

# Joint Advocacy Strategy 2018 - 2022

## Executive Summary

Access to independent advocacy is recognised as contributing to health policy goals such as health improvement, equity and involving individuals as partners in mutual health and care services. (Better Health, Better Care: An Action Plan (2007)). The NHS and Local Authorities also have a statutory responsibility under a range of pieces of legislation affecting both children and adults such as the Mental Health (Care and Treatment) (Scotland) Act 2003, the Patient Rights (Scotland) Act 2011 and the Children (Scotland) Act 1995, to provide access to independent advocacy for specific groups of people.

This is the first Strategic Advocacy Plan for the reconfigured Six Health and Social Care Partnerships covering the Greater Glasgow and Clyde (GGC) area. It builds on the earlier Advocacy Plans developed by NHS Greater Glasgow Health Board. It has been developed in consultation with stakeholders who have an interest in the delivery of independent advocacy services including staff and voluntary organisations.

The Plan covers Adult Mental Health, Older People's Mental Health, Learning Disability, Forensic Mental Health and Child and Adolescent Mental Health services (CAMH'S). Forensic services and CAMH'S are both regional services hosted by NHSGG&C.

The HSPC's and NHSGGC have a statutory responsibility to provide access to independent advocacy for specific groups of people. The principal legislation placing this duty on Health Boards is **The Mental Health (Care and Treatment) (Scotland) Act 2003**. Section 259 of this Act states that:

*"Every person with a mental disorder shall have a right of access to independent advocacy; and accordingly it is the duty of each Health Board in collaboration with each relevant local authority to secure the availability to persons in its area who have a mental disorder, of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services."*

The Act defines mental disorder as any mental illness, personality disorder or learning disability however caused or manifested so people with dementia and acquired brain injury are also covered by the Act.

Each HSCP has in place Local Commissioning arrangements for the provision of Advocacy Services, however there is no single lead for commissioning advocacy services covering the GGC area. It has been agreed that Glasgow City HSCP will be responsible for the co-ordination and preparation of a Joint Advocacy Strategy covering the GGC area. This reflects the different requirements across each HSCP with the focus on joint planning between NHSGGC and Local Authorities and local Advocacy Services.

Independent advocacy covering the GGC area is currently provided by a number of organisations who cover specific geographical locations and specific care groups. The care groups currently covered include:

- Adults with Mental Ill Health
- Learning Disability
- Children

- Physical Disability
- Dementia
- Prison Healthcare
- Forensic Mental Health

Following service user/carers and stakeholder feedback perceived gaps in the current service have been identified for the NHS GG&C area. These include:

- Children with additional support needs
- Asylum Seekers
- People with Sensory impairment
- BME
- Carers
- Alcohol and Drug addictions

These gaps may differ within each HSCP area as a result each HSCP will include plans to identify specific gaps in their area in partnership with local stakeholders

There are a number of challenges which need to be addressed if these gaps are to be addressed and access to independent advocacy provided for all relevant care groups. GGC has an ageing population which will increase the number of people living with a long term condition and/or dementia. In addition, HSCPs report increasing demand for community based services for people with complex and high level needs. Both of these factors suggest an increased requirement for advocacy services. The financial climate also presents a considerable challenge for all involved in improving outcomes for individuals. The financial situation makes it important that our priorities are based on evidencing the demand for advocacy services and on the effectiveness of advocacy service provision.

In order to address these challenges the following actions have been identified in each of the HSCP's Planning Frameworks:

The actions identified are:

- Involve service users, carers and voluntary organisations in service redesign.
- Allocate resources in line with care group and population needs.
- Ensure all service users have appropriate access to high quality information on how to access an appropriate advocacy service.
- Ensure that staff are appropriately trained to recognise the need to refer an individual to an advocacy service.

## Section 1

### What is independent advocacy?

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Independent advocates support people to gain access to information and explore and understand their options. They speak on behalf of people who are unable to speak for themselves, or choose not to do so. They safeguard people who are vulnerable or discriminated against or whom services find difficult to support.

The Mental Health (Scotland) Act 2003 defines independent advocacy and states that advocacy is independent if it is not provided by any of the following:

- The relevant local authority
- The relevant Health Board
- Any members of the above i.e. employees
- Any person providing direct health or social care services to the person who is to be provided with advocacy on behalf of any of the above (including independent or voluntary sector organisations providing such services on behalf of the statutory body).

Commissioners thereby have a legal duty under The Mental Health (Scotland) Act 2003 and the range of other pieces of legislation outlined in *Appendix 1* to ensure the availability of independent advocacy in their NHS Board or Local Authority area. This duty applies to children and young people as well as adults. It also applies to people living in the community and in hospital and prison settings.

An independent advocacy service is based on the following principles, developed and agreed by the Scottish Independent Advocacy Alliance (SIAA):

- independent advocacy puts the people who use it first
- independent advocacy is accountable
- independent advocacy is as free as it can be from conflicts of interest
- independent advocacy is accessible

*(it should be noted that these principles are currently under review by the SIAA)*

Access to independent advocacy can be provided in a number of ways:

- Professional advocacy - Professional advocacy is provided on a one to one basis by either paid or volunteer advocates. The advocate provides an individual with information and support on a specific issue so the support can be either short or long term
- Volunteer advocacy - Volunteer advocates are members of the public who volunteer to provide support to an individual in the community on a one to one, long term basis. Advocacy organisations provide training and support to enable Volunteer advocates to carry out this role
- Group or Collective advocacy - Group or collective advocacy is where a group of individuals are facing a common problem and come together to support each other over specific issues.

**“Advocacy changed my life”** *Research into the impact of independent advocacy on the lives of people experiencing mental illness, produced by the Scottish Independent Advocacy Alliance (Scottish Independent Advocacy Alliance [www.siaa.org.uk](http://www.siaa.org.uk)) stated*

“Apart from delivering better outcomes for advocacy partners by providing some practical help, our second finding is that advocacy also delivered many “soft outcomes”. The soft outcomes could sometimes be tied to the practical support, the most prominent being that the practical support helped alleviate stress, which in turn led to improved mental health. Other soft outcomes ranged from feeling emotionally supported and listened to, to advocacy support leading to ‘a turning point in life’. In several cases receiving advocacy support eventually lead to advocacy partners feeling more able to advocate for themselves”.

## **Section 2**

### **Services currently available**

Each HSCP is responsible for providing access to independent advocacy within their locality with the focus on joint planning with Local Authorities and local voluntary sector advocacy services.

It should be noted that the services provided within each HSCP are available to all who are subject to The Mental Health (Scotland) Act 2003 , regardless of whether they are currently being cared for outwith their home address. Those who are receiving care within Private Healthcare also have the right to access these services.

Current provision of advocacy services are identified below .

### **Glasgow City HSCP**

- The Advocacy Project - The Advocacy Project provides support for adults with Mental Health, Dementia, Learning Disability, Physical Disability and those within Prison Healthcare. This service is jointly funded by NHSGG&C and Glasgow City Council .
- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP

### **East Renfrewshire HSCP**

- The Advocacy Project – The Advocacy project provides a generic services provided within East Renfrewshire and also covers the In-Patient Learning Disability services provided by NHSGG&C.
- Partners in Advocacy -Provide Advocacy to Children and Young People with Mental Health Issues, involved in the Child Protection process and who have Additional Support Needs.

- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP.

### **East Dunbartonshire HSCP**

- Ceartas - Ceartas provides independent advocacy and group advocacy for adults over 16 years with mental health issues and people with dementia in the East Dunbartonshire area. Individuals with mental health issues represent 33% of the current caseload. Ceartas has adopted a proactive approach working with referrers to prioritise cases and meet demand as far as possible. They work with local GPs and the Community Mental Health Team to minimise the requirement for independent advocacy as far as possible. Ceartas also works with Headway to provide a service for those with an acquired brain injury.
- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP

### **Inverclyde HSCP**

- The provision of advocacy services in Inverclyde supports the delivery of outcomes with the Inverclyde Health and Social Care Strategic Plan 2016-2019, and specifically in relation to the strategic commissioning theme of Inclusion and Empowerment.
- The HSCP commissions the Inverclyde Advocacy Service to provide a generic independent advocacy service to adults over 16 years within the Inverclyde area.
- The service is designed to meet the needs of people that experience a level of disability which impairs their ability to advocate on their own behalf; are carers to someone with eligible needs; and/or have complex needs and are experiencing situations where they are unable to manage without professional advocacy support.
- It is a direct access, and referral based service, with a local walk- in base, and provides outreach to communities and other settings, for example inpatient mental health.
- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP

### **West Dunbartonshire HSCP**

- Lomond and Argyll Advocacy Service - The Lomond and Argyll Advocacy Service provide a generic independent advocacy service to adults over the age of 16 with mental health problems in West Dunbartonshire. This care group is seen as a priority for the generic service.

- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP

## **Renfrewshire HSCP**

- You First Advocacy - You First Advocacy provide a generic independent advocacy service within Renfrewshire which provides support to people with mental health problems including dementia in Renfrewshire.
- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP

## **Forensic Mental Health (Regional Service)**

- Circles provide a specialist forensic advocacy service to inpatients receiving treatment within low and medium secure facilities within Greater Glasgow and Clyde. They also provide a community outreach service for patients discharged within Glasgow. Funding of the forensic independent advocacy service is ring fenced and is jointly funded by the Board and the West of Scotland Forensic Board.

## **Child and Adolescent Mental Health - West of Scotland Regional Adolescent Psychiatric Inpatient Service (*managed by NHSGGC on behalf of the West of Scotland Boards*)**

- Partners in Advocacy provide support to young people in their transition to and from inpatient care within the Adolescent Psychiatry Unit at Stobhill Hospital. Funding for the advocacy service is provided through the West of Scotland Skye House Budget.

## **Section 3**

### **Need for independent advocacy services in the area**

We undertook a service user/carer focus group jointly with an advocacy provider (Appendix 2) and a stakeholder survey involving HSCP staff and third sector staff (Appendix 3) perceived gaps in the current service have been identified for the GGC area, these include:

- Children with additional support needs
- Asylum Seekers
- People with Sensory impairment
- BME
- Carers
- Alcohol and Drug addictions

Those who provided feedback also indicated how the provision of Advocacy had impacted on their lives;

*“Advocacy gave me a voice, when I didn’t have one”*

*“Advocacy changed my life; it gave my confidence to say I don’t like that”*

*“Things get done when an Advocate is present”.*

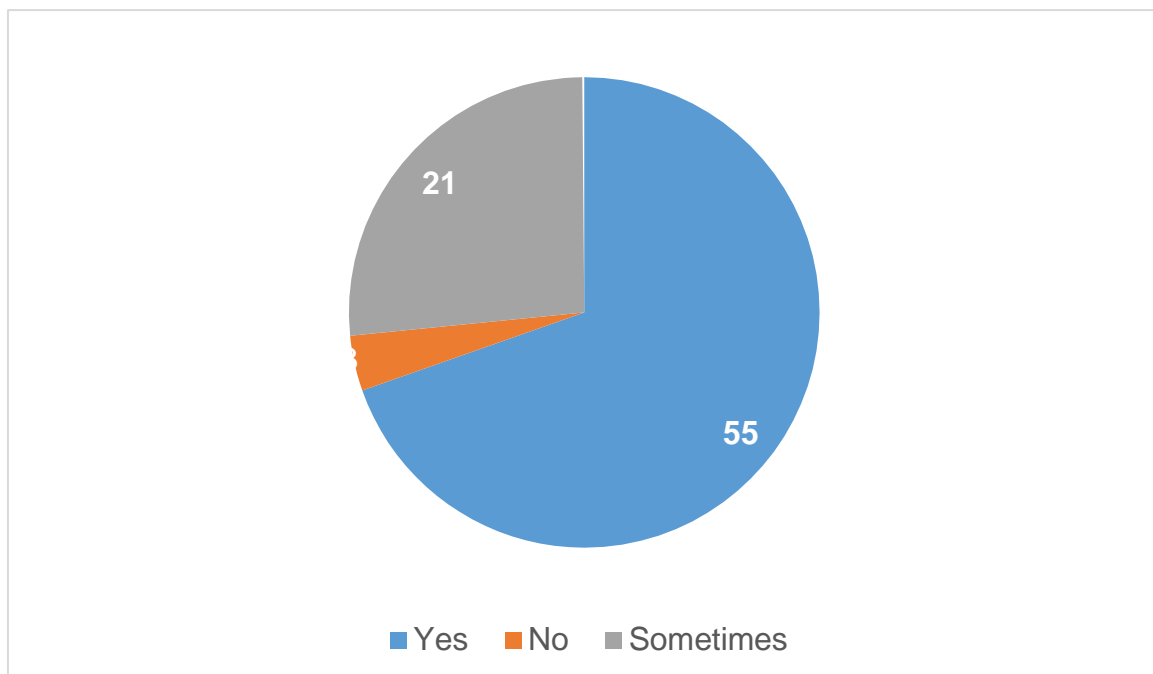
*“Advocacy helps you make progress somewhere and feel respected for the first time”.*

*“Most important they don’t give up on you”*

It is estimated that at any one time in Scotland around 21% of the population have a statutory right of access to independent advocacy. Assessment of need within the Greater Glasgow and Clyde area is focused on the total population by age group and locality.

The stakeholders survey indicated:-

**In your experience is advocacy involvement positive for individuals?**

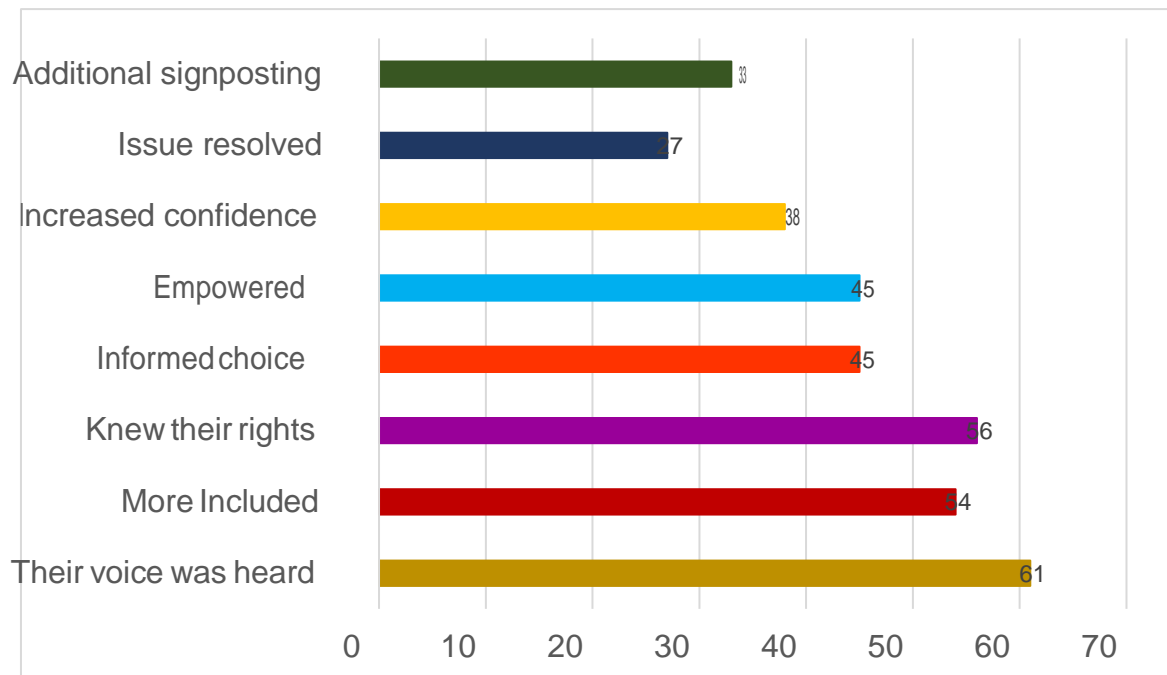


### **Additional comments:**

- “Service users felt their views were important and that they were taken serious even if they did not get the required outcome”
- “Ensures that the individual views are being heard from an independent source and shared with relevant professionals”
- “Advocacy is very important for our patients, many of whom cannot always express their concerns and needs clearly because of anxiety or illness”



## Which statements reflect the outcomes of advocacy?



### Additional comments:

- “Aim is empowerment and this usually works but need to also take into account family member’s views”
- “This relies on the advocate being skilled to work with people with communication support needs”
- “Mostly they did not know the advocacy worker until the day they were needed and would rather have had staff advocating for them as they were familiar with them”

Table 1

**Population Data for NHSGGC Area**

<b>Persons</b>	<b>Age</b>		
	<b>All Ages</b>	<b>18-64</b>	<b>65 +</b>
<b>Scotland</b>	<b>5,404,700</b>		
<b>Council areas</b>			
Argyll and Bute	87,130	50,433	21,556
East Dunbartonshire	107,540	62,782	23,405
East Renfrewshire	93,810	54,358	18,353
Glasgow City	615,070	421,041	83,790
Inverclyde	79,160	48,353	16,169
Renfrewshire	175,930	109,400	32,665
West Dunbartonshire	89,860	55,953	16,191
	1,161,370	751,887	190,573
<b>NHS Board areas<sup>1</sup></b>			
Greater Glasgow and Clyde	1,161,370	751,887	190,573

**Footnote**

1) April 2014 NHS Board areas.

Robust data is not currently available to assess likely demand for advocacy services however the overall trend can be identified using the population data. Each HSCP will review local advocacy provision in light of their strategic needs assessment, and monitoring and analysis of data related to the use of the commissioned advocacy service to estimate unmet need, this includes this provision of advocacy for Children's Services. Within Forensic Mental Health and CAMH's the local and regional planning structures will assess and review advocacy provision for their services.

## Section 4

### Raising awareness

Each HSCP will continue to work on a joint basis in relation to advocacy services and are committed to:

- Ensuring that all statutory staff and other professionals have an understanding of advocacy and its role and remit.
- Ensuring that all services are fully aware of the advocacy services available in their area.
- Ensure in partnership with advocacy providers that information leaflets and promotional material is widely available within their HSCP area.
- In partnership with advocacy providers and other agencies, continue to provide training and educational opportunities to HSCP staff, to promote the use of advocacy services.

The stakeholder survey indicated:-

### Do you perceive there to be any barriers to accessing advocacy?

45 respondents did not perceive there to be any barriers to accessing advocacy support. Five respondents said waiting times are a barrier to accessing advocacy.

#### Additional comments: Capacity:

- “No barriers, the referral process is easy”
- “Lots of telephone answering machine time”
- “Resources limited”
- “Capacity and resource”
- “Lack of local availability”
- “Criteria in my opinion is the biggest, other times it is crisis, immediate need for advocacy and the strain this puts on the advocacy service”
- “If advocacy services become unavailable to the community either through lack of funding or not being used”

#### Awareness:

- “Lack of knowledge of role of advocacy services”
- “People being unaware of what a service offers as people often think of advocacy in legal terms”
- “Service user lack of awareness of advocacy services”
- “Lack of staff knowledge/perception of benefits of advocacy”
- “I’m not certain of the criteria for accessing advocacy and I have assumed

that most of my patients would not be considered suitable for support”

## **Section 5**

### **Outcomes**

There are a number of challenges which need to be addressed if access to independent advocacy is to be provided for all relevant care groups. The GGC area has an ageing population which will increase the number of people living with a long term condition and/or dementia. These individuals have multiple and complex needs and may require support from an independent advocate to ensure they have a say in how these needs are to be addressed. High demands are placed on Carers and access to independent advocacy may be required to enable them to sustain their caring role.

We also recognise that the financial climate presents a considerable challenge for all involved in improving outcomes for individuals. The financial situation makes it important that our priorities are based on evidencing the demand for advocacy services and on the effectiveness of advocacy service provision.

In order to address these challenges the following actions have been identified in each HSCP's Planning Framework:

- Involve service users, carers and voluntary organisations in service redesign
- Allocate resources in line with care group and population needs
- Ensure all service users have appropriate access to high quality information on how to access an appropriate advocacy service.
- Ensure that staff are appropriately trained to recognise the need to refer an individual to an advocacy service.

In order to ensure these outcomes are achieved it is recommended that the Advocacy Plan is embedded within the Planning Framework for each HSCP, these Frameworks will provide a cohesive approach to ensuring that access to advocacy is provided within each HSCP.

## **Section 6**

### **Action plan/ commitments/ how progress will be measured**

It is for each HSCP to plan for, commission and monitor the delivery of independent advocacy service within their area. With the overarching strategy in place, HSCPs will be able to take account of this in their planning and review processes

There should be an agreed process for the regular monitoring and evaluation of an independent advocacy service and provision made within each HSCP to undertake independent evaluation of advocacy services. This will evaluate whether the advocacy provider is adhering to the required principles and standards.

Regular monitoring of the numbers and care group being provided with advocacy and the length of time taken to access an advocacy service will indicate whether advocacy is accessible to all or whether there is unmet need in terms of overall capacity, specific care groups or specific localities.

The monitoring process will include monitoring feedback from users of the advocacy service e.g. questionnaire responses, as a measure of the quality of service provision.

Progress towards achieving these outcomes will be reported to the Strategic Planning Group and IJB within each HSCP.

## **Section 7**

### **Monitoring and Governance**

It is recommended that contracts are put in place with advocacy providers to agree the level and standard of service to be provided. The contracts should be developed in line with the Guide for Commissioners , produced by the Scottish Government. To ensure good practice advocacy organisations must adhere to the principles and comply with the standards set for independent advocacy by the Scottish Independent Advocacy Alliance (SIAA).

The first principle is that independent advocacy puts the people who use it first. This will be achieved by implementing the following standards:

- Independent advocacy is directed by the needs, interests, views and wishes of the people who use it.
- Independent advocacy helps people to have control over their lives and to be fully involved in decisions which affect them.
- Independent advocacy tries to make sure that people's rights are protected
- Independent advocacy values the people who use it and always treats people with dignity and respect.

The second principle is that independent advocacy must be accountable. This will be achieved by ensuring that service providers implement the following standards:

- Independent advocacy is accountable to the people who use it
- Independent advocacy is accountable under the law
- Independent advocacy is effectively managed

Independent advocacy must be as free as possible from conflicts of interest. This can be demonstrated by ensuring that:

- Independent advocacy cannot be controlled by a service provider
- Independent advocacy and promoting independent advocacy are the only services which the organisation provides.
- Independent advocacy looks out for and minimises conflicts of interest.

Independent advocacy must be accessible. The standard to be met is that:

- Independent advocacy reaches out to the widest possible range of people regardless of ability or life circumstances.

The reporting will be through the clinical and care governance framework within each HSCP area where there are issues of quality or risk and through the appropriate performance scrutiny channel.

## **Section 8**

### **Consultation/ stakeholder engagement**

Consultation and stakeholder engagement will be an ongoing process through the existing mechanisms within the HSCP's, and overseen by each Integration Joint Board.. The plan should have specific details about the consultation and engagement which supported the process of developing the plan. This should include participation in the production of a draft plan, in the process of agreeing priorities, and in consultation on the final draft plan.

Each HSCP and Partnership responsible for commissioning advocacy services should following the Guide for Commissioners when engaging with service users and other stakeholders to ensure that appropriate access to advocacy is available through monitoring arrangements and engagement mechanisms.

### **Conclusion**

There are strong partnership links with all HSCP's and advocacy providers within the GG&C area. This provides a strong base from which to undertake the work outlined. This Strategy will be subject to review in 2022.

## **Appendix 1**

### **Summary of Legislative Basis for the Provision of Advocacy Services**

#### **Mental Health (Care and Treatment) (Scotland) Act 2003**

States that “every person with a mental disorder shall have a right of access to independent advocacy”. The Act uses “mental disorder” to refer to any mental illness, personality disorder or learning disability.

#### **Adult Support and Protection (Scotland) Act 2007**

The council must “have regard to the importance of the provision” of independent advocacy for adults at risk from harm.

#### **Adults with Incapacity (Scotland) Act 2000**

A sheriff at a hearing must “take account of the wishes and feelings of the adult ... so far as they are expressed by a person providing independent advocacy”.

#### **Patient Rights (Scotland) Act 2011**

Includes a requirement that the newly-established Patient Advice and Support Service can direct patients to various types of support, including any advocacy services.

#### **Children (Scotland) Act 1995**

States that children under the age of 18 are entitled to have an advocate or other representative present at a Children’s Hearing.

#### **Children’s Hearing (Scotland) Act 2011**

States that the chairing member of a children’s hearing must inform the child of the availability of children’s advocacy services.

# Strategic Advocacy Action Planning Focus Group

Present were Advocacy provider Staff, HSCP Staff and Service Users from the Care Groups Outlined below;

age 42 – Mental Health Issues

age 48 – Carer for son with disabilities

age 30 – Learning Disability & Mental Health Issues

age 37 – Acquired Brain Injury & Mental Health Issues

age 52 – Cerebral Palsy

age 38 – Learning Disability

## Route to advocacy?

Referrals made by – Social Work, Job Centre Plus, Law Society Scotland, Citizen's Advice, Online google search for mental health support in Glasgow lead to self-referral, through Enable, Self-referral

Time scales – most people felt they didn't wait very long for a service

One person waited 3 – 4 weeks but went on to say they understood there was an eligibility criteria and other may be in crisis but still felt that no one should have to wait that long as they might then tip into crisis point. They also said when, making a self-referral on the telephone that it is quite difficult sometimes to put into words everything that is important to you and for the person taking the referral to understand exactly what is happening for the person. Perhaps self-referrals could be made an offer to come into the office to explain their case face to face.

## Expectations of advocacy?

- “To link me up with additional support for mental health”
- “To have the same person to contact”
- “Helping authorities to listen, even though I have a voice”
- “To have a voice”



- “Be heard properly”
- “Remove barrier to local authority to get my voice heard”

Continuity is important in a service, having the same advocate throughout your case as you have built up a relationship with them and you also don't want to have to keep going through your story all the time.

A few people said they didn't really have many expectations of advocacy as they didn't know what it was. "I would have taken any help going.

One person would have liked to have known the skills of his advocates and their area of expertise and feels that advocates with certain skills should be allocated certain cases. They also suggested that this information be available on our website.

## Outcomes from advocacy?

- "Things get done"
- "There is almost and indirect discrimination" (by the authorities)
- "They think twice about how they treat you"
- "Treated with respect"
- "My voice is getting stronger and stronger"
- "You took me out of a big dark hole – I would have committed suicide"
- "To get to a place that I don't need advocacy"
- "On-going"
- "Have an advocacy worker until the issue is sorted"
- "Whole game changer the minute you say you have an advocate"
- "Advocacy enabled me to get a meeting with my lawyer"
- "Gives me stability when I have nobody else"
- "Signposted and linked up with other services"
- Reassurance that somebody else is watching your back"
- Supported till your back on your feet"
- "Supported at meetings with other people like the police"
- "More confident and happier"
- "Things get done when you have an advocate"
- "An advocate can break that impasse"
- "You are listened to and respected"
- "For people who don't have a voice it's essential"
- "Without this support people's lives would be in tatters"

- “Advocacy can curtail the problem and contain the issue to stop it escalating”
- It’s someone watching your back”

### Route out of advocacy?

- “Working class survival”
- “To feel secure that you don’t need advocacy”
- In myself feeling strong enough”
- “Being confident enough to be listened to at meeting at school etc.
- “Having my voice heard”
- “Having things to do”
- “Changed my life”

### The future of advocacy?

- “Not just about raising money, it’s about raising HOPE” (Re; funding)
- “Raising awareness” - GDA newsletter, posters , videos on social media
- “Power, money and control”
- “Speak out more”
- “Could have a traffic lights system for people with mental health, Red – I don’t want to talk, amber, green and so on. We can tell you when you phone, it’s red and you’ll understand why I don’t want to talk that day”
- Some people would like the same advocate the next time they get advocacy.
- “Awareness raising”
- “I’d volunteer to help promote the service”
- It’s a crucial that we fund this service”

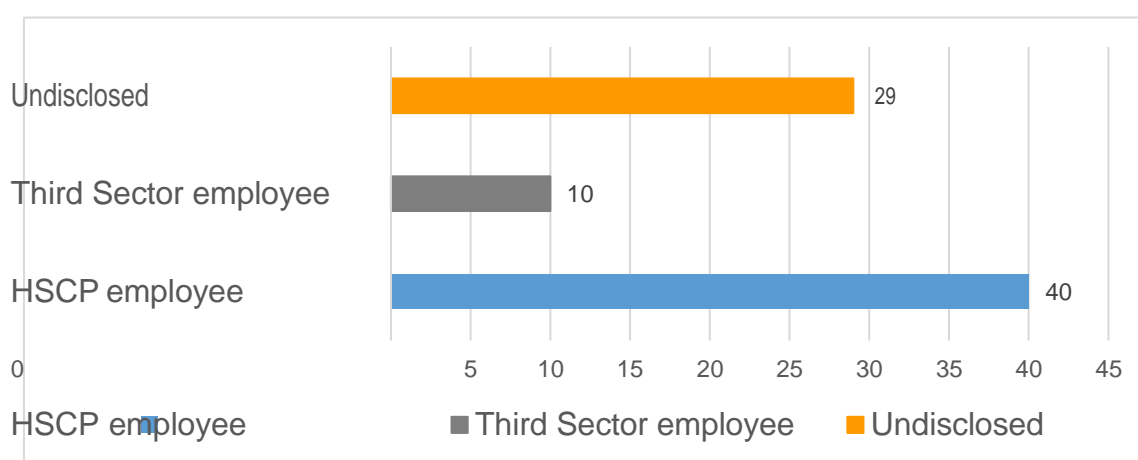
With thanks to all who participated in the focus groups.

## Appendix 3

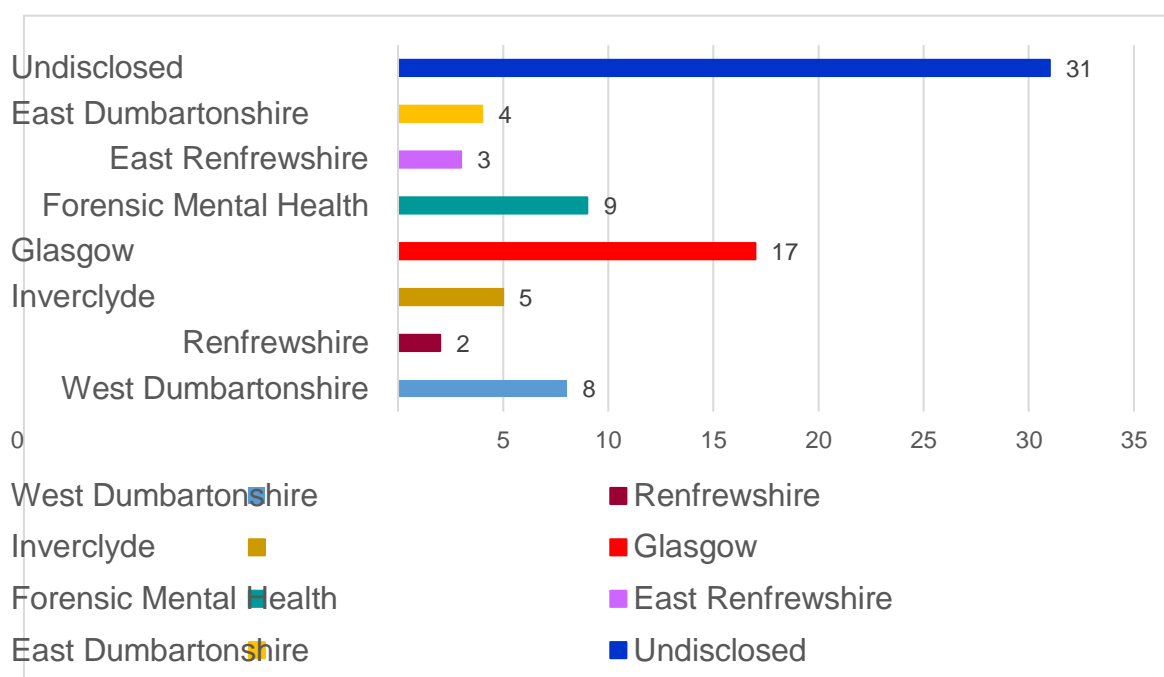
# Strategic Advocacy Action Planning Stakeholder Survey Results

A total of 79 people completed this anonymous survey

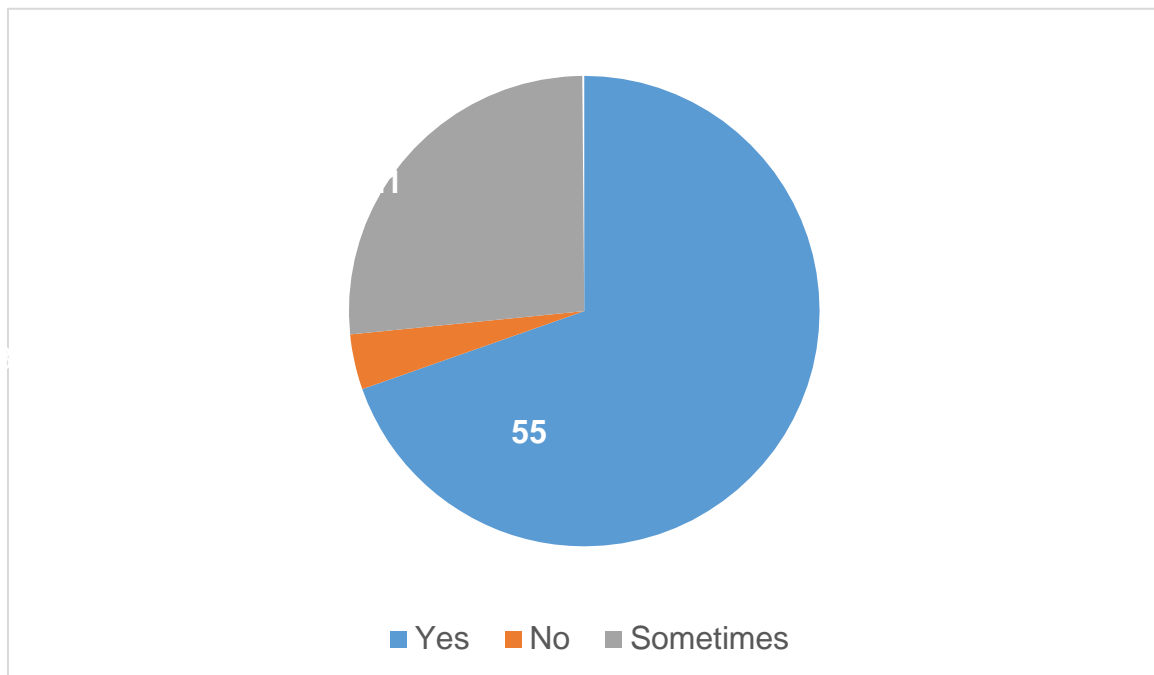
## 1. In which sector do you work?



## 2. In which geographical area do you work?



### 3. In your experience is advocacy involvement positive for individuals?

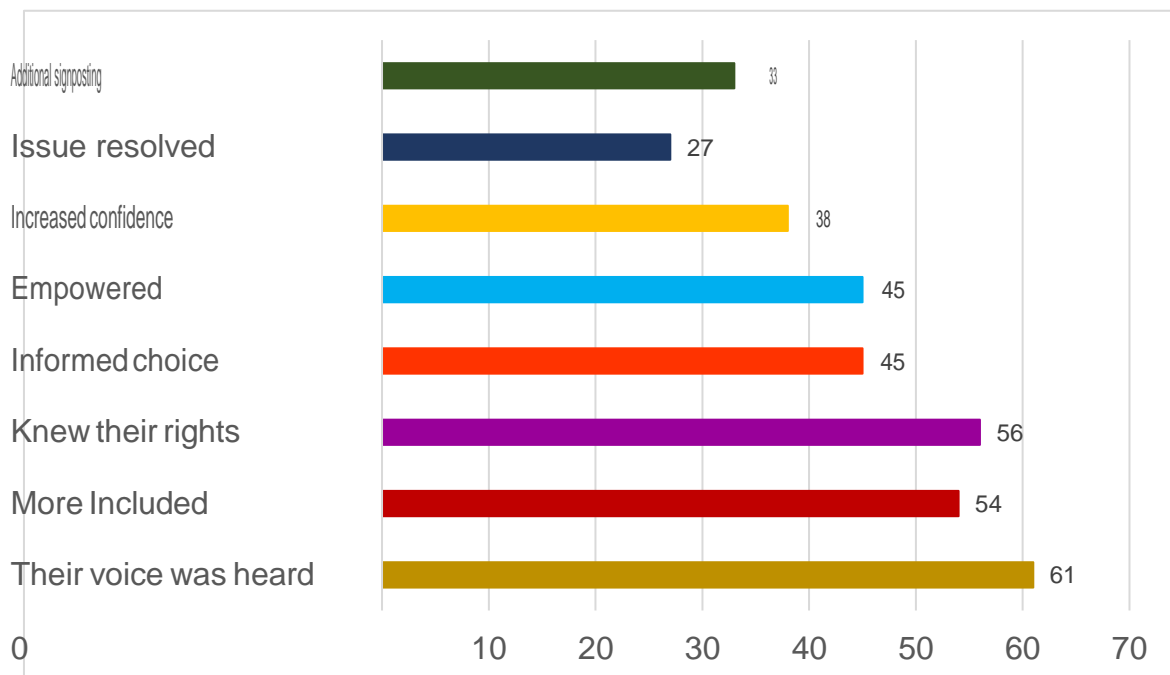


#### Additional comments:

- “Service users felt their views were important and that they were taken serious even if they did not get the required outcome”
- “Ensures that the individual views are being heard from an independent source and shared with relevant professionals”
- “Advocacy is very important for our patients, many of whom cannot always express their concerns and needs clearly because of anxiety or illness”
- “Gives patient's confidence in giving their view especially in anxiety provoking situations such as care planning approach and tribunals”
- “Absolutely, and essential in situations where people have limited/variable capacity”
- “Having an advocate often gives people a feeling of strength even if they don't need the advocate to speak on their behalf. Also time is spent with the person getting to know them, is essential”

- “Advocacy involvement is positive, absolutely cannot stress this enough”
- “Under the mental health act it is usually very good but it can be more difficult to access the service for non-statutory but still important matters”
- “We mainly offer/use advocacy at the Adult Support and Protection process stage”
- “Have found from a personal point of view that sometimes they can talk over family members”
- “Last Advocate I worked with took actions that placed service user’s life at risk”

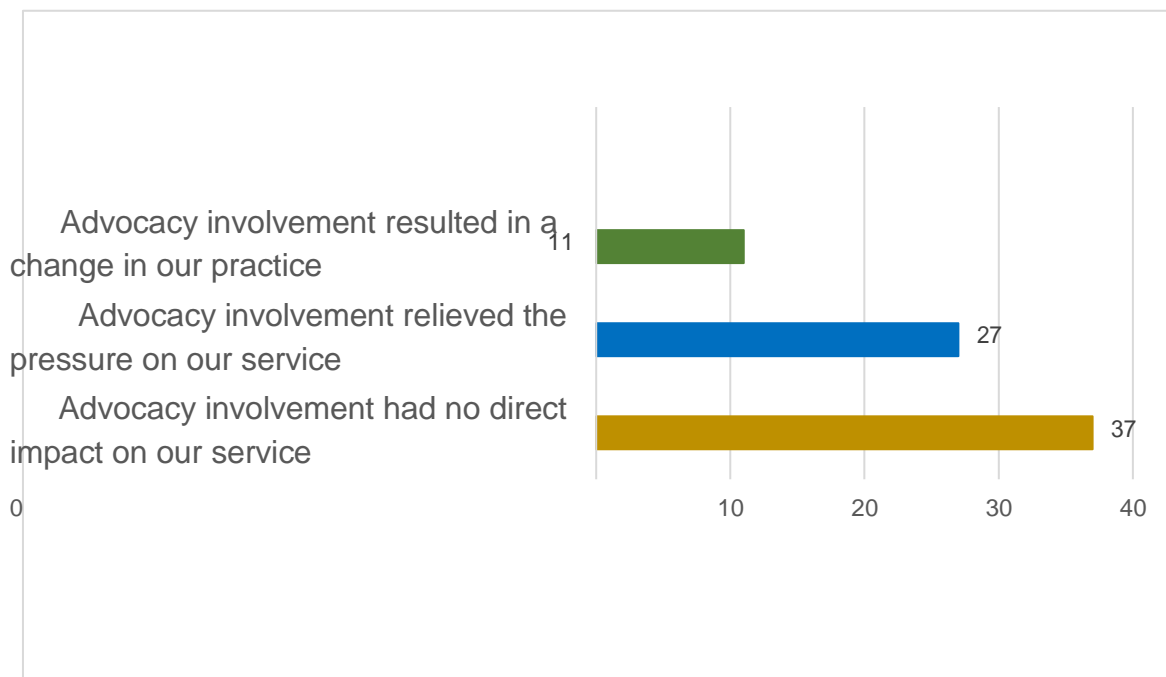
## 4. Which statements reflect the outcomes of advocacy?



### Additional comments:

- “Aim is empowerment and this usually works but need to also take into account family member’s views”
- “This relies on the advocate being skilled to work with people with communication support needs”
- “Mostly they did not know the advocacy worker until the day they were needed and would rather have had staff advocating for them as they were familiar with them”

## 5. Were there any positive effects on your service delivery due to the advocacy involvement?



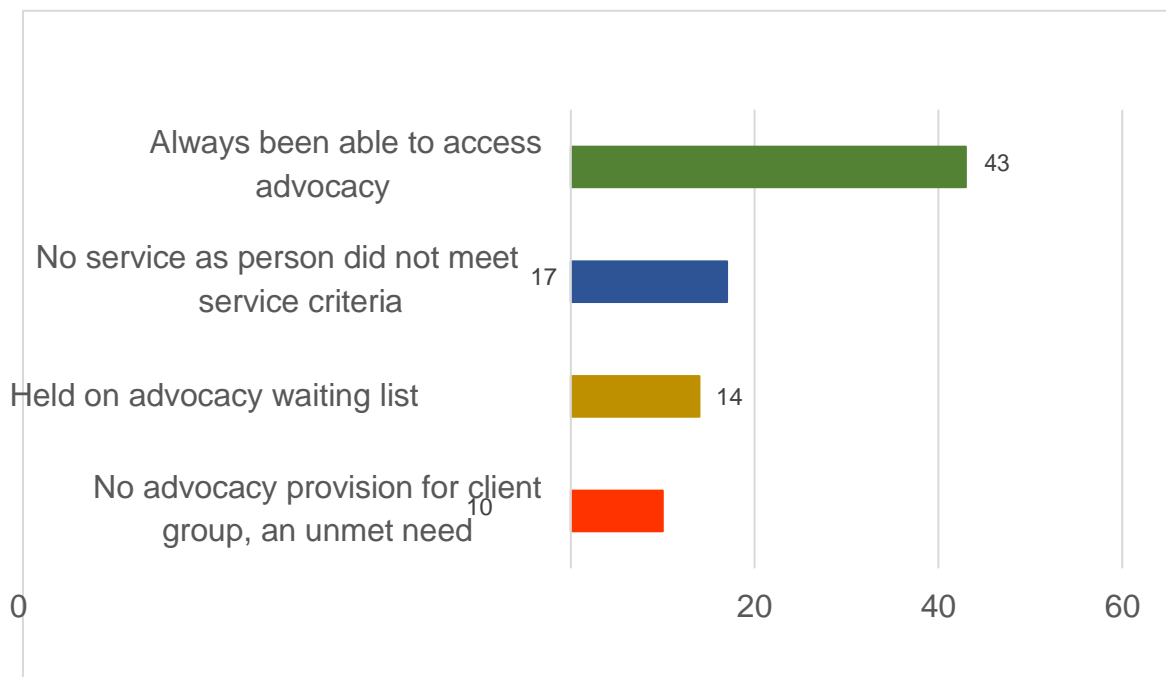
### Additional comments:

- “The service was objective and gave transparency to the process and so increased confidence in our own service”
- “Provides support and advice to client”
- “Advocacy ensures that good practice is upheld particularly within the Adult with Incapacity process”
- “The most positive impact was the relationship between care provider and patient remained positive and less confrontational”
- “If it has a positive effect and outcome for the service user, it has a positive effect on clinicians”
- “More in some cases than others but specialist knowledge has made big difference to some service users”



- “The threshold for statutory services has become so high that many people no longer have allocated workers like they did in the past so there's a gap in the support they need and advocacy provides this”
- “When a worker comes in and speaks for my young people I feel relieved. Someone who knew what they were talking about could offer support instead of leaving it to a worker to do lots of research in order to make sure they knew what their rights were. It made everyone's job roles and relationships much clearer”

## 6. Have you had any experience of advocacy being unavailable?



### Additional comments:

- “We need to expand our advocacy to include addictions and we are about to undertake our Service Level Agreement with our advocacy provider”
- “I referred for support with child contact i.e. assistance to seek legal advice but almost four weeks later the service user has not had any contact. I also called around two weeks after the referral to follow up”
- “Availability of advocacy for children and young people with communication impairments/ learning disability is often not accessible”
- “Can be very last minute involvement which is of limited use”
- “They have not always attended for mental health tribunals”
- “Adult with Incapacity cases appear to have priority”

- “We have had feedback from the Deaf community that advocacy services would be welcome and useful for some Deaf people. But the feedback is that the advocate should be a BSL user to ensure full understanding of Deaf culture and how that impacts on service use. The patient therefore has more rounded knowledge of services to be signposted on to.”

- “Not always available due to timescales and deadlines within HSCP service. Advocates cannot always be available”
- “Have not tried to access service for quite a long time”
- “Waiting lists, unfortunately, cannot be helped when demand is so high particularly when people are experiencing mental ill health”

## 7. Do you perceive there to be any barriers to accessing advocacy?

45 respondents did not perceive there to be any barriers to accessing advocacy support. Five respondents said waiting times are a barrier to accessing advocacy.

### Additional comments:

#### Capacity:

- “No barriers, the referral process is easy”
- “Lots of telephone answering machine time”
- “Resources limited”
- “Capacity and resource”
- “Lack of local availability”
- “Criteria in my opinion is the biggest, other times it is crisis, immediate need for advocacy and the strain this puts on the advocacy service”
- “If advocacy services become unavailable to the community either through lack of funding or not being used”

#### Awareness:

- “Lack of knowledge of role of advocacy services”
- “People being unaware of what a service offers as people often think of advocacy in legal terms”
- “Service user lack of awareness of advocacy services”
- “Lack of staff knowledge\perception of benefits of advocacy”

- “I’m not certain of the criteria for accessing advocacy and I have assumed that most of my patients would not be considered suitable for support”
- “Knowing you are entitled to an advocate - who tells you this? Also some advocacy services have tight criteria for referral”
- “Often dependent on other professionals supporting SU to make referral and not necessarily accessed by themselves independently”
- “Yes, some staff often view it as a challenge and so do not necessarily see the benefits of it for all parties”
- “Yes, advocacy is 'prescribed' by the funding criteria, a consultation exercise should be held to see how and when people feel advocacy would be most effective for them”
- “Patients not accessing the service”
- “At times, patients are not aware that this can be a formal process not just an allocated friend or family member”
- “Services users do not want this or think it is useful”
- “Carers/families may not wish the person they care for to have an independent advocate”

#### **Additional:**

- “Sometimes, a lack of formal diagnosis (e.g. learning disability) can prevent access”
- “It is easier if you have a diagnosis or believe yourself to have learning difficulties/mental health issues. Some vulnerable clients do not meet this criteria”

- “Young people with communication impairments/ learning disability do not always have the same access to advocacy”
- “Accessible only for detained patients, poor availability for patients with on-going mental health issues engaged with child protection procedures”
- “Language barriers for those who first language isn't English (including Deaf BSL users); lack of accessible information on the existence of services - this should be targeted more and in other languages. Low expectation in Deaf community that we would provide advocates”
- “Not being able to visit people in their homes, where mobility issues exist”
- “Lack of confidence in using a service which is supposed to be looking out for an individual's best interests”
- “Forensic services used to have access to dedicated advocacy workers who had become familiar with the particular issues in our patient population. Having to access advocacy from a more general pool of workers has been less satisfactory”

## 8. Are there any challenges associated with advocacy involvement?

42 respondents did not think there were any challenges associated with advocacy involvement.

### Additional comments:

- “No I find it helpful”
- “Waiting lists”
- “To do with geographical area”
- “Obtaining the service for children within Inverclyde, seems to be more adult focused”
- “Criteria in my opinion is the biggest, other times it is crisis, immediate need for advocacy and the strain this puts on the advocacy service”
- “Identifying the most vulnerable people, who most need the service”
- “Getting the person to agree to this”
- “Lack of client engagement”
- “Only if the advocate is unclear of their role”
- “Understanding statutory responsibility. There needs to be work promoting our services and what we expect of advocacy services”
- “Timing of involvement. Often advocacy is later than ideal”

- “Time and early access is essential”
- “Adaptation of communication to meet young person’s needs”
- “Recruitment for those who speak other languages”
- “Yes, many people are not used to being empowered or may not enjoy the best relationship with services. Likewise services are often defensive about advocacy input”
- “Re: Learning Disability people have gone to our services with an advocate that our NHS staff do not allow into the appointment and the person with Learning Disability has had to fight to get the advocate in to support them”
- “Parents/carers may feel that they do not/cannot speak if advocate is with them”
- “Advocacy workers need to be trained and able to deal with very confident, very persuasive and often very well-informed carers/parents who may have conflicting views with the person they are supporting. They need to have a very clear idea of confidentiality and the strength and support to maintain it in the face of sometimes very strong opposition. In addition, if advocates are made aware of issues by social work they should be able to take those views into account and take steps not to be in conflict unnecessarily, ensuring a partnership approach and an understanding of complex issues. This is not to say they need to agree with social work all the time, but it does mean that if they are party to privileged information as a result of that partnership that they need to be able to take it on board when advocating”
- “On one occasion team felt that the advocacy worker was working "against" the team rather than working with us”



- “The approach used by advocacy workers is very subjective and when I have pointed this out to managers they have taken a very defensive stance, making assumptions that I am not supportive of the role overall. This is not the case, I believe that when supported properly this is a valuable resource for people”
- “People's perceptions of advocacy can be incorrect and they're sometimes concerned that the advocacy service is funded by "the establishment" so the advocate is beholden to them. Also some people may be unclear about what training and experience is needed to be an advocate, particularly when it is peer or volunteer advocates”
- “When I have worked alongside advocacy, I have felt that it has mostly been an adversarial relationship with social work and the social worker. I wonder if they sometimes, in an attempt to ensure that they are independent from and not influenced by social work, are overly combative and oppositional. This rarely makes working in partnership more productive”
- “Have experience of very effective advocate also being quite rude with regards our involvement subsequent to her engagement with client however her outcomes in her specific area have been very good so I believe her involvement was in clients best interest”
- “Advocates differentiating between giving service users professional and personal advice”
- “Potential disagreement with service user and others”
- “From a personal point of view I found that though the advocate for my father meant well that she did not ask appropriate questions to give the info needed”
- “Advocacy not seeking correct information from staff”

- “Depending on the level of skill, at times the advocacy worker can become tied up in splitting behaviours”
- “Sometimes, professionals view driven forward rather than service user”
- “At times the carer/named person may attempt to have care directed to meet their need rather than the service user. Advocacy will define their role effectively in these circumstances”
- “At times, an advocate may influence a client which is not in their best interest/welfare/well-being”
- “Some advocacy workers do not understand that when considering an individual’s longer term care needs the risks that are identified can mean that the individual cannot always return home which is usually what most individuals wish for”
- “Given experience from most recent involvement I would not recommend the service. They have no concept of risk, poor communication, taking actions without considering holistic approach or impact would have on service user”
- “Confidentiality, workers feeling threatened and/or feel they are advocating for the person even though there is a conflict of interest”
- “It is always a challenge to have someone express an opinion different to mine but I accept that the advocate acts on behalf of the patient and are usually involved when a patient is challenging an aspect of their treatment plan”

## 9. Additional comments regarding advocacy provision

### Positives:

- “Regard it as a positive experience”
- “Experience has been very good”
- “Generally this has been very good”
- “Supportive service which is accessible for all clients”
- “I have found the advocacy service within my area has been very beneficial to the individuals that I may be working for in terms of ensuring that the individuals views are being heard and shared with relevant professionals and contributes to the assessment process”
- “Advocacy is an valuable service affording service users\residents an independent support in an daunting web of information and procedures”
- “Good well informed service but have had a variety of experiences both good and less so”
- “The service we have is good but not always enough to go around”
- “I have overall a positive view of the service provided”
- “It is a much needed and utilised service and efficient in responding to service users in our area. However our community service users are not able to access this same service after discharge”
- “Good consistent support for forensic patient group”

- “Welfare rights advocacy would be highly beneficial and it's concerning that the Scottish Government haven't automatically included the right for a person to choose if they wish an advocate in relation to social security”

### **Suggestions for improvements:**

- “From my experience Advocacy around mental health act is very good - however workers within the general adult setting seem to only involve themselves with MHA work and do not keep in contact with patients to support them around other areas of their care and needs. Perhaps the Mental Health Act work and role for advocacy has changed the remit”
- “The role of an advocacy worker when there is an assertive carer is often unclear and I believe further training is required”
- “I feel that advocacy is vital and beneficial to lots of children and young people in being able to support their voice to be heard, to be aware of their rights and to offer support at challenging meetings. Unclear how these services adapt to meet the needs of children and young people with additional needs; service should be equitable and adapt to meet the needs of all children and young people. Particularly as often this group of young people are often the most vulnerable”
- “I think advocates for those with dementia need some quite specific training around capacity issues and asking appropriate questions to get answers”
- “I have had to make several complaints re: individual advocacy workers and their manner towards me. I think there is a training need in relation to advocacy workers developing skills in being able to work with others in a professional manner”
- “I would not refer to this service unless completely necessary or as a statutory requirement”

- “Helps for continuity if same advocacy service covers both forensic inpatients and outpatients”
- “There are too many gaps in service and the provision is often reactive rather than enabling proactive work for people, e.g. to enable self-management”
- “People often receive letters from advocacy to start the process of advocacy involvement however in some occasions individuals are unable to open mail due to anxieties and mental wellness”
- “Under review currently”
- “This could be better accessed”
- “Not well publicised”
- “There are not enough locally”
- “Our feedback from Deaf people re: mental health, is that advocacy should be provided and they hope we will do that for them to use...but this would explain why advocacy would be underutilised by Deaf people”
- “Only that very often social workers contact an advocacy project for people who lack capacity. The person is unsure of what is going on and who this person is”
- “Ideally more different types of provision. Policy recognition of its value would enable 3rd sector organisations to put stronger funding bids in place”
- “Be great if it provision was even more widely available”

**With thanks to everyone who completed the questionnaire**