

Proposed changes to advocacy services consultation – comments overview

Comment	Response from the council
Putting all advocacy together has a number of benefits: Seamless service, easier to manage, more efficient, support a more consistent approach, easier to refer to one organisation.	The councils agrees with this comment – which supports the proposal.
There was some anxiety from some service users in the 'We Think' group about change to this group	As part of the work on the Service User Participation service we propose to maintain the group and will work closely with them over any change.
Loss of non-Care Act advocacy could lead to carer being unable to care – which would then place an additional cost on the council to support the cared for person.	The proposed model ensures that advocacy will still be available to those who are entitled to it and who most need it.
People will need information about where else they can go for non-Care Act advocacy.	ASC will work with Leicestershire County to map what is available and provide information online and via social workers.
Concern about the removal of the service to support carers to engage with the council.	Carers to be included in the proposed new Service User Participation Service.
The proposals go against the provisions of the Care Act regarding prevention.	The council disagrees: we propose to continue to signpost to and to provide preventative services, including preventative support for carers in the proposed new Carers' Support Service, to fulfil the 'duty to prevent' in the Care Act 2014.
Alternative option proposed: You could add carers based advocacy to the carers contract and open it up to 'issues based' advocacy	Issues based advocacy is a type of non-care act advocacy, and it is proposed to fund care act advocacy only due to funding constraints. It is proposed that Care Act advocacy for carers will be included in the advocacy contract, not the carers support contract for reasons covered in the next point below.
Alternative option proposed: Carers advocacy should be provided by a carers support provider and not included in a generic advocacy service.	In order to make the most efficient use of the funding available, we propose to include carers in the advocacy contract not in the carers' support contract. Many of the issues and the skills needed to advocate for carers are similar to those for other service users and carers will benefit from skilled and experienced advocates.
IMHA and IMCA should not be part of the same service. IMCA could be joined up with the Care Act advocacy service.	Agree. IMHA and IMCA will be contracted separately which acknowledges the different skills needed by advocates.

<p>Care Act advocacy should be separate from ICAS and from IMHA/IMCA. This would give providers a better opportunity to use their expertise in areas that they are currently providing quality services</p>	<p>Agree. It is proposed to keep them separate.</p>
<p>Three separate services would be better than one contract.</p>	<p>Agree. The proposed contract model acknowledges the need to maintain separate services due to the different nature of advocacy services, the skills required by providers, and the local market profile.</p>
<p>Would have liked more detailed information in the consultation document.</p>	<p>The detailed information this respondent specified would not have been comprehensible to respondents such as service users. This comment was made by a provider – and providers had the opportunity to discuss details that were relevant to them and to ask for more detailed information in the consultation meetings.</p>
<p>People who have received advocacy services in the past or may need in the future not included in the consultation.</p>	<p>The consultation was open to anyone to respond – public consultation. Providers were free to inform any previous services users of the consultation. It would be very difficult to identify people who may need advocacy services in future.</p>