

12.2

Please describe how you will ensure the service is equitable and accessible to those that require it, bearing in mind the geography and demographics of Cambridgeshire. (550 words, not including additional evidence requested)

Equitable

We understand that to genuinely put the individual at the heart of decision-making we must provide a service tailored to their needs. We ensure that all client groups receive an appropriate and accessible service by;

- **Disability**
 - Using a variety of communication methods including Makaton, BSL, pictures/photos and symbols to support our partners to communicate.
 - Providing all our materials in easy read format.
 - Working with occupational therapists and SALTs to use innovative ways to communicate with individuals who cannot offer verbal instruction.
 - Offering non-instructed advocacy (NIA) to people who are not able to communicate at all.
- **Gender, Transgender, sexual orientation, maternity and marital status**
 - Employing both male and female IMCAs in Cambridgeshire so that people who wish to can choose an advocate of a specific gender.
- **Ethnicity, race and religion**
 - Providing our leaflets in a range of community languages.
 - Using translators and interpreters when necessary.
 - Building relationships with organisations who can support us to increase our understanding of the cultural and spiritual needs of service users including the Ormiston Trust, who work with the travelling community and the Cambridge Ethnic Minority Forum.
- **Age**
 - Training our IMCAs in strategies for working with people with dementia – both through the National Advocacy Qualification and by shadowing other advocates.
 - Working in partnership with Crossroads Carers, local Older People's teams and Age UK to ensure that older people and their carers are aware of and can access the service.

Accessibility

Accessibility requires information, awareness-raising and training to ensure that everyone who is eligible for the service is referred.

Information service

VoiceAbility has a dedicated national IMCA referral line (See Section 12.12) and IMCA information and FAQs on our website.

The team also provides information and advice to clarify IMCA need and elements of the decision making process.

Awareness raising and training

The Service Manager regularly monitors referral rates and compares them to local and national figures on demographic characteristics, decision-type and referrer. He then uses this data to plan awareness-raising training or engagement with particular teams.

For example, in 2009 the number of referrals received from health services was identified as being low compared to national figures. This resulted in focused work in raising the profile of the service within hospitals. Bespoke materials were produced and relationships built up with Lead Nurses. The service has also encouraged professionals to contact the team whenever the need for an IMCA has not been clear – which has been an effective means of reinforcing relationships.

This led to a year on year increase in the number instructions received from health services (09/10 – 19 referrals; 10/11 – 34 referrals; 11/12 – 41 referrals).

If awarded the contract to continue to deliver the IMCA service we will formalise these processes into an Equal Voice Plan which collates demographic data about the people who have been referred to the service. At least once every six months a plan is made and implemented to address any areas where referrals are low.

Geography

All our IMCAs can drive so they can visit partners anywhere in the county. Our management information system (MAAVIS) is web based, so that advocates can access and update information wherever there is a secure internet connection. This is more efficient and allows more time for direct advocacy.