



Advocacy into Action



People 1st



Forth Valley Advocacy

FORTH VALLEY

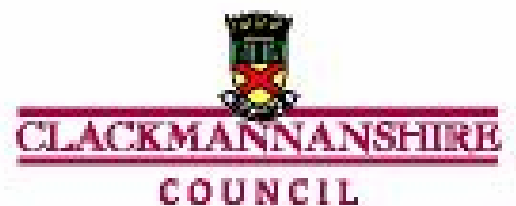
**INDEPENDENT
ADVOCACY
SERVICES**

THE WAY FORWARD

Reviewed 2009



Falkirk Council



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REVIEW OF THE WAY FORWARD - 2009

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FOREWORD

The Way Forward, the Forth Valley Advocacy Strategy, was first published in 2004, and set out the strategic direction for the development of advocacy services in Forth Valley. This document contains the original strategy, and has incorporated a review section, as the strategy was reviewed during 2009 by the multiagency Advocacy Strategy Group.

The review sets out an updated outline of current service provision and funding, achievements since 2004, and ongoing challenges.

REVIEW OF THE WAY FORWARD - 2009

Introduction

During 2004, The Way Forward was published, and set out the proposed development of independent advocacy services in Forth Valley for the period 2004 – 2007. The Way Forward was a joint statement from NHS Forth Valley and the three local authorities of Clackmannanshire, Falkirk and Stirling, and, most importantly, had contributions from all of the advocacy providers in the Forth Valley area – Advocacy into Action; Forth Valley Advocacy; People First; and Quality Action Group.

This document sets out current service provision, and reviews what has been achieved since the publication of The Way Forward, and sets out the proposed developments for independent advocacy on a joint basis until 2011.

It is intended that this review will set out the broad strategic direction for the development of independent advocacy services until 2011, and will be used as a preface to The Way Forward.

While many of the key aims and objectives of The Way Forward remain relevant, some of these will have been achieved, while for others the focus may have changed through time or circumstances.

Current Service Provision

Independent advocacy services are provided by four separate agencies in Forth Valley, funded by the NHS and three local authorities. These services are provided to care groups; to geographical areas; and to meet particular needs. These services have developed incrementally and, on occasion, independently of one another. Historically, independent advocacy services in Forth Valley have focused on people with a mental health problem or a learning disability.

The current level of investment in independent advocacy services across Forth Valley is as follows:-

Clackmannanshire Council

Provider	Client Group e.g. Learning Disability, Mental Health etc	Age Group e.g. children, adolescents, adults, older people, all	Geographical area covered e.g. Clacks, Falkirk, Stirling, all of FV	Level of Funding Per annum
Advocacy into Action	Learning Disability	Adults	Clacks	£26,160
Forth Valley Advocacy	Mental Health	Adults	Clacks	£26,024
People First	Learning Disability	Adults	Clacks	£22,736
Other – The Advocacy Place - Leased buildings and admin support	MH/LD/ Elderly	Adults	Clacks	£23,378
Total				£98,298

Falkirk Council

Provider	Client Group e.g. Learning Disability, Mental Health etc	Age Group e.g. children, adolescents, adults, older people, all	Geographical area covered e.g. Clacks, Falkirk, Stirling, all of FV	Level of Funding
Advocacy into Action	Learning Disability	Adults and older people	Falkirk	£76,705
Forth Valley Advocacy	Mental health	Adults and older people	Falkirk	£27,428
Other –	Young people Children's Rights Service	Children and young people	Falkirk	£86,817
Total				£190,950

Stirling Council

Provider	Client Group e.g. Learning Disability, Mental Health etc	Age Group e.g. children, adolescents, adults, older people, all	Geographical area covered e.g. Clacks, Falkirk, Stirling, all of FV	Level of Funding
Quality Action Group	Learning Disability	Adults	Stirling	£94,500
Forth Valley Advocacy	Mental Health	Older People Adults	Stirling	£79,203
Total				£173,703

NHS Forth Valley

Provider	Client Group e.g. Learning Disability, Mental Health etc	Age Group e.g. children, adolescents, adults, older people, all	Geographical area covered e.g. Clacks, Falkirk, Stirling, all of FV	Level of Funding
Forth Valley Advocacy	Mental Health	Adults and Older People	All of FV	£101,000
Other – Please specify	FVA – Property Leasing, Property Service Charges, HR/IT/Finance Support			£35,000
Total				£136,000

Mental Health Act Partnership Funding

Provider	Client Group e.g. Learning Disability, Mental Health etc	Age Group e.g. children, adolescents, adults, older people, all	Geographical area covered e.g. Clacks, Falkirk, Stirling, all of FV	Level of Funding
Advocacy into Action	Learning Disability (Primarily focused on inpatients detained in Lochview under the MH Act)	Adults	All of FV	£14,000
Forth Valley Advocacy	Mental Health Act Activity	Adults Children and Adolescents	All of FV	£45,000
Total				£59,000

Achievements since 2004

Since 2004, Mental Health Services in Forth Valley have seen by far the greatest developments in independent advocacy provision, as mental health received a much greater prominence than previously, aided largely by the requirements set out within the new Mental Health (Care and Treatment) (Scotland) Act 2003. To address the requirements of the new Act, the planning partners in Forth Valley agreed to provide additional funding on a pilot basis to establish additional independent advocacy services for adults and children with challenges to their mental health. This funding was provided to Forth Valley Advocacy, and was established on a pilot basis as the specific demands of the new Act were not known at that stage.

From a Learning Disability perspective, historically this group of individuals has experienced the greatest share of the available resources for advocacy and as a consequence access to independent advocacy is well developed locally. Nevertheless there was no dedicated provision for inpatients within Lochview, and this has been addressed by the planning partners who have provided additional funding on a pilot basis to Advocacy into Action to cater for this client group.

Two local groups have been established to oversee the development of advocacy services locally, as follows:-

- The Advocacy Strategy Group

The broad remit of this group is to plan, develop, and co-ordinate independent advocacy services across Forth Valley.

- The Advocacy Providers Forum

The Providers Forum aims to facilitate more constructive networking both between various providers themselves and also with the Advocacy Steering Group, and to promote informal working alliances between providers in an effort to avoid unnecessary duplication and ensuring that the best use of the available expertise is being actively considered.

In addition to this, within Clackmannanshire Council area, The Advocacy Place was established in 2007. This is a dedicated advocacy centre located in Alloa, which provides shared accommodation for the three advocacy providers operating in Clackmannanshire (Advocacy into Action, Forth Valley Advocacy, and People First), and is funded by the local authority.

Ongoing Challenges

- Need to review pilot services

Additional independent advocacy services were established in light of the implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003. These were addressed particularly at mental health and learning disability services, and were implemented initially on a pilot basis, as the demand for these services was unknown. There is now a need to review these services in the light of experience.

- Need to review the development of, and funding streams for, all independent advocacy services

There is a need to review the development of, and funding streams for, all independent advocacy services. Some services have developed on a pragmatic basis, and have arisen to meet specific client group or geographic needs. Many of the current funding sources are time limited, and some of the funding sources could be described as ad-hoc, to meet specific needs. There is the potential for a more structured approach to developing independent advocacy services, where services could be developed on a jointly commissioned basis, and this needs to be further explored. There is a need to ensure that services are provided on an equitable basis.

- Need to identify and address gaps in service provision

There are currently gaps in advocacy service provision, particularly in the following areas:-

Services for Children and Adolescents

Services for Older people

Services for people with a Physical Disability or Sensory Impairment

Services for Carers

Services for people detained in prison

These service gaps need to be considered, and an action plan should be developed to ensure that they are addressed appropriately, as required.

Conclusion

While there has been progress in the development of independent advocacy services in the fields of mental health and learning disability since the publication of The Way Forward in 2004, potential gaps in these services still remain, and there are client groups which receive little or no advocacy service currently, and these should be considered for potential development.

Currently, independent advocacy services are provided by four separate agencies in Forth Valley, funded by the NHS and three local authorities. These services are provided to care groups; to geographical areas; and to meet particular needs. These services have developed incrementally and, on occasion, independently of one another. A review of existing services should be carried out, to highlight areas for further development, and to try and ensure that services are developed on a consistent and equitable framework across Forth Valley.

Forth Valley Advocacy Strategy Group
September 2009

PREFACE

The term Advocacy often means different things to different people so it is necessary to be clear from the outset what is meant by Advocacy and in particular what is meant by Independent Advocacy in the terms of this document.

Advocacy is about helping people to have a stronger voice and more control over their lives. It can be a group of people with a common cause getting together to have a stronger voice. It can be about one person needing the support of another person to have their voice heard.

Advocacy has two main themes:

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

There are various models of Advocacy which include:

Individual Professional Advocacy utilises paid advocates usually working to support people in dealing with a specific issue or problem and will work with them until the issue is resolved.

Citizen Advocacy encourages ordinary citizens to become more involved with the welfare of those who might need this in their communities. Citizen Advocacy organisations aim to develop communities whose members are more able, competent and willing to speak on behalf of another person and to protect their interests. Citizen Advocacy brings an individual together with an advocate on a long term, personal, one to one basis. The advocate stands with their partner to defend their rights and to support them to pursue their interests, and the organisation is structured in such a way as to ensure that their loyalty is to their advocacy partner and not to the organisation. Citizen advocates are usually partnered with only one person, and they are unpaid.

Collective (or Group) Advocacy is where a group of people with similar experiences meet together to put forward shared views. It offers a shared voice rather than singling out individuals. It can however present a range of views. This approach builds personal skills and confidence and supports individuals to represent issues of common concern. Members of a collective advocacy group set their own agenda. Groups campaign for change and seek to lead and influence the change process. Such Advocacy Groups are organised around a distinct identity or issue but need effective links to wider networks.

It is recognised that both Health and or Social Care Workers will often act as Advocates for their clients or patients and family members may also often act as Advocates for those they care for.

Independent Advocacy is where those providing Advocacy operate independently of other service providers. This then removes any potential conflict of interest thus enabling an independent focus on the individual requiring Advocacy. Subsequently this approach ensures that the Advocate is completely on the side of the person requiring support.

Ideally such Advocacy Projects should promote “*independence of mind, independence of place and independence of funding, so they can stand beside somebody in a loyal and persistent manner*”².

The following paper presents The Way Forward for the development of Independent Advocacy Services across Forth Valley for the next three years by Forth Valley NHS and the three Local Authorities of Clackmannanshire, Falkirk and Stirling.

EXECUTIVE SUMMARY

It has been highlighted that Forth Valley's percentage spend per head of population in 2003 / 04 on Independent Advocacy is the highest in Scotland¹. Nevertheless it is acknowledged that by approaching the planning and implementation of Independent Advocacy on an integrated basis that Independent Advocacy can be truly enhanced and sustained in the longer term. It is recognised that Independent Advocacy is not the sole domain of the NHS and to achieve the development of enhanced Independent Advocacy Services there is a need for the NHS to work together with Local Authority Commissioners, Community Planning Partners, Providers and Users to achieve the desired outcomes.

Subsequently a key objective within Forth Valley was to refine the structures and processes of planning Independent Advocacy Services in light of the new emerging planning arrangements both in Health and Local Authority settings. Planning Independent Advocacy Services is now undertaken on an integrated basis by engaging with the various recognised Strategic Planning Groups in an effort to mainstream Independent Advocacy provision in its development.

A revised Forth Valley Advocacy Steering Group has been established. It has agreed to prepare this document in consultation with Partners for submission to the Scottish Executive via the Advocacy Safeguards Agency. Furthermore this Group will assist in producing an Annual Review and Update on this Plan in light of local initiatives contributing to the Health Plan and Community Planning Processes.

In parallel with the emerging development of this Steering Group, an Advocacy Providers Forum has also been established. This Forum in turn is beginning to facilitate constructive networking both between various providers themselves and also with the Steering Group. Informal working alliances between providers are being developed in an effort to avoid unnecessary duplication and make the best use of the available expertise.

The principal means in which planning for future Advocacy Services is undertaken is through the various Strategic Planning Groups who continue to evaluate Advocacy against all other competing priorities. This process has been informed by considering the main themes to emerge from the previous stakeholder events and the work undertaken in producing the last 3 -Year Advocacy Plan. Subsequently it is through the Strategy Groups representation on the Forth Valley Advocacy Steering Group that it is beginning to ascertain an appropriate way forward with a view to uniformity across all Local Authority areas.

The next key objective was to undertake a review of Independent Advocacy within the Strategic Planning Groups by asking a series of questions as to their present position and future intentions regarding Independent Advocacy.

Mental Health Services will see by far the greatest developments in Independent Advocacy as it is now receiving a much greater prominence than previously, aided largely by the requirements set out within the new Mental Health (Care and Treatment) (Scotland) Act 2003. £1.5 million has been allocated to Local Authorities and NHS Boards to provide increased Advocacy provision to clients affected by the Mental Health (Care and Treatment) (Scotland) Act 2003. This collectively amounts to £75,000 split between the 3 Local Authorities with Forth Valley NHS match funding £75,000 making a combined total of £150,000. Each Local Authority is progressing in response to local need and are building the capacity of existing projects or investigating in new arrangements. Forth Valley NHS is developing a joint Action Plan with its Partners to take forward the recommendations of the Mental Health (Care and Treatment) (Scotland) Act 2003 which would include

developing Advocacy provision. This joint Action Plan is presently being prepared and the use of £75,000 for Advocacy Services over the following 3 years is yet to be determined.

Older People Services remain largely unchanged since the previous years with much work still required to meet the needs of older people wishing to access Independent Advocacy including those who have dementia and also those older people within the acute hospital setting. It is noted that there is one post in Stirling targeted at Older People with Mental Health problems including Dementia which is funded via Mental Illness Specific Grant (MISG).

From a Learning Disability perspective historically this group of individuals has experienced the greatest share of the available resources for Advocacy and as a consequence access to Independent Advocacy is well developed locally. Nevertheless there still remain areas requiring attention in for example the need to address the development of Advocacy for people with a dual diagnosis and following the closure of the Royal Scottish National Hospital there is no dedicated provision for in-patients within Lochview.

Currently there is no local dedicated Independent Advocacy Service for people with physical disabilities. Nevertheless there are a number of local and national organisations and projects that provide a non-independent Advocacy role as part of their wider remit. These organisations are diverse and include such organisations “for” disabled individuals for example the MS Society, the RNIB and organisations “of” disabled individuals for example Council on Disability.

It is recognised that Children’s Services by their very nature are complex and diverse resulting in considerable discussion taking place locally around the merits of pursuing the concept of Independent Advocacy. Subsequently Children’s Services are at a very early stage in defining their thinking around the need for Independent Advocacy. The Integrated Strategic Planning Group for Children have indicated that they are unsure at the present time how to develop Advocacy Services for Children. In noting that there are a host of Voluntary Organisations who work with Children and provide an Advocacy role and to this end the Strategy Group is undertaking a review of the current provision. In concluding, some of the key achievements, challenges and future actions are highlighted as follows:

Achievements	Challenges
<ul style="list-style-type: none"> Agreed a Forth Valley Advocacy Planning framework and formed a Steering Group. 	<ul style="list-style-type: none"> Determine the impact of the new Mental Health (Care and Treatment) (Scotland) Act 2003 on the need for Independent Advocacy.
<ul style="list-style-type: none"> Established Advocacy Providers Forum. 	<ul style="list-style-type: none"> Raise awareness and tackle indifference as to the merits of Independent Advocacy within Older People, Physical Disability and Children’s Services.
<ul style="list-style-type: none"> Implemented full independent status for <i>Forth Valley Advocacy</i>. 	<ul style="list-style-type: none"> Consider the impact of funding streams only being on a 3 year basis.
<ul style="list-style-type: none"> Developed a generic Advocacy Centre within Clackmannanshire. 	<ul style="list-style-type: none"> Review the requirements of Children in respect of Independent Advocacy and determine appropriate models to deliver service.
<ul style="list-style-type: none"> Agreed to undertake independent evaluation of 3 main providers of Independent Advocacy. 	<ul style="list-style-type: none"> Ensure Independent Advocacy gains a greater profile in the Strategic Planning Groups prioritisation.

Key Actions

- To ensure access to Independent Advocacy for all individuals who fall within the remit of the new Mental Health (Scotland) Act.
- To develop links between Mental Health and Children's services, improve communication and investigate options for future development.
- To ensure availability of Independent Advocacy to those individuals with a dual diagnosis.
- To establish consistency of approach and agreement in the prioritisation of commissioning of Independent Advocacy for individuals with mental health problems in meeting local needs.
- To develop Independent Advocacy targeted to older people within the acute hospital setting and also those individuals with a diagnosis of dementia regardless of location.
- To ensure best use of resources made available to all individuals who fall within the remit of the new Mental Health (Scotland) Act to enhance service provision to older people.
- To agree in the prioritisation of commissioning of Independent Advocacy for older peoples services consistent with the Joint Future Agenda.
- To develop Independent Advocacy targeted towards in-patients at Lochview.
- To enhance access for individuals with a learning disability who have a dual diagnosis.
- To pursue resources made available to all individuals who fall within the remit of the new Mental Health (Scotland) Act to enhance service provision to those with a learning disability.
- To develop consistency of approach and agreement in the prioritisation of commissioning of Independent Advocacy for learning disability services taking account of local priorities.
- To create a greater awareness both with Service Users and also Service Providers as to the benefits of Independent Advocacy.
- To develop Independent Advocacy targeted individuals with a physical and / or sensory impairment who are under 65years and do not have a mental health problem.
- To meet the Advocacy needs of those individuals with an acquired brain injury.
- To undertake a Physical Disability Needs Assessment which will include identifying the issues of availability and access to Independent Advocacy.
- To develop consistency of approach and agreement in the prioritisation of commissioning of Independent Advocacy for people with a physical disability.
- Establish the level of need for independent advocacy for children across Forth Valley – this could be carried out via the Child Care Social Services in each Local Authority.
- Review the training needs of existing staff in the light of the Mental Health Act 2003.
- A bid should be submitted for money from the implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003 to establish an appropriate level of Independent Advocacy.
- The Children's Service Plan co-ordinators of each local authority should incorporate independent advocacy, other forms of advocacy and children's rights into the plans.
- Links should be made with the Implementation Groups in each Local Authority for the Education (Additional Support for Learning) (Scotland) Act.

Locally additional funds have recently been targeted at further developing Independent Advocacy Services. In the main a further £75K over the next 3 years will be made available from the NHS Boards Mental Health Act resource allocation matched collectively by the three Local Authorities on a proportionately between Falkirk, Stirling and Clackmannanshire Local Authorities on a 5, 3, 2 basis respectively. The specific detail of how this additional resource will be allocated is presently being determined by the Joint and Local Mental Health Act Implementation Planning process. The agreed funding streams for the main local Independent Advocacy providers are listed:

Advocacy into Action

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	2003 / 2004	2004 / 2005	2005 / 2006	2006 / 2007
	£	£	£	£
Clackmannanshire Council	23,000	23,000	23,000	To be determined
Falkirk Council	60,500*	43,500	43,500	To be determined
UVAF Funding	23,069	23,069	Funding ended	
TOTAL	106,569	89,569	66,500	

* Includes £17 K from Mental Health Act for work to develop dual diagnosis service proposal.

Forth Valley Advocacy

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	2003 / 2004	2004 / 2005	2005 / 2006	2006 / 2007
	£	£	£	
NHS Forth Valley	120,000	120,000 + annual uplift	120,000 + annual uplift.	120,
Clackmannanshire Council		23,221	23,221 + annual uplift	23,221 + annual uplift
Stirling Council MSIG Funding	55,000	56,270	57,390	To be determined
User and Carer Development Fund	14,000	10,000	Funding ended	
TOTAL	189,000	209,491	200,611	

Quality Action Group

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	2003 / 2004	2004 / 2005	2005 / 2006	2006 / 2007
	£	£	£	
Stirling Council *	80,000	84,360	84,360+ annual uplift	To be determined
TOTAL	80,000	84,360	84,360	

* Stirling Councils contribution includes Group Advocacy / active Citizenship.

The total spend by the four statutory partners on Independent Advocacy services across Forth Valley is as follows:

	2003 / 2004	2004 / 2005	2005 / 2006	2006 / 2007
		£	£	
NHS Forth Valley	150,000	145,000	145,000	145,000
Clackmannanshire Council	23,000	88,000	90,000	To be determined
Falkirk Council	77,500	71,500	85,000	To be determined
Stirling Council	135,000	139,360	*139,360+	To be determined
TOTAL	385,500	443,860	459,360+	

* Annual uplift

People First (Scotland)

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	2003 / 2004	2004 / 2005	2005 / 2006	2006 / 2007
	£	£	£	
Clackmannanshire Council		20,000 + annual uplift	20,000 + annual uplift	20,000 + annual uplift
TOTAL		20,000	20,000	2

1 INTRODUCTION

1.1 National Policy

“Our National Health – A Plan for Action, A Plan for Change”³ required NHS Boards to work with Local Authority Partners to ensure that integrated Independent Advocacy Services are available to those most in need. To assist local systems develop such services “Independent Advocacy – A Guide for Commissioners”⁴ was subsequently produced.

With the recent passing of the Mental (Care and Treatment) (Scotland) Act 2003 there is now a duty on the NHS and Local Authorities to ensure a range of independent advocacy services are provided for people with a mental health disorder.

The right to independent advocacy applies to anyone with a mental disorder. In summary, the right to access independent advocacy applies to any person who has a ‘mental disorder’. Subsequently Commissioners and Planners for Advocacy Services must specifically review the capacity to locally deliver an accessible Independent Advocacy service.

It is therefore imperative in implementing the new Mental Health Act that due consideration is given to utilising the various funding streams allocated to the Local Authorities and NHS Boards to meet their new commitments under the Act

Furthermore consideration should be given to the Local Authorities duty to offer direct payments to disabled people from June 2003. Policy and practice guidance explicitly highlights the role that Independent Advocacy can play to support the operation of a direct payments system.

The Scottish Commission for the Regulation of Care cites specific standards in relation to the provision of independent advocacy in residential care settings.

The Performance Assessment Framework for Patient Focus Public Involvement requires health organisations to demonstrate that Independent Advocacy is promoted and available to all users and potential users of the service; that a plan to develop services is being implemented, monitored and reviewed; and can demonstrate the impact on people as result of the implementation of Independent Advocacy.

The policy document *Fair for All* (2002)⁵ addresses the issue of accessibility for people from diverse communities to NHS services. Advocacy Projects and planners need to be aware of this and should evidence issues around accessibility and diversity.

In 2000 the Scottish Executive required each NHS Board area to submit a comprehensive plan of action every three years detailing the steps they and their Partners intended to take in terms of implementing a local strategy for the development of Independent Advocacy.

A multi-agency Advocacy Planning Group was established locally and subsequently developed a three-year Action Plan. This was an important document that provided a picture of Independent Advocacy Services across Forth Valley and some direction as to the future development of services.

The following actions were agreed and related to a number of initiatives that were anticipated would assist in taking forward the development of Independent Advocacy across Forth Valley which included:

- Establishing an Advocacy Forum of local providers.
- Creating and supporting a Steering Group to take forward the detailed planning of future Independent Advocacy Services.
- Developing improvements to the commissioning of Advocacy Services with providers and Users, through the Steering Group.
- Considering resourcing targeted Needs Assessment exercises through the Strategic and local Planning Groups to establish levels of need/demand for Independent Advocacy in vulnerable care groups currently receiving little or no service.
- Ensuring Independent Advocacy projects adopt and meet the Advocacy 2000 minimum core standards.

Feedback from the Scottish Executive on this first round of Advocacy Plans submitted by each NHS Board has suggested that there are widely differing approaches being used, with a range of gaps in terms of what is being reported and how it is being reported.

1.2 Setting the Local Scene

Clearly, from a local perspective there has been recognition that the structures and processes of Advocacy planning require to be refined in light of the new planning arrangements both in Health and Local Authority settings.

Agreement between the statutory organisations, those agencies providing and those receiving Independent Advocacy has been reached in identifying the need to give consideration to:-

- Clarifying the responsibility and authority of existing decision making processes to plan and commission Independent Advocacy Services for various groups of people.
- Identifying gaps in service provision.
- Prioritising areas for future investment.
- Accessing new and different funding streams.
- Networking opportunities.
- Involving users.
- Opening lines of communication

1.3 Linkages with Other Planning Processes

From a local NHS perspective it is recognised that the provision of Independent Advocacy is integral to the Patient Focus and Public Involvement Agenda and subsequently the Forth Valley wide Advocacy Planning Group and reports to the local Patient Focus and Public Involvement Strategic Planning Group.

It is acknowledged that there are other established multi-agency planning groups which would overlap with the remit of any new Advocacy Planning Group notably around services for Older People, Mental Health, Learning Disability, Physical Disability and services for Children.

Locally there commitment to planning Advocacy Services on an integrated basis. This must be undertaken by engaging with the various recognised Strategic Planning Groups, those agencies providing and those receiving Independent Advocacy in an effort to mainstream Advocacy provision in the development and implementation.

1.4 Broad Role and Remit of Forth Valley Advocacy Steering Group

The revised remit for the Forth Valley Advocacy Steering Group is:

- To prepare a local Advocacy Plan every 3 years in consultation with Partners to be submitted to the Scottish Executive via the Advocacy Safeguards Agency.
- To prepare an Annual Review and Update on this Plan in light of local initiatives contributing to the Health Plan and Community Planning Processes.

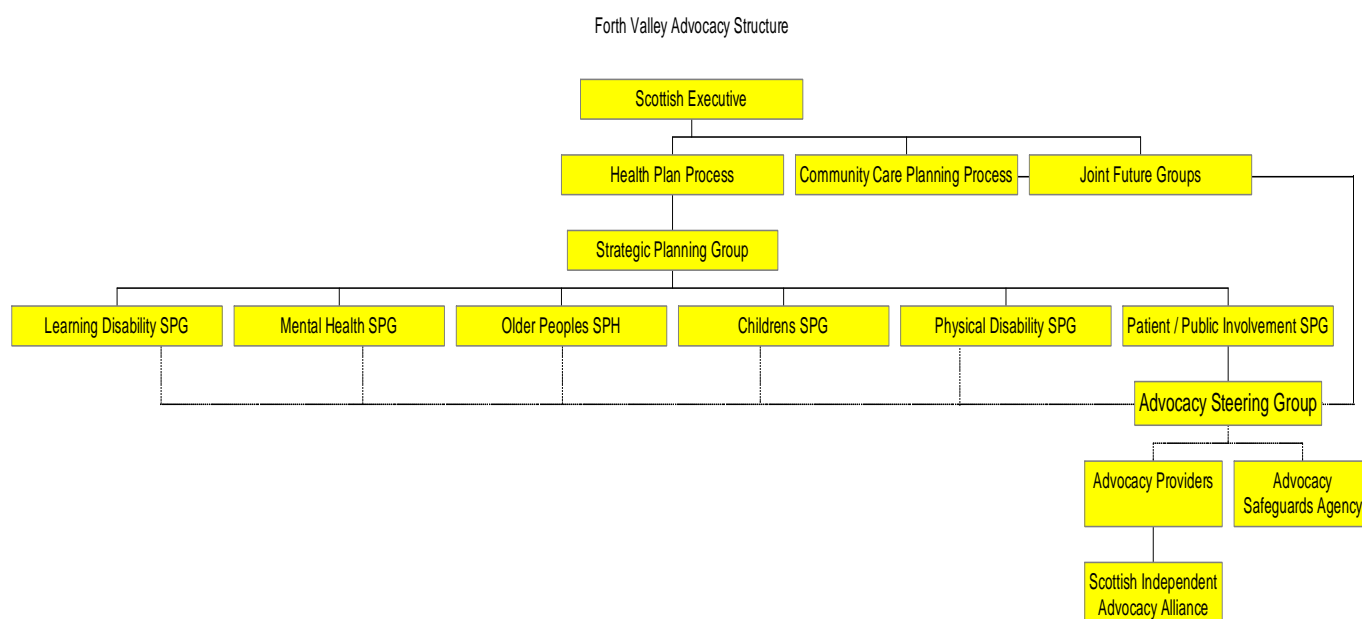
Independent Advocacy in Forth Valley as previously highlighted is an integral part of the Patient Focus and Public Involvement Agenda within Health and the Community Planning Agenda within Local Authorities. Nevertheless ensuring the principle of one of maximum devolvement and delegation of responsibility for the prioritisation and review of Independent Advocacy Services will rest with the relevant Joint Strategic Planning Groups and other Partners.

Moreover it is expected that this Advocacy Steering Group will influence and encourage the commissioning of appropriate services to:

- Identify areas of unmet need in relation to Independent Advocacy.
- Consult with all relevant stakeholders with respect to priorities for the development of Independent Advocacy Services across Forth Valley.
- Support and encourage the development of Independent Advocacy Services through the development of Strategic Planning Groups.
- Act as a point of reference for commissioners purchasing Independent Advocacy Services.
- Facilitate the dissemination of information to raise awareness of Independent Advocacy amongst Statutory Organisations, Voluntary Sector and Carers.
- Identify possible sources of funding (in a wider sense) for future development of Independent Advocacy Services.

1.5 New Planning Structure

The following structure for development of the Forth Valley Advocacy Steering Group has been agreed and is highlighted as follows:



1.6 Detailed Remit of the Advocacy Steering Group

There are a number of specific tasks that emerge from this revised remit, which broadly fall under 3 main headings.

A Planning Independent Advocacy

- Produce a local Advocacy Plan every three years, in consultation with appropriate stakeholders that will be submitted to Scottish Executive via Advocacy Safeguards Agency.
- Prepare an annual review and update on the above plan in light of local development initiatives contributing to the Health Plan and Community Planning Process.
- Actively seek User feedback in preparing and implementing future plans.

B Developing Independent Advocacy

- Identify, record and seek to fill areas of unmet need in relation to Independent Advocacy.
- Consult with all relevant stakeholders re priorities for development of Independent Advocacy.
- Support and encourage the development of Independent Advocacy through relevant joint Strategic Planning Groups.
- Consider and advise on proposals from commissioners and providers.
- Act as a point of reference for individual commissioners, purchasing Independent Advocacy services.

C Co-ordinating an infrastructure for Independent Advocacy

- Act as a signpost to Advocacy Safeguards Agency (ASA), Scottish Independent Advocacy Alliance (SIAA) and local Advocacy providers, for anyone wishing to learn about good practice in the field of Independent Advocacy
- Be an authoritative source of information provision on the development of Advocacy locally.
- Liaise and consult with appropriate local Advocacy Workers' Forum/Providers and User Groups/Reference Groups etc.
- In partnership with local Strategic Planning Groups, local Advocacy Providers, User Groups, ASA and SIAA generate action to raise awareness amongst statutory staff and other local service providers, about Independent Advocacy.
- Act as a conduit for the production and dissemination of promotional literature to raise awareness of Independent Advocacy among general public, including potential referrers and users of independent Advocacy Services.
- Ensure the funding of independent evaluations for Advocacy organisations, and take account of their recommendations in future planning.

1.7 Membership of the Forth Valley Advocacy Steering Group

The Forth Valley Advocacy Steering Group recognises that membership of the Group should be as inclusive as possible, nevertheless this has to be balanced with the ability to manage such a group in achieving its outcomes.

In re-affirming its commitment to meaningful and effective participation and engagement of Users of Independent Advocacy at local level this would be delivered and facilitated by the individual Strategic Planning Groups concerned.

Also there is a recognition of engaging fully with the providers of Independent Advocacy and membership of this Group will include a representative from the Forth Valley Advocacy Providers Forum.

Membership will be reviewed regularly to ensure it remains appropriate and reflects the remit of the Group.

Membership	
• Representative from Mental Health Strategic Implementation Group	1
• Representative from LD Partnership Group	1
• Representative from PDSIG	1
• Representative from FVSPGOP	1
• Representative from CHIP	1
• Representative from ASA	1
• Representatives from Advocacy Providers Forum	3
• Chairperson from Lead Agency	1

The Chair of the Advocacy Steering Group presently is from the lead agency responsible for taking forward Independent Advocacy namely Forth Valley NHS Board. At times however it is acknowledged there may be the need to co-opt different individuals or Agencies e.g. SIAA and this is determined by the membership of the Group.

Furthermore initially one place was made available to a representative from the Advocacy Providers Forum who in turn would alternate their representation between each of the three local providers. However it was subsequently agreed to extend the membership to include all 3 providers to ensure a more inclusive and consistent approach.

1.8 The Forth Valley Advocacy Providers Forum

In parallel with the emerging development of the Forth Valley Advocacy Steering Group the three local principal providers of Independent Advocacy, namely, *Forth Valley Advocacy*, *Advocacy into Action* and *Quality Action Group* have initiated an embryonic Providers Forum.

This Providers Forum is beginning to facilitate more constructive networking both between various providers themselves and also with the Advocacy Steering Group. Informal working alliances between providers in an effort to avoid unnecessary duplication and making the best use of the available expertise is being actively considered.

1.9 Enhancing and Sustaining Independent Advocacy

As stated previously it is imperative that it is only by approaching planning and implementation of Independent Advocacy on an integrated basis through engaging with the various recognised Strategic Planning Groups that Independent Advocacy can be enhanced and sustained in the long term.

Clearly, there are four fundamental questions that must be asked of the various Strategic Planning Groups in respect of Independent Advocacy:-

- 1. *Where are you now?***
- 2. *Where are the gaps?***
- 3. *Where are you going?***
- 4. *How are you going to get there?***

2 MENTAL HEALTH SERVICES

2.1. Where are we now?

The Mental Health (Care and Treatment) (Scotland) Act 2003, enshrines the right of access of a patient to independent advocacy. It places a duty on each local authority and Health Board to ensure the provision of independent advocacy services to any person with a mental 'disorder' within their area. The manner in which this provision is progressed within Forth Valley is the responsibility of a Joint Local Implementation group.

Central Independent Advocacy Services continue to be provided by *Forth Valley Advocacy*. This service offers two full time workers specific to mental health, one worker specific to Stirling Council (MISG funding) and a full time worker with a Forth Valley remit funded by NHS Forth Valley. A part time worker recruited through the User and Carer Development Fund also works within Bellsdyke Hospital. Volunteers are also utilised on a regular basis.

In light of the broad age range incorporated within the remit of the Mental Health Act, within Stirling and Falkirk there is in addition a specialised service, *Who Cares?* offering Independent Advocacy specifically to looked after Children and Young People; with some supplementary commissioning of services from the Central Scotland Support Group.

There must also be recognition of the invaluable role of less prescribed Agencies that do provide ongoing Advocacy support to clients from this care group. The *Quality Action Group* and *Stirling Users Network* are both developing positively to provide a more structured provision.

Quality Action Group have a focus upon delivering services to adult who have a recognised learning disability and mental health problem providing Collective and Group Advocacy and promoting Self Advocacy. The service is currently expanding to accommodate Independent Citizen's Advocacy and is in the process of developing a professional advocacy post which will work with individual's recognised as having a dual diagnosis.

Stirling Users Network provides Collective Self-Advocacy and is supported by a statutory sector worker.

Within each Local Authority area there are services designed to increase the involvement of individuals with mental health issues in the shaping of service design, and actively promote the inclusion of service users views. These provisions do not offer formal independent advocacy but bestow a valuable service in promoting a clear client voice.

In Stirling there is a Service User involvement support worker and in Clackmannanshire a User Development Network Officer. In Falkirk, the User and Carer Reference Group can be recognised for the Collective Advocacy role that they undertake.

Forth Valley Advocacy has become an independent organisation within the last year. As previously this was an integral department of the Forth Valley Primary Care Trust this change is recognised as a major achievement. Considerable effort has gone into establishing the Management Committee, producing and implementing the Business Plan and tackling the complexities of the various Human Resource issues.

The service now also benefits from a Mental Illness Specific Grant funded post for Stirling and a position created through the User and Carer Development Fund to enhance the existing service.

Stirling Users Network have also created a new post and in addition the aforementioned informal Advocacy Services have been instigated over recent months.

In Falkirk, the User and Carer Reference Group was established, with the aim of developing future provision based on User identified need.

The Forth Valley Mental Health Strategic Implementation Group has previously sponsored Stakeholder events to heighten the profile of Advocacy services. Although successful, this resulted in local services facing a higher demand than current provision would allow.

Consequently, individual projects now retain responsibility for this element of their work and further active development of existing provision is being explored by the Strategic Group. (Details of this consultation are offered within the previous plan)

Individual members of the Strategic Group raise the profile of Advocacy within their own services in the form of literature, information on intranet sites or in line with initiatives such as the Schizophrenia Standards. Although not directly commissioned by the Strategy Group, this work is managed centrally and practice shared across all involved agencies.

2.2. Where are the gaps?

The Mental Health Strategic Implementation Group recognises that considerable work is required in offering adequate Advocacy to individuals with mental health problems. The requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003 must also lead to an enhancement in the range of Advocacy Services being developed and not only with regard to 'traditional' mental health groups. Section 328 of the Act defines 'mental disorder' to include:

- Personality Disorder
- Learning Disability
- Individuals with Dementia
- People with an acquired brain injury

The right to access independent advocacy applies to any person who has a 'mental disorder' :

- Regardless of age, disability, ethnic origin, culture, faith, religion, sexuality, social background or personal circumstances
- Whether or not the individual is subject to compulsion
- Whether or not they are ordinarily resident in Scotland
- For people who are not detained , but who present with a mental health disorder at their GP practice
- For people who are detained and who may require an advocate at their tribunal.

The capacity of current provisions will require to be explored, and local variances and requirements considered within the Joint Local Implementation planning groups.

Discussions are currently taking place within Stirling and Clackmannanshire with *Forth Valley Advocacy* to ascertain how this may best be achieved. This issue is also high on the agenda as a Forth Valley wide strategic issue and a multi-agency group has been formed to initiate discussion. Falkirk has commissioned Falkirk and District Association of Mental Health to carry out a service user and carer consultation on what types of advocacy developments are required. This will inform the Mental Health Act Steering group to plan the development of services. Falkirk has also asked Advocacy into Action to identify the need and type of advocacy development for people who have a learning disability and mental illness. A specific working group has also been set up under the local mental health act steering group on advocacy planning.

The need has also been noted for improved services to individuals affected by delayed discharge from hospital or who have been recognised as having a dual diagnosis. The latter issue causes some debate regarding the appropriate service to be utilised, due to projects being funded through care groupings. A resolution to this issue is being discussed.

2.3 Where are we going?

£1.5 million has been allocated to Local Authorities and the NHS Boards to provide increased Advocacy provision to clients affected by the Mental Health Act. This collectively amounts to £75,000 split between the 3 Local Authorities with Forth Valley NHS match funding £75,000. Each Local Authority is progressing in response to local need and is building the capacity of existing projects or investigating new arrangements.

This locally represents a total of £15K allocated to Clackmannanshire, £20K to Stirling and £40K to Falkirk. In addition, £1.5 million has been allocated to NHS Boards, again for Advocacy specifically.

Forth Valley NHS is developing a joint Action Plan with its Partners to take forward the recommendations of the Mental Health Act which would include developing Advocacy provision. This joint Action Plan is presently being prepared and the £75,000 for Advocacy Services is yet to be allocated to specific projects or developments.

In response to the issues noted in the section above, Clackmannanshire are developing an Advocacy Centre serving individuals from all client groups, which will be supported by the Local Council. This will include the funding of an additional £23,000 for an initial three years from Clackmannanshire to *Forth Valley Advocacy*, affording a generic worker who will offer support to both elderly and mental health services. The post will be locally based to increase accessibility and awareness and will be supported by experienced volunteers.

2.4 How do we get there?

An umbrella planning and implementation group has been established, namely the Forth Valley Advocacy Steering Group which includes a representative from the Mental Health Strategic Implementation Group. Subsequent discussion within this Group is beginning to ascertain the appropriate way forward with a view to uniformity across all Local Authority areas. Recommendations from the Advocacy Steering Group will assist in the development of the Forth Valley Joint Implementation Plan (Re: Mental Health (Care and Treatment) (Scotland) Act 2004.) to ensure appropriate services are established prior to April 2005.

The Forth Valley Joint Implementation Plan considers all duties and requirements of the new Mental Health (Care and Treatment) (Scotland) Act 2003, this clearly outlines the need to provide comprehensive advocacy services. This document is augmented further by the development of detailed action plans for each Council area (Clackmannanshire, Falkirk and Stirling).

The Strategic Group receives regular feedback from Forth Valley Advocacy Steering Group and identified issues and experiences are used to guide future development requirements.

Historically in Forth Valley, Advocacy Services have been provided through geographical Local Authority area, the future aim being to 'knit' these provisions together thus creating a more effective and accessible service taking into consideration local priorities.

Each Local Authority area has access to User and Carer views, the experience of professionals and monitoring information through channels such as the Mental Illness Specific Grant to inform strategic practice. Users and Carers views are also collated through involvement in the Local Mental Health Framework Groups and through individual service consultation information, this information was utilised when developing the previous three year action plan.

In total, for the next three years, each of the partner organisations have allocated funds to enhance local advocacy independent provision. The varied sources of funding are outlined at the beginning of this paper.

Forth Valley NHS will fund an additional £75,000 over the next 3 years details of how this additional resource will be allocated is presently being determined by the Joint Mental Health Act Implementation Planning process.

Clackmannanshire Council will fund £23,000 to benefit *Forth Valley Advocacy*. This project, involving three agencies will support individuals with a learning disability and / or mental illness in line with the new Act, and will be offered in a generic manner. Clackmannanshire Council will spend £30,000 per year for three years to *Forth Valley Advocacy* of which £7,000 of infrastructure costs will be Change Fund funded.

Stirling Council has a total funding committed to Advocacy of £135,000 in 2004 / 5. This will rise to £139,360 in 2005 / 6. Of this, £56,270 (04/05) and £57,390 (05/06) is specifically committed to *Forth Valley Advocacy*.

Falkirk Council will spend a minimum of £83,000 on Advocacy services in 2004 / 5 and 2005 / 6. £43,500 to Advocacy into Action, the other £40,000 is yet to be allocated pending the proposals from the work commissioned to FDAMH and Advocacy into Action.

It is recognised that further work is on-going to identify how each Local Authority and NHS Forth Valley will determine allocating the additional resources made available through the Mental Health Act.

KEY ACTIONS

- To ensure access to Independent Advocacy for all individuals who fall within the remit of the new Mental Health (Scotland) Act.
- To ensure availability of Independent Advocacy to those individuals with a dual diagnosis.
- To establish consistency of approach and agreement in the prioritisation of commissioning of Independent Advocacy for all individuals with a mental health problems consistent with local need.
- To develop links with Children's services, improve communication and investigate options for future development.

3 OLDER PEOPLE SERVICES

3.1 Where are we now?

Presently NHS Forth Valley Older Peoples Service funds a dedicated full-time Advocacy Worker and includes further contributions of one fifth of the *Forth Valley Advocacy's* management input and one sixth administration support.

Stirling Council also supports a full time worker within Older Peoples Services with a particular emphasis and focus on older people resident within Care Homes and in the Stirling community area. This post holder also has some responsibility for recruiting, training and matching volunteers.

Clackmannanshire Council is in the process of agreeing a new service level agreement with Forth Valley Advocacy Service for a generic Advocacy Service that would include meeting the needs of older people and those individuals with mental health issues and physical disabilities within Clackmannanshire.

Falkirk Council does not presently specifically fund any Independent Advocacy for older people and has historically invested resources in supporting the User and Carer networks.

The major recent change directly impacting Older Peoples Services is that *Forth Valley Advocacy* has become an independent organisation within the last year as previously stated. This change from a statutory service to a non-statutory agency is recognised as a major achievement.

Work around specific targeted awareness raising sessions has been undertaken in previous years, but little recently. It would nevertheless be important to emphasise that within Older Peoples Services general awareness of Independent Advocacy does often take place each time an Advocate is invited to attend ward based Multi-disciplinary Team meetings, albeit that this is in an unplanned manner.

However Stirling Council has recently identified a sum of £5K and are in discussions with *Forth Valley Advocacy* in an effort to utilise this resource to hold a conference type event on Advocacy and possibly using some of it to extend a network of volunteers.

3.2. Where are the gaps?

Generally it is accepted that locally the needs of Older People wishing to access Independent Advocacy Services are not well met. In particular there is a definite gap in dedicated services for Older People with dementia and also the lack of services to Older People within the acute hospital setting has been highlighted.

3.3 Where are we going?

In noting that the recent developments within Clackmannanshire in establishing a local generic Advocacy Centre serving individuals from all client groups, this, then will increase the capacity of Independent Advocacy. Subsequently the ability for Older People and others to access Independent Advocacy will be much enhanced.

Consideration is also being given to accessing additional resources to improve Independent Advocacy for Older People through a joint partnership Action Plan to take forward the recommendations of the Mental Health (Care and Treatment) (Scotland) Act 2003 which does include developing Advocacy provision. This joint Action Plan is presently being prepared for future submission to the Scottish Executive.

3.4 How do we get there?

The principal means in which Older Peoples Services consider planning for future Advocacy Services is that the Strategy Planning Group for Older People initially evaluates Advocacy against all other competing priorities. This process has been informed by also considering the main themes to emerge from the previous stakeholder events and the work undertaken in producing the last 3-Year Advocacy Plan.

Subsequently it is through its representation on the Forth Valley Advocacy Steering Group that it is beginning to ascertain an appropriate way forward with a view to uniformity across Forth Valley.

Predominantly commissioning is undertaken via Local Authority areas and in response to hospital retraction exercises. Future commissioning intentions would be assisted by and informed through the Forth Valley Advocacy Steering Group.

KEY ACTIONS

- To develop Independent Advocacy targeted to Older People within the acute hospital setting and also those individuals with a diagnosis of dementia regardless of location.
- To ensure best use of resources made available to all individuals who fall within the remit of the new Mental Health (Scotland) Act to enhance service provision to Older People.
- To agree in the prioritisation of commissioning of Independent Advocacy for older peoples services consistent with the Joint Future Agenda.
- To create a greater awareness both with Service Users and also Service Providers as to the benefits of Independent Advocacy.

4 LEARNING DISABILITY SERVICES

4.1 Where are we now?

Forth Valley and offers Independent, Volunteer and Collective Advocacy to individuals within this care group. NHS Forth Valley funds this function. *Forth Valley Advocacy* worked alongside the *Quality Action Group* and *Advocacy into Action*, with a paid worker supporting people with learning disabilities moving out of the Royal Scottish National Hospital. This piece of work has now been successfully completed.

In Clackmannanshire and Falkirk, Advocacy is provided through *Advocacy into Action*. In the Stirling Council area Advocacy Services for adults with a learning disability are primarily provided through *Quality Action Group*. *Quality Action Group* provides a range of support and Advocacy Services including Group or Collective Advocacy and Self-Advocacy.

Quality Action Group has recently undertaken a review of their services to meet the changing nature and level of demand and to strengthen the services to the rural area of the Council. The review of services has led to a range of service development proposals and a restructuring of staff support to *Quality Action Group* members.

The group's Advocacy Services were initially focused upon providing support to people during the period of transition from hospital to living within their own homes in the community. The majority of people are now living in their own homes or communities and service developments will be targeted at ensuring that people have access to a choice and range of support services.

Quality Action Group has refocused activity into the development of a professional Advocacy Service which will provide individualised, issue based services and will operate as a complement to the range of other services and supports offered by *Quality Action Group*.

Quality Action Group will maintain their current drop in and individual outreach services and have identified scope for extension of these services in the rural area. This will involve some restructuring of current resources and an increase in the number of staff hours allocated to the post of Rural Development Worker and a further part time post of Drop In Co-ordinator. In addition a new post of Citizenship Worker has been established. The drop in service has, in particular, seen a significant rise in the numbers of people using the service.

Advocacy into Action in partnership with the Advocacy Alliance has developed awareness sessions and continues to educate all staff in Clackmannanshire.

People First have appointed a Development Worker funded by Clackmannanshire Council for 3 years This worker will engage with Users in Clackmannanshire to develop a range of Advocacy responses to ensure the empowerment of individuals with a Learning Disability.

4.2. Where are the gaps?

The Learning Disability Partnership in Practice Group acknowledges the need to address the development of Advocacy for people with a learning disability or a dual diagnosis to

meet the requirements of the Mental Health and Treatment (Scotland) Act 2003. The further implications for Advocacy provision within the Act are also being explored.

Existing services have also highlighted the need for accessible and appropriate services for clients who have a dual diagnosis. This would refer to individuals either with an accompanying mental health or physical disability problem. At present, no dedicated Advocacy provision exists for the latter group. The Partnership in Practice Group acknowledges that further work is required to support individuals appropriately whilst experiencing delayed discharge from hospital.

At present no Advocacy provision is provided to inpatients at Lochview. Consideration is therefore being given to how best these needs might be identified, assessed and met without compromising the existing services.

4.3 Where are we going?

In 2004 / 5, Clackmannanshire is developing an Advocacy Centre based in Alloa. This will provide locally based accommodation for all Advocacy providers. This would include *People First*, *Advocacy into Action* and a generic worker from *Forth Valley Advocacy*. The purpose of this being to increase accessibility and reduce the difficulties of working within specific care group services. The worker within *Forth Valley Advocacy* is essentially mental health specific, yet will undertake in partnership with *Advocacy into Action* and *People First*, Advocacy for people with a learning disability who interface with the new mental health legislation.

Falkirk has agreed to fund *Advocacy into Action* on a three year contractual basis. In addition Falkirk are exploring during 2004/ 05 an extension to the *Advocacy into Action* contract to enable them to provide Advocacy support to individual's with a dual diagnosis of mental illness and learning disability. Falkirk is also awaiting the feedback from the commissioned work of FDAMH to inform on service development proposals for people who have a mental illness.

The planning process for the further development of the range of Advocacy Services providing services within the Stirling Council area is ongoing. In respect of Advocacy Services specifically designed to meet the needs of people living in Stirling Council area with a learning disability are primarily provided through *Quality Action Group* and as outlined fully above. The group has recently undertaken an extensive review of their services to meet the changing needs and nature of demand and to strengthen services to the rural area of Stirling Council.

Quality Action Group plan to refocus activity into the development of a professional Advocacy Service which will provide individualised, issue based services and will operate as a complement to the range of other services and supports offered by *Quality Action Group*. Within the rural area of Stirling Council *Quality Action Group* will maintain their current drop in and individual outreach services and have identified scope for extension of these services.

4.4 How do we get there?

Responsibility for Advocacy planning and implementation has now been placed with the Strategic Planning Group in an effort to foster more effective provision. A representative from this group is involved in the umbrella body responsible for taking this plan forward.

Users and Carers views were collated through involvement in the Local Implementation groups for learning disabilities. The Local Implementation Group for the Stirling Council area is currently planning a series of consultation events for users, carers, families, service providers and the Local Implementation Group members. *Quality Action Group* members are heavily involved in the planning process for the events and will be the lead for the event designed for service users. The current and future provision of Advocacy Services, amongst other services, will part of the review

The Learning Disability Strategic group has the responsibility to co-ordinate and inform Advocacy provision within this client group. Representation is multi-agency and includes User and Carer involvement. Local agencies and wider consultation is gained through local Learning Disability Implementation Groups.

The commissioning of Advocacy Services has been taken forward in a multi-agency manner and work is being carried out to develop consistent service level agreements between funders and providers of service. The importance of committing funding on a longer term basis is also acknowledged.

It is important to recognise that the new Mental Health (Care and Treatment) (Scotland) Act 2003 involves not only individuals with mental health issues but also those who have a learning disability or who are elderly.

The development of Advocacy for these care groups is needed to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003. £1.5 million over three years has been allocated to Local Authorities, in light of the new Act. £15,000 is allocated to Clackmannanshire, £20,000 to Stirling and £40,000 to Falkirk. In addition, £1.5 million has been allocated to NHS Boards. Forth Valley NHS Board will receive a £75,000 share of this. This money is specifically allocated to match Local Authority payments. There is a question of a partnership agreement to utilise this money effectively.

This project, involving three agencies will support individuals with a learning disability and / or mental illness in line with the new Act.

In addition, Falkirk are exploring an extension to the *Advocacy into Action* service agreement, enabling them to provide Advocacy support to individuals with a dual diagnosis of learning disability and mental health. These developments are in an effort to offer longevity and to address an identified service gap.

Stirling Council have recently reviewed the services provided by *Quality Action Group* (QAG) and will continue to fund the development of the range of support and Advocacy services including the development of a professional Advocacy Service and an extension of services provided to the rural area of Stirling Council. Funding commitment to *Quality Action Group* over the next three-year period is core funded at £91, 493 per annum.

KEY ACTIONS

- To develop Independent Advocacy targeted to in-patients at Lochview.
- To enhance access for individuals with a learning disability who have a dual diagnosis
- To pursue resources made available to all individuals who fall within the remit of the new Mental Health Act to enhance service provision to those with a learning disability.
- To develop consistency of approach and agreement in the prioritisation of commissioning of Independent Advocacy for learning disability services.

5 PHYSICAL DISABILITY SERVICES

5.1. Where are we now?

Currently there is no local dedicated Independent Advocacy service to people with physical disabilities. Nevertheless there are locally a number of organisations and projects that provide a non-independent Advocacy as part of their wider remit.

These organisations are diverse and include such organisations “for” disabled individuals for example the MS Society, the RNIB and organisations “of” disabled individuals for example Council on Disability.

It is however important to emphasise that Independent Advocacy Services have on certain occasions historically been accessed by people with a physical disability through the mental health Advocacy Service due to an underlying mental health problem.

Following the publication of the last 3-Year Action Plan little has moved forward in Independent Advocacy provision for people with a physical disability despite considerable work been undertaken locally in taking forward the Disability Discrimination Act. And the previous consultation on the Physical Disability Strategy.

Very little specifically targeted education and awareness / consultation has taken place following the consultation on the local Physical Disability Strategy and the previous stakeholder events held within each Local Authority area.

5.2 Where are the gaps?

People with a physical and / or sensory impairment who are under 65 years and do not have a mental health issue have no access to a dedicated Independent Advocacy Service. Although it is understood that individuals with a physical disability within Clackmannanshire will be able to access a limited service from the generic Advocacy Centre.

Another group of distinct related individuals who are not able to access Independent Advocacy Services are those with acquired brain injury.

5.3 Where are we going?

In planning for future Advocacy Service the Physical Disability Strategic Planning Group intends to base such planning intentions on identified need rather than focusing on the specific types of impairment. For example some individuals may require considerable interventions to meet their needs but are very articulate in representing their interest or indeed have existing well developed and resourced support mechanisms while alternatively others with high support needs may not.

There is a lack of knowledge within Forth Valley that Advocacy Services do not exist for people with physical disabilities. Awareness of this needs to be raised at a variety of levels and forums.

Clackmannanshire Council have now funded Forth Valley Advocacy to provide an additional generic Advocacy worker. This will provide a service for all client groups including people with a physical disability. For the first time people with a physical

disability will be able to have direct access to Advocacy Services within that locality. This positive development is being viewed as an opportunity to identify the level of need for people with a physical disability. The intention is to identify need and then use the data to pull together a funding bid for Advocacy provision within the Stirling and Falkirk areas, in addition to Clackmannanshire. To achieve this it has been agreed that a piece of work will be undertaken in partnership with Forth Valley Advocacy, the development worker employed for Clackmannanshire and the Area Rehabilitation Team. This work will aim to raise awareness within healthcare professionals of the need for Advocacy and will assist in the development of criteria for access to Advocacy Services.

5.4 How do we get there?

The Physical Disability Strategic Implementation Group has agreed to take forward a local Needs Assessment that will include identifying the issues of availability and access to Independent Advocacy. Subsequently on completion of this work the Strategy Group will then be in a better position to determine the way forward.

By reviewing the outcomes from the forthcoming Needs Assessment and through its representation on the Forth Valley Advocacy Steering Group the Strategic Group is beginning that to ascertain an appropriate way forward with a view to uniformity across all Local Authority areas.

It is important that the lack of advocacy services for people with physical disability is highlighted. Raising the issue at the MCN strategy groups for MS and for Stroke and at the Brain injury working group will enable the profile to be enhanced.

A small workshop event will be carried out in partnership with the agencies involved. The outcome of this event will be written up and may be used to pull together a bid for funding for further Advocacy provision for individuals within the Falkirk and Stirling areas who have a physical disability. This should be completed by March 2005.

KEY ACTIONS

- To develop Independent Advocacy targeted to those individuals with a physical and /or sensory impairment who are under 65 years and do not have a mental health problem.
- To meet the Advocacy needs of those individuals with an acquired brain injury.
- To undertake a Needs Assessment which will include identifying the issues of availability and access to Independent Advocacy.
- To develop consistency of approach and agreement in the prioritisation of commissioning of Independent Advocacy for people with a physical disability.
- To create a greater awareness both with Service Users and Service Providers as to the benefits of Independent Advocacy.

6 CHILDRENS SERVICES

6.1 Where are we now?

The legislative and policy background within which services to children and young people operate is developing. The fundamental rights of children are enshrined in the United Nations Convention on the Rights of the Child (UNCRC), which states that “Parties shall assure to the child, who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child”. The Children (Scotland) Act 1995 emphasises that it is the responsibility of all individuals and organisations to protect, support and defend all children.

The recently appointed Children’s Commissioner for Scotland, Kathleen Marshall, indicates the political impetus behind the area of children’s rights, and she may be seen in some ways as an “advocate general” for children.

The Mental Health (Care and Treatment) (Scotland) Act 2003 improves the rights to care and treatment of children. This will increase the need for advocacy services for children suffering from mental disorders as defined in the Act.

The Education (Additional Support for Learning) (Scotland) Act 2003 extends the duties on local authorities and others to support children and young people affected by a range of conditions and experiences which impact on their ability to learn. The development of Co-ordinated Support Plans (to replace the existing Records of Needs) and the new right to have an assessment carried out will be underpinned by Tribunals where advocacy will be a clear benefit for many. A Code of Practice is currently being developed by the Scottish Executive Implementation Group and will be available by April 2005.

The developing agenda for Children’s Services emphasises the need for universal services and targeted services to come together to further benefit children and young people. Clearly, the context within which most children grow up is of a family life which works well for them and Early Years, Health and Education services which meet their needs as they develop. The key to successfully improving the lives of all children is to ensure that these universal services are able to link effectively with children, their families and targeted services when needed. Advocacy has an important role here.

Currently across the three local authorities, *Who Cares!* is funded to provide independent advocacy for those children who are Looked After and Accommodated by the local authority

Stirling and Clackmannanshire Councils currently employ Children’s Rights Officers who, although council employees, have a focus across all services to children. Falkirk Council is currently planning to employ a Children’s Rights Officer.

Across Forth Valley, a number of voluntary organisations offer support to children and their families. Barnardos, NCH, Aberlour and Quarriers provide an advocacy role within the framework of their delivery of services.

In line with the spirit of the Children (Scotland) Act 1995, Early Years, Social Work and Education staff see a clear role for themselves as advocating for children as part of their

wider role. In specific contexts, this will be an independent advocacy role, though clearly will often be an internal advocacy role too.

Most children, while currently lacking the maturity and skills to advocate on their own behalf, will have the benefit of a family where they will grow and develop. For those children with particular needs which require additional support, it will generally (though not always) be best to support their parents to advocate on their behalf. The Parent and Children Services Network run by Capability Scotland in Clackmannanshire supports parents to engage with the targeted services their children need, in turn benefiting children. The work of many of local authority and voluntary agencies is, while aimed at meeting the needs of the child, focuses rightly on enabling parents to more promote and meet those needs.

It would be fair to say that independent advocacy is not widespread for children in Forth Valley, and it is true also that, while it is necessary to develop independent advocacy, there is a need for discussion about the degree of the need for that in light of the above.

6.2 Where are the gaps?

While children are seen as a distinct group, their situation is generally one of maturation towards adult life. While the main gap may be seen as the lack of access to dedicated independent advocacy services for all children and young people.

It must be noted that children have the same rights to specialist services as adults with similar issues. Clarity is therefore required as to whether the current advocacy services for (for example) adults with a learning disability should extend to meet the needs of children with a learning disability. Given the issues around the transition from Children Services to Adult Care Services which the Education (ASL) (Scotland) Act 2003 seeks in part to address, this would be a clear reason to take that approach.

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to any individual regardless of age. At present there are no independent advocacy services for this group. The local implementation groups set up for the Act are considering this gap along with the other aspects of the legislation. Services for the children of adults with a mental disorder are limited, with the local Young Carers organisation focussing more on support services than advocacy per se.

6.3 Where are we going?

There is a requirement to establish the extent to which independent advocacy is required beyond that already provided and within the context laid out above.

There may be merit in funding a separate generic children's rights or advocacy service across Forth Valley or extending the remit of an agency currently involved in advocacy work or work with children to undertake this work. Alongside that, training service providers across council and other agencies in children's rights, the UNCRC and advocacy skills will be an effective way of improving the skills in this area.

Children's Rights Officers will be in place across Forth Valley in the next few months and it would be apposite at that stage to assess what joint work could be achieved.

The Children's Service Plans of the three local authorities require to include the plan for independent advocacy for children.

The Integrated Child Health Planning Group will continue to discuss the issue of independent advocacy across Forth Valley.

6.4 How do we get there?

Improved discussions and networking between health services and children's services.

Ensure advocacy, including independent advocacy, is addressed in each local authority's Children's Service Plan.

Ensure that strategic groups in and across the local authorities discuss and decide on issues around advocacy.

Explore the most effective method of providing an independent advocacy service at an appropriate level for children across Forth Valley - this is most likely to be through a voluntary organisation.

Ensure effective links are established between the Mental Health (Care and Treatment) (Scotland) Act and the Education (Additional Support for Learning) (Scotland) Act 2004, which will be implemented in 2005.

Further discussion leading to clarity will be needed around the following 2 key points.

- 1** It will be noted that independent advocacy is part of a spectrum of children's rights. This spectrum includes those children and young people who receive only universal services, those who receive targeted services for a short period and those who receive targeted services for an extended or long-term period. In the main, these children's rights are protected through the work of their parents, of professionals taking on an advocacy role or through their ability to advocate on their own behalf. For those children who require independent advocacy, two services exist for specific groups – young carers (Princess Royal trust) and Looked After and Accommodated Young People (Who Cares Scotland). The numbers of young people who will require independent advocacy beyond the above is likely to be small, but given their vulnerability, their need is likely to be great.
- 2** Should the organisation providing the independent advocacy be a specialist agency in the service area (e.g. learning disability or mental health), a generic provider of advocacy services or a child-centred service provider.

KEY ACTIONS

- Establish the level of need for independent advocacy for children across Forth Valley – this could be carried out via the Child Care Social Services in each Local Authority.
- Review the training needs of existing staff in the light of the Mental Health (Care and Treatment) (Scotland) Act 2003
- A bid should be submitted for money from the implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003 to establish an appropriate level of Independent Advocacy.
- The Children's Service Plan co-ordinators of each local authority should incorporate independent advocacy, other forms of advocacy and children's rights into the plans.
- Links should be made with the Implementation Groups in each Local Authority for the Education (Additional Support for Learning) (Scotland) Act.

7 CONCLUSION

7.1 Are we getting there?

Presently each of the funded Independent Advocacy projects produce monitoring information as agreed with the commissioners. This varies between projects and may take the form of monthly or quarterly activity reports, together with regular review meetings. However, it is recognised that further work must be undertaken on agreement for some form of consensus of reporting.

The need for greater clarity between the commissioners and provider/project on what information was required will be developed through the Advocacy Steering Group and would be beneficial to all.

The importance of independent evaluation of projects is well recognised and as such consideration will be given to seeing that where appropriate these are carried out with funded projects, within an agreed timeframe.

The Advocacy Steering Group has commissioned an independent evaluation of all three main providers of Independent Advocacy services within Forth Valley later this year via the Advocacy Safeguards Agency.

Commissioners involved in all Advocacy Services are also committed to undertake ongoing monitoring and contract compliance. There is also a continued responsibility for the services themselves to utilise agreed internal monitoring and evaluation data to shape future service design and influence other practice.

As with other initiatives, Advocacy Services will be expected to function under the principles of Best Value and any amount of £20,000 or over would be subject to the "Following the Public Pound" policy.

7.2 Determining Quality and Value for Money

The Advocacy Safeguards Agency which is directly funded by the Scottish Executive has an integral role to play in ensuring local good quality Independent Advocacy. This role has been recognised by the Forth Valley Advocacy Steering Group who appreciate the active involvement and representation of this organisation on its Group in advising on policy, research and good practice guidance.

Indeed as stated previously agreement has been reached between the Steering Group and the 3 principal providers of Independent Advocacy for an independent evaluation of these 3 Agencies to be carried out by the Advocacy Safeguards Agency in autumn 2004.

Funding for this baseline evaluation has been secured from Forth Valley NHS, thereafter there will be an expectation that each Agency would instigate approximately 3 yearly independent evaluations.

7.3 Lessons Learned

The experience over the last three years would indicate that provision of Advocacy is most effective when locally based, flexible and offers a choice of Advocacy Services. In ensuring quality, it is also noted that there should be a robust joint agreement between commissioner and provider.

Moreover all staff involved in the provision of Independent Advocacy should be appropriately trained. In recognition of this, the use of volunteers should be closely monitored and full training given being. Such training should be complimentary to the core provision of service.

All agencies involved would benefit from adhering to agreed standards of provision and be monitored on a regular basis, this would be best served by an external body. This allows for globally recognised values to be established and clear parameters in which the services may function.

The ongoing relationship between the providers and relevant Strategic Groups should remain, allowing commissioners to recognise and utilise collated information on Health and Local Authority service effectiveness, thus creating a mutually beneficial working partnership.

Less formally, existing arrangements to support Advocacy Services through access to information, possible funding streams, accommodation usage etc. should continue. This being best achieved through Advocacy representation on the relevant Strategic Planning bodies.

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9 MEMBERSHIP OF GROUP

Membership	
• Representative from MENTAL HEALTH STRATEGIC IMPLEMENTATION GROUP	Jane McFadyen
• Representative from LD Partnership Group	Stuart Landels
• Representative from PDSIG	Bette Locke
• Representative from FVSPGOP	Fiona McNeill
• Representative from CHIP	Ken Mitchell
• Representative from ASA	David Cameron
• Chairperson from Lead Agency	Joe McGhee
• Representatives from Advocacy Providers Forum	Elizabeth Findlay Steve McKee Ruth Owen

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