

Independent Complaints Advocacy

Standards to support the
commissioning, delivery
and monitoring of the service

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1. Introduction

Our work with consumers of health and social care has highlighted the importance of good quality complaints advocacy services in supporting people to make complaints, particularly when dealing with especially complex complaints, or when people are in vulnerable circumstances. These proposed standards set out Healthwatch England's vision for complaints advocacy.

This work builds on work carried out by Healthwatch England and others across the system to improve the experiences of people who complain about health and social care. This work has followed the publication of the Francis Inquiry into the serious failings at Mid Staffordshire NHS Foundation Trust in 2013, the Clwyd-Hart Review into NHS complaints systems in 2014 and the Government's response to these reports, *Hard Truths*.

Too often we have heard that people who suffer poor care and treatment have their negative experiences compounded by poor complaints processes. The Healthwatch England report *Suffering in Silence* describes a complaints system which is unresponsive, inaccessible, hard to understand, and which fails to resolve people's complaints in a compassionate and timely way. In *Suffering in Silence* we made a series of recommendations for wholesale reform in complaints systems. Though we know some progress has been made, the recent reports from the Care Quality Commission (CQC) and Health Select Committee show there is still more to do.

In *Hard Truths*, the Department of Health asked Healthwatch England to help set the standards for good complaints advocacy. This work was commissioned in light of concerns raised in the Clwyd Hart review and the Francis report about the visibility and varying quality of complaints advocacy services. The Health Select Committee's recent report echoed this, noting that the service is inconsistent, fragmented and difficult to find.

Healthwatch England has also raised concerns about the current inequity between complaints advocacy provision for users of NHS services and users of social care. While local authorities have a statutory duty to commission independent NHS complaints advocacy services, the commissioning of complaints advocacy services for people complaining about social care services depends on the appetite of local authorities.¹ We are concerned that this situation is leaving many people unable to access help and support when they most need it.

1.1 The purpose of these standards

Through our work on complaints, consumers have told us that being able to access to high quality support and advocacy is crucial is ensuring they feel able to complain. These

¹ A recent FOI request that we conducted revealed that just 1 in 5 councils, 26 of the 120 that responded, said they offer a dedicate complaints support service for social care users. More than a third (45 councils) stated that they do not provide any advocacy or support service for those looking to complain about the quality of social care.

proposed standards have been developed in collaboration with users, providers and commissioners of complaints advocacy services, and reflect the expertise and experience of these groups.

We have written to the Secretary of State to ask him to consider the regulatory basis needed to implement these standards.² Nevertheless, commissioners and providers of complaints advocacy services across health and social care can make use of this document immediately.

The purpose of the standards is to provide a vision of what a good complaints advocacy service should look like. We start by setting out the principles that must be at the heart of complaints advocacy. The standards describe what these principles look like in practice, from the perspective of service users and providers.

The standards are underpinned by 'I' statements that define what the outcomes of good complaints advocacy look like for service users. These make an easy-to-use guide to what people should expect from the service.

These standards are also a valuable resource for commissioners and providers alike. They should be used in planning, delivering and monitoring to ensure that complaints advocacy services meet service user needs and expectations. We believe that every provider and commissioner who aspires to provide a better, more user-orientated service will want to use these standards.

The 'We promise' statements describe the commitments that providers of complaints

advocacy services can make to ensure that their services meet the needs and expectations of the people who use them. The Appendix includes a set of possible indicators that commissioners and providers may find useful when thinking about how to demonstrate that they are delivering a more user-orientated complaints advocacy service.

These standards will also be of use to services such as PALS (Patient Advice and Liaison Services), Healthwatch and the CQC, who are not involved in the provision of complaints advocacy but work alongside these services.

We have also included some examples to illustrate what the standards might look like when put into practice.

These standards are not intended as a minimum baseline to be met. Rather, they provide a set of user-centred outcomes that should be central to the commissioning and provision of complaints advocacy services.

1.2 What is independent complaints advocacy?

“If you don't listen to me, then the rest is futile” – *Service user*

Independent Advocacy helps people to speak up. It is a way of supporting a person to express their views, have these taken seriously and achieve personal outcomes. It often involves:

- + Listening to what a person wants to say;
- + Supporting them to express what their view or concern is and what it is they want to happen;

2 See Appendix 2

- + Providing access to information so they understand their options and choices;
- + Offering them practical help such as writing letters or attending meetings;
- + Explaining responses and correspondence so that the person understands what is happening and the process they are going through;
- + Acting on their behalf and ensuring that professionals are treating them fairly and in a dignified manner.

“Advocacy isn’t a service done to people, it’s a collaborative journey in which they find a voice and facilitate change”

– Commissioner

Complaints advocacy is a specialist service which supports people who are considering, or wishing to make a complaint about the health and social care services they receive.

Good quality support and complaints advocacy is crucial in enabling people to raise concerns about health and social care. It bridges gaps between people and services, giving people the confidence, skills and power to raise concerns and let health and care services know when things have gone wrong. In this context advocacy can help people to have their concerns aired and considered before they make a formal complaint.

The need for complaints advocacy has developed as many people find it difficult to raise a concern or make a complaint, especially in cases where they are receiving on-going support from the services they wish to complain

about. Others find the complaints handling process confusing and complex and need reassurance and practical support to navigate their way through.

“Some people feel very, very intimidated when they want to complain. [Local resolution meetings] are stressful and people can feel like they are beneath the other people who attend, or simply can’t cope with the meeting environment. My role is to ensure they’re not alone and feel like they can go. People shouldn’t feel stupid for simply asking a question”.

– Complaints advocate

Complaints advocacy is particularly important when a concern or complaint spans more than one resolution process (local, courts, fitness to practice), and because many people feel vulnerable or exposed at the time of making a complaint about their care or treatment.

1.3 These standards build on existing work

These standards draw on the existing literature on people’s experiences of complaints systems, and a number of publications currently used to inform the commissioning and delivery of complaints advocacy. These include the following:

Suffering in Silence: Listening to consumer experiences of the health and social care complaints system – Healthwatch England

Healthwatch England published this report (2014) that asked people what they wanted through the complaints handling process. By listening in detail to people’s experiences through surveys, focus groups and interviews, this report expresses the need to have a simple, compassionate and responsive process to respond to those making complaints.

My expectations for raising concerns and complaints – Healthwatch England, the Parliamentary and Health Service Ombudsman (PHSO) and the Local Government Ombudsman (LGO)

This report sets out a people-led vision of what good looks like from the user perspective when raising concerns and complaints about health and social care. It helps organisations measure their progress so they can determine the action they need to take to improve. This vision is now embedded in all handbooks for Care Quality Commission (CQC) inspections.

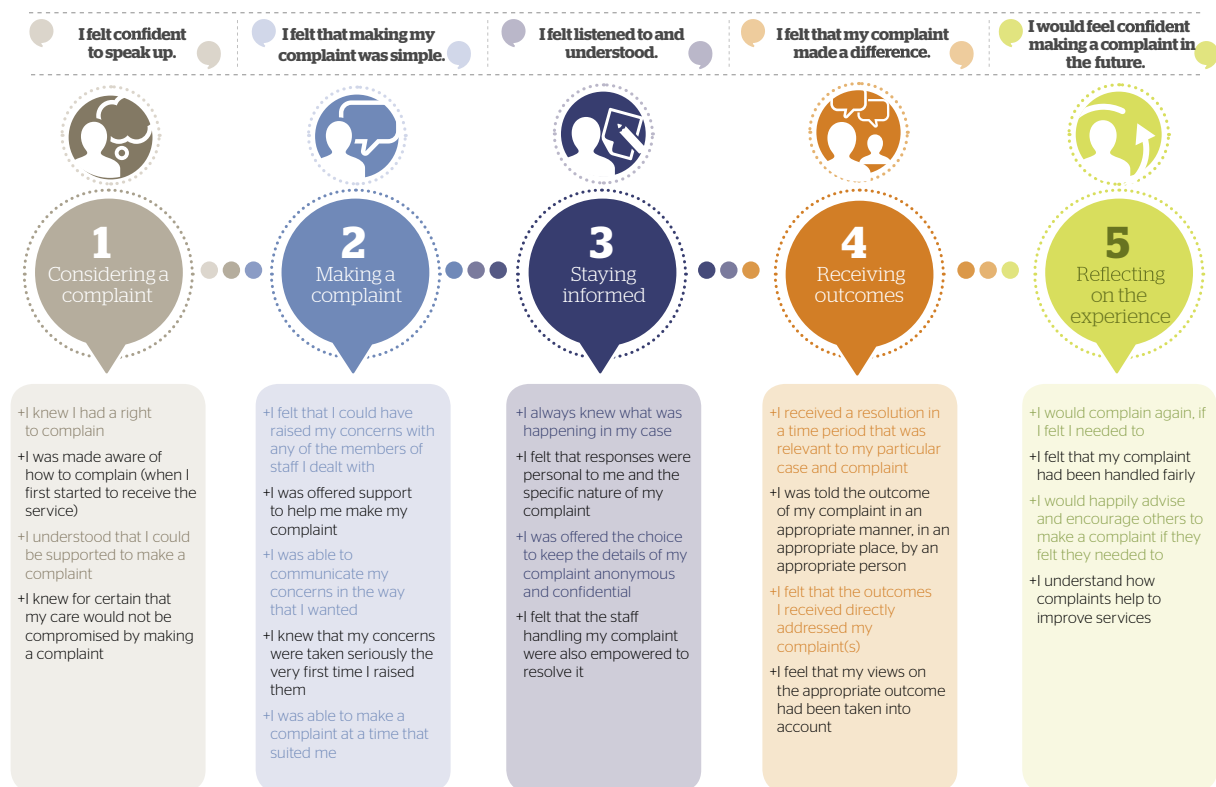


Figure 1: A user-led vision for raising concerns and complaints³

³ **My expectations for raising concerns and complaints – Healthwatch England, the Parliamentary and Health Service Ombudsman (PHSO) and the Local Government Ombudsman (LGO)**

Complaints Matter - Care Quality Commission

This report describes how complaints and concerns fit into CQC's new regulatory model and presents early findings on the state of complaints handling in hospitals, mental health services, community health services, GP practices, out of hours services and adult social care services.

Advocacy Quality Performance Mark (QPM)

The QPM is a quality mark awarded to providers who can demonstrate how they meet the different standards set out in the advocacy code. The QPM gives commissioners of advocacy services reassurance that the providers they are engaging have been assessed to ensure their organisations are robust and focused on delivering quality services. The QPM was relaunched in 2014 by the National Development Team for Inclusion.

Commissioning Independent NHS Complaints Advocacy Services Briefing Pack

The Department of Health produced this briefing pack to assist commissioners with responsibility for commissioning NHS Complaints Advocacy Services for the first time in April 2013. It reflects much of the original ICAS (Independent Complaints Advocacy Service) guidance, Key Performance Indicators and includes a Code of Practice for complaints advocates.

Commissioning Independent NHS Complaints Advocacy - Local Government Association (LGA)

The LGA produced guidance based on the above Briefing Pack supplied by the Department of Health in order to assist Local Authority

Commissioners in procuring NHS Independent Advocacy Services.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

These regulations define the complaints procedure for local authority adult social services (which are commissioned by Local Authorities) and NHS organisations. They were introduced in April 2009.

National Standards for the Provision of Children's Advocacy Services

The standards set out the core principles that children and young people can expect from professionals providing advocacy services. This includes advocacy for children and young people who wish to make a complaint under the Children Act procedures

A Code of Practice for Advocates - Action for Advocacy

The Advocacy Charter was published in July 2002 and sets out to define and promote key advocacy principles. The Charter provides advocacy schemes and others with a vehicle for both explaining advocacy and outlining a common vision of what constitutes effective advocacy. Action for Advocacy used the ten Advocacy Charter principles they developed as the basis for this Code of Practice which is widely used by the independent advocacy sector to inform how services are delivered.

2. Principles for Complaints Advocacy Provision

“Good complaints advocacy would be to welcome me, listen to me, make me feel comfortable. I needed someone at that point to say ‘this is what you can do’; I needed direction in how to express myself”

– Service user

The following principles – developed by listening to people who use, deliver, commission and work alongside complaint advocacy services – should be at the heart of complaints advocacy.

People want to access advocacy services that are:

Empowering: A service that empowers people by providing information and support that enables them to identify their preferred outcome and decide whether or not they wish to pursue a complaint.

Confidential: A service that treats all interactions between clients as confidential, and only discloses information with the express consent of the advocacy service user or in line with the provider’s confidentiality policy.

Client-Led: A service that listens to and represents the views of the person receiving advocacy support and no one else. A service that stays alongside the complainant until the matter is resolved and supports the service user to control what the advocate does.

Independent: A service that is not tied to, governed or controlled by the health or social care provider or commissioner. A service that is on the side on the service user and supports them to freely express their views and outcomes – regardless of what they are.

Accessible: A service that is free and easy to use by everyone who wants support in making a complaint. A service that is clear about what it can and cannot do and explains this clearly.

Transparent: A service that is honest and up-front about the processes that are being used and the decisions that are being made, keeping people up to date with any changes in their case and understanding progress made.

Inclusive: A service that respects the diversity of clients and ensures it is relevant to all, both in terms of the physical environment where support is delivered, and the mode of communication used..

Competent at bringing about change: A service that improves the way health and social care services are delivered by working with providers and local Healthwatch services to raise concerns early and achieve positive change.

Strong at supporting its advocates: A service that looks after the people who deliver advocacy. A service that provides well supported, trained and supervised advocates who know what they are doing.

Effective: A service that delivers on its promises and helps service users achieve their goals. A service that uses knowledge of the standards and regulations that apply to the NHS and social care to help people navigate the system.

3. The Standards

The following standards each begin with a service user outcome, followed by a series of 'I statements' which define an ideal complaints advocacy experience from the perspective of a person using the service.

Each standard is underpinned by a series of promises the advocacy provider can commit to.

Taken together they communicate the defining features of a good independent complaints advocacy service.

The standards

<p>1</p> <p>The advocacy service is client led</p> <p>"I want to be in control of the advocacy process at all times. I don't want the advocate to push their own agenda or tell me what to do. I want them to listen to me and only act on my instructions"</p>	<p>2</p> <p>The advocacy service is independent</p> <p>"I want my advocate to offer me the full range of advocacy support without being worried, restricted or limited by the health and care provider, commissioner or anybody else"</p>	<p>3</p> <p>The advocacy service is well known and easy to use</p> <p>"I want it to be easy to find my local advocacy service and get an advocate. I want the advocacy service to respond to my needs"</p>	<p>4</p> <p>The advocacy service maintains a clarity of purpose</p> <p>"I want to understand precisely how the advocacy service can help me. When I want other types of support I want help to find out about other services and support in accessing them"</p>	<p>5</p> <p>The advocacy service provides a compassionate response</p> <p>"I want to be treated with kindness and be shown compassion by an advocacy service that understands my needs. I want the service to understand I may be experiencing a whole range of difficult emotions that may affect my complaint and the ability to complain"</p>	<p>6</p> <p>The advocacy service leads to systemic change</p> <p>"I want the advocacy service to make sure it takes action to improve the way health and social care services are delivered, so no one else will have to go through the experiences I went through"</p>	<p>7</p> <p>The advocacy service works hard for its advocates</p> <p>"I want a service that looks after its staff. I want to know my advocate is trained, supervised and maintains professional standards"</p>	<p>8</p> <p>The advocacy service has clear leadership</p> <p>"I want a service that I trust will deliver the very best quality of complaints advocacy support. I want to know that the people running the advocacy service are good leaders and are committed to excellence"</p>
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Standard 1: The advocacy service is client-led

What Service Users Want:

“I want to be in control of the advocacy process at all times. I don’t want the advocate to push their own agenda or tell me what to do. I want them to listen to me and only act on my instructions”

Why this standard is important:

Advocacy is a service led and controlled by the client at all times. The role of an advocate is to support, inform and represent the client, rather than to give advice, make decisions, or act in the person’s best interests if not instructed to do so.

“Being client-led is vital. This allows empowerment – a way of that person taking back control and power. If you are really going to seek outcomes individually with any person, it’s a way of discovering what their outcome is and not informing it. It’s their complaint, not mine. [Being client-led] is a way of removing the judgements you put on it”
– *Advocacy Manager*

‘I’ statements

“As soon as I was offered an advocate, they explained to me that the relationship would be led by me, my needs and my wishes”

“I was in full control of what my advocate did and when. I was supported to choose whether to self advocate or ask my advocate for representation”

“My advocate did not withhold any information from me about my case”

“I was in full control of what information was shared, with whom and when. I was told the only exception to this was if the advocate had a legal duty to disclose and was given examples. My advocate checked I understood this”

“I was helped to find other services if I needed legal or medical advice”

“I was asked to give permission for the advocacy service to use my (anonymised) data to highlight concerns about services in my area”

(see standard 6)

“If I could not clearly instruct my advocate, the advocacy service had a Non Instructed Advocacy policy which outlined the actions the advocate should take when working with me”

‘We’ statements

“We promise to be client led and person centred in all of our actions. We promise to only act or speak on behalf of a client when they request it, unless we are given information which requires us to breach confidentiality”

“If we do need to breach confidentiality we promise to keep the client informed of why and what is happening and only act in accordance with our confidentiality policy which we will make available to everyone receiving advocacy support”

“We promise to support people to access the information they need in order to decide if they want to make a complaint, what they would like to complain about and their preferred outcome(s)”

“We promise this information will include:

- + The complaints process
- + The roles of people involved
- + What decisions can and cannot be made (for instance it is not within the remit of complaints managers or the Ombudsman to get involved in disciplinary proceedings)
- + Options available
- + Understanding the resolution of the complaint”

“We promise that we will take every practicable step to ensure the client successfully achieves their outcome”

“We will provide tools to help people to self-advocate”

“We promise to help people to self advocate wherever and whenever they feel able to”

“We promise to keep service users fully informed of progress so that they know what is happening in their case. We will do all we can to help complainants get answers to their questions”

“We promise to support service users to escalate complaints to the Ombudsman when this is requested”

“We promise to explain to stakeholders that information passed to the advocacy service will be shared with the client”

Standard 2: The advocacy service is independent

What Service Users Want:

“I want my advocate to offer me the full range of advocacy support without being worried, restricted or limited by the health and care provider, commissioner or anybody else”

Why this standard is important:

Advocates must be free to offer a full range of support to clients and not be compromised by conflicts of interest that may prevent them from acting on behalf of service users.

“Independence is particularly important because the individual needs to feel assured the advocacy isn’t working on behalf of the service they are complaining about”

– *Complaints advocacy commissioner*

‘I’ statements

“I was told the advocacy service would work for me, and would be independent from the health or care provider I was complaining about”

“My advocate did not have any current professional or personal links to the organisation I was complaining about”

“I felt my advocate was able to raise concerns, submit complaints and support me free from interference from any other organisation”

“I saw my advocate telling other professionals that the advocacy service was independent”

‘We’ statements

“We promise to implement a management structure that ensures independence from health and care service providers and the commissioning body”

“We promise not to agree to funding criteria or performance measures which compromise our independence or integrity”

“We promise that we will do what we can to avoid conflicts of interest (real and perceived) and ‘protect’ our advocates from external pressures”

“We promise that our advocates will be free to act according to the wishes and needs of service users, in line with the parameters of the complaints advocacy service”

“We promise to explain to professionals that we work solely for service users”

Example in practice

The advocacy service includes information at the bottom of letter headed paper, email correspondence and website that: ‘Complaints advocacy is an independent and client led service. Any information you share with us, we will share with the service user.’ This helps professionals consider what information to share with the advocate whilst reinforcing the independent nature of the service.

Standard 3: The advocacy service is accessible to everyone who needs a complaints advocate

What Service Users Want:

“I want it to be easy to find my local advocacy service and get an advocate. I want the advocacy service to respond to my needs”

Why this standard is important:

Complaining can be a challenging experience for many people and asking for advocacy can be difficult, particularly when people are not aware of the service.

“Nobody told me about advocacy, no-one said I could talk to the advocacy service. I know you can't have an advocacy worker on every ward but if the Ward Sister would have said 'ring this person up'... She just didn't know about it and I needed direction in how to express my views and concerns” - *Complainant*

'I' statements

“I found it easy to find the advocacy service when I wanted support”

“I could contact my advocacy provider using a method which suited me”

“I was only asked once to tell my story and give personal details”

“I was allocated an advocate quickly”

“I was asked if I had specific needs the advocate could respond to”

“I was offered an advocate who was skilled in understanding my needs”

'We' statements

“We promise to actively encourage agencies and services which come into contact with potential complainants to inform them about the advocacy service”

“We promise to provide potential service users with easy to understand information which tells them how a complaints advocate can help and how to access an advocate”

“We understand that the costs (in time and finance) of having to travel to see an advocate can act as a barrier to many people thinking about using advocacy. We promise to work out the best way to deliver the service and offer useful opening times, meeting spaces and outreach locations”

“We promise to give you a named advocate and will do all we can to make sure they will continue to work with you for the duration of your complaint”

“We promise to respect the diversity of clients and help our advocates develop an understanding of cultural barriers that prevent people from using the advocacy service”

“We promise to take proactive steps to reduce barriers faced by people who may experience additional problems

in using advocacy including (but not limited to) people who:

- + do not use English as a first language
- + are prisoners
- + use non verbal communication methods
- + are in hospital
- + identify as transgender
- + have learning disabilities
- + experience mental ill health
- + are under 18”

“We promise to always ask the people who use the advocacy service for feedback on how accessible our service was - and to take action when people tell us about problems”

Example in practice

An advocacy worker noticed that on most mornings, the answer machine had a recorded a number of clicks suggesting that people had called the office but decided not to leave a message. The team looked at this and decided to trial an on call mobile phone which would take callers through to an advocate until 8pm each night. Within four weeks the service received a twelve per cent increase of referrals.

The team felt that offering people a real person on the end of the phone sent clear messages to potential services users that they were available, interested and committed to offering support.

Standard 4: The advocacy service maintains a clarity of purpose

What Service Users Want:

“I want to understand precisely how the advocacy service can help me. When I want other types of support I want help to find out about other services and support in accessing them”

Why this standard is important:

Advocacy can be easily misunderstood and confused with other types of support (such as PALS, legal advice, or counselling). In order to deliver an effective service, it is essential that service users and other stakeholders are clear about what the advocacy service can (and cannot) do.

“People can have assumptions about what advocacy can do. I’ve been asked to arrange doctor’s appointments, take people to hospital... I’ve even been asked to tell the client not to complain! I spend so much of my time explaining what I can and can’t do”

– *Complaints advocate*

‘We’ statements

“We promise to always act within our complaints advocacy role”

“We promise to work with commissioners, regulatory bodies and health and care providers to make sure people understand the aims and objectives of the complaints advocacy service”

“We promise to explain that complaints advocates do not provide on going advocacy support for clients outside of the complaint”

“We promise to discuss appropriate referrals for clients who require alternative, additional or specialist support, including referrals to PHSO, PALS, regulatory bodies such as the GMC (General Medical Council), and to specialist support such as medico legal advice, bereavement support, mental health support, etc.”

Standard 5: The advocacy service provides a compassionate response

What Service Users Want:

“I want to be treated with kindness and be shown compassion by an advocacy service that understands my needs. I want the service to understand I may be experiencing a whole range of difficult emotions that may affect my complaint and the ability to complain”

Why this standard is important:

Many people who are thinking about or making a complaint are often exhausted and emotionally spent from their experiences. At the point of asking for advocacy support people require emotionally sensitive support that enables them to progress.

“Even when people who are termed as ‘vexatious’ use our service, and I don’t like that word, we still need to be compassionate. There are always things going on for people that we do not know about. But people always have a right to be treated with dignity and respect - this to me is compassionate”

– *Complaints Advocacy manager*

‘I’ statements

“I was treated with respect, dignity and compassion by my advocate”

“I felt my advocate listened patiently to me and demonstrated empathy”

“I felt my advocate recognised that I was at a vulnerable time in my life and offered me sensitive support”

“I was given enough time to explain my situation and what I wanted to happen”

“If I felt unable to take the complaint forward myself, with my agreement the advocate represented my views and complained on my behalf”

‘We’ statements

“We promise to offer sensitive and compassionate advocacy support to the people who use our services”

“We promise that our advocates will adopt a non-judgemental approach when listening to clients, taking time to acknowledge what may be painful and difficult experiences”

“We promise we will support our advocates to develop insight into issues present when a person experiences bereavement or loss, mental health issues or suffers the impact of developing a serious or life threatening condition”

“We promise to provide service users with a suitable environment to meet with the advocate that affords privacy and comfort”

Example in practice

Barbara contacted the advocacy service as she wanted help to complain about the quality of care her husband received in hospital during the last two weeks leading up to his death. When Barbara met with the advocate, she quickly became distressed and spent the majority of the meeting weeping.

The advocate gave Barbara plenty of time and space and listened to her experiences. At an appropriate time the advocate asked Barbara what she wanted from the complaint to which she replied ‘it’s just not right. They didn’t care for him the way I do. He was left alone. It’s just not right’. The advocate continued to listen and gently reassured Barbara that he was there to help her with the complaint and that it might be helpful to have a think about what outcome she would like from the complaint. To this Barbara broke down and said ‘I just want him back - that’s all’.

The advocate again listened to Barbara who subsequently decided she did not want to make a complaint after all. The advocate asked who was at home to see Barbara that night and found out she would be going home to an empty house. He suggested Barbara call a friend to meet her and discreetly passed her some information on grief counselling including a local support service.

Standard 6: The advocacy service works with other networks to achieve systemic change

What Service Users Want:

“I want the advocacy service to make sure it takes action to improve the way health and social care services are delivered, so no one else will have to go through the experiences I went through”

Why this standard is important:

Complaints advocates witness the way health and social care services are delivered through the eyes of service users. Through representing individuals, they become aware of systemic issues that affect all service users within their area. By identifying themes and trends and feeding these back to services such as Healthwatch, the Care Quality Commission (CQC) and commissioners, the complaints advocacy service can play an important role in improving the way health and care services are delivered. This is not the same as being responsible for this change - but advocacy should contribute to local networks that collectively improve services.

“We can’t change policy. We don’t regulate. We can’t make recommendations to change services. But we can shine a huge light when things are going wrong or aren’t right”
– *Advocacy Manager*

‘I’ statements

“I felt confident the advocacy service would raise concerns at the highest level if they become aware of serious problems in a health or care service”

“I was told the advocacy service would work with my local Healthwatch service to identify ongoing problems - and check something was done about them”

“I felt confident the advocacy service learnt from my experience and worked hard to make sure it didn’t happen again”

“I was told the advocacy service would keep a count of how often problems happened and knew they would take up the issue if they saw the same problem happening again and again”

“When I couldn’t pursue a complaint myself, the advocacy service knew when to raise serious issues under safeguarding processes, when to use whistleblowing processes and when to submit a complaint on my behalf”

“I was told the advocacy service had regular meetings with the commissioner to raise concerns on behalf of service users”

‘We’ statements

“We promise to develop and review a protocol with the commissioner so both parties are clear of the process for reporting systemic trends or issues”

“We promise to work with agencies such as local Healthwatch and the Care Quality Commission to highlight concerns and areas of potentially poor practice”

“We promise to explain to people who use advocacy that we will record the advocacy issue and problem they have experienced so we can provide an overview to commissioners about recurring problems and systemic failures in the area”

“We promise to take extreme care to protect the confidentiality of advocacy service users, particularly when the client group is easily identifiable (for instance in prisons, in locked wards, care homes). Where it is not possible to protect anonymity we promise not to raise the theme unless it falls within safeguarding”

“We promise to train our advocates in identifying safeguarding concerns and in making referrals when appropriate”

“We promise to keep records and analyse data regularly to understand the themes and trends developing within our area(s) in order to highlight systemic, ongoing or serious failures”

Example in practice

A complaints advocate supported Franco to complain following the death of his son, Luis who had committed suicide. Luis had been admitted to A&E after being found in a park following an overdose. There had been no referral to the mental health service and his family were not informed. Six hours after his discharge Luis had hanged himself. His father complained that he had not been informed of his discharge and so could not be there to meet him. He was also concerned that mental health services were not involved.

The hospital agreed that serious failings had occurred and agreed to implement a new system which involved:

- + **Immediate referral to mental health services when patients were admitted to A&E following a suspected suicide attempt**
- + **Next of kin to be informed when patients were being discharged**
- + **Staff retraining to identify vulnerable patients**

Franco was satisfied with the outcome and the advocacy service closed the case. Four months later, the same advocacy service supported Phillip whose brother had committed suicide 24 hours after being discharged from A&E after he had attempted to take his own life. The advocacy service became aware that lessons had not been learnt from the previous complaint and that measures agreed had not been implemented. At the same time as providing one-to-one advocacy support to Phillip, the service also raised this as a systemic advocacy issue with commissioners, the PHSO, local Healthwatch and the CQC. This led to a serious internal review with an agreed action plan the CQC would follow up.

Standard 7: The advocacy service works hard for its advocates

What Service Users Want:

“I want a service that looks after its staff. I want to know my advocate is trained, supervised and maintains professional standards”

Why this standard is important:

Advocates work with people at very vulnerable points in their lives, often in the midst of painful and emotive experiences. The service must develop a culture that offers support to its advocates so they deliver world class effective advocacy that makes a difference.

“I need to know my organisation has my back. It can take a lot out of you to constantly be the one making challenges... It can also be hard supporting people who are in so much distress, who may have just lost a loved one”

– *Complaints Advocate*

‘I’ statements

“I felt my advocate was listened to, supported and respected in their role”

“I felt the advocacy service supported its advocates to escalate my concerns when appropriate”

“I was supported by an advocate who was trained to national standards and was qualified”

“I was supported by an advocate who was supported and supervised”

“I felt the advocacy service listened to my experience of advocacy and learnt from it”

‘We’ statements

“We promise that new advocates will receive a comprehensive programme of training within their induction period”

“We promise that we will offer support and guidance to our advocates, including regular one to one professional supervision and peer to peer support”

“We promise to support our advocates to access up to date and current training such as the nationally recognised City & Guilds Qualifications in Independent Advocacy”

“We promise to share feedback we receive about our service with the people involved in delivering the service. We will let advocates know when service users tell us they did a good job, and when people felt they could have done better”

“We promise to receive complaints about our service in a spirit of learning and avoid defensiveness”

“When our staff make mistakes and get things wrong, we will say sorry and support the staff member to learn from their mistake”

Standard 8: The advocacy service has clear leadership

What Service Users Want:

“I want a service that I trust will deliver the very best quality of complaints advocacy support. I want to know that the people running the advocacy service are good leaders and are committed to excellence”

Why this standard is important:

The advocacy service needs to be well run by people who offer clear leadership to staff and who are effective at developing the service so it has maximum impact in its local area.

“I want to know the [advocacy] service can deal with any problem, support any person and get on with it. I want to deal with people who make things better” - *Commissioner*

‘We’ statements

“We promise to continually learn and grow so that we improve the way we deliver our service”

“We promise to evaluate and learn from how we deliver on our promises and outcomes”

“We promise to develop, implement, communicate and review our policy and strategy, which will be based on the present and future needs and expectations of stakeholders”

“We promise to plan and manage our resources in ways that provide long term sustainability”

“We promise to meet nationally recognised standards in delivering advocacy”

4. The Scope of Independent Complaints Advocacy

This section offers clarity on the role of complaints advocates for commissioners, providers, other professionals and users. Independent complaints advocates are often asked or expected to provide 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 of the role.

4.1 What do complaints advocates do?

“I want the advocacy service to be on my side. I want them to take something very complicated and help me through it” – *Advocacy service user*

A complaints advocate will work with a complainant⁴ and offer a range of support 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.

The following actions represent activities within the complaints advocacy role:

- + 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 one-to-one 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 (such as AvMA), regulatory bodies (such as the GMC or CQC) or local Healthwatch services
- + Providing assistance in finding out information about the complaints process, including who is involved, the different stages and where to send the complaint.

4 The following groups are recognised as complainants under the Regulations:

- People using services
- People who might use a service
- Friends, family and carers
- Those instructed on behalf of the individual (including advocates)
- Those receiving uninstructed support and advocacy
- Worried bystanders

- + 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 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 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 client-led approach, which is not adversarial but seeks to achieve outcomes.

Philippa's story

Philippa has just given birth but is very unhappy with some of the care she received during and after labour. She contacts the complaints advocacy service as she wants to know where she should send her complaint. Philippa is very able to make her complaint and just needs specific information on the process. The complaints advocate provides this information and offers to send her a self advocacy pack that includes templates for letters. Philippa uses the template to write her complaint and no longer requires support.

Fela's story

Fela contacts the complaints advocacy service as he wants to make a complaint about things going wrong during his recent operation. He has already written a letter of complaint saying what happened and why he was unhappy but doesn't understand the response he received which is full of technical language and specialist medical information. The advocate supports Fela by researching the information contained in the letter and turns this into easy to understand information. Fela remains unhappy with the response and with the help of the advocate submits a further letter of complaint, this time with detailed information of what he wants to happen.

Sunil's story

Sunil is detained under section 3 of the Mental Health Act and is receiving help for severe depression. He is about to be discharged with a package of support to help him live at home. Sunil has asked his social worker if he can have an individual budget to help him in his daily living. He is keen to use the budget to pay for activities and internet access in order to develop new interests and re engage in the community. He feels without this he will fall back into habits like heavy drinking that make his mental health problems worse. His social worker has told Sunil that budgets are not to be used for this purpose and so he can't have one. Sunil contacts the advocacy service to complain and asks for help putting forward a plan which explains what Sunil needs to get his life back on track. The advocate offers Sunil intensive support with his complaint, helping him to attend resolution meetings and fully understand his options.

4.2 Limits to the complaints advocacy role

“Sometimes people ask us to do things which we can’t. One client told me they wanted the whole ward closed because things were so bad but I knew that wasn’t going to happen”

– Complaints advocate

People can complain about many aspects of the health and social 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.

Examples may include complaints to regulatory bodies or helping people to navigate the complaint through legal processes, where the goal may be to gain financial compensation.

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.

Naomi recently lost her mother and is very angry about the care she received in the days leading up to her death. Naomi contacts the complaints advocacy service and tells the advocate that the consultant failed to increase medication to relieve her mother’s pain despite asking on seven separate occasions. Naomi tells her advocate that she wants the ‘consultant to be struck off and never work with dying patients again’. The advocate listens carefully and respectfully to Naomi before explaining that disciplinary proceedings are outside the remit of the Health Service Ombudsman and therefore provides information on regulatory bodies such as the General Medical Council (GMC). Naomi still wants to make a complaint about her experience so the advocate helps her to write this down and supports her through Local Resolution Meetings where she receives an explanation. Naomi independently contacts the GMC to ask for the consultant’s practice to be looked into.

4.3 People who cannot instruct a complaints advocate

Complaints advocacy offers support to an individual to express their concerns, provide feedback and seek resolution when things go wrong. Within the advocacy relationship, the advocate helps the individual to explore options, make choices and then put these forward. This is traditionally referred to as instructed advocacy. However there are some people who are unable to make a complaint but have received health

and social care services which have fallen below the expected standard. Despite having strong grounds to make a complaint they lack the capacity to make a complaint themselves and/or are unable to clearly instruct an advocate.

In such cases clear attempts must be made to seek consent from the person, but if this is not possible and there are concerns that standards have dropped below what is expected, the complaints advocacy service should consider submitting a complaint on the individual's behalf. This is particularly important if the person has no family or friends to raise concerns for them.

Raising concerns in such circumstances may require working closely with other forms of

Ajay is a community mental health advocate and regularly visits Jack, a 75 year old man with dementia who lives in a specialist care home. Ajay notices Jack is very agitated and aggressive around 3pm and looks into what may be causing this. The staff explain he is given medication at this time and gets upset because he doesn't like needles. As the medication Jack is receiving is for diabetes, Ajay refers Jack to a complaints advocate. Jack's dementia means he is unable to understand what the complaints advocate can do and cannot provide instruction. The complaints advocate is worried however that the form of medication he is receiving is particularly intrusive so writes to his doctor asking for a review to consider alternative medication options or methods. After not receiving a response for 2 weeks, the complaints advocate submits a complaint on Jack's behalf.

advocacy, such as Independent Mental Capacity Advocates or Independent Mental Health Advocates. This is to ensure the individual is represented by the most suitable person.

Before accepting the referral to represent a person through the complaints process, consideration should be given to whether the concern is serious enough to be raised through safeguarding processes. Where there are serious concerns, the advocacy service should raise safeguarding alerts and follow these up in line with local procedures.

Felix, a complaints advocate, has arranged to meet Josie at her care home to discuss a complaint she would like to make. During the visit (which takes place at lunchtime) he notices that another resident is having some difficulty standing up and cannot get the attention of the staff. Within a few minutes the resident slumps into his chair and Felix notices he had wet himself. Felix approaches the staff to let them know what has happened who immediately go and help. As Felix returns to Josie, she says 'that happens here all the time, poor Eddie. Last night he soiled himself you know and they left him like that for hours'. Felix discusses his concerns with his manager to discuss whether to submit a complaint or raise a safeguarding alert.

4.4 Offering access to people from seldom heard groups

“In our experience everyone who wants an advocate is in need. But we need to identify the most vulnerable as it’s them who need advocacy the most.” – *Advocacy commissioner*

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**

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 should 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**

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.
- + Where the advocacy is delivered. In some environments, including prisons and locked wards, people will have limited opportunity to find out about the complaints advocacy service and may have limited ability to make contact with a provider. Good practice

requires the service to proactively take the service to where people are.

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

5. Appendices

5.1 Appendix 1: How I can demonstrate that I am delivering the desired Service User Outcomes?

Good quality support and complaints advocacy is crucial in enabling people to raise concerns about health and social care. The standards are a way to express in clear terms what service users should expect from their complaints advocacy service. However, we recognise that the way in which organisations meet those standards may vary. The following indicators have therefore been developed to help organisations and commissioners think about how to demonstrate that the service user outcomes for a quality advocacy service set out in the “I statements” are delivered.

These indicators are not meant to be exhaustive but to be a starting point for organisations that aspire to deliver a service that is more orientated to user outcomes.

Indicator set 1: The advocacy service is client-led

What Service Users Want:

“I want to be in control of the advocacy process at all times. I don’t want the advocate to push their own agenda or tell me what to do. I want them to listen to me and only act on my instructions”

- + The advocacy provider demonstrates they record what the client wants to happen (their outcome) and agree the actions with the client that will support this outcome to be achieved.
- + The advocacy provider demonstrates that clients feel in control of the advocacy process and relationship, and the advocacy provider implements reasonable suggestions from clients that enable clients to feel more in control.
- + The advocacy provider demonstrates that their clients are informed of any limits to confidentiality and if confidentiality is to be breached, clients are informed of the reasons why.
- + The advocacy provider demonstrates that information is provided to, and reviewed with, their clients who are supported to then decide on their next steps.

- + The advocacy provider demonstrates clients achieve their desired outcome, and if not, the reasons for this are identified and discussed with the client.
- + The advocacy provider demonstrates that they make available, free of charge, tools (including information about the complaints handling process, templates for letters and information on other services people may want to access) to help people self-advocate. They can also demonstrate that these are being used by people who wish to self-advocate; and, that these are helpful to people who choose to self-advocate.
- + The advocacy provider demonstrates that the advocate follows up on actions agreed with the client and offers regular feedback, so the client is informed of progress, especially when developments or delays have occurred.
- + The advocacy provider demonstrates its advocates are trained in escalating concerns, are escalating concerns appropriately, and that the outcomes of all escalations are monitored.
- + The advocacy provider demonstrates that their stakeholders are aware that all information given to the advocacy provider will be shared with the client.

Indicator set 2: The advocacy service is independent

What Service Users Want:

“I want my advocate to offer me the full range of advocacy support without being worried, restricted or limited by the health and care provider, commissioner or anybody else”

- + The advocacy provider demonstrates that its staff and clients understand how the provider is independent from commissioners and funders and how these relationships are managed so as not to compromise independence.
- + The advocacy provider demonstrates that clients have confidence in the service because people running the organisation – and those involved at trustee or director level – do not work for the commissioning body or any health or care provider a service user may complain about.
- + The advocacy provider demonstrates that they are open and transparent about any funding criteria and performance measures that are in place for their contracts and demonstrate that these are not compromising the integrity of their advocacy service.
- + The advocacy provider demonstrates that they are recording and managing any conflicts of interest (real and perceived) and

can demonstrate the steps they have taken to address any conflict.

- + The advocacy provider demonstrates they are acting on their clients' instructions; they review and address any concerns raised by clients or staff that an advocate was unable to act according to the wishes and needs of the client. On any occasion the advocacy provider or their client feel the advocate has not acted on a client's instruction, they can demonstrate that the reason(s) for this are identified and explained to the client.
- + The advocacy provider demonstrates that their stakeholders are aware and understand that the advocacy role is independent and client-led.

Indicator set 3: The advocacy service is accessible to everyone who needs a complaints advocate

What Service Users Want:

“I want it to be easy to find my local advocacy service and get an advocate. I want the advocacy service to respond to my needs”

- + The advocacy provider demonstrates it is proactively raising awareness about the right to advocacy and helps other organisations understand when and how to refer people to the service.
- + The advocacy provider demonstrates it is raising awareness of its services amongst potential clients in locations where people

receive health and care services (such as prisons, care homes, hospitals etc.).

- + The advocacy provider demonstrates that it is promoting awareness to people from health and social care organisations, including complaints managers, explaining the role of an advocate and when to refer people to the service.
- + The advocacy provider demonstrates agreed protocols are implemented with complaints manager(s) so individuals using these services are provided with information about their right to access advocacy when making a complaint.
- + The advocacy provider demonstrates it has an appropriate range of marketing information including easy read versions and a user friendly website.
- + The advocacy provider demonstrates a range of methods for potential service users and referrers to contact the service are available (such as telephone referral, email, text, face to face appointments) and that these meet the needs of the local community.
- + The advocacy provider demonstrates how caseloads are managed and appropriate supervision provided along with training in both promoting diversity and understanding of the barriers people face in accessing advocacy.
- + The advocacy provider demonstrates that a client's advocate only changes when absolutely necessary and the steps taken to ensure continuity. If an advocate changes, the reasons for any changes are recorded and communicated to the client.
- + The advocacy provider demonstrates that; it has a strategic approach to ensure

it is accessible to the local community; is collecting, analysing and acting on feedback from clients about how accessible the service is; and, is collecting monitoring data on who is using their service. This includes identifying if any client groups, particularly those with protected characteristics, are under-represented amongst their users and how they are addressing this.

- + The advocacy provider demonstrates that it is recruiting and training advocates with the specialist skills required to enable advocates to work with seldom heard groups.

Indicator set 4: The advocacy service maintains clarity of purpose

What Service Users Want:

“I want to understand precisely how the advocacy service can help me. When I want other types of support I want help to find out about other services and support in accessing them”

- + The advocacy provider demonstrates that it is ensuring advocates remain in the complaints advocacy role, quality assuring case records to ensure the actions taken by the advocate reflect best advocacy practice and addressing any situations where this is not the case.
- + The advocacy provider demonstrates it is proactively raising awareness about the right to advocacy and helps other organisations understand when and how to refer people to the service.

- + The advocacy provider demonstrates that it is ensuring clients are being signposted or referred to other services as required and gathers feedback from the other services about the appropriateness of the signposting or referral.

Indicator set 5: The advocacy service provides a compassionate response

What Service Users Want:

“I want to be treated with kindness and be shown compassion by an advocacy service that understands my needs. I want the service to understand I may be experiencing a whole range of difficult emotions that may affect my complaint and the ability to complain”

- + The advocacy provider demonstrates that it learns and acts on feedback from all client users who are provided with the opportunity to comment whether they feel they:
 - + received advocacy support which was sensitive and compassionate
 - + were treated with dignity and respect
 - + felt listened to.
- + The advocacy provider demonstrates that it is recruiting and training advocates with the specialist skills required to enable advocates to work with clients with complex needs.
- + The advocacy provider demonstrates that it offers to and meets clients in their preferred

meeting place and regularly ensures the premises they use to meet with people are suitable. This includes private meeting places for clients in a locked environment – for example a secure mental health hospital or prison.

Indicator set 6: The advocacy service works with other networks to achieve systemic change

What Service Users Want:

“I want the advocacy service to make sure it takes action to improve the way health and social care services are delivered, so no one else will have to go through the experiences I went through”

- + The advocacy provider demonstrates that it is identifying, monitoring and reporting on trends and issues in its casework. Along with concerns, these issues and trends are shared with key stakeholders including local Healthwatch, the CQC, and individuals responsible for the commissioning, managing, scrutiny or regulation of health and care services.
- + The advocacy provider demonstrates that they obtain consent to use data from clients and only issue reports after they have checked for any breaches in confidentiality.
- + The advocacy provider demonstrates they are acting appropriately on safeguarding alerts and follow these up in line with local procedures.

Indicator set 7: The advocacy service works hard for its advocates

What Service Users Want:

“I want a service that looks after its staff. I want to know my advocate is trained, supervised and maintains professional standards”

- + The advocacy provider demonstrates that it offers a suitable induction to all staff.
- + The advocacy provider demonstrates that its advocates receive planned and recorded supervision sessions at regular intervals and advocates are supported to gain suitable qualifications in a timely way.
- + The advocacy provider demonstrates how it acts and learns from feedback and complaints, with information being discussed and shared with advocates.

Indicator set 8: The advocacy service has clear leadership

What Service Users Want:

“I want a service that I trust will deliver the very best quality of complaints advocacy support. I want to know that the people running the advocacy service are good leaders and are committed to excellence”

- + The advocacy provider demonstrates it is using relevant tools to ensure that outcomes are measured and reviewed with subsequent learning implemented across the organisation.
- + The advocacy provider demonstrates, including in an annual report, its key achievements and the steps it has taken to implement its learning to improve the service it offers.
- + The advocacy provider demonstrates that it has the necessary range of organisational policy documents that reflect current best practice and that these are implemented and regularly reviewed.
- + The advocacy provider demonstrates that it is identifying its priorities for using resources, is acting to minimise risk and taking advantage of suitable opportunities to deliver its business plan and longer term strategy.
- + The advocacy provider demonstrates that as an organisation it is striving to further improve, obtaining or working towards relevant accreditation such as the specialist advocacy Quality Performance Mark.⁵

⁵ The Department of Health commissioned the National Development Team for Inclusion (NdTI) to offer the Advocacy Quality Performance Mark (QPM).
See <http://www.qualityadvocacy.org.uk/>

5.2 Appendix 2: Accompanying Advisory Note to the Secretary of State

Rt Hon Jeremy Hunt MP
Secretary of State
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

10th February 2015

Dear Secretary of State,

This Advisory Note is in accordance with our powers to provide you with information and advice under s.45A (5/6) of the Health and Social Care Act 2008, as amended by s.181 of the Health & Social Care Act 2012.

In *Hard Truths*, you asked us to develop a set of national standards for complaints advocacy services. This work was commissioned in light of concerns raised in the Clwyd Hart review and the Francis report about the visibility and varying quality of the service. The Health Select Committee's recent report echoed this, noting that the service is inconsistent, fragmented and difficult to find. This has very much been reflected in what we have heard from consumers, and some preliminary research about providers has suggested significant market fragmentation. Free, independent complaints advocacy services are crucial in ensuring people have the support they need to complain, especially when people are in vulnerable circumstances or have especially complex complaints.

I am delighted to hand back to you the proposed standards for complaints advocacy services. The standards have been developed in collaboration with users, providers and commissioners of complaints advocacy services and reflect the expertise and experience of these groups. The purpose of the standards is to provide an ambitious vision of what a good complaints advocacy service should look like. Focussing on the outcomes and experiences of those who use the service, these standards provide a valuable resource that commissioners and providers can use to ensure that complaints advocacy services meet the needs and expectations of those who use the service.

There is clearly scope to use these standards to encourage good practice among providers and commissioners immediately. We will share these standards with providers (of whom 23 are delivered by or with local Healthwatch organisations) and with stakeholders including the Local Government Association, who see a role for the person-centred 'I' statements to help councils to commission high quality services.


I hope though that you will take this opportunity to go further and consider the regulatory basis needed to implement and monitor these standards. In our report *Suffering in Silence* we recommended some further changes around complaints advocacy services. We called for an extension of the statutory duty on local authorities to commission complaints advocacy services for users of social care, to bring this into line with the provision of NHS complaints advocacy services. I hope the Department's review of NHS complaints advocacy standards might provide an opportunity for you to consider these issues.

To be as effective as possible, there needs to be a wholesale change in the way in which complaints advocacy services are commissioned and delivered to address the challenges in the current system. As you will be aware, we are inputting into Oliver Letwin's work on complaints handling in public services and have also been talking to him about advocacy services. I very much hope that his work might provide a vehicle for taking our work forward and developing the kind of complaints advocacy service that consumers and users deserve.

I understand that elements of these changes would require primary legislation, and that this would have to be the business of an incoming government, but I hope you will agree that this is an important piece of business for the near term future.

I would be very happy to discuss this in more detail, if you would find that helpful now or in the future.

Best wishes,



Anna Bradley
Chair
Healthwatch England