

Service Specification

Manchester Advocacy Hub Service

DRAFT

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Part 1: Executive Summary

This service specification is for the provision of a Manchester Advocacy Hub. This document will describe the service commissioned, how it should be delivered, and how it will be monitored. The specification will form a part of any contract or agreement that is drawn up with those who are to provide the service.

Every attempt has been made to restrict the size of the service specification, to focus on core service standards, organisational capabilities and required customer outcomes rather than long lists of detailed requirements. The specification will require potential providers to be familiar with the principle legislation and statutory requirements relating to the provision of independent advocacy. The specification is part of a suite of documents and should be read in conjunction with the Councils Conditions of Contract for the Supply of Services and/or Goods.

Commissioning Statement

Manchester's vision as a world class city is set out in our Community Strategy, a city that stands out as:

- enterprising creative and industrious
- with highly skilled people
- living in successful neighbourhoods
- where all our citizens can meet their full potential, are valued and secured

Public Service Reform, (PSR) in Manchester goes beyond just 'how we deliver services', it involves reforming how citizens perceive and receive services. PSR involves using money differently, investing in new ways of working which are evidenced based and deliver a wider social or financial return on investment and contributing to the economic regeneration of our city. In order to achieve our vision at a time of financial challenges, MCC has created the Manchester Investment Fund which brings together spending on specialist and targeted services that support high risk, high dependency and high cost families.

This specification has been developed to promote innovative solutions to the advocacy requirements of Manchester citizens; solutions which will combine statutory requirements with wider Manchester public service reform principles, promoting independence, self-advocacy and mutual support.,

This approach emphasises that the council is aiming for the same outcomes for people requiring services such as advocacy as for the wider population, as set out in its Community Strategy: *a wealthier population, living longer, happier and healthier lives, in diverse, stable and cohesive communities*. Key outcomes of the new approach include:

- People have control over their lives
- People are engaged in a meaningful occupation
- A healthy population
- People have access to suitable accommodation in the right location
- People are integrated into their local community and able to access local services
- A safe population

Further information on the Community Strategy can be found at;
http://www.manchester.gov.uk/manchesterpartnership/downloads/download/14/community_strategy_delivery_plan_2012

Service Requirements

Manchester City Council (MCC) wishes to create an Advocacy Hub. The primary role of the Hub will be to meet all statutory requirements on the council for the provision of independent advocacy under the terms of the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 2007 across all categories of need, including adults with learning disabilities, dementia, mental health needs, acquired brain injury, physical and sensory impairment and young people in transition to adult services.

The Advocacy Hub will also be required to provide leadership in respect of wider advocacy matters across the city, working in partnership with the voluntary and community sector (VCS) and advice providers to ensure that the concept of advocacy is understood and that support is available to all citizens who may have genuine difficulty articulating or negotiating their needs and personal goals.

Demand projection presents particular challenges; the application of new Care Act requirements is likely to be gradual but progressive whilst at national and local level efforts are currently being made to gauge the full impact of recent Supreme Court judgements on IMCA workloads. The Provider will be required to adopt lean and flexible working practices in order to maximise service reach within the approved financial envelope over the three year duration of this contract

Part 2: Service Specification

1.0 National Context

The Care Act 2014 requires the local authority “to promote control by the individual over their care and support and the way in which it is provided”, (Care Act S1 (2) (d)) and in all matters governed by the act, “to start from the assumption that the individual is best placed to judge the individual’s well-being” (Care Act, S1. (3)(a)).

From this requirement flows a duty to provide independent advocacy to support “qualifying citizens” through all aspects of the assessment / planning process and safeguarding enquiries. This new duty sits alongside existing statutory duties to provide Independent Mental Capacity Advocates (IMCA) under the Mental Capacity Act 2005 and Independent Mental Health Advocates (IMHA) under the Mental Health Act 2007

The Care Act requires the Council to identify those citizens who may have substantial difficulty being involved in an assessment or review of their care and support needs, an appeal in respect of such decisions or a safeguarding enquiry **and**, if there is no **appropriate** relative or friend available to take that role, the Council must appoint an independent advocate to support the involvement of that individual.

The Care and Support (Independent Advocacy Support) Regulations provides guidance as to how substantial difficulty should be defined and when it might not be appropriate for a friend or relative to act in place of an independent advocate. Such decisions will be made by an Assessing Officer who will then arrange for an Independent Advocate to be appointed.

Guidance also stresses the need for coordination across the role of the Care Act Independent Advocate (CAA) and that of the statutory Independent Mental Capacity Advocate (IMCA) and the

Independent Mental Health Act Advocate (IMHA), particularly in relation to the shared competencies and similarity in roles. Guidance also makes it clear that duplication of advocates must be avoided and that a seamless service should seek to provide the end-user with a consistent advocacy relationship.

Appendix 1 sets out a glossary of the main terms and commonly accepted definitions in relation to advocacy provision.

2.0 Local Context

Manchester City Council has made a decision to address all statutory independent advocacy requirements through a single contract to procure a service to be known as the “Manchester Advocacy Hub” which will provide a single gateway for the appointment of independent advocates under the Care Act, the Mental Capacity Act and the Mental Health Act. This decision takes in account national guidance, extensive stakeholder and public consultations and follows detailed consideration by the Manchester Health & Wellbeing Board.

The contract terms will enable the successful provider, with agreement from the Council, to sub-contract specific elements of the service but within the context of a single service infrastructure which will deliver a uniform process for the receipt, management & monitoring of advocacy referrals; provide economies of scale and support investment in good quality information, training and data management systems.

The Manchester Advocacy Hub will also be required to provide wider social value in the form of leadership on advocacy matters across the voluntary & community sector and by attracting inward investment to develop the Manchester Advocacy offer, to strengthen its independence, sustainability, diversity and reach. Promoting equitable access to health & social care services across the city and providing opportunities for volunteering & skill development.

Living Longer, Living Better (LLLB) is a health blueprint that sets out Manchester’s plan for integrated care and will help residents live longer, healthier and more fulfilling lives. The Advocacy Hub will operate within LLLB objectives, ensuring that citizen involvement is central within a more co-ordinated and integrated care approach to care, support and health needs.

The outcomes achieved by the Advocacy Hub will contribute to the joint health & wellbeing strategic priority of educating, informing and involving the community in improving their own health and wellbeing, shifting from a pattern of services dominated by crisis management to a system which focuses on people's strengths and capabilities and supports them to live independently for as long as possible

3.0 Service Outcome Requirements

Outcome requirements for the Advocacy Hub will be shaped by the Health & Wellbeing Board's Strategic Priority 2:

Educating, informing and involving the community in improving their own health and wellbeing.

This priority is reflected in the Care Act's principle requirement that the individual must be at the centre of decision-making in respect of arrangements to meet their care and support needs.

Through the services of the Advocacy Hub Manchester citizens will:

- **Outcome 1.** Have ready access to information in respect of advocacy services and the levels of service that are available in their particular circumstances.
- **Outcome 2.** Have greater understanding of the care, support and health care planning systems, their right to information, to be involved, to be heard, to exercise control & choice and to challenge.
- **Outcome 3.** Have greater capacity and skills to articulate their needs, with or without the assistance of an Advocate, and negotiate arrangements to meet their care, support and health needs.
- **Outcome 4.** Are able to to utilise the care and support planning process to obtain the support they require and to achieve the personal outcomes to which they aspire.
- **Outcome 5.** Citizens who are prevented through lack of mental capacity from participating in specific decisions concerning their treatment, health or

care under the authority of the Mental Capacity Act / Deprivation of Liberty Safeguards, receive effective independent protection of their rights and best interests

4.0 Service Objectives

The Advocacy Hub will be required to meet the following objectives:

- Manchester citizens will understand their right to be actively involved in the assessment, review and management of arrangements to address their personal care, support and health needs and the role of independent advocacy in protecting the interests of those who may be subject to requirements of the Mental Capacity Act and the Mental Health Act
- Agencies and organisations working within the health and social care economy will understand the role of independent advocacy in supporting people to articulate their needs, exercise choice & control, protect their rights & liberties and to secure services which are effective in meeting their assessed needs on a personalised basis.
- Manchester citizens who have a statutory entitlement to independent advocacy will receive prompt referral to the Hub and the appointment of a suitably experienced and trained advocate, those who do not qualify will be provided with sign-posting to alternative sources of advice, support, self-help tools and brief interventions.
- Service-users will have confidence that their views or best interests, (according to specific statutory requirements) are effectively and independently represented by the advocacy service
- The Council and its partners will have confidence that statutory duties to provide independent advocacy across all citizen groups are being met in a timely and effective manner within an agreed code of practice and a quality assurance framework
- Relatives, friends and community organisations who may be called upon to provide informal advocacy on behalf of Manchester residents will be encouraged and supported through the timely provision of information and advice.
- Manchester Citizens will clearly identify the Manchester Advocacy Hub as an effective and credible source of information, advice and support in respect of the negotiation of their care and support needs.

- The Manchester Advocacy Hub will enjoy good working relationships with health and social care organisations, wider advice / advocacy organisations and the voluntary & community sector
- The Manchester Advocacy Hub will provide wider social value by attracting inward investment to develop the Manchester Advocacy offer, to strengthen its independence, sustainability and reach by developing a range of interventions which support equitable access to health & social care services across the city and provide opportunities for volunteering & skill development.
- The Manchester Advocacy Hub will demonstrate continual learning and improvement. Service Users will be actively involved in shaping the service; feedback will be routinely sought and acted upon.
- The Service will at all times deliver good value and bear down on cost through innovation and flexible working practises

5.0 Service Overview

Manchester City Council is seeking to rationalise its current ten advocacy contracts with the aim of developing a single gateway and coherent service pathway which will meet all statutory advocacy requirements and develop a sequenced range of lower-level interventions and materials which will bear down on demand. A single contract will minimise back office and transactions costs and deliver best value.

The primary role of the Advocacy Hub will therefore be to provide a single city-wide gateway for health and social care professionals making referrals for the provision of statutory independent advocacy services. This central gateway will ensure that advocacy referrals are efficiently received, promptly allocated and completed within required timescales. The Hub will also monitor the service against statutory requirements under the three principle acts and quality assurance / performance standards detailed in this specification

The secondary role of the Hub is to shape a wider sequenced offer which will ensure that citizens seeking information or independent access to advocacy support receive a positive offer of information, support or sign posting according to their individuals needs.

A sequenced offer will include:

- Generic information materials in respect of the social care & health system and how it can be negotiated, rights to be involved, to be heard and to complain
- Support tools and templates for those who wish to self-advocate
- Information regarding wider sources of advice and support
- Information and support for Manchester citizens acting as informal advocates on behalf of a friend or relative
- Support to wider VCS organisations that provide advocacy

The Service may be delivered directly by a single Provider or the Provider may sub-contract direct advocacy work with specific population segments.

The Provider which will at all times retain responsibility for the Advocacy Hub's core "gateway" functions which will include:-

- Developing and maintaining the integrity of the service, including marketing and communications.
- Management of relationships with all statutory organisations, ensuring that relevant professional are aware of the role played by independent advocates within the Care Act, The Mental Capacity Act and the Mental Health Act.
- The negotiation and maintenance of all operational service delivery protocols in respect of the above Acts.
- Establishment and maintenance of single CRM/data management system
- Receipt and allocation of referrals, monitoring, measurement and workflow reporting
- Ensuring the independence, timely delivery, and quality of the advocacy service, including compliance with all relevant legislation, regulation and protocols and training.

6.0 Provider Requirements and Responsibilities

The Provider and any sub-contractor must be independent of the council and have no involvement in the assessment, planning or delivery of care & support services within the City

The Provider must ensure that the service complies at all times with the statutory advocacy requirements upon the Council under the following three principle statutes and all associated regulations, guidance and codes of practice:

- The Care Act 2014
- The Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards.
- The Mental Health Act 2007

The service provided must be appropriate to the individual's needs, including their disability, race, culture, religion, sexuality, age and gender

The Provider of a service with a primary objective to promote involvement must demonstrate strong user involvement values and a track record of active service - user involvement within the organisation.

The Provider must have an established track record in the delivery of independent advocacy services, a sound understanding of all statutory requirements in respect of independent advocacy arising from the three principle statutes and the wider statutory framework within which the care and support system operates.

The Provider must demonstrate capacity to deliver appropriate professional governance, including trained advocates operating within an accredited quality assurance framework.

The Provider must develop and maintain good working relationships and communications with all external stakeholders, ensuring the smooth flow of work and speedy resolution of issues.

The Provider must have a track record in attracting external investment and building social value through the development of services, jobs, skills and volunteering opportunities.

If the Provider proposes to sub-contract elements of the service any such arrangements must be compliant with the tender submission and the requirements of this specification. The Provider will be responsible for all sub-contracting arrangements, including the quality of work undertaken and all associated payments.

The Provider will put in place the core infrastructure requirements of the Service, this will include:-

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- Administrative and Caller Office premises which operate to standard office hours, central to the City and accessible with confidential interview facilities. This should not prevent advocacy staff working on flexible or home-based terms.
 - A standard or low charge telephone system with out of hours messaging and an e-mail communication system
 - A comprehensive marketing strategy which includes a website with clear information in respect of the function and independence of the Advocacy Hub, including the specific services offered eligibility criteria, access arrangements, service standards, complaint arrangements and support available to those with language or communication needs.
 - A range of easy-read, downloadable materials, toolkits and templates which will promote and support effective advocacy in the social and health care context, including support for self-advocacy and informal advocacy.
 - A data management system that will record the source, classification and flow of referrals, the time spent on each matter, outcomes achieved and customer feedback. Systems should be negotiated that will be compatible with confidential exchange of material with the local authority.
 - Adequate staffing levels must be in place to meet the requirements of the service. This must include arrangements for the employment / engagement of an appropriate number of suitably qualified / experienced Advocates with adequate management and administrative support.
 - The Provider will maintain a written recruitment and selection policy which complies with all legal and good practice requirements. They must demonstrate that at all times they are following safe recruitment practices, and must ensure that they robustly examine the competence, experience, qualifications and attitudes of potential staff and workers.
 - In carrying out this service specification, the Provider shall employ only such persons as are skilled, suitably experienced and competent, due account being given to:
 - Disclosure and Barring Service (DBS) checks (previously CRB checks)
 - Two references, (including the most recent employer). Verification must be undertaken by the Hub provider by speaking directly to the referee. These must be kept on the worker's file and be available for inspection by the commissioner on request.

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- Past employment record, exploring reasons for any gaps in employment history. Gaps must be documented.
 - Levels of training (as evidenced with qualifications).
 - Levels of experience.

Note: The above checks must be completed prior to staff or volunteers commencing duties. The expectation is that DBS checks are renewed every three (3) years, or in line with any changes in legislation.

- Arrangements for the induction, training, supervision, and support of all staff. Statutory Independent Advocates must possess or achieve a level three advocacy qualification within twelve months of appointment and must complete an approved specialist IMCA training programme before commencing IMCA duties.
- Negotiation of agreed protocols with statutory organisations responsible for initiating the appointment of independent advocates across all service -user groups. This will cover all aspects of workflow administration, including communication, progress-chasing and problem solving.
- Establishment of a comprehensive range of policies and guidance to ensure safe and effective working practice, protection of data / confidentiality and efficient administration.
- Arrangements for the efficient administration of the service, ensuring prompt response to enquiries or referrals and timely delivery of all statutory reports within explicit quality standards.
- A system for individual recording of work undertaken must be in place, records must be retained for monitoring and follow up purposes, in line with the MCC archive policy.
- Arrangements for advocates to have access to support and specialist advice in respect of complex issues or legalities
- Arrangements for consideration of any comment or complaint, this should include a two stage complaint process which includes input from an independent professional at Stage 2.
- Arrangements to ensure that service-user and stakeholder feedback is collected, collated and utilised to improve the service
- The production of an Annual Report detailing the outputs and outcomes achieved by the service, performance against plan, feedback from stakeholders and a forward programme of service improvement activity.

7.0 Service Volume

The Provider will be required to operate the service within a dynamic environment where the impact of new legislation, recent Supreme Court judgements and new processes will be progressive, precise demand projection will not be possible until clear patterns emerge.

Within the overall specification the Provider will be required to deliver a minimum 18,500 hours of statutory independent advocacy, inclusive of all aspects of preparation, travel, consultations, direct casework, attendance at meetings, hearings, administration, etc.

In addition the Provider will supply a spot purchase price for the purchase of additional hourly units of independent advocacy; such units will only be drawn down as a contingency and as authorised MCC purchase order.

8.0 Referral Eligibility, Priority and Duration of Service

The Service will serve all populations groups within the Manchester City boundary, this may include Prisoners. Referral management will be broken down into two streams; those who qualify for statutory independent advocacy will have priority in respect of council funding.

Citizens who qualify for statutory independent advocacy:

Referrals for Independent Care Act Advocates (CAA) will be made by MCC Assessing Officers following completion of initial screening.

Referrals in respect of Independent Mental Capacity Advocates (IMCA) will be made by managing authorities under the Mental Capacity Act / DoLS or directly via the Court of Protection.

Notifications in respect of those who qualify for Independent Mental Health Act Advocacy will be provided by hospital authorities and close liaison must also be kept with all relevant hospital wards / community teams.

Whilst the duration of a statutory advocacy service will be led by need, it is essential that some parameters are set as a guide to ensure that limited resources are distributed with equity across

all qualifying individuals. The provider will be required to adopt lean working practises maximising the use of flexible working practices, IT and telephony to minimise time and cost.

The following table provides indicative hours of advocacy for each category of independent advocacy beyond which the estimated requirements of the case will require approval by the Commissioning Lead.

IMCA	12 Hours
IMHA	8 Hours
Care Act Assessment	10 Hours
Care Act Review	5 Hours
Carers Review	5 Hours
Safeguarding Enquiry	12 Hours

Citizens with non-statutory advocacy needs:

The Provider will also be required to develop a lower level service offer, providing information, advice and signposting in respect of wider advocacy needs, for example in support of relatives or friends who are acting as informal advocates on behalf of someone with particular needs or in respect of an individual who may not qualify for statutory independent advocacy and requires support to self-advocate or to challenge a specific decision.

Such referrals will generally be self-referred and should be dealt with by brief intervention, for example direction to self-help materials and templates, interventions with the support of volunteers or signposted to wider specialist VCS or peer support groupings.

9.0 Safeguarding Requirements

Safeguarding is the highest priority for services commissioned by the Council. MCC is committed to promoting the welfare of all citizens and ensuring that children, young people and vulnerable adults are kept safe from harm.

The Provider must operate a robust Adult and Child Safeguarding procedure and ensure all sub-contracted providers follow similar procedures, as set out in the policies and guidance available on the Manchester City Council website. Link...

As a minimum requirement arrangements must be in place for:

- Safe recruitment and selection of staff and volunteers
- All workers/volunteers working with young people and vulnerable adults must have enhanced DBS clearance certificates prior to commencement of employment and have undertaken appropriate safeguarding training.
- Regular reinforcement of safeguarding awareness through management and support of staff and volunteers.
- Effective complaints and whistle blowing process.

10.0 Contract Monitoring

For the avoidance of any doubt, MCC is seeking to contract with an organisation to provide advocates who will be independent of the Council. However the council will retain responsibility for ensuring that the service is effective and provides good value

The Provider will be guided in the development and monitoring of this service by the Manchester Advocacy Steering Group which will meet on a quarterly basis. Membership of this group will be drawn from health & social care commissioners, VCS and Service-user groups.

The Provider will meet as required with the Commissioning Lead Officer and respond in a timely manner to all information requests.

The Provider shall inform the Lead Officer when any service complaint arises or in the event of any serious incident which may impact on the service.

The Provider must ensure that the views of service-users and stakeholders are routinely sought, collated, evaluated and utilised to support service delivery / development. The outcomes of such feedback must be routinely made available to the Contract Lead Officer.

11.0 Performance Reporting

The Provider will be required to prepare monthly performance reports for submission to the Commissioning Lead by the 7th of the following month. These reports must then be collated on a three month basis for presentation to the Advocacy Steering group.

Reporting will be broken into the following initial categories / sub-categories:

1	Care Act	All	-	3	IMCA	All
1a		Adult Assessment		3a		Serious medical treatment
1b		Adult Review		3b		Change Accommodation
1c		Carer Assessment/ Review		3c		Adult Protection
1d		Assessment of Child's Need (Transitional)		3d		Care Review
1e				3e		DoLs All
				3f		39A
2	IMHA	ALL		3g		39C
				3h		39D
				3i		Legal Friend

For each category the provider will supply:

1. Referrals brought forward at the start of month
2. New referrals received as above
3. Referrals carried forward as above
4. Referrals completed as above
5. New referral response times, % within 48 hours, 96 hours or 96 hours +

For Referrals completed:

6. Chart illustrating distribution of hours per case for each category and average for each category.

Customer Feedback

7. Customer Feedback against core outcome requirements detailed below
8. Details of any complaints /compliments received

	Outcome	Evidence
1	Citizens have ready access to information in respect of advocacy services and the levels of service that are available.	Customer Feedback Questionnaire
2	Citizens have improved understanding of the care & support and health care systems, their right to information, to be involved, to be heard and to challenge.	Customer Feedback Questionnaire
3	Citizens have improved skills or capacity to articulate their needs and negotiate arrangements to meet their care, support and health needs.	Customer Feedback Questionnaire
4	Citizens obtain the care and support that they require to achieve the life outcomes they want.	Customer Feedback Questionnaire
5	Citizens who are prevented through lack of mental capacity from participating in specific decisions concerning their treatment, health or care under the authority of the Mental Capacity Act / Deprivation of Liberty Safeguards, receive effective independent protection of their rights and best interests	Stakeholder Feedback Questionnaire

12.0 Quality Assurance

In consultation with the Advocacy Steering Group the Provider will establish local advocacy standards and a code of practice for advocates; these will draw on the current Manchester Multi-agency Advocacy Safeguarding Toolkit along with current legislation and good practice.

Advocacy standards and the code of practice will be published on the Manchester Advocacy Hub website.

In order to provide the service user with an independent assurance of quality, the Provider will also be required to apply for and maintain a suitable national Advocacy Quality Accreditation / Quality Mark.

Part 3: Appendices

Appendix 1: Glossary of Terms

Phrase	Definition
Advocacy or Instructed Advocacy	Helping a person to express their needs and wishes, to secure their rights, including the right to take risks, and to obtain the care and support they require. This definition assumes that an individual has mental capacity, information is provided rather than advice, the advocate will represent the person's wishes not their best interest, which is for the individual with capacity to determine.
Non-instructed Advocacy	This describes the form of advocacy that must be adopted when a service-user lacks mental capacity in relation to a specific issue or decision. The advocate must represent that person's best interest by utilising communication skills, gathering knowledge of that person and understanding of their needs, by consulting with relevant parties, applying professional judgement and knowledge of the law.
Informal Advocate	Someone who provides advocacy from the position of being a relative or friend, i.e. someone who is familiar to the person concerned but who is not a paid carer, a health or social care worker.
Independent Advocate	An advocate appointed under Section 67 of the Care Act 2014 to facilitate the involvement of a person who would otherwise have substantial difficulty in being involved, in the preparation or review of their care & support plans or under Section 68 in respect of a safeguarding enquiry.
Substantial Difficulty	A difficulty in:- <ul style="list-style-type: none">(a) Understanding relevant information;(b) Retaining that information;(c) Using or weighing that information as part of the process

of being involved;

(d) Communicating the individual's views, wishes or feelings

Independent Mental Capacity
Advocate (IMCA)

An advocate appointed under the Mental Capacity Act 2005
and the associated Deprivation of Liberty Safeguards

Independent Mental Health
Advocate (IMHA)

An advocate appointed under the Mental Health Act to
provide support to people who may be detained or subject to
a range of orders under the Mental Health Act

NHS Independent Complaints
Advocate (NHS.ICA)

An advocate provided under the Health & Social Care Act
2012 to provide support to those using the NHS complaints
procedure

Self Advocacy

A range of measures which may support a person to express
/ represent their own interests and obtain the care and
support they need. This may include information, advice,
peer support, self -help tool-kits and templates.