

# Oxfordshire Advocacy Needs Assessment

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<sup>1</sup> [Wordle from Dudley Metropolitan Borough Council exercise to define advocacy with their local providers](#)

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# Summary Report

## Future need for advocacy services

There is no shortage of need for Advocacy services in Oxfordshire. There is already significant current unmet need. In addition a combination of demographic factors, trends in service provision by others and the rise in the number of people without access to support from friends and family will all increase the number of people who could benefit from advocacy services.

Key demographic factors driving increased need for service are:

- An overall **increase in Oxfordshire's population**, projected to increase by 11% over the next 10 years due to inward migration and an ageing population.
- An increase in the **number of older people** living in Oxfordshire: the number of people over the age of 65 are projected to increase by 23%, whilst the numbers of people over 85 are projected to double over the next twenty years from 16,000 to 32,000 people
- That the proportion of the population who live with **learning disabilities and physical disabilities** will rise as more people with disabilities live longer lives
- A continued increase in the proportion of people living in **single person households**, with 91,500 projected to live in single person households by 2024
- An increase in the proportion of people **unable to access secure, affordable accommodation**
- The continued presence of areas of **high concentration of deprivation**, particularly in Oxford City

Key **service level changes** that will drive increased need for service are:

- A refocusing of **local government funding** on meeting statutory need, resulting in the **contraction and / or closure of other services supporting vulnerable people** in Oxfordshire
- A refocusing of **social housing providers** on the delivery of core housing management services **away from broader services aimed at supporting vulnerable residents** to remain living independently. This is in response to a requirement that housing associations cut their rents being introduced in the current Housing Bill

- Increasing **pressure on Social Care budgets** resulting in eligibility for service being more tightly controlled through the application of the Care Act 2014's national eligibility criteria
- The introduction of Universal Credit, the increase in the number of people being sanctioned for failing to meet conditions for continued receipt of employment related **benefits** and the continued roll out of revised assessment arrangements for disability benefits
- District councils applying **stricter rules for accessing services** such as the introduction of the Single Offer of Accommodation in Oxford City, resulting in more people “falling outside” statutory services through refusing offers, and changes to the rules around acceptance of people as statutorily homeless
- A tightening of eligibility to receive **legal aid**

Changes in people's **ability to access informal support** will also drive increased need for service. Data here is less reliably predictive: a continued increase in single person households is expected; there are a high proportion of older people in Oxfordshire living in rural locations with poor access to transport and local services. Older people also report greater loneliness and isolation than other age groups (10% - 13% reporting acute loneliness). It is to be expected that with the demographic trends above and the increased trend towards vulnerable people being supported within the wider community rather than within residential services that more people will be at risk of social isolation and weak informal support networks.

## Priorities for future services

In the context of limited resources, Oxfordshire Advocacy's ability to develop services to meet increased need in any of the areas identified will be dependent upon its ability to secure funding to do so.

Where it is possible to generate funding to deliver services to meet any of the needs identified below there is a strong argument to do so. Oxfordshire Advocacy has a clear offer and understanding of its own specific value add. Where from a client perspective this is best combined with the skills of others it will make sense for Oxfordshire Advocacy to work in partnership with other local providers. For example from a client's perspective one service that could help to navigate the benefits system from application through to tribunal appeals would be preferable to a service split across multiple agencies. This is an area of growing need with gaps in the current service offer that Oxfordshire Advocacy could play an important role in meeting, but which would require close partnership working.

From the perspective of current presenting need and trends in the availability of services from others the top two areas of need reported are:

- **housing issues** and
- **benefits issues**

There will also remain a clear need for

- **support to challenge decisions not to grant access to service** (although see comment below) given restrictions on service access being introduced by district and county councils.
- Support to **access health services** is an area of need strongly highlighted in survey responses.

Internal feedback states that the recent decision to pause work on **child protection and child in need issues** will create a gap in service availability. A suggestion presented is to review the model of provision with paid staff time.

## Oxfordshire Advocacy's role

Oxfordshire Advocacy has a **unique service offer** in Oxfordshire: blending enabling its service users to challenge decisions that limit their ability to access statutory service with the ability to signpost and accompany service users to access wider support to address a broad range of issues. It is unique in offering a holistic advocacy service bridging statutory and non statutory agencies. Feedback is clear that there is huge value in retaining this holistic advocacy offer that can be responsive to client need across a range of issues:

“In my 5 years of being a volunteer with OA have have not encountered another organisation that provides advocacy support to any thing like the same degree: that is why I see general/generic advocacy as so valuable. We cannot underestimate how many people live alone, do not have a social network and cannot rely on a family support network.”

Oxfordshire Advocacy will also face some **clear choices**. With the tightening of eligibility criteria and the increasingly strict enforcement of rules around service access there will be increasing demand for advocacy support to challenge decisions denying access to service. It is recommended that Oxfordshire Advocacy ensure through their assessment processes that they only take on cases where refusal of service relates to a lack of capacity of a person to present their own needs, rather

than cases where refusal of service is due to the implementation of more stringent rules for service access.

## Future partnership opportunities

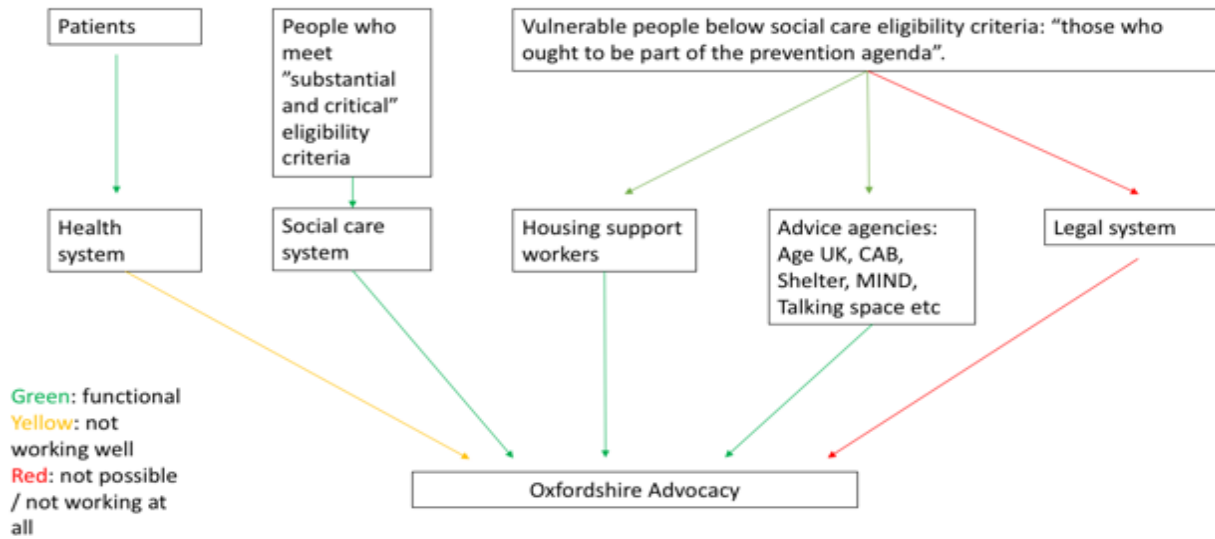
The current highly fluid environment presents **many challenges** to all provider organisations seeking to work constructively in partnership with other providers. The threats many providers are facing to their own financial viability, and the need to differentiate their offer from those of other agencies for reasons of market differentiation can lead to differences between services being focused upon rather than opportunities for joint working being clearly identified.

Some providers who gave time for this piece of work were concerned about whether the commissioning of this report was indicative of a more competitive positioning by Oxfordshire Advocacy, and are anxious that Oxfordshire Advocacy remains clearly focused on the delivery of advocacy services rather than widening its remit to include giving advice.

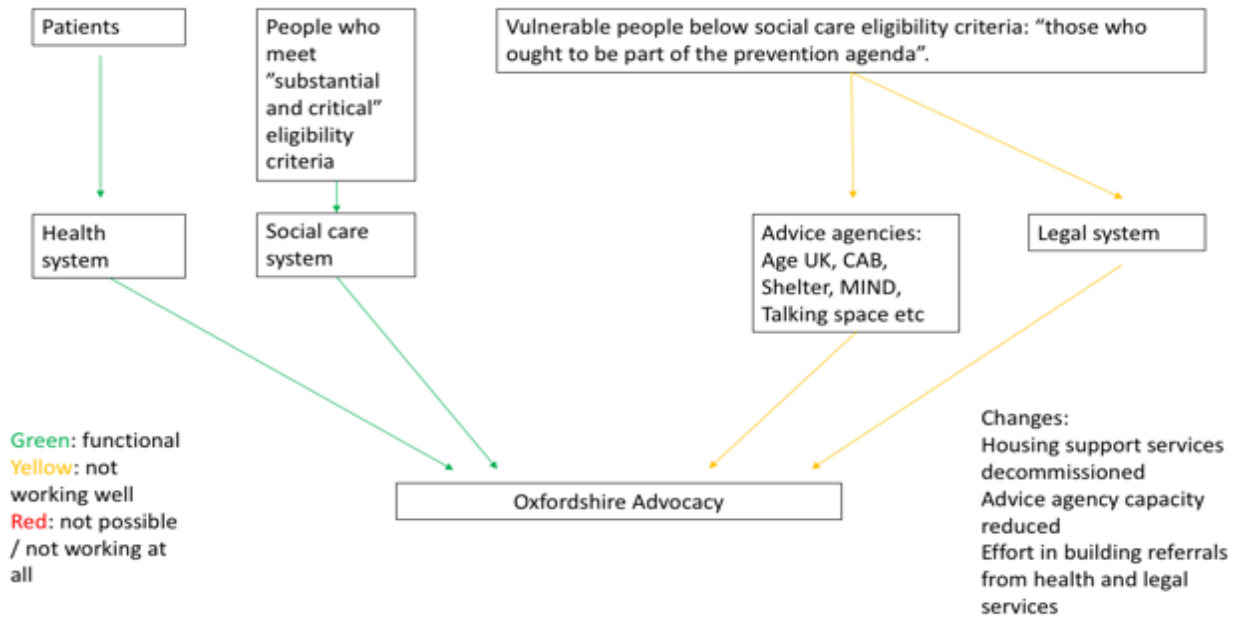
**Opportunities** for partnership exist and are explored in full below. Partnership opportunities include the potential to deliver services jointly with other providers; to partner with those who have a clear interest in enabling vulnerable people with whom they are working to be supported to claim their rights and to partner with statutory bodies on whom more acute demand will ultimately fall. There may be opportunities for Oxfordshire Advocacy to develop more commercial partnerships based on mutual shared interest areas. These are beyond the scope of this report.

The current funding environment and changes to the partner picture will require OA to work differently as it will no longer be able to rely on its current **referral routes** as some agencies will cease to exist. There is a risk that if this environment is not proactively responded to that whilst need is increasing routes to access OA's services will close, meaning that demand for service may decrease as people are no longer connected to OA's services. OA is well equipped to meet this challenge given its existing community profile, and proportion of direct referrals. This will be increasingly important if partner referring services close. This is represented diagrammatically on the following page:

### Current referral pathways:



### Future referral pathways:



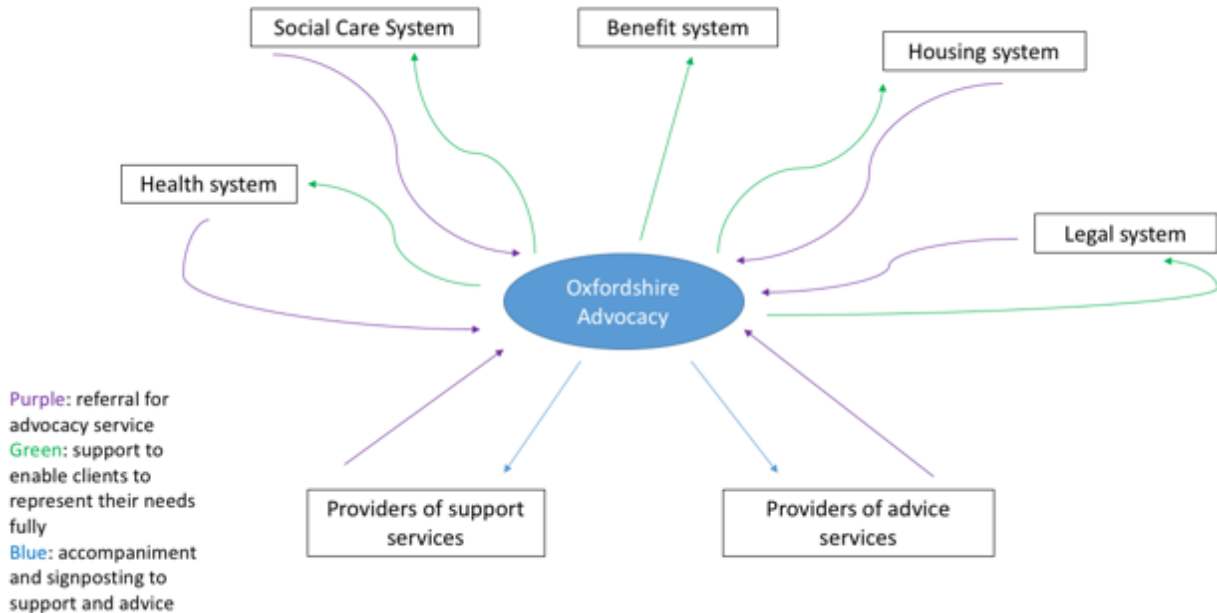
# The Future Oxfordshire Advocacy

With tightening funding and access to statutory services and reduced funding for advice and support agencies there is a critical role for an advocacy service that enable people to represent their needs fully to statutory services, and help them access service from others.

The risk is that when services are tightly rationed ironically it is those with the least capacity and the quietest voices who will fail to navigate the assessment processes and other routes to service designed to target services on those in greatest need. Advocacy services are vital in this climate.

Retaining and building its direct links to local communities will be critical in an environment in which referring partners are themselves at risk of closure. Retaining its ability to offer generic support that crosses areas of “need” will enable the provision of a service that can respond to the complexity of the real lived lives of those needing the support of an advocate.

The **future service offer** can be represented as follows:





# Full Report

## 1. Purpose of the report

This needs assessment report has been commissioned by Oxfordshire Advocacy to support them in three ways:

- To enable Oxfordshire Advocacy's trustees to consider their strategy and priorities for future service development
- To identify opportunities for creating future partnerships to enable Oxfordshire Advocacy to deliver its objectives
- To provide an assessment of need for non-statutory advocacy services in Oxfordshire to provide evidence to support future funding bids

It specifically identifies need for services, and gaps in service provision by other providers. It does not include a scoping of potential sources of funding to enable these gaps to be addressed. This is being taken forward separately by Oxfordshire Advocacy.

## 2. Methodology

A mixture of quantitative and qualitative evidence has been collected and reviewed for this report:

- Statistical evidence has been gathered through a thorough desk review of available reports and data sets.
- An on-line questionnaire has been completed by over 40 local practitioners, volunteers, service users and partners
- Interviews have been carried out with staff, the advisory panel including client representation and key partners identified by Oxfordshire Advocacy

## 3. Establishing the need for advocacy services from demographic data

Need for advocacy support is about more than levels of deprivation, morbidity or the age profile of the population. Advocacy is needed when people, whatever their situation, need support to represent their interests to address an issue or problem that they would struggle to face alone.

Many people with complex needs do not require advocacy services because they feel equipped to address the issues they face themselves or because of the support they are able to access from their friends and family, or other professionals. Other people who may not appear “vulnerable” will find themselves valuing the support of an advocate to help them address a specific situation.

So what data is useful to establish what the levels of need are for an advocacy service for Oxfordshire? Whilst understanding the limitations of this approach, there are three factors that impact on need for advocacy services:

1. The number of people who may find it hard to represent themselves, and who may require support to cope with problems due to age, illness, disability, lack of skills or other vulnerabilities
2. The number of people facing the types of problems that typically result in people seeking the support of an advocate
3. The number of people lacking sufficient support from friends and family to enable them to cope with issues that they are facing

This first section of this report pulls together existing demographic data to enable an assessment of current need and likely future trends against each of these three questions to be made.

### 3.1 Who will need support?

#### Demography: population data – current need and trends

This section of the report presents data available from public websites (links in the footnotes) to enable a view to be formed of both current need and demographic trends. Key messages are that:

- the population of the county is set to rise across all district council areas by an average of 6000 people per year with growth concentrated in Cherwell District Council and Oxford City Council areas. This equates to growth of 11% in population over the next ten years.

- the proportion of older people will rise relative to the overall size of the population, with a particular increase in the proportion of those over the age of 85. The number of people aged over 65 is expected to increase by 23% over the next 10 years.
- the proportion of the population who live with learning disabilities and physical disabilities will rise as more people with disabilities live longer lives

Population size.

The current population of Oxfordshire, broken down by district council area, is as follows:

	Estimated Population mid-2013
Oxfordshire	666,100
Cherwell	143,700
Oxford	154,800
South Oxfordshire	136,000
Vale of White Horse	123,600
West Oxfordshire	108,000

Population is rising in all areas of Oxfordshire at an average rate of c 6000 people per year. This increase is being driven by people living longer, by a higher birth rate in the last decade and by inward migration. Oxfordshire is expected to be home to nearly a million people by 2052.<sup>2</sup>

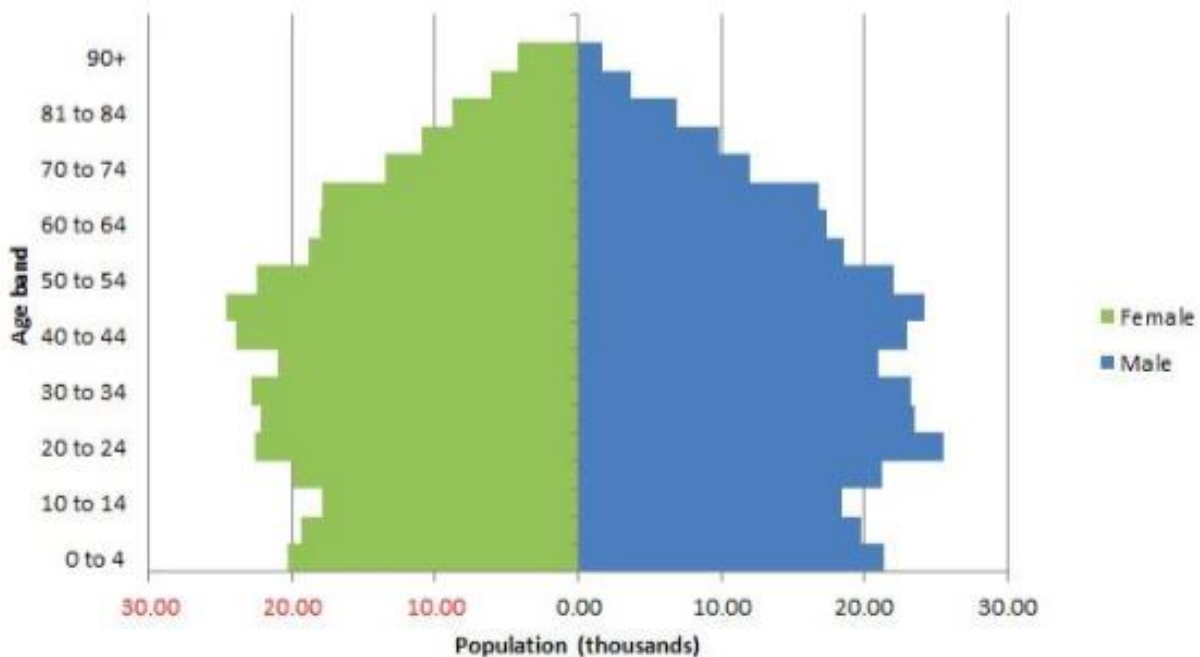
Oxfordshire is becoming more diverse: between the 2001 and 2011 Census surveys the proportion of people identifying as black and ethnic minorities almost doubled, from 4.9% to 9.2% of the population. At the time of the 2011 census 93.1% of people aged three and over in Oxfordshire spoke English as their main language.<sup>3</sup>

This table shows the number of women and men in each age segment of the population of Oxfordshire in mid 2013. The population “bulge” in the middle of the distribution, coupled with increasing life expectancy translates into the projected increases in the older population set out in the section below:

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<sup>2</sup> <https://public.tableau.com>

<sup>3</sup> [Oxfordshire Joint strategic needs assessment](#)



## Data about expected increases in numbers of older people

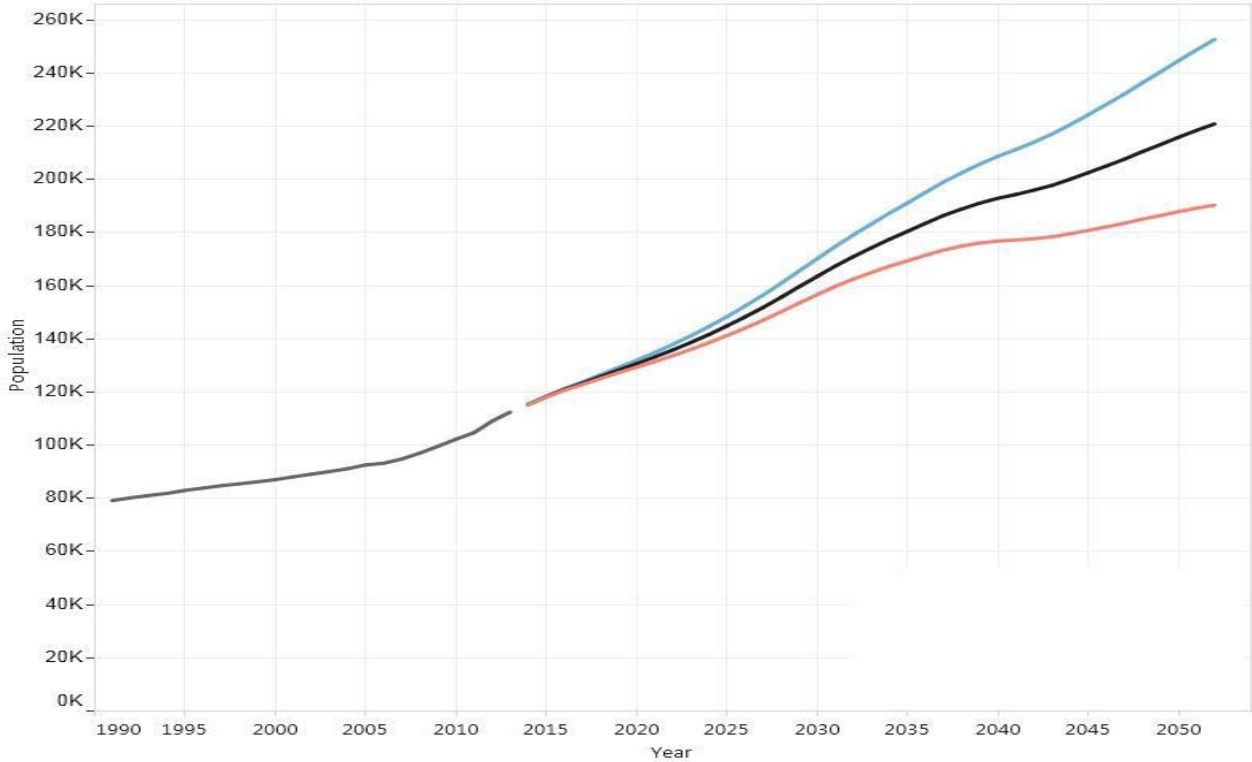
The number of people aged 65+ in the county is forecast to increase substantially over the next 20 years. As a percentage of the total population, the 65+ population is forecast to increase from 17.2% in 2014 to 19.6% in 2026. In 2013 there were 112,400 people aged 65 and over, representing an increase of 27.6% since 2001. Over the next 10 years the number of people aged over 65 is projected to increase by 23%.

The number of people over the age of 85 is expected to double over the next twenty years from circa 16,000 people to c32,000 people. This change will have a large impact on the services that will be required in Oxfordshire, particularly on demand for health and social care services.

Both of these changes are in line with national demographic trends.

The proportion of older people is highest in South Oxfordshire (19.5% 65 and over; 2.7% 85 and over), West Oxfordshire (19.4% 65 and over; 2.7% 85 and over) and Vale of White Horse (19.1% 65 and over; 2.6% 85 and over). Cherwell was similar to the county average with 16.6% aged 65 and over, and 2.1% aged 85 and over. The proportion of older people was lower in Oxford, where just 11.2% of the population was aged 65 and over, with 1.8% aged 85 and over. Oxford's population is skewed towards younger adults, predominantly because of the presence of two large universities in the city.

The proportion of older people in the county is projected to continue increasing, under each of Oxfordshire County Council’s population projection scenarios. More information about the projection scenarios, and how they were generated, are available via [this weblink](#).



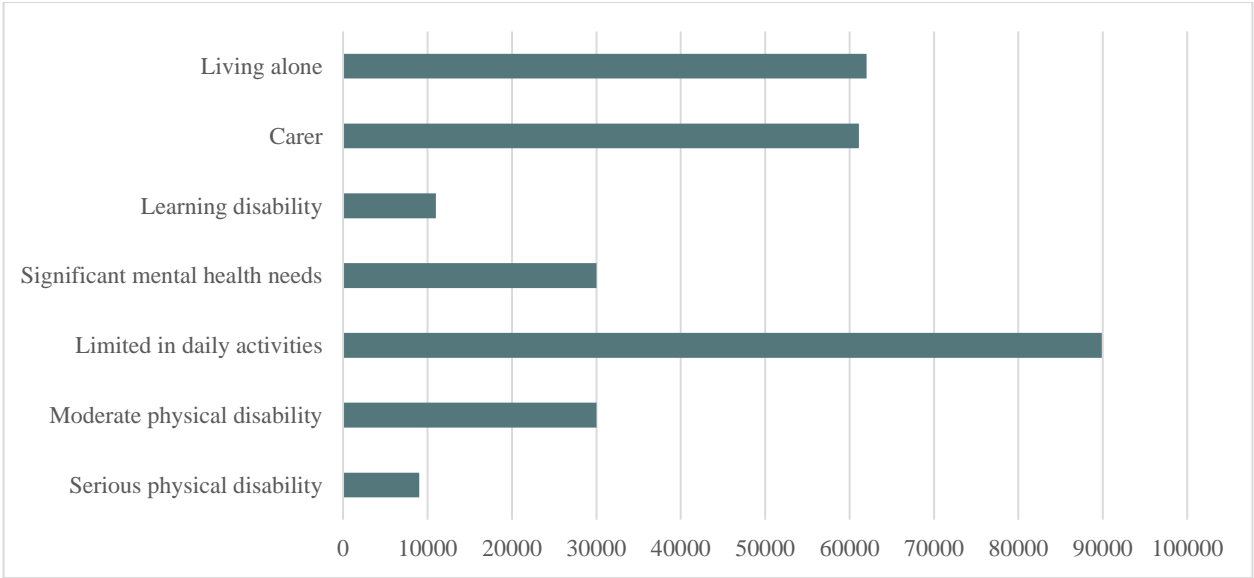
## Trends in Health, wellbeing and disability prevalence<sup>4</sup>

The Oxfordshire Joint Strategic Needs Assessment (JSNA) report monitors trends in the health and wellbeing of Oxfordshire’s population. It is an excellent reference source for data on levels of need that may drive need for service. The data (and many of the words) in this section are taken from the JSNA. This section focuses on the data from the JSNA that is most likely to drive an increase in service demand for advocacy services within current Oxfordshire Advocacy eligibility criteria, specifically focusing on disability data given the very high proportion of Oxfordshire Advocacy’s clients reporting a disability. The full JSNA contains a far broader set of data, which may be useful

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<sup>4</sup> All data not separately referenced in this section is drawn from the [Oxfordshire Joint Strategic Needs Assessment document](#)

for evidencing need for specific future services (for example it contains data on specific health conditions). [Here](#) is a link to the full report. The chart below summarises the data explored in the rest of this section on health and wellbeing. Please note this data is drawn from different sources and base years so whilst providing an indicative overview must be accompanied by the more detailed analysis below:



### Data on those limited in their daily activities because of disability or health needs

At the time of the 2011 Census, 89,800 people in Oxfordshire said they were limited in their daily activities, representing nearly one in seven people in the county (13.7%). 94.3% of these people were living at home. Around two fifths of the people in Oxfordshire who were limited in their daily activities, said they were limited a lot (numbering 37,600, 5.8% of the county’s population). These figures are in line with national averages.

More than four in ten people aged 65 and over living in households reported being limited in their daily activities (44.5%). This group accounted for more than half of all those living in households who experienced limitations (52.6%). Meanwhile, over four fifths of people aged 85 and over reported being limited (81.1%).

Applying these proportions to the population projections for Oxfordshire, we might expect that by 2030 between 69,700 and 75,700 household residents aged 65 and over will be limited in their daily activities (an increase of up to 70% from 44,500 in 2011). Meanwhile, we might expect

between 20,000 and 26,500 aged 85 and over to be limited (an increase of up to 164% from 10,100 in 2011). However, these projections do not take into account potential improvements in disability free life expectancy (DLE), which might reduce the proportion of older people who feel limited in their daily activities.

Extrapolating from national data sets it is to be expected that there are just over 106,000 people with a disability in Oxfordshire. Again, extrapolating from national data sets this would suggest that the following number of people are likely to be living with the following types of issues:

Impairment type	Extrapolated number with impairment
Mobility	60,700
Stamina/ breathing/ fatigue	40,500
Dexterity	29,800
Mental health	17,000
Memory	16,000
Hearing	14,900
Vision	13,900
Learning	12,800
Social/ behavioural	6,400
Other	21,300

Source: Extrapolation from Family and Resources Survey 2013

The number of people aged 18-64 in Oxfordshire with a moderate physical disability has been estimated at over 30,000. The number with a serious physical disability has been estimated at over 9,000. At the end of March 2014 3,095 people were registered blind or partially sighted in Oxfordshire (1,675 and 1,410 respectively). More than three quarters of these were aged 65 or over. Two thirds were also recorded as having an additional disability. In comparison, modelled data produced by RNIB indicate that there could be nearly 19,000 people living with sight loss in Oxfordshire, of whom over 2,000 have severe sight loss (blindness). 145 people in the county were registered as deaf, with a further 775 registered as hard of hearing.

## Mental health

According to the Quality and Outcomes Framework, in 2013/14 around 37,000 (6.6% of) patients aged 18 and over registered with GPs in the Oxfordshire Clinical Commissioning Group area had an unresolved diagnosis of depression. The figure was up slightly from 6% in 2012/13. This was similar to the proportion in England overall (6.5%) and slightly above that for the Thames Valley area (6.1%).

In 2013/14 around 5,300 (0.8% of) patients of all ages had a record of serious mental illness, such as schizophrenia, bipolar affective disorder or other psychoses. This was similar to the proportion in 2012/13 and those for the Thames Valley area and England overall (0.7% and 0.9%, respectively).

In Autumn 2014 8,300 people in Oxfordshire were diagnosed as suffering from dementia.

## Learning disabilities

In 2010 it was estimated that around 900,000 (2% of) adults aged 18 and over in England had a learning disability, of whom 191,000 (21%) were known to learning disabilities services. At this time Oxfordshire was home to around 1.2% of England's adults aged 18 and over. On a proportionate basis, this suggests that around 11,100 adults in the county might have had a learning disability.

Estimates for 2014 put the number of 18-64 year olds in Oxfordshire with a learning disability at around 11,000. Just under a quarter of these are estimated to have a moderate or severe learning disability.

In 2010 it was estimated that around 298,000 children aged 0-17 in England had a learning disability. In 2010 Oxfordshire was home to around 1.2% of England's children aged 0-17. On a proportionate basis, this suggests that around 3,600 children in the country might have had a learning disability at that time.



Nationally it is estimated the c 21% of people with a learning disability are known to social services.<sup>5</sup>

## Number of people with caring responsibilities

At the time of the 2011 Census, around 61,100 people in Oxfordshire said they provided some level of informal care to a relative or friend, representing 9.4% of the county's population (up from 8.8% in 2001).

In 2012/13 over half of adult carers reported having some kind of impairment themselves. More than two in ten had a long-standing illness (21.7%). Similar proportions had a physical impairment or disability (20.4%) or sight or hearing loss (20.4%). A majority of adult carers report a degree of social isolation and loneliness (60%).

## Rurality

Oxfordshire is the most rural county in the South East of England: at the time of the 2011 Census, around one third of Oxfordshire's population lived in rural areas in comparison to the national average of 18%. 41% of those aged over 65 live in rural areas in Oxfordshire. West Oxfordshire in particular is very rural with 57% of the population living in rural areas, often with very limited access to local services.<sup>6</sup>

Lack of access to transport, housing and problems accessing services are associated with rurality, and can be expected to impact disproportionately on older people given the data sets above.

## Deprivation – current needs and trends

The index of multiple deprivation provides a useful proxy for likely levels of need for advocacy services for two reasons. Firstly it identifies levels of deprivation across a series of domains that map on to our first question: who may require support to cope with problems due to age, disability, lack of skills or other vulnerabilities, for example by examining low skills and health deprivation and disability. Secondly it looks at income poverty and barriers to accessing housing and services – both issues that often require the support of an advocate.

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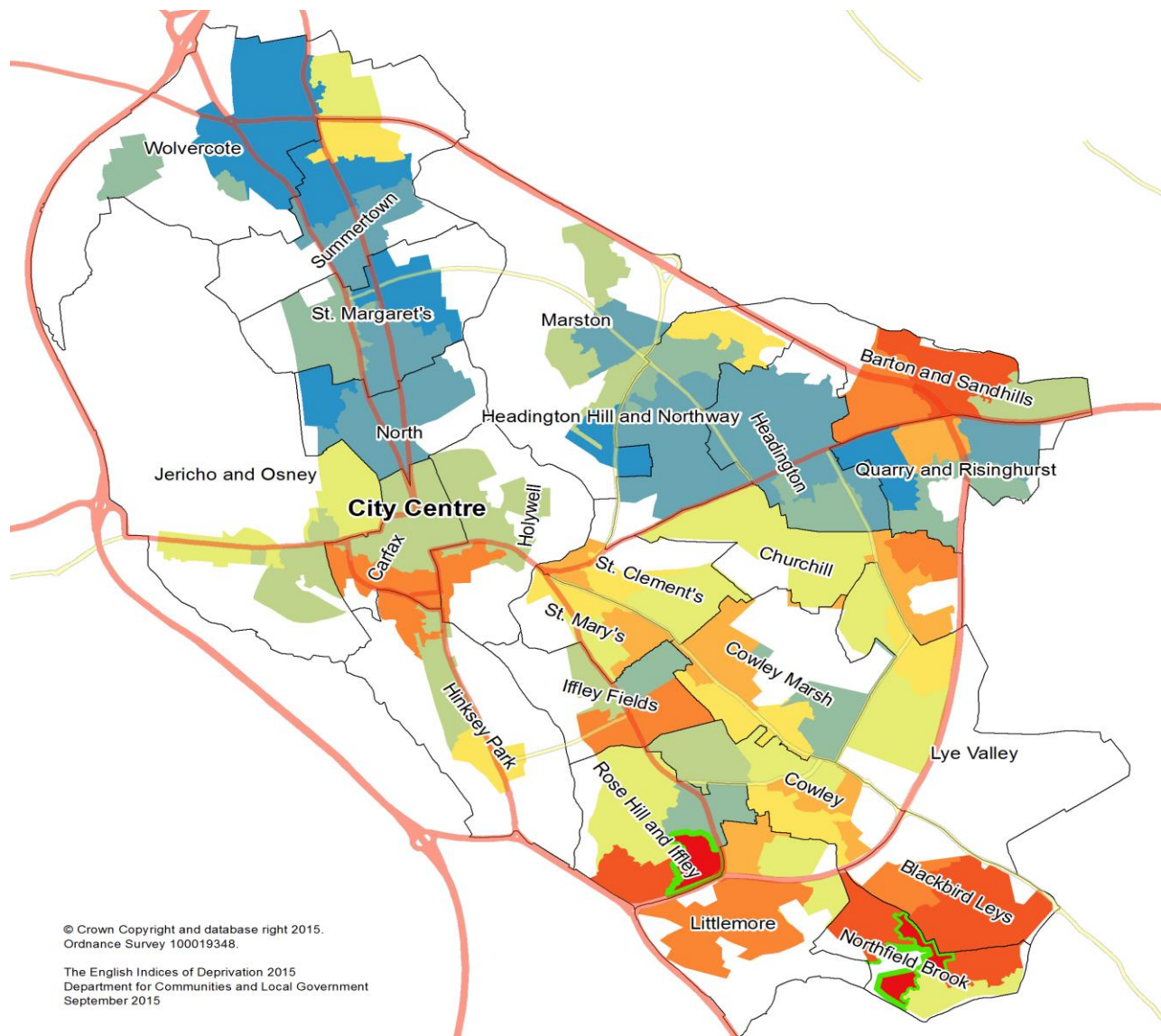
<sup>5</sup> [2010 Learning Disability services in England](#)

<sup>6</sup> <https://public.tableau.com>

Oxfordshire is an affluent county with high levels of income inequality and pockets of significant areas of deprivation. Areas of deprivation (as defined by the composite score on the national index of multiple deprivation data set) are well below the national average overall: Oxfordshire is the 11<sup>th</sup> least deprived of 152 upper-tier local authorities in England, placing it within the 10% least deprived local authorities in England. It is less deprived than average across six of the seven domains on which deprivation is assessed – with only the barriers to housing and service domain being more deprived than average. There are however areas of significant deprivation, with two areas in Oxford being amongst the 10% most deprived areas in the country and an additional thirteen areas predominantly concentrated in Oxford and Banbury in the 20% most deprived areas in the country.

Given the concentration of areas of relative deprivation in Oxford, the map below shows the Index of Multiple Data composite deprivation set for Oxford City, based on the 2015 data. There are two areas of the city ranked as within the 10% most deprived areas of the UK (in dark red on the map), and a further 8 in the most deprived 20% of super output areas (dark orange on the map). Areas coloured yellow are average for the UK, those in green and finally blue are amongst the least deprived in the country.

Detailed information for each component part of this aggregate data set is available to view on [this report](#). This breaks down deprivation by income; employment; skills; health deprivation and disability; crime; barriers to housing and services; and living environment. What this data shows is that low income, lack of access to affordable housing, low skills and high prevalence of health deprivation and disability are what are combine to create areas of high need in the city. Low employment, crime and living environment map less directly, and are either less of an issue in the city, or map in a way less correlated with other domains.



Equivalent data for the rest of Oxfordshire is also available<sup>7</sup>. The picture of what drives deprivation in areas classified as amongst the most deprived overall is similar for other places in the county to the picture for Oxford. In addition rurality itself is a major issue for poorer households in many areas of the county, with lack of access to services being a major issue for people without access to their own transport in very rural areas of Oxfordshire such as West Oxfordshire.<sup>8</sup>

<sup>7</sup> <http://www.insight.oxfordshire.gov.uk/>

<sup>8</sup> West Oxfordshire is the [second most sparsely populated](#) of the 67 local authorities in South East England

One in four children growing up in Oxford City is growing up in poverty. This is in contrast to far lower levels of child poverty for other district council areas in Oxfordshire:

<b>District Council Area<sup>9</sup></b>	<b>Percentage of children living in income poverty</b>
<b>Cherwell District Council</b>	17%
<b>Oxford City Council</b>	25%
<b>South Oxfordshire District Council</b>	12%
<b>Vale of the White Horse District Council</b>	12%
<b>West Oxfordshire District Council</b>	13%

### 3.2 What will people need support with? Current need and trends in service provision

#### Housing

##### Affordability and supply

At the time of the 2011 Census, there were 258,900 households in Oxfordshire. Around two thirds lived in housing they owned, either outright (32.3%) or with a mortgage or loan (33.2%) These proportions had changed since 2001, when 29.8% of households owned their housing outright, and 40.2% with a mortgage or loan.<sup>10</sup>

<sup>9</sup> Data from <http://www.endchildpoverty.org.uk/poverty-in-your-area/>

<sup>10</sup> [Oxfordshire Joint Strategic Needs Assessment](#)

Around one in six households were in privately rented housing (17.5%, up from 12.6% in 2001). Around one in seven were in social housing, either rented from the council (4.6%, down from 6.5% in 2001) or from other providers (9.7%, up from 7.9% in 2001). These trends are in line with national trends which show a switch to more owner occupiers owning their properties outright, and more of those renting now renting from private landlords rather than social landlords (councils and housing associations).

Oxford City is the most unaffordable city in the country to buy a home compared to local average earnings, with the average cost of a home over 15 times the local average annual salary<sup>11</sup>.

With changes in national government housing and planning policies the supply of social housing to rent is not increasing. The impact of the recent extension of the right to buy policy is intended over time to be neutral in terms of the supply of housing association homes. However the impact of council supply in expensive cities will be significant, with councils forced to sell homes in order to fund the discounts being offered to enable housing association tenants to purchase their homes at below market rates. This can be expected to decrease the supply of social housing for rent in Oxford City.

The impact of these changes is that the proportion of households in private rented accommodation will continue to increase. Increasingly more poorer and more vulnerable households will be accommodated in the private rented sector given the lack of social rented supply. Given the higher rents and lack of security in private sector tenancies this will lead to more people experiencing problems with their housing.

## Changes in policies and service offers

One response by national and local government to the scarcity of affordable housing, and the spiraling costs of housing benefit because of the increase in rent levels has been to tighten the rules around eligibility for state support and to try to reduce the amount that housing benefit will pay towards people's rental costs.

This has increasingly seen homelessness services tighten their interpretation of the rules about who can be counted as homeless, and also increasingly look to "discharge their duty" under homelessness legislation by offering support to access suitable accommodation back with families or in the private rented sector rather than accepting a duty to provide accommodation. For example

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<sup>11</sup> <http://www.dannydorling.org/?p=4476>

no one whose private sector tenancy is ending will be accepted as homeless by local authorities in Oxfordshire if they have left at the end of their tenancy rather than continuing to occupy their private rented property through to the point where a court enforces an eviction order (by which point they will have incurred legal costs and rent arrears, and their landlord will have lost rent and incurred legal costs too).

Changes to housing association's rent regimes introduced this year are requiring housing associations to cut their rents by 1% per year, rather than allowing them to increase rents in line with inflation as has previously been the case. Housing associations are responding by cutting their costs, often by reviewing their service offer to focus more narrowly on their core landlord duties: maintaining and letting property. This means that many associations are in the process of closing "support" or "tenancy sustainment" services: the teams of people whose job it has been to support vulnerable residents to remain living independently in their own homes.<sup>12</sup>

Given the constraints in supply only those most "in need" will be likely to have sufficient priority to be granted a housing association or council tenancy. The closure of services offering support with accessing benefits, accessing services, managing tenancies and other "low level" support needs will create additional demand for service from Oxfordshire Advocacy.

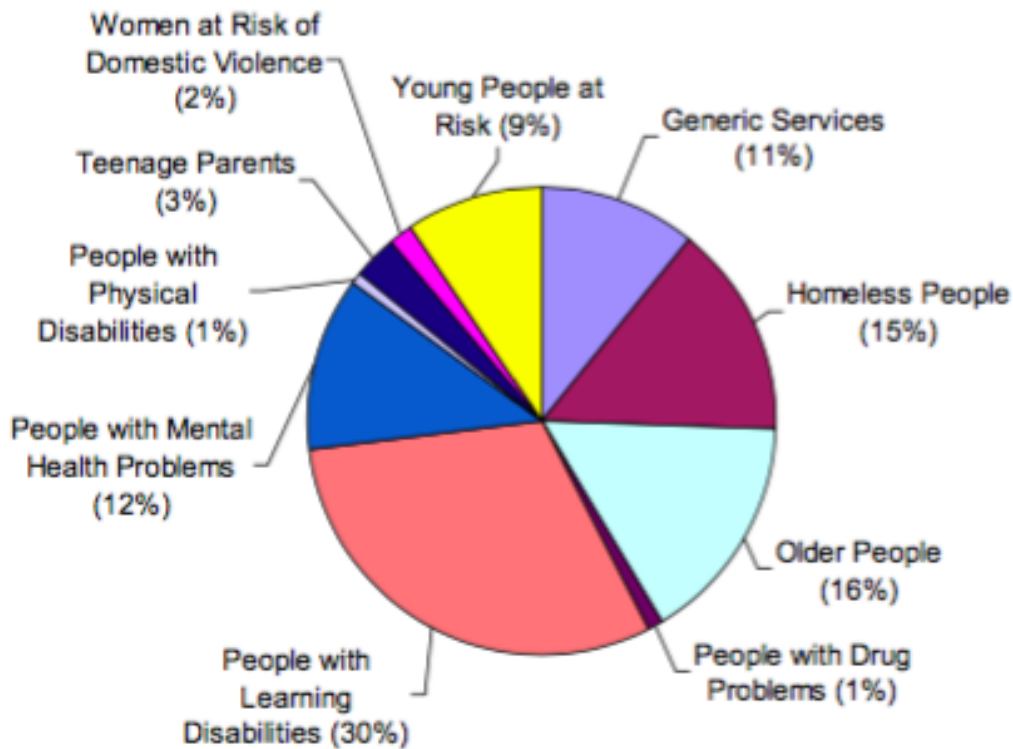
On a broader level the county council, in response to its own budget cuts is currently consulting on significant cuts to all non statutory services, including housing support services delivered to over 11,500 per annum in Oxfordshire. These services are delivered across client groups as shown from the pie chart below<sup>13</sup>:

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<sup>12</sup> For example [this service](#) is closing

<sup>13</sup> [Oxfordshire Supporting People Strategy 2011 - 2016](#)

### All Oxfordshire - 2009-10 Expenditure by Primary Client Group



Supporting People funding pays for services that aim to enable people to live independently either through sustaining independence if that is under threat, or recover it if they have lost their home. Any significant reduction in Supporting People funded housing support services will reduce the support available to many of the client groups who are accessing Oxfordshire Advocacy's non-statutory service, and can therefore be expected to translate through in to an increase in need and demand from referrers who can no longer refer to other services offering support. For example the [Homelink](#) service that currently supports 400 vulnerable older people across Oxfordshire to live independently will be closing because of the latest round of County Council budget reductions

Oxfordshire Advocacy's own data shows that support with housing issues is already the issue most commonly supported on through the non-statutory advocacy service (17% of cases). Demand for support in this area can be expected to increase.

## Benefits

The Department for Work and Pensions provides statistics on disability-related benefits. Key data for Oxfordshire is set out below<sup>14</sup>:

- Around 20,200 people in Oxfordshire were claiming Disability Living Allowance in May 2014 (this has now been phased out for new claimants)
- According to official experimental statistics, between June and October 2014 there were 3,650 Personal Independence Payment claims. As of 1 October 2014 decisions had been made on 1,860 of these, with 52% being awarded.
- Around 13,400 people were claiming Attendance Allowance in May 2014
- Around 13,200 people were claiming Employment and Support Allowance in May 2014
- Around 1,800 people were claiming Incapacity Benefit or Severe Disablement Allowance (both of which have now been phased out for new claimants). These numbers will include people who claimed more than one type of benefit. Trends have not been shown, due to changes in the qualification criteria for benefits, which are likely to reduce the number of people eligible to claim.

Significant changes in the benefits system, particularly to disability benefits, have already been introduced. Further wide scale change is due to be implemented with the introduction of Universal Credit. These changes are requiring claimants to undergo reassessment, often to “prove” their vulnerability and are complex to navigate. Many people are failing to navigate the system effectively, resulting in the loss of benefits and decisions that are sufficiently insecure that in Oxfordshire 90% of tribunals supported by a local service providers are currently successful<sup>15</sup>.

Staff interviewed both within Oxfordshire Advocacy and from other service providers report an increase in the number of people who are experiencing issues with their benefits, and who require support to ensure that they comply with the conditions that are required of them. This is backed up

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<sup>14</sup> Data drawn from the [Oxfordshire Joint Strategic Needs Assessment](#)

<sup>15</sup> <http://oxfordshirewelfarerights.org.uk/about-us/>



by national data which shows that more people were sanctioned (had benefits taken away from them) last year by job centres than accessed work through job centres<sup>16</sup>.

Currently 12% of Oxfordshire Advocacy's non-statutory advocacy service is supporting clients with benefits issues. Other local services are currently available to support with initial applications and also with tribunal hearings. What is not available from other agencies, is reported as needed and is demonstrated to be needed by the data above is support to accompany vulnerable people through the process of assessment.

Other services, such as advice centres and the CAB are experiencing reductions in both their statutory funding and their funding from other organisations, reducing their capacity to meet need. These are services that there is already significant demand for, and ones for which demand can be expected to grow. In a context of tightening resources there will be significant and growing unmet need for service in this area.

## Accessing Social Care and Health Services

### Social Care

Support on addressing Social care needs was the second biggest proportion of cases seen by Oxfordshire Advocacy's non-statutory service in 2015.

The Care Act 2014 sets out the thresholds at which people's need and risk are sufficiently acute for them to be eligible to receive services. It is designed to ensure that decisions about access to service are made in a transparent and accountable way. In the face of rising need eligibility criteria have been increased to ensure that available resources are targeted on those people assessed as having the most acute needs. This results in many people who would benefit from services being unable to access them.

Given the pressure on local authority budgets and the demographic trends that will see significant increases in the number of older people in Oxfordshire it is to be expected that there will be pressures to continue to tighten the application of the eligibility criteria.<sup>17</sup> The demand for services

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<sup>16</sup> <http://www.theguardian.com/society/2014/dec/08/900000-claiming-job-seekers-allowance-subjected-benefit-sanctions>

<sup>17</sup> [Care Act 2014 service eligibility criteria](#)

and support from organisations such as Oxfordshire Advocacy both to ensure that people can challenge assessment decisions that they do not believe to be correct and to assist people to access appropriate services when there is no ongoing social services engagement can be expected to continue to rise.

## Health

Enabling people to access health care services and ensuring that they are able to communicate their wishes and needs to service providers is an area of work that Oxfordshire Advocacy has experience of delivering, and that staff report the value of to clients. However it is an area of work where referrals are low: Oxfordshire Advocacy's data shows less than 10% of referrals were from NHS sources.

The perception is that there is huge need for an advocacy service that can support people to access appropriate health care. The [Cancer, Older people and advocacy project website](#) contains case study information on the value of advocacy services in this context. Staff feedback suggested that there is much broader need, particularly for those with low level mental health issues, both to access service and then to ensure that options are understood and their wishes are communicated and acted upon.

Given the demographic data above demand for both primary and secondary care services will continue to increase. The increasing trend towards community based health care will see GPs supporting more people to manage their own long term conditions in the community. Ensuring that people fully understand options open to them and can act on the information they are receiving will arguably be even more critical in this context.

If Oxfordshire Advocacy is to seek to expand its service offer in this area it will need to invest time in building awareness of its service offer and its value with health care practitioners and potential services users.

## Access to legal services

Legal aid changes brought in in 2013 removed access to legal aid for many types of civil cases including family law cases such as divorce and custody cases; personal injury and some criminal

negligence cases; some employment and education law cases and some housing, debt and benefits issues. This has led to a rise in people seeking to represent themselves in legal proceedings.<sup>18</sup>

Advocacy support can help people to access legal services if services are available to them. However it cannot replace or compensate for an absence of ability to access legal representation due to a change in legal aid rules.

The type of legal issue mentioned most frequently in internal feedback from staff and volunteers was the need for support for parents in child protection cases. This is an area of work that has recently been paused by Oxfordshire Advocacy because of concerns about capacity. Concern is expressed by staff and volunteers that this will create a gap in service provision and they express concern about whether parents now have appropriate support in child protection cases.

Fourteen percent of cases supported by the non-statutory advocacy service in 2015 provided support classified as legal / rights. Current referrals from the legal profession for the non-statutory advocacy service are very low, with less than 1% of referrals being made by solicitors. This is an area of work where there is potential to expand, but where at the moment demand is arguably lower than need because Oxfordshire Advocacy does not have the relationships that would result in referrals.

### 3.3 Trends in access to informal support from friends and family

Based on current trends in people living alone, applied to Oxfordshire County Council's principal population projection, it is estimated that there will be around 91,500 people living alone in the county by 2024 (an increase of 29% on the 2011 number).<sup>19</sup>

In 2011 a third of occupants of one-person households in Oxfordshire had a long- term health problem or disability (33.3%). This was slightly lower than the proportions seen in the South East (35.9%) and England overall (38.6%). The proportions were broadly similar across districts.<sup>20</sup>

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<sup>18</sup> <http://www.independent.co.uk/news/uk/politics/cuts-to-legal-aid-force-parents-to-defend-themselves-in-family-court-cases-9608175.html>

<sup>19</sup> [Oxfordshire Joint Strategic Needs Assessment](#)

<sup>20</sup> [Oxfordshire Joint Strategic Needs Assessment](#)

Nationally one in four people over the age of 55 report “never” or “not very often” having any contact with family and friends including on the telephone. This rises to 35% describing “never” or “not very often” meeting up with friends and family in person.<sup>21</sup> Acute loneliness is estimated to be experienced by between 10% and 13% of older people<sup>22</sup>. Research from Brigham State University in Utah, USA has quantified the health impact of acute loneliness as comparable to smoking 15 cigarettes a day.

Given trends in demography and the increasing number of people living alone it is realistic to expect these trends to continue. These will impact on demand for advocacy services as a growing proportion of people are not able to rely on friends and family for the support that they require.

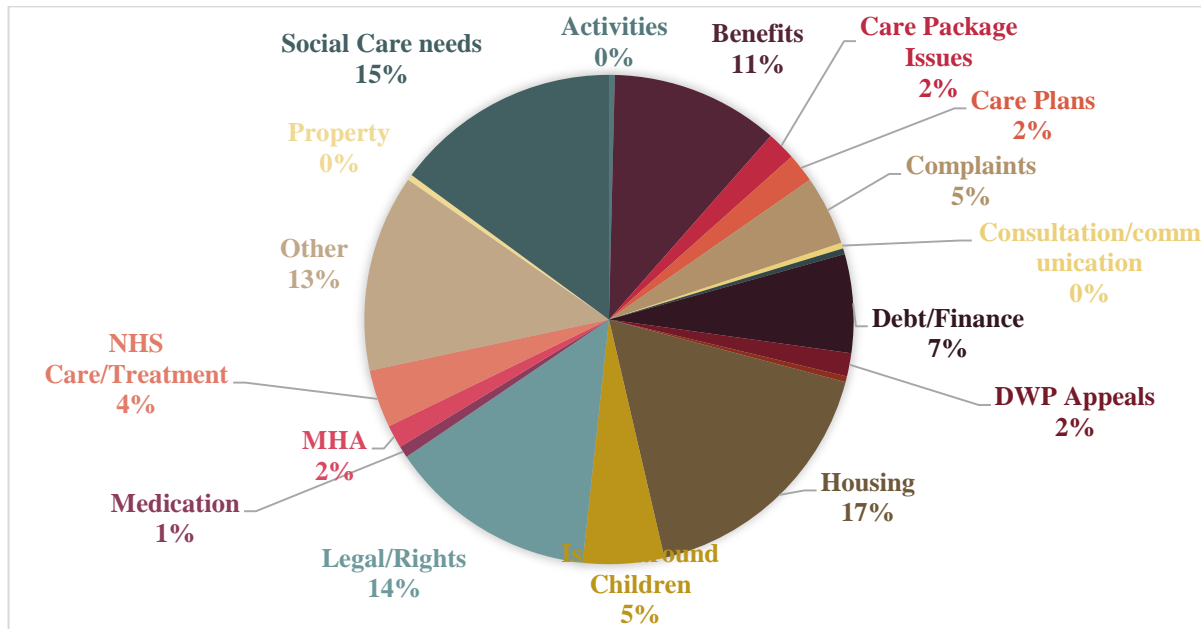
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<sup>21</sup> [National well being: older people and loneliness report](#)

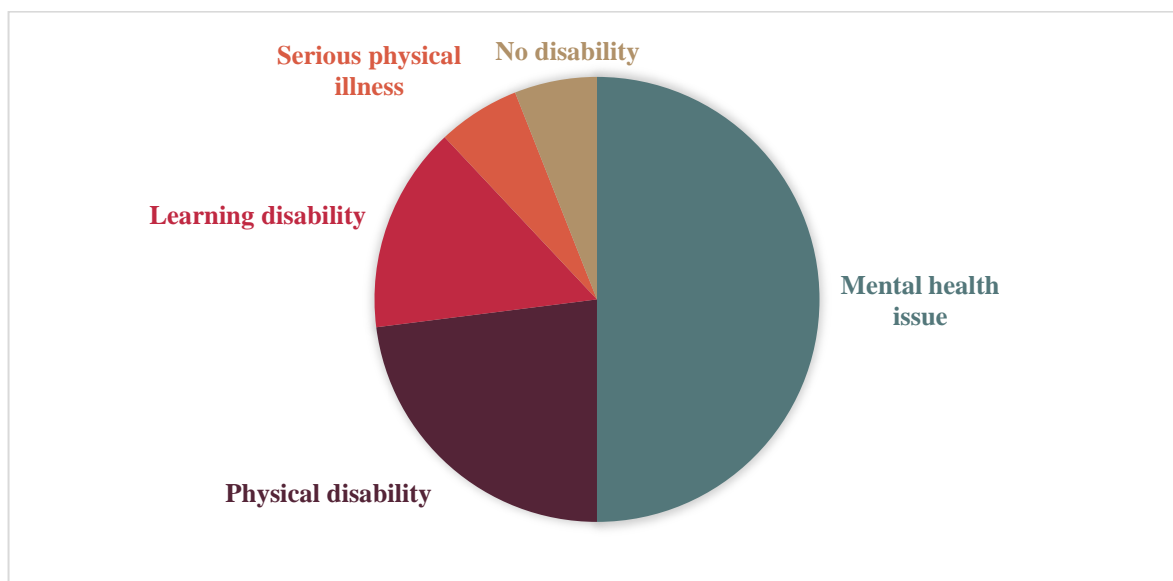
<sup>22</sup> [Combating loneliness, a guide for local authorities Jan 2016](#)

## 4. Evidence of need for advocacy services from current performance information

Oxfordshire Advocacy's performance information for 2015 shows the following split between issues supported on:



Data also shows the high proportion of clients with health and disability issues:



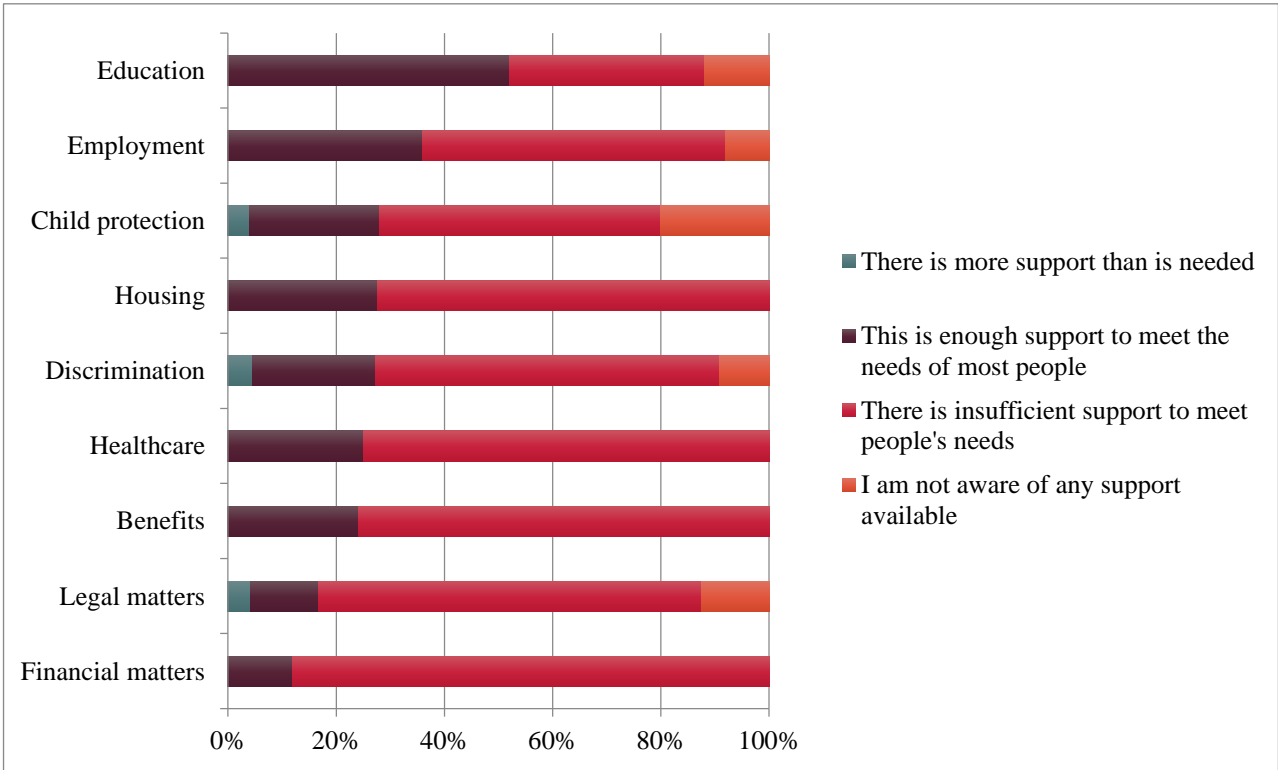
For data on the positive impact clients report from the advocacy services they have received please see the Oxfordshire Advocacy Impact Data 2015 report.

# 5. Evidence of need for advocacy services from the input and perspectives of those referring to, those accessing and those offering support

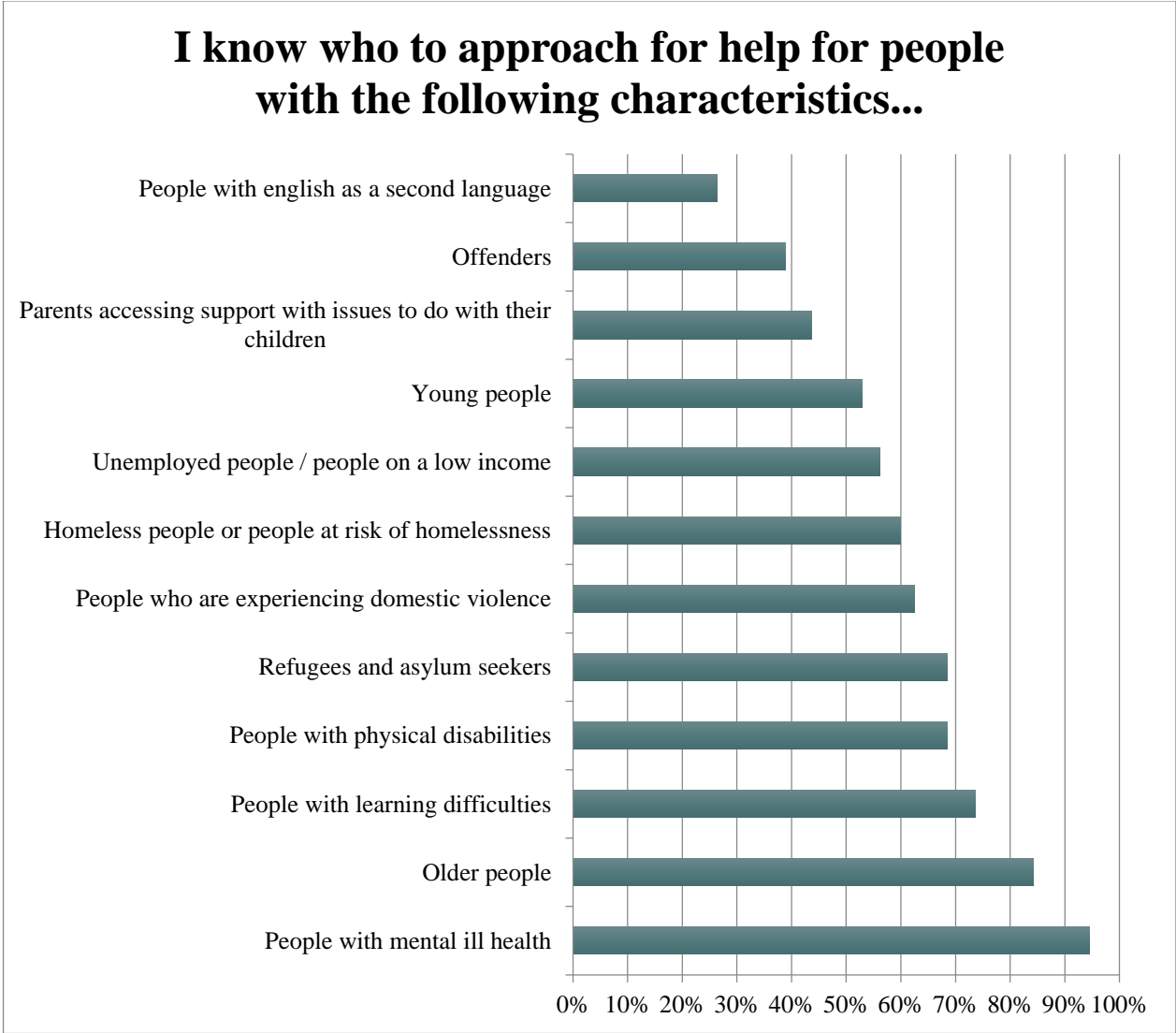
To support this needs analysis an online survey was designed and circulated to Oxfordshire Advocacy clients, staff and volunteers, and partner agencies both referring to Oxfordshire Advocacy and delivering services. 46 survey responses were received. A full copy of the survey outcomes is appended as an annex to this report.

Respondents were asked about the issues that they saw as the priority issues that clients required advocacy support to address. Housing was the primary issue identified, with support to access health care, benefits, legal matters and then financial matters.

People’s views on the levels of support each group has to get their voice heard on matters of concern suggest marked differences between the support available to different groups. Over 90% of respondents felt that homeless and people at risk of homelessness do not have sufficient support. Perceived to be next worse off are people on a low income and then people with English as a second language. Young people and older people are perceived as being best served by the current provision of support although a concern was raised that for older people support was currently available that is likely to disappear as a result of the cuts:

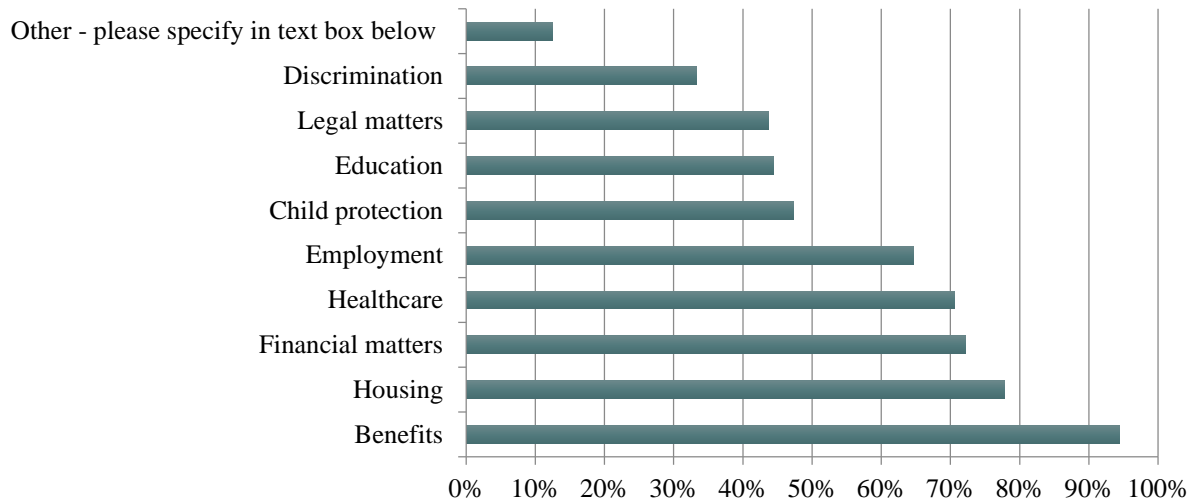


When asked whether they knew who to approach to respond to issues raised by particular client groups, there was a wide range of responses. With regard to People with mental ill health, older people and people with learning difficulties, over 70% of respondents felt clear that they knew who to turn to. By far the lowest was people with English as a second language where only 26% knew where to turn. Also low were the levels of awareness for Offenders and Parents Accessing Support with issues to do with their children:



In relation to the issues, Benefits was far and away seen as the best served area with over 90% of respondents knowing where to direct clients for support. Housing, Financial Matters and Healthcare all scored over 70% as well. At the other end of the scale Discrimination was an area where fewer than 40% knew where to signpost people with Legal matters, Education and Child Protection all scoring below 50%.

## I know where to direct people for support with the following issues...



## 6. Opportunities for future partnerships

### Challenges for effective partnership working

The current environment presents many challenges to working constructively in partnership with other providers. The threats many providers are facing to their own financial viability, and the need to differentiate their offer from those of other agencies for reasons of market differentiation can lead to differences between services being focused upon rather than opportunities for joint working being clearly identified.

Some providers who gave time for this piece of work were concerned about whether the commissioning of this report was indicative of a more competitive positioning by Oxfordshire Advocacy, and are anxious to ensure that Oxfordshire Advocacy remains clearly focused on the delivery of advocacy services rather than widening its remit to include giving advice.

### Opportunities for future partnership development

Opportunities for partnership exist in all sorts of areas:

- Partnerships with **other provider agencies** to apply jointly for funding to deliver more holistic services to users will make sense in some areas.



- Partnerships with those **who are will benefit from vulnerable people being adequately supported**. Examples include social housing providers who are refocusing on a more core housing service, but are very anxious about mitigating the impact of this decision on their more vulnerable tenants. They will be natural future referrers, and may also be future funders of service, although currently many are cutting investment
- Partnerships with those **whose services will be impacted upon by a lack of effective Advocacy services**. Identifying those agencies whose services will be expected to respond to need once this becomes more acute may provide opportunities for exploring future commissioning opportunities. GP commissioning groups are an example of potential future refers to and commissioners of service.