NHS Lanarkshire in partnership with North and South Lanarkshire Councils

Lanarkshire Advocacy Plan 2011-2014

Stakeholder Consultation Event
5 April 2011

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

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1. Introduction

1.1 About the event

This report summarises the outputs from a joint consultation event hosted by NHS Lanarkshire in partnership with North and South Lanarkshire Councils to gather views on the new Advocacy Plan for Lanarkshire.

The event involved 54 stakeholders from across the Lanarkshire local authority areas and was facilitated by ODS Consulting. A full list of stakeholders attending is given as Annex One.

The event took place on 5 April 2011. Following a welcome and introduction to the day from ODS, the participants heard three short presentations from NHS Lanarkshire and North and South Lanarkshire Councils. 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 day involved three workshop sessions focusing on the following themes:

- The framework for the new plan;
- Identifying and prioritising gaps in current provision;
- Thinking ‘outside the box’ – finding solutions to gaps.

There was time for open discussion and questions at the end of the day. The programme for the day and speaker presentations are included as Annex Two and Annex Three respectively.

1.2 Background to the new Advocacy Plan

Shona Welton, Head of Patient Affairs, NHS Lanarkshire 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). She noted that there have been positive examples of collective advocacy in parts of Lanarkshire and argued that there has not been great use (and retention) of volunteer advocates in Lanarkshire. 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. In that period, funding from independent sources doubled. There was also a significant increase in the proportion of advocacy funding going towards supporting children and young people (rising from 26% to 40%).

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 Framework for the New Plan

2.1 Introduction

At the first workshop session, five separate groups considered the framework for the new Advocacy Plan. The groups considered the objectives for the Plan, what it should contain, the potential audience for the Plan, and how it can become an 'active', relevant Plan. This section summarises the outputs from the discussions.

2.2 What should the objectives of the new Plan be?

The following key objectives were proposed for the Plan:

- Vision and strategic direction – the Plan should ensure that services are developed strategically rather than in a piecemeal fashion. It should act as a 'shared road map'.
- Structure and coordination - The Plan needs to give structure and some reassurance about priorities in a difficult financial climate. The Plan should lead to a more coordinated approach to advocacy across Lanarkshire. It should recognise that there are different skills but 'it should help disparate organisations see where they fit'.
- Realistic – the Plan should be realistic and set out what can be achieved in the next 3 to 4 years.
- Clarity and definition – the Plan should give clarity on what advocacy is and the services available. It should recognise the different stages at which people come to advocacy. One group said that the Plan needs to consider the 'what' and 'who' before it considers the 'how'. It should be clear about who needs advocacy services and what the kind of issues are that people need help with before considering how services should be delivered.
- Recognises legislative requirements (as a minimum) – the Plan needs to meet current legislation. Participants argued that the Plan should recognise legislative requirements as a priority – but needs to go beyond those requirements and look to widen access to advocacy for the most vulnerable. The Plan should be clear about elements that are legal requirements and elements that are aspirational.

- Identifying and meeting needs – the Plan should identify needs and help ensure services match these needs. The Plan should ensure that there is support for vulnerable people – who most need a voice. The Plan should be based on evidence – an analysis of needs, existing service provision, and the wider context. In delivering the Plan there should be scope to indentify gaps in provision as we move forward.
- Considers wider options – the Plan should recognise all models of advocacy and delivery options that are available. The Plan should encourage people to ‘think the unthinkable’.
- Giving advocacy a ‘voice’ – the Plan should promote advocacy and raise awareness and understanding around the idea of advocacy.
- Reflect a range of views - the Plan should reflect a wide set of views – including the views of service users.
- Build on success – the Plan should draw on successes and experiences across Lanarkshire and build on good practice.

2.3 What should the new Plan contain?

The participants considered the elements that should be contained in the Plan. The following comments were made:

- The Plan should set out a vision for moving forward (and be a more strategic document than the previous Plan). There should be a shared vision (although the two LAs may have different priorities).
- Needs assessment - There should be a description of current provision, an assessment of local needs and issues – and an identification of any gaps. Some argued that an assessment should recognise Lanarkshire demographics and relevant local circumstances such as changes in mainstream service provision. The Plan should reflect changes that are happening – including an ageing population; personalisation agenda; welfare reform; and the Patients Rights Bill.
- The Plan should promote advocacy. It should recognise the role of advocacy and signposting to other types of support. The Plan should provide information on the role of the voluntary or third sector. Links to other types of support might be included as an appendix.

- The Plan should only include commitments that are likely to be deliverable. Commitments might be included as ‘we will’ statements. This will make the document more meaningful and help it remain active, as it will allow for effective monitoring.
- Outcomes expected – it is important that individual services and the Plan are all outcome focused.
- It should be easy to read and accessible. It should be clearly communicated and accessible to different client groups.
- The Plan should reflect the current legislation. There should be clarity on rights and entitlements for service users, so they know when and how to access advocacy services. There can be misinterpretation among service users and providers about when people are entitled to advocacy services. There also needs to have information on the different bills and duties that are relevant to advocacy – such as the Patients Rights Bill and the Incapacity Bill and make clear their links to advocacy.
- There should be clear priorities and needs from a funder point of view – where possible, these should be shared. But where they are different this should be clearly recognised. It should make clear who does what in both North and South Lanarkshire – and why there are differences in provision in the two areas.
- The new Plan should focus on how collaboration can work better. It should help to build partnerships and networks – who feel ‘ownership’ of the Plan. The Plan should help avoid duplication and help move agencies towards shared resources.
- The Plan should help agencies maximise the impact of the available resources. It should identify the different models of advocacy – and recognises the choices and options available. Where unmet needs have been identified the Plan should consider how we can ‘budget-up’ or look at an alternative delivery models (and the consequences for wider provision).
- One group felt that the Plan could (possibly) contain information on a joint commissioning practice. The Plan could include key principles on procurement practice which applied to all three statutory bodies.

- The Plan should recognise common themes – often around statutory services. It should consider whether the balance of existing services is right.
- It should recognise the importance of independence in the provision of advocacy services.

2.4 Who is the audience for the Plan?

Participants felt that the audience for the Plan will include the following groups:

- 'Everybody' who is interested in advocacy in Lanarkshire.
- Statutory agencies – funders; commissioners from North and South Lanarkshire Councils and NHS Lanarkshire; the Scottish Government and other public agencies.
- Advocacy service providers and potential future providers in Lanarkshire.
- The voluntary sector and providers of other support services.
- Planning managers in a range of different services (particularly in areas there should be more referrals from).

Stakeholders also felt that the Plan (and its commitments) should be effectively communicated to communities. There was some discussion about the Plan being 'screened' by service users prior to completion and (at least) a summary being available for public use in accessible formats such as 'easy read'. One group felt that communicating the Plan was as important as developed it.

2.5 How can it be an active Plan?

The participants considered how the new Advocacy Plan can be an active, working plan for people:

- The Plan should reflect clear senior commitment to advocacy – for example the three Chief Executives of the public agencies signing it and promoting it.
- It should include commitments for different partners. It needs to include actions which involve working with a wide range of other services – such as the police. The voluntary sector organisations should also feel ownership of the Plan.
- The Plan should be realistic and achievable.
- The Plan should include clear indicators and ongoing arrangements for monitoring and evaluation. This needs a clear commitment about when it will

be reviewed, and how. Perhaps there could be an annual review of performance, involving service users. This would maintain its profile – and allow for 'fine tuning' of the Plan.

- In terms of monitoring, some participants stressed the importance of 'soft indicators'. For instance, advocacy may not prevent an eviction but it could help improve the confidence and self esteem of a service user in dealing with public bodies.
- The Plan should be relevant and accessible. It should be informative and readable. It might include case studies and real life examples of advocacy. This includes good practice and other cases of 'lessons learned'. The Plan should be relevant across sectors.
- Many participants supported the idea of summary information relating to the Plan being made more widely available. This might be an 'easy read' option (as is provided with lots of new legislative documents) or widely distributed leaflets. The main Plan document should be publically available (online and elsewhere).
- Promotion of the new Advocacy Plan should be a joint responsibility across sectors. It was argued that there should be 'champions' – either MSPs or representatives from equality committees or parliamentary champions who can lobby the issues and raise awareness of advocacy.

3. Identifying and Prioritising Gaps in Current Provision

3.1 Introduction

At the second workshop, the groups considered whether there are gaps in the current provision of advocacy services in Lanarkshire – and what reasons there might be for any gaps. The participants also thought about the best ways of prioritising service provision in the future. This section summarises the main points from the discussions.

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

The participants received a handout detailing the current provision from advocacy services in Lanarkshire. Drawing on the information in the handout and their own knowledge, the stakeholders considered whether there are any gaps in provision.

There were a number of general comments in relation to provision in Lanarkshire:

- The profile of current advocacy services (as circulated in the handout) doesn’t recognise that there are many other services in Lanarkshire that are not funded to provide advocacy services and may not be independent but, in reality, do support their clients in this way as a bi-product of their services. The new Plan needs to recognise the role these organisations play and identify whether there are crossovers. Better mapping of existing services is required.
- Stakeholders identified the following services which were not covered in the handout:
    - Peer advocacy for people affected by alcohol in North Lanarkshire
    - Terence Higgins Trust Welfare Rights project
    - Princess Royal Trust for Carers
    - Barmardo’s
- Currently legal requirements are broadly determining the priorities in terms of key client groups receiving services. However, there are often particular gaps within these services. For instance, appropriate services being available to BME communities, LGBT people, etc. The Plan needs to recognise where there are particular or specialist needs among priority groups.

- Some participants felt that there was a lack of clarity as to who was actually included in the current priority groups. We need a better definition of who these priority groups actually encompass.

Specific gaps were identified in relation to **client groups**. These included:

- Carers (including parent carers) – especially older people who are carers.
- Foster placements.
- Foster and kinship carers.
- People with addictions.
- Families of people with addictions.
- Children and young people with mental health problems.
- Children in the child protection system.
- People subject to welfare guardianships.
- People affected by long term conditions and physical disability (not related to age).
- People affected by acquired brain damage.
- 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.
- Asylum seekers.
- Those involved in the justice system **-** In October, the NHS will take over responsibility for service provision in prisons. Since an estimated 80% of prisoners have mental health problems, it is important to have advocacy in place. It is not clear what funds transfer would take place between the Scottish Prisons Service and NHS to allow this service to be provided.
- Patient advocacy – where it exists it is often tokenistic, and is not promoted or recognised among health professionals – such as GPs.
- Advocacy for older young people – there are challenges when young people move out of the specific age range a project focuses on, and can no longer access support. They might have mild or significant needs.
- Young people generally – not just those with disabilities. But there is a need and demand for this. There may be some work in North Lanarkshire, but not the South at the moment.

Several issues were raised in relation to **geographical** differences in provision. Many stakeholders noted that there are currently differences in the services provided in North and South Lanarkshire. It is not clear whether this is as a result of an objective assessment of need – or because of practice and custom. There was a general view that the new Plan needs to address this.

The NHS noted that they had found it easier to use collective advocacy in South Lanarkshire than in North Lanarkshire. It was not clear why this was – although it appeared that there was a strong commitment to individual advocacy provision in North Lanarkshire. It was noted that there was collective advocacy in North Lanarkshire – but this was not independent as it was provided by organisations delivering other services.

Some consultees noted that there is a gap in advocacy for children and young people with learning disabilities or a mental disorder in South Lanarkshire – which is a legal requirement. And there may be a gap from June 2011 in advocacy for young people with a learning difficulty in South Lanarkshire – as a result of Lottery funding for PALS coming to an end.

There were a number of other comments in relation to ‘gaps’ or weaknesses in advocacy provision in Lanarkshire:

- There may be issues around the assessment process for advocacy - identifying who actually needs advocacy, what they need, and where to refer people to. This is about helping people through the ‘service maze’ and making best use of limited resources. We need to be clearer about separating the need for long-term advocacy from those needing support with a given issue. We need to make best use of limited resources and not just supporting the loudest voices.
- There are issues around the referral process. We need to become better at building relationships with those in need of advocacy (especially children and young people). In terms of agencies working with clients, there is a need to educate others about what advocacy is and build relationships. A positive relationship has developed with social work departments as they recognise

the benefits of advocacy – there is now a need for stronger relationships with other partners.

- There may be gaps in the type of advocacy provided. There is scope for more volunteer led or citizen advocacy – this is particularly useful where a person needs longer term support. There are opportunities to have more collective advocacy too – although it is important not to see these forms of advocacy as a replacement. Volunteers need support and training. The new Plan needs to weigh up the effectiveness of each approach – rather than thinking about alternative types of advocacy as being more cost effective.
- There may be gaps / issues in relation to helping people effectively disengage from (professional) advocacy and move away from dependence through things like peer and self-advocacy.

3.3 How would you go about prioritising provision in future?

The main issues raised in relation to setting priorities were:

- Meeting needs – the Plan has to be ‘needs led’ and recognise the current situation in terms of resources available.
- This might build on feedback from local service groups – the example was given of the co-production process being used by social work teams. There is a need to look at demographics but also to listen to communities and groups such as carers. A wide range of views need to be gathered and taken into account in determining priorities.
- Legal requirements – the highest priority would need to be given to advocacy covered by statutory requirements.
- Active promotion of advocacy – some argued that providers shouldn’t always be waiting for referrals. Instead we should be offering outreach or ‘surgery’ sessions to encourage take-up of advocacy among those with priority needs.
- Develop networks – developing the (existing) advocacy networks in Lanarkshire will assist in the process of determining priorities.
- Prioritise early intervention – one group argued that early intervention should be supported and prioritised. This might mean supporting people early in life (children and young people) or when issues or challenges first arise.

4. Thinking ‘Outside the Box’ – Finding Solutions to Gaps

4.1 Introduction

At the final workshop, the groups considered solutions to the issues that had been raised earlier in the day. The stakeholders discussed issues in relation to the future development of services including: funding; the use of volunteers; the advantages / disadvantages of generic or specialist services; the advantages / disadvantages of local or national organisations; the use of collective advocacy; and the value of formalised partnership working. The main points from the discussions are summarised below.

4.2 Sources of funding

The participants were asked if they thought there are other ways of funding services, other than from statutory bodies, for instance through independent funding sources. The stakeholders raised the following issues in relation to independent funding for advocacy:

- There are opportunities to use funding from charities and trusts. However, while the figure has grown in Lanarkshire it is still a small part of the overall expenditure. Independent funding does take time for organisations to apply for – and the resources are normally provided for a relatively short timescale.
- Charitable and lottery funding is available to support advocacy services so long as it is not a statutory service. While this is welcome, particularly in developing services to new client groups, there are a number of drawbacks:
    - Organisations often have to demonstrate a track record in a particular area which can be difficult for smaller organisations.
    - Funding is time limited and, having established a service, the real problem is keeping it going or being faced with having to close it down after three to five years.
- Charitable trusts are also being squeezed - and with legislation making certain aspects of advocacy a statutory responsibility it makes it more difficult to access independent funding. There may be scope to be more creative in accessing funding and looking at the types of advocacy that *can* be funded

independently – e.g. funding from Big Lottery for (non-statutory) community advocacy.

- Some larger voluntary organisations have been successful in securing considerable sums of money through sponsorship. This is a route others might explore. For smaller organisations advice and support is required to secure funding. Some support is available from the two local authorities and the new third sector interface but it was felt this is a bit ad hoc (although North Lanarkshire Council has an advocacy development officer).

Many stakeholders considered more collaborative approaches to securing funding:

- Given the current financial climate, there is no point in a number of different organisations chasing the same pots of money. Whilst organisations are operating in a competitive environment, does a more collaborative approach need to be taken when it comes to securing 'new' forms of funding?
- Joint working and joint bids were considered to be productive ways of applying for funding. There may be ways to avoid some duplication by working together better – allowing the available money to go a bit further.

Other comments on funding related to charging organisations for support services, the idea of individuals contributing to the costs of advocacy, and the potential for advocacy to be delivered by service user groups:

- It was suggested that co-production and personalisation might allow advocacy services to be 'purchased' by those who needed it (but it is important not to get in a muddle over charging those with a right of access to advocacy). Other consultees agreed that individuals could contribute to advocacy support - in the same way individuals have to pay for some of their care services. Some stakeholders questioned how practical and fair this approach would be.
- Advocacy providers could charge organisations or statutory bodies for specific services – such as training or facilitating groups. But this could be challenging. It would need buy-in from the Care Commission, if it was to be promoted among care providers.
- There are opportunities for advocacy to be provided by certain service users – for example a carers organisation and an organisation working with people

who misused alcohol and drugs both indicated that they were planning to provide advocacy services (not independent) for people who currently had no access to independent advocacy services and were not covered by legislation giving a right of access. Stakeholders welcomed this ‘broadening’ of provision.

4.3 Could more use be made of volunteers?

There was strong recognition of the valuable role that volunteers play in advocacy services – but there was caution about capacity issues and concerns that volunteering should not be viewed as an affordable alternative to statutory provision.

- Several stakeholders felt that using volunteers really adds value. It can benefit them, and is in keeping with the advocacy model – ‘it is the purest form of advocacy you can get’.
- But it is a challenge to recruit and retain volunteers. Using volunteers is not always appropriate. Sometimes people need intense support that requires specialist knowledge, and time to dedicate over a short period of time. It should never be considered as a cost saving. It is important to remember that volunteering requires intensive support; training and clarity about roles and responsibilities.
- A number of people felt that too much onus is being put on volunteers to provide services that should be funded by the statutory sector. There are issues of capacity and there is a danger that the quality of services will diminish.
- There were many advantages in providing opportunities to those who had received advocacy (for example young people) to become volunteers – to promote services; act as befrienders or peer advocates; and, for some, to become volunteer advocates and volunteer Directors. Providing an accredited qualification for this would be beneficial for the organisation and for the volunteer. If properly managed and built into the workplan of an organisation, this approach could bring added value to the advocacy sector.
- There was a strong sense that volunteers can contribute to community and peer advocacy and other (lower) levels of advocacy and support – and this should be tapped into. Community advocacy and voluntary support groups

are out there – it is about coming to an accommodation with and using all the resources that are out there currently.

- Another important part is volunteer Board members / Directors – this can bring talent and skills into the advocacy sector – e.g. business development, communications, advocacy itself, and the experience of service users.
- The current economy creates opportunities in terms of volunteering. More use could be made of links to educational institutions and setting up student and graduate placements.

4.4 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:

- Stakeholders felt that generic services dilute the quality of advocacy services.
- There was concern that having generic services might mean an erosion of choice; some client groups being neglected (because resources are being drawn elsewhere); and a loss of connection to particular client groups (as Boards would no longer be driven by a particular client group).
- It is not clear what the definition of ‘generic’ is – can’t be a service for ‘everyone’. The level of choice in a generic service provision is an issue.
- Specialisation gives a spread of service types – generic services could result in the most demanding individuals dominating services.

A number of strong arguments were made in favour of specialist advocacy services:

- There is a need for specialist skills and knowledge – often this is about a key client group, or particular challenges. There is a continuing need for specialist advocacy services in key areas, for example children and young people, carers and a number of other groups.
- There is still a stigma around advocacy – people prefer to go to specialist services who will understand their particular needs. We don’t want to marginalise the already marginalised by having them access generic services.

- Relationship building is important in advocacy services – this is more likely in specialist services because service users tend to come back time and again, or are involved long term.

Some groups considered how generic services might be used effectively in advocacy provision:

- Some consultees wondered whether generic services could widen access to advocacy services at a time when there is a danger of services being withdrawn or curtailed. There was some discussion about how generic access arrangements might work – through a clearing house, for example. Although some felt that this idea had merit, others felt that the danger of a system like this is that it tends to leave a relatively inexperienced member of staff (the receptionist, for example) deciding what advocacy support was needed.
- One group considered whether we can have specialised workers within a wider generic service. Or generic approaches to advocacy within categories such as children/ young people, adults, older people – this might mean fewer people 'slip through the net'.
- Some felt that generic services could have advantages – it would be clearer who to go to and it might allow services to manage resources more effectively.
- One suggestion was that there should be three tiers of advocacy services; generic information and advice, signposting and representation.

4.5 Advocacy services provided by local or national organisations?

The stakeholders discussed the relative advantages and disadvantages of local and national advocacy organisations. Views were mixed on this issue and there was no consensus among stakeholders on any 'right' model for provision. There was recognition that there are advantages to both local and national organisations and scope for better linkages between both levels of organisation.

- National organisations can bring advantages of awareness at a Scottish level – and of a broader range of in-house expertise.

- National organisations bring advantages in terms of greater resources and capacity to move them around the country. However, their on-costs can be higher if they don't have a local base.
- Local organisations can know their communities and local situation better – and can be more responsive. However, they may not have the same backup and resources as a national organisation.
- There may be more creative solutions for national and local organisations working in partnership together. Stakeholders felt that there was no one 'right' approach – but that local agencies needed to be linked in to a national network and national organisations needed to know and understand the local area.
- Some consultees argued that national organisations successfully deliver advocacy based on local needs. They may do this through extensive consultation. If frontline staff are well connected to the local community, does it matter if the organisation is local or national?
- There was some concern that local organisations can experience funding problems, there is more likelihood of duplication of services, and local service providers can find themselves competing over small pots of funding.
- One commissioning body suggested that, all things being equal, their preference would be for local organisations to provide services.

4.6 Is the use of collective advocacy appropriate in any situations?

There was general consensus that collective advocacy has strong potential and should be part of the landscape of advocacy provision. Stakeholders raised the following key points:

- Collective advocacy works particularly well as a way to engage volunteers. Key groups – such as young people – may particularly benefit from the approach.
- It may be easier to attract funding to collective advocacy compared with other models of provision.
- Collective advocacy can also be a good consultative tool for service providers to get feedback on provision or on duties and services. It is a good way of empowering people.

- Collective advocacy is not always appropriate. One to one support is better at relationship building with the service user and provider.
- Groups delivering collective advocacy can be difficult to manage and lead. There is potential for negative views from one or two people to influence the whole group.

4.7 Formalised partnership working between advocacy organisations

The stakeholders discussed whether there is any value in considering formalised partnership working between advocacy organisations. Generally stakeholders felt that there is scope for more collaboration on key areas such as training and that there is a role for commissioning bodies to support change.

- Stakeholders felt that it has to be acknowledged that organisations are often in competition for the same funds – and this could bring tensions and conflicts. Nonetheless, there could (and should) be improvements in information sharing; joint planning; and, generally, working together among organisations which had similar objectives.
- There is scope for more partnership working but this may require commissioning bodies to create the impetus for change. Unless they encourage formalised partnerships there will always be the tendency for organisations to see themselves as being in competition. Some early discussions have been taking place on this theme.
- This may be about commissioners giving some of the budget to look at shared prevention / promotion work across advocacy organisations – for example, through things like joint training.
- There are immediate opportunities to work together in terms of training, capacity building and operating more effectively. The two advocacy networks in North and South Lanarkshire are talking about coming together, and they have a big role to play.
- There could be strong partnership work on setting priorities (for example through the new Plan).
- Some stakeholders stressed that there are good working relationships in place and there is a platform for stronger partnership working. But there could be more safeguards in place around some of the conflicts and boundaries between local organisations.

- Other consultees felt that all the organisations are very much ‘bedded in’ – and it would be difficult for a new organisation to set up today. This means that it is essential to conduct an evaluation of existing providers to see how well they are meeting the agreed priorities. The future approach to advocacy should be an ‘evidence informed approach’.
- There was a view from some that advocacy should be small, local and specific – with services accountable to their own Boards which have strong representation from service users.
- Some participants stressed that advocacy is about changing peoples’ lives – not about ‘bums on seats’. Any future commissioning programme should remember this.

5. Feedback on the Event

5.1 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 on the Advocacy Plan. Forty-five people returned feedback forms.

5.2 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:

- If we have an Action Plan we need to identify key and lead parties responsible for this.
- There are difficult decisions to be made.
- I feel Looked After and Accommodated Children and Young People have to be taken into consideration - I feel this day has been predominantly driven by mental health and health needs.
- There are gaps around kinship care and foster carers.
- There are gaps in services for offenders.
- There should be more emphasis on involving smaller voluntary groups.

Other comments in response to this question included:

- I felt that my thoughts/input was incorporated in today's discussions.
- Could we have contact details for the North and South Lanarkshire advocacy networks?

5.3 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	7.73	53.3%	15.5%
The location of the event	8.56	77.8%	4.4%
The timing and duration of the event	8.67	86.7%	2.2%
The facilities provided today	8.96	86.7%	0%
The quality and content of the presentations	8.53	77.7%	0%
The breakout sessions	8.59	84.1%	0%

Table 5.1 – Views on venue and organisation of event

The table shows that the lowest scoring element of the day was the information provided before this event. This may be the consequence of trying to start with a ‘blank canvas’ but is something to consider for future events. The other elements scored highly but there were some reservations about the location of the event and the quality / content of the speaker presentations. A small number of participants gave low scores for the timing and duration of the event.

The participants were asked what they enjoyed most about the event. Forty-three people responded to this question. The most common response to this was the breakout sessions / workshop discussions (18 – 42%). Some comments from stakeholders included:

- Involvement in the discussion groups with the opportunity to listen to and share views with other stakeholders.
- Breakout sessions - very informative, useful and positive discussions, sharing of good ideas and practice.
- Stimulating discussions within workshops and opportunity to learn about the depth and scope of advocacy organisations within Lanarkshire.

Another typical comment related to networking and the opportunity to engage with other practitioners and stakeholders. Sixteen people (37%) gave this response. Comments included:

- Meeting new people and got a better understanding of how things work out.
- Getting to network, meet and listen to others in similar roles.
- Engaging with other stakeholders, sharing news, debates and discussions.
- Interaction within the groups, networking with other professionals.

Some stakeholders were positive that the day had helped build their understanding and awareness of the issues around advocacy:

- Opportunity to build knowledge and awareness of services across North and South Lanarkshire.
- Gaining a greater insight into advocacy services across North/South Lanarkshire.
- Different viewpoints were expressed, widening my understanding of the subject.

There were other positive comments in relation to the introductory presentations and the feedback received from the other workshop groups.

The feedback form asked the participants what they found least interesting about the day. There were 14 substantive comments. Of these, five people gave negative comments about the presentations, and three were negative about the feedback sessions from the groups (which were described as too long / unnecessary as included in the report). There were a couple of comments about individuals speaking for too long – or people repeating the same point. One person felt that the event could have been covered in a morning or afternoon session. And one person said that it would have been better to change the group participants around at least once to allow for discussion with other people.

Finally, participants were asked if they had any other comments. There were a range of positive comments about the event and some comments requesting ongoing information. Comments included:

- It was a friendly day, very positive.
- Event well organised, good opportunity for discussion
- Very useful event, good facilitation, breakout sessions very informative for participants.
- Would welcome regular updates on progress of the Plan. Should refer to (link to) other plans, strategies in Lanarkshire.
- Would like to see 2004 Plan.

- Clearly this is at the outset of this process which will need to become more focused in terms of developing the Plan and making the harder decisions re: priorities and funding.

Annex One

Attendee List

Name		Organisation
Richard	Adams	Carers Liaison
Bill	Addies	South Lanarkshire Carers Network
Madge	Clark	Parent/Carer
Alex	Clark	Your Voice Advocacy
Amanda	Clark	SLC Social Work Resources
Anita	Coia	NHS Lanarkshire
Sandra	Comrie	Voice of Experience Forum (+ User)
Sheila	Connolly	North Lanarkshire Action for Children
Michele	Dowling	SLC Social Work Resources
Martin	Egan	NLC Housing and Social Work Services
Gus	Ferguson	NLC Housing and Social Work Services
Lesley	Fishleigh	Princess Royal Trust LCC
Shelagh	Garey	NHS Lanarkshire
Wendy	Gervais	NLC Housing and Social Work Services
Pui-Ling	Glass	LEMAG
Agnes	Hadden	North Lanarkshire Carers Together
Elaine	Harrow	NHS Lanarkshire
Malcolm	Henderson	SLC Social Work - Adult Services
Geoff	Holt	Scottish Health Council
Jean	Howieson	NHSL
Pamela	Hynes	Who Cares? Scotland
Diane	Jordan	NHS Lanarkshire
Maureen Anne	Kane	The Advocacy Project
Patricia	Kearns	NLC
Lis	Lawson	NHS Lanarkshire
Alison	Lord	Terrence Higgins Trust Scotland
Ashis	Malik	LEMAG
Derek	McCabe	Lanarkshire Recovery Consortium
Geri	McCormick	NLC Housing and Social Work Services
Leanne	McGurl	The Advocacy Project
Pauline	McIntosh	North Lanarkshire Carers Together
Graeme	McKinnon	Who Cares? Scotland
Dennis	McLafferty	NLC Housing and Social Work Services
Michelle	Morrison	PAMIS
Muriel	Mowat	Scottish Independent Advocacy Alliance
Anne-Marie	Newman	Lanarkshire Links
Moira	Nicholson	The Advocacy Project

Gaby	Nolan	Shelter Scotland
Liz	Ray	Who Cares? Scotland
Kay	Rodger	NLC Housing and Social Work Services
Ann	Ronald	ClubNet
Mark	Rushworth	SLC Social Work Resources
Hina	Sheikh	NHS Lanarkshire
Andy	Sim	SLC Social Work Resources
Gordon	Simpson	NLC Housing & Social Work Services
Greig	Skeffington	Lanarkshire Ace (PALS)
Brenda	Vincent	Equals Advocacy Partnership
Ian	Walker	Shelter NL Housing Advocacy Project
Jim	Walsh	Speak-Out Advocacy Project
Amanda	Watson	Who Cares? Scotland
Simon	Webster	Your Voice Advocacy
Angie	Weist	Your Voice Advocacy
Shona	Welton	NHS Lanarkshire
Alice	Yeung	Lanarkshire Chinese Association

Annex Two

Programme

9.30	**Registration and tea/coffee**
10.00	**Welcome and introduction** - John Scott, ODS Consulting
10.15	**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 – Caroline Deerin, Adult and Older People Services Manager, South Lanarkshire Council
10.45	**Breakout session 1- Icebreaker**
11.05	**Breakout session 2 - The Framework for the New Plan**
11.35	**Feedback**
11.50	**Comfort break**
12.05	**Breakout session 3 - Identifying and Prioritising Gaps in Current Provision**
12.40	**Feedback**
12.55	**Lunch**
1.40	**Breakout session 4 - Thinking Outside the Box – Finding Solutions to Gaps**
2.25	**Feedback**
2.40	**Discussion and questions**
2.55	**Summation and next steps**
3.00	**Close**

Annex Three

Stakeholder Event Presentations

Lanarkshire Advocacy Plan
Stakeholder Consultative Event

Tuesday 5 April 2011

North Lanarkshire Council

NHS Lanarkshire

SOUTH LANARKSHIRE COUNCIL

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 will be holding an event for advocacy service users on 17 May 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)

North Lanarkshire Council

NHS Lanarkshire

SOUTH LANARKSHIRE COUNCIL

Why is advocacy funded?

- Legislative imperative
- Policy
- Values

Models of Advocacy

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

North Lanarkshire Council

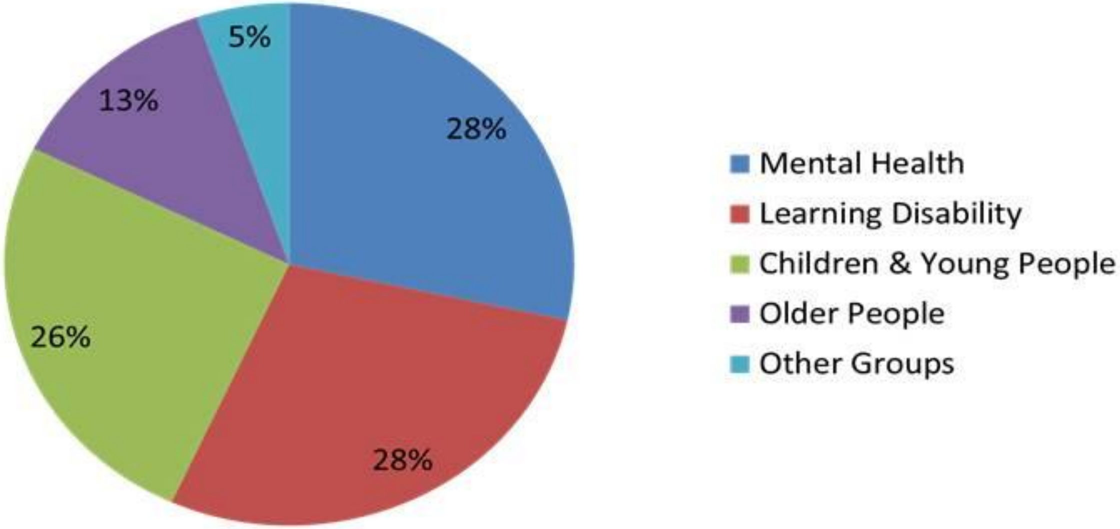
NHS Lanarkshire

SOUTH LANARKSHIRE COUNCIL

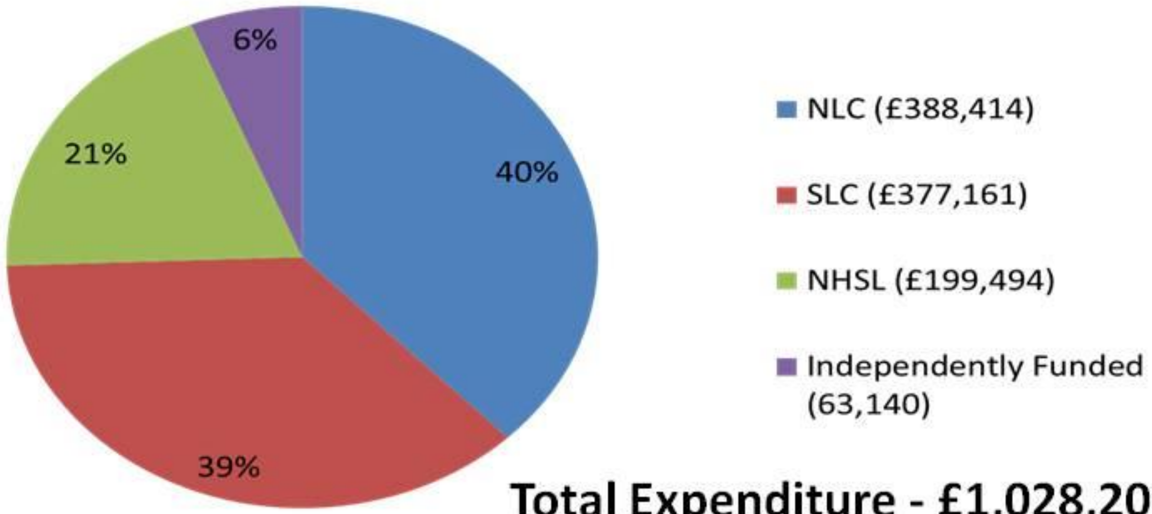
What’s currently funded?

- 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)

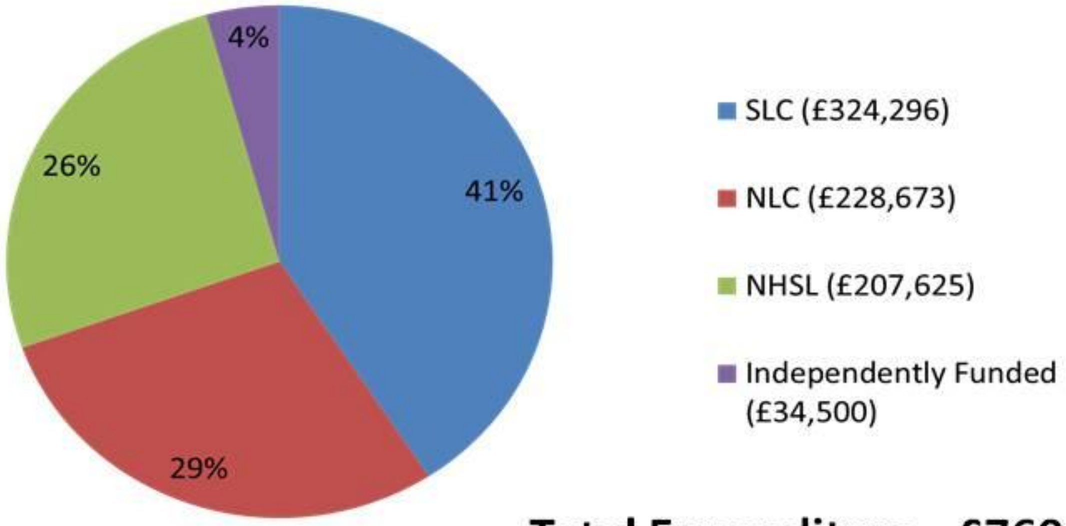


Advocacy Expenditure 2011 (Lanarkshire)



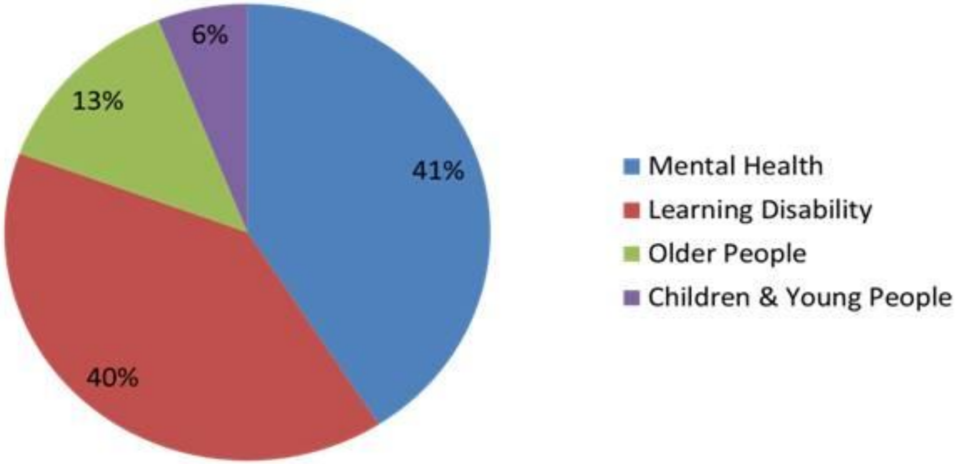
Total Expenditure - £1,028,209

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…

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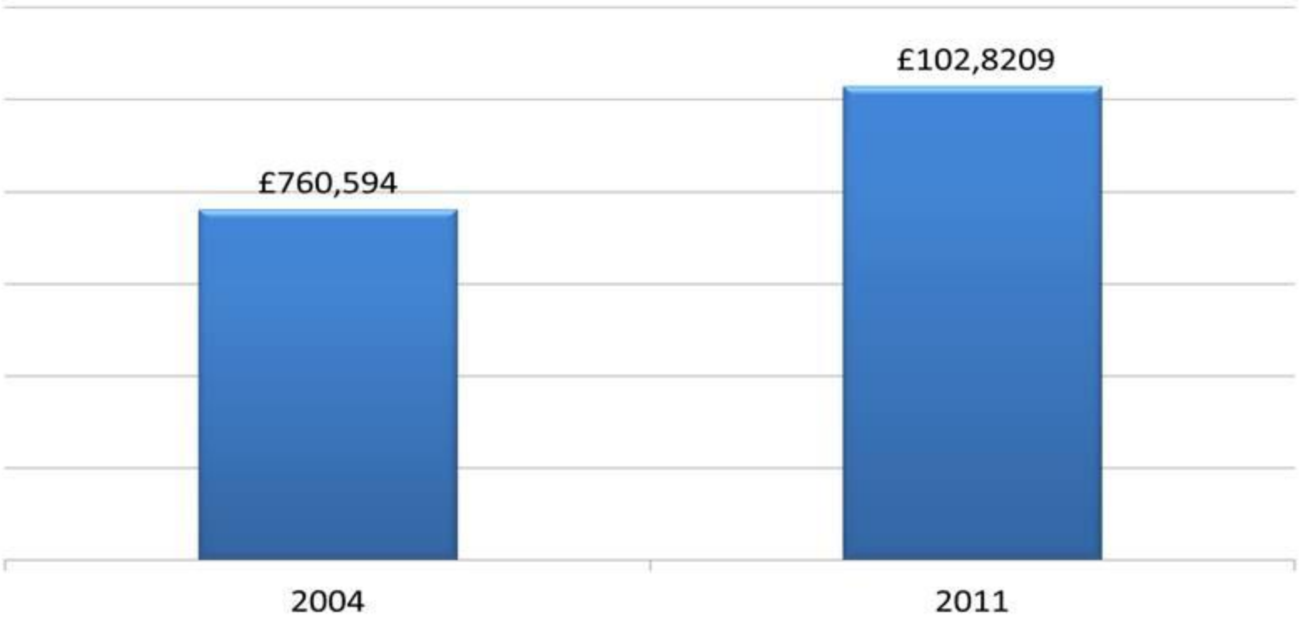
Increase in Spending (2004-2011)



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?

North Lanarkshire Council

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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?