated on their behalf

The group reflected on quality of advocacy services and how they would know if an advocate has done a good job. This sparked a lot of debate around the experience of advocacy vs the outcome of advocacy. Opinions remained split on this subject.

The group remarked that an advocate has done a good job if:

- Feeling heard – the individual felt like they have been heard by the advocate and the wider network of professionals
- Outcome focused – Some of the group felt that only if the outcome for the individual was achieved, they would see this as successful advocacy
- Respect – If the individual felt respected throughout the process
- Felt listened to – if the individual has felt listened to by the advocate and they have aired their opinions in decision making
- Linking services – If the advocate was able to link different professionals on the individuals behalf to help gather information and understand the process

The group went on to discuss ways the quality of advocacy can be measured in accessible ways looking at questions such as:

- How am I feeling this week? use of emojis
- Are you still getting on with your worker?
- Is it (the advocacy process) still helpful?

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Other feedback received:

- Self/Peer Advocacy – There was a very strong sentiment throughout the session that Learning Disability community can support themselves through self and peer advocacy. They felt that Disability Sheffield promoted this approach strongly
- Communication – One individual highlighted that it is important that there is access to advocates with a high level of BSL training to support the deaf and hearing impairment communities

Mental Health Secure Unit – Due to take place mid-September

Health and Social Care Staff Engagement

Health and Social Care staff survey -

Staff Engagement

- Health and Social Care staff survey – **Extended survey time due to low response rate – due now late September**
- Follow up engagement session – **Due to take place end of September**

Sheffield Advocacy Hub Partner & Advocacy Staff Engagement

Sheffield Advocacy Hub - Partner engagement

The current provider, Sheffield Advocacy Hub have been delivering advocacy services under the Sheffield City Council contract since 2017. Sheffield Advocacy Hub partnership is made up of three organisations, Clover Leaf Advocacy, Disability Sheffield, and Citizens Advice Bureau who are the lead provider. As part of this process, we engaged with each of the partners in the hub independently and requested feedback regarding current services and any identified advocacy gaps.

Citizens Advice Bureau feedback meeting

As part of our contract monitoring role, we have regular catch ups with Citizens Advice Bureau about varying topics such as performance, relationships with partners, practice, case discussions and others. The feedback below has been collated through a number of meetings.

There is recognition that the current advocacy service specification did not have the full data to forecast future demand and as a result of this, delivery to the timescales specified within the service specification were not achievable. The provider has told us that this has also put constraints on the advocacy workforce including planning and recruitment.

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The provider has told us that although there is rich data spanning 6 years and we are able to forecast robustly, that occasionally there is additional social care resource allocated on a project basis which has a knock on affect to advocacy demand.

The provider shared with us the strategic meetings that they attend currently to support and promote the accessibility of advocacy across health, social care and voluntary community and faith sector.

The provider has advised that the hub model works very well with partner organisations bringing together specialist knowledge and experience to create a diverse service offer. Practice is shared and benchmarked across the partner organisations, and they meet regularly to discuss referrals and barriers encountered.

There have been some gaps identified in advocacy services that are delivered under the current contract, these are areas of advocacy that have been requested via referrals to Sheffield Advocacy Hub but have had to be turned down due to not meeting the remit of the contract.

The main gaps identified by Citizens Advice Bureau were:

- Parental advocacy for parents of children undergoing Child Protection and Public Law Outline proceedings

And

- Non statutory autism advocacy

Overall, Citizens Advice Bureau advised on a positive working relationship with hub partners, Sheffield City Council, Sheffield Teaching Hospitals, Integrated Care Boards and various voluntary sector organisations.

Disability Sheffield feedback meeting

We met with the lead on advocacy, Mary Philips from Disability Sheffield. Disability Sheffield have 5 advocates that equate to 3.7 FTE.

Mary advised that the relationship within the hub is very positive and that they work as a team, sharing knowledge and skills. Managers meet up quarterly for practice development meetings and recently an advocacy reflective supervision group has stated with advocates from all three organisations.

Mary advised that recruitment opportunities are offered out to all the partners in the hub in line with waiting lists. There is recognition that when advocates leave it is hard to replace them, often the workforce is an aging one and it is a steep learning curve for individuals who start working as advocates for the first time.

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Mary highlighted the good practice about having a centralised list that captures referrals and waiting lists. Mary advised that from the start of this contract, the demand for advocacy is present from the hub and that this demand needs to be managed alongside a separate contract they with the ICB for non-statutory advocacy. This is to support individual with a diagnosed Mental Health condition to access services.

Mary has advised that the staff have recognised gaps in the areas of:

- Parental advocate for children known to social care
- Non statutory deaf advocacy

Overall Disability Sheffield feel the relationship with advocacy partners are positive.

Cloverleaf Advocacy feedback meeting

We met with Cloverleaf Advocacy CEO Suzi Henderson to discuss the partnership within the Sheffield Advocacy Hub. Cloverleaf have 4 advocates as part of the Sheffield Advocacy Hub model.

Suzi reports a very positive relationship within the partnership, good sharing of skills and fair approach. Suzi commented positively on the mix of skills in the hub, Cloverleaf have developed a specialism in Learning Disabilities advocacy. This does not mean however that they are unable to pick up other types of advocacy work via the Sheffield Advocacy Hub.

Suzi highlighted positively the use of a centralised referral & waiting lists, which encouraged transparency. Suzi advised that the services is often at capacity and that recruitment opportunities are often put out to all partners rather than just the lead organisation.

Overall Cloverleaf report a very good relationship with other advocacy partners and the hub as a whole.

Sheffield Advocacy Hub Staff Engagement

We carried out a survey for Sheffield Advocacy Hub staff. The survey asked questions about barriers in the advocate role and potential improvements to advocacy services in Sheffield. We asked a series of yes/no questions and asked for further details on a number of questions, the full detailed responses will be captured in Appendix 1 below. The response rate represents 40% of staffing across the hub.

We asked the following questions:

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1. Does your job give you the flexibility to meet the needs of your personal life and maintain a good work/life balance?

Responses:

Yes – 100%

No – 0%

2. Do you feel like you have opportunities for professional growth and career advancement?

Responses:

Yes – 74%

No – 26%

3. Do you feel pressured to close cases?

Responses:

Yes – 40%

No – 60%

4. Are there any changes to advocacy services that could enable you to be more effective in your role?

Responses:

Yes – 60%

No – 40%

5. What could be changed to help you achieve a better work/life balance? – Detailed responses in appendix 1

6. What could be changed to support your professional growth and career advancement? – Detailed responses in appendix 1

7. Is there anything more you would like to tell us about the pressure to close cases? – Detailed responses in appendix 1

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8. What changes to advocacy services will help you be more effective in your role? – Detailed responses in appendix 1

9. We have identified some gaps in advocacy services in Sheffield currently. Can you please rank them in order of importance?
 - 1- Non statutory autism advocacy
 - 2- Parental Advocacy - For families involved in Child Protection procedures
 - 3- Non statutory deaf advocacy
 - 4- Non statutory dementia advocacy

Follow up engagement session– **Due to take place end of September**

Scoping Engagement

Once the main gaps were identified early on in the engagement, we looked at scoping the extent of these as well as speaking to organisations delivering services elsewhere.

Non statutory Deaf advocacy

Discussion with deaf advice services

Discussion with sensory impairment social worker team

Discussion with Royal Association for Deaf People

Parental advocacy for children undergoing child protection and public law outline proceedings

Discussion with parental advocacy services

Discussion with Sheffield City Council childrens advocacy services

Discussion with Sheffield City Council childrens leadership

Other areas of advocacy

Discussion with carers centre

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Appendix 1

What could be changed to support your professional growth and career advancement?

- Support to progress into higher roles
- There is a limited management structure and opportunity to specialise or progress once at supervisor level. There are opportunities to develop links with other services/develop new processes for the SAH/move into different types of advocacy within the role, but this is not career advancement.
- The need to meet the chargeable time monitoring makes it very difficult to feel free to explore other areas such as social policy work or skill shares. I know I will get pulled back into casework if I try to do other work, so I have tended to stop volunteering to do non-chargeable work. The only career advancement available would be a supervisor post so it is very limited.
- It's great that I have been supported to expand the types of advocacy I can do and I'm supported to do training for this but aside from being able to take on more cases and more complex cases, there are not many perks to advancing in the role in this way. I.e. aside from management, there are no senior advocacy roles that you can work towards within our team and no benefits / incentives that could come with that, such as extra annual leave or increased pay for longer term / experienced employees who have advanced in their roles. I like the idea of opportunities such as mentoring less experienced advocates / taking on other responsibilities too.

Is there anything more you would like to tell us about the pressure to close cases?

- Because of the large waiting list there can be pressure to close cases.
- Targets in the role are unrealistic and go against having a person centred approach
- There are some clients who would benefit from longer term advocacy support or who fall through gaps between the services which are currently available. While no single service could be expected to provide this There is a case for identifying these gaps and finding suitable organisations to fill them, so that the Advocacy Hub as a whole becomes an all encompassing, holistic service, with both generic advocacy services and specialist branches to cover all types of advocacy client and need.
- I am aware of the long waiting list and the need to provide a fair service, so the pressure is from myself to ensure an equitable service rather than directly from my manager. Also the subject of closing cases or picking up urgent cases is often discussed and we get regular emails highlighting

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urgent cases so I'm always aware of the need to keep cases moving towards closure.

- Close cases to pick up new ones
- There isn't internal pressure to close cases, and there are no compromises around delivering high quality advocacy that meets our statutory obligations. However, we have a large waiting list due to an influx of outstanding DoLS and with some referrals being made very last minute (especially DSTs and Care Act, although some IMHA section 2 referrals come in late and IMCAs often do unavoidably by their nature) we are under a lot of pressure.

What changes to advocacy services will help you be more effective in your role?

- Greater number of advocates. Better quality IT systems
- Less strict restrictions on time recording would allow more flexibility in delivering advocacy to clients.
- Having to record every minute of our working day is completely counter productive. I am aware that accurate notes are essential but having to account for every single minute is very stressful and takes up valuable time that we could spend doing advocacy. It is also a false record of our daily activity as it does not allow time for going to the toilet or making a drink. If our service was given the chance to operate without this system on our shoulders then I am convinced we would be able to get through our caseload quicker. Is this something that could be at least trialled?
- I think there needs to be more accountability from advocates and more consistency across what they record on LL. I see great variation in what advocates see as a full client list and what they see as acceptable to record on LL. This is not connected to the quality of their work with clients themselves, but how they manage their workload and the variations in what they perceive as a full workload. I think this has an impact on wait times and the length of the allocation list.
- A widening of the remit so that we can help with a wider range of issues.
- The pressure to meet the target for monitoring (chargeable time) makes it difficult to do more creative work, social policy work or to volunteer to deliver skill shares or similar. A different approach to this would free us up to develop areas of the service alongside client work. The time and energy we currently spend on checking our chargeable hours are accurate and worrying about this could be better spent on development work if this pressure were reduced. There is a lot of social policy work and campaigning that the service could be

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doing, and it would be beneficial to have closer links to other organizations in order to effect change in Sheffield/nationally as it feels like we work in isolation much of the time. We often know very little about how statutory and CVS services are changing or what other CVS services are doing, as there is very little time to spend on finding out and sharing this information.

- There is a constant pressure with capacity and waiting lists which doesn't sit well when we are so aware of the support some vulnerable adults need. Further discussion around Child protection cases and parents facing court procedures in respect of their children.
- Training to be provided to both health and social care professionals on advocacy so they have a better understanding of our role. A simplified case management system that doesn't encounter as many issues. A better system for getting referrals through - e.g. an online form we can send professionals we are already working with when we need another referral for a different type of advocacy (even though we can continue working with the client).
- More advocates. There are external factors that also affect how effective we are able to be, eg when social work or mental health teams are stretched, it can take longer to resolve issues etc

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