

**North Lanarkshire Advocacy Partnership
and South Lanarkshire Advocacy Network**

Lanarkshire Advocacy Plan 2011-2014

**Service User Consultation Event
17 May 2011**

**ODS Consulting
2 Myrtle Park
Glasgow
G42 8UQ
Tel: 0141 424 3765
Email: john.scott@odsconsulting.co.uk**



Contents

1. Introduction	1
1.1 About the event.....	1
1.2 Service user experiences.....	2
1.3 Background to the new Advocacy Plan	3
2. The importance of advocacy – Workshop One	5
2.1 Introduction.....	5
2.2 Why is it important?	5
2.3 Experiences and impressions of using advocacy	6
2.4 The difference advocacy has made to individuals	7
2.5 Who should it be available to and who could benefit?	8
3. Filling the Gaps – Workshop Two	12
3.1 Introduction.....	12
3.2 Are the right groups receiving advocacy services?	12
3.3 Where are the gaps in current advocacy provision and why?.....	13
3.4 How would you go about filling these gaps?	15
3.5 Are there other ways of funding services?	16
3.6 Could more use be made of volunteers?.....	16
3.7 Generic or specialist advocacy services?.....	18
3.8 Advocacy services provided by local or national organisations?	19
3.9 Is the use of collective advocacy appropriate in any situation?	20
3.10 Formalised partnership working between advocacy organisations	20
4. Feedback on the Event	22
4.1 Introduction.....	22
4.2 Additional comments on the Plan.....	22
4.3 Views on the event	23

List of Annexes

Annex One - Attendee list

Annex Two - Programme

Annex Three - Event presentations

1. Introduction

1.1 About the event

This report summarises the outputs from a joint service user consultation event hosted by North Lanarkshire Advocacy Partnership (NLAP) and South Lanarkshire Advocacy Network (SLAN) to gather views on the new Advocacy Plan for Lanarkshire.

The event involved 96 participants from across the Lanarkshire local authority areas and was facilitated by ODS Consulting. The aim of the event was to gather feedback from service users with first-hand experience of advocacy services in Lanarkshire. The event was highly participative and the focus on discussing real-life experiences highlighted the importance of advocacy services to those that need them. A full list of those attending is given as Annex One.

The event took place on 17 May 2011. Following a welcome and introduction to the day from ODS, the participants heard four short presentations from service users, talking about their own experiences of using advocacy support. Following this, there were presentations from NHS Lanarkshire and North and South Lanarkshire Councils respectively. The presentations set the scene for the day, discussed advocacy provision in Lanarkshire and introduced the key principles behind successful planning.

The rest of the event involved two workshop sessions focusing on the following themes:

- why advocacy is important and who it should be available to; and
- identifying and prioritising gaps in current provision and discussing how we could fill these gaps.

The programme for the day and stakeholder presentations are included as Annex Two and Annex Three respectively.

1.2 Service user experiences

The event began with presentations from four service users – all with personal experiences of advocacy. The presentations began with James McKillop (MBE) who is the Vice Chair of Equals Advocacy Partnership. In his presentation he spoke of his previous misconceptions about advocacy and how he felt that he did not need someone else to speak for him. James explained how his views have changed since being diagnosed with dementia and receiving help from an advocate. James is the founder member of the Scottish Dementia Working Group which is a collective advocacy group for people with dementia. This group is consulted nationally and internally and has been instrumental in improving the rights of people with dementia and raising awareness of the illness.

Alison Moir then spoke of her involvement with PALS (Project for Advocacy in Lanarkshire South) and Lanarkshire Aces where she has become a peer educator after her own experiences of advocacy. Her own advocacy worker has helped her to speak up when dealing with professionals such as social work. Alison said that she has become friends with her advocacy worker who has helped to give her confidence to pursue her interests in acting.

Julia Mark then gave a moving presentation about her experience. Julia is 15 years old and met her advocate Alyson from Your Voice while she was in hospital. Julia told the audience about her difficulties with eating and with depression and how this resulted in her being detained under the mental health act. Her advocate helped her to challenge this decision and Julia was able to return to her studies for her standard grade exams.

Finally, we heard from Kathy Forman. Kathy was referred to The Advocacy Project while she was in hospital suffering from depression after the breakup of her marriage. The Advocacy Project helped Kathy to regain her confidence and to use her interests in poetry and song writing to contribute to an album, produced by Lanarkshire Links – which the audience were then able to listen to after her presentation.

All the service user's giving presentations were praised for their efforts and thanked for being so frank and honest about their experiences. The presentations were useful at raising awareness as to why advocacy is important and highlighting that it can help different people in different ways. The four presenters became the 'face of advocacy' for the day – helping to give a focus to the topic during discussions and remind people why advocacy services are important.

The service user presentations were very well received. Feedback from the event indicated that the audience found these presentations uplifting and inspirational.

1.3 Background to the new Advocacy Plan

Shona Welton, Head of Patient Affairs, NHS Lanarkshire then explained some of the background to the Advocacy Plan. The previous Advocacy Plan had been developed by NHS Lanarkshire in partnership with the two local authorities in consultation with local advocacy networks. The Plan covered the period 2004 to 2007 and now needs to be updated. A new Advocacy Plan is required in light of legislative changes. Shona said that there is scope for greater partnership working between health and the local authorities to fund advocacy services; and the new Plan is an opportunity to extend interagency working in Lanarkshire. In the current financial circumstances there is a need to reassess what the priorities are for advocacy services. It is important to think about how we can make the most of the resources that are available. This may mean doing things differently and should be about delivering better services.

Patricia Kearns, Senior Officer – Advocacy Development, North Lanarkshire Council, outlined advocacy provision in Lanarkshire and its development since 2004. Patricia outlined the different types of advocacy available (independent professional; volunteer / citizen advocacy; collective advocacy; peer advocacy). Patricia also outlined the reasons why advocacy is funded – not just because of legislation, but because as 'value based' organisations these partners believe advocacy works to give people a voice. Patricia outlined the advocacy services that are currently funded and the changing funding profile between 2004 and 2011. Overall spending on advocacy grew from just over £760k in 2004 to more than £1m in 2011. She

indicated that it was likely this funding could be maintained - but it was not likely to increase, meaning an increased focus on partnership working.

Finally, Michele Dowling, Planning and Performance Manager, South Lanarkshire Council, spoke about best practice in the development of strategic plans. She argued that in a period of financial constraint, good plans are more important now than ever before. A good plan should systematically set out where we are now, where we want to be, and how we intend to get there. Michele said that it is important to keep the plan realistic and manageable, prioritise appropriately according to need and resources, look at opportunities for collaborative working, and consider how outcomes might be improved by doing things differently. Michele noted the importance of effective monitoring and evaluation and provided a 'checklist' for developing an effective plan.

2. The importance of advocacy – Workshop One

2.1 Introduction

At the first workshop session, ten separate groups considered the question “Why is advocacy important and who should it be available to?” The groups considered the different types of advocacy as well as the difference that advocacy can make – with participants drawing on their own experiences. This section summarises the outputs from the discussions.

2.2 Why is it important?

The groups discussed why they felt advocacy was important. Comments focused on the support and protection advocacy as well as personal aspects such as increasing confidence and independence. The following comments were recorded:

- It protects your rights (advocacy ensures people’s rights are upheld).
- It gives you confidence.
- Provides support in dealing with issues.
- You can share experiences with your peers.
- It encourages independence. Advocacy is important as it helps provide information to enable informed choices to be made by the individuals themselves.
- Advocacy helps you to speak up – it helps promote people’ views.
- People are more likely to engage with advocacy services than other services. Attitudes can hinder people taking up other services - advocacy sees the person... not the illness.
- The work advocacy does help take the pressure off individuals.
- Advocacy offers a different approach.
- Advocacy providers understand complex issues and circumstance.

Other comments related to key principles in advocacy provision:

- Advocacy should be proactive – i.e. not about reacting to crisis but preventing it.

- Advocacy should be widely accessible – “anything can happen to anyone and advocacy should be available in this eventuality”.
- Advocacy should be a human right and be included in legislation.
- It is important that people are signposted to advocacy when they need it. Other agencies are as responsible for promoting advocacy as providers themselves - and it is important that they make appropriate referrals.
- Advocacy needs mutual trust and respect to work

2.3 Experiences and impressions of using advocacy

Participants were asked what types of advocacy they have used or might be likely to use. Different models of advocacy were discussed amongst the groups, but the most common were as follows:

- One to one advocacy;
- Collective advocacy; and
- Peer advocacy.

Participants discussed the circumstances in which they have accessed advocacy. These included:

- “Advocacy has helped me speak to police and speak up for people’s rights”
- Some participants were members of a collective advocacy group
- Accessing advocacy support through a child protection process
- Using advocacy when experiencing difficulties with mental health
- Support to access more specialised help with legal matters and benefits
- Support accessing housing, including sheltered housing
- Help with an outstanding telephone bill
- Advocacy helped some individuals understand the process of Adults with Incapacity legislation and the guardianship process.
- Some participants were voluntary sector agencies who had made referrals after clients had moved on from their service

Other situations where people have accessed advocacy have included: in hospital, at meetings and reviews (and preparing for meetings), using technology, at school and further education, when trying to access employment.

2.4 The difference advocacy has made to individuals

Service users discussed the difference that advocacy has made to them and to others. Issues raised included:

- Advocacy helps promote individuals own views and choices.
- Advocacy has been more accessible for people than other services. “You can lift the phone to advocacy for some advice”. Many people feel they can engage with advocacy more effectively than other services.
- Advocacy has provided an essential relationship for people. Some service users had been affected by legislation (such as the Mental Health Act, Adults With Incapacity Act and the Adult Support and Protection Act). The service users felt that knowledge of these complex legal processes was essential for an advocate whether a volunteer, professional or otherwise. It is important that all advocates have adequate training and knowledge of the issues.
- Some participants felt that collective advocacy has been particularly effective when dealing with issues that require ‘people power’ such as funding cuts.
- Some individuals said that advocacy had changed their lives. For one person who had felt there was no hope in relation to an issue, advocacy helped them speak up for themselves and become involved in the decision making process. Another person said that they had been feeling suicidal until an advocacy provider visited them and gave them the necessary support.
- Advocacy has helped some of the participants through benefits and negotiated bills.
- Some said that advocacy helps remove stress and anxiety by supporting you through issues (such as money worries).
- As well as help with particular issues, some participants said that advocacy provides them with a level of security. “Advocacy protects you and your family’s rights”. “Advocacy is my safety net”. “Advocacy keeps people safe”.
- Other comments from service users included: “Advocacy helps me make informed choices” and “Advocacy has helped me become independent”.

2.5 Who should it be available to and who could benefit?

The groups then discussed who should be able to access advocacy services, and which groups of people would most need or benefit from advocacy.

The groups tended to agree that “everyone” should be able to access advocacy services if they required them.

Participants identified key groups that they feel should particularly benefit from advocacy. It is worth noting that many of these groups already have a legal right of access to advocacy. The groups included:

- People affected by mental health
- People subject to adult support and protection
- People subject to Adults with Incapacity legislation
- Carers (including young carers). Carer advocacy is important as sometimes carers are not confident in expressing how they feel in their role as a carer.
- Young people and children. Children should receive advocacy as in some cases children are unable to express their own views to people making decisions about them. Advocacy should help in the transition from child to adult services and this service could be an overlap ensuring continuity.
- People with addictions
- People in crisis should receive advocacy
- The deaf community as there currently no provision here. Young deaf people are vulnerable and need help in having their voices heard as they come through.
- Both professional and voluntary advocacy should be available for people with learning disabilities
- Older people need advocacy as there are no services until crisis occurs and they are assessed in hospital. Older people in nursing homes and care homes should have access to advocacy. Older people who use alcohol may need advocacy to help with the problems that have made them turn to alcohol for a solution. Isolated older people who are not aware of what services are available to them should have advocacy to help access these services.
- People who are going through child protection procedures need advocacy even if they do not have a disability or do not fit the current criteria.

- Advocacy should support people requiring help with benefits. It was argued that advocacy should be available to support people at benefit tribunals as currently the advocate is not allowed to speak on the individual's behalf. The main responsibility for helping people with benefits lies with welfare rights workers.
- Other groups that were highlighted include offenders, people going through the justice system and the black and ethnic minority community, refugees and asylum seekers, foster carers, homeless people and people living with long term conditions (including cancer and dementia).

A number of other issues were raised in relation to who benefits from effective advocacy provision:

- Advocacy would be of benefit in relation to home care services, doctors and hospitals, social work and job centre.
- Staff from various professional roles such as social workers, job centre staff and hospital staff should be trained in the principles of advocacy. It was also argued that there should be more training in BSL for these professional groups.
- Advocacy is great if the correct provision and communication is there.
- Advocacy should be the same across both North and South Lanarkshire.
- Advocacy is considered to be most effective for people who need others to speak up for them (and for people who have received poor advice from agencies or support workers).

2.6 Additional points raised

A range of other issues were raised by the service users that should be considered in the development of advocacy provision:

- Advocacy should be: Independent; Objective; Person centred; Used to build confidence; Safeguarding
- Advocacy should be like a GP- everyone who wants advocacy should be able to get it, whether it's 1 to 1, peer collective or otherwise.
- Not everyone who needs services knows what is available

- All models of advocacy are required as they all have benefits in different situations.
- Advocacy should be promoted to ensure people get their help earlier (i.e. 'early intervention') not just at crisis point.
- Service users felt that more information is needed to ensure professionals know when and when not to direct people towards advocacy. This might be about providing information to people to help make their own decision about accessing independent advocacy.
- GPs should also consider referrals to advocacy as they do for other issues such as health, addictions, childcare and finances.
- The referral process should be flexible to ensure the person has continuity.
- It would be a good idea to combine advocacy groups and have them work in partnership so that they are communicating in relation to the bigger national issues. Agencies working together can help individuals get the help and support they need.
- Advocacy needs more workers.
- There is an access issue with advocacy it depends on where you live what advocacy services you can get access to.
- Advocacy can help identify support mechanisms for people who have various problems. But it is important to remember that advocacy won't always get results.
- Collective advocacy helps individuals feel that they are not alone in the issues they are facing.
- Volunteer advocacy would be great but volunteers require support, this support should come from a paid skilled advocate who can contribute time, skills and ongoing training as well as manage their own workload.

A number of other points were raised specifically in relation to advocacy for the deaf community. These included:

- It is important that the service is truly confidential. If an interpreter has to be used this could breach confidentiality so it would be better if the advocate could communicate in sign language.

- A training and transition service should be available. BSL should be part of and education curriculum and advocates should receive a minimum of level 3 training in BS.
- Everyone signs differently and not everyone has good English skills to communicate in different ways.
- It is important to consider how high up officials would feel being spoken to like babies like people with level one.
- There is a lack of deaf awareness and it is a concern that the deaf community has not been targeted at least with some information.

3. Filling the Gaps – Workshop Two

3.1 Introduction

At the second workshop, the groups considered several questions around the central topic of ‘Gaps in Provision’. The questions discussed were:

- Do the right groups receive advocacy services at the present time?
- Where are the gaps in current advocacy provision and why?
- Can you think of way we can fill some of these gaps?
- Are there other ways of funding services, other than from statutory bodies, for instance through independent funding sources?
- Could more use be made of volunteers?
- What are the advantages/ disadvantages of generic vs. specialist advocacy services?
- What are the advantages/ disadvantages of local vs. national organisations?
- Is the use of collective advocacy appropriate in any situation?
- Is there any value in considering formalised partnership working between advocacy organisations?

3.2 Are the right groups receiving advocacy services?

There was a feeling among the groups that advocacy services currently offer support to the right groups of people - but that there are still gaps in provision. There was agreement that advocacy services “should be available to everyone” or “for anyone who needs it”.

There was also the perception that there can be confusion as to whether a service is aimed at a specific target group, or whether anyone can access it. And, that although it can be important to have specific services for certain groups – it is important not to try to slot an individual into a service – but to focus on the individual and their needs.

One group felt that ‘generic’ advocacy has a role to play. They agreed that generic advocacy could be provided in the same way people access their GP service – there

would be one point of contact but then signposted on to specialised services as required.

Only one group of service users made a comment about the difference in provision between North and South Lanarkshire Councils; it was felt that certain types of advocacy support were available in one council area, but not in another.

3.3 Where are the gaps in current advocacy provision and why?

The participants were asked to consider whether there were any particular gaps in advocacy service provision in Lanarkshire. There were a number of general comments in relation to provision in Lanarkshire:

- There is a need to better publicise current services.
- More partnership working is required among current service providers and those who refer to these services.
- The “pot” of funding needs to be used more effectively.

When discussing where the gaps in service provision lay – the general consensus was that specific client groups were not receiving advocacy services. Specific client groups included:

- The deaf community and other sensory impairments. The deaf community were represented at the event and highlighted their perception that they were a specific service gap. They indicated that often deaf people can feel disadvantaged and discriminated because they can't hear and that they have no independence because a “third party is always required”.
- Unemployed people
- Single parents
- Homeless people
- Carers (including parent carers) –older people who are carers and young carers were specifically mentioned.
- Foster parents
- People with addictions.
- Children and young people with mental health problems.
- Children in the child protection system.

- People affected by long term conditions and physical disability (not related to age). As well as those suffering from strokes or other health problems.
- Minority ethnic groups – although there are significant numbers in Lanarkshire these groups do not seem to be accessing advocacy services. There are barriers for non English speakers in accessing advocacy services.
- Those involved in the justice system – It was felt that prisoners in particular can be very vulnerable and need help in speaking up for themselves. It was acknowledged that although some prisoners are very much aware of their rights – others are not and should receive adequate support.
- Older people – it was felt by some that there should be a dedicated advocacy service for older people, and although it was acknowledged there is a pilot project currently running – it’s scope is limited. “Older people’ should include the ‘frail’ elderly and those in their 50s who may have health problems – particularly dementia and those who are living in sheltered housing accommodation who it was thought fell through the service provision for ‘care homes’ and those living independently.
- Advocacy for older young people – there are challenges when young people move out of the specific age range a project focuses on; particularly mentioned were those in transition from child to adult services.
- Young people generally – not just those with disabilities. Specifically mentioned were those who have been in the foster care system or who were carers themselves.

Only one group of service users raised the issue that geography made a difference to service provision. For example, it was felt by this table that some people were only able to access services in their immediate local area and if services were located elsewhere; they struggled to use them. This could be due to transport limitations or time constraints to travel to access an advocacy service, or that certain local authority areas only offer certain types of support. It was felt that the current system was “unfair” if people were unable to access support locally.

3.4 How would you go about filling these gaps?

The participants, having identified the gaps in provision, were then asked to consider how they would go about filling these gaps. The following summarises their comments:

- The deaf community gave several specific ways in which they could be incorporated into advocacy services. Awareness raising was an important requirement among the deaf community. This would involve providing training to a high level to **BSL interpreters** and not expecting the deaf community to accept lower quality signers. It will be necessary to train advocates and other services in BSL and to link services with interpreting agencies so that information is always available. These participants also indicated the need to highlight 'deaf issues' to statutory services such as NHS, Police, etc as they currently have little understanding of cultural differences among the deaf community.
- **Volunteers** – The use of volunteers was mentioned by some of the participants. It was felt that more use could and should be made of this resource. This will be discussed in more detail in section 3.5.
- **Better communication** – The participants noted that there was a fundamental issue in making people aware of existing services to try and combat the gaps in service provision. It was felt that people do not know what is out there. It was felt that services should promote themselves more effectively and this could be done through information events, or promoting better communication between existing services who share ideas and marketing. One suggestion was to set up an 'Advocacy Helpline' where people could easily access information and be signposted to a relevant support service.
- **Partnership working** – linked to the previous point about better communication, was the idea that service providers should work better together and share information more effectively. It was felt that there should be more signposting to agencies who may not provide independent advocacy

themselves, but may be able to support people to have a voice, or at least provide some sort of support.

- **Different types of advocacy-** Other suggestions as to how to fill the gaps included using different types of advocacy, such as peer advocacy, collective advocacy or other free services. .

3.5 Are there other ways of funding services?

Service users were tasked with discussing alternative sources of funding for advocacy services in the future, so as to move away from statutory support. Suggestions included **the National Lottery** as a potential source of funding, as were other trust and grant applications. In addition, **fund raising activities** were suggested as a good way to make money. It was recognised that this is also employed by large organisations as a way to fund services, such as athletic activities, race nights or beauty evenings as well as donations. Service users also suggested generating funding through social enterprise activities or to ask the emergency services for donations. Using **existing funding more effectively** by sharing resources and linking different service providers together would also generate monies as would developing approaches such as delivering advocacy and making better use of volunteers and unemployed people by training them to be advocates.

One of the breakout groups had a further ‘mini’ discussion about who else could pay for advocacy. Their suggestions included the Police, schools and charitable organisations. In addition, this group then discussed whether they, as service users, should pay for advocacy. It was felt to be a good thing for service users to be in control of how they pay or buy support from advocacy services and that “in control” payments could be a way forward. It was thought that those on high rates of benefits could pay for advocacy services.

3.6 Could more use be made of volunteers?

The use of volunteers was mentioned spontaneously as a means of filling some of the service provision gaps. This was discussed in more detail in the groups. The views of the participants are summarised here.

- **The deaf community** - felt that any support person working with the deaf community had to be fully trained in British Sign Language (BSL) and to a high level. There was a suggestion that some advocates were not trained to a high enough standard in BSL. The deaf participants indicated that everyone 'signs' differently and not all have good skills in English so it is important to be able to communicate in different ways. It was felt that deaf volunteers could be used to provide the deaf community with information about advocacy.
- **Valued** – the participants indicated that volunteers can bring valuable experience of advocacy services which can assist in forming relationships with clients, while also gaining experience through their volunteering. It was indicated that there were several places that volunteers could be put to use, such as organising fund raising events, working on administrative tasks to allow trained advocates maximum time with clients. Volunteers could also be useful in promoting the service as discussed previously. This could be through visits to groups to advertise their experiences and how advocacy could help.
- **Not appropriate in complex cases** – there were concerns however that the use of volunteers is not always appropriate; particularly in complex cases as some people need specialist support.
- **Level of commitment** - There was also discussion about the level of commitment of volunteers. Service users said they would be happy to have a volunteer advocate as long as they were committed and knowledgeable.
- **The need for training and support** – While there was a general consensus that volunteers were a useful addition to any service; it needs to be borne in mind that volunteers will require support themselves and training and this all comes at cost. As identified by the stakeholders at the previous event – volunteers are not a cost 'saving'.

3.7 Generic or specialist advocacy services?

The groups considered the advantages and disadvantages of generic and specialist advocacy services. Across the workshops there was general consensus that specialist services are preferable to generic although this was not universally the case. The following issues were raised in relation to generic service provision:

- Positive aspects of a generic service would be that it would be cheaper to operate and would potentially reach more people. It was also felt that there could be a stigma attached to specialist services and that a generic one would overcome these issues.

However, there were concerns over generic advocacy.

- Service users felt they would want advocates to have knowledge and training of their client group but felt that if a generic service could provide specialist resources within it, this could work.
- One idea brought to the table was that of a generic service which could act as a gate keeper for specialised services, this would mean there would be one point of contact but referrals would be passed to the relevant specialist and those who did not qualify for a service would be sign-posted to another agency.
- One group member felt it was important that the advocacy service should make the call to other agencies because sometimes people can get passed from pillar to post and given another number with each call.
- There were concerns that some groups may be marginalised within a generic service and it could be a case of “whoever shouts the loudest” would get the most support. It was also a concern that generic advocacy would be too difficult to manage with lots of people and lots of issues and is not really sustainable in the long term because of the extensive knowledge base that it required.

- Specialised services were only favoured by one group of participants. The advantage of expertise was felt to be a valuable resource. There was a suggestion that a merger of current specialist services would fill the knowledge gap and create a generic service in that way.

Overall, service users felt that regardless of the type of service, no one should be disadvantaged and the service should be flexible enough to be accessible – not just a 9am-5pm service. Overall, service users indicated that the advocacy plan should focus on the individual and not try to slot them into a particular service.

3.8 Advocacy services provided by local or national organisations?

The service users discussed the relative advantages and disadvantages of local and national advocacy organisations. Views tended to lean towards more localised provision – although the relative advantages of a national organisation were recognised. Comments included:

- **Local knowledge** - this was viewed as invaluable to understand local issues and services, although it was acknowledged by service users that the local knowledge could be fed into a national service.
- **Trust and rapport** – at a local level it was thought that advocacy allows more trust and rapport to be built between people and enables individuals to speak up for themselves easier than at a national level.
- **Funding** – while it was felt that local providers with local knowledge are essential; it was acknowledged that they would not receive as much funding as a national organisation would – putting a potential strain on sustainability.
- **Campaigning** – as was indicated above, the service users felt that there needed to be better promotion of advocacy. It was suggested this would carry more weight if conducted by a national service who could deal with legislation and related policies. In addition, a national advertising campaign would help promote and highlight the need for advocacy. The Scottish Independent

Advocacy Alliance (SIAA) is currently funded by the Scottish Government to promote advocacy nationally and respond to relevant legislation and policy.

- **Commonality** – it was suggested that both local and national advocacy groups would be interested in the same issues and so more partnership working should be undertaken, allowing local groups to feed into national groups.

3.9 Is the use of collective advocacy appropriate in any situation?

There was general consensus that collective advocacy can be powerful in giving people a louder and stronger voice and give an issue more recognition. It is particularly useful when a group of people have a shared and common issue that can be raised as a group, but that it should not be used in place of individual advocacy. It was suggested by one service user that it would be a good idea to combine collective advocacy groups and have them work in partnership so that they are communicating in relation to the bigger, national issues. For example, in one group, two service users were involved in a collective advocacy group. They gave the example of a petition against Disability Living Allowance (DLA) changes that they are taking to Westminster. Collective advocacy in this case was felt to be a powerful tool in challenging government.

3.10 Formalised partnership working between advocacy organisations

The stakeholders discussed whether there is any value in considering formalised partnership working between advocacy organisations. Generally service users felt that there should be more collaboration on service provision as it would allow best practice to be shared, and for services to work together for mutual goals. It was felt that in Lanarkshire, advocacy currently works well in both North and South because of these shared goals.

Other positive comments included:

- This would help avoid confusion between services and who is allowed to access which.
- Working together can increase knowledge and people can tap into this when needed.
- Partnership allows best practise to be shared.

One service user felt that shared working was “already happening” in that this service user event was a good example of people coming together to share learning. There was the caveat however, that any shared working would need to have better communication and the deaf community specifically indicated their desire to be included in any joint working.

4. Feedback on the Event

4.1 Introduction

This section considers participants' views on the event. The participants were asked to complete short feedback forms at the end of the day. The forms asked for views on the format of the day and for any additional comments. Overall, the participants were positive about the event and found it highly enjoyable and participative, with comments indicating that participants enjoyed the opportunity to meet and talk about advocacy with others. Participants were particularly positive about hearing personal stories from service users. These stories highlighted the importance of advocacy and some described them as "inspirational".

This section is based on the fifty-one feedback forms we received following the event.

4.2 Additional comments on the Plan

The participants were asked if they had any views on the development of the Advocacy Plan that they had been unable to express over the course of the day.

The following substantive comments were made:

- There is no specialist advocacy provision for parents (particularly those with learning disabilities) whose children are in care or under child protection.
- We need more advocacy for children and young people with disabilities.
- More for people with mental health problems.
- Give advocacy opportunities to carers

Other comments in response to this question included:

- I suspect deaf issues will be brushed aside.
- We covered more or less every aspect of the project
- I hope that the needs are met of anyone who has to seek the help of advocacy
- Everyone at the table had the opportunity to express their views

4.3 Views on the event

Participants were asked to rate different elements relating to the event on a scale of 1 to 10 (1 being unsatisfactory and 10 being totally satisfactory). Table 5.1 shows the average rating for each element, the percentage of participants voting 8 or above, and the percentage voting 5 or less.

Element	Average rating	%age voting 8+	%age voting 5 or less
The information you received before the event	7.42	58.4%	25.1%
The location of the event	9.18	84.0%	0%
The timing and duration of the event	9.12	90.2%	4.0%
The facilities provided today	9.27	92.2%	2.0%
The quality and content of the presentations	9.20	92.1%	4.0%
The breakout sessions	8.88	86.3%	6.0%

Table 4.3 – Views on venue and organisation of event

The table shows that the highest scoring elements of the day were the facilities (92%) and the quality and content of the presentations (92%) emphasising the positive impact that the service user presentations had on the audience.

The table shows that the lowest scoring element of the day was the information provided before the event. This is similar to the scoring following the stakeholder event in April, where service providers also rated the information prior to the event as the lowest scoring element.

The other elements scored highly but there were some reservations about the breakout sessions (scoring 86%) with one comment suggesting that these workshops could have been made more interactive and fun.

The participants were asked what they enjoyed most about the event. Fifty one people responded to this question. The most common response to this was the presentations given by the four service users. Sixteen people (31%) stated this was the most enjoyable part of the day. Comments included:

- The talks from service users at the beginning were excellent.
- I enjoyed the people speaking of their experiences.

- The personal accounts from people who have used advocacy services. It was really uplifting.

Another popular element of the day included the opportunity to meet other people who worked or had experience of advocacy including networking and learning about new organisations or opportunities (14 – 27%). Some comments from service users included:

- Meeting new people and finding out more about advocacy.
- Networking - good discussions at table.
- Meeting service users and other representatives from Advocacy organisations.

Some stakeholders were positive that the day had helped build their understanding and awareness of the issues around advocacy and appreciated the opportunity to learn from other people involved in advocacy. Ten participants (20%) indicated this was an enjoyable part of the event.

- The amount of things I learned about advocacy even though I had already used the service.
- Learning what advocacy has to offer.
- Meeting new people and finding out more about advocacy.

The breakout sessions and group work were also praised (9 – 18%) with people indicating that they were a useful way to discuss different perspectives on advocacy.

- Breakout sessions; good to hear service users and members of management committee's issues and points of view.
- Participating in the group workshops.

There were other positive comments in relation to the presentations from NHS Lanarkshire and the local authorities as well as positive comments on the quality of the lunch provided.

The feedback form asked the participants which parts of the event they found least interesting. There were 13 substantive comments. Of these, seven people gave

negative comments about the presentations given by either NHS Lanarkshire or from the local authorities, and three were negative about the group work sessions. There were three comments about a lack of information or knowledge about advocacy to allow full participation in the group work and that perhaps some information should have been given out before the breakout sessions began – particularly on the current advocacy plan.

- I would have liked more information about advocacy plans prior to the breakout session.

However, sixteen participants (31%) indicated that they had enjoyed every element of the event and had no negative comments, including one respondent who indicated that “the subject was very well covered.” In addition, 21 participants (41%) left this response blank – also indicating their satisfaction with the day.

Finally, participants were asked if they had any additional comments. There were a range of positive comments about the event and some suggestions for improving future events. Comments included:

- Well presented and facilitated.
- Found it interesting. Things that I didn't know about were explained clearly.
- Thoroughly enjoyable event.
- I found it a very interactive conference that allowed everyone to have their say
- An enjoyable day and I learned a lot and met some lovely people.
- Well organised event. Feel more informed.
- I really enjoyed the event and found it informative and a good platform for self-expression.
- Overall it was well organised and hopefully it was a worthwhile session, with plenty of ideas and solutions to assist with the development of the advocacy plan.
- A useful exercise that will benefit the new plan.

There were also some practical suggestions such as using a larger font for text displayed on the overhead projector and ensuring participants microphones were working as the room was quite noisy towards the back.

There was one comment from a participant who felt there should be better advertising of advocacy services around Lanarkshire.

- We should advertise in Health Centres, GP Surgeries, Community Centres, and Hospitals and have talks to groups in all areas of North Lanarkshire.

And one final comment related to a participant at the event, who although not receiving advocacy support at the moment, felt that the event indicated there would be moves to include this particular group in the future.

- I felt that as part of a group that does not get advocacy support at the moment, that this is a little bit of lip service from the council and the NHS – but I hope that we do receive outcomes and positive moves for the future of advocacy in all areas.

Annex One

Attendee List

Name		Organisation
Richard	Adams	Clasp
Deanna	Arthur	Voice of Experience
Matt	Blackhurst	Equals Advocacy
Jack	Blades	Voice of Experience
Geraldine	Bruin	NLCA
John	Bruin	NLCA
Lorraine	Cairney	LARC
Jacqueline	Cameron	The Advocacy Project
Jackie	Campbell	People First
Pauline	Cavanagh	Equals Advocacy
Helen	Clark	Speak Out
Sandra	Comrie	Voice of Experience
Caitlin	Craig	
Ian	Craig	
Tommy	Dallas	People First
Derek	Docherty	The Advocacy Project
Tom	Douglas	
Lorraine	Elliot	NLDF
Christine	Faulds	Equals Advocacy
Kathy	Forman	The Advocacy Project
Robert	Frederick	Shelter
William	Gallacher	Equals Advocacy
William	Gallacher(support)	Equals Advocacy
Ian	Galloway	
Keith	Gardener	Coatbridge Deaf Club
Shelagh	Garey	NHS Lanarkshire
Natalie	Goldsmith	Your Voice
Liz	Guthrie	Equals Advocacy
Geraldine	Hand	Lanarkshire Ace
Michelle	Hay	The Advocacy Project
Marie	Hosie	Support Fostering Scotland
Kate	Howard	Lanarkshire Links
Marc	Howard	Equals Advocacy
Mary	Howard	NLCT
Annie	Johnstone OBE	Voice of Experience
Patricia	Kearns	North Lanarkshire Council
Mohammed	Khalid	Voice of Experience

Billy	Lyndsey	People First
Alyson	MacGregor	Your Voice
Julia	Mark	Your Voice
Caris	Marshall	Voice of Experience
Harry	Maxwell	Sacro
Derek	McCabe	LARC
George	McCallum	
Paul	McConnachie	Speak Out
Mary	McCulloch	Lanarkshire Links
Constance	McGibbon	Voice of Experience
Leanne	McGurl	The Advocacy Project
Cathy	McIntyre	Coatbridge Deaf Club
John	McIntyre	Coatbridge Deaf Club
Mary	McKenzie	Victim Support
James	McKillop MBE	Equals Advocacy
William	McLachlan	CHAT
Bobby	McLeary	
Scott	McLukie	Speak Out
Elizabeth	McLuskey	Deaf Connections
Michael	McMahon	
Andrew	McQuade	Speak Out
Jacqueline	McQueen	Carstairs Hospital
Lachlan	McTavish	
Irene	Miller	NLCT
Barbara	Miller	NLCT
Alison	Moir	PALS
Liam	Moran	People First
Ann	Morton	PAS Carstairs
Muriel	Mowat	SIAA
Ann	Muir	Speakeasy
Jean	Neilson	Equals Advocacy
Kristen	Neilson	Lanarkshire Links
Anne-Marie	Newman	Lanarkshire Links
Moira	Nicholson	The Advocacy Project
Les	Peck	Equals Advocacy
Pauline	Pollock	PRT
Jim	Quigley	People First
Margaret	Reid	The Advocacy Project
Yvonne	Ritchie	Volunteer
Jim	Rodgers	Equals Advocacy
Ann	Ronald	Clubnet
Catriona	Rowley	The Advocacy Project

Brian	Scott	People First
Stephen	Sheppard	Coatbridge Deaf Club
Andy	Simm	South Lanarkshire Council
Greg	Skeffington	Speak Out
Valerie	Sloan	Lanarkshire Links
Donna	Smart	Equals Advocacy
Sharon	Smith	Who Cares
Gary	Stonebanks	People First
Joanna	Swan	South Lanarkshire Self Directed Support Service
Ross	Thompson	Speak Out
Brenda	Vincent	Equals Advocacy
Ian	Walker	Shelter
Derek	Walker (support)	The Advocacy Project
Amanda	Watson	Who Cares
Wilma	Watson	Deaf Connections
Simon	Webster	Your Voice
Shona	Welton	NHS Lanarkshire
Lorraine	Wylie	Coatbridge Deaf Club

Annex Two

Programme

- 10.00 Registration and tea/coffee**
- 10.30 Welcome and introduction** - John Scott, ODS Consulting
- 10.35 Personal Stories of Advocacy**
- James McKillop MBE, Equals Advocacy
- Alison Moir, PALS
- Julia Mark, Your Voice
- Kathy Forman, The Advocacy Project
- 11.15 Comfort Break**
- 11.25 Setting the Scene**
Shona Welton, Head of Patient Affairs, NHS Lanarkshire
- Advocacy In Lanarkshire**
Patricia Kearns, Senior Officer, Advocacy, North Lanarkshire Council
- So, what's in a plan?**
Michelle Dowling, Senior Officer, Planning, South Lanarkshire Council
- 11.55 Workshop 1**
What's important to have included in the plan? What are the gaps in current provision?
- 12.45 Workshop 2**
Identifying solutions to the gaps in Advocacy in Lanarkshire.
- 1.30 Lunch**

Annex Three

Event Presentations



Lanarkshire Advocacy Plan Service User & Carer Consultative Event

Alona Hotel, Strathclyde Park

Tuesday 17 May 2011



Welcome

- Developing a new Advocacy Plan for Lanarkshire
- The structure of today's event
- The role of independent facilitation
- Housekeeping



Developing a New Advocacy Plan for Lanarkshire

Shona Welton
Head of Patient Affairs
NHS Lanarkshire



Why we are here today?

- Existing Advocacy Plan for Lanarkshire covered 2004 -2007
- Drawn up by NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council
- Involved local advocacy networks in developing it



Why are we here today?

- Advocacy Plan needs to be updated
- Legislation has changed
- Local authorities and health need to work in partnership to fund advocacy services
- Need to look again at what the priorities for advocacy are
- Need to think about how to make the most of what we have and whether we can do things differently



Why are we here today?

- Need to hear your views so that we can develop a new Advocacy Plan
- NLAP/SLAN held an event for advocacy service providers on 5 April 2011
- Feedback from both events will inform the new Advocacy Plan
- Further stakeholder event on 13 June 2011 to look at draft Advocacy Plan



What is currently funded and how
advocacy has developed since 2004?

Patricia Kearns, Senior Officer
Advocacy Development
North Lanarkshire Council



What is Advocacy?

“independent advocacy – a way to enable people to make informed choices about an to remain in control of their own care. Independent advocacy helps people have access to information they need, to understand options open to them and to make their views and wishes known. Independent advocacy is able to safeguard and protect the rights of people unable, for whatever reason, to speak up for themselves.”

Independent Advocacy A Guide for Commissioners,
Scottish Executive (2000)



Why is advocacy funded?

- Legislative imperative
- Policy
- Values



Models of Advocacy

- Independent professional
- Volunteer or Citizen Advocacy
- Collective Advocacy
- Peer Advocacy

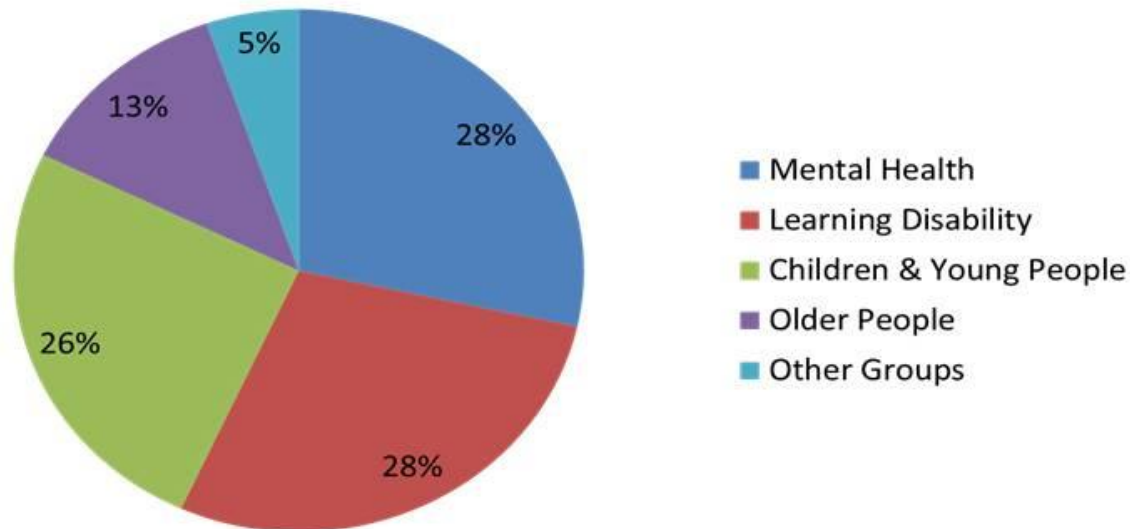


What's currently funded?

- People affected by mental ill health
- People affected by learning disability
- Older People
- Children and young people affected by disability or mental ill health
- People with complex housing needs
- Children and young people who are looked after and accommodated or on the Child Protection Register

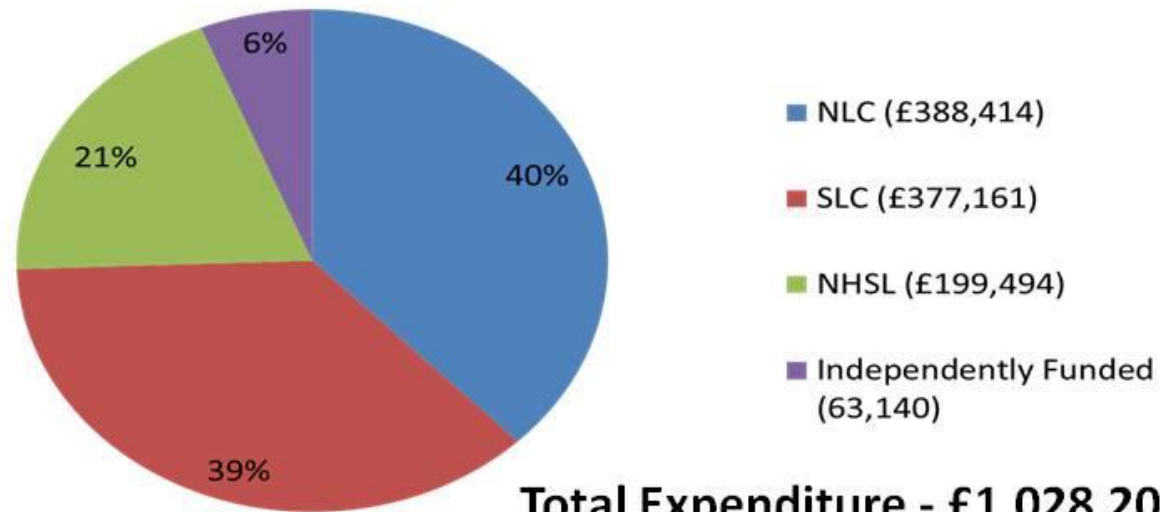


Funding by Client Group 2011 (Lanarkshire)



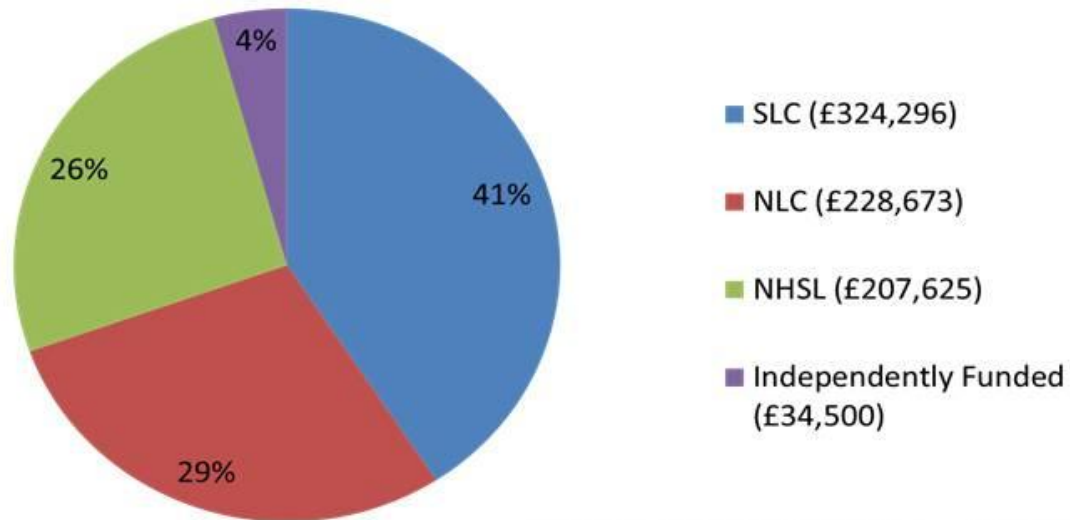


Advocacy Expenditure 2011 (Lanarkshire)





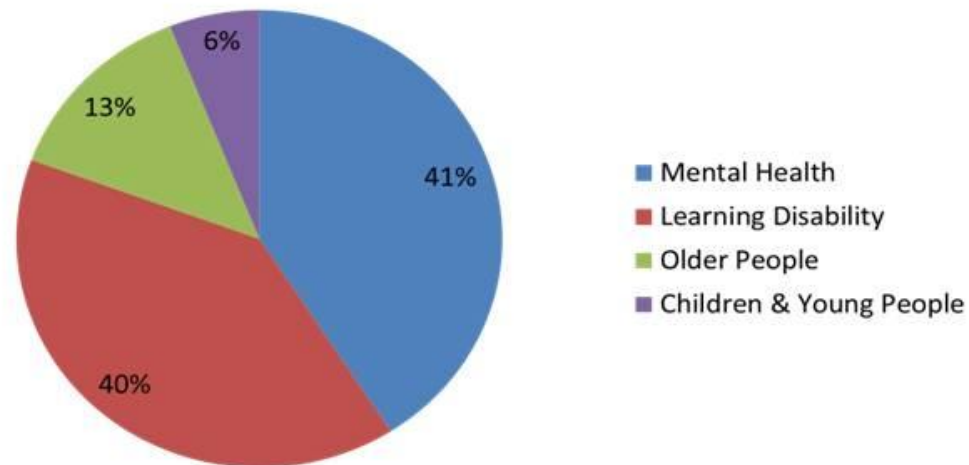
Advocacy Expenditure 2004 (Lanarkshire)



Total Expenditure - £760,594



Funding by Client Group 2004 (Lanarkshire)





Gaps in Advocacy Provision

- Various gaps have been identified in areas such as:
 - BME Communities
 - Offenders
 - People affected by addiction
 - Carers
 - People affected by a physical disability or long term conditions
 - Children and young people affected by disability

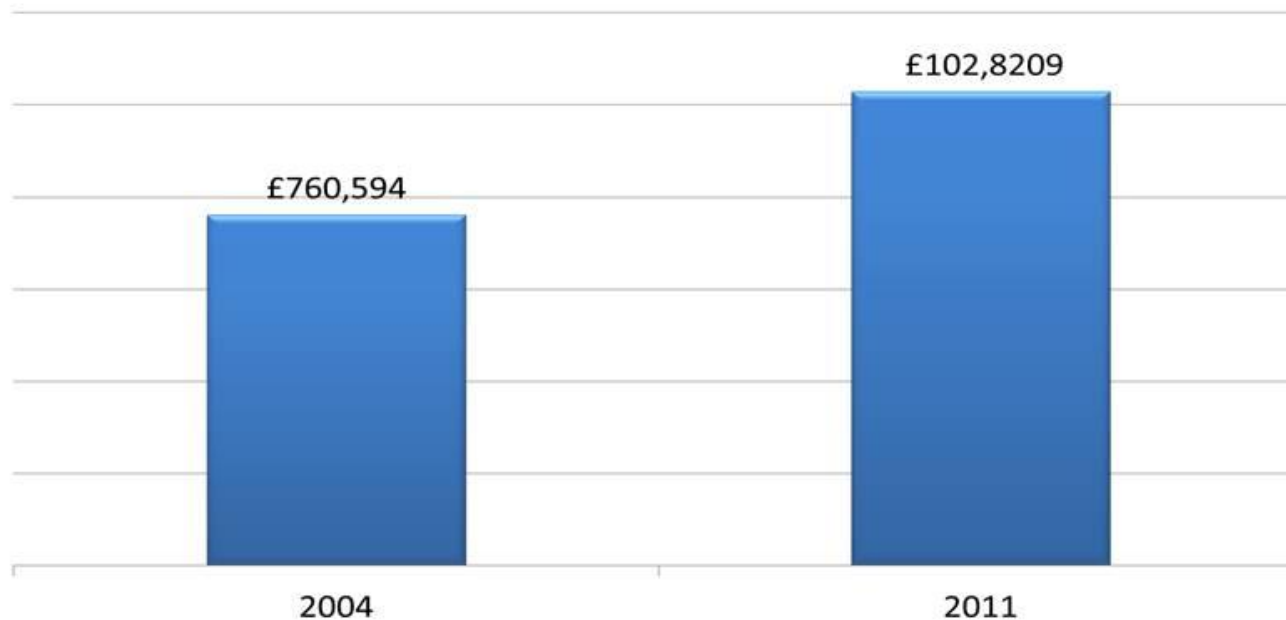


Working Better Together

- Partnership working...
- Networking...
- Promotion...



Increase in Spending (2004-2011)





So what's in a Plan?

Michele Dowling
Planning and Performance Manager
South Lanarkshire Council



Why make Plans?

Plan:

A detailed scheme, method, etc for attaining an objective (Collins English Dictionary)

- Also a way of organising our thoughts in a systematic way:
 - Where we are
 - Where we want to be
 - How we intend to get there



Process

- Know your starting point
- Know the people the service will be working with:
 - Age profile
 - Care needs
 - Type of advocacy they will require
 - Knowing what resources are available to us
- What things are outside our control?
 - National or local policies that we need to include
- What does the service offer now?
 - Mapping
 - Looking at user feedback
 - Staff feedback
 - Evaluating what works and is effective



Keeping it real

- Need to keep it real and manageable
 - Don't set things up to fail
- Prioritise
 - What do we need most?
 - Where are resources most required?
- Can we work with others to overcome barriers?
- Could we get better results by doing things differently?



Knowing how we are doing

- Plans must be accompanied by a way of measuring what we are doing
- Simply – How will you be able to show people (and yourself) that you are doing what you want to do?
- Numbers (quantitative): often seen as easy to get but may not tell us what we want to know
- Softer evidence (qualitative): about experience, quality. May be based on personal experience or opinion
- Who will we report to and how often?



Checklist

- What do we want to achieve?
- What is our starting point?
- What things outside our control do we need to think about?
- Who do we need to involve? (and how will we do this?)
- What things matter most?
- How will we know how we are doing?
- How long do we have to do this work?