Accessing Advocacy Just how easy is it?

BLACKBELT ADVOCACY

Accessibility

Accessibility is an essential part of Advocacy Standards as it is generally accepted that when a person wants the support of an advocate they may have already been let down by services, reluctant to engage with other professions or may feel generally aggrieved by not being listened to, not heard, not respected or not involved by the 'system'.

If your advocacy service is not accessible, the individual may have these feelings compounded and may be put off from accessing the very type of support needed to challenge such things.

This information booklet will take you through some strategies that you can employ to increase your accessibility and remove the barriers that people often face.

Being accessible

Developing an accessible service means thinking about:

- How easy is it to contact your service?
- How accessible is your website?
- Are phone calls answers quickly? (answer machines are very off putting to people)
- Who can make a referral?
- How long does it take to respond to referrals?
- Where is information about your service made available?
- Does the advocacy team reflect the local population?
- What data do you keep to monitor equalities information (such as how used you are by people from seldom heard groups)
- What action do you take to address inequality of access to your service?
- Involvement – How does your service involve people who use your service?
- How do you monitor and evaluate how accessible you are?
- Do you have a presence in the community?
- What links do you have with local community based groups?

Developing an accessible service also includes thinking about what policies are needed to create a service which is accessible to ALL.

Barriers

People face many barriers in accessing advocacy. We can group these into two area: external factors (things that are outside of the influence of the person) and internal factors. Both of these can make it very difficult for the person to seek and use advocacy

External

- Don't know about advocacy
- Advocacy service only accepting referrals in written form
- Lack of information about advocacy
- Lack of interpreting service
- Lack of cultural awareness
- Lack of specialist skills (for instance communication)
- Reliance on staff to refer
- Being able to use a phone in private (people in shared accommodation like mental health hospitals or care homes may not be able to access a private phone)

Internal

- Frightened the advocate might make things worse
- Lack of trust
- Has been let down before and not prepared to invest in new relationship
- Suspicious of anyone new
- Lack of belief that advocacy can help

Being Accessible

Here are some things you can think about and implement to help improve easy accessibility:

Go to where people are

A key way to increase the advocacy services accessibility is to raise awareness of the service, and the best way to do this is to go to where people are.

If you are predominantly supporting people who recieve care and support in an institutional setting (e.g. in a prison, hospital or care home setting) then the advocate will have opportunity to engage in a relatively high amount of direct face to face promotion work, whether through personal introduction to new people or through group/education settings (e.g. running an advocacy group).

However if your group are people in the community, then the strategy to advertise the advocacy service is likely to be very different. You will need to find out the best links to nurture (for example mental health community teams, children in care councils, IRO's, safeguarding teams)

Using literature

Raising awareness in order to aid accessibility is not limited to direct engagement with people. It has to be aided by provision of accessible, jargon free resources. This can be flyers, drop cards, audio files, posters, websites, self advocacy materials etc.

Materials that meet a range of communication needs and have involved people with lived experience in their development will always have a greater chance of raising people's awareness, gaining their interest and delivering improved service accessibility.

DID YOU KNOW....

SCIE have produced a suite of resources to help improved the accessibility of IMHA services.

This includes an easy read leflet about IMHA
https://www.scie.org.uk/independent-mental-health-advocacy/resources-for-users/understanding/easy-read/

and a 5 min video explaining IMHA.

https://www.scie.org.uk/independent-mental-health-advocacy/resources-for-users/understanding/video.asp

Raising awareness to professionals and carers

Providing clear information to professionals and carers on what advocacy is, what it does and what it doesn't do is the starting point in developing positive relationships with referrers and likely referrers. The provision of information that enables professionals to understand advocacy, especially in relation to their own roles and other services is critical to breaking down barriers created by attitudes and lack of awareness.

Make it easy to refer

Many people may need support with accessing an advocate. For instance some people may be unsure of the advocacy service and would prefer to approach a trusted staff member to contact you on their behalf. Others may use non-verbal communication and are unable to telephone your service. Some people may use English as a second language and cannot fill in the referral form. Others may lack the capacity to instruct you and rely on the carer or staff member to make a referral on their behalf.

Make it easy for professionals and carers to refer !

Offer different routes into the service

People have a range of access needs: some prefer face to face communication and may wait until they see you visiting a care home or hospital before approaching you. Others may find it easier to make a phone call to your service or complete a request for advocacy form. Others may like to research your service on the internet and would prefer sending you an email.

By offering a range of choice to people, the advocacy service is more likely to offer strategies that appeal to the broadest number of potential advocacy service users.

Having central referral hotlines may seem a great idea - however unless they are supported by other flexible ways in to speak and get an advocate - they can in fact turn out to be rather inaccessible.

Monitoring Data

Keeping data on referrals can make a massive difference in deciding what action you can take to improve accessibility. For instance if you monitor the source of referrals - that is who makes the referrals and when - you can develop your insights into what is working and therefore where the gaps are. If you discover that 80% of referrals are made by one social work team, you can easily identify which teams are not making referrals and decide what to do with this.

Similarly if you monitor what issues are being referred for you, can monitor and track which decisions are being made without advocacy.

You should also keep data on equalities - such as age, disability, ethnicity and language - to identify if your service is not being used by people from certain groups. Once you are armed with this intelligence you can make decisions about how to make yourself more accessible.

Thank you for reading.
Please return to the
e-learning for the next
section of learning

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