



Advocacy Works!

**Report on Rapid Health Impact Assessment of Advocacy Works!
(A plan to increase access to Independent Advocacy Services in Wrexham)**

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Foreword

The Advocacy Works Task and Finish Group would like to thank Liz Green, Health Impact Assessment Development Officer, for her excellent facilitation of this assessment process.

Introduction

A rapid health impact assessment (HIA) was conducted on Advocacy Works! – A plan to increase access to Independent Advocacy Services in Wrexham. The plan has been developed by a multi-agency task and finish group, with a wider stakeholder reference group to ensure input from all interested organisations and individuals. There has been representation from Wrexham County Borough Council, Wrexham Local Health Board, advocacy providers, service user representative organisations and individuals throughout the development of the plan. Support for the development of the plan has been provided through the SCOPE sponsored Voices Through Advocacy Project. Advocacy Works is based on a hub and spoke model, ensuring a central “hub” to provide a single point of access, generic advocacy and support functions with existing and future specialist advocacy services as the “spokes”. This plan has now been affirmed through a public consultation process.

The HIA looked at the positive and negative health and well-being impacts of the proposed Advocacy Works service model on the local community. It provided an opportunity for key stakeholders to provide practical recommendations on how Advocacy Works could further improve the health and well-being of the population and how any actions could be implemented.

It encompassed a half day participatory stakeholder workshop held on September 24th 2007. A list of the participants is included in (Appendix One).

An evaluation was undertaken at the end of the session (results in Appendix Two).

The stakeholder group was varied encompassing representatives from the Community Health Council, National Public Health Service, Wrexham County Borough Council, service users, individuals with an interest in advocacy and voluntary sector organisations, invitations had been sent out to all the Reference Group members and details of the Advocacy Works development has been widely publicised through existing voluntary sector networks and newsletters.

The group considered how the services to be developed through Advocacy Works would benefit service users and the wider community and identified any possible gaps and make recommendations to ensure that the plan was robust.

Stage One

Potential Implications on Health and Wellbeing

The following table shows a summary of where the group identified strengths and weaknesses (i.e. positives/negatives) of Advocacy Works and its proposed activities, in relation to the wider determinants of health. It focussed on vulnerable groups as well as the wider population (Appendices Three and Four). The overarching aim was to maximise the positive health implications and minimise / negate any potential negative impacts.

Health and Well-being Determinants for Advocacy Works!

Lifestyles

Positives Identified	Negatives Identified
<ul style="list-style-type: none"> • Signposting to information on diet, exercise etc for those outside of services • Having a voice (through advocacy) can reduce dependency on cigarettes, alcohol etc • Ability to make an informed choice • Can help increase benefits (income) thus leading to improved diets 	<ul style="list-style-type: none"> • Could overload people with too much information • May also enable people to continue to undertake risk-taking behaviour – because they understand they have a choice – opens up ‘coming out of the cotton wool’

Gaps

- To be able to make an informed choice is a human right

Recommendations

- Ensure that information is available in accessible formats
- Provide training and awareness raising for staff to ensure that people have accessible information that meets their needs

Social & Community Influences on Health

Positives Identified	Negatives Identified
<ul style="list-style-type: none"> • Collective voice to be developed to bring about changes – e.g. a skate park for young people or a Mosque to serve the Moslem community • Can increase vulnerable groups sense of voice and community • Provides information to keep families together • Can enable people to move out of danger – e.g. to escape domestic abuse • Second Voice – children’s advocacy service • Combats social isolation – has a knock on effect of sense of belonging – part of community • Recognition of person in less patronising way / empowerment • Raising awareness of advocacy / empowerment on a wider scale to benefit all / individual • Advocacy is a tool • Builds confidence through actions • Contributes to being an active rather than passive citizen • Pro-active intervention at an early stage in process can avert crisis and lead to people becoming better neighbours 	<ul style="list-style-type: none"> • People could be put off by a home visiting service • Not a long term service – task based – lack of data? • Vulnerable person can be more participative – this could lead to dangerous situations • Services in existence – how to deal with the risks • Need to fulfil this and raised expectations • Not an end in itself • How do strategic leaders react to the plan • Peer group pressure within advocacy group itself

Gaps

- Need to stress that self-advocacy is important
- Need to sign up political leaders – agree to the plan and create a pathway to make it happen

Recommendations

- Open audit by other advocacy services
- Implement advocacy standards and monitor them
- Learn from other organisations best practise
- Core principles needed
- Need to constantly reflect
- Set parameters at the start
- Self-advocacy and capacity needs to be developed to avoid over reliance on service
- Build skill base
- Monitor and record outcomes to support strategic issues and gather evidence that advocacy can reduce inequalities
- Ensure supervision

Living & Environmental Conditions affecting Health

Positives Identified	Negatives Identified
<ul style="list-style-type: none"> • Collective voice to influence planners to make a better community for all • Enable people to have a choice of housing and to represent themselves • Help vulnerable people to get services / and for homeless to access housing • Car parking for disabled people – or seats in the town – a collective voice • Advocacy can change perceptions of a group • More inclusion being seen – depends on issue • Positive at an individual level • Could form activist / lobby group • Group can be signposted by advocate • Changes in legal aid mean that advocates could be involved in challenges – e.g. waste issues • Advocacy can stop things escalating out of control • Community safety – Mental health and substance misuse issues – situations wouldn't escalate – involving police in neighbour disputes – advocate could save money • Could bring about community cohesion 	<ul style="list-style-type: none"> • Group to discuss this but no action taken • No reporting mechanisms • Action takes a long time – come up against brick walls • Can be tokenism – need for follow-up higher up the system – leaders and planners • Not at a social level • Advocacy can bring about improvements in services at individual level thus improving services at community level • Limitations if advocacy seen as last line of defence – if things have progressed too far

Gaps

- Awareness raising needed

Recommendations

- Need to take a diplomatic stand – a clear service specification is needed – for providers as much as individuals
- Need to be seen as a service with integrity
- Transparency is essential
- Set parameters at start –some people won't let go

Economic Conditions affecting Health

Positives Identified	Negatives Identified
<ul style="list-style-type: none">• Help signpost people to maximise income (benefits) and debt management and can ease stress levels and possible suicides• Advocate can help enable people to access mainstream jobs, give confidence to them• Migrant workers need advocacy to know rights and can access services• Plan identifies with traditional advocacy groups• Specific target groups• Universal / generic service• Help to get support in workplace or claims support – or disciplinary	<ul style="list-style-type: none">• Difficulty in accessing mainstream jobs• Migrant workers can impact on minimum wage etc • Can be overstretched definition of universal - generic

Gaps

- None identified

Recommendations

- Perceptions
- Link to other specialist advocacy services
- Need to map services – globally
- Need to maintain hub
- Hub – generic so as not to exclude people
- Recognise limitations
- More discussion around definition

Access & Quality of Services

Positives Identified	Negatives Identified
<ul style="list-style-type: none">• Empowerment and choice• Understanding language• Signposting for information• Support to give confidence to make a challenge• Help with complaints• Gentle challenge – “not being fobbed off”• Finding another service if not learning disability friendly• Access to education and training• Information technology – for rural areas / cerebral palsy• Communication of choice – Welsh• Preferred way of communicating – written or verbal	<ul style="list-style-type: none">• Difficulty of being an advocate within service / organisation• Need to raise awareness of definition of advocacy• Tracking service improvements

Gaps

- Plan identifies areas where there are service gaps

Recommendations

- Discuss further – stands, leaflets
- Attend public events to talk about the plan
- Have an external evaluator
- Case study to pick up on strengths / weaknesses

Macro-economic, Environmental & Sustainability Factors

Positives Identified	Negatives Identified
<ul style="list-style-type: none">• Can influence government policies• Delivers Government policies – encompasses a broad range including social inclusion and health and well-being• Advocacy can support the development of centres for independent living – and bring in income for them	<ul style="list-style-type: none">• Cost to supporting policies• Lack of statutory funding• Limitations to continuation of funding• Not seen as a core element

Gaps

- Inequalities need to be pushed up the agenda
- No one single budget as this is a cross cutting theme

Recommendations

- Joint funding agreement needed
- Cost benefit analysis – in the plan
- Support the benefits of the service through case studies

Conclusion

The group considered that the implementation of the above recommendations would have the potential to improve health and well-being and reduce health inequalities within the local community via delivery of services through Advocacy Works. It will be used as a basis to influence the Advocacy Works Business Plan and to support applications for funding.

The results of the Rapid Health Impact Assessment will be reported to the Reference Group, and will form an appendix within the Advocacy Works full report.

The exercise has proved useful, and further Rapid Health Impact Assessments will be undertaken at appropriate stages in the development of Advocacy Works.

For further information on Advocacy Works or this HIA, please contact:

Paul.swann@wrexham.gov.uk or janet.williams@avow.org or Liz.green@wch.wales.nhs.uk

Appendix One**PARTICIPANTS:**

Paul Swann	Wrexham County Borough Council
Rosemarie Williams	AVOW Trustee (Chair Advocacy Works Task and Finish Group)
April Harper	D.Y.P in Wrexham
Maureen Langford	Advance Advocacy
Jean Meade	Community Health Council
Athol Cowan	Advance Brighter Futures
John Hunter	Sensory Support Services
Sylvia Rickard	National Public Health Service
John McCarthy	SCOPE Voices Through Advocacy
Mal Morris	Wrexham Advocacy
Lin Ferrari	Systems Advocacy Service

Appendix Two Evaluation of CADMHAS HIA:
Comments/Ratings : 1 = did not meet expectations /poor
10 = very much met expectations / excellent

Comments/Ratings (1 =did not meet expectations/poor and 10 = very much met expectations/excellent)

-Has provided a tremendous amount of information regarding situations where advocacy can be utilised, and of how diverse its capabilities can be used (10)

To identify any advantages and disadvantages of having an advocacy service in Wrexham (10)

John came to the first part of the sessions by mistake - that's by the by!. The workshop well exceeded my expectations. Not negative - my problem - its alright talking but when are we going to get the action? (10)

Very good - as usual! It was a bit late in the day for some people - with hindsight we should not have had a full day (10)

1 to be actively involved and able to contribute. 2 To listen to others perspective. 3 To learn what direction to go in next ie to clarify our understanding of the same terminology. 4 to have fun! Thoroughly enjoyed it - would like to be involved in other health impact assessments! Thank you (9.5)

Very useful and user friendly tool, delivered with a light touch and in perfect timing (8)

No real expectations, this workshop was unknown to me. Excellent tool for evaluation, assessment of project and focus. Enjoyable and interesting (7)

A step towards the wider availability of advocacy services. Ultimately should be available for all who feel that they need advocacy. A great empathy with the service users needs and wishes (7)

I found the session valuable and the discussions raised a number of interesting issues.

Thank you (7)

A useful exercise to look at all aspects of service (5)

When I left it was really identifying things the report can support to change.

Appendix Three

The next two pages show part of a toolkit that was used during the appraisal taken from “Improving Health and Reducing Inequalities – A Practical guide to health impact assessment” (Welsh Health Impact Assessment Support Unit & Partners, 2004.)

Health and well-being determinants checklist Please note that this list is a guide and is not exhaustive.	
1. Lifestyles	<ul style="list-style-type: none"> • Diet • Physical exercise • Use of alcohol, cigarettes, non-prescribed drugs • Sexual activity • Other risk-taking activity
2. Social and community influences on health	<ul style="list-style-type: none"> • Family organisation and roles • Citizen power and influence • Social support and social networks • Neighbourliness • Sense of belonging • Local pride • Divisions in community • Social isolation • Peer pressure • Community identity • Cultural and spiritual ethos • Racism • Other social exclusion
3. Living/environmental conditions affecting health	<ul style="list-style-type: none"> • Built environment • Neighbourhood design • Housing • Indoor environment • Noise • Air and water quality • Attractiveness of area • Community safety • Smell/odour • Waste disposal • Road hazards • Injury hazards • Quality and safety of play areas
4. Economic conditions affecting health	<ul style="list-style-type: none"> • Unemployment • Income • Economic inactivity • Type of employment • Workplace conditions
5. Access and quality of services	<ul style="list-style-type: none"> • Medical services • Other caring services • Careers advice • Shops and commercial services • Public amenities • Transport • Education and training • Information technology
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none"> • Government policies • Gross Domestic Product • Economic development • Biological diversity • Climate

Vulnerable and/or disadvantaged population groups

The target groups you identify as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages.

1. Age related groups*

- Children and young people
- Older people

2. Income related groups

- People on low income
- Economically inactive
- Unemployed
- People who are unable to work due to ill health

3. Groups who suffer discrimination or other social disadvantage

- People with disabilities
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay people
- Ethnic minority groups**
- Religious groups**

4. Geographical issues

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated areas
- People unable to access services and facilities

You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women.

Please note that this list is a guide and is not exhaustive.

* Could specify age range or target different age groups for special consideration.

** May need to specify.

Appendix Four: About the Welsh Health Impact Assessment Support Unit.

Health Impact Assessment is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Assembly Government is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. Health impact assessment works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks. It also provides a way of addressing the inequalities in health that continue to persist in Wales.

Welsh Health Impact Assessment Support Unit

WHIASU is based in the Cardiff Institute of Society, Health and Ethics which is part of Cardiff University's School of Social Sciences. It is funded by the Welsh Assembly Government, through the Wales Centre for Health and is resourced to cover both North and South Wales.

The key roles of WHIASU are:

- To support the development and effective use of the health impact assessment approach in Wales through building partnerships and collaborations with key statutory, voluntary, community and private organisations in Wales.
- To provide direct information and advice to those who are in the process of conducting health impact assessments.
- To contribute to the provision of new research, and provide access to existing evidence, that will inform and improve judgements about the potential impacts of policies, programmes and projects.

For more information with regard to HIA or the Welsh Health Impact Assessment Unit please contact:

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