The Advocacy Role

BLACKBELT ADVOCACY

Introduction

Independent complaints advocates are often asked or pushed into providing help and support that falls outside of their remit. Coupled with misunderstanding of the role of the advocate, there is a risk providers deviate from the core functions expected of an independent advocate.

In this info book we will look at what support the advocate can offer at different points of the complaint handling process.

The type of support offered by the advocacy service will depend on the needs of the person requiring advocacy support but can range from supplying information, signposting and providing access to self-advocacy tools through to intensive 1:1 support including complex representation at critical junctures of the complaints process.

Providing Assistance

Providing assistance when **people are thinking about making a complaint** or raising a concern. The individual may wish to talk things through before deciding whether to submit their complaint. For most people this can be met through a helpline service, but for others with complex needs or who face specific barriers this will be achieved through a more intensive 1:1 relationship

Providing assistance in **accessing the right service**. Many people who contact complaints advocacy services are unclear about what an advocate can do. By supporting the person to work out what they need, an advocate can confirm if they can offer support or if the person needs signposting to a more suitable service such as PALS, specialist medico-legal advice services, regulatory bodies (such as the GMC or CQC) or local Healthwatch services

Providing Assistance

Providing assistance in finding out **information about the complaints process**, including who is involved, the different stages and where to send the complaint.

Providing assistance in **defining the person's preferred outcomes** i.e. what it is they would like to happen. This is critical in supporting people to define their expectations and plan for advocacy support.

Providing assistance in **exploring options and potential consequences of choices** including what is involved, what may be expected and likely timescales.

Providing assistance in **writing the complaint**. This could be through the provision of templates to develop self-advocacy skills or through direct support in drafting the complaint or concern.

Providing Assistance

Providing assistance to **attend meetings**. Many people can feel overwhelmed and intimidated at the prospect of attending meetings and require emotional support to participate. The person may also require practical support such as taking notes, asking questions or in rehearsing what it is they would like to express.

Providing assistance to **understand information**. This could be because the information is particularly complex, contains jargon or is technical in nature. Equally the person may need help in understanding information due to a specific need (such as a learning disability, dementia or severe mental health problem).

Providing representation. Some people may feel unable at some points to actively progress the complaint or fully engage with the complaints process. The advocate will need to discuss and plan with the person how they would like to be represented in such circumstances and then make representations on their behalf.

Providing Assistance

Providing assistance to **appeal or escalate concerns**. The advocate can offer information on how to contact the Ombudsman in circumstances where the person wants to escalate their concerns.

All of these roles require the advocate to adopt a person-led approach, which is not adversarial but seeks to achieve outcomes.

Limits to the complaints role

People can complain about many aspects of the health and care service they have received or are receiving. This can range from concerns about individual issues (for instance a misdiagnosis, the way treatment and care was delivered or a lack of equipment) to complaints about broader issues to do with the way health and care services are delivered (for instance accessing information, receiving the right level of care or being discriminated against).

However, people may approach the complaints advocacy service for help in achieving goals that are outside the scope of the complaints handling process and therefore are not appropriate for the advocate to support.

Limits to the complaints role

Examples to things outside of the advocacy role include:

- Complaints that relate to incidents more than 12 months ago (from the date of becoming aware of the incident).
- For outcomes which may result in people being disciplined or dismissed from their job
- In situations where the goal is to gain financial compensation
- To navigate the complaint through legal processes

People who wish to pursue these outcomes can be supported by the complaints advocacy service to access other types of service who are better suited to offer the specialist support and advice the person needs.

Increasing access to complaints advocacy

Complaints advocacy has a duty to make its services accessible to all people receiving health and care services, particularly people from seldom heard groups who face additional barriers in accessing advocacy and complaints handling processes.

The term 'seldom heard groups' refers to under-represented people who use, or might potentially use, services and are less likely to be heard by professionals. Many factors can contribute to people who use services being seldom -heard, including:

- Disability
- Ethnicity
- Sexuality
- Communication impairments
- Mental health problems
- Homelessness
- Geographical isolation
- Abuse
- Age
- Being dependent upon services

Increasing access

Raising concerns and making complaints can be a difficult thing to do. This experience can be even more difficult for people with additional or particularly complex needs. Critically such barriers might prevent those people from seeking the support of a complaints advocate.

Complaints advocacy providers must therefore take proactive steps to actively target people:

- Experiencing grief, bereavement and loss
- With learning disabilities
- With mental health problems
- Who do not use English as a first language
- Who are deaf or blind
- Who identify as transgender
- Who are in prison

Increasing access

Advocacy services should also particularly consider how to engage younger complainants and ensure that young people can contact and use the complaints advocacy service directly, without a requirement for parental consent.

Advocacy providers should identify specific resources to identify and target people at risk of not using complaints advocacy in order to ensure their services are relevant, accessible and effective. This will require the advocacy service to consider:

- Providing accessible information using a variety of methods such as easy to read, large print, audio, video (for BSL users), and written in different languages where appropriate

- How to use PALS, local Healthwatch and complaints managers to inform people thinking about complaining about the advocacy role. For instance complaint officers could routinely inform complainants about the right to advocacy and signpost them to the service

Increasing access

- How referral processes are experienced by the person seeking advocacy support. Offering choice in the ways to accept referrals will engage the broadest range of need. Consider the needs of people with visual impairments, hearing difficulties, learning disabilities, those who do not use English or who are simply suspicious of the service

- How to best use resources. Operating a triage system for handling referrals can allow resources to go to where they are needed the most

- Providing a choice of advocate. Whilst this may not always be possible, people using advocacy may prefer to work with someone with particular skills, insights or characteristics, for instance they may prefer to see a female advocate or meet with someone who can use Makaton.

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