

Having A Voice - Advocacy for People with Learning Disabilities. (Easy Read)

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Introduction



We did some work to find out what was happening with advocacy groups for people with learning disabilities.

We wanted to find out:



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- if advocacy groups are getting less money because of the money problems in the country.
- What this means for them.
- How advocacy groups are working to get better health services and health for people.



We asked advocacy groups and people who buy services (commissioners) some questions about this.



We wrote a report about what people told us.



We also wrote some guidance for advocacy groups and commissioners.

This is an easy read version of the guidance we wrote about advocacy.

Information about who uses advocacy



About half of the commissioners we talked to, did not collect good information about who uses advocacy.

What this means for advocacy groups and commissioners



Advocacy groups and commissioners should work together to get good information about who uses advocacy.

Commissioners need to know how many people are using advocacy groups and the ways they are being supported



Information about people should include things like age, sex and whether someone is from a black or minority ethnic group.



Some people can find it hard to access advocacy, for example parents with learning disabilities and young people in transition



Having good information about who uses advocacy will help advocacy groups and commissioners know if there are gaps in services, so they can plan better to meet the needs of all people with learning disabilities

Money and checking how advocacy groups are doing



There is less money for self-advocacy groups.

Other advocacy groups are getting about the same money they used to get.

Some advocacy groups are told they can only work with people who are eligible for services



Some commissioners don't check how well advocacy groups are doing at supporting people with learning disabilities.

What this means for advocacy groups and commissioners



Commissioners need to understand about the different types of advocacy, and what they do.



Professional advocacy can be very important, but so is self-advocacy.



Advocacy groups just for people with learning disabilities are more likely to do self, group and peer advocacy.



Self advocacy is good at giving people a strong voice.



Commissioners need to think about this when they make decisions about what to pay for.

It is important that advocacy isn't just for people who are eligible for services.

Commissioners need to understand how difficult it is for some advocacy groups to write big bids for money, and think how they can make it easier



Commissioners and advocacy groups should agree how to check on what advocacy groups are doing to make things better for people with learning disabilities.

Being able to show that the advocacy group is doing good things can help them make the case for more money.

Working together



A lot of advocacy groups worked with other organisations like local authorities.

Most advocacy groups worked with Partnership Boards, and some worked with regional or national forums.

What this means for advocacy groups and commissioners



Working together can help commissioners and advocacy groups use resources better.

It can help them think about how to reach people who are not using advocacy services.



But it is important that advocacy groups stay independent.

Supporting advocacy groups to be part of regional and national forums can help them stay strong.



Partnership Boards can be important places for advocacy groups to say what they think.

People who are responsible for services can find out what people with learning disabilities think at partnership board meetings.

Working with social care and health services



Most advocacy groups have done work to improve social care and health services.

Many have also done work with people with learning disabilities about their health.

What this means for advocacy groups and commissioners



It is important that advocacy groups have the money to work with health and social care services as they have done a lot to make things better.



Some advocacy groups have also worked with people to improve their health. This is important but is not advocacy.

Work like this can be put in contracts with advocacy groups as a separate activity.



For more information about improving health and lives please go to <u>www.ihal.org.uk</u>

