

**DRAFT**

**Information, Advice & Advocacy Strategy**

**2017-2021**



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## Foreword

This is the Council's first strategy for information, advice and advocacy services. These services are for the most part delivered by the Voluntary and Community Sector (VCS) and play a vital role in helping and supporting residents in need, find solutions to the problems they are facing. Despite the challenging financial circumstances we find ourselves in, it is right that we continue to prioritise these services and residents know where to go and how to access good quality and reliable independent information, advice and advocacy in order to try and resolve their problems before they become more severe or lead to the need to access statutory services. This is why I am pleased to be able to present this strategy.

This strategy is just the start of the journey, it sets out over the course of the next four years how the Council and the VCS will work together to meet the future needs for information, advice and advocacy in an efficient and effective way within the resources available to improve resident's experience of accessing these services. It also enables us to provide some certainty to the VCS by setting out the vision and funding for these services over the next 4 years.

The Council and the VCS have been working closely for several months to devise this strategy and I would like to personally thank all the organisations, service users and Council staff who have taken part in all the research, engagement and co-production that has led us to this point. I look forward to continuing to work together as we deliver this strategy.

Cllr Sue Anderson  
Portfolio Holder for Community, Culture and Resident Engagement

## **Executive Summary**

The provision of information, advice and advocacy to local residents is a critical service. Information and advice is often the first access point for residents to key information about many areas of their lives. Good quality, reliable information and advice delivered in a timely manner provides residents with options around how to enable early resolution of potential problems that without intervention could escalate and lead to complex and distressing circumstances which could have been avoided. It therefore plays a vital role around early intervention and the prevention of the escalation of problems.

The Council currently spends approximately £1.5m on over 20 different local organisations to provide independent information, advice and advocacy. The service model for the provision of these services has remained relatively unchanged for a number of years. With many changes to entitlements and population increases, demand for information and advice in the borough continues to grow particularly in the areas of: Housing, Welfare benefits, Money /debt, Employment, Well-being (i.e health and social care *not* covered by the Care Act SWISH contract), Family & personal matters (counselling, bereavement, abuse, relationships, older people, carers) and Immigration. There is also an increase in people presenting with multiple and complex problems. In addition, changes in technology and the way in which people access information have created greater opportunities to engage and support the information and advice needs of local residents.

This strategy sets out: the current understanding of the level of need for information, advice and advocacy in the borough; 6 priorities to help improve resident's ability to access information and advice at the earliest opportunity; a new model for how the Council will commission Information and Advice services; co-ordination and collaboration between all service providers to reduce duplication and improve referral pathways to ensure a more holistic service able to better deal with complex and multiple needs; clear outcomes so we can measure impact and progress and provides clarity and certainty to the Voluntary and Community Sector over the next 4 years on these services by committing to continuing to fund statutory information, advice and advocacy services, a general information and advice service and a targeted support grants programme.

## Section 1 - Background

### 1.1 Introduction

The provision of information, advice and advocacy to local residents is a critical service. Access to high quality information and advice is important in enabling early resolution of potential problems that without intervention could escalate and lead to complex and distressing circumstances for residents which could have been avoided.

The Council currently funds a number of local organisations to provide independent information, advice and advocacy. The service model for the provision of these services has remained relatively unchanged for a number of years. With many changes to entitlements and population increases, demand for information and advice in the borough continues to grow. In addition changes in technology and the way in which people access information have created greater opportunities to engage and support the information and advice needs of local residents. In considering how we react to these changes and support greater resilience within the borough within the resources available, there is an opportunity to develop a new model for how the Council commissions Information, Advice and Advocacy services that support Harrow residents in need to easily and seamlessly access the help they require at the earliest possible opportunity.

### 1.2 Consultation and Engagement

We have worked with the Voluntary and Community Sector (VCS) in Harrow to co-produce our approach to this Information, Advice and Advocacy Strategy with a number of consultations and events between April and October 2016. In total 45 different organisations and many service users have been involved in the process. The methodology we used was:

- i. A mapping and data gathering survey was undertaken in April 2016 to understand the range of information, advice and advocacy services provided by the Council and the VCS in the borough. There were 16 responses.
- ii. This was followed up between May and July with 20 telephone interviews with service providers who were asked about: how customers accessed their advice provision, how they worked with customers, future demands, how to make advice provision more accessible, ideas for service improvements and models of service delivery.
- iii. To get the views of service users we attended user groups or recreational meetings to understand their experience of trying to access information and advice. Questionnaires were also available for service users to complete, there were 53 responses in total.
- iv. The first stage of interviews and meetings with service users were analysed and presented to the VCS at two repeat (morning and evening) events on the 23<sup>rd</sup> May. 18 organisations attended.
- v. An open discussion meeting took place on 13<sup>th</sup> July 2016. 10 organisations attended. Participants discussed: budgets/commissioning, tendering, grants process, consultation findings, definitions of IAA, customer journey mapping and experiences, joining up services and being more efficient, digital portal, needs analysis and the Care Act.

- vi. A needs analysis was undertaken and shared.
- vii. Two co-production workshops were held on 18<sup>th</sup> July and 17<sup>th</sup> October to design the vision and key principles for a future information and advice service and a vision of what this service would look like and how the Council and the VCS could work together to implement this vision. (15 organisations attended in July and 20 in October)

### 1.3 Definitions

For the purposes of this strategy we are defining Information, Advice and Advocacy as follows:

**Information** – the open and accessible supply of knowledge and facts deemed to be of interest to a particular group. This can be actively distributed or passively available and would include signposting.

**Advice** – helping a person identify choices and providing an objective opinion, guidance, direction or recommending a course of action. This would include casework and advice provided by qualified and regulated professionals

**Advocacy** – supporting a person to obtain and understand information, by speaking for them or supporting them so they can: speak for themselves, make decisions and choices, express their needs and wishes and secure their rights. In this strategy we will be making a clear distinction between statutory and non-statutory advocacy:

- Statutory advocacy covers Independent Care Act Advocacy (support for people meeting the care act eligibility criteria,) Independent Mental Capacity Act and Independent Mental Health Act advocacy (for people meeting the criteria under the Mental Health Act, and the Mental Capacity Act), Independent Health Complaints Advocacy and Children’s social care Advocacy (for missing children interviews, child protection conferences and Looked After Children).
- Non-statutory would cover collective advocacy, (group support and collective strength) peer advocacy (people in the community supporting others going through similar experiences) citizens advocacy and community advocacy (advocacy where there’s no legal entitlement).

### 1.4 Why information, advice and advocacy is important

Information and advice is often the first access point for residents to key information about many areas of their lives. Good quality, reliable information and advice delivered in a timely manner provides residents with options around how to navigate the support available and better manage a range of issues affecting their lives, ideally without needing to access public services. It therefore plays a vital role around early intervention and the prevention of the escalation of problems.

Information and advice provision that is easily accessible and well co-ordinated also helps residents become more resilient because they know where to go and how to access support. The stress and anxiety of not knowing where to turn in the first instance or being passed from pillar to post is also removed because they are signposted to the correct service the first time.

Demand for information and advice is growing due to things like welfare reform, homelessness and an ageing population there is also an increase in people presenting with multiple and complex problems.

Approximately £1.5m/yr of council funding is currently given to projects and services run by the VCS related to information, advice and advocacy. Yet without a strategy joining this spend and services together and providing a platform for better co-ordination, residents will continue to experience a fragmented customer journey and we will not be able to ensure we are meeting resident's needs in the most efficient and effective way within the resource and capacity available.

#### 1.5 The benefits of information and advice

Good quality information, advice and advocacy can bring benefits to the resident, the community and organisations:

<b>Resident Benefits</b>	<b>Community Benefits</b>	<b>Organisational Benefits</b>
<ul style="list-style-type: none"> <li>▪ Improved customer satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Realising people's individual assets (e.g. helping them to make a contribution as volunteers)</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting more people to "self-serve"</li> </ul>
<ul style="list-style-type: none"> <li>▪ Information and advice is more convenient and accessible</li> </ul>	<ul style="list-style-type: none"> <li>▪ Realising family assets (e.g. strengthening family links and supporting informal carers so they are better able to cope with multiple pressures)</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing unnecessary referrals to councils and the NHS (e.g. by making information and advice accessible through alternative channels and locations)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Information and advice is felt to be relevant, reliable, accurate, useful and timely</li> </ul>	<ul style="list-style-type: none"> <li>▪ Connecting people to each other (e.g. using social media and other channels for peer support)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Optimising collaboration between providers (i.e. to eliminate duplication, ensure effective signposting and make better overall use of expertise)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Complex and multiple types of query are able to be dealt with in a more holistic way</li> </ul>	<ul style="list-style-type: none"> <li>▪ Developing community assets (e.g. by building local organisational capacity, mapping and developing sources of information, advice and support in communities)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Resolving more queries at the first point of contact, and reducing the overall number of repeat referrals to all agencies</li> </ul>
<ul style="list-style-type: none"> <li>▪ Information and advice can be targeted at situations/circumstances where there is greatest need</li> </ul>	<ul style="list-style-type: none"> <li>▪ A more informed and engaged population.</li> </ul>	<ul style="list-style-type: none"> <li>• Early intervention: giving people early advice, or resolving simple issues, to ensure their problems don't escalate</li> </ul>

<p>Improved individual outcomes – e.g.:</p> <ul style="list-style-type: none"> <li>• Reduced anxiety</li> <li>• Enabling and empowering people to navigate systems and improve their problem-solving skills.</li> <li>• Maximising people's income</li> <li>• Improving individual health and well-being</li> <li>• Increasing social inclusion.</li> </ul>		<ul style="list-style-type: none"> <li>• Making best use of the skills of the workforce including volunteers (e.g. by effectively “triaging” so people are referred to the person with the right expertise to meet their needs)</li> </ul>
<ul style="list-style-type: none"> <li>• Promoting independence and resilience</li> </ul>		<ul style="list-style-type: none"> <li>• Reducing bureaucracy (e.g. by ensuring that assessment and support planning processes and documentation are flexible and proportionate)</li> </ul>

## 1.6 Legal requirements and duties

### 1.6.1 The Care Act 2014

The Care Act states every local authority has a duty to: *“establish and maintain a service for providing people in its area with information and advice relating to care and support for adults, and support for carers”*.

Harrow Council, in compliance with its duty under the Care Act 2014 commissioned an 'information and advice service', following an open tender process it was awarded to SWISH (Support and Wellbeing Information Service Harrow) a consortium of 5 local voluntary sector organisations; Age UK Harrow, Mind in Harrow, Harrow Mencap, Harrow Carers and Harrow Association of Disabled People. This service is contracted to provide 'a universal information and advice service relating to the care and support for adults and support for carers' the service is lead and co-ordinated by Mind in Harrow.

The statutory guidance confirms that to fulfil this duty, the local authority is likely to have to go further than providing information and advice directly by working to ensure the coherence, sufficiency, availability and accessibility of information and advice relating to care and support across the local authority area. All other information and advice services, and many other services providing support to vulnerable clients must be aware of the Care Act information and advice service and actively promote it to residents that would benefit from its services. The Care Act Service is well connected within the Borough, and we would expect the referrals to go both ways.

### 1.6.2 The Adoption & Children’s Act 2012, The Children’s Act 1989 and Children and Families Act 2014 act



The Council has a statutory responsibility to offer advice and support to parents and carers of children with special educational needs through a range of services that enable parents to make informed decisions about their rights and the roles and responsibilities of schools, professionals, local authorities and support agencies. Advice is provided via Special Educational Needs and Disabilities Information and Advice Service (SENDIAS) which is a free, impartial and confidential service.

Local Authorities also retain a statutory duty to 'encourage, enable or assist young people to participate in education or training'. The Early Intervention Grant helps Local Authorities to support vulnerable young people to engage and to intervene early with those at risk of disengagement. The Council fulfils this duty through Careers Information Advice and Guidance (CIAG) service.

#### 1.6.3 The Housing Act 1996

The Council has a statutory duty to provide advice to the homeless in particular under Section 179 of the Housing Act 1996 which says: Duty of local housing authority to provide advisory services. Every local housing authority shall secure that advice and information about homelessness, and the prevention of homelessness, is available free of charge to any person in their district. The Council has an in-house service that fulfils this requirement, but since 2009 has also had an agreement with the CAB to provide money advice to tenants who are predominantly in arrears with their rent. Self-referrals can be made but in most cases referrals are made by Housing Officers which is a standard action in our income recovery procedure. The court protocol also asks that a referral of this nature is made on the behalf of the tenants.

#### 1.7 Scope of the Strategy

The focus of this strategy is the information, advice and advocacy services that the Council commissions. It moves away from a multi-commission approach from a variety of different funding streams to creating a single and sustainable general information and advice service, complemented by targeted support and statutory services all on a sustainable financial footing.

We also recognise that it is not just the Council that commissions information, advice and advocacy services, and that there is a wide range of other provision in the borough from other partners. This strategy therefore identifies a need, over the next 4 years, to ensure this provision is networked in with the Council provision to provide a more joined up and co-ordinated service which reduces duplication, ensures consistency of quality no matter where you go and improves the experience and outcomes for residents.

The objectives of this strategy are therefore to:

- i. Set out the current understanding of the level of need for information, advice and advocacy in the borough
- ii. Identify areas that would help improve resident's ability to access information and advice at the earliest opportunity
- iii. Set out a new model for how the Council commissions Information and Advice services (and retain the current model for statutory advocacy services)

- iv. Improve co-ordination and collaboration between all service providers to reduce duplication and improve referral pathways to ensure a more holistic service able to better deal with complex and multiple needs
- v. Set clear outcomes so we can measure impact and progress
- vi. Provide clarity and certainty to the Voluntary and Community Sector over the next 4 years

## Section 2 - The current picture

### 2.1 Needs Analysis (the full report can be found here:)

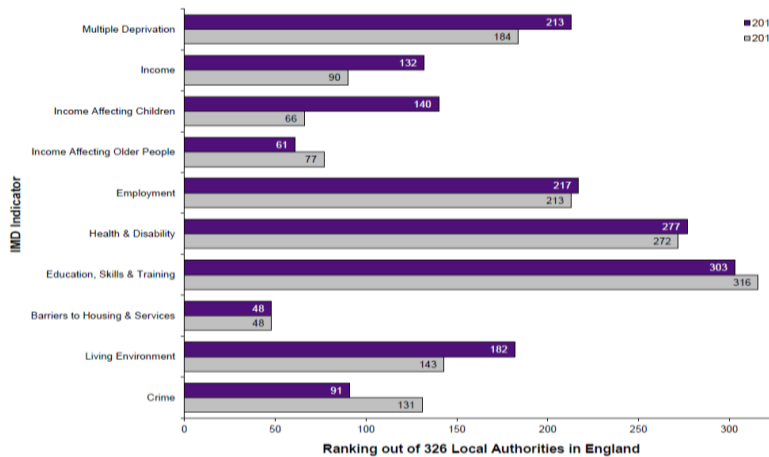
#### 2.1.1 Indices of Deprivation – Harrow Summary 2015

Harrow is ranked 213th out of 326 Districts in England, an improved ranking since 2010, when the borough was ranked 184th, where 1st is the most deprived

Harrow is ranked the 6th least deprived borough out of the 33 London Boroughs, an improvement of one place on the 2010 rankings and three places on the 2007 rankings

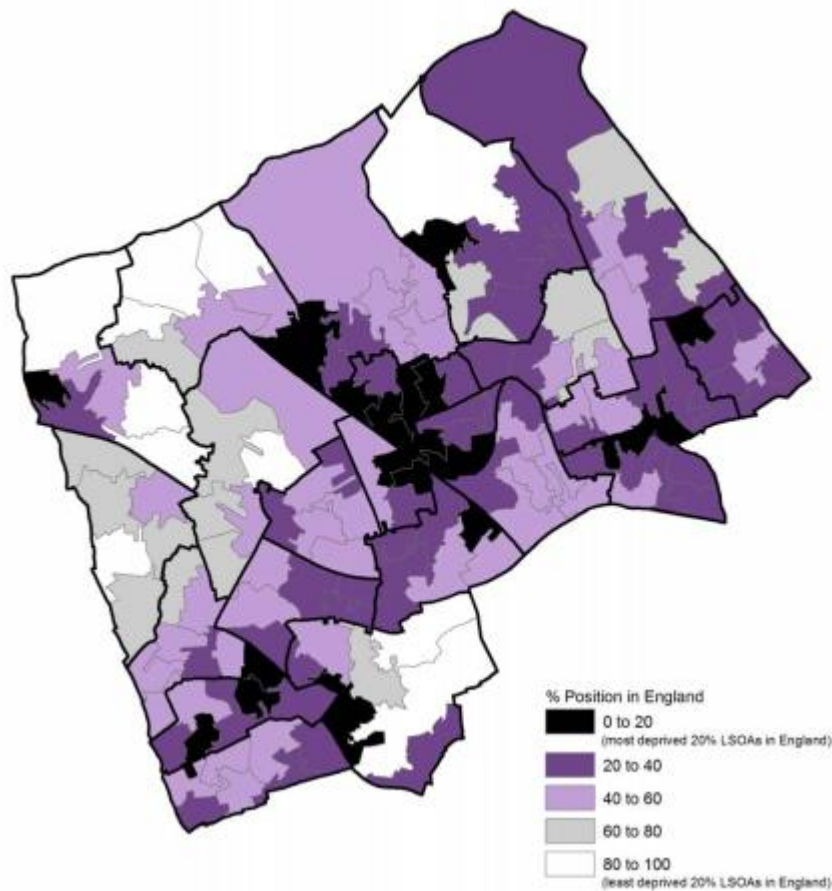
**Harrow's Rank in relation to the National Deprivation Rankings**

*Source: CLG, Indices of Deprivation 2010 and 2015, Crown Copyright*



Whilst at a borough level Harrow appears to be doing well, this masks some severe pockets of deprivation within the borough particularly in Wealdstone, Marlborough, Roxbourne and Greenhill where health inequalities, income deprivation and barriers to housing are much more acute.

Income, 2010  
Source: CLG, Indices of Deprivation 2010, Crown Copyright



### 2.1.2 Housing and Homelessness

Over the past 5 years in Harrow, there has been an increase in the number of households approaching the Council for housing-related assistance – with the figure reaching 2,000 for the year 2014-15 (Harrow Ambition Plan, 2020). Throughout telephone interview responses, 50% of service providers reported that clients approached their service with needs over housing & homelessness, and 25% reported an increase in cases of clients requesting advice in this area.

Harrow has one of the smallest social housing stocks in London and the 'Right to Buy' scheme has caused significant reductions in the number of Council homes available. Of the total amount of occupied dwellings in the area, 10.6% of Harrow's households live in social rented housing and 21.7% of households live in private rented accommodation. Approximately, 10% of Harrow's household live in social rented housing. On top of this, house prices in the Borough are high and rising faster than the average growth in income. There are still a high number of families dwelling in temporary accommodation. Harrow is nationally ranked 24th for overcrowding, where 1st is the most overcrowded. Harrow also ranks poorly (48<sup>th</sup>/326 Local Authorities in England - where 1<sup>st</sup> is the most deprived) for the 'barriers to housing' deprivation domain – Harrow's lowest score across all IMD domains (London Borough of Harrow, 2015). There have also been significant increases in cases of

homelessness in the Borough, resulting in more families being placed in B&B's, at an average cost to the council of £7,000 per family per year. Specifically, B&B numbers as of 1st April 2015 were 153, and had increased by the end of the 2015-16 to about 310 although there has been a decrease in this level in 2016 with 140 families with children in B&Bs at November 2016.

### 2.1.3 Economic and Welfare Reform Impacts

Currently, over 30,000 Harrow residents are experiencing income deprivation<sup>1</sup>, and over a fifth of residents are in low-paid jobs. More people experiencing income deprivation is likely to increase the numbers seeking advice services in the future over a wide range of areas; such as finance, health and housing - as perhaps demonstrated by the fact that service providers have reported a rise in the number of users accessing their services due to financial difficulties. It seems that income-deprivation is high in Harrow, particularly for older people.

The Department of Work and Pensions has forecast that a total of 464 households in Harrow will be capped under the new Benefit Cap that has just been implemented, however it is anticipated that this number will reduce as rules around exemptions are applied, such as for carers (Harrow Economic & Welfare Reform Impacts Dashboard, 2016). The extension of the welfare reform programme is likely to cause further increases in demand for advice services in the future. A common view throughout the user questionnaires, telephone interviews and consultations conducted over the summer, was that the main factors driving an increase in demand for advice services in Harrow were Government's welfare reforms. 43% of service users in the questionnaire stated that they had sought advice over benefits and financial hardship issues.

From a skills and employment perspective, Harrow is one of 25 local authorities identified by the Department for Communities and Local Government as an area with high levels of need for English language provision. In 15.9% of households English is not the main language of any occupants (10<sup>th</sup> highest ranking nationally and far exceeding the 4.3% national average). Moreover, the 2011 Census showed that 1% of Harrow residents are unable to speak any English at all, compared with 0.6% for London as a whole and 0.3% nationally (Inequality Report, 2016).

Data from Harrow Citizens Advice Bureau on all enquiries to the CAB provides an understanding of the general information and advice needs within the borough. This data shows that although the general number of issues dealt with have gone down, issues around: rent arrears, debt, benefits and homelessness remain the biggest areas of need, which tallies with our own needs analysis.

### 2.1.4 Health and Disability

17.3% of Harrow's working age population classified themselves as disabled in the 2011 Census - a total of 26,600 people (Office for National Statistics, 2012). 8,370 individuals, 3.4% of the population, receive Disability Living Allowance<sup>2</sup>. PANSI data suggests that the number of people living with learning disabilities and moderate-serious physical disabilities in Harrow is set to increase. The number of people with a learning disability is increasing year on year from 3,782 in 2014 to 3,958 by 2025,

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<sup>1</sup> The income deprivation domain measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used excludes both those people that are out-of-work, and those that are in work but have low earnings (and who satisfy the respective means tests).

<sup>2</sup> Rate calculated using the ONS 2013 Mid-Year Estimates

while the number of people aged 18-64 with a moderate or serious physical disability is also increasing from 14,908 in 2014 to 15,956 in 2020.

There are also significant geographical health inequalities across the borough. For instance, there is a 10 year difference in life expectancy between Pinner South and Wealdstone. There are also health inequalities related to ethnicity. With the exception of Black Caribbean and Irish populations, all other minority ethnic groups have lower rates of adherence to the Chief Medical Officer's recommendations for physical activity (Harrow Community Learning Strategy, 2015).

People with health conditions are likely to seek advice services if they feel that they are not receiving the necessary help. Numerous reports have recently claimed that there are currently long waiting times in the NHS nationwide and especially at Northwick Park and issues with getting GP appointments, something which may escalate people's need for information and advice.

1 in 4 adults in the UK will experience a mental health problem in any given year, whilst 1/100 people are predicted to be on the autistic spectrum. National IAPT data has estimated that 22,700 people (9%) of Borough residents currently have common mental health problems. PANSI's mental health data for Harrow states that the number of people 18-64 in the borough living with a common mental disorder is increasing - from 24,975 in 2014 to 26,064 in 2020 - with 11,168 of these people predicted to have two or more psychiatric disorders increasing to 11,674 by 2020.

Rates are particularly high amongst some BAME communities, particularly new arrival refugees. Mind in Harrow (MiH) identifies that within the groups there is generally a poor awareness and understanding of mental health services and how to access them, and a cultural stigma associated with having mental health problems.

Carers may also be particularly vulnerable to mental ill health. Analysis of the Carers survey finds that two most significant factors associated with carers feeling under excessive pressure (and at risk of breakdown) were: not being able to maintain social contacts and thereby becoming socially isolated, and feeling that they were not receiving enough encouragement and support (Cabinet Response to Scrutiny Review of the Impacts of Welfare Reform in Harrow, 2016).

The prevalence of mental health disorders and emotional disorders in Harrow amongst children and young people (8.8% and 3.4%) is lower than the average rates for England (9.6% and 3.7%). Hospital admission rates (per 100,000) for mental health conditions in children (aged less than 18 years) are also lower than the average rates for England.

Feedback from service users and providers suggested there is a high demand for advice over mental health-related issues in Harrow. 55% of providers stated that clients request advice over issues relating to mental health. Supporting people with mental health issues is complicated by the fact that many do not access advice services until their issues have reached 'crisis point'. When asked about the levels of need in their clients, service providers claimed that many of those requesting advice over mental health delayed approaching the advice services, due to a perceived stigma attached to having mental health problems, and were therefore in high need. Harrow Carers for instance put forward that 'most service users' had 'high levels of need related to mental health and emotional issues', whilst an increase in sections and acute mental health issues were widely reported by providers during

consultation. Furthermore, 9/28 of users, when asked 'Do you have a disability?' stated that they had a disability related to mental health. To improve advice services, 5 users later called for more service advice provision related specifically to mental health, whilst in consultations a common view was that there should be mental health advocacy specialists, and this was listed as a gap in service provision.

#### 2.1.5 Ageing Population

Nationally the population is living longer. The Borough's population is ageing at a faster rate than average across the rest of Greater London and it is expected that by 2020 in Harrow there will be a 14% increase in people over 65 and a 26% increase in people over the age of 85. ). POPPI<sup>3</sup> data suggests there will be an increase in the number of people aged 65 and over by 14% by 2020 and 29% by 2025. The biggest predicted increase is in people over 85 (26% increase by 2020). The proportion of the population who are 65+ and 85+ is therefore predicted to increase by 2020 from 14.83% - 15.63% and from 2.07% - 2.37% respectively. It seems that an ageing population is likely to increase demand for information and advice services from elderly and disabled people.

There is also an impact on carers - Harrow Carers have noted that the main change in customer needs noticed within the past 5 years is a growing number of ageing carers with a diverse range of needs<sup>4</sup> (this diverse range also being listed by the organisation as their most time-consuming factor in delivering advice services). Similarly, during consultation over summer, a 'main user needs change noticed within the past 5 years' reported by service providers was a growing number of older people with issues around social isolation. The Census (2011) showed there were 24,620 carers in Harrow, an increase of over 4000 (almost 20%) from ten years earlier. With an increase in the number of older people, and people requiring care and support it is likely that the number of carers in the Borough will continue to increase. Furthermore the Harrow Joint Strategic Needs Assessment 2016 has highlighted that Harrow has a skills gap in the caring services, and that this is likely to be an important sector in the future as the average age in the population increases.

#### 2.1.6 Child Poverty:

A further potential development in the future which may create demand for information and advice services is child poverty. There were 3.7 million children living in poverty in the UK in 2013-14 – that's 28 per cent of children or 9 in a classroom of 30. London is the area with the highest rates of child poverty in the country. On a scale measuring the proportion of children in poverty in all 326 local authorities in England (2015), Harrow is ranked 213th (where 1st is the most deprived), which is an improvement since 2010 when the borough was ranked 184th. After housing costs, there are 28.7% of children living in poverty in Harrow (London Borough of Harrow, 2015). This is particularly important, given that Harrow has a large child population, which is increasing. Children in large families are at the highest risk of living in poverty. There are a wide variety of reasons why a family may experience poverty, such as a rise in living costs, drop in earnings through job loss or benefit changes. Children in poverty are likely to attain lower grades than their peers. Children may

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<sup>3</sup> Projecting Older People Population Information

<sup>4</sup> For instance, a statistical analysis completed by Harrow's BIU (Business Intelligence Unit) on the Carers Survey showed that the two most significant factors associated with carers feeling under excessive pressure (and at risk of breakdown) were: not being able to maintain social contacts and thereby becoming socially isolated, and feeling that they were not receiving enough encouragement and support.

also suffer lower educational attainment if their parents have poor English language skills, as this can lead to isolation, poor communication between parents and schools, resulting in cultural dislocation (Harrow Community Learning Strategy, 2015).

The reality is that these needs are not mutually exclusive and residents are increasingly presenting with multiple, complex issues as resource and capacity declines. Through this strategy and new service model we will make sure we are meeting that need in the most efficient and effective way possible and work towards improving the customer journey by making it easier for more people to access and navigate their way to the most appropriate sources of information and advice in the first instance and at an earlier stage before their issues reach crisis point and so multiple needs are dealt with in an effective and holistic way.

## 2.2 Experiences of Service Users

This section highlights some of the issues service users have raised in our consultation in accessing information and advice. (The full report can be found here):

### 2.2.1 Accessing Services

In general, services users felt services are quite easy to access because of advertisement and central locations, but they also felt that more could be done to improve access to information and advice by: reducing waiting times, increasing awareness of where to go so they go to the right place the first time, increasing the level of personalisation in advice, and tackling language and digital access barriers including making letters less technical and easier to understand. The service user recommendations for improving advice service accessibility focused mostly on providers offering more availability for face-to-face appointments (such as by opening longer hours). A significant majority of users (37/53) reported difficulties in accessing information online, and in response to the question on whether advice provided online is sufficiently easy to access 13 users stated their preference for face-to-face consultations.

### 2.2.2 Seeking advice

A significant proportion of respondents only sought advice when at '*crisis point*'; such as when they were in real financial hardship, struggling to obtain benefits, a health problem had escalated to the point where everyday life was too challenging, or they were sacked from a job. Service users also reported they sought the help of advice services after receiving advice from a friend or relative. Respondents also reported a lack of information about where to go to access services.

In order of need, residents cited: benefits, careers/employment, finance and debt, housing, legal advice, immigration and general family advice as the most important information and advice needs.

### 2.2.3 Satisfaction

In terms of their overall satisfaction with the service provided, it appears that most respondents were satisfied with the level of service they received, as when asked to rate service out of 10 (10 meaning very good) the average rating overall was 8.1.



44/50 respondents also stated that they had received the advice they wanted. The elements service users were most satisfied with were: being able to speak with empathetic, friendly and approachable staff, quick and easy appointment scheduling, well-informed staff, the convenience of speaking over the phone.

Nevertheless, others reported that nothing was easy. Common issues included: long waiting times – from a few weeks to several months, difficulties identifying what each service does, a fragmented response with part of the issue being dealt with in one place and another part somewhere else, inability to secure face-to-face consultations (with many highlighting the inappropriateness of over the phone or e-mail discussions when trying to seek personalised, non-generic advice), low quality information or poor knowledge from advisors, difficult location of service providers and the respondents' personal reluctance to speak about sensitive topics, language barriers and costs.

#### 2.2.4 Accessing information and advice online

Common issues raised with accessing information and advice online were: preferring face to face consultation due to vagueness/generic nature of online advice, lack of computer literacy/confidence and difficulty using computers, language barriers, ease of access depends on how respondent feels on the day (perhaps referring to those with fluctuating mental health conditions), it's hard to identify reliability of online sources, don't have internet access and didn't know about online service.

#### 2.2.5 Improvements

The most common answers included longer opening hours and more appointment availability, more staff and resources at advice organisations, advisors specialising more (particularly in mental health), and more advertisement of services.

#### 2.2.6 Where they go for advice

Respondents said they'd prefer the providers to be: qualified and subject specialists, independent, patient and supportive, kind and caring, and have convenient opening hours. Trust and 'brand loyalty' were also important.

### 2.3 Service Provider experience

This section highlights some of the issues service providers currently experience in delivering information and advice services in Harrow (the full report can be found here):

#### 2.3.1 Service Users' Needs:

Most organisations reported that the level of need varies significantly between individual clients. However, a significant number stated that most customers approach their service with high levels of need. The main areas of need for information and advice reported by organisations were: financial hardship, welfare entitlement, housing and homelessness, mental health and social isolation/loneliness. It was also reported that there is often high need for information and advice in Harrow from migrants, particularly those from Afghan, Tamil, Somali, Arabic and Eastern European communities – specifically for advice over immigration as well as all of those areas listed above.

All organisations believed that demand would increase further. Half attributed this to central government welfare policy/legislation changes (e.g. the impacts of the reduced benefits cap and introduction of universal credit) which it was claimed would increase the number of residents seeking information and advice over financial hardship, which may lead to issues affording rent payments and a need for housing & benefits advocacy. It was also suggested there would be an increase in demand for immigration-related advice due to future new arrivals and refugees; demand may also be increased due to an ageing population and there would be an increase in Arabic speaking users accessing advice services.

### 2.3.2 Customer frustrations and issues:

Providers believed that the main frustrations which customers experience are: when they are incorrectly signposted ('passed around') between different organisations without receiving the appropriate advice, that advice organisations can't actually resolve the users' issues directly or immediately, long waiting times, language barriers, organisations being unable to provide a holistic response and a 'lack of responsiveness' from the Council.

### 2.3.3 Making Advice more Accessible:

The largest group of providers stated that the best way for clients to access advice was over the phone, as it was believed that this is more convenient for service users and allows providers to handle more clients as it is less time-consuming than providing face-to-face consultations to all users. There was also a view that doing this was the best way to provide a service to customers when their organisation has limited capacity to open enough hours to see people face-to-face.

There was also notable support for users accessing advice digitally (online through websites and via e-mail), for the same reasons. There was also some support for users accessing advice services through social media. However, there was also some recognition that digital access would not be suitable for some clients, such as those without computer/internet access, and those who struggle to navigate online (such as the elderly, disabled and individuals with language barriers).

On the other hand, a minority of organisation felt strongly that face-to-face consultations were the best way for clients to access advice. Particularly for those who cannot access information online; or to be able to fully understand clients' needs; identify language barriers and refer individuals appropriately. However it should be noted that these were also listed as the most time-consuming factors in service delivery by 2 organisations.

### 2.3.4 What Issues do Customers Currently have with Accessing Advice?

The largest group of respondents stated that clients having low computer literacy and/or no computer or internet access is the main issue which they have with accessing advice services, followed by language barriers. The need for 'culturally sensitive' advice provision in Harrow was highlighted.

A high turnover of volunteers and a lack of volunteers wanting to do information and advice is also creating barriers for customers wanting to access quality advice to suit their needs.

Certain groups such as the elderly, disabled and those with low English language skills may be unable to navigate online, and those with lower incomes may not have computer access. Furthermore, with the provider reports of increased demand from Afghan, Somali, Tamil, Eastern European and Arabic communities, it appears likely that users will experience language barriers.

#### 2.3.5 Would Providing Information and Advice on an Accessible Website Increase Demand?

The majority view was that customers would feel empowered by information gathered online, therefore making them feel more confident in approaching advice services. Residents would also have a clearer idea of what services existed if they were listed on an accessible website – reducing the chances of them approaching the wrong service and being signposted.

However there were concerns that websites are not always accessible for disabled and elderly residents or those where English is not their first language. Three-quarters of respondents stated that they found the Council website useful in accessing information and advice and particular attention was drawn to Harrow Advice Together, as a good website, but that needed more investment.

#### 2.3.6 How can VCS's and the Council help improve service?

Most responses to the questions on how the Council and VCS can improve services focused on improving referral pathways and communications (both between VCS organisations and the VCS/Council). Almost half felt that overall standards of advice service would be improved through closer collaboration between advice organisations, and if the Council communicated more with service providers. There was also a view that advice provision would be improved by the implementation of consistent quality standards throughout information and advice provision in Harrow. The issue of funding was also raised.

#### 2.3.7 Future models of service delivery:

There was a mixed response to whether or not a 'single point of contact' would improve advice service provision. There was however significant support for retaining independent advice organisations as it was felt this encourages: more flexibility in how advice is provided to service users; more specialisms in individual agencies; better trust-building between providers and users; and more cultural/language sensitive advice provision. There was also a view that having multiple independent agencies promoted accessibility of services as there is more chance that one will be located near to where a resident lives. There were however some disadvantages such as that it may lead to some duplication of work between organisations and a consequential waste of resources. Overall however it appears that most organisations favour retaining independent agencies with closer collaboration between them, rather than a single point of contact.

### 2.4 Council's current provision

In 2015/16 the Council spent around £1.5m/yr on statutory and non-statutory information, advice and advocacy services from over 20 different VCS providers including around 50% of small grant and around 70% of OBGs projects which have elements of information and advice in them.

A review of current provision was undertaken in April 2016 to understand the contractual arrangements of existing services commissioned by the Council. As a result, the decision was taken to keep statutory advocacy services separate from

general information and advice provision due to the specialist nature of those services which requires particular skills and qualifications from the providers.

Council commissioned services:

<b>Contract</b>	<b>Expires</b>	<b>Extend</b>	<b>Re-procure</b>
Care Act – Information & Advice (SWISH)	31 <sup>st</sup> March 2017	Yes 12 months	In 2017 for 1 <sup>st</sup> April 2018 start, 3 year contract
Care Act – Advocacy	31 <sup>st</sup> March 2017	Yes 12 months	In 2017 for 1 <sup>st</sup> April 2018 start, 3 year contract
SENDIAS	31 <sup>st</sup> March 2017	No	In 2016 for 1 <sup>st</sup> April 2017, 3 year contract
Careers IAG	31 <sup>st</sup> March 2019	Potential to extend for 2 years until 2021	Depends on whether option to extend the contract is invoked or not
Independent Mental Health Advocacy	31 <sup>st</sup> March 2017	Yes 12 months	In 2017 for 1 <sup>st</sup> April 2018 start, 3 year contract
Independent Mental Health Act Advocacy	31 <sup>st</sup> March 2018	No	In 2017 for 1 <sup>st</sup> April 2018 start, 3 year contract
Independent Health Complaints Advocacy	31 <sup>st</sup> March 2017	Yes 12 months	In 2017 for 1 <sup>st</sup> April 2018 start, 3 year contract
Children’s Advocacy	31 <sup>st</sup> March 2017	Yes 12 months	In 2017 for 1 <sup>st</sup> April 2018 start, 3 year contract
Healthwatch	31 <sup>st</sup> March 2018	No	tbc
General Information & Advice	N/A	N/A	In 2017 for 1 <sup>st</sup> July 2017 start, 3 year contract

## 2.5 Strengths/weaknesses/opportunities/threats (SWOT analysis)

Using the needs analysis and consultation findings we have identified the strengths, weaknesses, opportunities and threats of our current approach. We want to emphasise and use our strengths, and become stronger in the areas that we are the weakest, tackle and work to mitigate threats and take full advantage of new opportunities.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li><b>Existing Good Local Practice</b> – there are good examples of partnership working, collaboration between services and referral processes which can be built into wider</li> </ul>	<ul style="list-style-type: none"> <li><b>Language Barriers and Use of Plain English</b> – challenges around diversity with an increased number of residents for who English is not their first language. This</li> </ul>

borough wide arrangements

- **Reputable and trustworthy organisations**  
Harrow already has information and advice providers that enjoy a good reputation and brand loyalty, who are trusted to provide quality advice with empathy and compassion
- **Harrow Ambition Plan** – the Council’s 3 year plan setting out its ambitions for the borough
- **Harrow Employment/Income Deprivation Strategy** – Address employment and income-related issues through new regeneration programme including preventative action.
- **Health and Wellbeing Strategy** - promotes mental wellbeing and aspires to empower the community and voluntary sector to collaborate to deliver alternative delivery models, funding solutions and work towards integrated health and care services.
- **Harrow Child Poverty Strategy** – the Council is developing a new Child Poverty Strategy.
- **Harrow Adult Services** - improve the lives of vulnerable adults through safeguarding adults, enhancing quality of life for people with care and support need and ensure that people have a positive experience of care and support.

impacts their ability to communicate and access a service.

- **Access Channel Preferences (Face to Face)** - consultations seen as most effective way to overcome language barriers and address a user’s unique issues in a holistic way. This is also the most expensive and time consuming form of support.
- **Access Channel Preferences (Digital)** - is often difficult to access for people who are older or do not have I.T skills. There are also challenges around languages barriers, accessibility to a computer terminal and email services. It is also narrow in its focus as it does not address multiple needs.
- **Signposting** - users are often referred incorrectly to providers, sometimes repeatedly - resulting in them having to wait long times to get the advice and/or information which they need.
- **Customer Journey** - ‘fragmented customer journeys’ were common were people received assistance for part of the problem and then were referred elsewhere to receive help with another part of the issue. Residents also did not know where to go in the first instance and often leave it until they reach ‘crisis point’ before seeking help.
- **Training and Quality Assurance** – Advice providers need more knowledge and training in targeted areas and not just have the ability to give general advice and signpost. There is a challenge around retaining trained staff. Outcomes and quality differed across a range of services.
- **Efficiency** – welfare benefits and housing advice were the most time consuming forms of advice involving extensive paperwork and advocacy.
- **Referral Pathways** – both formal and

	<p>informal referral pathways exist but require better co-ordination so that it is easier for clients to navigate through information and advice options.</p> <ul style="list-style-type: none"> <li>• <b>Links with other public Sector Partners –</b> partners are currently not involved in the discussions around future delivery of information, advice and advocacy.</li> </ul>
<p><b>Opportunities</b></p>	<p><b>Threats</b></p>
<ul style="list-style-type: none"> <li>• <b>Relationship with the Voluntary and Community Sector –</b> The council has outlined a new vision of a strategic relationship with a main focus on statutory service delivery, the provision of general information &amp; advice, and working in partnership with the sector to access and generate alternative sources of funding and build strong local consortia.</li> <li>• <b>New opportunities around funding –</b> working with the Voluntary and Community Sector to devolve the targeted support fund, crowdfunding, social investment and other funding opportunities to support the continuation of complimentary wrap-around services ensuring value for money and raising money from business sector and affordable office space.</li> <li>• <b>New ways of working –</b> organisations will need to diversify their funding channels, encourage people to think more long term, provide an opportunity for closer collaboration and future co-operation between VCS organisations.</li> <li>• <b>Community assets –</b> Mapping people and networks that can be seen as additional resources and support. The importance of friends and family in helping people access help and support.</li> <li>• <b>Social prescription –</b> Social prescription is a way of linking patients in primary care with sources of support within the community. It</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Increase in demand for information and advice</b> due to homelessness, welfare reforms, money and debt issues, aging population and immigration.</li> <li>• <b>Health Service -</b> Longer waiting times for NHS care and GP appointments is likely to lead to a rise in demand for alternative advice services.</li> <li>• <b>Council Funding,</b> local authorities continue to face budget reductions and there is no sign of this letting up. Housing benefits/council tax information or debt advice is vital to ensure the Council is able to collect Council tax and rents.</li> <li>• <b>Funding cuts to VCS –</b> Many VCS organisations raised concerns that the loss of Council funding would undermine their ability to provide their service in the future, with some suggesting that they would need to close.</li> <li>• <b>Ability of VCS to Secure External Funding -</b> loss of core funding from the Council could significantly undermine VCS ability to obtain funding from external bodies, because they would risk losing vital infrastructure (IT, Client Management Databases and Staff) that provides the capacity needed to apply for grants.</li> <li>• <b>Impact of demand on public services -</b> the closure of organisations/services in response to the funding cuts may lead to</li> </ul>

provides GP's with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

- **Digital** – opportunities to work together and build a digital platform. This will enhance a multi-channelled approach.

extra demand and strain on key public services, as VCS organisations often prevent beneficiaries from needing to go to Harrow Council/NHS to resolve their issues.

## Section 3 – The new service model

3.1 The Vision for information, advice and advocacy services over the next 4 years is to:

*‘Deliver high quality, independent and co-ordinated information and advice services through a range of channels for Harrow residents in need, that supports them to easily and seamlessly access the help they require at the earliest possible opportunity, and to continue to provide statutory services.’*

3.2 Our aims

We will deliver this vision by focussing on six priorities:

- i. **Improve access** – removing barriers to access in terms of language, technology, disability, knowledge and awareness so people can access help themselves earlier
- ii. Improve the quality and reliability of information and advice on offer by **creating a network** of all information and advice services and providers to create a holistic offer and ensure consistency of advice no matter where you go.
- iii. Ensure more **effective triage and referrals** system so people are not passed from pillar to post and multiple needs are able to be dealt with at first point of contact
- iv. **Enhance the digital offer**, so those who are able to self-serve can
- v. Secure **sustainable funding** for the targeted support projects and services
- vi. **Co-locate**, where service requirements would be more effectively delivered or it supports a reduction in cost base which can deliver further resource to the front line.

3.3 Outcomes

By 2020 the Information, Advice and Advocacy strategy should achieve the following:

1. More residents will report that they find it easy to seek information & advice for themselves at the earliest opportunity, before their need becomes severe
2. Residents report that they get the right information and advice first time without being passed from pillar to post
3. Residents are able to access timely, comprehensive and high quality information and advice in a way that recognises everyone’s needs are different
4. There is improved access to high quality information and advice through digital channels
5. Residents report higher satisfaction levels with the information & advice service they receive
6. The provision of information and advice in the borough is joined up and co-ordinated resulting in the resolution of multiple issues at an earlier stage and a reduction in signposting and duplication.

The way in which these outcomes will be monitored is set out in section 4.

3.4 The approach

There will be a staged approach to delivery:

**Yr1: Set up**

The Council will commission a new general information and advice service to include delivery of the Hardship Scheme, devolve the targeted support grants to the VCS infrastructure organisation to administer, support the creation of local consortium, networks and a



digital platform and continue discussions with strategic partners about joining up their services with this strategy and mapping community assets.

We would expect the general information and advice service and the infrastructure organisation to take a lead in:

- i. Putting data sharing protocols and performance framework in place and establishing baselines and targets
- ii. Access – improving people’s access to independent advice.
- iii. Network - improving signposting and develop an effective triage and referrals system based on a full understanding of provision and community assets
- iv. Digital - exploring the options and ensuring that an online resource (Gateway) is developed, maintained and made accessible to staff, partner organisations and the public
- v. Sustainable funding – investigating alternative sources of funding for the targeted support services including social investment and alliancing

**Yr2: Explore, Test/pilot and deliver**

The second year of the strategy should be about:

- i. Testing out a preferred digital option and ways in which partners can be involved in the strategy.
- ii. Delivering the information & advice network and access improvements
- iii. Bringing on stream alternative funding sources, particularly for the targeted support services whose grants reduce to 50% in year 2
- iv. Explore Co-location between VCS organisations and with the Council

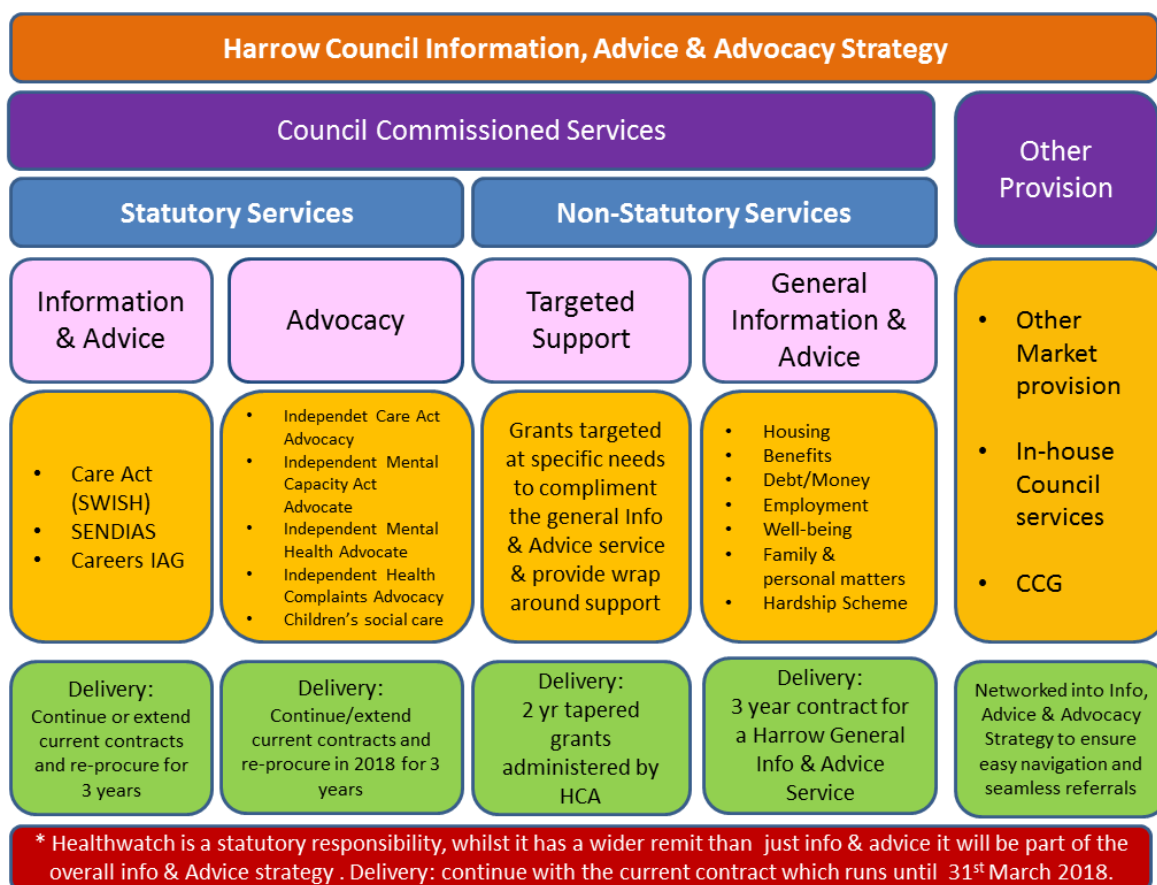
**Yr3: Fully functioning service delivery**

By year 3, all elements of the strategy should be fully functioning

**Yr 4: Review**

By year 4 we should be able to review service outcomes and deliverables and start planning for what follows at the end of year 4 of the strategy.

### 3.5 The new service model



The Information, Advice and Advocacy strategy aligns with other key Council strategies such as: the Health and Well-being Strategy, Housing Ambition Plan, Children's Services Plan and Adult Social Care by contributing a key element of early intervention that helps prevent people from needing to access the services covered by these strategies. It is also in-keeping with the Council's Customer Services Strategy which aims to increase the number of customers who can self-serve using digital or online means; using the telephone for complex matters where interaction and advice is necessary and limiting face to face activity to the most complex enquiries for vulnerable people.

All Council commissioned information, advice and advocacy services covered by this strategy should adhere to the following principles:

- i. Improving access – The services should be provided through multiple channels including digital, e-mail, telephone and face to face recognising that everyone's needs are different
- ii. Being efficient – maximising the potential of digital to support more people who can, and with less complex needs, to access quality information & advice online for themselves so that face to face support can be targeted at those with more complex needs.
- iii. Being Joined-up – all local advice-related providers and referral agencies work closely together to ensure a holistic and seamless service for residents that is easy to access and referral pathways are clear and understood and reduces duplication.

- iv. Preventative - the services should aim to limit escalation of problems, prevent issues from recurring, promote personal resilience and overall better outcomes for people so they don't need to rely on support long-term
- v. Independent – the services will be delivered by independent free-standing bodies respected for their independence and trusted by residents and stakeholders
- vi. Impartial – The services will be available to all who need it and delivery needs to comply with diversity and equal opportunities requirements as set out in Equalities Act 2010
- vii. High Quality – the services should be provided by trained, qualified and/or regulated professionals where possible and appropriately trained volunteers so people have their queries resolved well, and experience information and advice as easy to understand, accessible, timely, comprehensive and accurate.
- viii. Confidential – the services should be provided confidentially and client details are not passed on to any other agency without permission (unless there are safeguarding concerns).
- ix. Information sharing – all information and advice providers should adhere to the 7 golden rules contained within the Government's information sharing guidance.<sup>5</sup> And ensure appropriate information security and data sharing protocols are in place to allow the safe sharing of information.
- x. Keeping Safe – ensuring information and advice are aware of how to raise a Safeguarding concern with the Council, and that information and advice is provided to people about remaining safe at home and safe in Harrow.
- xi. Measuring and Monitoring - any information and advice service will need to collect management and performance data to be able to evidence quality, impact, outcomes and ensure a robust understanding of information and advice needs to inform future commissioning

### 3.6 The services the Council will commission are:

#### 3.6.1 General Information and Advice Service

A general information and advice service will be procured for 3 years from 1<sup>st</sup> July 2017 at a cost of £226k/yr. This would be a universal service open to any Harrow resident in need of information or advice. Access to the service will be based on what information and advice is needed and delivery should be tailored to the client's individual needs.

The analysis of data from advice services and our own needs analysis highlighted that the biggest demand for information and advice is in relation to the following areas:

- i. Housing
- ii. Welfare benefits
- iii. Money /debt
- iv. Employment
- v. Well-being (i.e health and social care not covered by the Care Act SWISH contract)
- vi. Family & personal matters (counselling, bereavement, abuse, relationships, older people, carers)
- vii. Immigration

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<sup>5</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419628/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)

Trends from the needs analysis suggest that these are likely to remain the key issues for Harrow residents over the next few years and will therefore be the focus of the General Information and Advice service.

The General Information and Advice service would also have responsibility for administering the Hardship Scheme – where emergency payments can be made to support residents experiencing financial hardship. We believe there are synergies with the Emergency Relief Scheme and how it is delivered and the holistic work that the Voluntary and Community Sector does. Whilst it has been necessary to reduce the programme funding to the Emergency Relief Scheme, the Council is proposing integrating the delivery of this service with the Generalist Information and Advice service to ensure the most efficient use of funds by delivering a smaller Hardship Scheme at the first point of contact.

Delivery of the General Information and Advice Service should include:

- i. Diagnosing the problem(s) and identifying any other related issues including the access and communication needs of the client
- ii. Explaining options, give an objective assessment of the consequences of any action and most likely successful remedy
- iii. Identifying possible solutions
- iv. Providing advice
- v. Any follow up work agreed with the clients on their behalf in resolving the issue(s)
- vi. Assistance in completing forms, applications, correspondence or accessing online services
- vii. Making seamless referrals to other organisations who may be better placed to help resolve the issue(s)
- viii. Advertising and promotion through a variety of media to ensure Harrow residents are aware of the services offered and how to access them.
- ix. Actively making information readily accessible to the residents of Harrow
- x. Providing the necessary support to clients where English is not their first language
- xi. Ability to adapt the service for clients with a disability or mental health condition for example to ensure successful outcomes
- xii. Undertaking casework for Income Management (rent arrears, court/legal advice, evictions, Breach of Tenancy Conditions (ASB, potential eviction, non-occupation, subletting, leasehold Services/Right to Buy (breach of lease conditions).
- xiii. Outreach activity with information and advice provided in the community/ people's homes when they are unable to get access to specific offices. This is likely to include home visits and visits to other community hubs/ offices where people frequent
- xiv. Conducting the service in line with the diversity and equal opportunities requirements set out in the Equalities Act 2010
- xv. Delivering the Hardship Scheme
- xvi. Maintaining comprehensive records of all information and advice assistance provided to clients
- xvii. Having a recognised 'brand' with residents locally for providing good quality information and advice services across the range of areas the service will be responsible for

### 3.6.2 Targeted Support

For 2017/18, there will also be a £100k grants programme for VCS organisations to bid for. This will be a tapered fund which will be devolved to the VCS infrastructure organisation to administer. It will reduce by 50% in year 2 and then go down to zero in year 3, therefore this is being made available to help support the transition to more sustainable funding. Following consultation, we have refined the definition and broadened out the scope of the fund to support targeted support in line with the needs analysis (summarised above) and to which people may be referred to from the general information and advice or other providers (such as be-friending schemes and projects to address social isolation for example) as well as complimentary information, advice and advocacy provision (such as specialist language or culturally sensitive provision for new arrivals or additional advocacy services for example.)

Administration of the fund will be devolved to the VCS infrastructure organisation (HCA) but the Council would be a minority partner in the allocations process. The VCS have often told us, and it as repeated in the most recent consultation, that they can deliver a number of services more effectively than the Council. They are 'often closer to the ground, have more direct interaction with their user base, and form more personal relationships with their clients. This leads to a greater understanding of need, and the ability to provide a more tailored and bespoke service.' Devolving this fund to HCA to administer complements their role to support organisations to secure external funding, which will be particularly important for these grant recipients due to the taper and the need to secure the future sustainability of the services and projects funded by the grants.

Targeted support fund criteria:

- i. The awards of funding should be made for the 2 years. The application process will run from January 2017 so awards can be made for services/projects to start from 1<sup>st</sup> April 2017.
- ii. The monies should be used to fund those services that deliver targeted support for information, advice and advocacy, which are linked to supporting the need identified in the Council's needs assessment (this is now more broad than our original definitions and could include support services from befriending to debt counselling, or more specialist translation services to giving voice for hard to reach groups).
- iii. Priority should be given to funding projects/services that meet the aims and objectives of the information advice and advocacy strategy in that they are preventative, they empower and help residents to be more self-supportive in the future and therefore lower demand on services both for public sector bodies and the VCS given that the fund is for two years and is tapered.
- iv. Consideration should be given to how the fund can be used for match funding from other sources in order to amplify the impact of the fund.
- v. Consideration should be given to how the fund can be used as a transitional fund to support sustainable service/project delivery.

In terms of the Council's role and expectations around involvement and reporting we would want to:

- i. Be involved in the decision making from an advisory perspective, but are clear that the executive decision on allocation would rest with HCA, subject to it meeting the above criteria; and
- ii. Receive reporting on the use of the fund both in terms of the allocation of it and the performance of services/projects who would receive the funding (reporting would be through the quarterly HCA meetings, not direct to the Council from the project/service).

### 3.6.3 Advocacy services commissioned in accordance with specific statutory requirements

In the new model the Council will continue to commission services to meet its specific statutory duties including:

- Independent Care Act Advocacy provided by Community Solutions
- Statutory advocacy for Children's Social Care and Independent Health Complaints Advocacy currently provided by HAD
- Independent Mental Health Advocacy (IMHA) currently provided by Voiceability and Independent Mental Health Act Advocacy (IMCA) currently provided by Powher.

The total value of these contracts is approx. £250,000/yr. All of the contracts, except the IMCA contract, expire on 31<sup>st</sup> March 2017. They will therefore be extended for 12 months and will then be re-procured for 3 years alongside the other Care Act contracts in 2017 for a 1<sup>st</sup> April 2018 start.

### 3.6.4 Information and Advice services commissioned in accordance with specific statutory requirement.

The Care Act 2014 requires local authorities to provide information and advice regarding adult social care. The Care Act Information and Advice service will continue to be provided by the Care Act SWISH<sup>6</sup> contract. The SWISH contract expires on 31<sup>st</sup> March 2017, but will be extended for 12 months and will then be re-procured for 3 years alongside the other Care Act and statutory advocacy contracts in 2017 for a 1<sup>st</sup> April 2018 start.

The Adoption & Children's Act 2012, The Children's Act 1989 and Children and Families Act 2014 require local authorities to provide information advice and advocacy services on children's services. The Council will continue to meet these obligations via the SENDIAS<sup>7</sup> and Careers Information, Advice and Guidance services (CIAG) contracts. Their total value is £478,000. The SENDIAS service will expire in June 2017 and will be re-procured for a 3 year contract commencing July 2017. The Careers, Information, Advice & Guidance was recently awarded a 3+2 year contract which commenced 1<sup>st</sup> April 2016, there are no intentions to re-procure this until the end of the contract period.

Healthwatch is also a statutory responsibility, and whilst it has elements of information and advice, it does have a wider remit including enter and view. The current contract runs until 31<sup>st</sup> March 2018 and these services should be

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<sup>6</sup> Support & Well-being Information Service Harrow

<sup>7</sup> Special Educational Needs & Disabilities Information & Advice Service

part of the information, advice and advocacy network led by the general information and advice service.

### 3.7 Strategic Partner Alliance

It is not just the Council and the Voluntary and Community Sector that provide information and advice to residents of Harrow. We recognise the importance of other information and advice services that are not covered by this strategy including: Public Health, Clinical Commissioning Groups (CCG), GPs, Schools, Healthwatch, Job Centre Plus, the police and Access Harrow and it will be important that we network this in successfully with the provision outlined in the strategy in order to ensure residents receive the same quality of advice and information wherever they go. In our assessment of other provision the key links we must make are:

- i. Joining up service delivery to provide a better customer journey
- ii. Improve efficiency by ensuring that the councils one stop shop and frontline service services are linked into the new generalist advice service referral and signposting process
- iii. Continue to look for areas where we can pool budgets with partners as areas of duplication in local service provision have been identified.
- iv. Publicity and advertising of the new services within their buildings
- v. Co-location to save rental and overhead costs
- vi. Participating in the development of a new digital platform to improve signposting, referral processes and efficiencies
- vii. Social prescription could link key areas of information and advice and health and social care
- viii. Mapping community assets

### 3.8 Monitoring and evaluating success

The Council will develop a performance framework, baselines and targets in yr1 in conjunction with the General Information and Advice service in order to measure the success of this strategy. The following measures serve as a starting point for that framework:

<b>Outcome</b>	<b>Example Measures</b>
1. More residents will report that they find it easy to seek information & advice for themselves at the earliest opportunity, before their need becomes severe	<ul style="list-style-type: none"> <li>• Number of enquiries fully resolved at first point of contact</li> <li>• Number and type of presenting issues per client</li> <li>• Number of repeat contacts for same client</li> <li>• User satisfaction/experience survey</li> </ul>
2. Residents report that they get the right information and advice first time without being passed from pillar to post	<ul style="list-style-type: none"> <li>• Number of clients referred to another organisation following contact with the general information and advice service</li> <li>• User satisfaction/experience survey</li> </ul>
3. Residents are able to access timely, comprehensive and high quality information and advice in a way that recognises everyone's needs are different	<ul style="list-style-type: none"> <li>• Average length of waiting time for appointment</li> <li>• Evidence of information and advice being tailored to meet clients' requirements</li> <li>• Number and value of targeted support</li> </ul>

	<ul style="list-style-type: none"> <li>grants awarded</li> <li>• User satisfaction/experience survey</li> </ul>
4. There is improved access to high quality information and advice through digital channels	<ul style="list-style-type: none"> <li>• Number of enquiries via digital channels</li> <li>• Number of clients helped to access information online</li> <li>• Number of organisations inputting to the online resource/gateway</li> <li>• User satisfaction/experience survey</li> </ul>
5. Residents report higher satisfaction levels with the information & advice service they receive	<ul style="list-style-type: none"> <li>• User satisfaction/experience survey</li> <li>• Number of complaints received</li> </ul>
6. The provision of information and advice in the borough is joined up and co-ordinated resulting in the resolution of multiple issues at an earlier stage and a reduction in signposting and duplication.	<ul style="list-style-type: none"> <li>• Clear joint communication strategy in place</li> <li>• Number of client referrals allocated appropriately (accepted and acted on the referral)</li> <li>• Number of organisations signed up to the Harrow Information and Advice Network</li> <li>• Number of organisations inputting to the online resource/gateway</li> <li>• User satisfaction/experience survey</li> </ul>

The Council will also monitor all its information, advice and advocacy contracts, including the Hardship Scheme, on a quarterly basis, in line with best practice. Service specific measures will be included in the service specification for each contract.



**Appendix 1 – Organisations involved in the development of the Information & Advice Strategy:**

1. Harrow Citizens Advice Bureau
2. Alzheimer's Society
3. Harrow Law Centre
4. HOPE a.k.a Harrow Family Learning Network
5. Harrow Shopmobility
6. Family Action
7. Prospects Services
8. The Wish Centre
9. Harrow Anti-Racist Alliance (HARA)
10. Harrow Association of Disabled People
11. Indian Association of Harrow
12. Kuwaiti Community Association
13. Russian Immigrants' Association
14. Harrow in Business – Healthwatch
15. Hillingdon Aids Response Trust (HART)
16. Powher
17. VoiceAbility
18. Namaste Care
19. Harrow Epilepsy Support Group
20. Milmans Resource Centre (Carers Group)
21. Harrow Voluntary and Community Sector Forum
22. Harrows Carers
23. Kingsley High School Adviser
24. Clinical Commission Group Harrow
25. Middlesex Association for the Blind (MAB)
26. HASVO (Harrow Association of Somali Voluntary Organisations)
27. Sangat Advice Centre
28. Harrow African Caribbean Association Society (HACAS)
29. Tamil Community Centre
30. Mind in Harrow
31. Friends of Bentley, Prior Nature Reserve
32. Harrow Voluntary and Community Sector Forum
33. Kids can Achieve
34. Voluntary Action Harrow Co-op
35. Wealdstone Methodist Church
36. DAWN
37. Ignite Trust
38. Age UK Harrow
39. Young Harrow Foundation
40. Relate London North West
41. St Luke's Hospice
42. Harrow Mencap
43. Capable Communities Limited
44. Carramea
45. Centre for ADHD & Autism Support
46. Harrow Council

## Appendix 2 – Useful Links and Resources

Below is a list of some useful national and local resources that can help support the Information, Advice and Advocacy Strategy (this list is not exhaustive):

Care Quality Commission: <http://www.cqc.org.uk>  
Carers Direct (Telephone Helpline) Tel 0300 123 1053  
Citizens Advice Bureau: <http://www.adviceguide.org.uk/england.htm>  
GOV.UK (formerly DirectGov): <https://www.gov.uk>  
Local Government Ombudsman: [www.lgo.org.uk](http://www.lgo.org.uk)  
NHS Choices: <http://www.nhs.uk/Pages/HomePage.aspx>  
LASA - Advice Local: <http://advice.local.org.uk/>

### National charities:

Age UK: <http://www.ageuk.org.uk/>  
Alzheimers Society: <http://www.alzheimers.org.uk/>  
Carers UK: [www.carersuk.org](http://www.carersuk.org)  
EAC First Stop Advice: <http://www.firststopcareadvice.org.uk>  
Foundations: <http://www.foundations.uk.com/home/>  
In Control: <http://www.in-control.org.uk/>  
Independent Age: <http://www.independentage.org/>  
Mencap: <https://www.mencap.org.uk/our-services>  
Mental Health Matters: <http://www.mentalhealthmatters.com/>  
MIND: <http://www.mind.org.uk/>  
Sense: <http://www.sense.org.uk/>

### Financial Advice:

Money Advice Service: <https://www.moneyadviceservice.org.uk>  
Paying for Care: <http://www.payingforcare.org/working-with-local-authorities>

### Revenue and benefits:

[www.harrow.gov.uk/ctbchanges](http://www.harrow.gov.uk/ctbchanges)  
[www.harrow.gov.uk/benefits](http://www.harrow.gov.uk/benefits)  
[www.turn2us.org.uk/Find-Benefits-Grants](http://www.turn2us.org.uk/Find-Benefits-Grants)  
[www.harrowcab.org.uk](http://www.harrowcab.org.uk)  
[www.adviceguide.org.uk](http://www.adviceguide.org.uk)  
[www.nationaldebtline.org](http://www.nationaldebtline.org)

### Housing areas:

<http://www.shelter.org.uk/>  
<http://www.crisis.org.uk/>  
<https://www.gov.uk/emergency-housing-if-homeless>  
<http://www.nosecondnightout.org.uk/> (London)  
<https://www.citizensadvice.org.uk/housing/>  
<https://www.gov.uk/right-to-buy-buying-your-council-home/overview>  
<http://www.housingcare.org>  
<http://www.firststopcareadvice.org.uk/access-services/public/>  
<http://www.lease-advice.org/>