

Independent Advocacy

A Guide for Commissioners:
SUPPLEMENT



What is the Guide for Commissioners?

In January 2001 the Scottish Executive published "Independent Advocacy A Guide For Commissioners".

The Guide provides commissioners with a basic framework of principles and practical steps, around which the planning, funding and implementation of independent advocacy can be structured.

The Guide was developed by a small group of commissioners from health boards and local authorities, with assistance from Advocacy 2000 and Scottish Human Services.

As the foreword explains, health boards and their partners are expected to submit detailed proposals for the development of independent advocacy services by the end of July 2001 and to have agreed arrangements implemented in December 2001.

The Guide sets out the actions that health boards and local authorities should take in moving their advocacy strategies forward:

- Identify a senior named person who will take lead responsibility for advocacy development.
- Establish inclusive and effective advocacy planning teams to develop coherent strategies and financial frameworks.
- Commit budgets to independent advocacy for at least three years, pooling funding to create a joint single advocacy budget across client groups.

What does this supplement do?

- Provides practical suggestions on the key steps towards commissioning independent advocacy.
- Complements the information contained in the complete Guide and includes information on where to find further help

What Advocacy is and why it matters

ADVOCACY is part of everyday life. It is an ordinary activity. Many of us will at some point in our lives look to the support of someone that we trust to help us speak up for ourselves

ADVOCACY becomes an organised activity because:

- Some people in our society are more likely than others to be treated badly, either because of other people's prejudices, or their own vulnerability or both.
- Some people have no connections to family or friends or the wider community who could support them.
- For some people family and friends are part of the problem.
- Some people may only have professional paid workers involved in their lives. No matter how good the relationship may be, or how well supported they may feel, situations can arise when the person's wishes are not what the paid worker may feel is the right way forward.
- A paid professional may be constricted by their role, their legal responsibilities or by their employer.

ADVOCACY has two main themes:

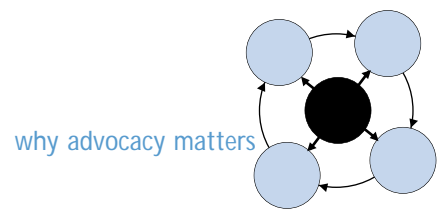
- Safeguarding individuals who are in situations where they are vulnerable.
- Speaking up for and with people who are not being heard, helping them to express their views and make their own decisions and contributions.

INDEPENDENCE

In order to be completely on someone's side in this way, to support them to claim their rights and safeguard their individuality, it is vital for advocates to be independent.

Independent advocates, whether paid or unpaid, can be clear that their loyalty lies with the person who needs advocacy. Not to the agencies providing care or to other significant people.

Advocates stand beside the person and focus on seeing things from that person's perspective. Ideally advocacy schemes should have – independence of mind, independence of place and independence of funding, so they can stand beside someone in a loyal and persistent manner.



Independence of mind is the most important element.

Good advocacy organisations do not seek confrontation. They do however challenge the practice and policy of agencies where necessary. This can be difficult for commissioners but the value of supporting independent advocacy is precisely that it will make challenges to the service systems. Good advocacy schemes work hard to be respected for the quality and integrity of their work. There will always be times however when they are not popular.

How are Advocacy schemes organised?

Broadly speaking there are three main approaches:

- Collective advocacy
- Citizen advocacy
- Independent Professional advocacy.

Some advocacy projects may concentrate solely on one approach, others may combine a variety of approaches.

The most important questions for commissioners are:

- Who needs independent advocacy in our local area?
- Who is a priority for advocacy?
- What is the most appropriate way to deliver it?

APPROACHES TO ADVOCACY

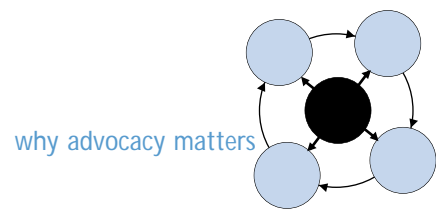
However independent advocacy schemes are organised they should all hold these key values in the policy and practice of their advocacy work.

That everyone has the right to:

- Be respected and listened to.
- Be involved in decisions that affect their lives.
- Have aspirations for their future.
- Contribute to and participate in their communities.

CITIZEN ADVOCACY ORGANISATIONS

- Create and support long-term relationships which are independent from the advocacy agency.
- They recruit advocates from a wide range of backgrounds to match with specific individuals who need advocacy.
- Usually employ one or two paid staff to find people who need advocates and to recruit match and support advocates.
- Are structured to ensure that the advocate's main loyalty is to their advocacy partner and not to the advocacy agency itself.
- **Citizen advocates**
- Are ordinary valued members of their own local community.
- Are not paid.
- Usually only have one partner. This may well be a life long relationship.
- Encourage their partners to speak for themselves wherever possible.
- Aim to help their partners feel part of their own local community.



INDEPENDENT PROFESSIONAL ADVOCACY AGENCIES

- Employ paid staff with relevant backgrounds to provide independent professional advocacy.
- May be organised to provide advocacy for people whatever the issue or may be specific to one area of service provision or service or one particular group of people who use services.
- Sometimes support volunteer advocates in short and long term partnerships. Volunteer advocates work with the same code of practice as the paid staff.
- **Independent professional advocates:**
- Usually support a number of people at the same time.
- May work with the person for a long or short time depending on the circumstances and the issues involved.
- Hold a knowledge of the Legal, Health and Welfare systems.
- Use this knowledge to support the person to get their points across and to influence decisions taken about their lives.
- Do not offer advice on how they think an individual should act.
- Provide information and support the person to look at the options and possible outcomes, enabling an informal choice.
- Support the person to represent their own interests as far as possible.

COLLECTIVE ADVOCACY ORGANISATIONS

- Bring together people in a similar situation to make common cause, draw strength from each other and make their collective voice heard.
- May be supported by a paid or volunteer advocacy worker or may be organised entirely by group members.
- Are made up of people who share a common situation or have experience of using particular services.
- Provide people with a way to share experience and initiate change without standing alone.
- Address issues at different levels from small-scale local service improvements to national and international campaigns on legislation and policy.

Planning for Advocacy - Questions to ask and answers to seek

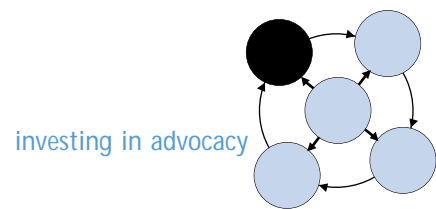
The following practical suggestions complement the information given in the complete Guide

IDEAS ON HOW TO ENSURE INDEPENDENCE

- First of all be committed as commissioners to this essential component of good effective advocacy.
- Keep funding at arms length by considering setting up an advocacy trust for your area - by pooling funding from different sources so no one agency holds the significant funding responsibility - by supporting projects to diversify their own funding sources.
- Ensure that projects have security of funding for periods of at least three years, allowing time to grow and confidence to challenge.
- Build in an independent review at appropriate times in the development of the advocacy schemes.
- Make sure your own staff can have the opportunity to understand the role of independent advocates and involve advocacy projects, or organisations like Advocacy 2000, in training on the role of independent advocacy.
- Make agreed arrangements and publish statements that cover important areas like access for advocates and confidentiality and ensure that your own staff, advocacy projects and service users are involved in this process.
- Make sure that your service information includes clear statements not only about your commitment to advocacy but also stresses its independence from your services.
- Have a clear agreement on what will happen if there are difficulties that cannot be resolved between you as the commissioners, and the advocacy scheme.

INFORMATION GATHERING AND GETTING PEOPLE INVOLVED

How can you keep people informed and involved? Meetings held in the traditional manner are not accessible to a great many people and different methods of communicating are necessary. Ask service user groups what works best for them and be prepared to be flexible. A rich diversity of information, views and opinions are needed to inform the planning and implementation of good advocacy.



Some areas may wish to consider employing a development worker or allowing named members of the advocacy planning team the time and resources to consult and inform.

Good inclusive planning relies on remaining connected to the people who will use the end results. A yearly conference should be only part of an ongoing process and laying down good foundations at the earlier stages will save time, build up good will and aid partnership working.

Know your own resources

- What information do you and your partners hold on unmet need within your own service?
- What research has been done that might be useful?
- Has a need for advocacy been highlighted already? How was this identified?
- Do you have existing ways of consulting service users that could be used as part of your advocacy consultation plan?
- Do you need to include in this thinking process people who don't readily come to mind at first?
- What do your own staff think, especially your front line staff and what mechanisms do you have for finding out?
- Do you have a clear picture of what independent advocacy is already being provided and funded in your area and for whom? This is important information that is needed to inform the planning process.
- Can you separate out what is independent advocacy from the overall picture of advice and support available in your area? This may require some informed judgement on what can be counted as independent advocacy.
- What is unique about your area? Do you have a high refugee population for example or host a National service?
- Have you thought about the most invisible amongst us, and who they may be in your area?
- Is it advocacy you really need? Some difficulties may be better addressed through more comprehensive advice provision for example
- What can GPs tell you and is there a way of using the contact they have with a wide variety of people, through patients' panels possibly?

Existing Advocacy Agencies

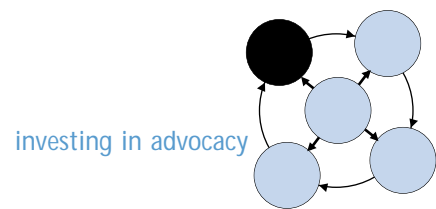
- What do they know and what do you know about them?
- Who do they support and represent?
- Do they know about unmet need within their own constituency?
- Do they know who slips through the service systems?
- What are their ideas about advocacy needs in the area?
- Do they record the issues that people come to them with and can they access this information without breaking their confidentiality agreements?
- Would it be appropriate for them to join a planning group and how could you support them to do this?
- Can they tell you about local groups that would be interested in contributing?

Local Service User Groups and the Voluntary Sector

- What do they do?
- What are their ideas on advocacy needs?
- Do they know others who would be interested?
- What are their main issues and would advocacy support be appropriate?
- Do they have representation at strategic level service planning either as a group or through another mechanism, a community care forum for example?
Can this be linked into the thinking about who needs advocacy?
- Would they be interested in the advocacy planning process and how could you support them to do this?
- What conflicts may they have in being involved in deciding advocacy priorities?
- Could the local Council for Voluntary Services be of use in sharing information and contacting appropriate groups?

The Wider Community

- Can your local Councillors tell you what the most common issues are in their areas and would they be best tackled through independent advocacy?
- Are there local neighbourhood groups that meet to consider the needs of their communities? What would they see as advocacy needs in their area?



- Do your local churches have an active role in supporting people in difficulty? How do they contribute to the overall community? Do they have a joint churches council? Can they help you in identifying the most vulnerable and most excluded amongst us?
- Have you included the Community Education section of your local Council in your information gathering?
- Have your local schools and colleges organised students' councils or advisory groups? Are students with disabilities represented?
- Have you considered forming a citizens jury?

The Bigger Picture

- What are the Government priorities and do they fit with your area?
- What publications are available that may be useful (look in the section "Further Sources of Help") in helping you place advocacy within the current policy climate?
- What can National Organisations help you with? Do they hold information about your area or about particular service user groups and their issue? Are there local representatives that you can contact?
- Have you looked to sources of information that will give you the broader picture such as the Advocacy Mapping 2001- SHS Publication, or accessed a copy of the Scottish Advocacy Workers Directory of Member Projects?

THE PLANNING TEAM AND THE CONSULTATION PROCESS

Once the broader framework and information gathering has been established, commissioners should revisit the question of who should be involved in the core planning team.

It is important that the process remains inclusive and transparent.

It is also important to consider who brings what with them:

- Can they make commitments on behalf of their respective organisations?
- What conflicts of interest are there?
- Do they have the time, commitment, energy and support to take the strategy forward?
- Are all of the partners represented?

The core planning team should ensure that they have a level of consistency in the membership in order to be productive and to build up trust within the team.

Members of the planning team need a clear picture of what will be expected of them.

People who use services and carers who are part of the team will need to know what is available in terms of expenses and assistance.

The team will need to identify how they are going to keep the wider stakeholders informed and outline a consultation process.

Search Conferences and similar processes like PATH are good tools for bringing a range of views together and agreeing some ways to move forward. Information on help with these larger group processes is available in the Appendix.

Newsletters, public statements and the use of the local press are all methods to consider that keep the information in the public domain.

Consideration must be given to people who cannot access these routes, however and resources need to be identified to allow for this.

The team should agree, consult on and publish a **joint statement of principles** setting out what they mean by independent advocacy and why they think it is important. This statement forms the framework for the important task of setting priorities.

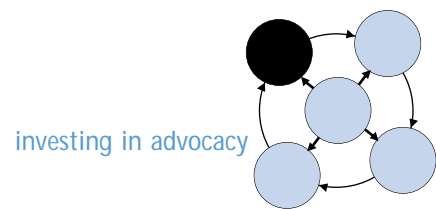
The team should also ensure that mechanisms are put in place for **reviewing** the advocacy plans, keeping the wider community of interest involved and keeping the focus on the advocacy needs for the area. This should be an active process and should include a focussed gathering of the stakeholders at least annually.

SO WHO MIGHT NEED INDEPENDENT ADVOCACY?

The answer is, it could be any of us. There is a need however to consider who may be best served by the organised kind of independent advocacy that is outlined in the Guide.

The circumstances that push people towards the edges of ordinary life are varied and that is why the Guide asks that commissioners “think outside the boxes” of specific community care groups.

This is not an easy task. To be effective in safeguarding and standing beside people, advocacy schemes have to focus on those most in need of their support. To focus they have to direct their gaze.



What is happening in people's lives that could be improved by the involvement of an independent advocate?

Are they at risk of being disregarded or neglected?

Independent advocacy can be directed towards improving the circumstances of people's lives. The focus does not have to rely on placing people into care categories, rather it can ask who is most likely to need advocacy support in our community?

A useful place to start may be to think about people who:

- Are living at home and at risk from family, friends or the wider community because of their own vulnerability or other people's prejudices or both.
- Are living in care settings and are isolated from the everyday connections that most of us enjoy in our lives.
- Are living in the community and are at risk of being isolated.
- Are facing life-changing or life-determining decisions.
- Have a level of confusion or communication difficulties that makes speaking up and taking decisions more difficult.
- Receive complex care packages.
- Are moving into or out of organised care.
- Are facing complex legal proceedings.
- Are acutely ill and in need of an independent person to safeguard their human rights and ensure their views are taken into account.
- Don't quite fit into the standard care routes.
- May have difficulty accessing services because of communication difficulties, other people's perceptions of them, or cultural barriers.
- Are facing difficulties with the funding of their care.
- Are not easily visible in our society, some homeless people or people who have been in institutional care for most of their lives, for example.

There are people in our society who are more likely to be facing these decisions or living in these circumstances. The following list is an indication only and not all people that face these challenges will need an advocate:

- Older people - especially those who are physically or mentally frail or living in care settings.
- Children - in contact with the care systems, living in foster care or residential care, in danger of exclusion from schools for whatever reason, or involved in the Children's Panels process or with other legal proceedings.

- People with mental health problems - especially people with enduring mental health difficulties.
- People who have dementia.
- People who have physical or sensory impairment, including brain injury.
- People who have learning difficulties.
- People who are homeless.
- People who are refugees.
- People from black and ethnic minority backgrounds.
- People who have drug or alcohol dependency difficulties.
- People facing life-threatening illnesses like cancer or AIDS.
- Relatives or friends who care for people who are ill or have disabilities. Young carers in particular can be in danger of being overlooked, as can elderly carers of younger or older relatives.

There is a **warning** to be given here however. Many people are described firstly by their disabilities, their illness, their ethnicity, or their sexual orientation and not by their presence as a human being. This is not to deny that people can face real problems, simply to stress that all of us are entitled to be regarded firstly as individuals.

AGREEING A JOINT FUNDING COMMITMENT

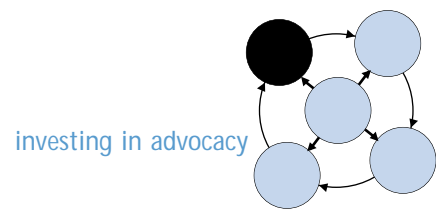
Health Boards and Local Authorities should **fund advocacy jointly**. It makes no sense to try and unpick what bits may belong to health and what bits to welfare.

The total spend on advocacy currently forms a very small part of the overall budget commitments of statutory authorities. Committing money from the general yearly budget, in combination with identifying advocacy as part of the legitimate expenditure in other programmes for change, The Same As You initiative for example, would enable the effective planning and implementation of independent advocacy.

In addition to providing benefits to individuals and groups, advocacy can inform decisions on the delivery and planning of services leading to a more effective use of resources.

The recommendations are:

- Health boards retain a responsibility for funding and supporting independent advocacy whether or not they have any long-stay hospitals in their areas or have



transferred resources to local authorities for the resettlement of people from long-term care

- The joint agencies should agree and publish their commitment of resources to independent advocacy for a period of at least three years
- Existing advocacy organisations that are considered to be good long-term investments should be guaranteed a realistic maintenance level of core funding for at least three years within this commitment
- Ideally this guaranteed funding to existing organisations should be provided on the basis of an independent external evaluation
- The funding system should be transparent so that everyone knows where the money is going and what it will be used for

These two funding commitments - to the sector and to good existing advocacy projects - will provide much needed stability to the provision of independent advocacy and the planning process.

- Advocacy agencies will be able to plan for their development
- Advocacy agencies can manage change rather than respond to crises and deny problems
- Trust can be developed between commissioners and advocacy agencies
- There can be continuity for service users rather than the stop start patterns that happen due to the insecure nature of current funding

Advocacy Trusts have been suggested in some areas as a future way forward. Independent advocacy trusts could:

- Provide a mechanism for the arms length funding that contributes to the independence of advocacy schemes
- Be inclusive in membership and democratic in practice holding representatives from statutory & voluntary organisations, service users and carers, interested individuals and the wider community
- Attract some major funders of advocacy along side the statutory bodies - the National Lottery Charities Board & other Charitable Trusts for example

Some people think that an independent advocacy trust would be another level of unnecessary bureaucracy.

SETTING PRIORITIES

Commissioners have to make decisions on where to invest their limited resources. They have to balance the existing advocacy provision with the strategic view, which may not necessarily fit with the local and national priorities for service development.

The process of involving people across a wide range of interests in the setting of priorities is not an easy task. If the gathering of information, consultation and planning has been inclusive and comprehensive, then it is likely that ideas about the gaps in current provision and on priority needs have been well aired. Stakeholders are more likely to have confidence in the commissioning team to reach the best decision focussed on those in the greatest need.

It is important to recognise at this stage that conflicts of interest may exclude some individuals and groups from the actual decision-making. Service users and carers have already decided in some areas that they do not want to be involved in deciding the priorities. They do not want to be in competition with other service users and feel that ultimately it is the commissioner's job. Some advocacy agencies have withdrawn from the planning process at this stage following the same reasoning.

Commissioners should be aware that the most popular decisions could be in danger of leaving out those most in need, precisely because they have little or no direct voice in the process.

When it comes down to it commissioners and planning teams will have to rely on their courage and judgement in setting the priorities and outlining the options. They should not expect their decisions to please everyone.

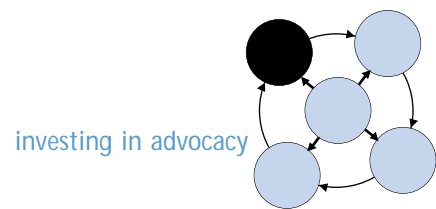
Consideration should be given to the questions:

- What is at stake for people?
- Can advocacy be effective here?

There is no magic formula for working through this process. The general principle is to keep the focus on the people who are most at risk of being failed by the service systems and for whom the consequences of not having anyone to stick up for them is the most serious, both for themselves and for the service systems.

It may be useful to think about

- The proportion of people who may need advocacy within the differing circumstances listed earlier.
- The relative risk to the person/group
- The consequences of doing nothing for the person/group.



- The consequences of doing nothing for the staff and the services in general.
- The value of advocacy in enhancing health and wellbeing, through both the process and the outcomes.
- The value in someone taking decisions that they are more likely to own and take responsibility for.
- What role advocacy may play in making change happen, in a hospital closure programme and beyond into the community, for example.

WHAT STYLE OF ADVOCACY?

There is no best way to provide independent advocacy. The question is what will be right for this area and for the priorities that have been decided?

Think about

- The population in your area, the geographical characteristics and the social and economic climate.
- The priorities that you have identified and the advocacy needs of the potential service users.
- The current independent advocacy provision.

What do the people who may use the advocacy organisation need - the approach of citizens advocacy that emphasises inclusion into the community - the expertise and knowledge of a professional paid advocate - the support of a peer advocate who has experience of similar situations - the power of the collective group voice?

The debate between specialist or generic advocacy agencies

There is a case to be made for the provision of both generic and specialist advocacy approaches. Most advocacy styles can be specialist or generic, although collective advocacy by its nature is focussed on situations and environments or a specific group of people.

A **specialist approach** will concentrate on one particular group of people or on one specific situation, like a hospital closure programme for example, or on older people in residential care. There are advantages in building up a particular expertise in the situation or in the needs of a specific group. It can also be easier for the service user group to identify with a specialist advocacy organisation and for the advocacy project to build up networks that will inform the picture of the overall environment for that particular group of people.

The difficulty is in excluding people who are in need of advocacy but do not fit the criteria for access.

A generic advocacy organisation, in theory, could be open to all, for any advocacy issue, through any form of independent advocacy. In reality most generic advocacy schemes have criteria for access, people using community care services for example. Generic advocacy organisations can be accessible, inclusive in their approach and can be efficient in the use of resources, especially in large rural areas. They do not exclude the people who don't quite fit into the traditional community care groups.

Generic advocacy organisations can face difficulties in prioritising need and in balancing the service across the range of people who might use their organisation. Some advocacy agencies have developed specialist advocacy services within the context of a generic advocacy project setting, recognising that people have differing experiences and circumstances and can have differing advocacy needs.

Citizen Advocacy or Paid professional advocacy

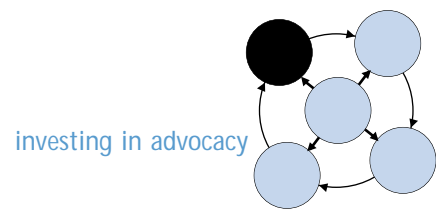
Citizen advocacy builds relationships between ordinary citizens and people who need advocacy. Citizen advocacy is particularly useful for people who; need long term or even life long advocacy support, would benefit from getting connected in ordinary ways to their own community and may need some one independent to ensure that their human rights are safeguarded and that they do not become an invisible person.

Citizen advocacy relationships take time to grow and some citizen advocacy organisations also provide crisis advocacy so they can respond immediately when someone is at risk – for example, of becoming homeless.

Paid professional advocates can work with a number of people at the same time and hold appropriate expertise and knowledge for the needs of the advocacy projects service users. They are more likely to be in a position to respond rapidly on specific issues and may limit their involvement to the issue/issues that the person identifies. Volunteer advocacy is often developed alongside the paid professional model and this adds richness and diversity to the pool of advocates available.

It may be useful to think about using paid advocates in situations where it would be important to maintain a presence in the environment, in a hospital for example or where it would be important to be able to contact an advocate urgently, when a person may be subject to detention under the Mental Health Act for example. Professional paid advocacy is also useful where knowledge and experience of the service systems and legal aspects involved in the care and protection of people is required.

Peer advocacy can be supportive and empowering. For some service users this form of advocacy is more acceptable because they have a level of trust in someone who has been through the same situations. Peer advocacy can be developed within most forms of advocacy styles. Volunteer advocates may have experience of using services for example and some collective advocacy groups are run by and for people who use specific services or have a particular difficulty or illness.



Collective Advocacy can be particularly powerful in initiating change for people who are in a common situation. A hospital patients council that is working in an empowering way brings benefits to individuals and to the whole population of that hospital if it is keyed into the management structures. Collective advocacy can be supported by paid or volunteer advocates, or can be run entirely by the group itself.

Difficulties that groups may face are in deciding what is a collective issue and what is an individual concern. For this reason it is useful to have links with advocacy agencies that provide **individual advocacy**.

Consider combining different forms of advocacy. Many existing projects very successfully provide individual advocacy and also support collective advocacy groups. Many projects have both long-term citizen advocates and crisis advocates.

Be aware however that there are combinations that do not sit well together, advocacy for people who use services and for carers for example. People who use advocacy organisations have to be convinced that the focus will be on their perspective and that their confidentiality will not be compromised.

Consider the wider picture. A combination of organisations may be able to form a new advocacy agency or may provide support for a new initiative in its earlier days. The information gathering that formed part of the planning process should be helpful here.

There are organisations that provide advocacy and also provide services. It would be more appropriate to support a move towards independence from the host organisation in this situation because of the potential for conflicts of interest.

Existing advocacy agencies may be supported to widen their remit, to mentor new schemes, to refocus their work or to become involved in developing networking and support for advocates in their area.

Physical and psychological access should be considered when deciding on the focus and style of advocacy schemes.

The difficulties involved in just reaching people in some situations can be a strain on the resources and on the health and safety practice of any form of advocacy. Large rural areas may have highly inaccessible communities and cities can pose their own difficulties.

Confidentiality can also pose problems within small communities where everyone knows who you are and questions need to be raised on whether a local advocate is preferred or someone from out with the immediate area.

If a generic approach seems the most appropriate, then it is important for advocates to have access to expert advice and knowledge and for training and networking to be given a high priority. Advocates can also be recruited with skills that cover a range of situations.

There will always be a need to develop citizen advocacy on a very local level but it may be possible to provide a central resource that supports local communities to develop their own.

COMMISSIONING

There are different ways to approach moving from a sketch of an advocacy agency to a definite plan with money and people and places attached.

Publish the sketch and invite agencies to submit grant applications. Remember that smaller organisations may have less experience of this process but may well have the right components to provide good independent advocacy. Commissioners need to make the process accessible to attract the best range of prospective applicants.

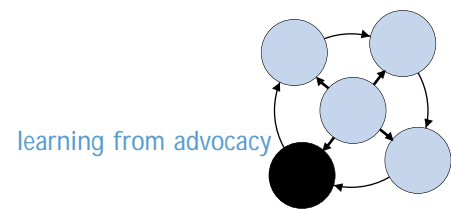
Put out a specification for competitive tender. There are difficulties with this approach. The requirement for considerable detail can stifle the flexibility needed when organisations first start up. The independence of the advocacy agency can be compromised because they can be seen as delivering a service on behalf of the funding bodies and not directly to the people who need advocacy. This process also tends to favour larger national organisations that have the resources and the expertise in responding to this kind of approach and can deter small local groups and agencies.

Creative approaches. Some local authorities have used community development methods, working with local people to set up new advocacy organisations that are grounded in the local community. This may involve; looking for individuals who have a history in the community and an understanding and commitment to independent advocacy, supporting existing advocacy schemes and other interested groups to bring together the threads of a new approach and having the courage to allow them to return to commissioners with their own proposals.

However you decide to go ahead it is important that commissioners, advocacy schemes and the people who use them, see the money as a contribution from public funds towards the provision of independent advocacy and not as funds to provide a service on behalf of the commissioning agencies.

LEARNING FROM ADVOCACY - THE BENEFITS

Many service providers genuinely want to learn from independent advocacy on how to improve their services. If there is no mechanism to do this advocates may be seen simply as a source of complaints and aggravation rather than a positive force for change.



The benefits of linking advocacy into the decision-making processes include:

- Their ability to link the experiences of their individual service users into common themes
- They can provide feedback on users perceptions of the way they are treated by different services, especially valuable where service users find it difficult to present this themselves
- They can inform policy and practice in relation to future service provision. It would be useful to build in twice yearly intelligence gathering workshops that involve the advocacy agencies, people who use the advocacy, and the senior planning and operational staff. An external facilitator would be useful for these events.

The independence of the advocacy agency and the confidentiality of the people who use the advocacy need to be safeguarded. It would be useful to keep some points in mind when looking at the mechanisms for this feedback:

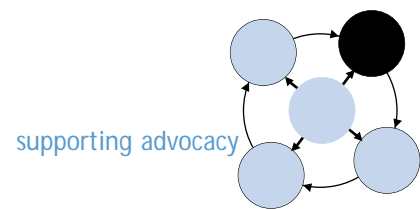
- Information wherever possible should not be traceable back to individuals. When there is no other option the information should be handled in confidence and the permission sought of the individual/s involved
- Advocacy agencies have a duty to tell it as they see it even if the picture is less positive than the view of the service providers or the commissioners
- Advocacy schemes should try and resolve any issues through the agreed channels first
- Meetings are not to review the work of the advocacy scheme, they are feedback on the advocacy scheme's findings
- The relationship is built on mutual respect rather than confrontation
- The meetings are organised on a basis that makes strategic sense and talks to the right people
- There should be an agreed way in between meetings for the advocacy agencies to raise service related issues with commissioners
- The advocacy agency has a responsibility to record and collate its work in a way that enables them to feedback issues to the decision makers
- Regular short focussed meetings are best. That way the current issues don't get lost and continuity is encouraged
- Commissioners and service providers should ensure that the advocacy agencies are given feedback on the progress of the issues they bring to them.

Supporting Independent Advocacy

Advocacy agencies will benefit from support in various aspects of their work. Supporting advocacy agencies has both practical and psychological advantages. The advocacy scheme is more effective and robust and other agencies and professionals can see that you are committed to independent advocacy being actively at work in your area of responsibility.

Practical Advantages and what would be appreciated:

- **Consistency of core funding** is of immense value to practicing advocacy projects. Life can be made very difficult by having precious time taken away from delivering direct advocacy in order to chase core funding. Whilst projects feel it is desirable and healthy to gather funding from a variety of sources it is essential that they can rely on core funding of at least three years duration to be most effective in their delivery of direct advocacy.
- **Funding one paid worker is not a good idea.** The worker will find it difficult to do a good job because they will have to carry too many different roles and because the potential is there to be really isolated. Some people have done heroically well as lone workers but ask and they will tell you the costs. Always build in funding for additional external support and supervision if you have no alternative but to go down this route.
- **Support to get off the ground** - like all new organisations advocacy projects need a helping hand to become established. Key areas may include:
 - Providing access to appropriate training run by your own services.
 - Help in adopting and maintaining good management practices.
 - Funding for external support and supervision for the project Co-ordinator.
 - Advice on techniques and structures for reducing stress.
 - Support networking with useful organisations.
 - Don't expect them to launch right in and advocate - they will need time to prepare the ground and themselves.
 - Provide link staff from appropriate services or named people to contact that have an understanding of advocacy and the needs of new organisations.
 - Prepare your own staff for the arrival of advocates into their working environment.



- **Support for existing advocacy schemes:** for established schemes the focus may be on the support they need to review their activities and to keep going:
 - Opportunities to reflect on their work and re-connect with what they are trying to achieve. This may include; Review days, Development Days, Team Building & regular planning sessions and review of the management arrangements of the project. Independent external facilitation may be helpful for some of these areas.
 - Commissioners can support this renewal process by building in funding for this purpose, by the provision of information on good practice, by being involved if **appropriate** for some of the activities, by listening and responding when projects call for a change in the agreements or their own structure as a result.
 - Revisiting and renewing the connections between advocacy projects and their impact on the service systems. Are the projects still connected in the best way to the decision making processes on future services - are the staff in your services responding to the issues that the projects take forward - are they being seen as a stand in for service users views?

Measuring The Effectiveness of Advocacy

Commissioners have a duty to ensure that public money is being well spent and advocacy groups that seek public funding recognise that they should be accountable for their work.

Commissioners need to be clear from the outset that monitoring and evaluation will be essential components of the grant conditions or service agreements. Funding needs to hold a component for this process. An external evaluation may cost from £3000 to £5000 and should be based on a three yearly cycle to be most effective.

The methods of monitoring and evaluating the work of advocacy schemes must be credible and useful both to the schemes themselves and to commissioners.

There is no one best model to apply. The different advocacy approaches, although holding the same key principles, are organised to best serve the advocacy needs of the people who use them. Little of value would arise from applying the same model of evaluation and monitoring to a hospital patients' council and a collective advocacy organisation. They work in different yet equally effective ways.

What is available now?

- Advocacy 2000 and SHS are working on an evaluation process for independent advocacy that will be available in the summer.
- There are recognised tools for evaluating citizen advocacy, CAPE for example.
- There are a number of agencies and individuals in the UK with significant experience of evaluating various forms of advocacy.

What should Commissioners be looking for and what is legitimately their business?

Commissioners need to think carefully about what is legitimately their business, protecting the independence of the advocacy agency and the confidentiality of the people who use the advocacy. They have a responsibility however to ensure that the advocacy is fulfilling the terms of the agreements and can demonstrate good practice in effective advocacy.

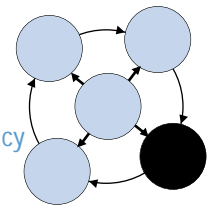
There are some general areas in which all advocacy projects should demonstrate good practice:

- They should be focussed on those individuals and groups that are most at risk of exclusion and least able to represent their own interests.
- They should be firmly rooted in the community of interest that they serve and in the local geographic community
- They should be constitutionally and psychologically independent of government and of the statutory and voluntary service systems
- They should have a robust process for management and governance that supports them to stay clear and stand firm on their principles and goals.

The Guide recommends that a formal **independent evaluation** should take place for new schemes after they have been running for about three years. To be most effective independent evaluation should occur thereafter at three yearly intervals.

Evaluation is an area that can cause tension between the advocacy agency and the commissioners. It is well worth spending some time discussing the content with the agency and the evaluators and reviewing the framework once the advocacy work is more established. Advocacy agencies should gain from the process and be able to call on the evaluators for suggested solutions to areas that may be highlighted for improvement.

Some aspects of these core elements can be measured through **monitoring** processes. But numbers alone mean nothing, they need to be viewed in context alongside the quality and effectiveness of the advocacy provided, the wider roles of the project and the kind of advocacy offered.



Some elements of the regular monitoring process will involve evaluative aspects. The number of self-referrals may for example be one indicator of the agency's profile and standing amongst its community of interest or it may indicate that they are only reaching the people that can refer themselves.

It should be possible to work with advocacy agencies and their management committees to agree a process of regular monitoring and information exchange that will be of benefit to both the agency and the commissioners.

Keeping the focus on those individuals and groups that are most at risk of exclusion and least able to represent their own interests.

Some important questions to ask may include:

- Who uses the advocacy - including details of age, gender, geographical location, place of residence, ethnicity etc?
- How are people contacted and how do they access the service?
- What are the issues that people ask for help with?
- Are there arrangements for the advocates to contact people who would have difficulty in contacting their advocates themselves?
- The diversity of the advocacy partnerships - the mixture of the advocates, how the partnerships are put together and the length of time they are in place.
- The reasons why people are denied a service.
- The information that the agency uses and the accessibility of this in terms of how and where it is presented.
- The arrangements to support and train the advocates and the overall team.
- Whether the agency has a robust equal opportunities policy and how this is put into practice?
- How the agency monitors any gaps within its own service and whether it records unmet need that they are made aware of in other relevant areas?
- How is the agency connected to the relevant people who would refer to their advocacy service and how have they raised awareness of their service and the role of an independent advocate?
- Is the agency proactive in identifying potential advocacy needs, have they proposed or developed new areas of work that will allow people to access their service?
- Does the agency have any form of internal evaluation of the advocacy partnerships?
- Is the confidentiality policy robust and is it clearly explained in the information about the agency?

- Is the independence of the agency clearly explained in the information?
- Have they made a difference - to individuals - to practice - to service planning?
- How useful and relevant is the information and resources held within the agency for the needs of the people who use the advocacy?

They should be firmly rooted in the community of interest that they serve and to the local geographic community

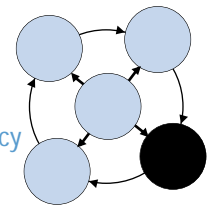
Areas to consider here may include:

- How do referrals come to the agency?
- Is the agency generally well known within the area and amongst its community of interest?
- What is the composition of the management committee?
- Is there a membership of the agency and are there members from the local community and the community of interest?
- What is the perception of the project and can people give a clear picture of its work?
- How does the agency publicise itself and its work?
- Are the advocates from a diversity of backgrounds appropriate to the environment?
- How is the agency networking with other advocacy initiatives and other relevant organisations and groups?

They should be constitutionally and psychologically independent of government and of the statutory and voluntary service systems

It may be useful to consider the following areas:

- What are the funding arrangements and are they at arms length from the practice of the advocacy?
- Is there a process for resolving conflict between the agency and the commissioners, should this prove necessary?
- Are there agreements with commissioners and the service systems about important areas like access for advocates and confidentiality boundaries?
- Does the agency belong within a host organisation? Is there potential for conflicts of interest or a perception that the advocacy is not truly independent?



- Can the agency demonstrate where they have had to stand firm or come into conflict with those in powerful positions?
- Have the agency turned down funding or areas of potential work because it would compromise their advocacy practice and principles?
- Does the agency have an effective independent management committee?
- Are there plans to have independent evaluation carried out and has the agency adapted its service in line with any recommendations that any prior independent evaluation has reached?

They should have a robust process for management and governance that supports them to stay clear and stand firm on their principles and goals

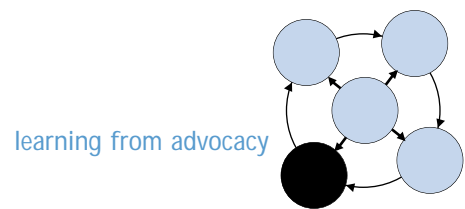
Areas to think about:

- The composition of the management committee/advisory body.
- The routes for appointing MC members.
- The breadth of skills and experience of MC members.
- Statement on the role of the MC detailing accountability.
- Whether minutes are taken or another format of recording business and decisions and the frequency of meetings.
- Equal opportunities in the MC.
- Staff and advocates representation.
- Accounts and financial administration.
- The constitution or statement of purpose.
- Policies and practice statements and the role of the MC in developing this area.
- Methods of keeping the membership informed and included.
- Methods for keeping in touch with the work of the project - reports from staff / volunteers - the attendance of the project co-ordinator at management meetings - review processes - planning days etc.
- Whether they can demonstrate support for advocates when they have come into conflict situations and needed the backing of the management committee.

Collective advocacy

Indicators of quality are likely to include:

- **The growth and diversity of the membership.** How does the group publicise its work and is it accessible to the people who may wish to join? Is there a ward or other visiting arrangement that keeps the wider community informed? Is there support available that enables members to attend and participate in meetings? Are meetings held in a way that makes sense to the members? Are any supporting advocates or group members offered appropriate training in group work skills? Are members encouraged to support each other?
- **The breadth and depth of member involvement in the decision making within the group.** How are agreements reached? How are members supported to reach informed decisions? If there is a Management Committee what are its responsibilities and how does it carry out work on behalf of the whole membership?
- **The development of leadership skills amongst the membership.** How much of the work is undertaken by the members themselves and how much by supporting advocates? Have members taken on new tasks as they have gained in confidence? Do members have a role organising events and in raising awareness of the work of the group?
- **Representing the group in other activities and meetings.** Is there evidence that the group elects trusted representatives to voice their views to other agencies and involve the group in other appropriate events?
- **Influencing the work of decision-making bodies.** How do members inform and influence the delivery and planning of services? Are they connected into the management processes of the hospital or the residential home? Have they been able to make changes that better the circumstances of their members and the wider group of interest? Are they respected as full and experienced members of any decision-making groups they are involved with? If based in a specific setting are the care staff aware of the group and its aims and are they able to see the benefits as well as the difficulties? Have the group been involved in raising awareness amongst the staff? Are they involved in the induction of new staff? What connections does the group have to the wider political process – for example, elected members, MSPs, trade unions and other rights-based organisations?



APPENDIX 1

Support Available from the Advocacy Development Team

Publications

The Advocacy mapping exercise

Independent Advocacy: A Guide for Commissioners

Independent Advocacy: A Guide to Good Practice

The Scottish Advocacy Workers Forum: Directory of Members

Support in the Planning for Advocacy

Team members are available to attend local meetings and arrange seminars in health board areas.

Team members are available for support and advice and can be contacted through S.H.S.

Team members will access appropriate consultants to help with the planning processes.

Large Group Processes

Processes like **PATH** and **Search Conferencing** are good tools for informing the decisions that need to be taken. The team can make arrangements for these processes to be explained and can give contacts for facilitators who are experienced in running these kinds of events.

A **limited amount of funding** may be available towards the cost of these events through the Advocacy Development project.

The Advocacy Development Team can also facilitate a small number of **Intelligence Gathering Workshops** and can give contacts for other appropriate facilitators.

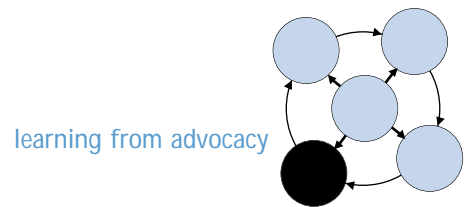
AND FINALLY

From the 1997 guide to good practice, as a reminder:

TEN DO'S AND DON'TS FOR COMMISSIONING ADVOCACY

DO

1. Do ensure that independence is built in to the project design/service specification.
2. Do involve people who use services, people who are independent of the service system, existing advocacy and rights groups and people with experience of advocacy in deciding what sort of project is needed.
3. Do be clear what you want it to achieve, and that the project you commission will be appropriate to meet that need.
4. Do make sure that it has realistic aims and adequate resources to meet them.
5. Do acknowledge that an advocate's primary loyalty must be to the person or group they are advocating for, not a commissioner or provider of services
6. Do stress that the service provider must make sure that professional staff understand people's need to have access to, and get support from, independent advocates and advocacy groups.
7. Do remember that advocacy will, at times, lead to conflict and put pressure on services to change and adapt to meet individuals' needs.
8. Do remember that people who have been neglected, or ignored, may have difficulty expressing their needs and may be very angry. You may need to work hard to understand what they are saying, and to act appropriately.
9. Do spend time, money and effort helping agencies to develop their proposals.
10. Do remember that it is often better for advocacy groups to do one thing well than to try to meet many different aims and expectations.



DON'T

1. Don't try to control the advocacy effort. It becomes ineffective when compromised.
2. Don't set advocacy organisations up to fail by putting unreasonable expectations on them.
3. Don't develop plans for advocacy without the active involvement of people who use services or who are independent of the system.
4. Don't forget to provide continued support to advocates and self advocates.
5. Don't think that funding an advocacy organisation is all that needs to be done.
6. Don't forget that participation costs time and money. Volunteers and service users need to have their expenses paid.
7. Don't expect non-professionals to understand the jargon and to be able to complete tenders without help.
8. Don't underestimate how far a little help can go to boost morale and restore trust.
9. Don't expect an advocate or advocacy project to keep silent in the face of injustice.
10. Don't forget how you would feel if your freedom was curtailed and decisions taken for you.

Contacts for Further Information and Help with Evaluation

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