# Sefton Council. Adult Social Care and Health. Advocacy Services Consultation.





Advocacy services provide support to people to have their say.

We (Sefton Council) want to hear from people who use advocacy services in Sefton.

This includes parents, carers and people using health and social care services.

We want to know about your needs and how advocacy can help.

The consultation starts on Monday 6<sup>th</sup> January and ends on Sunday 16<sup>th</sup> February 2025.





You can complete the survey online by going to Your Sefton Your Say and looking for the Advocacy Consultation.

Or scan this QR code with your phone or tablet.

Paper copies of this questionnaire are also available.





If you need a paper copy or any help completing the questionnaire, please call us or email us.

Phone: 0151 934 3253 or

Email: Rebecca.bond@sefton.gov.uk



## Introduction.

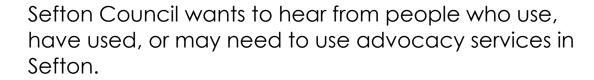
**What is Advocacy:** Advocacy is when someone helps you understand your choices and helps you to express your views.



Advocates are there to support you when speaking to health and social care professionals, when accessing services and support you to deal with everyday problems.



Advocates help you know your rights and speak up for what you want. This support is separate from other services, so it stays fair and honest.





We are asking people about Advocacy Services in Sefton.

It is important that future services are shaped by the people who use them or may use them in the future.



There is a privacy notice at the end of this questionnaire that explains how we look after the information you give us. You do not have to answer any questions you do not want to.





| Q3. What does Advocacy mean to you:  |
|--|
| Please tick <b>all</b> boxes that apply to you.                                |
| Getting support from another person to help me to express my views and wishes. |
| Someone helping me to stand up for my rights.                                  |
| Help provided by people who have similar lived experiences to me.              |
| Having a friend or relative who I trust to speak up for me.                    |
| Someone to help me with things that are important to me.                       |
| Other. Please tell us in space below.  |
|  |



# Q4. How easy or difficult do you think it is to

| Please tick one box.    Very easy.  |
|---|
|   |
| Q5. How happy or unhappy are you with the help you get from Advocacy Services?  Please tick one box.  Very Happy.  Fairly Unhappy.  Does not apply to me.  Please explain why you think that is in the space below. |
|   |



I have better access to services.

|   | I am helped to remain living in my own home.           |  |
|---|--|--|
|   | I do not have to go to hospital as much.               |  |
| T.S.S.U.  Day Surgery Unit (Ward 1)  Pain Refet Clinics  Clinic 4  Clinic 4   | Services are improved for the benefit of other people. |  |
| Collection | I can gain more confidence to speak up.                |  |
|   | Other. Please describe in the space below.             |  |
|   |  |  |
|   |  |  |

# Q7. What types of things do you think you or others may need advocacy support with?

|  | Please tick <b>all</b> boxes that apply to you.  |  |  |
|--|--|--|--|
|  | Support relating to my Adult Social Care assessment – for example about what care and support you may need and how it should be provided to you. |  |  |
|  | My health and wellbeing.   |  |  |
|  | Legal issues.  |  |  |
|  | Your role as a Carer for someone.  |  |  |
| Electric Bill  Council Tox   | Housing issues.  |  |  |
| Gas Bill  To the second | Financial issues – such as benefits or debt.   |  |  |
| 22 4 4 Test of the control of the co | Hate crime or discrimination.  |  |  |
|  | Safeguarding or protection issues.   |  |  |
|  | Relationship issues – such as family or friends.   |  |  |



| Education.   |    |
|--|----|
| Employment.  |    |
| Making a complaint – for example about an NHS service. | ı† |
| Other. Please tell us.                                 |    |
|  |    |
|  |    |
|  |    |

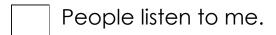


# Q8. What do you currenlty or did you like about advocacy services?

Please tick **all** boxes that apply to you.

|  | Does not apply to me. |
|--|-----------------------|
|--|-----------------------|

|  | They keep in touch wit | h me. |
|--|------------------------|-------|
|--|------------------------|-------|



| It's | friendly. |
|------|-----------|

| Someone is always there for | me. |
|-----------------------------|-----|
|-----------------------------|-----|





| The same person helps me.                  |  |
|--|--|
| Other. Please describe in the space below. |  |
|  |  |



# Q9. How do you think advocacy support should be delivered to you or others?

Please tick **all** boxes that apply to you.



Face to face. Telephone support.

Email. Video Call.





Other. Please describe in the space below.



# Q10. What type of advocacy service do you think is important or not important. Is this type of advocacy important for you or

|       | others?  |
|-------|--|
|       | I can speak up for myself.   |
| II BS | Speaking up for yourself is called 'self-advocacy'. It can be hard to do. Having someone help you speak up doesn't mean you can't do it yourself. It just means you have support when you need it.   |
|       | Important. Not Important.  |
|       | Someone who has experience can advise me and speak up for me.  |
|       | These people are known as peer or group advocates, they are people who have been through similar things. They can help you with different problems you might have.   |
|       | Important. Not Important.  |
|       | A professional independent advocate who will   |
|       | listen to me and speak up for me.  Independent Advocates help you understand things and make choices. They make sure your voice is heard. They are there to support you when you need help with health and social care decisions such as where you want to live. |
|       | Important. Not Important.  |
|       | Family and friends can speak for me.   |
|       | People you trust, like friends, family, or carers, can help speak up for you. They can support you when you need it.   |
|       | Important. Not Important.  |
|       |  |



# Q11. Is there any support we could offer to help people to advocate for themselves?

Please tick **all** boxes that apply to you. Information and advice, for example leaflets. Support groups to self-advocate, for example attending groups to discuss and share with people who have similar experiences to you. Training to help people to speak up for themselves. Other. Please describe in space below.



## Q12. Do you think there should be an **Advocacy Hub?**

This is a way you can get help for all types of advocacy in one

| place. You coul<br>all your needs. | d have one advocate, who supports you with          |
|------------------------------------|---|
| Please tick <b>c</b>               | one box.  |
| Yes.                               | I think there should be an Advocacy Hub.            |
| No.                                | I don't think there should be an Advocacy Hub.      |
|                                    | e use the space below for any ments about advocacy. |
|                                    |   |
|                                    |   |
|                                    |   |



Thank you for completing this questionnaire.



## Some Questions About You.

You don't have to answer these questions if you don't want to. All your answers are kept secret. We put all the answers together. Your answers cannot tell us who you are.

We want to make sure we include everyone. So, your answers are very helpful to us.



# 1. Are you okay with giving your details as explained in the privacy notice?

| in the privacy nonce: | <b>;</b> |   |
|-----------------------|----------|---|
| Yes.                  | No.      | _ |

## 2. How old are you?

| Ì | Happy<br>Birthday |
|---|-------------------|
| ŀ |                   |
|   |                   |
| Ì | March 1           |

Under 18. 1

18-29.

30 – 39.

40 – 49.

50 -59.

60 – 69.

79 – 79.

80 -84.

85+.

Prefer not to say.

3. Sex.



Male.



Female.



Prefer not to say.

# 4. Is the gender you identify with the same as your sex registered at birth?











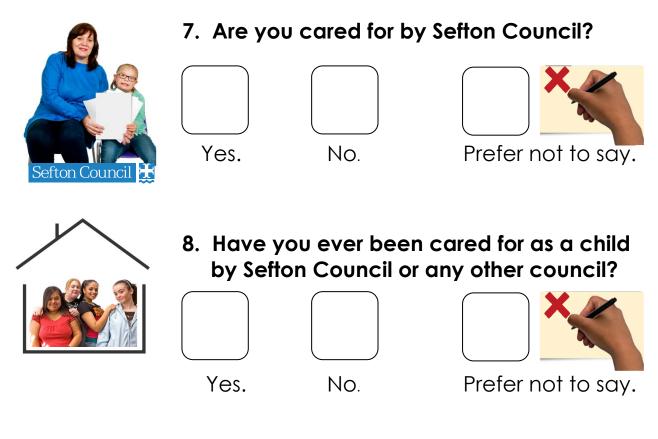
Prefer not to say.

# 5. Do you currently live as your birth sex? Yes. No. Prefer not to say. If no, please tell us your gender identity? 6. Relationships - How would you describe your sexual orientation? Heterosexual or straight. Gay/Lesbian. Bisexual. I identify differently. Prefer not to say.

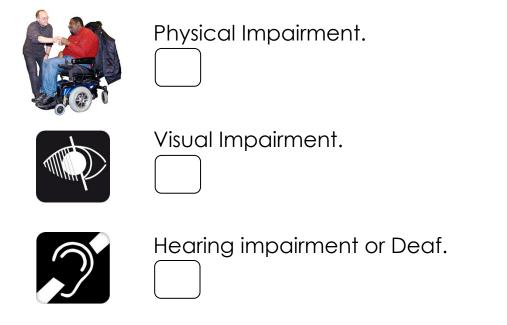
Please tell us how you identify.



Children and young people become cared for (sometimes known as looked after) when they cannot stay with the family they lived with, so the Council takes on the responsibility of looking after them as a parent would.



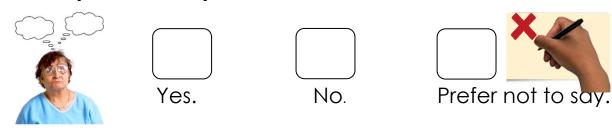
## 9. Disability - Do you have any of the following?



|             | Learning difficulty.                           |
|-------------|--|
|             | Learning disabilities.                         |
|             | Autism Spectrum Conditions.                    |
|             | Long-term illness that affects you daily life. |
| ?           | Dementia.                                      |
|             | Mental Health Condition.                       |
| X           | Prefer not to say.                             |
| If you have | Cancer diabetes or HIV this is seen as a       |

If you have Cancer, diabetes, or HIV this is seen as a disability under the Equalities Law. Or you have selected any of the boxes in question 9.

## 10. Do you think of yourself as disabled?



# 11. What is your religion or belief?

| X                  | No religion or belief.  |
|--------------------|-------------------------|
| +                  | Christian.              |
| ॐ                  | Hindu.                  |
| 100 55 66 60 850 M | Muslim.                 |
|                    | Jewish.                 |
|                    | Sikh.                   |
|                    | Buddhist                |
| ×                  | Prefer not to say.      |
|                    | Other.  Please tell us: |
|                    |                         |

# 12. Race and ethnicity - do you identify as:

| ×           | Prefer not to say.                        |
|-------------|---|
| White.      | English.                                  |
|             | Welsh. Scottish. Northern Irish. British. |
|             | Irish.                                    |
|             | Gypsy, Irish Traveller, or Roma.          |
|             | Polish.                                   |
|             | Portuguese.                               |
|             | Latvian.                                  |
|             | Lithuanian.                               |
| Mixed and I | Multiple Ethnic groups.                   |
|             | White and Black Caribbean.                |
|             | White and Black African.                  |
|             | White and Asian.                          |

| Asian or Asian British. |   |
|-------------------------|---|
|                         | Indian.  Bangladeshi.  Pakistani.  Chinese.     |
| Black or Black British. |   |
|                         | African.  Caribbean.                            |
| Other Ethnic Group.     |   |
|                         | Arab.  Other Ethnic background. Please tell us. |



## Thank you for filling in this form.

This information will **not** be able to tell us who you are but it will help us to understand if we are missing people out.















# Sefton Council. Advocacy Services Consultation Strategy 2024 – 2027. Privacy Notice.

Sefton Council would like to tell you about our Privacy Notice for **Advocacy Services consultation.** 

This Easy Read privacy notice for the Advocacy Services Consultation will explain the personal information we collect.

In this questionnaire we will collect information about:

- IP addresses (If completed online this is a computer code to show what computer the information comes from).
- Equality questions.

## What personal information we collect.

In this consultation's equality monitoring questions, we collect information listed below:

- IP address.
- Age.
- Sexuality.
- Gender.
- Disability.
- Religion.
- Race or ethnicity.







Sefton Council are asking people to have their say about the Advocacy services in Sefton.

## IP addresses that identify computers.

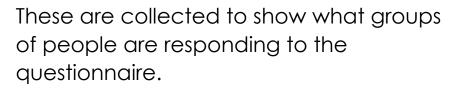
- The IP addresses are collected to make sure only one response per resident is received.
- Once this is checked the IP address information is deleted.



#### Personal information.

 No personal information is collected in this survey.





This also lets us know if we need to use different ways to contact groups of people who are not responding.



## How long we keep your information.

The IP address will be deleted immediately after the checks are done.

The equalities information will be kept until the information has been looked at and a report written.







# How we use the information and who we share the information with.

The information collected in this questionnaire will only be used as numbers in the report.

No information is collected that tells us who you are.



## Storing the information.

All information is kept safe.

Sefton Council follows the laws around data protection.



#### The laws.

We need to make sure we

- Only ask the questions we need to in the questionnaire.
- Ask the equalities questions.



The law says we must ask and act on this information.

It helps us to know what groups of people are responding to the questionnaire.

It also helps us to know that we are not missing groups of people.



#### Confidential.

Your answers will not tell us who you are. The answers will be collected to help us know what people think.















#### Who will we share this information with?

Your information will not be shared with any other organisations.

## Asking to see your personal information.

You can ask to see what personal information we keep about you.

Be aware there are some rules about why some information cannot be shared.

You can refuse to answer any questions in the questionnaire.

If you want to ask to see your personal information you can. Use the Council website to complete a request form.

Or you can call Sefton Council on 0345 140 0845.

#### Contacts:

For more information about this privacy notice please contact: jayne.vincent@sefton.gov.uk

0151 934 3733

## Sefton's Data Protection Officer:

Ino.information@sefton.gov.uk

0345 140 0845

# Contact for the Advocacy Services Consultation is:

Rebecca.Bond@sefton.gov.uk

0151 934 3253