



**NHS Lanarkshire  
North Lanarkshire Council  
South Lanarkshire Council**

## **Independent Advocacy Plan 2011 – 2015\***

**\*Accessible Summary to be made available**

**Review Date: December 2013**

# CONTENTS

## PREFACE

## Page No

1	INTRODUCTION	5
2	WHAT IS INDEPENDENT ADVOCACY AND WHY DO WE NEED IT?	5
3	LEGISLATION AND POLICY DOCUMENTS ASSOCIATED WITH THE PROVISION OF INDEPENDENT ADVOCACY	9
4	WHY DO WE NEED AN ADVOCACY PLAN FOR LANARKSHIRE?	10
5	WHAT ARE THE OBJECTIVES OF THE LANARKSHIRE ADVOCACY PLAN 2011-2015?	11
6	LOCAL CONTEXT:CURRENT PROVISION AND PROJECTED DEMAND ON SERVICES	11
7	AREAS OF PRIORITY DEVELOPMENT	16
8	STAKEHOLDER ENGAGEMENT	18
9	NEXT STEPS	19
	CONCLUSION	21
	SINGLE IMPACT ASSESSMENT	22

## **APPENDICES**

<b>Current Advocacy Provision in Lanarkshire</b>	<b>Appendix 1</b>
<b>Providers of Information and Support</b>	<b>Appendix 2</b>
<b>Stakeholder Consultation Attendees at April/June 2011 Stakeholder Engagement Events</b>	<b>Appendix 3a</b>
<b>    Comments on Draft Advocacy Plan 2011-2015</b>	<b>Appendix 3b</b>
<b>Action Plan</b>	<b>Appendix 4</b>
<b>Lanarkshire Advocacy Planning Group Remit/Membership/Governance</b>	<b>Appendix 5</b>

## **PREFACE**

Within our communities some people find it difficult to speak up and have their voice heard. They may be unable to communicate their views and opinions due to disability or illness. The most vulnerable can feel lost within “the system”, experiencing isolation and disempowerment.

Independent advocacy supports people to have their voice heard and their rights and interests protected. The need for independent advocacy is endorsed in various Scottish Government publications and is specifically referenced in Acts of Parliament, such as the Mental Health (Care and Treatment) (Scotland) Act 2003, which places a duty on Health Boards and Local Authorities to secure the provision of independent advocacy services for people with mental health problems.

The Lanarkshire commissioning partners (NHS Lanarkshire, North and South Lanarkshire Councils) are committed to the development of independent advocacy, and recognise the importance and value of advocacy in that it:

- Provides a safeguard for vulnerable people
- Supports people to have their voice heard within service systems
- Supports people to have a real say in decisions that affect their lives
- Is of benefit to all, including commissioners, service providers and other professionals.

There has been a significant increase in the level of investment in advocacy in Lanarkshire since the publication of the first Lanarkshire Advocacy Plan in 2004. This has extended the availability of advocacy to adults with learning disabilities, adults with mental ill health, children and young people and older adults.

There is, however a need to review the independent advocacy services that are currently commissioned. This will provide an opportunity to consider fully the services that we have in place, the gaps in advocacy provision, and to configure services in a way that will address some of the identified unmet need for advocacy support.

This Lanarkshire Advocacy Plan outlines the Lanarkshire commissioning partners’ commitment and approach to providing independent advocacy services to those who most require it.

The Plan, which has been developed in consultation with services users and service providers, sets out the way it is envisaged that advocacy will be delivered and developed over the course of the next four years.

## 1 INTRODUCTION

The first Lanarkshire Advocacy Plan covered the period 2004-07 and was developed by NHS Lanarkshire, North and South Lanarkshire Councils. It was submitted to the then Scottish Executive Health Department in December 2004.

In 2010, the Scottish Government requested that all Health Boards produce a plan to map out the advocacy services that were currently funded within their area and to consider how to extend or develop the services that were available to those that may need advocacy support. The particular impetus for this was the introduction of the Patient Rights Bill to the Scottish Parliament in early 2010 and the proposed duty on the intended NHS Patient Advice and Support Service (PASS) to direct people to 'other sources of advice and support or persons providing representation or advocacy services'.

This, the second Lanarkshire Advocacy Plan, has been developed by NHS Lanarkshire in partnership with North and South Lanarkshire Councils (the commissioning partners) and the local advocacy networks (North Lanarkshire Advocacy Partnership (NLAP) and South Lanarkshire Advocacy Network (SLAN)). The process has been heavily informed by a series of stakeholder consultation events organised and hosted by the commissioning partners and local advocacy networks. These were attended by a wide range of service providers and service users who have an interest in the delivery of independent advocacy services (1).

## 2 WHAT IS INDEPENDENT ADVOCACY AND WHY DO WE NEED IT?

Independent advocacy is about helping people to have a stronger voice and as much control over their lives as possible. An independent advocate may speak on behalf of people who are unable to do so for themselves. The 'Independent Advocacy A Guide for Commissioners', Scottish Executive (2001) defines advocacy as follows:

*Advocacy is about standing up for and sticking with a person or a group, taking their side, helping them to get their point across. Advocacy adds weight to people's views, concerns, rights and aspirations.*

*Advocacy has two main themes:*

- *Safeguarding individuals who are in situations where they are vulnerable*
- *Speaking up for and with people who are not being heard, helping them to express their own views and make their own decisions.*

At its heart advocacy is about equity, social inclusion and human rights. This is particularly relevant for individuals who lack capacity and who are often more vulnerable.

(1) The reports of all these events are available on the NHS Lanarkshire website <http://www.nhslanarkshire.org.uk/publications/Pages/default.aspx?let=A>

Both health and social care workers will often act as advocates for their service users. Family members may also often act as advocates for those for whom they care. This is not, however, **independent** advocacy since there is the potential for a conflict of interest to arise within these relationships.

Those providing independent advocacy operate independently of other service providers. This independence removes any potential conflict of interest thus enabling an independent focus on the individual who needs advocacy.

There are positive outcomes from independent advocacy both for people who use services and for those who provide and commission services:

- The process of independent advocacy enables people who use services to express their views and wishes, to access information to make informed choices and to have control over their lives. It can also assist an individual to gain in confidence and self-esteem.
- Independent advocacy can also inform service development and improvement: it can lead to better decisions being made about a person's treatment and the services they receive and to better outcomes; it can also provide valuable information and feedback to those who commission and provide services and help them to maintain their focus on the most vulnerable and those who are most at risk.

The advocacy model that is most frequently used by the advocacy providers in Lanarkshire is **independent professional advocacy**. This largely uses paid advocates to work with individuals to deal with a specific issue or problem. They will generally work with the person until the issue is resolved. Whilst the service is most likely to be provided by paid professional staff with specialist skills and knowledge of legal, health or welfare issues, it can also be provided by appropriately trained volunteer advocates.

Other models of advocacy are:

**Collective (or group) advocacy** which is where a group of people with similar experiences meet together to put forward shared views. Collective advocacy builds personal skills and confidence and supports individuals to represent issues of common concern.

**Citizen advocacy** encourages ordinary citizens to become more involved with the welfare of those in their community who are at risk of marginalisation. Citizen advocacy brings an individual together with an advocate on a long term, personal, one to one basis. The advocate stands with their partner to defend their rights and to support them to pursue their interests. Citizen advocates are usually partnered with only one person and are unpaid.

**Peer advocacy** is about individuals who share significant life experiences. Peer advocates draw upon their own experiences to understand and empathise with their advocacy partner

**Self-advocacy** is about people speaking out for themselves, thereby gaining confidence and/or regaining control over their lives. It can involve people working in a group and often self-advocates become peer and/or citizen advocates.

**Rose's story** below is an example of how different models of advocacy are relevant to an individual at different stages.

Rose is a young woman who was referred to advocacy when she had a problem with her tenancy. Rose has a learning disability and also complex health issues. She was partnered with a volunteer advocate, a student who was the same age and who shared similar interests. Rose and Theresa worked very well together and Theresa introduced Rose to other people and different activities.

As the partnership progressed, it became clear that there were many other issues that were causing Rose difficulty and, consequently, much more advocacy time was required to attend case conferences and other meetings. Theresa, who was at university, found it increasingly difficult to fulfil her commitment to Rose. Following discussion with Rose, it was agreed that one of the professional advocates that the service employs would provide the advocacy input that she needed.

This professional advocacy relationship flourished and, through the support of advocacy, Rose felt that people were taking her seriously and really listening to her. She was offered a new home, with a support package that was better suited to her needs. Given that she had achieved the outcomes that she had identified, she and her advocate agreed that there was no further need for professional advocacy. Prior to the relationship being concluded, Rose was introduced to a peer education and collective advocacy service that was established specifically for young people.

As a part of this collective, Rose learned new skills, became an accredited peer educator, and learned to deliver workshops about the use of alcohol, drugs and relationships with other young people. This helped Rose to develop both her presentation and acting skills as she became involved in making a film with the service and assumed a key part. She was supported to explore her talents and now participates in a drama club. Rose is a confident and interesting public speaker and has spoken all over Scotland as part of a national collective advocacy group.

Rose has also joined a local collective advocacy group and, at their recent AGM, was elected as vice-chairperson. She no longer requires the input of a professional advocate but knows that if she needs to talk to someone she can do so at the collective meeting, and can re-refer for individual advocacy if she needs any further support.

*The further example below shows both the potential power of **collective advocacy** and its ability to empower those involved.*

There is a Lanarkshire-based collective advocacy group that is managed and organised by people with learning disabilities. They meet every month to talk about and campaign for issues that are important to group members. Recently, they have worked with a local Member of Parliament to launch a campaign and a petition about the prospective cuts to benefit payments for the most vulnerable groups in our communities. They managed to collect over 3,000 signatures and presented the petition to the Secretary of State for Work and Pensions.

A couple of years ago, the group lobbied the Scottish Government (then the Scottish Executive) to provide accessible information on police and court procedures. Initially, a group member spoke about his bad experience whilst appearing as a witness in court. Other group members then told their stories of being witnesses, being accused of committing a crime, and being victims of crime. All talked about being confused, and not really understanding how the system worked. The group members then agreed that they would write to the police, to the Crown Office and to the local procurator fiscal and ask what type of information was available for people who did not read too well and needed some additional support.

They soon discovered that there was little available and decided to ask for funds from the Scottish Government to make a film that would guide people through the criminal justice system. They presented their case at a meeting in Edinburgh and their funding application was successful. Group members worked alongside Glasgow University's media film unit to develop a script and then worked with the police, the procurator fiscal and the appropriate adult service to complete the film. Group members played many of the key parts in the film.

The film, called "What Happens Next", has now been distributed to organisations in Scotland, England and Wales. Many people from all over Scotland have benefited from this piece of work which stemmed from a discussion at an advocacy group. Individually, it would have been difficult to achieve the outcome but, coming from a collective group with a collective voice, it was difficult to ignore the issue that the group identified.

The two campaigns described above are high profile pieces of work but collective advocacy supports people not only to have their voices heard on the bigger issues. It also helps members to develop personal skills, gain confidence and build social networks.



### 3 LEGISLATION AND POLICY DOCUMENTS ASSOCIATED WITH THE PROVISION OF INDEPENDENT ADVOCACY

NHS Lanarkshire and North and South Lanarkshire Councils have a legislative responsibility to provide independent advocacy to a number of client groups. There are also a number of pieces of legislation that refer to the right to access advocacy even though there is no requirement to provide it.

The key pieces of legislation are:

- **Mental Health (Care and Treatment) (Scotland) Act 2003** which gives every person with a mental disorder, irrespective of age, a right of access to independent advocacy and puts duties on Health Boards and local authorities to ensure that independent advocacy services are available. This right to access advocacy applies to *all* mental health service users, not just to people who are subject to powers under the Act. The Act uses the term 'mental disorder' to cover mental illness (including people affected by dementia), personality disorder and learning disability.
- **Adult Support and Protection (Scotland) Act 2007** which places a duty on Council officers to consider the importance of providing independent advocacy and other services within adult protection proceedings.

There are a number of pieces of legislation relating to children and young people which refer to the right to advocacy. These include:

- United Nations Convention on the Rights of the Child 1989
- Children (Scotland) Act 1995
- Standards in Scotland's Schools etc Act 2000
- Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002
- Education (Additional Support for Learning) (Scotland) Acts 2004 and 2009
- Adoption and Children (Scotland) Act 2007

Other relevant legislation includes:

- Human Rights Acts 1998
- Adults with Incapacity (Scotland) Act 2001
- Equalities Act 2010
- Patient Rights (Scotland) Act 2011

In addition to legislation, there is a range of policy documents which provide good practice guidance to public bodies in relation to how they develop policies and work alongside their communities. The most relevant of these in relation to advocacy include:

- 'Our National Health: A Plan for Action, A Plan for Change' (2005) and 'Better Health, Better Care; Action Plan' (2007), both of which require NHS Boards to

work with local authority partners to ensure integrated advocacy services are available

- 'Advocacy makes you feel brave: Advocacy support for children and young people', commissioned by the Scottish Government and published in 2010
- 'The Same as You?' (2000), the national policy document on learning disability
- 'The Road to Recovery' (Scottish Government 2008), concentrating on tackling Scotland's problem drug culture. This was followed by 'Available for All' (Scottish Independent Advocacy Alliance 2010) which recommends that independent advocacy should be made available across Scotland to individuals with problem drug use
- 'Caring Together: The Carers Strategy for Scotland' 2010-2015', published in 2010, which includes specific reference to advocacy for carers.

#### **4 WHY DO WE NEED AN ADVOCACY PLAN FOR LANARKSHIRE?**

A plan is a detailed method of achieving an objective and a way of organising thoughts in a systematic way in order to identify:

- Where we are now;
- Where we want to be in the future; and
- How we intend to get there.

Plans should also identify a way of measuring our progress so that we can gauge whether we are achieving our goals and objectives.

This is a single joint advocacy plan for Lanarkshire. In Lanarkshire advocacy commissioning has been led by the local authorities as the commissioning partners that invest most resources in advocacy services. It is not envisaged that this will change. Neither is it currently envisaged that there will be any joint commissioning of advocacy services by North and South Lanarkshire Councils. In due course the Councils may develop their own dedicated advocacy plans to sit alongside the wider pan Lanarkshire Plan.

The three commissioning partners are, however, committed to the following:

- NHS Lanarkshire will continue to commission services jointly with each of the Councils
- The three commissioning organisations will continue to strengthen their current partnership working
- Where there are opportunities and benefits associated with undertaking a pan Lanarkshire approach this will be carefully considered. This may include, for example:
  - Further scoping work in consultation with carers in relation to advocacy
  - Providing a pan Lanarkshire information base of other information and support services.
- Considering opportunities for increased joint working between the North Lanarkshire Advocacy Partnership and the South Lanarkshire Advocacy Network. The co-ordinated working of these two organisations was recently

reflected in a successful joint funding bid to further explore the views of services users and carers in relation to the development of the Lanarkshire Advocacy Plan. At the very least, it is anticipated that joint training and information sessions will continue.

## **5 WHAT ARE THE OBJECTIVES OF THE LANARKSHIRE ADVOCACY PLAN 2011-2015?**

There are two local authorities within NHS Lanarkshire - North Lanarkshire Council and South Lanarkshire Council. Both local authorities have localities that are part of NHS Greater Glasgow and Clyde and the scope of this Plan therefore covers both the NHS Lanarkshire area and parts of NHS Greater Glasgow and Clyde.

The principal objective of this Plan is to ensure the strategic development of advocacy services across Lanarkshire.

Supporting this, the Plan will aim to:

- Provide structure and co-ordination
- Ensure clarity and definition
- Recognise legislative requirements
- Determine needs-based priorities
- Consider a range of service delivery options
- Promote and raise awareness of advocacy
- Reflect a range of views, including those of service users

## **6 LOCAL CONTEXT: CURRENT PROVISION AND PROJECTED DEMAND ON SERVICES**

### **6.1 Current Provision**

Current provision (see Appendix 1 for details) across North and South Lanarkshire covers dedicated advocacy services for the following groups:

- People with learning disability
- People with mental health problems
- Older people
- Children

In addition, there is a small generic advocacy service running in South Lanarkshire and a specialist housing advocacy service in North Lanarkshire.

To date, current provision has focused on services covered under the Mental Health (Care and Treatment) (Scotland) Act 2003 (hereafter referred to as the Mental Health Act), with a particular emphasis on mental health in North Lanarkshire and learning disability in South Lanarkshire.. Both Councils have tended to contract with specialist advocacy services for specific client groups. Provision of independent

advocacy is the primary function of these organisations under the terms of their contracts/service level agreements with the commissioning partners.

In North Lanarkshire, the Equals Advocacy Partnership provides support for people with mental health problems and dementia, and from January 2011 has been running a pilot project for older people. The Advocacy Project (TAP) is the main provider for learning disability and Adult Support and Protection. Services for children and young people are provided by Who Cares? (Scotland) and Your Voice. A small project relating to specialist housing advocacy is provided by Shelter.

In South Lanarkshire, advocacy for people with learning disability is provided by Speak Out and People First. TAP provides services for mental health, for older people, and a small generic advocacy project in the Rutherglen and Cambuslang area. Services for children, particularly looked after and accommodated children and child protection issues, are provided by Who Cares? (Scotland).

Both Councils and NHS Lanarkshire also work with a number of organisations which provide an element of collective advocacy as part of their information and support work. An example of this is PAMIS, which works with families of people with profound and multiple support needs. Other agencies which similarly provide information and support and elements of collective advocacy include the South Lanarkshire Carers Network, North Lanarkshire Carers Together, the Princess Royal Trust for Carers Lanarkshire Carers Centre, Lanarkshire Links and Voice of Experience (see Appendix 2 for a fuller list of organisations).

## **6.2 Projected Demand**

It is difficult to provide accurate projections of future service demand for advocacy. An analysis of demographic trends can, however, provide some insight into the likely rises in demand. The following sections consider projected service demand relating to mental health services, learning disability and older people's services. As mentioned above, there is a statutory requirement to provide advocacy services for people covered under the terms of the Mental Health Act which includes those with a mental disorder (including dementia,) and learning disability. Not all people who fall into these categories, however, will need to access advocacy.

### Mental Health Services

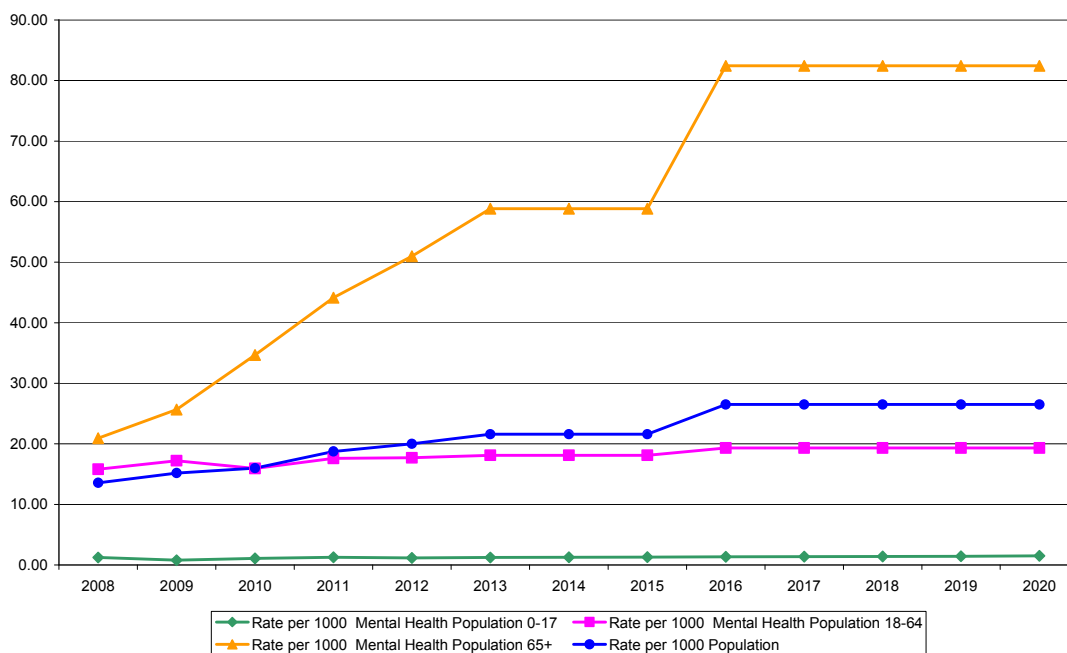
The main source of information we have on use of advocacy by people with mental health problems comes from service providers. In addition to the increasing number of people supported by The Advocacy Project mental health service in South Lanarkshire, , in 2009-10 36% of referrals to The Advocacy Project older people's service in South Lanarkshire were due to mental health problems; with a further 30% of referrals due to dementia. The number of people in North Lanarkshire receiving mental health/dementia advocacy support from the Equals Advocacy Partnership rose from 417 in 2009-10 to 513 in 2010-11.

It should be noted that while it is estimated that one in four people may experience mental health problems at some point in their lives, the right to advocacy is reserved for those people who are under the treatment of a mental health professional and fall

under the terms of the Mental Health Act. For this reason, we are using figures relating to formal mental health services to give us a sense of how demand for advocacy relating to mental health might look in the coming years.

The Mental Health Foundation has developed a formula to calculate projected service use based on actual use of services in prior years.<sup>1</sup> We have applied this formula to services to indicate what might be expected in terms of demand on services in the next ten years. This is expressed as a population rate rather than actual numbers.

The graph below illustrates a projection of service demand for mental health services provided by Councils in the years to 2020.



### Projected service demand, Mental Health Services, by age group, 2008-2020

This suggests a relatively static growth in the numbers of younger people accessing services, but a significant rise in the rate of demand for people aged 65 and over.

### Learning Disability

The total numbers of people with learning disability accessing social care services is expected to rise over the next decade. In South Lanarkshire, for example, the rate per 1,000 population in 2010 for people with a learning disability was 4.4. This is expected to rise to 5.3 per 1,000 by 2020. In terms of people, this would mean approximately 300 extra people in South Lanarkshire accessing services for learning disability over the next 9 years. Similar rises are projected for North Lanarkshire.

Advocacy is one of these services. We have a number of sources of information on the numbers of people with learning disability using advocacy services. One of these is from service providers. Across Lanarkshire advocacy services for people with

<sup>1</sup> This formula is used by Scottish Government

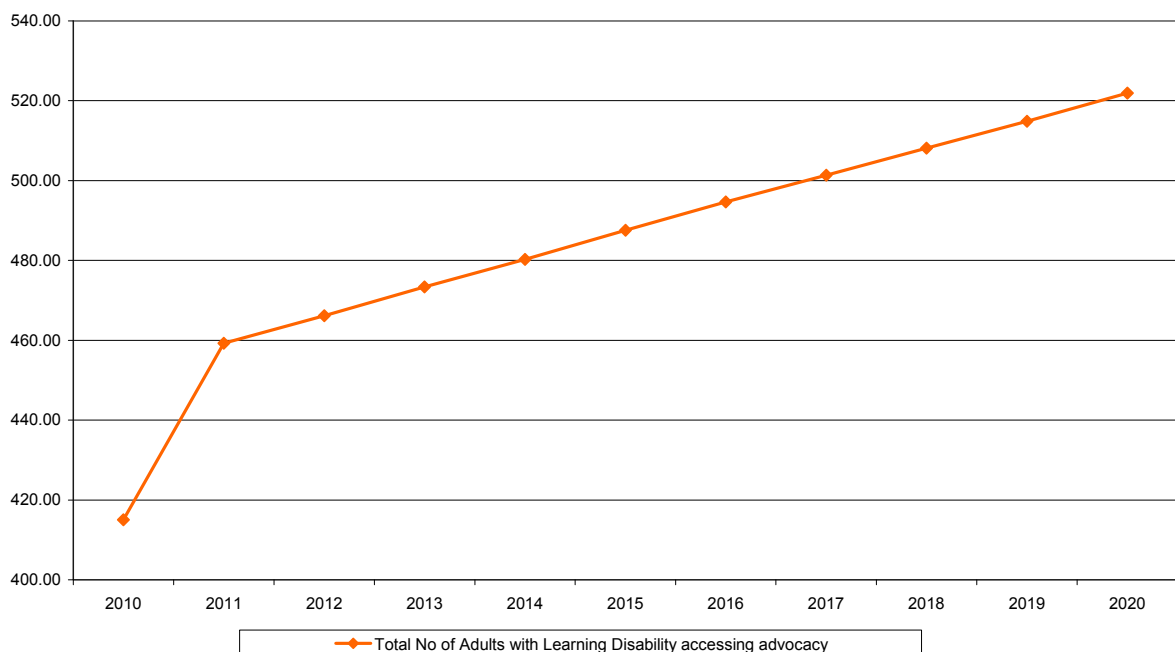
learning disability are provided by:

- Speak Out (SLC)
- People First (SLC)
- The Advocacy Project (NLC)

All of these projects have shown a growth in service users since the development of the last advocacy plan. The most recent figures from the eSAY (electronic Same as You) return show a sizeable increase in the number of people with a learning disability (including autistic spectrum disorder) known to services in South Lanarkshire who have accessed advocacy services during 2010-11 compared with 2009-10. Of the 1,134 people included in the South Lanarkshire return, 415 people have used advocacy services over the past year, an increase from 331 in 2009-10. In North Lanarkshire, 2,277 people have been included in the return, and the number of people using advocacy services has risen from 185 in 2009-10 to 236 in 2010-11. These figures refer to people over 16 years of age.

ESay figures for the past few years allow us to calculate a trend which can be projected forward to estimate service demand in the coming years. This is shown in the graph below. The orange line shows a rise in demand for advocacy which is based on the increase in numbers of service users between 2008-2010. It is likely that this increase is an under-estimate.

Total No of Adults with Learning Disability accessing advocacy - projected



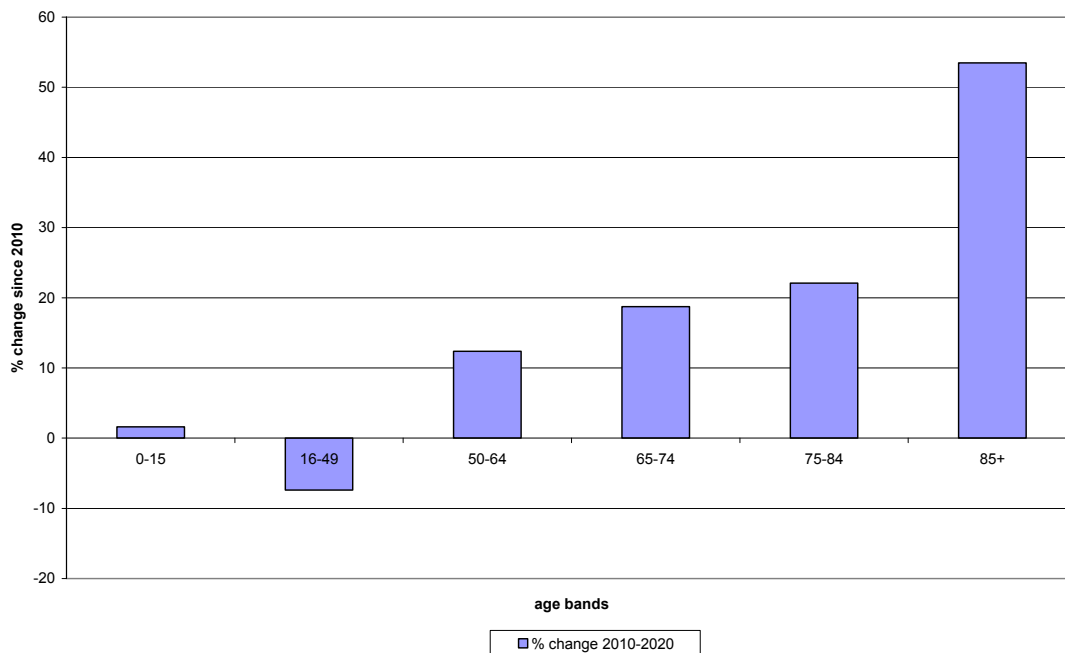
### Older People

Overall, both Councils (as in Scotland generally) have seen an overall growth in population since their creation in 1996. As with other parts of the UK and Europe, this growth is not evenly distributed across the population. Longer life expectancy means that more people are living into old age. Some of the largest percentage increases in recent years have been in those aged 75 and over and aged 80 and over.

Both North and South Lanarkshire Councils fund advocacy projects which are aimed at older people. As noted under the mental health section, a large proportion of people referred to the South Lanarkshire project (run by The Advocacy Project) are referred because of mental health problems or dementia. The Equals Advocacy Partnership – which already provides an advocacy services for people with mental health and dementia - has been contracted to pilot an advocacy project for frail older people in the Wishaw area. This pilot started in January 2011 and will run until March 2012. The issues addressed since the service commenced have included guardianship, long term care, family disputes, placement issues and safeguarding the rights of the vulnerable older adult.

In 2010-11, 26% of advocacy support for adults in North Lanarkshire was spent working with older adults. This represents a 4% increase from the previous year (2009-10).

It is well known that people are living longer and that this is already having an impact on health and care services. The Reshaping Care for Older People agenda has given local partnerships the challenge to redesign the way in which they provide care for older people to ensure that we continue to have health and care services which can cope with higher demands coming from a larger population of older people. The graph below shows how the Lanarkshire population will change in the ten years between 2010–2020. It clearly shows a rise in the numbers of people in the older ge groups with a corresponding fall among younger ages.



GROS Mid Year Estimates and Projected Population

Dementia is already one of the most common reasons why older people need advocacy and it is also one of the conditions covered under the Mental Health Act. Dementia is more common in very old people and prevalence rates increase with every five year increase in age. This alone would result in an increase in the number of older people requiring advocacy.

It is also likely that changes in the way in which services for older people will be provided in the future will increase demand for advocacy services. A Change Fund has been established nationally to support local partnerships to implement key aspects of the Reshaping Care for Older People agenda. The most significant change that will result from this is a shift from hospital based care to community based or home based care. It is likely that advocacy will be required, at least in the short term, as older people are supported through a new way of working with health and care services. In the medium to long term, the new emphasis on self directed support and personalised services may mean that some older people will need additional support to ensure that their care needs are best met. The impact of new legislation relating to Self Directed Support is not yet known, but it is likely that some older people will need advocacy at certain points in their dealing with service providers.

## **7 AREAS OF PRIORITY DEVELOPMENT**

In setting priorities, we have considered a number of factors. These include:

- The Plan must be based on evidence of service user need and likely service demands in the future
- The Plan must take statutory requirements into account
- The Plan must consider key policy directions at national and local level
- The Plan must show consideration of public consultation carried out as part of the development of the plan

The Plan has also been developed against a very tight financial backdrop. This increases the need for priorities to be agreed on the basis of evidence of need and in a way that is most likely to meet future demand.

North Lanarkshire Council has already carried out a review of its 2011 service provision and has re-stated its priorities as being services for older people, younger adults and children. The existing advocacy contracts in North Lanarkshire end in March 2012 and the Council, in partnership with NHS Lanarkshire, is now carrying out a full re-tendering exercise with services to be provided on an age, rather than on a condition specific criteria. This will widen access to include those most in need who do not meet current service criteria. While South Lanarkshire Council has yet to complete its review of services, it is likely that its priorities will cover similar client group headings. Both Councils also recognise the potential impact of Adult Support and Protection on demand for advocacy services.

In summary, the key priorities for the Lanarkshire Advocacy Plan will be:

- Older People
- Learning Disability
- Mental Health
- Adult Support and Protection
- Children and Young People

In addition to this, the needs of a number of other client groups and other areas have been identified for further consideration, largely informed by the consultation exercises



with stakeholders held during 2011. These are considered in more detail below. It is worth bearing in mind, however, the following two issues:

- Anyone from the client groups below who has a mental disorder as defined by the Mental Health Act or who is covered under the Adult Support and Protection Act already has a right of access to independent advocacy.
- Raising awareness of the information and support provision already available in Lanarkshire may help to address some of the issues identified by stakeholders. Independent advocacy may not always necessarily be the most appropriate service to address the identified gap.

#### Carers, including young carers

The issue of carers' advocacy will be considered as part of ongoing work on Carer Strategies in Lanarkshire. A pan Lanarkshire conference organised by the South Lanarkshire Carers Network, North Lanarkshire Carers Together and the Princess Royal Trust for Carers Lanarkshire Carers Centre, will look at a number of issues relating to meeting carers' needs, and advocacy will be one of these.

#### Prisoners and others in the justice system

Responsibility for the healthcare needs of people in prison transfers from the Prison Service to the NHS in November 2011. Access to advocacy, and the potential impact on demand for services resulting from this, will be considered as part of the discussions relating to this change in service.

#### People connected with substance misuse

There are voluntary organisations in Lanarkshire currently funded through the Lanarkshire Alcohol and Drug Partnership to provide information and support to people connected with substance misuse. Consideration is being given to establishing a more formal collaboration between the Lanarkshire Advocacy Planning Group and the Partnership to develop this area of work and the links with advocacy.

#### Equality groups (e.g. black and ethnic (BME) communities/deaf community/people with a physical disability)

NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council are all committed to providing services which are culturally sensitive and accessible to everyone in Lanarkshire who need them. It is recognised that further work is required to ensure that appropriate support is available (and that people are aware of it) to ensure equity of access to services.

#### People who have had a stroke or brain injury

This is an area that requires further work to establish the full extent of service need and what type of service response would be most appropriate.

#### Choice of advocacy model

It is recognised that there is a need to commission different models of advocacy (professional, volunteer, collective, peer) to try to ensure that people have choice in the model of advocacy they are able to access, which best suits their own situation and preferences.

### Communication

Service users consistently raise concerns over the lack of information about existing services. Information leaflets have now been produced by both the North Lanarkshire Advocacy Partnership (NLAP) and the South Lanarkshire Advocacy Network (SLAN). These will be distributed widely and the partners are committed to ensuring that they are kept up to date and available in key locations.

### Transition

The importance of advocacy being available during the transition from children to adult services is recognised, as is the need for services to be flexible. Wherever feasible, advocacy services will be delivered to promote continuity and to best meet the needs of the people using the service.

## **8 STAKEHOLDER CONSULTATION**

### **8.1 Stakeholder Engagement Events**

Three stakeholder engagement events were held between April and June 2011 to inform the development of this Lanarkshire Advocacy Plan (see Appendix 3a for details of those who attended).

At the consultative event held in June 2011, stakeholders were asked whether they agreed with the identified priority areas. Participants recognised that prioritisation was generally very difficult to consider objectively outwith their own groups, organisation and experiences. There was broad agreement, however, that the priorities listed were the correct ones with a strong sense that older people is a key priority group, including those with dementia. Over and above that, participants generally felt that it was appropriate to take regulatory requirements as the starting point for advocacy provision and development, although some people expressed concern that legislative requirements were being prioritised over need. Protection issues, covering both adults and children, were also seen as key priorities. The other areas identified for further consideration were also felt to be broadly correct.

This Plan is seen as a 'live' document and stakeholder engagement as an ongoing process to which the commissioning partners are committed. The North Lanarkshire Advocacy Partnership (NLAP) and the South Lanarkshire Advocacy Network (SLAN), alongside the people they support, are considered to be key stakeholders in the planning of advocacy development in Lanarkshire. Both networks provide the nucleus of a consultative group of service providers with whom the commissioning partners are able to link and consult in relation to advocacy planning. Moreover, the networks provide a key link between commissioning partners and service users.

### **8.2 Comments on Draft Advocacy Plan 2011-2015**

The initial draft of the Lanarkshire Advocacy Plan 2011-2015 was widely circulated on 5 July 2011 requesting comments by 1 August 2011.

A total of 17 comments were received, many of them positive, but also a number identifying specific areas in the Plan that they felt needed to be clarified/strengthened. This final version of the Plan has, where possible, addressed those comments (see Appendix 3b for further details regarding the comments).

## 9 NEXT STEPS

This final section draws together the work that requires to be undertaken during the period of this Lanarkshire Advocacy Plan 2011-2015. The attached Action Plan (Appendix 4) identifies broad timelines and responsibility, but requires to be developed in greater detail.

### Financial framework

It is recognised that the establishment of a financial framework is one of the priority areas to be addressed in order to give context to the identified actions. Whilst this is a four-year plan that sets out what we would like to do between 2011-2015, it is difficult at this stage to predict the level of monetary investment that can be made to deliver and develop the identified range of advocacy priorities. It is anticipated that the financial situation will become clearer over the next six months and that a financial framework will be put in place at that point. Until then, it is assumed that funding for advocacy services will continue at its current level. The current economic climate means that difficult decisions will have to be made when developing any services that require financial support from public funds. An imaginative use of limited resources will be required to meet the needs of the most vulnerable and excluded groups in our communities.

The commissioning partners will also work alongside advocacy providers to explore external sources of funding available to support the development of the advocacy services being commissioned.

The main areas identified for action over the next four years are outlined below:

### Advocacy development

- North Lanarkshire Council, in partnership with NHS Lanarkshire, will complete its current tendering exercise to commission and develop services on a planned and structured basis. It is anticipated that this approach will consolidate provision for those with a statutory entitlement to advocacy provision, whilst widening access to advocacy for those who might be most in need. The reconfigured service will be in place by April 2012.
- South Lanarkshire Council, also in partnership with NHS Lanarkshire, will be further consulting with key stakeholders to determine the future shape of service provision and to streamline and consolidate its approach to advocacy.
- The commissioning partners will undertake work to further consider the needs of other specific client groups identified through the consultation process.
- Work will be undertaken by the commissioning partners to develop an information and support database of services which may be able to assist people in the absence of an independent advocacy service.

### Communication/awareness raising and training

The commissioning partners will continue to work closely together in relation to advocacy services and are committed to:

- Ensuring that statutory sector staff and other professionals have an understanding of advocacy, its role and where it fits within service provision.
- Ensuring that all relevant agencies have a good working knowledge of the advocacy services that are available within their area.

- Improving liaison and communication between different agencies.
- Assisting in ensuring that the North Lanarkshire Advocacy Partnership (NLAP) and South Lanarkshire Advocacy Network (SLAN) information leaflets are kept updated and are widely distributed throughout the Lanarkshire area, including to statutory sector staff.
- In partnership with providers and other stakeholders, continuing to provide training and educational opportunities to provider and statutory sector staff to promote the use of advocacy services to those who might derive the most benefit from advocacy support. North Lanarkshire Council has indicated that it will be working with advocacy providers to develop an awareness raising and training strategy.

### Monitoring and Evaluation

At the June stakeholder event there was considerable discussion regarding key outcomes for advocacy in Lanarkshire. The commissioning partners will undertake further work on outcomes in partnership with service providers and service users. It is recognised that the definition of a positive service outcome may differ between commissioners, service providers and service users. It was strongly suggested by stakeholders that a consistency across Lanarkshire in relation to the measurement of outcomes was the preferable approach.

The commissioning partners will:

- Ensure that all the advocacy services are clear about the information that is required by the commissioners and that there is a consistency in relation to monitoring arrangements across advocacy services in each of the Council areas. Where appropriate, information relating to monitoring processes will be shared across Council areas with a view to establishing best practice.
- Identify any trends that are apparent through the monitoring systems.
- Develop outcome focused reporting by continuing to develop their monitoring processes for advocacy services, with particular emphasis on developing outcomes rather than over-focusing on processes. This is with a view to gathering qualitative and quantitative information not only about the uptake of advocacy support but also about the difference that good advocacy can make to the lives of the people who are being supported. It provides the commissioning partners with information about the issues that affect particular groups of people and the action required to address these issues – whether through the development of advocacy services, providing people with additional information and support, or through mainstream statutory services.
- Ensure that quality assurance systems are embedded in service monitoring to facilitate ongoing project evaluation.

### Local advocacy networks

Until 2003, there was a pan Lanarkshire Advocacy Forum. Subsequently two separate networks emerged individually covering North and South Lanarkshire. In North Lanarkshire, this became the North Lanarkshire Advocacy Partnership (NLAP) and, in South Lanarkshire, the South Lanarkshire Advocacy Network (SLAN).

There have recently there have been a number of joint NLAP/SLAN training events and the recent May 2011 service user event to consult on the development of the

Lanarkshire Advocacy Plan was jointly hosted and organised by NLAP and SLAN. The commissioning partners wish to support this pan Lanarkshire approach, as appropriate, while at the same time continuing to recognise the autonomous nature of each partnership/network.

#### Role of Lanarkshire Advocacy Planning Group (LAPG)

The pan Lanarkshire Advocacy Planning Group (LAPG) was initially established in relation to developing the first Lanarkshire Advocacy Plan 2004-2007. Although it continued to meet thereafter to discuss advocacy developments its remit became less focused and meetings discontinued in 2009. Partnership working in relation to advocacy continued to be strengthened and developed but on a Council area basis rather than a pan Lanarkshire basis.

The Group has recently been re-convened with its primary objective at present being the development of this second Lanarkshire Advocacy Plan. The re-convened Group is a core group consisting of officers from NHS Lanarkshire and both North and South Lanarkshire Councils (see Appendix 5 for current LAPG remit/membership/governance). It is intended to widen the membership by the Lanarkshire Advocacy Planning Group by inviting representatives from the North Lanarkshire Advocacy Partnership (NLAP) and the South Lanarkshire Advocacy Network (SLAN) to sit on the Group. It is envisaged that the LAPG will continue to meet regularly to develop the financial framework and action plan for the Lanarkshire Advocacy Plan and to monitor the progress of the Plan thereafter.

In addition, regular (6 or 12 monthly) stakeholder meetings will be hosted by the Lanarkshire Advocacy Planning Group as part of the ongoing review and development of the Lanarkshire Advocacy Plan 2011-2015 and its Action Plan.

## **CONCLUSION**

There are strong partnership links in Lanarkshire in terms of advocacy, both between the commissioning partners and with the voluntary sector advocacy networks. This provides a sound base from which to undertake the work outlined above and in the Action Plan. We are faced by a challenging financial situation which is recognised by all the key stakeholders who are committed to facing those challenges and developing advocacy services across Lanarkshire.

The Plan will be distributed widely across Lanarkshire and discussions are ongoing with both advocacy networks to publish an Accessible Summary of the document.

A:

## NHS Lanarkshire Standard Impact Assessment Document (SIA)



Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of Document

Lanarkshire Advocacy Plan 2011 – 2015. This is a partnership Plan developed by the Lanarkshire advocacy commissioning partners i.e. NHS Lanarkshire and North and South Lanarkshire Councils

Q1 a; Function  Guidance  Policy  Project  Service  Other, please detail  Strategic Plan

Q2: What is the scope of this SIA

NHSL Wide  Service Specific  Discipline Specific  Other (Please Detail)

Partnership plan with North and South Lanarkshire Councils

Q3: Is this a new development? (see Q1)

Yes

No

Q4: If no to Q3 what is it replacing?

Lanarkshire Advocacy Plan 2004 -2007

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Shelagh Garey (NHSL)  
Shona Welton (NHSL)  
Hina Sheikh (NHSL)  
Michele Dowling (SLC)  
Patricia Kearns (NLC)

Q6: Main SIA person's contact details

Name:

Shelagh Garey

Telephone Number:

01698 858211

Department:

Planning

Email:

[Shelagh.garey@lanarkshire.scot.nhs.uk](mailto:Shelagh.garey@lanarkshire.scot.nhs.uk)

Q7: Describe the main aims, objective and intended outcomes

Within our communities some people find it difficult to speak up and have their voice heard. They may be unable to communicate their views and opinions due to disability or illness.

This Lanarkshire Advocacy Plan outlines the commitment and approach of the Lanarkshire commissioning partners (NHS Lanarkshire, North and South Lanarkshire Councils) to providing independent advocacy services to those who most require it.

The Plan, which has been developed in consultation with services users and service providers, sets out the way it is envisaged that advocacy will be delivered and developed over the course of the next four years.

To ensure the strategic development of advocacy services across Lanarkshire, it aims to:

- Provide structure and coordination
- Ensure clarity and definition
- Recognise legislative requirements
- Determine needs-based priorities
- Consider a range of service delivery options
- Promote and raise awareness of advocacy
- Reflect a range of views including those of service users

Q8:

(i) Who is intended to benefit from the function/service development/other(Q1) – is it staff, service users or both?

Staff  Service users  Other  Please identify:  
Service providers

(ii) Have they been involved in the development of the function/service development/other?

Yes  No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:

- Three stakeholder engagement events held between April and June 2011 to inform the development of the Plan. These involved service users, carers, advocacy service providers, other voluntary organisations and representatives from the statutory sector.
- Wide circulation of initial draft Plan on 5 July 2011 requesting comments by 1 August 2011.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

- Legislative requirements
- Demographic profiles
- Current service usage
- Projected service usage
- eSAY (electronic Same as You) data
- Stakeholder engagement reports

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access.
Age	√			<p>North Lanarkshire Council has carried out a full review of its current service provision and is currently re-tendering for services for:</p> <ul style="list-style-type: none"> <li>o older people (over 65)</li> <li>o younger adults (16-65)</li> <li>o children and young people (5-16)</li> </ul> <p>There is an expectation that all three services will adopt a flexible approach and work together to ensure that the most age appropriate service is available to those who require advocacy support, particularly during periods of age-related transition between statutory services.</p> <p>South Lanarkshire Council has yet to complete its review of services (anticipated by June 2012) but current services cover similar age groups.</p> <p>The Plan gives specific consideration to the future needs of older people, and in particular older people who might not be covered by statutory or legislative rights to advocacy.</p>
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	√			<p>The key priorities for advocacy services identified in the Plan are:</p> <ul style="list-style-type: none"> <li>o Older People</li> <li>o Learning Disability</li> <li>o Mental Health</li> <li>o Adult Support and Protection</li> <li>o Children and Young People</li> </ul> <p>Prioritisation within services will be a balance between legislative requirements and the needs of the most vulnerable people.</p> <p>A number of other client groups and other areas have been identified for further consideration, largely informed by the consultation exercises with stakeholders held during 2011. These include:</p> <ul style="list-style-type: none"> <li>o People with a physical disability</li> <li>o People within the deaf community</li> <li>o People who have had a stroke or brain injury</li> </ul> <p>The Adult Support and Protection (Scotland) Act 2007 and the Adults with Incapacity (Scotland) Act 2001 are both relevant pieces of legislation.</p> <p>An Accessible Summary of the Plan will be prepared to support people with disability or literacy problems to understand our priorities.</p>



Gender Reassignment			√	The Plan is equally applicable to all individuals regardless of their gender.
Marriage and Civil partnership			√	The Plan is equally applicable to all individuals regardless of their marital status.
Pregnancy and Maternity	√			Service profiles show that there is a significant minority of people accessing advocacy services due to pregnancy or with issues relating to ongoing care of their children. This includes supporting parents through processes that may result in their children being taken into care. The Plan does not refer to this aspect of service specifically, but it would continue to form part of an advocacy service aimed at supporting people with learning disability.
Race/Ethnicity	√			BME communities are among the equality groups identified in the Plan as requiring further consideration. Work is required to ensure that appropriate support is available via the statutory sector e.g. interpreting services (and that advocacy services are aware of it) to ensure equality of access to services. This is an area routinely raised through the monitoring process of advocacy services but the commissioning partners recognise that it is an area that needs to be strengthened.
Religion/Faith			√	The Plan is equally applicable to all individuals regardless of their religion/faith.
Sex (male/female)			√	Evidence suggests that service users are equally distributed across both sexes.
Sexual orientation			√	The Plan is equally applicable to all individuals regardless of their sexual orientation.
Staff (This could include details of staff training completed or required in relation to service delivery)	√	√		Independent advocacy can lead to more informed decisions being made by staff and consequently to better outcomes for patients. The Plan aims to: <ul style="list-style-type: none"> <li>o ensure that statutory sector staff and other professionals have an understanding of advocacy, its role and where it fits within service provision, and what relevant advocacy services are available</li> <li>o continue to provide training and educational opportunities to statutory sector staff to promote the use of advocacy services.</li> </ul>
Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B				
Carers	√			The Plan specifies that the issue of carers' advocacy will be considered as part of ongoing work on Carer Strategies in Lanarkshire, specifically at a pan Lanarkshire conference being organised for October 2011. There are a number of carer organisations in Lanarkshire that provide information and support and an element of collective advocacy. It should also be recognised that there may be times when advocacy for a service user may bring them into conflict with the wishes of their carer. In these cases the rights of and benefits to the service user are paramount and advocacy will support negotiation between cared for and carer.
Homeless	√			There is a specialist housing advocacy service in North Lanarkshire but no equivalent in South Lanarkshire. Anyone who is homeless in South Lanarkshire does have access to the SL advocacy services and would be made aware of them by the statutory sector homelessness services.
Involved in Criminal Justice System	√			Responsibility for the healthcare needs of people in prison transfers from the Prison Service to the NHS in November 2012. Access to advocacy, and the

				potential impact on demand for services resulting from this, will be considered as part of the discussions relating to this change in service. However, the impact on advocacy services and people in the justice systems is currently unknown.
Language/ Social Origins	√			The commissioning partners are committed to providing services which are culturally sensitive and accessible to all people within Lanarkshire who need them. Advocacy services need to consider a range of issues around language, including English not being a first language and sign language. All literature should be available in additional languages if requested.
Literacy	√			Advocacy services are aware of literacy issues among their client groups. An Easy Read version of the plan will be prepared to support people with literacy problems, whether this be due to a learning disability or for other reasons.
Low income/poverty			√	Advocacy may support people to access benefits or financial advice; equally it may support people under Adult Support and Protection procedures where financial issues have resulted in an ASP inquiry. However, it is not expected that the new Plan will have a significant impact on this area of work.
Mental Health Problems	√			People with mental health problems are a priority group for advocacy since they have a right of access to independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act 2003.
Rural Areas			√	Advocacy provision is currently provided and will be developed on a pan Lanarkshire basis taking full cognisance of the additional effort and travel required to meet need in the more rural areas.
People connected with substance misuse	√			There are voluntary organisations in Lanarkshire currently funded through the Lanarkshire Alcohol and Drug Partnership to provide information and support to people connected with substance misuse. Consideration is being given to establishing a more formal collaboration between the Lanarkshire Advocacy Planning Group and the Partnership to develop this area of work and the links with advocacy.
People affected by blood borne viruses	√			There are links with the NHS Lanarkshire BBV care network through which funding is allocated to the voluntary sector in relation to advocacy work associated with HIV and Hepatitis C

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

Q11: Is a detailed EQIA required?

Yes

No

Please state your reason for choices made in Question 11.

At its heart, advocacy is about equity, social inclusion and human rights, safeguarding vulnerable individuals and helping them to have their voice heard. The Plan strives to identify the most vulnerable who will require this type of support to ensure that they will be able to access universal services on equal rights with others who might require less support. Where there are areas requiring additional work to determine the extent and type of unmet need for advocacy, this has been identified in the Action Plan supporting the Advocacy Plan.

Economic constraints require that advocacy provision is prioritised both on the basis of legislative requirements and those in greatest need. Where there are gaps in the provision of independent advocacy services, both the commissioning partners and the advocacy providers attempt to ensure that there is an equity of access to mainstream statutory services as well as awareness of other voluntary sector information and support services that individuals can access.

If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed

01 / 10 / 2011

Date of next EQIA Review

01 / 12 / 2013

Signature

Print Name

Shelagh Garey

Department or Service

Planning

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to [hina.sheikh@lanarkshire.scot.nhs.uk](mailto:hina.sheikh@lanarkshire.scot.nhs.uk)

B: Standard/Detailed Impact Assessment Action Plan

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						

Further Notes:

Signed:

Date:

C: Quality Assurance

QA Section

Lead authors details?

Name:	Shelagh Garey	Telephone Number:	01698 858211
Department:	Planning	Email:	Shelagh.garey@lanarkshire.scot.nhs.uk

Does your policy / guideline / protocol / procedure / ICP have the following on the front cover?

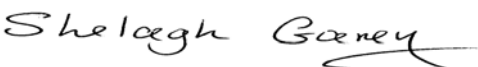
Version Status	<input type="checkbox"/>	Review Date	<input checked="" type="checkbox"/>	Lead Author	<input type="checkbox"/>
Approval Group	<input type="checkbox"/>	Type of Document (e.g. policy, protocol, guidance etc)	<input checked="" type="checkbox"/>		

Does your policy / guideline / protocol / procedure / ICP have the following in the document?

Contributory Authors	<input type="checkbox"/>	Distribution Process	<input type="checkbox"/>	Implementation Plan	<input checked="" type="checkbox"/>
Consultation Process	<input checked="" type="checkbox"/>				

Is your policy / guideline / protocol / procedure / ICP in the following format?

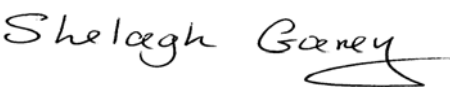
Arial Font	<input checked="" type="checkbox"/>	Font Size 12	<input checked="" type="checkbox"/>
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Signatures 

Lead Author:	Shelagh Garey	Date:	01 / 10 / 2011
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If you have any question please call the people below. Once completed please send to the individuals listed below as appropriate:

Name	Email	Phone
Hina Sheikh	<a href="mailto:hina.sheikh@lanarkshire.scot.nhs.uk">hina.sheikh@lanarkshire.scot.nhs.uk</a>	01698 377816

Signatures 

QA Check		Date:	11/11/ 2011
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Once both signatures above are complete the document can be sent to the approving group for approval (Sections A&C only).

## CURRENT ADVOCACY PROVISION IN LANARKSHIRE

Appendix 1

### 1.1 Statutory Sector Funded

Project	Target Group	Comments	Funding 2011/12
Equals Advocacy Partnership (North Lanarkshire)	<p>(i) Adults &amp; older people with mental health problems and dementia in North Lanarkshire <b>Independent professional advocacy</b></p> <p>(ii) Older People <b>Independent professional/collective advocacy</b></p> <p>(iii) Hospital-based advocacy (former Hartwoodhill patients – now relocated) <b>Collective advocacy</b></p>	<p>(i) Established April 2001. Last evaluation February 2008. Joint Partnership Agreement (NLC/NHSL/Equals) 2009-2012</p> <p>(ii) Pilot project 10.1.11 – 31.3.12 to deliver advocacy in the Wishaw area</p> <p>(iii) On-going discussions re use of funding following closure of Hartwoodhill Hospital</p>	<p>(i) £ 74,929 (NHSL) £104,733 (NLC) £ <u>25,000</u> (NLC – AS&amp;P MH/Dem/OP) £<u>204,662</u></p> <p>(ii) £34,000 (NLC) £<u>11,000</u> (NHSL) £<u>45,000</u></p> <p>(iii) £ 28,630 (NHSL)</p>
The Advocacy Project (South Lanarkshire)	<p>(i) Adults with mental health problems in South Lanarkshire (including Rutherglen and Cambuslang)</p> <p>(ii) Services for adults resident in Rutherglen and Cambuslang who have a learning disability, physical disability and/or sensory impairment</p> <p><b>Both independent professional advocacy</b></p>	<p>Out of contract with SLC</p> <p>(ii) Funding awarded on a yearly basis</p>	<p>(i) £78,172 (SLC) £ 23,000 (NHSL) £ <u>62,540</u> (NHSGG&amp;C) £<u>163,712</u></p> <p>(ii) £ 11,821 (SLC)</p>
The Advocacy Project (South Lanarkshire)	<p>Older People 65+ with particular focus on those with severe and enduring mental health problems <b>Independent professional/collective advocacy</b></p>	<p>Established 2009. One year Joint Partnership Agreement (SLC/NHSGG&amp;C/NHSL/TAP). Extended 2010/11 and again 2011/12</p>	<p>£ 77,200 (SLC) £ 10,000 (NHSGG&amp;C) £ <u>9,000</u> (NHSL) £<u>96,200</u></p>
The Advocacy Project (North Lanarkshire)	<p>People (over 16 years) with a learning disability/people with other communication support needs. <b>Independent professional/collective advocacy</b></p>	<p>Established April 2006. Contract with NLC 2006-09. Joint Partnership Agreement (NLC/NHSL/TAP) 2009-12</p>	<p>£ 74,968 (NLC) £ 25,000 (NLC – AS&amp;P LD) £ 7,500 (NLC – AS&amp;P Addictions) £ <u>31,673</u> (NHSL) £ <u>139,141</u></p>

Project	Target Group	Comments	Funding 2011/12
Speak Out Advocacy Project (ACE Advocacy) (South Lanarkshire)	People (over 16 years) with a learning disability who live in the community in South Lanarkshire <b>Independent professional advocacy</b>	Out of contract with SLC	£ 125,000 (SLC) £ 24,908 (NHSL) £ 149,908
People First (Scotland) (South Lanarkshire)	People with learning disabilities who live in the community in South Lanarkshire <b>Collective advocacy</b>	Out of contract with SLC	£ 62,520 (SLC)
Your Voice (North Lanarkshire)	Children and young people with a disability and/or mental ill health <b>Independent professional/collective advocacy</b>		£ 85,850 (NLC)
Who Cares? (Scotland) (North and South Lanarkshire)	Young people who are or were accommodated <b>Independent professional advocacy</b>	NLC 3 year contract 2009-12 SLC contract	£ 149,820 (NLC) £ 147,000 (SLC)
Shelter Advocacy Project (North Lanarkshire)	Provides specialist housing support to NL advocacy organisations and direct advocacy provision in complex cases <b>Independent professional advocacy</b>	Two year agreement 2009-11 (NLC Social Work and Housing/NHSL/Shelter). Further one year extension 2011-12	£ 41,613 (NLC Housing £29,067/SW £12,546) £ 7,354 (NHSL) £ 48,967
<b>Total</b>			£ 548,484 (NLC) £ 501,713 (SLC) £ 210,494 (NHSL) £ 72,540 (NHSGG&C) <b>£1,333,231</b>

## 1.2 Independently Funded

Project	Target Group	Comments	Funding
Lanarkshire Ace (South Lanarkshire)	People with a learning disability <b>Collective advocacy</b>	Financial Inclusion Project 2011/12	£10,000 (non recurring) - Bank of Scotland
Lanarkshire Ace (South Lanarkshire)	Adults with a learning disability <b>Collective advocacy</b>	Provided on a voluntary basis	£4,000 via fund raising efforts

### PROVIDERS OF INFORMATION AND SUPPORT

There are organisations throughout Lanarkshire that are not categorised as independent advocacy providers and are mainly providers of information and support for individuals and their families. They do, however, have an element of advocacy within their work. These include:

- Action for Children ( North Lanarkshire young carers)
- Addaction (Hepatitis C)
- Citizens Advice Bureau
- Clubnet (mental health service users)
- Headway (brain injury)
- Lanarkshire Links (mental health service users and carers)
- Lanarkshire Rape Crisis Centre
- North Lanarkshire Carers Together
- North Lanarkshire Disability Forum
- PAMIS (people with profound and multiple learning disability – family support service)
- PETAL (people experiencing trauma and loss)
- Princess Royal Trust for Carers Lanarkshire Carers Centre
- Seniors Together in South Lanarkshire (older people)
- South Lanarkshire Carers Network
- South Lanarkshire Young Carers Forum
- SPAEN (Scottish Personal Assistance Employers' Network - self directed support service)
- Speakeasy (throat cancer)
- Terrence Higgins Trust (HIV)
- Victim Support Scotland
- Voice of Experience (older people in North Lanarkshire)
- Women's Aid

Some of the above organisations are funded by the commissioning partners and others are not. Some operate across the whole of the Lanarkshire area and others operate only in a specific area. Further work will be undertaken to expand the list if appropriate and to provide fuller information and contact details of all the relevant organisations.



**ATTENDEES AT APRIL/JUNE 2011 STAKEHOLDER ENGAGEMENT EVENTS**
**Appendix 3a**

First Name	Surname		April (54)	June (60)	At Both Events (27)
<b>ADVOCACY PROVIDERS</b>					
Alex	Clark	Your Voice	√	√	√
Pamela	Hynes	Who Cares? Scotland	√		
Maureen Ann	Kane	The Advocacy Project	√		
Leanne	McGurl	The Advocacy Project	√	√	√
Graeme	McKinnon	Who Cares? Scotland	√		
Andrew	McQuade	Speak Out Advocacy		√	
Jean	Neilson	Equals Advocacy Partnership		√	
Moira	Nicholson	The Advocacy Project	√		
Gaby	Nolan	Shelter Scotland	√		
Jim	Quinn	People First		√	
Liz	Ray	Who Cares? Scotland	√	√	
Caroline	Richardson	Who Cares? Scotland		√	
Greig	Skeffington	Lanarkshire Ace (PALS)	√	√	√
Brenda	Vincent	Equals Advocacy Partnership	√	√	√
Ian	Walker	Shelter Scotland	√		
Jim	Walsh	Speak Out Advocacy	√	√	√
Amanda	Watson	Who Cares? Scotland	√	√	√
Simon	Webster	Your Voice	√	√	√
Angie	Weist	Your Voice	√	√	√
<b>ADVOCACY RELATED PROJECTS</b>					
Bill	Addies	South Lanarkshire Carers Network	√	√	√
Geraldine	Bruin	North Lanarkshire Carers Together		√	
Francis	Cain	North Lanarkshire Disability Forum		√	
Sandra	Comrie	Voice of Experience Forum	√		
Sheila	Connolly	North Lanarkshire Action for Children	√		
Martin	Drysdale	Action for Children		√	
Lorraine	Elliot	North Lanarkshire Disability Forum		√	
Frank	Fallon	Lanarkshire Links		√	
Lesley	Fishleigh	Princess Royal Trust Lanarkshire Carers Centre	√		
Agnes	Hadden	North Lanarkshire Carers Together	√		
Mary	Howard	Lanarkshire Links		√	
Pauline	McIntosh	North Lanarkshire Carers Together	√	√	√
Arlene	McNeil	South Lanarkshire Carers Network		√	
Ann	Muir	Speakeasy		√	
Ann-Marie	Newman	Lanarkshire Links	√		
Ann	Ronald	Clubnet	√	√	√
Joanna	Swan	Self Directed Support (South Lanarkshire)		√	

First Name	Surname		April	June	At Both Events
<b>OTHER VOLUNTARY ORGANISATIONS</b>					
Anne	Beaton	Lanarkshire Addiction Recovery Consortium (LARC)		√	
Paula	Docherty	Seniors Together in South Lanarkshire		√	
Bryan	Evans	Children First		√	
Pui-Ling	Glass	Lanarkshire. Ethnic Minorities. Action Group (LEMAG)	√		
Jenny	Hatton	Doorway South Lanarkshire Partnership on Domestic Abuse and Violence Against Women		√	
Alison	Lord	Terrence Higgins Trust	√		
Ashis	Mallik	Lanarkshire. Ethnic Minorities Action Group (LEMAG)	√	√	√
Derek	McCabe	Lanarkshire Addiction Recovery Consortium (LARC)	√	√	√
Greg	McFarlane	Partnership 4 Change, North Lanarkshire		√	
Liz	McLuskey	Deaf Services Lanarkshire		√	
Michelle	Morrisson	PAMIS (People with profound and multiple learning disability)	√	√	√
Wilma	Watt	Deaf Services Lanarkshire		√	
Lorraine	Wylie	Coatbridge Deaf Club		√	
Alice	Yeung	Lanarkshire Chinese Society	√		
<b>OTHER ORGANISATIONS / INDIVIDUALS</b>					
Madge	Clark	Parent / Carer	√	√	√
David	Douglas	Shotts Prison		√	
Jeff	Holt	Scottish Health Council	√		
Muriel	Mowat	Scottish Independent Advocacy Alliance	√	√	√
<b>NHS LANARKSHIRE</b>					
Richard	Burgon	NHSL		√	
Anita	Coia	NHSL	√	√	√
Craig	Cunningham	NHSL		√	
Shelagh	Garey	NHSL	√	√	√
Elaine	Harrow	NHSL	√		
Anne	Hayne	NHSL (Eva Services)		√	
Jean	Howieson	NHSL	√	√	√
Diane	Jordan	NHSL	√		
Lis	Lawson	NHSL	√		
Roslyn	Rafferty	NHSL		√	
Hina	Sheikh	NHSL	√		
Shona	Welton	NHSL	√	√	√

First Name	Surname		April	June	At Both Events
<b>NORTH LANARKSHIRE COUNCIL</b>					
Richard	Adams	NLC CLASP (Carers Liaison and Support Project)	√	√	√
Fiona	Cameron	NLC Housing & Social work Services		√	
Martin	Egan	NLC Housing & Social work Services	√		
Gus	Ferguson	NLC Housing & Social work Services	√		
Wendy	Gervais	NLC Housing & Social work Services	√	√	√
Anne Marie	Jeffrey	NLC Housing & Social work Services		√	
Patricia	Kearns	NLC Housing & Social work Services	√	√	√
Geri	McCormick	NLC Housing & Social work Services	√		
Audrey	McGuinness	NLC Housing & Social work Services		√	
Sandra	McKay	NLC Housing & Social work Services		√	
Dennis	McLafferty	NLC Housing & Social work Services	√		
Kay	Rodger	NLC Housing & Social work Services	√		
Gordon	Simpson	NLC Housing & Social work Services	√	√	√
Helen	Sneddon	NLC Housing & SW Service (Domestic Abuse)		√	
<b>SOUTH LANARKSHIRE COUNCIL</b>					
Amanda	Clark	SLC Social Work Resources	√	√	√
Michele	Dowling	SLC Social Work Resources	√	√	√
Malcolm	Henderson	SLC Social Work Resources	√		
Mark	Rushworth	SLC Social Work Resources	√		
Andy	Simm	SLC Social Work Resources	√	√	√
Alistair	Walker	SLC Social Work Resources (Older Peoples Services)		√	

## COMMENTS RECEIVED ON DRAFT LANARKSHIRE ADVOCACY PLAN 2011-2015

Comments were received from the following organisations/individuals:

Equals Advocacy Partnership  
Deaf Services Lanarkshire  
LEMAG (Lanarkshire Ethnic Minorities Action Group)  
North Community Health Partnership  
North Lanarkshire Deaf Forum  
PAMIS (People with profound and multiple learning disability – family support service)  
Scottish Independent Advocacy Alliance  
South Lanarkshire Advocacy Network  
South Lanarkshire Community Health Partnership

- o Planning
- o South East Unit
- o South West Unit

South Lanarkshire Council Social Work Resources  
Speak Out  
The Advocacy Project  
Who Cares? Scotland  
Your Voice  
Unknown

There were a number of generally positive comments regarding the draft Plan and also a number suggesting the need for greater clarity in various Sections and that some of the detail would be better as appendices in order to make the Plan more readable.

There were specific comments in relation to the following issues/areas:

- Need for more emphasis on providing different models of advocacy particularly collective, volunteer and peer advocacy;
- The balance between meeting legislative requirements and addressing the needs of other very vulnerable groups;
- Clarification regarding the identified gaps in advocacy services noting that, for example, people with addictions or people in the justice system may in fact already have a legislative right to advocacy under the Mental Health (Care & Treatment) (Scotland) Act 2003;
- More information required regarding numbers currently accessing advocacy/referring issues/outcomes/unmet need
- Accessibility of the Plan and the need to ensure it is written in plain English/other formats for those who have limited literacy or communication skills;
- Need for promotion of advocacy and for training and awareness raising;
- Issue of carer advocacy vs info and support/or need for both;
- Considerable feedback from deaf community and their need for advocacy;

- Suggestion that proposal to strengthen support and information services will offer more of what is currently available and remove the limited potential to widen advocacy provision;
- Difficulty of committing to planning and development when resources so limited;
- Additional monitoring information e.g. numbers being supported by advocacy workers at mental health tribunals. More about evaluation and what should be expected of advocacy providers in terms of independent evaluation;
- Equity issues need to be addressed and how to reach those who are 'under the radar'.

<b>1. FINANCIAL FRAMEWORK</b>			
<b>No.</b>	<b>Action</b>	<b>Responsibility</b>	<b>Timescale</b>
1.1	Financial framework for advocacy services 2011-2015 to be put in place	Commissioning partners Lanarkshire Advocacy Planning Group (LAPG)	By March 2012
1.2	Explore external sources of advocacy funding	Commissioning partners Advocacy providers	January-June 2012
<b>2. ADVOCACY DEVELOPMENT</b>			
<b>No.</b>	<b>Action</b>	<b>Responsibility</b>	<b>Timescale</b>
2.1	Undertake full advocacy tender exercise in North Lanarkshire	North Lanarkshire Council Housing and Social Work Services, in partnership with NHS Lanarkshire	Exercise to be completed by December 2011
2.2	Carry out review of current services to determine future advocacy provision in South Lanarkshire	South Lanarkshire Council Social Work Resources NHS Lanarkshire Other key stakeholders	By June 2012
2.3	Consideration of needs of other groups identified during 2011 consultation: <ul style="list-style-type: none"> <li>• Carers, including young carers</li> <li>• Prisoners and other in justice system</li> <li>• People connected with substance misuse</li> <li>• Equality groups</li> <li>• Those who have had stroke/brain injury</li> <li>• Transition between children's services and adult services</li> </ul>	Commissioning partners Advocacy providers Other key stakeholders	By December 2012
2.4	Develop information and support database of services	Commissioning partners North Lanarkshire Advocacy Partnership (NLAP) South Lanarkshire Advocacy Network (SLAN)	By June 2012

<b>3. COMMUNICATION/AWARENESS RAISING AND TRAINING</b>			
<b>No.</b>	<b>Action</b>	<b>Responsibility</b>	<b>Timescale</b>
3.1	Raise awareness and understanding of advocacy and service availability <ul style="list-style-type: none"> <li>among statutory sector staff and other professionals</li> <li>among all relevant agencies</li> </ul>	Commissioning partners Advocacy providers	Ongoing duration of Plan
3.2	Improve liaison and communication between agencies	Commissioning partners Key stakeholders	Ongoing duration of Plan
3.3	Updating and distribution of NLAP/SLAN information leaflets	North Lanarkshire Advocacy Partnership South Lanarkshire Advocacy Network Commissioning partners	As required
3.4	Provide ongoing training and educational opportunities to provider and statutory sector staff to promote the use of advocacy services	Commissioning partners North Lanarkshire Advocacy Partnership South Lanarkshire Advocacy Network Advocacy providers	Ongoing duration of Plan

<b>4. MONITORING AND EVALUATION</b>			
<b>No.</b>	<b>Action</b>	<b>Responsibility</b>	<b>Timescales</b>
4.1	Develop clear and consistent monitoring process across each of the Council areas and, where appropriate, share monitoring processes to develop best practice	North and South Lanarkshire Councils NHS Lanarkshire	By December 2012
4.2	Develop outcome focused reporting	Commissioning partners Advocacy providers	Ongoing duration of Plan
4.3	Develop evaluation through ongoing monitoring processes	Commissioning partners	Ongoing duration of Plan
4.4	Use monitoring processes to evidence advocacy gaps	Commissioning organisations Advocacy providers	Ongoing duration of Plan

<b>5. LOCAL ADVOCACY NETWORKS</b>			
<b>No.</b>	<b>Action</b>	<b>Responsibility</b>	<b>Timescales</b>
5.1	Support development of NLAP and SLAN	North Lanarkshire Advocacy Partnership South Lanarkshire Advocacy Network Commissioning partners	Ongoing duration of Plan
5.2	Develop Accessible Summary of Lanarkshire Advocacy Plan 2011-2015	North Lanarkshire Advocacy Partnership South Lanarkshire Advocacy Network Commissioning partners	By December 2011

<b>6. ROLE OF LANARKSHIRE ADVOCACY PLANNING GROUP (LAPG)</b>			
<b>No.</b>	<b>Action</b>	<b>Responsibility</b>	<b>Timescales</b>
6.1	Develop role of LAPG	Commissioning partners North Lanarkshire Advocacy Partnership South Lanarkshire Advocacy Network	January-June 2012
6.2	Widen membership of LAPG and establish regular stakeholder meetings	Commissioning partners North Lanarkshire Advocacy Partnership South Lanarkshire Advocacy Network	January-June 2012
6.3	Undertake partnership work to develop, action and monitor the Action Plan	Lanarkshire Advocacy Planning Group	January-June 2012
6.4	Establish clear partnership process for consideration of service developments	Lanarkshire Advocacy Planning Group	By March 2012
6.5	Prepare to update Lanarkshire Advocacy Plan 2011-2015	Lanarkshire Advocacy Planning Group	By December 2013



**LANARKSHIRE ADVOCACY PLANNING GROUP 2010**  
**(to be updated)**

**REMIT**

The remit of the Lanarkshire Advocacy Planning Group (LAPG) is to revise the existing Lanarkshire Advocacy Plan 2004-2007 as required by the Patients Rights Bill (*received Royal Assent 31 March 2011*).

The Plan will evolve following appropriate engagement and consultation with stakeholders.

The Plan will be equality and diversity impact assessed.

The Plan shall be a single document covering the NHS Lanarkshire Health Board area and the local authority areas of North and South Lanarkshire.

The Plan initially required to be submitted to the Scottish Independent Advocacy Alliance (SIAA) by summer 2011. Given the commissioning timescales in Lanarkshire, however, it was agreed with the SIAA that an interim statement/ report would be submitted within this timescale with the revised Plan available by October 2011.

The Plan will be updated biannually to coincide with the publication of the Map of Advocacy across Scotland.

**MEMBERSHIP**

Representatives from:

NHS Lanarkshire  
North Lanarkshire Council  
South Lanarkshire Council

**REPORTING STRUCTURE**

Governance of the LAPG is through the Executive Director for Nurses, Midwives and Allied Health Professionals.

The Plan will be signed off by both the North and South Health and Care Partnerships. The SIAA may also require further sign off from the Chief Executives of each of the commissioning organisations.