

**NHS Lanarkshire in partnership with  
North and South Lanarkshire Councils**

**Lanarkshire Advocacy Plan 2011-2014**

**Consultation Event  
13 June 2011**

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# **1. Introduction**

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## **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 was the third in a series of consultation exercises. It was preceded by an initial stakeholder event held in April and an event held for service users in May 2011. The event aimed to draw together the themes emerging from the previous consultations and gather feedback on the emerging priorities for the draft Plan.

The event involved 60 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 half-day event took place on 13 June 2011. Following a welcome and introduction to the day from ODS, the participants heard presentations from NHS Lanarkshire and South Lanarkshire Council. The presentations provided a recap of the previous consultation events, the progress made on developing the draft Advocacy Plan, and the proposed content in terms of structure and priorities.

The rest of the morning involved two workshop sessions focusing on the following questions:

- Are the proposed priorities set out in the emerging Plan the right ones?
- How do we measure success and achieve our priorities?

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

## **1.2 Developing the new Advocacy Plan**

Shona Welton, Head of Patient Affairs, NHS Lanarkshire gave a brief summary of progress towards developing a draft Advocacy Plan. The first stakeholder

consultative event had highlighted the need for the Plan to be 'alive' and a working document. Stakeholders had raised a number of areas that need to be prioritised and where there may be gaps. The consultation exercise had highlighted the issues in relation to prioritising particular areas and the need to think creatively about how services might be funded and delivered. Shona explained that since the first event, discussions had continued within and between the three partners focusing on: the best way forward; what the priorities for funding might be; and planning for future commissioning of advocacy services.

Michele Dowling, Planning and Performance Manager, South Lanarkshire Council, provided a recap of the objectives for the Advocacy Plan and some of the issues in relation to the provision of advocacy services in Lanarkshire. Michele gave an overview of the proposed structure and outlined the key outcomes and emerging priorities for the Plan. The proposed outcomes and priorities would be considered in more detail in the workshop groups. Michele highlighted a number of key priority areas where there is a statutory requirement for the provision of advocacy services and areas where there is strong evidence of increased future demand. There are also a number of other key areas where advocacy provision is required. These need to be considered in the strategic plan so that we can focus on them when resources are available.

## 2. Agreeing priorities for the Advocacy Plan

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### 2.1 Introduction

At the first workshop session, five separate groups considered the emerging priorities for the Plan. This section summarises the outputs from the discussions. Participants received a handout listing the main priorities and other key areas for consideration.

#### Workshop 1 Handout

#### **Emerging priorities for the Advocacy Plan**

##### Main priority areas (statutory and evidence based):

- Older people
- Adult support and protection
- Child protection
- Learning disability
- Mental health

##### Areas for further consideration:

- Carers (including young carers)
- Prisoners and others in Justice service
- People connected with substance misuse
- BME communities
- People who have had a stroke or brain injury

### 2.2 Are the proposed priorities set out in the emerging Plan the right ones?

Participants were asked for comments on the emerging priorities and whether they agreed that the main priority areas were the right ones.

#### 2.2.1 General issues with prioritisation

Generally, participants found prioritisation a difficult activity. Some consultees said that while they accepted this would have to be done in the Advocacy Plan, it is difficult to do when people have their particular priorities based on their own groups, organisations and experiences. Some participants were particularly reticent about prioritising service areas. They felt that priority should always go to the most

vulnerable (although the challenge is how you define 'vulnerable'). Some felt it was a problem trying to focus on the needs of particular groups at all and didn't think services should be planned or targeted in this way; advocacy should be open to anyone who needs it or can make use of it.

Some participants stressed the need for shared priorities across North and South Lanarkshire; if priorities are not the same the Plan will need to clearly explain what has driven any differences. Participants also argued that it is difficult to set priorities without knowing actual budgets for advocacy services.

Another issue with prioritisation was overlap between different service areas (and individuals seeking advocacy fitting into more than one area). Some felt that it was inappropriate to have a set of 'main priorities' (as presented in the handout) and areas for consideration – the service areas overlap and each area is important. There was concern that having target groups of this kind can limit the flexibility of services – but there was recognition that it is important so that "specialisms" can be identified. One consultee said that there are themes that can cut across all the priority groups (for example, advocacy to support people into housing) and that it is difficult to understand how this fits in with the stated priorities.

Participants raised the issue of using the right language when setting priorities and having clear definitions for client groups. For example, what exactly do we mean by 'carers'? Several consultees said it is important to be clear whether we are talking about advocacy or support which are potentially two separate things. For example, when we are talking about services for carers are we talking about advocacy or more general support and information?

Some participants wondered whether the stated priorities represented a plan or a "wish list" for service provision. One group felt that prioritising services may be pointless when there are likely to be budget cuts in future and limited resources. But this group agreed that unless there was a wish list, they would not have any priorities when funding did become available.

A number of other general points were made in relation to the prioritisation of advocacy services and emphasising the wider impact of advocacy. These included:

- Advocacy covers a wide range of services from providing information to a specialist one to one service. The plan needs to recognise this and that the services people may require will vary considerably.
- Some people may always need access to advocacy services (e.g. some people with learning disabilities). For others it may be a one off event in their lives.
- There was a suggestion that we need to get away from pure advocacy and start to recognise the wide range of services that are potentially available to provide varying degrees of support.
- Participants said that there is (anecdotal) evidence that effective advocacy can bring significant savings for public agencies (stopping things going wrong further down the line). It was suggested that some attention should be given to this – and an argument made about any opportunities to ‘spend to save’. It was acknowledged that the spending was current and any savings may not happen for some time (and that they may accrue to a different organisation than the one doing the spending).
- Some people said that advocacy had to be seen as a human rights issue. Funders need to consider how they meet their obligations to ensure service users have their human rights upheld rather than seeking to prioritise between client groups.

### **2.2.2 Views on the emerging priorities**

The groups considered the priority service areas that were given in the handout. There was broad agreement that the priorities listed were the right ones although there were caveats about prioritisation (as discussed above). Participants generally felt that it was appropriate to take regulatory requirements as the starting point although some people expressed concern that priority was being given to groups who came under legislation – rather than needs.

Some consultees highlighted that not all the statutory services were currently being provided in both South and North Lanarkshire (examples given were of children with

learning disabilities in South Lanarkshire not having access to services). It was also noted that the new legislation on Children's Hearings would introduce a requirement to provide advocacy support to all children attending Children's Panels. This is likely to be introduced from late 2011 or 2012.

Across the groups, there was a strong sense that older people are a key area for prioritisation. However, a recurring view was that for services for older people the spectrum of need should be better defined – e.g. older people with dementia, older people in hospital, older people in care homes, housebound / isolated older people. Some participants felt that there are still gaps for older people. For example, there is currently no crisis advocacy, and there needs to be more specialists who are trained in advocacy for older people (including other services such as befriending).

Protection issues, covering both adults and children were also seen as key priorities. There were comments that current approaches to adult support and protection are too 'reactive' and more needs to be done to be proactive – for example, through better information to other professionals that advocacy is available.

Many people felt that there were areas missing from the listed main priorities (or should be explicitly motioned or emphasised when stating priorities). These included:

- Carers – Some consultees felt that carers should be among the main priorities. Participants noted that existing services are turning away carers looking for advocacy. There is an ageing population; a lot of carers are experiencing deteriorating health themselves and increasingly needing advocacy support. Advocacy support is particularly crucial for young carers – and it was felt that young carers would not fit into the five listed priorities. Some people argued that while carers should be a priority, many carers require support, information and advice rather than advocacy.
- Safety – some consultees felt that safety should be at the centre of prioritising resources. The Plan should recognise the International Human Right to a secure right to life. On this basis violence against women should be considered by funders as a priority.

- People with chronic long term conditions – who are living longer and increasingly needing support.
- Looked after children and young people.

One group considered whether it would be appropriate to prioritise specific types of advocacy rather than service user groups. This might include:

- Financial advocacy (given the current changes to benefits).
- Advocacy on housing issues for young people.
- Collective advocacy (which could support more people – although some people felt that this might not be appropriate in many cases).
- Generic advocacy or specialist advocacy (but there were variable views among participants on this).

### **2.3 What are the most important other areas for consideration?**

The participants were asked what other service areas need to be considered in the Advocacy Plan. These are areas that would be prioritised where resources are available. The following key areas were highlighted by participants:

- Carers (including young carers) – many people say this as a key priority although there were comments that ‘carers’ need to be better defined and there needs to be clarity on whether people need advocacy or more general support. It was noted that the Carers Strategy says that carers should have access to advocacy support.
- Children and young people (beyond those falling under child protection). It was argued that in addition to young carers, some priority should be given to:
  - Children and young people on the autistic spectrum
  - Children and young people with physical disability
  - Young people leaving care
  - Children living with kinship carers
  - Parents of children with additional support needs.
- People who have had a stroke or brain injury – some people argued that this group should be priorities where they fall into the statutory categories (e.g. mental health or adult support and protection). Others felt that was too

specific a group, but felt that some priority should be given to people with a physical disability.

- BME communities - who may need interpretation, culturally aware services and alternative ways to promote services. Many participants considered low uptake of advocacy services among BME community members. There was a strong view that more work needs to be done to understand whether there is a need for specific services or reason why people are not accessing existing services.
- Prisoners and others in the justice system – several groups highlighted this area particularly with responsibility for health provision for prisoners shifting from the Scottish Prison Service to the NHS later in the year. However, one group felt that prisoners and others in the justice system were relatively low priority – there was little demand from prisoners, although there was low awareness among staff and services were not advertised. But it was recognised that the transfer of responsibility to NHS later this year may have an impact on this.
- Deaf people, homeless people and people connected with substance misuse were also raised as service areas for further consideration.

### **3. Measuring success and achieving our priorities**

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#### **3.1 Introduction**

At the second workshop session, the groups considered the emerging key outcomes for advocacy in Lanarkshire. This section summarises the outputs from the discussions. Participants received a handout listing the key emerging outcomes.

#### Workshop 2 Handout

##### **Key outcomes for advocacy in Lanarkshire**

1. People feel more confident in the service they receive.
2. Those involved in adult or child protection have their views and feelings taken into account and as a result feel safer.
3. People have been supported to make their views known to others about their care, support and treatment.
4. People feel less isolated and/or powerless.
5. People feel more engaged in service commissioning.

#### **3.2 General views on the emerging outcomes**

The participants considered the appropriateness of the emerging outcomes. There were a number of general issues raised and comments in relation to specific outcomes. Comments included:

- Generally, the outcomes need to be better defined. The first outcome in particular was felt to be confusing. Participants felt that the outcomes need to be redrafted to make them clearer for everybody – while still keeping them concise and simple!
- Some of the outcomes seem quite specific – but others are more strategic.
- Outcomes for commissioners and clients are not necessarily the same thing and it needs to be recognised that there may be a conflict between the two.
- Outcomes should be embedded in quality assurance schemes operated by service providers.

- It needs to be recognised that the quality of advocacy provided is not the same as the quality of outcome for the service user. When supporting young people in particular, meeting their aspirations may not be in their best long term interests.
- We need to recognise that different partners are at different stages in terms of defining outcomes – will it be possible to have one clear set of outcome measurements across Lanarkshire?
- North Lanarkshire Council has already put a framework in place to help advocacy providers to chronicle their outcomes. A software package is available which a small number of service providers have purchased.
- Outcomes must be built into the commissioning process and be clearly understood by service providers at the outset of a contract.
- It was noted that the Scottish Government had (so far) taken 6 months of intensive work to develop standards for children’s advocacy – it is important that Lanarkshire build on the experience of others in developing outcomes.
- However, it was accepted that there was a need to quite quickly get a plan in place for Lanarkshire; that there was a need to have clear outcomes in the plan; and that the current outcomes were a reasonable start (and could be tweaked).

Participants considered whether there were any key outcomes missing from the list.

Comments included:

- Should there be an additional outcome on the service user being aware of their rights?
- There should be an additional outcome around access to advocacy services – along the lines of ‘People who need advocacy support have access to an appropriate advocacy service’. This would pick up awareness raising and access, which were currently not included in the outcomes. Some described this as an intermediary outcome – others as a precondition to achieving other outcomes.
- We need an outcome on raising awareness of advocacy. In relation to an additional outcome about awareness of advocacy services and access to them, one group felt the main focus should be on access (as measuring the

awareness of services was too big a task to be justified). Access could be measured through referrals – and people could be asked how they had learned about advocacy services.

- We also need to consider whether quality of life has improved for advocacy users.
- There needs to be an additional outcome (or revision of outcome 3) to show whether services have adapted in response to views.
- One group suggested the following alternative or intermediate outcomes:
  - people are more aware of issues that affect them
  - people are more engaged in decision making
  - people are more confident (not necessarily in services)
  - services are more sensitive and responsive
  - services are more person centred.

The following specific comments were made on the five emerging outcomes given in the list:

- In Outcome 1 there is a need to tease out two different elements – increased personal confidence through the provision of advocacy services and increased confidence in public services. It was possible that an extremely good advocacy intervention (which might bring long term personal benefits to an individual) may not result in a change in service delivery. One group suggested that the outcome could just focus on self-confidence – not on services.
- It was noted that Outcomes 2 (adult/ child protection) and 3 (care, support and treatment) referred to one advocacy group – it would be good if these could be made more generic so that they apply to all groups.
- Outcome 4 feels negative (where all the others are positive) and feels “vague” – participants suggested that it should be revised to read “people are more included and have power”.
- It was felt that Outcome 5 could be broadened beyond service commissioning – to ensure that people felt more engaged in the decisions that affect them.

### **3.3 Measuring progress against outcomes**

In smaller groups the participants considered the emerging outcomes and discussed how they might be measured in practice.

#### ***Outcome 1 - People feel more confident in the service they receive***

The following comments were made in relation to measuring progress towards

Outcome 1:

- It is important to agree a baseline at the outset – what are we measuring from?
- Information should be gathered (on an anonymised basis) from work that is already done in many projects to identify the personal outcomes to be achieved through advocacy (i.e an advocacy plan) – and the actual progress made. These are normally prepared jointly by the advocate and the user – and they often use simple recording tools (like smiley faces – or outcomes stars). This might include wellbeing scores and softer outcomes – involvement; awareness raising; benefits realisation.
- To measure confidence, ask people about their confidence levels at the beginning and end (possibly using a tool like Viewpoint). The advocacy worker or others could gather evidence on whether people are (for example) self advocating over time. We could also capture views from professionals (this is particularly important when indirect advocacy is being provided as someone lacks capacity).
- The Training Network would be a good place to discuss how to rework existing information gathering to support the outcomes.
- Short term outcomes would include: number of people using the service, number of referrals, where referrals are coming from, satisfaction surveys, stakeholder feedback.
- Short term outcomes could be included in individual plans – e.g. if using advocacy to help someone have a voice in securing a home, a short term outcome might be arranging a meeting with housing provider.
- There needs to be consistent recording – commissioners should provide tools and draw together monitoring information. The role of commissioners would be to ‘pool’ information to provide a ‘bigger picture’. This can look at patterns and trends of issues that come up.

- But it is important to ensure that the qualitative information is not lost. Some participants argued that there needs to be funding to allow for effective monitoring – not just questionnaires but depth interviews with service users. This should be built into the service from the commissioning stage. As far as possible, this should be independently monitored and evaluated (but consultees felt that if budgets are cut, this would not happen).

***Outcome 2 - Those involved in adult or child protection have their views and feelings taken into account and as a result feel safer***

Similar points were raised in relation to measuring progress towards Outcome 2, although it was recognised that this outcome is more tightly linked to statutory obligations:

- Progress could be measured by asking the service user in an appropriate way. It might be appropriate to do this on a number of occasions over a period of time and have a number of intermediate outcomes to assess whether service users generally feel more involved about decisions being taken.
- Information could be monitored by periodic reporting to funders. The software package available through North Lanarkshire Council could be one way of achieving a standardised approach which is not too onerous to service providers.
- Service users should be consulted about the outcomes to get their support. The outcomes should be clearly established at the outset of the commissioning process so that service providers are clear what is expected of them.
- Feedback from stakeholders would also help inform progress - whether referrals were easy to make and the impact of these.
- One group suggested that effective monitoring would see reference to advocacy in individual care plans.

***Outcome 3 - People have been supported to make their views known to others about their care, support and treatment***

The following issues were raised in relation to Outcome 3:

- If measuring formally – this could be done through a formal recording process by an advocacy organisation or statutory agency. If informally, changes can be noted in the individual service user – through progress in their personal development (i.e. speaking up for themselves more). It is important to ask the service users whether they feel as though they are making progress towards their own outcomes (which contribute to this overall outcome).
- This can be monitored through care plans or reviews of case records. This would be done by the advocacy agency or by the individual themselves.
- Measurement should involve discussion with other service providers – key question is how many other services are aware of advocacy.

#### ***Outcome 4 - People feel less isolated and / or powerless***

The following issues were raised in relation to Outcome 4:

- This could be monitored by having a good quality assurance monitoring framework in place.
- Being able to demonstrate good practice could also be a useful way of evidencing outcomes.
- Monitoring can be conducted by speaking with service users (questionnaires), and through annual reports, meetings between advocacy organisations and the local authorities. Progress against outcomes should be recorded at key interventions and through an exit questionnaire.
- There should be regular statistical information and monitoring reports. There should also be regular monitoring meetings to discuss issues.
- Measures might be: home visits, phone calls, number of people signposted on to other agencies / services.
- One group discussed the issue of people not accessing advocacy – important to work in partnership with others and raise awareness.
- It is also difficult to measure the ongoing impact on people after they have moved on from advocacy services. Advocacy providers rarely stay in contact with individuals. One participant said that people have ongoing support after advocacy – support workers might be able to ask questions about the impact of advocacy. We should be asking other stakeholders about the impact of advocacy on individuals.

- The following lower-level outcomes should be considered:
  - people feel empowered after advocacy intervention
  - people have greater awareness of their rights
  - people feel confident to advocate for themselves
- Progress towards this headline outcome would also be supported by the following types of activity:
  - service users playing a vital role in the advocacy organisation
  - service users involved in recruitment and selection
  - regular consultation with service users
- Through the act of involving people in the process of planning and monitoring outcomes you reduce isolation and reduce feelings of powerlessness.

***Outcome 5 - People feel more engaged in service commissioning***

Participants raised the following issues in relation to Outcome 5. Many of the comments related to delivery of a more inclusive commissioning process:

- Commissioners should support service users to be equal partners in the commissioning process and seek their views throughout the contract period.
- There should be more communication with commissioners feeding back to service users.
- Service users should be more involved in tendering contracts and the process should be transparent. There should be clear guidelines on policy and practice.
- It is difficult for service users to sit on commissioning boards – due to data protection issues and potential conflicts of interest.
- We need to build confidence among service users for this type of activity – so we might need advocates involved (but this might bring a conflict of interest).
- For monitoring a clear baseline has to be established.
- We need consistency in approach –consistent tools (not just for statistics); clarity on what questions are going to be asked; and clarity on how it fits into wider outcomes for advocacy.
- Currently there is a tool for support (not advocacy) called the Better Futures Tool – could we develop something similar for advocacy?

## General issues

There were also a number of more general issues raised on the measurement of outcomes:

- There should be consistency across Lanarkshire about the questions asked, and the way information is collected – from the beginning.
- There should be a mix of evidence collected – using information on feelings, examples and qualitative evidence.
- Information should come from a range of sources – individuals who are supported through advocacy, staff and professionals. There may be opportunities to have “peer review” in advocacy – where one team gathers information about another team (so that the advocacy worker is not collecting all the evidence themselves which may not be very independent).
- It is important to build in information gathering, monitoring and evaluation right from the start.
- There should be general consistency in the information being gathered by all the projects even though they deal with very different client groups. It was suggested that the commissioning process could set out the standard information to be gathered.
- This should become a central part of the work of the projects – not a ‘bolt on’.
- Lessons learned from evaluation should inform service change.
- There may be difficulties in gathering information from people with a learning disability or dementia – in some cases information may need to be gathered from a carer (although caution should be taken in doing this).
- To learn about the changes for people, much of the information would be qualitative.

## **4. Feedback on the Event**

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### **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 the breakout sessions particularly useful. Some participants suggested that the breakout events were a good way of providing information about advocacy as well as offering an opportunity to not only influence the Plan, but to meet new people from other sectors.

This section is based on the forty-three 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.

There were three substantive comments based around the provision of advocacy support as follows:

- More advocacy provision, one organisation is providing all of the -service - client groups, this should be shared by other advocacy providers - people don't have a choice in which organisation they want.
- The provision of advocacy services should be based on need, not the category the person falls into..
- I believe the provision of advocacy needs to be clearly separated from support, care and mentoring.

There were also two comments made in relation to the Plan using outcomes to measure its progress:

- Outcomes will be difficult to monitor, however it would be more advantageous if wording was clear and unambiguous - clear indication to service providers, i.e. "more confident in the service they receive" and which service?
- I think there is broad agreement about the need for standards and outcome measures. The discussion highlights the need for clarity about language and audience.

Other comments in response to this question included:

- I did wish that some information with regards to the future funding of realignment of services could have been done.
- It would have been helpful to have been provided with a draft to look at during the session.
- It was a waste of my time. No one accepts deaf problem's access for all. Felt ignored.

### 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 4.1 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	8.10	73.1%	9.7%
The location of the event	8.35	83.7%	4.6%
The timing and duration of the event	8.28	81.4%	7.0%
The facilities provided today	8.42	72.1%	0%
The quality and content of the presentations	8.28	76.7%	4.6%
The breakout sessions	8.14	79.1%	4.6%

Table 4.1 – Views on venue and organisation of event

The table shows that the highest scoring elements of the day were the location of the event (84%) and the timing and duration of the event (81%). Also positive were the breakout sessions with 79% of participants rating these as 8 or higher.

The table shows that the lowest scoring elements of the day were the facilities (72%) and the information provided in advance (73%) as was the case with the first stakeholder event held in April.

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. Sixteen people (37%) stated this was the most enjoyable part of the day. Comments included:

- Facilitated discussions – kept people on track and focused.
- The discussions gave an insight into definition and provision of advocacy services.

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 (15 – 35%). Some comments from stakeholders included:

- The opportunity to meet others and share views.
- Meeting people with an interest in advocacy.

Also mentioned here were positive comments about the event offering an opportunity to speak to people from other sectors allowing a more general discussion about advocacy.

There were other positive comments in relation to the presentations from NHS Lanarkshire and general positive comments about the enjoyment of the event. Three participants did not indicate which element they found most enjoyable.

The feedback form asked the participants which parts of the event they found least interesting. The majority of respondents (79%) left this section of the feedback form blank, indicating their satisfaction with every element of the day.

In addition, another four participants used this section to reinforce their satisfaction with the event with the following comments:

- It was all interesting.
- All were of interest.
- No one thing – all good.
- The breakout sessions were valuable.

There were two comments relating to the final question and answer session which followed the break out groups. There was a frustration from one respondent who had hoped for a better discussion during this session, while another suggested that this element of the day only repeated what had already been discussed in the breakout sessions.

There were a further two comments suggesting that the break out session has been the least interesting element of the day, with one comment indicating that the questions posed during these sessions were “convoluted”.

Finally, participants were asked if they had any additional comments. The majority of participants chose not to provide any further comments (29 – 67%). Four participants used this section of the feedback form to express their thanks to the organisers for an enjoyable day (9%). Other substantive comments about advocacy in general included:

- More volunteer advocacy and providers are not taking funding for volunteers when they don't actually provide or engage volunteers to provide active advocacy.
- We need to get other managers and people to know about advocacy.

There was one further comment about the event:

- Enjoyed today – not from an advocacy background and not having much knowledge of advocacy – the day proved to be very useful.

There were three comments about the progress of the Advocacy Plan:

- There are a number of areas of clarity required before progress can be made.
- The outcomes appeared to be influenced more by qualitative issues. This, I think reflects the issue of advocacy as a para-legal (jurisprudence) service or as a support and carer network.
- Planning will be incredibly difficult.

## Annex One

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### Attendee List

Name		Organisation
Richard	Adams	NLC Class Project
Bill	Addies	South Lanarkshire Carers Network
Anne	Beaton	LaRC - Lanarkshire Recovery Consortium Ltd
Geraldine	Bruin	Via NL Carers Together
Richard	Burgeon	NHS Lanarkshire
Francis	Cain	NL Disability Forum
Fiona	Cameron	NLC
Alex	Clark	Your Voice Advocacy
Amanda	Clark	SLC Social Work Resources
Madge	Clark	Parent/Carer
Anita	Coia	NHS Lanarkshire
Craig	Cunningham	NHS Lanarkshire
Paula	Docherty	SLC Seniors Together
David	Douglas	Shotts Prison
Michele	Dowling	SLC Social Work Resources
Martin	Drysdale	Action For Children
Lorraine	Elliot	NL Disability Forum
Bryan	Evans	Children First
Frank	Fallon	Lanarkshire Links
Shelagh	Garey	NHS Lanarkshire
Wendy	Gervais	NLC Housing & Social Work Services
Jenny	Hatton	Doorway, South Lanarkshire Council
Anne	Hayne	NHSL EVA Services
Mary	Howard	Lanarkshire Links
Jean	Howieson	NHS Lanarkshire
Anne Marie	Jeffrey	NLC Housing and Social Work Services
Patricia	Kearns	NLC
Arlene	Macneil	South Lanarkshire Carers Network
Ashis	Mallik	LEMAG
Derek	McCabe	Lanarkshire Recovery Consortium (LaRC)
Greg	McFarlane	NLC Partnership for change
Audrey	McGuinness	NLC Housing and Social Work Services
Leanne	McGurl	The Advocacy Project
Pauline	McIntosh	North Lanarkshire Carers Together
Sandra	McKay	NLC Housing and Social Work Services
Liz	McLuskey	Deaf Services Lanarkshire
Andrew	McQuade	Speak-Out Advocacy Project

Michelle	Morrisson	PAMIS
Muriel	Mowat	Scottish Independent Advocacy Alliance
Ann	Muir	Speakeasy
Jean	Neilson	Equals Advocacy Partnership
Jim	Quinn	People First
Roslyn	Rafferty	NHS Lanarkshire
Liz	Ray	Who Cares? Scotland
Caroline	Richardson	Who Cares? Scotland
Ann	Ronald	ClubNet
Andy	Simm	SLC Social Work Resources
Gordon	Simpson	NLC Housing and Social Work Services
Greig	Skeffington	Lanarkshire Ace (PALS)
Helen	Sneddon	Domestic Abuse , North Lanarkshire Council
Joanna	Swan	Self Directed Support
Brenda	Vincent	Equals Advocacy Partnership
Alistair	Walker	SLC Social Work Older Peoples Services
Jim	Walsh	Speak-Out Advocacy Project
Amanda	Watson	Who Cares? Scotland
Wilma	Watt	Deaf Services Lanarkshire
Simon	Webster	Your Voice
Angie	Weist	Your Voice
Shona	Welton	NHS Lanarkshire
Lorraine	Wylie	Coatbridge Deaf Club

## Annex Two

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### Programme

- 9.00am Registration and tea/coffee**
- 9.30am Welcome and introduction** - John Scott, ODS Consulting
- 9.45am The key outcomes of the consultative event held on 5 April 2011** – Shona Welton, Head of Patient Affairs, NHS Lanarkshire
- An overview of the emerging draft Plan** – Michele Dowling, Planning and Performance Manager, Social Work Resources, South Lanarkshire Council
- 10.15am Breakout session 1- Are the proposed priorities set out in the emerging Plan the right ones?**
- 11.00am Comfort break**
- 11.15am Breakout session 2** – How do we measure success and achieve our priorities?
- 12.30pm Discussion and questions**
- 12.55pm Next steps**
- 1.00pm Lunch**

## **Annex Three**

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### **Stakeholder Event Presentations**



# Lanarkshire Advocacy Plan Stakeholder Consultative Event

Monday 13 June 2011



# Welcome

- The structure of today's event
- The role of independent facilitation
- Housekeeping



# Progress in developing a new Advocacy Plan for Lanarkshire

Shona Welton  
Head of Patient Affairs  
NHS Lanarkshire



## Consultative Events

- First event held on 5 April 2011 for provider organisations and commissioners – report on NHS Lanarkshire website
- NLAP and SLAN joint event for services users held on 17 May 2011 – report to be published shortly
- Second event for provider organisations and commissioners 13 June 2011 – report will be published on NHS Lanarkshire website



## What did the first event tell us?

- The plan needs to be “alive”
- What the priorities were and what the gaps might be
- Discussed what the issues were in prioritising for the future
- That we need to think outside the box – what else do we fund? Could we provide services differently?



## What have we done since first event?

- Continuing discussions within and between commissioning organisations (NHS Lanarkshire, North Lanarkshire Council, South Lanarkshire Council) on:
  - Best way forward
  - What the priorities for future funding might be
  - Planning for future commissioning of advocacy
- Service user event



## What do we want to achieve today?

- Discuss the outline of the new Advocacy Plan
- Consider the priorities and gaps
- Consider how we might measure success



# Michele Dowling

Planning and Performance Manager  
South Lanarkshire Council



## Recap - for our Plan we need...

- To know what we are doing just now
- To know the needs that must be addressed
- To think about future need
- To identify what we want our future services to achieve



## Outline of the Plan

- Introduction and background
- Evidence of need
- Snapshot of current provision
- Assessment of need – current and future
- Priorities for the future
- Other sections will deal with action planning, finance and feedback from consultation events



## Objectives

- Provide structure and co-ordination
- Ensure clarity and definition
- Recognise legislative requirements
- Match services to needs
- Consider a range of service delivery options
- Promote and raise awareness of advocacy
- Reflect a range of views



## Reflects our commitment

- To streamline and consolidate our approach to advocacy
- Look at our partnership working – across all sectors
- Considers our options in terms of what we must do..
- And what we would like to do if resources become available



## What kind of outcomes do we want?

- Notable distinction between the process of independent advocacy and the outcomes. Outcomes don't always reflect those desired by individuals, yet the advocacy provided is still regarded as positive
- Development of partnership work to support independence and enable self advocacy
- Support to people to express their views
- Support for people to take part as fully as possible in decisions which affect their lives
- Positive self-identity for individuals



## Evidencing outcomes:

### As a result of advocacy involvement:

- People should feel more confident in the service they receive
- Those involved in adult or child protection have their views and feelings taken into account and as a result feel safer
- People have been supported to make their views known to others about their care, support and treatment
- People feel less isolated and/or powerless
- People feel more engaged in service commissioning



## Statutory requirements

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adult Support and Protection (Scotland) Act 2007

Other legislation and best practice:

- Adults with Incapacity (Scotland) Act 2000
- Education (Additional Support for Learning) (Scotland) Act 2004
- Equality Act 2010
- Patient Rights (Scotland) Act 2011
- The Road to Recovery 2008



NLC currently commissions advocacy services for:

- Adults affected by mental ill health (Equals Advocacy Partnership)
- Adults affected by learning disability (The Advocacy Project)
- Children and young people affected by mental ill health and disability (Your Voice)
- Children and young people who are looked after and accommodated, or on the child protection register (Who Cares? Scotland)
- A pilot service for older adults (Equals Advocacy Partnership)
- Housing issues (Shelter)



## SLC current service levels

### **People First (South Lanarkshire)**

Supports locality based advocacy groups and a Council wide group for adults with a learning disability; supports service user involvement at both a local and national level in policy discussions, training and consultation events and working groups

### **Speak Out, Lanarkshire Ace and PALS (adults and young people with a learning disability)**

Speak Out: professional and volunteer individual advocacy and facilitation of collective advocacy groups; Lanarkshire Ace: collective advocacy, campaigning and consultative work; PALS: collective advocacy and peer education for young people aged 11 – 25).



## SLC current service levels

### **The Advocacy Project (TAP)**

Works with individuals with mental health issues, older people (dementia), adults with learning and physical disability; raises awareness of advocacy via outreach presentations to residential care and nursing homes across South Lanarkshire

### **Who Cares? Scotland**

Children's rights advocacy providing services to the following:

South Lanarkshire children's houses; Residential schools and placements out with South Lanarkshire; throughcare and foster care; children with a disability; children subject to supervision and children involved in child protection processes



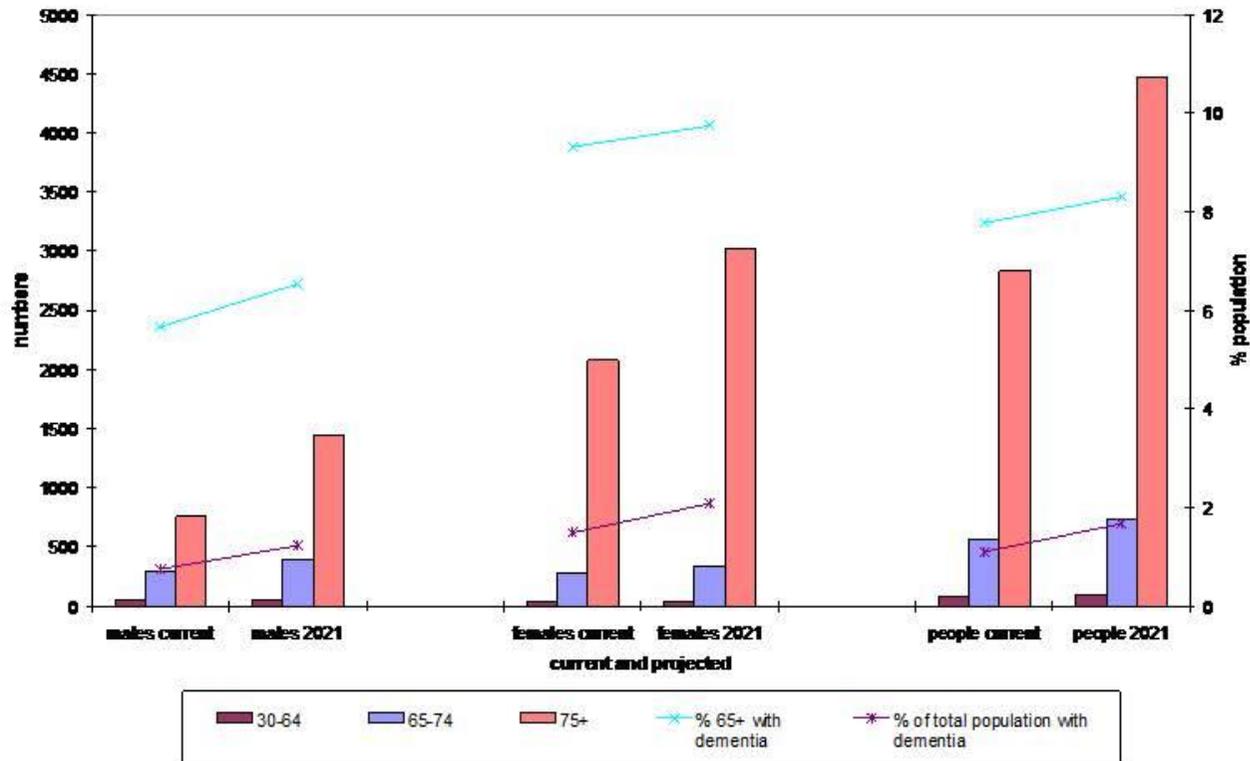
# Projections of possible future need

**Anticipation of an possible increase in demand in the following areas:**

- Adult Support and Protection (monitoring is underway)
- Dementia
- Older people
- Young carers



# Other factors - demographics





# Evidence informed priorities

- Older People
  - Particularly due to increase in people with dementia
- Adult Support and Protection
  - Low level of referral to date but expected to rise
- Child Protection
- Learning disability
- Mental Health
  - Includes children and young people with mental health problems



## Planned work and enquiries

- Conduct a review of all of the current services (N)
- Consult with the key stakeholders to determine the future shape of service provision
- Conduct an open tender process (N)

### **Other areas to be considered:**

- Carers advocacy
- Prisoners and other people in the Justice system
- People connected with substance misuse services
- Advocacy for BME communities



We must....

- Provide access to an advocacy service to any person with a mental illness; personality disorder and learning disability as defined in the Mental Health (Care and Treatment) (Scotland) Act 2003
- Consider the importance of providing advocacy and other services to enable individuals to participate in issues concerning adult protection as required by the Adult Support and Protection (Scotland) Act 2007



Other areas for consideration....

- Advocacy services to people who have had a stroke or brain injury
- Advocacy for carers including young carers
- Advocacy services to people with substance misuse issues and their families
- Expansion of services to older adults
- Prisoners and other people connected with the Justice service



## Actions to support progress

- Focus on outcomes and develop a monitoring framework
- Develop training and networking opportunities
- Awareness raising among staff working with different client groups
- Support to access external funding in a co-ordinated way



### LANARKSHIRE ADVOCACY PLAN 2011 -2015 ANTICIPATED TIMELINE

<b>5 April 2011</b>	1 <sup>st</sup> NHS Lanarkshire/North and South Lanarkshire Councils stakeholder event - main target audience advocacy providers and commissioners
<b>17 May 2011</b>	Joint North Lanarkshire Advocacy Partnership/South Lanarkshire Advocacy Network stakeholder event main target audience service users and carers
<b>13 June 2011</b>	2 <sup>nd</sup> NHS Lanarkshire/North and South Lanarkshire Councils stakeholder event – main target audience advocacy providers and commissioners
<b>July 2011</b>	1 <sup>st</sup> Draft of Lanarkshire Advocacy Plan to be widely circulated at the beginning of July for comment over 4 week period. Comments by 29 July 2011. 1 <sup>st</sup> Draft also to be submitted to Scottish Independent Advocacy Alliance together with position statement
<b>August 2011</b>	Draft Lanarkshire Advocacy Plan to be finalised
<b>End of August 2011</b>	Submission of Lanarkshire Advocacy Plan by NHS Lanarkshire/South Lanarkshire Council and North Lanarkshire Council for sign off. North Lanarkshire Health and Care Partnership meeting <b>Friday 9 September 2011</b> and South Lanarkshire Health and Care Partnership meeting <b>Friday 24 October 2011</b>
<b>Beginning November 2011</b>	If signed off by Health and Care Partnerships, final Plan to be submitted to Scottish Government/SIAA