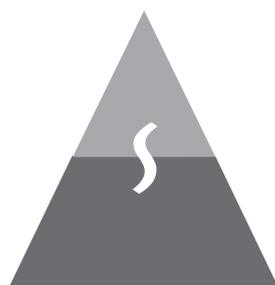


**A MAP OF
INDEPENDENT
ADVOCACY
ACROSS SCOTLAND**
edition 2003-2004



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CONTENTS

INTRODUCTION	5
CONTENT AND LAYOUT OF THE REPORT	8
ADVOCACY SAFEGUARDS AGENCY	11
SCOTTISH INDEPENDENT ADVOCACY ALLIANCE	12
ARGYLL AND CLYDE ADVOCACY	13
AYRSHIRE AND ARRAN ADVOCACY	22
BORDERS ADVOCACY	31
DUMFRIES AND GALLOWAY ADVOCACY	36
FIFE ADVOCACY	41
FORTH VALLEY ADVOCACY	49
GRAMPIAN ADVOCACY	55
GREATER GLASGOW ADVOCACY	60
HIGHLAND ADVOCACY	71
LANARKSHIRE ADVOCACY	78
LOTHIAN ADVOCACY	88
ORKNEY ADVOCACY	105
SHETLAND ADVOCACY	108
STATE HOSPITAL ADVOCACY	112
TAYSIDE ADVOCACY	114
WESTERN ISLES ADVOCACY	122
CONCLUSION	125
NOTES ON FUNDING FIGURES	130
APPENDIX I: Total Advocacy Spending for Scotland In 2003/04	131
APPENDIX II: Total Independent Advocacy Spending for Scotland in 2003/04	133
APPENDIX III: Total Statutory Funding of Advocacy, by Specific Client Groups in 2002/3 and 2003/4	135
APPENDIX IV: Total Statutory Funding of Advocacy, by Advocacy Type in 2002/3 and 2003/4	136
APPENDIX V: Percentage Per Head of Population of Health Board Area Allocation (Includes Local authorities) . Spent On Advocacy In 2003/4	137
APPENDIX VI: Total Statutory Spend on Advocacy and Independent Advocacy in 2003/04	138
APPENDIX VII: Index of Advocacy Organisations	149
APPENDIX VIII: Index of Advocacy Organisations by Type of Advocacy ..	152
APPENDIX IX: Index of Advocacy Organisations by Client Group	156
APPENDIX X: Useful Resources	160

INTRODUCTION

The purpose of this report is to map out the current situation with regard to independent advocacy across Scotland. This includes a description of individual advocacy, the level, source and security of their funding, and committed developments to March 2004.

"Independent Advocacy - A Guide for Commissioners" and "Our National Health - A Plan for Action a Plan for Change" (Scottish Executive 2001) levelled a challenge at NHS boards and local authorities to ensure that "independent advocacy is available to all who need this support".

The Patient Focus and Public Involvement framework aims to ensure that the NHS in Scotland delivers a service where people are treated as individuals, and which involves individuals, groups and communities in improving the quality of care, influencing priorities and planning services. Independent Advocacy is very much part of the Patient Focus Public Involvement Agenda. Planning for advocacy will be assessed as part of the Performance Assessment Framework. The NHS Designated Directors for PFPI also have a direct role in the development of Independent Advocacy in their respective NHS board areas however on a day to day basis this responsibility is often delegated to another senior member of staff within the NHS board.

Independent advocacy should be accessible to all who require it. NHS boards and their Local Authority funding partners, and advocacy organisations should fund and deliver advocacy that meets the needs of people regardless of age, gender, sexual orientation, race/culture, religion/faith or disability.

Planning partners in the 15 NHS board Areas of Scotland and the State Hospital Board for Scotland were required to produce three-year plans by January 2001 for the development of independent advocacy. As this report is written, these plans are now in the last year of operation and the next round of three year plans will be submitted to the Scottish Executive, through the Advocacy Safeguards Agency by the end of February 2004.

Special NHS boards are also required to submit advocacy plans that are tailored to their own specific functions. These Special NHS boards include: Common Services Agency; NHS Education; NHS Health Scotland; NHS 24; NHS Quality Improvement Scotland; Scottish Ambulance Service and the Golden Jubilee National Hospital. It will be expected that these Boards will endeavour in their plans to ensure that all appropriate staff are aware of and understand the value of independent advocacy and that staff are provided with adequate training, to enable them to inform individuals, that they have direct contact with, about independent advocacy and how to access it. It is not expected that all of these Special Health Boards will directly commission independent advocacy.

There have also been changes in national policy and legislation that will have a direct impact on advocacy across Scotland.

Independent Advocacy is becoming recognised as playing a fundamental part in social inclusion. In many parts of public life the need to listen to the views of people and act upon them is being given a prominence that is very much welcome. In health, education and community planning the concept of involving people fully in the decisions affecting them and their communities is being developed. Independent Advocacy is one way of ensuring that this happens; this is evident in the Patient Focus Public Involvement Framework, in the standards set by the Scottish Commission for the Regulation of Care and for the first time in UK legislation, access to independent advocacy has been cited as a "right" in the Mental Health (Care and Treatment) (Scotland) Act 2003.

The new Mental Health (Care and Treatment) (Scotland) Act 2003 states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder. It is not just for people subject to compulsion but for everyone covered by the Act. The Act also places a duty on NHS boards and Local authorities to secure the availability (to persons in its area with a mental disorder) of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services.

There has been new investment in advocacy across Scotland. Between April 2001 and March 2004 total statutory investment in advocacy will have increased by 133% from £2,722,026 to £6,360,054.

The pace of funding continues to increase at the same level as the previous two financial years. In this current financial year (2003/04), overall statutory investment in advocacy provision has increased by 38%. The increase in 2002/03 was 25%, and in 2001/02 was 35%. Investment in advocacy provided by independently constituted advocacy organisations with a sole focus on advocacy has increased by 61% on the previous financial year.

Scottish Executive guidance emphasises the importance of independence and the expectation is that investment in "sole focus" advocacy organisations will keep pace with overall investment in advocacy. It is therefore commendable that the percentage increase in independent advocacy has risen significantly from the previous financial year which only recorded an increase of 16%, and that it continues to keep pace with the overall investment in advocacy.

The level of statutory investment in individual advocacy (paid or unpaid)

has increased by 56%, for citizen advocacy by 30% and for collective advocacy by 10%.

The expectation in the guide for commissioners is that different models of independent advocacy are needed. Some people need short-term individual advocacy (paid or unpaid). Other people who are at risk of exclusion and have no natural advocates may need a citizen advocate who will be partnered with them on a long term basis or for life if necessary. Still other people will benefit from collective or group advocacy where they come together with people in similar situations to plead a common cause. Commissioners need to recognise these differences when planning for, commissioning and evaluating independent advocacy.

As we come to the end of the first round of three-year advocacy plans, both the commissioners and advocacy organisations are to be commended for their enthusiasm and commitment in taking forward the advocacy agenda. However, there is still a long way to go before independent advocacy is available to all who need it in Scotland.

There are still significant gaps in independent advocacy provision for children and young people, older people, people with dementia, physical disabilities and black and ethnic minority communities. Perhaps the largest gap concerns "hidden" groups that fall outwith the major client group categories such as homeless people, people with a substance abuse problem, those leaving prison and other marginalised individuals.

In order to achieve the vision of "independent advocacy for all who need it", the planning processes in local areas need to be more effective and robust. They need to ensure that resources are targeted to independent advocacy and that the full range of stakeholders are involved in determining local priorities for how it is spent.

At a national level, Independent Advocacy is an important aspect of the Scottish Executive's modernisation of health and local government agenda for achieving better services for people.

Independent advocacy is a necessary process without which some people will have no say in important decisions that affect their lives. This is recognised at government level, as reflected in the increasing emphasis on independent advocacy in national policy and legislation across the board.

ASA looks forward to supporting and working alongside the local funding partners, advocacy providers and service users to ensure that this vision is fulfilled, and that independent advocacy provision is inclusive and continues to meet the needs of those who require it.

CONTENT AND LAYOUT OF THE REPORT

We hope that this report will provide a useful resource for anyone who has an interest in the development of independent advocacy across Scotland.

The report has a dual purpose: to inform the reader of the development of independent advocacy across Scotland; and as a national directory of advocacy provision.

Following a brief consultation with advocacy organisations and commissioners, we have taken on the views of those who responded and have designed this report in a way that we hope is more accessible and easy to use, and less textual than previous reports.

The Advocacy Safeguards Agency (ASA) is tasked with updating this report on an annual basis. The report is an organic resource, which we hope to refine and improve on a recurring basis. It is essential that this resource reflects what people need and ASA would welcome your comments on its format and content so that we can endeavour to improve it. The report will also be available soon via the ASA website.

The report has been divided into NHS board areas and includes a description of individual advocacy organisations and groups and their level, source and security of funding.

The information contained in this report was gained through questionnaires, current Independent Advocacy Plans, and discussions with advocacy commissioners and advocacy organisations and groups.

The conclusions drawn and definitions used in this report are based on "Independent Advocacy - A Guide to Commissioners" (Scottish Executive 2001) and Supplement, "Key Ideas on Independent Advocacy" (Advocacy 2000), and "Principles and Standards in Independent Advocacy Organisations and Groups" (Advocacy 2000).

EXPLANATORY NOTES

- It is acknowledged that this is not a fully comprehensive list, although every effort has been made to make it so. This is particularly the case for independent collective organisations and groups. As such, if there are any organisations and groups who could be included in the next update of this report, please contact the Advocacy Safeguards Agency.

- Population figures for each of the NHS board areas are based upon population statistics provided by the Scottish Executive Health Department, for 2002.
- Gaps in advocacy, listed at the end of each area section, have been identified according to our understanding of the client groups commonly included in Local Authority Community Care Plans, who are perceived as vulnerable and therefore may require advocacy. Where any such client group does not have access to advocacy in a given area, we have listed it as a gap. We have also taken account, in our assessment of gaps and priorities for development, local stakeholder perceptions of what the gaps and priorities are. These are set out in local Advocacy Plans and in information submitted to us by commissioners and advocacy organisations for the Map.

A MATTER OF INDEPENDENCE?

A question that has been commonly asked in the planning process is “why is this independence issue so important?” The reason is simply because one of the fundamental principles of independent advocacy is loyalty to the individual and no one else.

Where advocacy is managed by an agency that provides care and support services there is a potential conflict of interest. This can make it difficult for the advocate to be wholly on the side of the person they are advocating for or with.

This focus on independence is not intended to detract from the advocacy role taken on by many other people in their personal or professional lives.

There continues to be some confusion or uncertainty around the issue of independence. In order to introduce a concise definition of the boundaries of this report, the following working definitions of an independent advocacy organisation or group were applied:

- Independent advocacy organisations provide advocacy as a sole function and are not managed by bodies that provide care and support services.
- Independent collective or self advocacy organisations and groups are clearly identified locally based bodies that have advocacy as a sole function and which are made up only of users of care and support services (past or present), or carers. They may be facilitated or supported by an independent worker(s) who does not provide (and is not employed by an organisation that provides) care and support services, or has an interest in this which might conflict with the interests of the group.

In light of this, every organisation is identified according to their independent status. The independent status of each organisation listed has been determined by the information provided by that organisation, or where an organisation has been defined through an ASA evaluation and/or within the boundaries of the definition cited above.

The information given is as accurate as possible, but unless the organisation has recently undergone an ASA evaluation which examines its independent status, we cannot guarantee that any statement regarding independence is fully accurate.

Independence is important however the other “principles and standards”¹ associated with good advocacy are equally important. Some of these are: having strong community roots; effective and appropriate management structures and policies; involving service users; focusing on those most at risk; confidentiality; loyalty; respect and decency; integrity and organisational identity.

¹ Principles and Standards in Independent Advocacy Organisations. Advocacy 2000, published 2002.

ADVOCACY SAFEGUARDS AGENCY

The Advocacy Safeguards Agency (ASA) is funded by the Scottish Executive Health Department in furtherance of the Executive's commitment to strengthening independent advocacy.

ASA's purpose is to make sure that good quality independent advocacy is available to anyone in Scotland who needs it.

ASA'S MAIN FUNCTIONS

1. Development

To assist health and local authority commissioners to develop independent advocacy across Scotland and across all health and social care groups. This includes identifying and addressing gaps in independent advocacy provision, informing commissioners of developments in national policy, legislation and best practice, and producing guidance to assist the independent advocacy planning and implementation process. The Development Workers are able to provide a mediation role, between commissioners and the advocacy services that they fund.

2. Evaluation

To ensure that the principles, practice and outcomes of the work done by advocacy organisations are meeting the needs of the people who use them. This will be done by carrying out evaluations of advocacy organisations, identifying issues, and suggesting solutions to any difficulties that may be affecting their work. Evaluation is also about acknowledging the good work of an organisation and about sharing and developing good practice.

3. Policy development

To develop policy and good practice in relation to independent advocacy across Scotland, and to inform relevant government policy and legislation.

4. Research

To research matters relating to independent advocacy and in particular the effect of independent advocacy on the lives of the people of Scotland.

SCOTTISH INDEPENDENT ADVOCACY ALLIANCE

The Scottish Independent Advocacy Alliance (SIAA) is a registered charity funded by the Scottish Executive Health Department.

The SIAA is a membership organisation for advocacy groups and other organisations with a commitment to independent advocacy.

The SIAA supports the advocacy movement by promoting the importance of diversity and high quality advocacy alongside strong principles and standards across Scotland.

1. Providing a strong national voice for independent advocacy organisations

The SIAA promotes the value and worth of advocacy to planners and decision makers. It consults with, and on behalf of, the advocacy movement regarding changes and developments in policy, legislation and practice.

2. Supporting the growth of existing independent advocacy organisations

The SIAA supports and assists advocacy organisations with regards to funding, growth/development, good practice and consultancy. It supports advocacy organisations in the process of becoming independent. It aims to strengthen the advocacy movement through the sharing of ideas, good practice and support.

3. Promoting the development of new independent organisations

In partnership with ASA, the SIAA researches and identifies gaps in independent advocacy. The SIAA supports the development of new organisations and will help them to achieve independence.

4. Awareness raising and training

The SIAA raises awareness about advocacy by providing training around the role of the advocate, the impact/value of advocacy and the appropriate expectations of an advocate to commissioners, service provider staff, users, carers and other professionals who come into contact with advocates. The SIAA also provides capacity building training for advocates

SIAA, 138 Slateford Road, Edinburgh, EH14 1LR
Tel: 0131 455 8183 Email: enquiry@siaa.org.uk

Map of independent advocacy across scotland

ARGYLL AND CLYDE ADVOCACY

NHS ARGYLL AND CLYDE

NHS Argyll and Clyde, incorporating Lomond and Argyll Division, Inverclyde Division and greater Renfrewshire Division.

There are five Local Authorities within Argyll and Clyde NHS Board area:

Argyll and Bute Council
East Renfrewshire Council
Inverclyde Council
Renfrewshire Council
West Dunbartonshire Council

Advocacy Planning Process

The Argyll and Clyde Advocacy planning and implementation group consists of commissioners from the NHS Argyll and Clyde, Trusts and local authorities, advocacy project managers, committee/board members and some service users. However, the planning structures are about to change.

NHS Argyll and Clyde is moving towards an integrated healthcare system with greater devolution of responsibilities to three new Divisions and four new Community Health Partnerships. The current advocacy planning structure will be reviewed in order to ensure an effective fit with new planning and service delivery mechanisms.

Throughout the new process NHS Argyll and Clyde are committed to ensuring that both service providers and users continue to be represented and involved in the advocacy planning process. The advocacy planning and implementation group should seek representatives from education, children services and housing.

Advocacy Organisations in Argyll and Clyde

<p>1. ACUMEN (ARGYLL AND CLYDE UNITED IN MENTAL HEALTH) Room 2016, Mile End Mill, 12 Seedhill Road, Paisley PA1 1JS Tel: 0141 887 9103 Email: enquiries@acumennetwork.org Website: www.acumennetwork.org</p>

Project details

- Independent
- Collective advocacy

- Mental health service users and carers
- Argyll and Clyde Health Board Area

Funding

	2003/4	2004/5	2005/6	Date of Review
Mental Health and Well Being Development Fund (SE)	£34,000			
Argyll and Bute Council	£8,434			
NHS Argyll and Clyde	£28,042			
Renfrewshire Council	£11,777 ⁺			
Funding split between Local authorities and NHS Argyll and Clyde	See above for 2003/04	£90,000	£34,000	

⁺This amount is split into four quarterly payments

A further £7,747 has yet to arrive from all other funding partners for 2003/04

2. CARD ADVOCACY - RENFREWSHIRE CARERS CENTRE
 Carers Centre, 16 Silk Street, Paisley PA1 1AG
 Tel: 0141 887 3643
 Email: centre@card.carers.net

Project details

- Not independent - (managed by the Renfrewshire Carers Centre for the Princess Royal Trust for Carers)
- Professional and volunteer advocacy
- Carers
- Renfrewshire
- Evaluated in 2003 by ASA

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Argyll and Clyde	£10,000			Autumn 2003
Renfrewshire Council	£9,000			

3. DYKEBAR HOSPITAL PATIENTS COUNCIL
 Dykebar Hospital, Grahamson Road, Paisley PA2 7DE
 Tel: 0141 884 5122
 Email: patient.council@renverpct.scot.nhs.uk

Project details

- Independent
- Collective advocacy
- People with a mental health disorder
- Dykebar Hospital

Funding

	2003/4	2004/5	2005/6	Date of Review
Renfrewshireand* Inverclyde PCT	£2,000			Autumn 2003

* NHS Argyll and Clyde also provides 'in kind' support in the form of office accommodation; telephone and electricity provision; computer equipment.

4. EQUAL SAY
 11 Downhill Street, Partick, Glasgow G11 5QS
 Tel: 0141 337 3133
 Email: ca@equalsay.org

Project details

- Independent
- Citizen advocacy
- For all community care client groups
- East Renfrewshire
- See also 'other funding' project details for Greater Glasgow

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Argyll and Clyde	£9,000	£5,000	£5,000	
Greater Glasgow NHS	£10,000	£10,000	£10,000	
East Renfrewshire Council	£25,000	£25,000	£25,000	

5. INVERCLYDE ADVOCACY SERVICE
 12 Clyde Square, Greenock PA15 1NB
 Tel: 01475 728 628
 Email: moya.sweeney@btopenworld.com.uk

Project details

- Not independent - (managed by Inverclyde Community Care Forum through a Voluntary Management Committee)
- Professional and volunteer advocacy
- For adults over 18 with a community care issue
- Long stay hospital discharges
- Inverclyde area
- Evaluated by ASA in 2004

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Argyll and Clyde	£32,000			Autumn 2003
Inverclyde Council	£31,032			

6. LOMOND AND ARGYLL ADVOCACY SERVICE
 155 Glasgow Road, Dumbarton G82 1RH
 Tel: 01389 726543
 Email: scott@laas.freeseve.co.uk

Project details

- Independent
- Professional and volunteer 'issue based' advocacy
- For all community care users and others at risk of exclusion, the service currently prioritises adults with learning disabilities, adults who use mental health services and frail older people
- West Dunbartonshire, Argyll and Bute
- Evaluated by ASA in March 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Argyll and Clyde	£50,000			Autumn 2003
Lomond and Argyll Primary Care Trust	£30,000			
NHS Greater Glasgow	£10,893			
Argyll and Bute Council	£40,800			
West Dunbartonshire Council	£25,000			

7. MERCHISTON ADVOCACY SERVICE
Merchiston Hospital, Brookfield, By Johnstone PA5 8TY
Tel: 01505 382632
Email: map@map126.freerve.co.uk

Project details

- Not independent – (managed by Ace Advocacy, Enable)
- Professional advocacy
- Long stay patients who are awaiting discharge
- Merchiston Hospital
- Evaluated by Advocacy 2000 in March 2002

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Argyll and Clyde	£80,000			Autumn 2003

**8. RENFREWSHIRE ASSOCIATION FOR MENTAL HEALTH
ADVOCACY SERVICE**

Room 2016, Abbeymill Business Centre, 12 Seedhill Road, Paisley
PA1 1JS
Tel: 0141 849 1229
Email: advocacy@ramh.org

Project details

- Not independent – (managed by Renfrewshire Association for Mental Health)
- Professional and volunteer advocacy
- For all adults who have a community care issue
- Renfrewshire area
- Evaluated by ASA in 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Argyll and Clyde	£55,000			Autumn 2003
Renfrewshire Council	£79,000			

Total Local Statutory Funding for Argyll and Clyde Advocacy in 2003/4

Total Funding

NHS Argyll and Clyde	£264,042	
NHS Greater Glasgow	*£20,893	
Lomond and Argyll PCT	£30,000	
Renfrewshire and Inverclyde Primary Care Trust	£2,000	
Argyll and Bute Council	£49,234	
East Renfrewshire Council	£25,000	
Inverclyde Council	£31,032	
Renfrewshire Council	£99,777	
West Dunbartonshire Council	£25,000	
Total		£546,978

*This figure of £20,893 is also cited in the NHS Greater Glasgow detail

Funding by Client Group

Generic*	£397,725
Mental Health	£50,253
Learning Disabilities	£80,000
Carers	£19,000

*The amounts for the client groups cited above indicate specific provision, however generic advocacy provision tends to prioritise people with mental health problems, learning disabilities, acquired brain injuries, dementia and other community care service users, so in real terms the amounts spent on these groups will be higher than indicated for the separate groups listed above. This detail will be addressed in future editions of the Map.

Funding by Advocacy Type

Individual	£452,725
Citizen	£44,000
Collective	£50,253

Funding by Independence

Independent Advocacy	£250,946
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Gaps in Independent Advocacy

- Vulnerable children and young people (including young carers)
- Carers
- Homeless people and those with addiction problems
- People from ethnic minority communities
- People with physical disabilities
- Citizen and collective advocacy

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Developing advocacy for children and young people

- Improving access to advocacy for carers
- Ensuring that funding is provided to develop independent advocacy in the community for ex-residents of Merchiston Hospital
- Investigate ways and means of developing citizen and collective advocacy
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- For the purpose of this Map not all funding partners submitted funding figures beyond the current year 2003/04; this needs to be addressed. All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- Raising awareness and understanding of the role and value of advocacy amongst service providers
- Ensuring that advocacy providers and people using advocacy services are at the forefront of the independent advocacy planning process

Conclusions

Planned developments stated in the Argyll and Clyde three-year Independent Advocacy Plan have been curtailed as a result of the financial difficulties faced by NHS Argyll and Clyde. The lead commissioner for NHS Argyll and Clyde has kept all advocacy providers informed throughout this period of financial uncertainty. All organisations have been funded to the same level

as 2002/03 and now receive a proportion of an additional £75,000 from NHS Argyll and Clyde which has been split accordingly across all advocacy organisations.

Despite the financial constraints there have been a number of key achievements:

- Independent citizen advocacy provision has now been commissioned in East Renfrewshire
- Funding has been secured to evaluate advocacy provision in the area
- Lomond and Argyll Advocacy Service has achieved independent status, and Renfrewshire Association for Mental Health Advocacy Service are now considering independence
- There continues to be a commitment to hold annual stakeholder days on independent advocacy, both service providers and users continue to be consulted
- The annual review of independent advocacy included an innovative approach in recording the difference advocacy has made to those accessing it

NHS Argyll and Clyde and its Local Funding Partners are to be commended for their continued investment in advocacy. NHS funding remains uncertain for 2004/05, but commitments to three-year funding at current levels is expected. Advocacy organisations are concerned, however that funding constraints will limit their capacity to develop services further; this issue needs to be addressed.

AYRSHIRE AND ARRAN ADVOCACY

NHS AYRSHIRE

There are three local authorities within Ayrshire and Arran NHS Board area:
North Ayrshire Council
East Ayrshire Council
South Ayrshire Council

Advocacy Planning Process

The Ayrshire and Arran Advocacy Planning Group comprises stakeholders from the NHS Board, primary care trust, acute care trust, each of the three local authorities, and up until recently, there has also been a representative of the Ayrshire and Arran Advocacy Workers Forum and a service user representative in attendance.

Following a series of consultation events, each of the three local authorities have set up separate advocacy steering groups (a Strategy Group in North Ayrshire), reflecting their diverse needs, which are responsible for planning and commissioning advocacy at the local level, supported by and feeding into the NHS board wide planning group. This model seems to be working very effectively, with the particular advantage of ensuring that all the relevant stakeholders, including users and advocacy providers, are represented on the groups and fully involved in the planning process. Feedback received from members of the group has so far been positive.

Advocacy Organisations in Ayrshire and Arran

<p>1. BARNARDO'S CHILDREN'S RIGHTS AND ADVOCACY SERVICE John Pollock Centre, Mainholm Road, Ayr, KA8 0QD Tel: 01292 294309 Email: sharon.murphy@barnardos.org.uk</p>

Project details

- Not independent - (managed by Barnardo's)
- Professional/volunteer individual advocacy
- Children
- South Ayrshire - Ayr North Social Inclusion Partnership

Funding

	2003/4	2004/5	2005/6	Date of Review
Ayr North Social Inclusion Partnership	£38,200			

2. CITIZEN ADVOCACY SUPPORT SERVICES
Sutherland House, 123 Prestwick Road, Ayr KA8 8NJ
Tel: 01292 268873
Email: cass@citizen-advocacy.org.uk
Website: www.citizen-advocacy.org.uk

Project details

- Independent
- Citizen advocacy
- People (any age) with learning disabilities
- South Ayrshire

Funding

	2003/4	2004/5	2005/6	Date of Review
Ayrshire and Arran NHS Board	£24,560			
South Ayrshire Council	£24,560			

3. COMMUNITY HOUSING ADVOCACY PROJECT (CHAP)
Marlin House, 12 Heatherhouse Road, Irvine, Ayrshire KA12 8QH
Tel: 01294 313137
Email: chap@irvinec.freeseve.co.uk
Website: www.chap.org.uk

Project details

- Independent
- Professional and volunteer advocacy
- Serves vulnerable clients with housing and related issues
- North Ayrshire
- Evaluated in 2003 by Scottish Enterprise Ayrshire

Funding

	2003/4	2004/5	2005/6	Date of Review
Ayrshire Key Fund	£25,000			
Community Fund	£277,712	£277,712		
Moffat Trust	£35,906	£35,906	£35,906	
North Ayrshire Council	£16,573			

4. EAST AYRSHIRE ADVOCACY SERVICES LTD
 2a Seaford Street, Kilmarnock KA1 2BZ
 Tel: 01563 574442
 Email: Irene@eaas.org.uk

Project details

- Independent
- Professional advocacy
- People between 16 and 65 with learning disabilities, mental health problems or acquired brain injuries and vulnerable older people
- East Ayrshire (including rural and outlying areas)

Funding

	2003/4	2004/5	2005/6	Date of Review
East Ayrshire Council	£50,631	£51,871	£53,427	
Ayrshire and Arran NHS Board	£52,562	£54,138	£55,763	
East Ayrshire Council	*£71,685	*£73,835	*£76,050	
Lloyds TSB Foundation	£9,600			Ends Dec 03

*Additional funding in 2003/4 specifically for older people's advocacy (community based) through a dedicated team of full and part time staff

5. NORTH AYRSHIRE ADVOCACY SERVICES - ADVOCACY INFORMATION AND MANAGEMENT SERVICES LTD (AIMS)
 14 Glebe Street, Stevenston, Ayrshire KA20 3EN
 Tel: 01294 472362
 Email: northaas@ukonline.co.uk

Project details

- Independent
- Professional, volunteer and citizen advocacy
- People aged between 16 and 65 with mental health problems and/or learning disabilities and their carers
- North Ayrshire
- Evaluated in April 2003 by ASA

Funding

	2003/4	2004/5	2005/6	Date of Review
Ayrshire and Arran NHS Board	£49,729			
North Ayrshire Council	£50,390			
Community Fund	£14,025			Nov 2005
Lloyds TSB Foundation	£9,093			Aug 2004
New Opportunities Fund	£10,210			Apr 2006

6. PEOPLE FIRST SOUTH AYRSHIRE
66 Kyle Street, Ayr, KA2 1RZ (office opens Autumn 2003)
Tel: 0131 478 7707 (Edinburgh Office)
Email: p1st@aol.com

Project details

- Independent
- Self advocacy groups
- People with learning difficulties
- Various venues in South Ayrshire

Funding

	2003/4	2004/5	2005/6	Date of Review
South Ayrshire Council	£50,000			

7. VOICE ADVOCACY (AYR ACTION FOR MENTAL HEALTH)
 Strathyre House, 42 Prestwick Road, Ayr KA8 8LB
 Tel: 01292 619600
 Email: aamh@btconnect.com

Project details

- Not independent - (Currently managed by Ayr Action for Mental Health but reviewing the feasibility of becoming independent)
- Professional and collective advocacy
- People (aged 18-65) with mental health problems
- South Ayrshire
- Evaluated by ASA in 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
Ayrshire and Arran Health Board	£24,200			Mar 2004
South Ayrshire Council	£24,200			Mar 2004

8. WHO CARES? SCOTLAND
 c/o Oswald Chambers, 5 Oswald Street, Glasgow G1 4QR
 Tel: 0141 226 4441
 Email: d.watson@whocarescotland.net

Project details

- Not independent
- Professional advocacy
- Young people in care, or leaving care
- East Ayrshire, North Ayrshire and South Ayrshire

Funding

	2003/4	2004/5	2005/6	Date of Review
East Ayrshire Council	£27,000	£27,810	£28,644	Mar 2004
North Ayrshire Council	£29,363			Mar 2004
South Ayrshire Council	*£16,500			

*Subject to annual review

Map of independent advocacy across scotland

The East Ayrshire Youth Advocacy Group has completed a needs analysis and is seeking to initiate a pilot project in Kilmarnock. An application has been made for community funding. A community Learning and Development Officer provides practical advice and support to the project. East Ayrshire Advocacy Steering Group also intends to invite a representative for young people's advocacy to participate in the group.

In North Ayrshire, a worker has been seconded from the Council to develop an advocacy strategy for young people, the first draft of which has recently been completed, following wide consultation with children and young people in the region and other stakeholders. The Advocacy Strategy Development Officer is funded through the Changing Children's Services fund to manage the implementation of the Young People's Advocacy Strategy and the North Ayrshire Youth Charter, and to employ a young people's advocacy and rights worker. £25,000 has been set aside towards the costs of developing the pilot project in line with the Strategy, with a further £6,000 sessional budget to employ staff to work with young people in developing their opportunities.

Total Local Statutory Funding for Ayrshire and Arran Advocacy in 2003/4

Total Funding

Ayrshire and Arran NHS Board	£151,051	
North Ayrshire Council (including SIP fund)	£165,526	
East Ayrshire Council	£149,316	
South Ayrshire Council	£115,260	
Total		£581,153

Funding by Client Group

Generic	£203,312
Mental Health	£48,400
Learning Disability	£99,120
Children and Young People	£142,063
Older people	£71,685
Homeless people/housing	£16,573

Funding by Advocacy Type

Individual	£457,833
Citizen	£49,120
Collective	£74,200

Funding by Independence

Independent Advocacy	*£390,690
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*Does not include additional money being invested in children/young people's advocacy in North Ayrshire, as the provider has not been confirmed.

Note: The amounts for client groups cited above indicate specific provision, however generic advocacy provision tends to prioritise people with mental health problems, learning disabilities, acquired brain injuries, dementia, and other community care service users, so in real terms the amounts spent on these groups will be higher than indicated for the separate groups listed above. Similarly the figures cited for each of the three types of advocacy refer to funding that is specifically allocated for these purposes, however, some advocacy providers (notably AIMS and East Ayrshire Advocacy Service) provide a combination of advocacy types which the figures above do not account for, because the proportion of their budgets spent on each is not monitored. Therefore the figure cited for 'individual' advocacy is disproportionately higher compared with 'citizen' and 'collective' than in real terms would be the case.

Gaps in Independent Advocacy

- People with physical disabilities and acute health needs, including the terminally ill
- Frail older people (in North and South Ayrshire)
- Homeless people in South Ayrshire. (East Ayrshire Advocacy Service has established links with Blue Triangle Housing Association to engage with people at risk of becoming homeless, and independent advocacy is provided in North Ayrshire through CHAP)
- People affected by addictions and other 'hidden groups' who do not fall within community care categories, but may be vulnerable due to their situation
- Collective advocacy for people with mental health problems (this is provided in part through the two respective generic advocacy organisations in North and East Ayrshire, Voice Advocacy in South Ayrshire, and through

a local mental health forum in East Ayrshire, however users should be consulted on whether they would find it worthwhile to set up, in addition, collective advocacy groups which are separately constituted and resourced. In any case, existing advocacy organisations should monitor the proportion of their budget spent on collective advocacy)

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Independent advocacy for frail older people in North and South Ayrshire
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities
- Future independence of VOICE and Children's Rights and Advocacy Service

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment) (Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- A strategy of Education and awareness raising on advocacy for all statutory service providing staff
- Promotion of advocacy amongst general public
- Ongoing programme of independent evaluation

- Housing and Education Departments to be included in ongoing advocacy planning processes

Conclusions

The advocacy planning partners in Ayrshire and Arran are to be congratulated for their commitment to the development of independent advocacy. This is evidenced by a considerable increase in resources, relative to other areas, as well as in the innovative and inclusive approach they are taking within the advocacy planning process, as described earlier.

In terms of new advocacy provision, two significant developments include the additional resources allocated by East Ayrshire Council towards independent advocacy for frail older people; and in North Ayrshire, the development of a children's advocacy strategy, along with additional funding, to meet the needs of vulnerable children and young people. Meanwhile, South Ayrshire Council continues to invest a significant proportion of its budget in advocacy. Nevertheless, as in all areas of Scotland, there remain significant gaps in independent advocacy provision, which require to be filled.

Independent evaluations of two separate advocacy organisations in Ayrshire and Arran indicated that the quality of advocacy provided there is high, and that it appropriately meets local needs. It will be important therefore, to continue to monitor the demand and take up of advocacy to ensure that needs continue to be met, and to review the services regularly (to include independent evaluation), so that quality is sustained, and improved.

This year has also been momentous in terms of the decision of the three local authorities to take the lead on planning and commissioning advocacy in their own regions through separate local authority advocacy steering groups. This decision was taken following local consultation, which suggested that the needs of each area were quite distinct and that people wanted more local ownership of the planning process through involvement in decisions which directly affect them.

Ayrshire and Arran NHS Board continue to be closely involved in the planning of advocacy, through regular feedback, and within the Health Board wide advocacy steering group, which oversees all activity. The Chair of the Ayrshire and Arran Advocacy Steering Group also sits on the North Ayrshire Advocacy Strategy Group. The new arrangements, which reflect other local planning processes and structures pertaining to the Joint Future agenda, are reported to be working well. Some work requires to be done to ascertain if and how users and advocacy providers feel they might best be represented on the Ayrshire wide advocacy steering group.

BORDERS ADVOCACY

NHS BORDERS

There is one local authority within Borders NHS Board area:
Scottish Borders Council

Advocacy Planning Process

The Borders advocacy planning and implementation group comprises stakeholders from the NHS Board, the local authority, and representatives of the Borders Advocacy Forum. This group sits under the banner of the Joint Commissioning Team for Community Care, which in turn is linked into the Joint Executive of the Health and Care Partnership Board.

The advocacy planning and implementation group has a clear remit and is currently seeking representation from education, children services and housing.

Advocacy Organisations in Borders Region

1. BORDERS INDEPENDENT ADVOCACY SERVICE (BIAS) 6a Edenside Workshop, Inch Road, Kelso TD5 7JR Tel: 01573 225777 Email: bias.borders@virgin.net

Project details

- Independent
- Professional and volunteer advocacy
- Generic - anyone receiving community care and NHS services, and their carers
- Borders Region
- Evaluated in April 2003 by ASA

Funding

	2003/4	2004/5	2005/6	Date of Review
Scottish Borders Council	*£22,000			
NHS Borders	*£16,500			
Scottish Borders Council (Same as You)	£10,000			

*Reviewed annually

2. CITIZEN ADVOCACY NETWORK BORDERS (CAN-B)
 6a Edenside Workshop, Inch Road, Kelso TD5 7JR
 Tel: 01573 225777
 Email: canb.borders@virgin.net

Project details

- Independent
- Under the umbrella of BIAS
- Citizen advocacy
- Generic - includes people with a mental health disorder; people with a learning disability; older people who are frail and people who have a speech impairment or who cannot talk
- Borders Region

Funding

	2003/4	2004/5	2005/6	Date of Review
Community Fund	£19,050	£20,695		Ends 2005

3. PEOPLE FIRST BORDERS
 The Dean, Deanfoot Road, West Linton EH46 7AU
 Tel: 01968 660274
 Email: annesuckling@aol.com

Project details

- Independent
- Affiliated to People First Scotland
- Self advocacy
- People with learning disabilities
- Borders Region

Funding

	2003/4	2004/5	2005/6	Date of Review
Scottish Borders Council	*£21,000			

*Reviewed annually

Total Local Statutory Funding for Borders Advocacy in 2003/4

Total Funding

Scottish Borders Council	£53,000	
NHS Borders	£16,500	
Total		£69,500

Funding by Client Group

Generic	£38,500
Learning Disability	£31,000

Funding by Advocacy Type

Individual	£48,500
Collective	£21,000

Funding by Independence

Independent Advocacy	£69,500
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Gaps in Independent Advocacy

- People with a mental health disorder
- Vulnerable children and young people
- Homeless people and people affected by addictions
- People from black and ethnic minority communities
- People with physical disabilities
- Need to expand the Citizen Advocacy Project

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Advocacy for vulnerable children and young people
- Development of generic advocacy on an equitable/geographical basis

- Development of a strategy to improve accessibility to advocacy by 'hidden groups' such as homeless people and people with addictions
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- Raising awareness and understanding of the role and value of advocacy amongst service providers
- Promotion of advocacy amongst general public
- Housing and Education Departments to be included in ongoing advocacy planning processes
- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements

Conclusions

The Borders advocacy planning and implementation group is committed to the development of independent advocacy. It is currently investigating the development of independent advocacy provision for people with a mental health disorder, and for vulnerable children and young people; this is being done through the appropriate strategic development groups. Funding was also secured to enable BIAS to be independently evaluated.

A new training program has been developed by the Borders Advocacy Forum and Joint Community Care Forum and will be implemented in the Autumn

Map of independent advocacy across scotland

of 2003. This advocacy awareness programme will be aimed at service providers and the general public.

There still remains a need to develop both the generic and specialist advocacy provision. It was intended that this would be achieved through the establishment of an umbrella independent advocacy organisation (development of Borders Independent Advocacy Service). The capacity of this organisation needs to be developed further to enable this possibility, and the organisation needs to relocate, if it is to expand and deliver a Borders-wide service.

There is also limited collective advocacy in the Borders.

Although committed to the development of Independent Advocacy, NHS Borders needs to consider increasing its spend in this area. Finally, all statutory funding partners need to ensure that three-year funding agreements are written into Service Level Agreements.

DUMFRIES AND GALLOWAY ADVOCACY

NHS DUMFRIES AND GALLOWAY

There is one local authority within Dumfries and Galloway NHS Board area:
Dumfries and Galloway Council

Advocacy Planning Process

Planning for independent advocacy is part of the existing implementation/ planning structures within the NHS board and Local Authority. There is no stand-alone planning group for independent advocacy in Dumfries and Galloway. Representatives from education and housing from Dumfries and Galloway Council are also involved in this process.

A major review of the provision of advocacy is currently being undertaken by the NHS board and the Council in view of the changes to the structure and remit of Health Councils; the need to ensure the independence of advocacy services; and the need to take into full account the provisions of the new Mental Health Act.

Pass Direct (the main provider of advocacy in this area) is currently involved in setting up an advocacy forum in the area which represents a coalition of voluntary agencies involved in advocacy issues.

Advocacy Organisations in Dumfries and Galloway

<p>1. PASS DIRECT (PEOPLE'S ADVOCACY AND SUPPORT SERVICE) 11 Buccleuch Street, Dumfries DG1 2AT Tel: 01387 247237 Email: passdirect@advocates.fsnet.co.uk</p>

Project details

- Working towards independence - (Currently managed by Dumfries and Galloway Health Council)
- Professional and volunteer advocacy
- Generic - for all people using both NHS and Local Council services
- Dumfries and Galloway region have requested an ASA evaluation, date to be confirmed

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Dumfries and Galloway	£60,471			March 2004
Dumfries and Galloway Council	£48,801			March 2004

2. PEOPLE FIRST SCOTLAND
c/o 34B Haddington Place, Edinburgh EH7 4AG
Tel: 0131 478 7707
Email: p1stscot@aol.com

Project details

- Independent
- Self advocacy
- People with learning disabilities
- Dumfries and Galloway

Funding

People First do not receive any statutory funding

3. WHO CARES? SCOTLAND
c/o Oswald Chambers, 5 Oswald Street, Glasgow G1 4QR
Tel: 0141 226 4441
Email: d.watson@whocaresscotland.net

Project details

- Not independent
- Professional advocacy
- Children who are looked after by the local authority
- Dumfries and Galloway

Funding

	2003/4	2004/5	2005/6	Date of Review
Dumfries and Galloway Council	£30,000			March 2004

Total Local Statutory Funding for Dumfries and Galloway Advocacy in 2003/4

Total Funding

Dumfries and Galloway Council	£78,801	
NHS Dumfries and Galloway	£60,471	
Total		£139,272

Funding by Client Group

Generic	£109,272
Looked after Children and Young People	£30,000

Funding by Advocacy Type

Individual	£139,272
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Funding by Independence

Independent Advocacy	£0
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Gaps in Independent Advocacy

- There is no independent citizen or collective advocacy provision
- Vulnerable children and young people who are not in care
- People from black and ethnic minority communities

Priorities for Developing Independent Advocacy

- The further development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment)(Scotland) Act 2003
- Further development of independent advocacy for people with learning disabilities
- Advocacy organisations need to consider how they ensure that they are accessible to the black ethnic minority community, to people who have a hearing impairment and to people from other marginalised groups

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and

Treatment)(Scotland Act) 2003. The Act states that any person with a mental health “disorder” has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- Supporting Pass Direct to become independent
- A strategy of education and awareness raising on advocacy for all statutory service providing staff
- Promotion of advocacy amongst general public
- Ongoing programme of independent evaluation

Conclusions

Proposals to develop self advocacy for people with learning disabilities in 2002 have not yet been taken forward. This was acknowledged by the lead commissioner, who has indicated that this will be progressed, timescales for this development should be cited in the next three year plan.

An additional £20,000 in 2002/03 and £30,000 in 2003/04 from the Change Fund was to be allocated for this development. The information supplied for the purpose of this Map does not indicate that this funding was allocated. People First continues not to receive any statutory funding in this region.

All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements.

The statutory funders acknowledge that Pass Direct should now move towards independence, and have suggested that an independent evaluation should happen to inform the change process. As cited earlier, a major review of the provision of advocacy is currently being undertaken by the NHS board and

the Council; all key stakeholders should be involved in this review process. Pass Direct has indicated that the organisation is well placed to meet all the advocacy needs in the area through a generic service, however further funding is required to build on the capacity of the organisation. It may make good sense to build on the capacity of this generic project. Pass Direct, alongside its management body the Health Council, acknowledge that change is inevitable and therefore started a process to inform this change through a series of vision days.

There have been significant changes in Dumfries and Galloway:

- The proposed national changes for Local Health Councils has meant that in future, managing advocacy will not be part of their remit
- As from 1st April 2003, Dumfries and Galloway health services have integrated into one structure - NHS Dumfries and Galloway
- Services in Dumfries and Galloway have over the last 3 years been developed in line with the Joint Future agenda
- A new Advocacy Forum has been developed by Pass Direct

In light of these changes, and with due consideration to the priorities for development, this may be an opportunity for NHS Dumfries and Galloway to review its planning structure if necessary and the provision of independent advocacy across the region.

FIFE ADVOCACY

There is one local authority within Fife NHS Board area:
Fife Council

Advocacy Planning Process

The Fife advocacy strategy group is responsible for co-ordinating the Fife Advocacy Plan, through its constituent members who include representatives from the NHS board and Trusts, the local authority and a range of advocacy agencies, and mental health service users from collective advocacy groups.

The Strategy group has organised a number of consultation events, including a focused session in March 2003, to ascertain what the priorities for advocacy planning and development should be. One important element of planning which the group has committed to, is the need to link its work into other client-specific strategic decision making groups across health, social work, education and housing departments.

Advocacy Organisations in Fife

1. DUNFERMLINE ADVOCACY INITIATIVE 2 Halbeath Road, Dunfermline, Fife KY12 7QX Tel: 01383 624382 Email: advocacy.initiative@btinternet.com Website: www.dunfermlineadvocacyinitiative.btinternet.co.uk

Project details

- Independent
- Volunteer crisis and citizen advocacy
- People from 16 years old upwards with learning disabilities
- West Fife
- Independent evaluation using CAPE tool in May 2000

Funding

	2003/4	2004/5	2005/6	Date of Review
Fife NHS Board	£47,186			
Fife Council	£6,941			
Community Fund	£41,383			
Comic Relief	£7,000			Ends Oct03
Princess Diana Memorial Fund	£50,000			

2. DUNFERMLINE FORUM ON DISABILITY
 14 Halbeath Road, Dunfermline, Fife KY12 7QX
 Tel: 01383 731503/8
 Email: 2000forum@carefourfree.net

Project details

- Independent
- Collective advocacy
- People with a disability
- West Fife

Funding

	2003/4	2004/5	2005/6	Date of Review
Fife Council	£10,000			

3. FIFE ADVOCACY
 Unit 2, Cowdenbeath Business Centre, 318 High St, Cowdenbeath
 KY4 9QU
 Tel: 01383 511155
 Email: fifeadvocacy@bigfoot.com
 Website: www.fifeadvocacy.btinternet.co.uk

Project details

- Independent
- Professional, volunteer and collective advocacy
- Adults (over 16) with mental health problems or dementia
- Fife, including support to a number of patients councils (Stratheden and Queen Margaret)

Funding

	2003/4	2004/5	2005/6	Date of Review
Fife Council (MISG)	£91,392			
Fife NHS for Stratheden	£52,387			
Nationwide Foundation	£10,666			Ends Aug 03
Lloyds TSB Foundation	£8,000			Ends Aug 03
Fife Council Section 10	£843			Ends Aug 03

Map of independent advocacy across scotland

4. FIFE USER PANELS
 11 Wemyssfield, Kirkcaldy, Fife, KY1 1XN
 Tel: 01592 204 273

Project details

- Independent
- Self advocacy
- Older people
- Fife

Funding

	2003/4	2004/5	2005/6	Date of Review
Fife Council	£22,000			

5. FIFE ELDERLY FORUM
 Office 2, Fraser Buildings, 11 Millie Street, Kirkcaldy, Fife, KY1 2NL
 Tel: 01592 643 743

Project details

- Independent
- Self advocacy
- Older people
- Fife

Funding

	2003/4	2004/5	2005/6	Date of Review
Fife Council	£15,000			

6. PEOPLE FIRST FIFE
 Lynebank Hospital, Halbeath Road, Dunfermline
 Tel: 01383 674164

Project details

- Independent - (user led)

- Collective advocacy and support for individual self advocacy
- People with learning disabilities
- Five groups throughout Fife

Funding

	2003/4	2004/5	2005/6	Date of Review
Fife Council	£33,000			

7. TODAY (TOGETHER OVERCOMING DISCRIMINATION AGAINST YOU AND I) c/o Fife Advocacy, Unit 2, Cowdenbeath Business Centre, 318 High Street, Cowdenbeath KY4 9QU
Tel: 01383 511155

Project details

- Independent - (user led)
- Collective advocacy
- People with mental health problems
- Fife

Funding

	2003/4	2004/5	2005/6	Date of Review
Fife Council (Section 10)	*£15,000			
NHS Fife	£834			

* Funding granted on a six monthly basis

8. WHYTEMAN'S BRAE HOSPITAL PATIENTS' COUNCIL
c/o Central Fife Association for Mental Health
Office 1, Fraser Buildings, Milne Street, Kirkcaldy KY1 2NL
Tel: 01592 646494

Project details

- Not independent (managed by Central Fife Association for Mental Health)
- Collective advocacy

- People resident within Whyteman's Brae psychiatric hospital
- Receives no funding

Additional Investment

- Fife NHS Board have earmarked additional monies towards advocacy for 'minority groups': £10,000 for FRAE (Fairness, Race, Awareness and Equality) Fife to manage a development worker for ethnic minorities; £10,000 towards older peoples' advocacy provision; and £10,000 towards advocacy for children and young people
- Fife Council has allocated a further £64,000 for Central and East Fife to employ 2 development workers to undertake community development to establish a network of interested individuals in each area, who will assist with the provision of citizen advocacy for people with learning disabilities

Total Local Statutory Funding for Fife Advocacy in 2003/4

Total Funding

Fife NHS Board	£130,407	
Fife Council	£258,176	
Total		£388,583

Funding by Client Group

Mental Health	£160,456
Learning Disability	£151,127
Physical Disability	£10,000
Older People	£47,000
Ethnic Minorities	£10,000
Children and Young People	£10,000

Funding by Advocacy Type

Individual	£174,622
Citizen	£118,127
Collective	£95,834

Funding by Independence

Independent Advocacy	£388,583
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Gaps in Independent Advocacy

- Vulnerable children and young people
- Individual advocacy for people with physical disabilities and acute health care needs
- Homeless people and people affected by addictions

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Investment in advocacy for children; increased provision for older people; people with learning disabilities and ethnic minority citizens

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- Investment in ongoing programme of independent evaluation

- Strategy of education and awareness raising on independent advocacy among statutory service provider staff
- Promoting advocacy to the general public
- Housing and Education Departments to be included in ongoing advocacy planning processes

Conclusions

One of the main strengths in the development of advocacy in Fife is the commitment of NHS Fife and Fife Council to investing in and supporting collective advocacy and capacity building, particularly among people with mental health problems; learning disabilities and older people. This is evidenced in the resources allocated to Patients' Councils (through Fife Advocacy); to People First, and to the Fife User Panels, and Fife Elderly Forum. It is also apparent in the ongoing series of consultation events, and in the attempt to involve users in the formal advocacy planning group. If users are continually supported to express their views, and these are taken account of, this will go a long way towards the development of advocacy organisations that are responsive to need.

This intention needs to be underpinned by sustained financial resources. Therefore, the pending allocation of £30,000 from NHS Fife is most welcome. £10,000 of this will go towards the recruitment of a Development Worker (who will be employed by Fairness, Race Education and Awareness Fife) whose remit is to develop the capacity of existing advocacy organisations in Fife to be more accessible to users from black and ethnic minority communities. The other £20,000 will be split between individual advocacy for older people through the Fife Elderly Forum, and the development of children and young peoples' advocacy. Similarly, the additional funds that have been invested by Fife Council in the development of citizen advocacy for people with learning disabilities in Central and East Fife are to be welcomed. The community development model which is being used to get this service off the ground, should hopefully ensure that the advocacy provided there closely responds to local needs and has the full involvement of the local community.

There are also significant opportunities to learn from and build on the work being done by Fife Children's Rights Strategy Group. The intention is to pave the way towards independent advocacy being developed for children and young people in Fife. If money is allocated for this purpose, the Fife Advocacy Planning Group will have achieved the two main priorities outlined in its last advocacy plan.

On a separate note, there is anecdotal evidence that the advocacy needs of people with mental health problems are not being adequately met; this is an area for review. This will need to be addressed urgently if the NHS board and local authority in Fife are to meet their statutory obligations in relation to advocacy under the Mental Health Act, which is due to be implemented in April 2005.

Also, it is noted that there has been no statutory commitment to investing in independent evaluations of advocacy organisations in Fife, to date. Having said that, the statutory planning partners in Fife have shown considerable commitment to independent advocacy, in the significant increase in provision from 2002/03.

The Advocacy Planning Group is to be congratulated for contributing to this achievement.

FORTH VALLEY ADVOCACY

NHS FORTH VALLEY

There are three local authorities within Forth Valley NHS Boars area:
Clackmannanshire Council
Falkirk Council
Stirling Council

Advocacy Planning Process

The Forth Valley Advocacy Core Commissioning Group has disbanded. Mainstream advocacy provision and the three year action plan will be handed over to the Strategic Planning Groups, who will incorporate them within their own plans, objectives and priorities. The Strategic Planning Groups involved represent: older people; mental health; children; physical disability; learning disability and a patient/public focus group.

A representative from each of these groups will establish an umbrella group which will coordinate the overall development of advocacy services and ensure the best use of resources to coordinate the best practice across Forth Valley. Furthermore, as this is part of the remit of the Patient Focus and Public Involvement agenda, any subsequent learning from this approach will be shared across the network in Forth Valley with the intent to demonstrate an inclusive approach.

Advocacy Organisations in Forth Valley

<p>1. ADVOCACY INTO ACTION 27 West Bridge Street, Falkirk FK1 5RJ Tel: 01324 633 321 Email: info@advocacyintoaction.org.uk</p>

Project details

- Independent
- Professional, citizen and crisis advocacy
- Adults with learning disabilities
- Falkirk and Clackmannanshire Local Authority areas. Supporting people who have recently left the Royal Scottish National Hospital and are now living in the community

Funding

	2003/4	2004/5	2005/6	Date of Review
Clackmannanshire Council	£23,000	£23,000	£23,000	
Falkirk Council	£43,500	£43,500	£43,500	
UVAFF	£23,069	£23,069		

2. FORTH VALLEY ADVOCACY SERVICE
1 The Bungalows, Stirling Road, Larbert FK5 4SD
Tel: 01324 557 070
Email: ruth.owen@fvpc.scot.nhs.uk

Project details

- Independent
- Professional, volunteer, crisis, collective
- Adults with a mental health disorder, with learning disabilities, older people
- Forth Valley region

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Forth Valley	£103,000	£103,000	£103,000	5-yr plan
NHS Forth Valley	£14,020			
Stirling Council	£30,170			
Stirling Council (MISG)	£25,000			

3. QUALITY ACTION GROUP
10 Spittal Street, Stirling FK8 1DU
Tel: 01786 471120
Email: qualityaction@btinternet.com

Project details

- Independent
- Professional, volunteer, collective and self advocacy

- Adults with learning disabilities (over 16 years of age)
- Stirling Local Authority area

Funding

	2003/4	2004/5	2005/6	Date of Review
Stirling Council	£100,000			

4. PEOPLE FIRST SCOTLAND
 c/o 34B Haddington Place, Edinburgh EH7 4AG
 Tel: 0131 478 7707
 Email: p1stscot@aol.com

Project details

- Independent
- Self advocacy group
- People with learning disabilities
- Clackmannanshire

Funding

	2003/4	2004/5	2005/6	Date of Review
Clackmannanshire Council	£4,000			

Total Local Statutory Funding in Forth Valley for Advocacy in 2003/4

Total Funding

NHS Forth Valley	£117,020	
Clackmannanshire Council	£27,000	
Falkirk Council	£43,500	
Stirling Council	£155,170	
Total		£342,690

Funding by Client Group

Generic	£133,170
Mental Health	£39,020
Learning Disability	£170,500

Funding by Advocacy Type

Individual	£299,670
Collective	£43,020

Funding by Independence

Independent Advocacy	£342,690
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Note: The amount for client groups cited above indicates specific provision, however generic advocacy provision tends to prioritise people with mental health problems, learning disability and other community care service users, so in real terms the amounts spent on these groups will be higher than indicated for the separate groups listed above.

Similarly, the amounts specified under the 'Advocacy Type' do not give an accurate figure as the proportion of organisational budgets did not give a break down of how much money was allocated to each specific client group. Citizen Advocacy is provided through Advocacy into Action however it has not been possible for this Map to quantify that spend.

Gaps in Independent Advocacy

- People with a mental health disorder
- Vulnerable children and young people
- Carers
- Older people
- Homeless people and people affected by addictions
- People from black and ethnic minority communities
- People with physical disabilities
- For patients awaiting discharge

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- The development of advocacy provision for people affected by delayed discharge
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- The development of a robust umbrella advocacy planning and implementation group which will reconsider priorities for the development of independent advocacy in the Forth Valley area
- To develop a strategy for education and awareness raising for general public and statutory service staff

Conclusions

The majority of independent advocacy in this region continues to be available for people with learning disabilities. Gaps remain in advocacy provision for all other care groups. This needs to be addressed through the planning process.

Responsibility for advocacy planning and implementation has now been placed with the Strategic Planning Groups.

It is hoped that the planning for independent advocacy will be more effective if considered by the specific strategic planning group i.e. the Strategic Planning Group for Mental Health would consider independent advocacy provision with regards to the Mental Health Act.

Representatives of these groups have been asked to establish an umbrella advocacy planning and implementation group. It is essential that this happens to enable NHS Forth Valley to take forward the development of advocacy collectively with its local funding partners. Also to provide a strategic overview which will enable independent advocacy to be developed in an equitable manner across the whole of NHS Forth Valley.

In this change process the new Forth Valley Advocacy Planning and Implementation Group needs to develop mechanisms to ensure that it involves advocacy providers and users.

All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements.

GRAMPIAN ADVOCACY

NHS GRAMPIAN

There are three local authorities within Grampian NHS Board area:
Aberdeen City Council
Aberdeenshire Council
Moray Council

Advocacy Planning Process

In Grampian the co-ordination and planning of advocacy is undertaken by the Advocacy Development Group, made up of the managers of each of the three advocacy agencies: the lead commissioner from NHS Grampian, and representatives from Aberdeen City Council and Aberdeenshire Council. There is no representative from Moray Council, or from any of the local user groups. Both of these issues need to be addressed.

Advocacy Organisations in Grampian

1. ADVOCACY NORTH EAST Thainstone Business Centre, Inverurie, Aberdeenshire AB51 5TB Tel: 01467 622674 Email: advocacy@btinternet.com

Project details

- Independent
- Professional; volunteer, collective and self advocacy
- Generic (18 years and over)
- Aberdeenshire local authority area

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Grampian	£16,870			
Aberdeenshire Council	£133,459			
Opportunity Lottery Funding	£21,606	£21,606	£21,606	

2. ADVOCACY SERVICE ABERDEEN
 Caberstone Road, 47 Belmont Street, Aberdeen AB10 1JS
 Tel: 01224 658680
 Email: asa@advocacy.org.uk
 Website: www.advocacy.org.uk

Project details

- Independent
- Professional and volunteer advocacy and support to self advocacy groups
- Generic (For people over 16 years old)
- Evaluated by ASA in March 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
Grampian NHS	£33,750			
Aberdeen Council	£100,985			
Lottery fund	£31,058			Ends Oct 03
Lloyds TSB Foundation	£11,000			Ends May 04

3. MORAY ADVOCACY
 2 Commerce Street, Elgin, Morayshire IV30 1BS
 Tel: 01343 556266
 Email: morayadvocacy@ukonline.co.uk

Project details

- Independent
- Professional and volunteer Advocacy
- Generic (16 years and over)
- Moray District

Funding

	2003/4	2004/5	2005/6	Date of Review
Grampian NHS	£15,000			
Moray Council	£30,000			
National Lottery Grant	£46,000			

Map of independent advocacy across scotland

Total Local Statutory Funding for Grampian Advocacy in 2003/4

Total Funding

Grampian NHS Board	£65,620	
Aberdeen City Council	£100,985	
Aberdeenshire Council	£133,459	
Moray Council	£30,000	
Total		£330,064

Funding by Client Group

All generic	£330,064
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Funding by Advocacy Type

All individual	£330,064
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Funding by Independence

Independent Advocacy	£330,064
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Gaps in Independent Advocacy

- Older people, including people with dementia
- People with physical disabilities and acute health needs
- Children and young people
- Homeless people and people affected by addictions
- Carers
- Insufficient collective advocacy, for people with learning disabilities and mental health service users

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Further development of collective advocacy in mental health to include advocacy for inpatients and outpatients at Royal Cornhill Hospital

- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- Consolidation of existing services with additional funds
- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- Advocacy Implementation group to consult more widely with users and their constituent forums and involve them as key stakeholders in the planning process
- Housing and Education Departments to be included in ongoing advocacy planning process
- Strategy of education and awareness raising for all statutory service provider staff
- Improve structure links with all decision making groups, funding streams and policy agenda in Grampian
- Ongoing investment in independent evaluation

Conclusions

In spite of the commitment and concerted efforts of members of the Grampian Independent Advocacy Implementation Group to raise the profile of independent advocacy among the statutory funding partners in Grampian,

investment still appears inadequate to meet the need. Since submission of the last three year Advocacy Plan, there has been no resource increase by NHS Grampian to address this need, in spite of the recent developments in policy and legislation.

It will be important that there is ongoing prioritisation of independent advocacy provision, even within constrained budgets, where leverage should be built in through resource transfer and the creative use of funding streams.

Aside from this pressing matter, yet highly related to it, is the issue of the planning process itself. There has been no consistent programme of consultation with those who are likely to use advocacy services in Grampian and they remain excluded from the planning group. There is also a concern about the lack of time and structured opportunity for the advocacy providers to network and share information and support. There are, however, plans to support a Grampian Advocacy Forum and to use the model developed in Moray to support three user groups, which will feed into the Grampian Implementation Group.

GREATER GLASGOW ADVOCACY

NHS GLASGOW

There are six local authorities within NHS Greater Glasgow:

Glasgow City Council (entirely within GGNHS)

East Dunbartonshire (entirely within GGNHS)

West Dunbartonshire (Clydebank area)

East Renfrewshire (Eastwood area)

South Lanarkshire (Rutherglen and Cambuslang area)

North Lanarkshire (Steppes/Moodiesburn/Chryston area)

Advocacy Planning Process

The advocacy plan and commissioning arrangements with Glasgow City Council were undertaken through the Advocacy Steering Group. This group is no longer meeting and revised planning arrangements need to be implemented.

Past consultation with local advocacy providers has indicated their preference not to take part in such a group, but rather to delegate responsibility for the co-ordination of advocacy planning and development within Greater Glasgow, to the lead commissioner from NHS Greater Glasgow, and in Glasgow city, to the lead commissioner from the Council – both of whom liaise closely with and jointly contribute to the advocacy plan.

Outwith Glasgow city, the commissioners for each of the respective local authorities have their own specific arrangements by which they commission advocacy, in some cases with joint contribution from NHS Greater Glasgow.

There is a need for NHS Greater Glasgow to develop a corporate approach for the development of independent advocacy.

Advocacy Organisations in Greater Glasgow

1. ADVOCACY MATTERS - GLASGOW ASSOCIATION FOR MENTAL HEALTH

St. Andrews by the Green, 33 Turnbull Street, Glasgow G1 5PR

Tel: 0141 559 5491

Fax: 0141 559 5499

Project details

- Not independent (managed by Glasgow Association for Mental Health)

- Professional advocacy
- Adults (over 16) with mental health problems
- Greater Glasgow NHS Board area

Funding

	2003/4	2004/5	2005/6	Date of Review
GGNHSB	£250,000	£250,000		2004/5

2. ALZHEIMER SCOTLAND ADVOCACY SERVICE
 Room 3, Southbank House, Southbank Business Park, Kirkintilloch,
 Glasgow G66 1XQ
 Tel: 0141 775 0433
 Email: kirkintilloch@alzscot.org

Project details

- Not independent (managed by Alzheimer Scotland)
- Professional and volunteer advocacy
- People (of any age) with dementia
- Strathkelvin area of East Dunbartonshire
- Evaluated by ASA in March 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
MISG East Dunbartonshire Council	£76,159			
UVAF	£22,201			

3. CIRCLES NETWORK UK
 Charing Cross Centre, 8 Woodside Crescent, Glasgow EH3 7UL
 Tel: 0141 531 1514
 Email: shannonmcquarry@circlesnetwork.org.uk

Project details

- Not independent (part of national support network)
- Professional

- Mentally disordered offenders
- Greater Glasgow area

Funding

	2003/4	2004/5	2005/6	Date of Review
GGNHSB	£80,000	£80,000		2004/05

4. DRUMCHAPEL ADVOCACY PROJECT
 Unit 28, 42 Dalsetter Avenue, Drumchapel, Glasgow G15 8TE
 Tel: 0141 944 0507
 Email: law@dlmac.fsnet.co.uk

Project details

- Not independent - (managed by Drumchapel Law and Money Advice Centre)
- Citizen and volunteer advocacy
- Vulnerable older people; people with dementia; learning disabilities; mental health problems; physical disabilities; and carers
- Drumchapel area
- Independently evaluated by an external consultant in August 2002

Funding

	2003/4	2004/5	2005/6	Date of Review
Glasgow City Council	£50,500	£50,500	£50,500	2004

5. DRUMCHAPEL CHILDREN'S RIGHTS PROJECT
 Unit 28, 42 Dalsetter Avenue, Drumchapel, Glasgow G15 8TE
 Tel: 0141 944 0507
 Email: law@dlmac.fsnet.co.uk

Project details

- Not independent - (managed by Drumchapel Law and Money Advice centre)
- Professional and volunteer advocacy
- Vulnerable children and young people (aged 8–18)
- Drumchapel area

Funding

	2003/4	2004/5	2005/6	Date of Review
Glasgow City Council	£15,500			Sept 03
Drumchapel Social Inclusion Partnership	£5,956			Sept 03

6. EQUAL SAY
 11/13 Downhill Street, Partick, Glasgow G11 5QS
 Tel: 0141 337 3133
 Email: ca@equalsay.org

Project details

- Independent
- Citizen advocacy
- People with learning disabilities
- Glasgow city, East Dunbartonshire, and East Renfrewshire (see Argyll and Clyde Health Board area)
- Evaluated by ASA in June 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
GGNHSB	£111,969	£111,969	£111,969	2004
East Dunbartonshire Council	£73,595			
GGNHSB for East Renfrewshire	£10,000			
E. Renfrewshire Council	£25,000			
Community Fund	£54,538			2004

7. ETHNIC MINORITY ADVOCACY SERVICE
 40 Wellington Street, Glasgow G2 6HJ
 Tel: 0141 221 4044
 Email: emec40@aol.com

Project details

- Independent
- Professional advocacy
- Clients from black and ethnic minority communities
- Greater Glasgow area

Funding

	2003/4	2004/5	2005/6	Date of Review
GGNHSB	£50,000	£50,000		2004
Glasgow City Council	£50,000	£50,000		2004
Scottish Enterprise Glasgow	£200,000			

8. PARTNERS IN ADVOCACY GLASGOW
Netherton House, Anniesland Village Business Park, Netherton Road, Glasgow G13 1EU
Tel: 0141 959 2525
Email: glasgow@partnersinadvocacy.org.uk
Website: www.partnersinadvocacy.org.uk

Project details

- Independent
- Citizen advocacy
- Children and adults with a learning disability, including those with profound and multiple disabilities
- North West of Glasgow
- Evaluated in 2000 using CAIT tool

Funding

	2003/4	2004/5	2005/6	Date of Review
Community Fund	£19,976			
Scottish Executive Section 9 Grant	£7,318			
Scottish Executive Section 10 Grant	£4,000			
Other sources	£4,500			

Map of independent advocacy across scotland

9. PEOPLE FIRST GLASGOW
 c/o People First Scotland, 34B Haddington Place, Edinburgh EH7
 4AG
 Tel: 0131 478 7707
 Email: p1st@aol.com

Project details

- Independent
- Collective advocacy and support for self advocacy
- People with learning disabilities
- Glasgow

Funding

	2003/4	2004/5	2005/6	Date of Review
Greater Glasgow NHS Board	£20,000			
Glasgow City Council	£20,000			

10. THE ADVOCACY PROJECT
 72 London Road, Glasgow G1 5NP
 Tel: 0141 553 2300
 Email: enquiry@theadvocacyproject.org.uk

Project details

- Independent
- Professional, citizen and group advocacy
- Adults (over 18) with physical disabilities, learning disabilities and mental health problems. Also older people
- Main service provision East End of Glasgow (generic service); Rutherglen and Cambuslang (generic service); older people's service throughout Glasgow city; service for people with mental health issues South Lanarkshire

Funding

	2003/4	2004/5	2005/6	Date of Review
GGNHSB (ward based pilot physical disability PDRU and Glenburnhill)	£23,835			2003
GGNHSB (for older people)	£149,895	£149,895		2005
Glasgow City Council (for older people)	£49,965	£49,965		2005
Glasgow City Council (for generic advocacy East End of Glasgow)	£36,000	£36,000	£36,000	2004
South Lanarkshire Council (for generic advocacy)	£11,355			2004
South Lanarkshire Council (mental health - includes £50k resource transfer from GGNHSB)	£113,884			2005

Also, GGNHSB £10,893 for Lomond and Argyll Advocacy Service

Total Local Statutory Funding for Greater Glasgow Advocacy in 2003/4

Total Funding

Greater Glasgow NHS Board (includes £10,893 for Lomond and Argyll Advocacy and £18,920 spent within Lanarkshire)	£775,512	
Glasgow City Council	£221,965	
East Dunbartonshire Council	£149,754	
East Renfrewshire Council (for Equal Say)	£25,000	
South Lanarkshire Council	£75,239	
Drumchapel Social Inclusion Partnership	£5,956	
Total		£1,253,426*

*Does not include £25,000 from East Renfrewshire Council for Equal Say (this is included under Argyle and Clyde entry)

Funding by Client Group

£1,182,657 (Does not include £18,920 spent in Lanarkshire, GGNHSB money, or £20,893 spent in Argyle and Clyde)	
Mental Health	£480,681
Learning Disabilities	£188,767
Ethnic Minorities	£100,000
Older People, Including Dementia	£276,019
Generic	£97,855
Physical Disabilities	£23,835
Children and Young People	£21,456

Funding by Advocacy Type

£1,182,657 (Does not include £18,920 spent in Lanarkshire, GGNHSB money, or £20,893 spent in Argyle and Clyde)	
Individual	£963,049
Citizen	£185,564
Collective	£40,000

Funding by Independence

Independent Advocacy	£729,311*
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*Does not include £16,000 from GGNHSB allocated to older people in South Lanarkshire, as provider is yet to be confirmed.

Note: The amounts for client groups cited above indicate specific provision, however generic advocacy providers (including The Advocacy Project and Drumchapel Advocacy Project) tend to prioritise people with mental health problems, learning disabilities, acquired brain injuries, dementia, and other community care service users, so in real terms the amounts spent on these groups will be higher than indicated for the separate groups listed above.

Similarly, the figure for collective advocacy would be higher in real terms, as The Advocacy Project provides collective advocacy in addition to individual, however there is no breakdown of funding for these.

Gaps in Independent Advocacy

- Children and young people
- People with physical disabilities
- Older people in East Dunbartonshire area
- People with dementia in Bearsden/Milngavie, Rutherglen and Cambuslang
- Refugee and asylum seekers
- Homeless people and people affected by addictions
- Collective advocacy for people with mental health problems (GGNHSB invests in Glasgow Mental Health Network to enable service users to work in partnership with the statutory sector in planning and implementing services, however this is not recognised as Collective Advocacy)

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Children and young people
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment) (Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- More structured planning process with clear lines of communication and accountability, and links into wider decision making groups
- Housing and Education Departments to be included in ongoing advocacy planning processes
- Rolling programme of regular consultation
- Education and awareness raising for statutory staff
- Wider promotion of existing services, to potential referrers and public, with accessible literature including publications in minority languages, and system of subsidised translation and interpretation for advocacy agencies working with people who might need this
- Ongoing commitment to external evaluation

Conclusions

Greater Glasgow NHS Board and its planning partners have achieved much of what they set out to do in their last advocacy plan. Notably, they have honoured their commitment to fund advocacy for older people throughout the city of Glasgow, and to commission a new service for people from black and ethnic minority communities. All that remains from the main list of priorities identified in the first round of three-year advocacy plans is the development of independent advocacy for children and young people.

The decision of Glasgow NHS Board to commit to three year funding across the board is most welcome, and it is hoped that other funding partners will follow suit, as East Dunbartonshire Council have done in agreeing to extend the funding of citizen advocacy for people with mental health problems and learning disabilities.

It is noted that the proportion spent on independent advocacy for people with mental health problems and learning disabilities is relatively low in Greater Glasgow compared with other areas (most provision for specialist mental health advocacy is non-independent whilst provision for people with learning disabilities, although independent, is relatively scarce). This will need to be addressed if the statutory agencies are to meet the requirements of the New Mental Health Act in relation to independent advocacy. With regard to mental health, it may be prudent to commence negotiations with advocacy agencies attached to other service providers on how they feel they can best be supported to become independent, without compromising the needs of their clients.

The other main concern is with regard to the process of planning independent advocacy in Greater Glasgow. Whilst generally advocacy services have so far been successfully commissioned, the process is currently somewhat ad hoc and without any formally agreed structure; therefore it is over-reliant on the commitment and skill of the responsible commissioners to drive it, leaving advocacy vulnerable. Even if the wider group of stakeholders decides not to constitute a formal representative Advocacy Planning Group, it will be important to agree an ongoing process for co-ordinating aspects of infrastructure within the advocacy plan, for instance, how can training and awareness of all statutory sector staff best be implemented and reviewed?

NHS Greater Glasgow needs to consider a more corporate approach in its planning for independent advocacy, that links into all policy, decision-making and funding streams.

HIGHLAND ADVOCACY

HIGHLAND NHS BOARD

There is one local authority within Highland NHS Board area:
Highland Council

Advocacy Planning Process

The Advocacy Commissioning Group comprises of the lead commissioner from NHS Highland and its funding partner, Highland Council. All advocacy services were commissioned following a lengthy planning period involving all the relevant stakeholders and a wider commissioning group. No permanent stakeholder planning/review group has yet been established, but a Highland Advocacy Reference Group will be formed in due course to ensure that the independent advocacy plan is adequately implemented and reviewed.

Education and housing representatives from the Council will also need to be involved in this process.

Advocacy Organisations in Highland

1. ADVOCACY HIGHLAND The Gateway, 1A Millburn Road, Inverness IV2 3PX Tel: 01463 233 460 Email: sheilis@advocacy-highland.org.uk Website: www.advocacy-highland.org.uk

Project details

- Independent
- Professional and volunteer advocacy
- Generic - people of all ages with mental health problems or a learning disability, older people who are frail and people who are homeless
- Highland Region

Funding

	2003/4	2004/5	2005/6	Date of Review
Highland NHS/Council	£100,000	*£103,750	*£107,640	Dec 2005
Communities Scotland	£25,000	£30,000	£35,000	

* Assumes an annual inflationary rise of 3.75%

2. HIGHLAND CARERS PROJECT (THE PRINCESS ROYAL TRUST)
 Highland House, 20 Longman Road, Inverness IV1 1RY
 Tel: 01463 718 817
 Email: carers@hccf.org.uk
 Website: www.hccf.org.uk

Project details

- Not independent (part of a range of supports offered to carers by the Highland Carers Project) (managed by Highland Community Care Forum)
- Professional and volunteer advocacy
- Carers
- Highland Region

Funding

	2003/4	2004/5	2005/6	Date of Review
Highland NHS/Council	£43,575	*£45,209	*£46,904	
Unemployed Voluntary Action Fund (UVAF)	£21,000	£21,000		Ends July 2005

*Assumes an annual inflationary rise of 3.75%

3. NEW CRAIGS CARERS PROJECT (THE PRINCESS ROYAL TRUST)
 Highland House, 20 Longman Road, Inverness IV1 1RY
 Tel: 01463 718 817
 Email: carers@hccf.org.uk
 Website: www.hccf.org.uk

Project details

- Not independent (part of a range of supports offered to carers by the Highland Carers Project) (managed by Highland Community Care Forum)
- Professional and group advocacy
- Carers and relatives of people with a learning disability who are affected by the closure of New Craigs Hospital
- Throughout Highland

Funding

	2003/4	2004/5	2005/6	Date of Review
Highland NHS/Council	£21,787	*£22,604	*£23,452	

* Assumes an annual inflationary rise of 3.75%

4. HIGHLAND USER GROUP (HUG)
Highland Community Care Forum, Highland House, 20 Longman Road, Inverness IV1 1RY
Tel: 01463 718 817
Email: hug@hccf.org.uk
Website: www.hug.uk.net

Project details

- Not independent (part of HUG's work to improve the rights, services and treatment of people with mental health problems) (Supported by Highland Community Care Forum)
- Collective advocacy
- People with a mental health problem
- Highland Region

The Advocacy Project of HCCF, which encompasses HUG and People First, receives £78,463 from NHS Highland and Highland Council. Separate development funding for People First (from October 2003) is currently being negotiated.

5. HIGHLAND YOUNG PEOPLE'S SELF ADVOCACY PROJECT (ENABLE)
c/o Enable, 6th floor, 7 Buchanan Street, Glasgow, G1 3HL
Tel: 0141 226 4541
Email: enable@enable.org.uk

Project details

- Not independent (managed by Ace Advocacy, Enable)
- Self advocacy
- Young people with a learning disability
- Highland Schools

Funding

	2003/4	2004/5	2005/6	Date of Review
Highland Council Social Inclusion Partnership (SIPS)	£37,000			Ends June 2004

6. NEW CRAIGS RESIDENTS ADVOCACY PROJECT (ENABLE)
New Craigs Hospital, Robertson Building, Lower Level, 6-16
Leachkin Road, Inverness IV3 8NP
Tel: 01463 242 860 ext 2585
Email: advocacynewcraigs@btopenworld.com

Project details

- Not independent (managed by Ace Advocacy, Enable)
- Professional and Self advocacy
- People with learning disabilities
- New Craigs Hospital, Inverness and in the community

Funding

	2003/4	2004/5	2005/6	Date of Review
Highland NHS/Council	£44,000	*£45,650	*£47,362	

* Assumes an annual inflationary rise of 3.75%

7. PEOPLE FIRST
Highland Community Care Forum, Highland House, 20 Longman
Road, Inverness IV1 1RY
Tel: 01463 718 817
Email: hccf@hccf.org.uk
Website: www.hccf.org.uk

Project details

- Not independent (managed by Highland Community Care Forum and affiliated to People First Scotland)

- Collective and self advocacy
- People with learning disabilities
- Highland (projects are located in Caithness, East Ross-shire, Inverness, Lochaber, Nairn, Skye)

The Advocacy Project of HCCF, which encompasses HUG and People First, receives £78,463 from NHS Highland and Highland Council. Separate development funding for People First (from October 2003) is currently being negotiated.

Total Local Statutory Funding for Highland Advocacy in 2003/4

Total Funding

Highland NHS	£143,913	
Highland Council	£143,913	
Highland Council (SIP)	£37,000	
Total		£324,826

Funding by Client Group

Generic	£100,000
Mental Health	£39,232
Learning Disability	£120,232
Carers	£65,362

Funding by Advocacy Type

Individual	£246,363
Collective	£78,463

Funding by Independence

Independent Advocacy	£100,000
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These figures do not include SIPS or any other funding source.

Gaps in Independent Advocacy

- Gaps may be experienced in trying to meet the needs of both carers and individuals across a vast geographical area of the Highlands. Both the Highlands Carers Project and Advocacy Highland will be monitored regularly so that early indications of any gaps can be picked up
- There is no citizen advocacy in the Highlands
- Vulnerable children and young people (other than those with a mental health problem or learning disability)
- People from black and ethnic minority communities
- People with physical disabilities

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder, to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- As a relatively new project, Advocacy Highland continues to need support from its funding partners to ensure that it can provide a Highland-wide generic independent advocacy service
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment) (Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- Investment in ongoing programme of independent evaluation
- Strategy of education and awareness raising on independent advocacy among statutory service provider staff
- Public profile for advocacy

Conclusions

NHS Highland, in partnership with Highland Council, has considerably progressed the development of advocacy across the Highlands. All advocacy provision is funded jointly. Advocacy Highland has great potential to develop as a generic independent advocacy service across Highland. It makes good sense that the Commissioners build on the capacity of the existing organisations in this rural setting.

The Mental Health Advocacy Project managed by the Inverness CAB is no longer operational. The Commissioning Group is now working on a new proposal to meet the independent advocacy needs of people with a mental health disorder.

The independent status of many of the advocacy organisations still remains an issue. Some further consideration has to be given to this.

There remains a commitment to carry out independent evaluations of the advocacy provision and to educate and raise awareness about advocacy for statutory service staff. The Scottish Independent Advocacy Alliance has recently provided training for the staff of New Craigs Hospital.

The issue of education and awareness raising about independent advocacy for the general public and potential users remains to be resolved. This is being discussed with Advocacy Highland at present.

LANARKSHIRE ADVOCACY

NHS LANARKSHIRE

There are two local authorities within Lanarkshire NHS Board area:
North Lanarkshire Council
South Lanarkshire Council

Advocacy Planning Process

Planning of advocacy in Lanarkshire has to date been co-ordinated by the Lanarkshire Advocacy Planning Group, chaired by a senior planning officer of Lanarkshire NHS Board. It comprises representatives from the two local authorities, the primary and acute Care Trusts, Lanarkshire Health Council, Lanarkshire Community Care Forum and representatives of the North and South Lanarkshire Advocacy Forum.

The recent decision of North Lanarkshire Council to jointly fund with NHS Lanarkshire an advocacy development worker post, to co-ordinate the advocacy planning process within its boundaries, has drawn into sharp focus the widely differing approaches of the two local authorities with regard to advocacy. South Lanarkshire Council felt it unnecessary to establish such a post at this stage, preferring instead to invest in direct advocacy provision, as its officers felt the planning and commissioning of advocacy could be exercised sufficiently through the existing statutory mechanisms, as work had already been undertaken on scoping the needs for the service.

As a result, the joint planning partners, together with the pan-Lanarkshire Advocacy Planning Group are now considering how best to progress in a way which best suits the differing needs and approaches of the two areas with regard to planning advocacy.

Following internal discussions within their own local authorities, the two respective commissioning officers have suggested that it looks likely each area will want to plan for advocacy separately in future. This might mean either a limited or non-existent role for the wider pan-Lanarkshire Group. As with other areas, the Group is reviewing its own links into the relevant strategic implementation groups, so that it can maximise its influence. It will be important to ensure that mechanisms are in place to ensure that there is a strategic overview of independent advocacy development which ensures equity across the whole of Lanarkshire.

Advocacy Organisations in Lanarkshire

1. CLYDESDALE ADVOCACY SERVICE
 c/o Roadmeetings Hospital, Goremire Road, Carluke ML8 4PS
 Tel: 01555 773 837 or 07712 751 900
 Email: hilary.wilson@acscot.org.uk
 Website: www.acsot.co.uk

Project details

- Not independent (managed by Age Concern)
- Professional advocacy
- Older people (over 65)
- People living within Larkhall and Lanark areas (South Lanarkshire), or people who originate from those areas and live in either North or South Lanarkshire
- Evaluated by ASA in 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
South Lanarkshire Council	£30,000			

2. EQUALS ADVOCACY PARTNERSHIP
 Unit 17, Enterprise house, Dalziel Street, Motherwell ML1 1PJ
 Tel: 01698 327772
 Email: wilmahenderson.equalsadvocacy@virgin.net

Project details

- Independent
- Professional, and citizen
- People with mental health problems, including dementia
- North Lanarkshire

Funding

	2003/4	2004/5	2005/6	Date of Review
Lanarkshire NHS	£48,625			
North Lanarkshire Council	£55,873			

3. FUNKY BLUE SMURFS
 Dalziel Workspace, Mason Street, Motherwell, ML1
 Tel: 01698 230130

Project details

- Independent
- Collective and individual
- Young people with a learning disability attending Glencryan School, North Lanarkshire

Funding

	2003/4	2004/5	2005/6	Date of Review
Barclays	£4,000			
Evening Times	£2,000			
Children in Scotland	£500			

4. HARTWOODHILL PATIENTS' COUNCIL
 Room 4, Campbell Clark Centre, Hartwoodhill Hospital, Shotts ML7 4LA
 Tel: 01501 824541
 Email: hamirvn@aol.com

Project details

- Independent
- Collective
- People with mental health problems resident in Hartwoodhill Hospital

Funding

	2003/4	2004/5	2005/6	Date of Review
Lanarkshire NHS Board	£24,000			

5. NORTH LANARKSHIRE ADVOCACY PROJECT
 6 Forsyth Street, Airdrie ML6 6DG
 Tel: 01236 779 783

Project details

- Independent
- Group and self advocacy
- Adults with a label of learning disability
- North Lanarkshire
- Evaluated by ASA in December 2002

Funding

	2003/4	2004/5	2005/6	Date of Review
Greater Glasgow Health Board	£2,920			
North Lanarkshire Council	£44,300			
+ for Review of Day Services	£11,000			
Comic Relief	£14,000			
TSB	£14,000			

6. NORTH LANARKSHIRE DISABILITY FORUM
42 Civic Square, Motherwell ML1 1TP
Tel: 01698 275710
Email: ann-nldf@fsmail.net

Project details

- Independent
- Pilot citizen advocacy scheme
- People with disabilities
- North Lanarkshire

Funding

	2003/4	2004/5	2005/6	Date of Review
Community Fund	£39,129	£30,945	£30,945	Ends 2005

7. PEOPLE FIRST LANARKSHIRE
c/o People First Scotland, 34B Haddington Place, Edinburgh EH7 4AG
Tel: 0131 478 7707
Email: p1stscot@aol.com

Project details

- Independent
- Collective
- People with learning disabilities
- South Lanarkshire

Funding

	2003/4	2004/5	2005/6	Date of Review
South Lanarkshire Council	£30,000			

8. SPEAK OUT ADVOCACY PROJECT
1 Montgomery Place, The Village, East Kilbride G74 4BF
Tel: 01355 230202
Email: speakout.kilbride@enable.org.uk

Project details

- Not independent (managed by Ace Advocacy, Enable)
- Professional, volunteer and group advocacy
- People (over 16) with learning disabilities
- South Lanarkshire, but not including Rutherglen and Cambuslang

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Lanarkshire (for Kirklands discharge prog.)	£104,000			
North Lanarkshire Council (for Kirklands discharge prog.)	£17,500			
South Lanarkshire Council (for Kirklands discharge prog.)	£17,500			
South Lanarkshire Council (for Community advocacy)	£70,000			

9. THE ADVOCACY PROJECT, SOUTH LANARKSHIRE
CTEC, 1-15 Main Street, Cambuslang G72 7EX
Tel: 0141 641 9654
Email: advocates@advocacy4u.fsbusiness.co.uk

Project details

- Independent
- Professional and citizen advocacy
- Adults (aged 16-65) with mental health problems
- South Lanarkshire, including Rutherglen and Cambuslang

Funding

	2003/4	2004/5	2005/6	Date of Review
South Lanarkshire Council	£117,376			
NHS Lanarkshire	£11,000	£11,000		

10. WHO CARES? SCOTLAND
Oswald Chambers, 5 Oswald Street, Glasgow G1 4QR
Tel: 0141 226 4441
Email: d.watson@whocaresScotland.net

Project details

- Not independent
- Professional and collective advocacy
- Young people who are in/have been in care
- North and South Lanarkshire

Funding

	2003/4	2004/5	2005/6	Date of Review
North Lanarkshire Council	£30,000			
South Lanarkshire Council	£14,420			

Additional funding in advocacy

Also, funding has been granted for a development worker to co-ordinate advocacy planning in North Lanarkshire. £20,000 from North Lanarkshire Council, £11,000 from NHS Lanarkshire.

North Lanarkshire Council has committed £50,000 to mental health advocacy, which is to be allocated once it is decided how it will best meet the requirements of the new Mental Health Act.

Lanarkshire NHS Board have committed £9,000 to fund advocacy in South Lanarkshire for older people in 2003/04.

Greater Glasgow NHS Board have agreed £16,000 as joint funding for an advocacy worker for older people in Rutherglen/Cambuslang, whilst the contribution from South Lanarkshire Council towards older people's advocacy in Rutherglen/Cambuslang is £15,000.

Funding has been committed by South Lanarkshire Council for older people in East Kilbride, Hamilton/Blantyre (£30,000) but the provider has yet to be agreed.

Total Local Statutory Funding for Lanarkshire Advocacy in 2003/4

Total Funding

Lanarkshire NHS Board	£207,625	
North Lanarkshire Council	£228,673	
South Lanarkshire Council (does not include £75,239 spent in GGNHSB area)	*£324,296	
Total (does not include £18,920 GGNHSB money)		£760,594

Funding by Client Group

£748,514 (includes £18,920 GGNHSB money, does not include £31,000 development money)	
Mental Health	£306,874
Learning Disabilities	£297,220
Older people	£100,000
Children and Young people	£44,420

Funding by Advocacy Type

£748,514 (includes £18,920 GGNHSB money, does not include £31,000 development money)	
Individual	£636,294
Citizen	
Collective	£112,220

Funding by Independence

Independent Advocacy	£342,174*
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*Does not include money for the development worker post in N. Lanarkshire, nor additional funds cited for mental health and older people's advocacy, as the providers have yet to be confirmed.

Gaps in Independent Advocacy

- Individual (short term) advocacy in North Lanarkshire for people with learning disabilities
- Children, young people and their carers (although advocacy is provided for looked after children and young people by Who Cares? Scotland, and in North Lanarkshire for children with learning disabilities through Funky Blue Smurfs)
- People with acute and chronic health needs, including the terminally ill and their carers
- People with physical disabilities, particularly in South Lanarkshire
- Frail older people, including people with dementia
- Homeless people and other 'hidden groups' not included in current community care categories

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Further development of advocacy for frail older people and people with dementia
- Advocacy for children and young people
- Additional resources for Hartwoodhill Patients Council
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This

includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- Support for non-independent advocacy agencies to become independent, or for these services to be re-provisioned
- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- Commitment to independent evaluations for all advocacy organisations
- Programme of training and awareness raising on advocacy for all statutory staff
- Review of the roles of the recently established North and South Lanarkshire Fora, following the separation out of the previous pan-Lanarkshire Advocacy Forum
- Housing and Education Departments to be included in ongoing advocacy planning process

Conclusions

In general, independent advocacy within Lanarkshire has developed at a consistent pace since the publication of the last Map. All funding partners are to be commended for having invested significant additional resources in advocacy.

As for the planning process, it is clear that this is being given careful consideration. Although the Lanarkshire Advocacy Planning Group has consistently involved users and advocacy organisations through the pan-Lanarkshire Advocacy Forum, concern has been expressed that consultation and communication need to be widened, so that users and agencies not represented on the Forum are able to have an input. The review of the advocacy planning arrangements in Lanarkshire, together with the development of North and South Lanarkshire Advocacy Fora, should address this.

The commitment of Lanarkshire NHS Board and North Lanarkshire Council to fund a development worker, to identify unmet need, co-ordinate the planning of advocacy, and to support the advocacy forum in North Lanarkshire, is an exciting development, which is likely to provide useful learning for other areas. For this reason, and especially to ensure that the post is providing best value, it will be necessary to monitor and review its impact closely.

LOTHIAN ADVOCACY

NHS LOTHIAN

Lothian NHS Board (formerly known as Lothian Health)
Lothian Primary Care Trust
Lothian University Hospitals NHS Trust
West Lothian Healthcare Trust

There are four local authorities within Lothian NHS Board area:
City of Edinburgh Council
East Lothian Council
Midlothian Council
West Lothian Council

Advocacy Planning Process

The Lothian Advocacy Implementation and Planning Group comprises NHS Lothian and its Statutory Partner Agencies: Lothian Primary Care Trust; West Lothian Healthcare Trust; Lothian University Hospital Trust; City of Edinburgh Council; East Lothian Council; Midlothian Council and West Lothian Council.

The Advocacy Planning Group is tasked with the remit of overseeing implementation, ongoing monitoring and review, and making recommendations to the NHS Lothian and Lothian Local Authorities Liaison Group.

It is essential that the independent advocacy organisations and users/potential users of advocacy are part of the annual review and future planning process. There are plans to develop a pan-Lothian Reference Group which reflects the needs of people accessing advocacy in the planning process.

Advocacy Organisations in Lothian

<p>1. A.B.E.L. (ANTI-BULLYING EAST LOTHIAN)* Brunton Hall, Ladywell Way, Musselburgh EH21 6AF Tel: 0131 653 4525 Email: abel@eastlothian.gov.uk Website: www.abeladvocacy.org</p>

* Previously known as East Lothian Parents and Pupils Against Bullying (ELPPAB)

Project details

- Independent
- Professional and volunteer advocacy
- Children and young people and their parents
- East Lothian
- Evaluated by ASA in 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
East Lothian Council (Excellence Fund)	£13,700	*£13,700	*£13,700	
National Lottery	£39,743			Ends Nov 2003

*reviewed annually

2. ACE ADVOCACY (ENABLE)
c/o Enable, 6th Floor, 7 Buchanan Street, Glasgow G1 3HL*
Tel: 0141 226 4541
Email: moiragoldie@enable.org.uk

*Ace Advocacy is in the process of looking for premises in West Lothian

Project details

- Not independent (managed by Ace Advocacy, Enable)
- Citizen advocacy
- Learning disabilities
- West Lothian

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Lothian (PIP)	£20,000	£20,000	£20,000	
West Lothian Council	£30,000	£30,000	£30,000	

3. ADVOCARD
 332 Leith Walk, Edinburgh EH6 5BZ
 Tel: 0131 554 5307
 Email: mail@advocard.fsnet.co.uk

Project details

- Independent
- Short or long term, and crisis advocacy offered by trained volunteers
- Individual mental health service users living in the community
- City of Edinburgh
- Evaluated by Bonnar Associates August 1999
- Have requested an ASA evaluation, date to be confirmed

Funding

	2003/4	2004/5	2005/6	Date of Review
City of Edinburgh Council (MISG)	+£149,631	*£149,631	*£149,631	

+2% uplift expected for 2003/04 *reviewed annually

4. CONSULTATION AND ADVOCACY PROMOTION SERVICE (CAPS): CAPS (EDINBURGH)
 5 Cadzow Place, Edinburgh EH7 5SN
 Tel: 0131 538 7177
 Email: we're@caps-scot.demon.co.uk

Project details

- Independent
- Collective and self advocacy
- Adults who use or have used mental health services
- City of Edinburgh
- Have requested an ASA evaluation, date to be confirmed

Funding

	2003/4	2004/5	2005/6	Date of Review
City of Edinburgh Council (MISG)	+£82,674	*£82,674	*£82,674	

+2% uplift expected for 2003/04 *reviewed annually

Map of independent advocacy across scotland

5. CONSULTATION AND ADVOCACY PROMOTION SERVICE
(CAPS): CAPS EAST LOTHIAN
The Drying House, Eskmills Park, Station Road, Musselburgh EH21 7PQ
Tel: 0131 665 9698
Email: elias@caps-scot.demon.co.uk

Project details

- Independent
- Individual volunteer advocacy
- Adults who use or have used mental health services
- East Lothian
- Have requested an ASA evaluation, date to be confirmed

Funding

	2003/4	2004/5	2005/6	Date of Review
East Lothian Council (MISG)	+£45,630	*£45,630	*£45,630	

+2% uplift expected for 2003/04 *reviewed annually

6. CONSULTATION AND ADVOCACY PROMOTION SERVICE (CAPS):
CAPS MIDLOTHIAN
Greenhall Community Education Centre, Gorebridge, Midlothian EH23
4PH
Tel: 01875 822552
Email: we're@caps-scot.demon.co.uk

Project details

- Independent
- Collective and self advocacy
- Adults who use or have used mental health services
- Midlothian
- Have requested an ASA evaluation, date to be confirmed

Funding

	2003/4	2004/5	2005/6	Date of Review
Midlothian City Council (MISG)	+£22,943	*£22,943	*£22,943	

+2% uplift expected for 2003/04 *reviewed annually

7. EARS (Edinburgh Advocacy and Representation Service)
 9B Bonnington Road Lane, Ashley Place, Edinburgh EH6 5BJ
 Tel: 0131 467 2222
 Email: info@ears-advocacy.org.uk

7A. EARS (Edinburgh Advocacy and Representation Service)
 West Lothian Office, Unit 19, Delta House, Carmondean
 Centre South, Livingston, EH54 8PT
 Tel: 01506 505515
 Email: info@ears-advocacy.org.uk

Project details

- Independent
- Professional advocacy, including short term crisis advocacy
- Older people in and moving into care homes and delayed discharge hospital beds
- City of Edinburgh, East Lothian, Midlothian and West Lothian
- Evaluated in 2000 by CITS, in 2003 by STEGO Consultants

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Lothian (HIP)	£5,000			
East Lothian Council ⁺	£5,000			
NHS Lothian ¹	£32,762	£32,762	£32,762	
NHS Lothian/Midlothian Council	£13,000	£13,000	£13,000	
City of Edinburgh Council	£60,998	£60,998	£60,998	
East Lothian LHCC	*£13,000	£13,000	£13,000	
West Lothian Council/ NHS Lothian	£50,000	£50,000	£50,000	

*Although recurring this funding will be subject to an evaluation

⁺An additional £3,500 has been carried over by East Lothian Council from 2002/03

¹Uplift for 2003/04 to be confirmed

8. EAST LoTHIAN INVOLVEMENT GROUP (ELIG)
 c/o Tynepark House, Poldrate, Haddington, East Lothian EH41
 4DA
 Tel: 01620 822444
 Email: elig@elig.demon.co.uk
 Website: www.eligroup.org.uk

Project details

- Independent
- Collective advocacy
- People with mental health difficulties
- East Lothian

Funding

	2003/4	2004/5	2005/6	Date of Review
East Lothian Council	£6,726	£6,726	£6,726	

9. MENTAL HEALTH ADVOCACY PROJECT (WEST LoTHIAN)
 Ward 16/17 Corridor, First Floor, St John's Hospital, Livingston EH54 6PP
 Tel: 01506 419666 ext 4574
 Email: advocacy@btinternet.com
 Website: www.livingbook.co.uk/mhap.htm

Project details

- Independent
- Professional, Volunteer and Collective Advocacy
- People aged 18 to 65 with mental health problems
- West Lothian

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Lothian ¹	£36,200	£36,200	£36,200	
West Lothian Health Care Trust	£32,600	£32,600	£32,600	
West Lothian Council (MISG)	+£12,000	*£12,000	*£12,000	

+2% uplift expected for 2003/04 *reviewed annually

¹Uplift for 2003/04 to be confirmed

10. PARTNERS IN ADVOCACY - EDINBURGH
 Unit 6, Abbeymount Techbase, 2 Easter Road, Edinburgh EH7 5AN
 Tel: 0131 478 7723
 Email: Edinburgh@partnersinadvocacy.org.uk
 Website: www.partnersinadvocacy.org.uk

Project details

- Independent
- Citizen and self advocacy
- People of all ages with learning disabilities and complex needs
- Edinburgh
- CAIT Evaluation in 2000

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Lothian (PIP)	£10,000	£10,000	£10,000	
Midlothian Council (PIP)	£10,000	£10,000	£10,000	
City of Edinburgh Council	£17,700	£17,700	£17,700	
Scottish Executive S9	£17,552	£17,666	£18,646	
Scottish Executive S10	£4,650	£4,650		
Children in Need	£15,074	£15,526		
Other Sources (Non statutory)	£4,810			

11. PARTNERS IN ADVOCACY - WEST LOTHIAN
 Unit 3, Delta House, Carmondean Centre South, Livingston, West Lothian EH54 8PT
 Tel: 01506 505300
 Email: westlothian@partnersinadvocacy.org.uk
 Website: www.partnersinadvocacy.org.uk

Project details

- Independent
- Citizen, crisis and self advocacy
- People of all ages with learning disabilities and complex needs
- West Lothian
- CAIT Evaluation in 2000

Funding

	2003/4	2004/5	2005/6	Date of Review
Community Fund	£30,618	£10,206		Ends 08/04
Coalfield Regeneration Trust	£7,972			For one year
Other sources (Non statutory)	£2,500			

12. PATIENTS' COUNCIL (ROYAL EDINBURGH HOSPITAL)
 Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF
 Tel: 0131 537 6462
 Email: rrooney@lpct.scot.nhs.uk

Project details

- Independent
- Collective advocacy
- For adult patients and ex-patients with mental health problems
- Specific wards of the Royal Edinburgh Hospital and Day Hospitals

Funding

	2003/4	2004/5	2005/6	Date of Review
Lothian Primary Care Trust	£71,600	£71,600	£71,600	

13. PEOPLE FIRST SCOTLAND (EDINBURGH OFFICE)
 34b Haddington Place, Edinburgh EH7 4AG
 Tel: 0131 478 7707
 Email: P1stScot@aol.com

13A. PEOPLE FIRST SCOTLAND (MIDLOTHIAN OFFICE)
 John Chant Centre, Eastfield Farm Road, Penicuik EH26 8EZ
 Tel: 01968 679398

Project details

- Independent
- Collective and self advocacy
- People with learning difficulties
- Edinburgh and Midlothian
- People First Scotland was evaluated approximately four years ago

Funding

Edinburgh	2003/4	2004/5	2005/6	Date of Review
City of Edinburgh Council (EAT)	£30,000	£30,000	£30,000	

Midlothian	2003/4	2004/5	2005/6	Date of Review
NHS Lothian (PIP)	£10,015	£10,015	£10,015	
Midlothian Council (PIP)	£10,015	£10,015	£10,015	

14. POSITIVE VOICE
 37-39 Montrose Terrace, Edinburgh EH7 5DJ
 Tel: 0131 652 0754
 Email: enquiries@positive-voice.org.uk

Project details

- Not independent
- Volunteer and community advocacy
- For people living with and affected by HIV/AIDS
- Lothians

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Lothian (HIV funding)	£45,243	*£45,243	*£45,243	

*This funding will be reviewed annually

15. POWERFUL PARTNERSHIPS
 21 Saughtonhall Drive, Edinburgh EH12 5TW
 Tel: 0131 478 5501
 Email: info@powerfulpartnerships.org

Project details

- Independent
- Citizen and crisis advocacy
- For people labelled as having a learning disability
- Edinburgh and within the Learning Disability Service of Lothian Primary Care Trust, which consists of rehabilitation houses in Edinburgh, Midlothian and West Lothian
- CAPE Evaluation in 1999 and again in 2001

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Lothian ¹	£54,432	£54,432	£54,432	
City of Edinburgh Council	£26,135	£26,135	£26,135	
Community Fund	£80,823	£78,871	£83,237	

¹Uplift for 2003/04 to be confirmed

16. VOCAL CARERS ADVOCACY SERVICE (THE PRINCESS ROYAL TRUST CARERS CENTRE)
 8 Johnston Terrace, Edinburgh EH1 2PW
 Tel: 0131 622 7625
 Email: advocacy@vocal.carers.net
 Website: www.vocal.org.uk

Project details

- Not independent
- Volunteer and group advocacy
- For carers and former carers (up to two years from the end of caring)
- Edinburgh and the Lothian area
- Evaluated by ASA in March 2003

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Lothian ¹	£12,676	£12,676	£12,676	
City of Edinburgh Council	£21,075	£21,075	£21,075	
Community Fund	£20,000			Ends 2003/04

¹Uplift for 2003/04 to be confirmed

VOCAL received an additional non-recurring £25,000 from NHS Lothian at the end of 2002/03 in respect to the gap in their funding, as a result of their Community Fund ending.

Additional investment in advocacy

Proposals have been cited by the Lothian Funding Partners, however more detailed information has not been provided for the purpose of this Map. Funding details have however been included under "Total Statutory Funding for Lothian Advocacy 2003/04". These Organisations Include:

Organisation/ purpose of funding	Funding source	Client group	Advocacy type	Ind*
Lothian Primary Care Trust for Royal Edinburgh Hospital	NHS Lothian HIP (2002/03) (£30,000) ⁺	Mental Health	Individual	Yes
Midlothian Council for EARS	NHS Lothian HIP (2002/03) (£5,000)	Older People	Individual	Yes
Midlothian Council (to develop new service)	NHS Lothian (£40,000)	Mental Health	Individual	Yes
Wester Hailes Health Agency	Lothian Primary Care Trust (£71,308)	Generic	Individual	No
For Transitional Rehab (Royal Edinburgh Hospital)	Lothian Primary Care Trust (£12,500) ⁺	Mental Health	Individual	Yes
For Transitional Rehab (Royal Edinburgh Hospital)	City of Edinburgh Council (£12,500) ⁺	Mental Health	Individual	Yes
Parent Pressure	City of Edinburgh Council (£2,791)	Learning Difficulties	Collective	No
Edinburgh Carers Council	City of Edinburgh Council (£35,110) (£10,140)	Mental Health	Collective	No
Edinburgh Young Carers	City of Edinburgh Council (£71,369)	Carers	Individual	No

*Refers to the Independent status of the project

⁺The transitional rehabilitation monies will be used to develop the new individual independent advocacy service at the Royal Edinburgh Hospital

Total Local Statutory Funding for Lothian Advocacy in 2003/4

Total Funding

NHS Lothian	£314,328	
Lothian Primary Care Trust	£168,408	
West Lothian Healthcare Trust	£32,600	
City of Edinburgh Council	£520,123	
East Lothian Council	£71,056	
Midlothian Council	£42,958	
West Lothian Council	£92,000	
Total		£1,241,473

Funding by Client Group

HIV Community	£45,243
Mental Health	£600,254
Learning Disabilities	£221,088
Old People	£184,760
Carers	£105,120
Parents	£13,700
Generic	£71,308

Funding By Advocacy Type

Individual	£791,192
Citizen	£168,267
Collective	£282,014

Funding by Independence

Independent Advocacy	£921,761
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These figures do not include SE Section 9 or 10 funding or any other funding sources, other than Statutory

Gaps in Independent Advocacy

- People who do not fit the usual care groupings
- People who are isolated and not in touch with services
- People with a physical disability
- People who are at transition points, moving between different kinds of care or provision
- People with a mental health problem including dementia
- Vulnerable children and young people
- Refugee and asylum seekers
- People from black and ethnic minority communities
- People who are homeless
- People who have a drug addiction
- People in acute hospital settings
- People with alcohol problems
- Older people living in their own homes
- People who are victims of crime

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- People with a physical disability
- Older people including those living in their own homes
- To develop a strategy to address the advocacy needs of children and young people, including looked after children
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities
- Carers
- Children and adults with learning disabilities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This

includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- A commitment to fund independent evaluations and continued support for existing projects that are known to be providing quality advocacy
- The development of a Pan Lothian Reference Group which reflects the needs of people accessing advocacy in the planning process
- The need for clarity around funding streams. Advocacy Providers are not always clear where funding is coming from, particularly in relation to NHS Lothian and its Local Authority Funding Partners
- The need for clarity around the planning process between the strategic development groups in Edinburgh and the Lothian Independent Advocacy Planning Group
- All funding partners need to ensure that three year funding agreements are written into Service Level Agreements
- Although further developments are underway, the Lothian Independent Advocacy Plan continues to struggle to meet the advocacy needs of people who do not fit into the existing remits of the specialist advocacy organisations or groups
- Some further consideration has to be given to education and awareness. Both service providers and the general public need to be informed about the role and value of independent advocacy

Conclusions

NHS Lothian and its planning partners have achieved much of what they set out to do in 2002/03. Additional investment has gone to developing advocacy for vulnerable older people and for people with learning disabilities. A great deal of advocacy activity has been happening throughout the Lothians.

Two new advocacy organisations have been commissioned in 2002/03: Enable is to provide a citizen advocacy project in West Lothian; and Midlothian

Map of independent advocacy across scotland

Council has commissioned an independent volunteer-led advocacy project for people with a mental health disorder (£40,000 NHS Lothian). In addition to these projects, NHS Lothian (through money allocated for HIV) has funded Positive Voice, an advocacy organisation for people living with and affected by HIV.

At the end of the financial year 2002/03 two existing advocacy organisations, Powerful Partnership and VOCAL had come to the end of their time-limited funding. The Lothian-wide planning group prioritised continued support for existing projects that are known to be providing quality services. Both projects have now received funding from NHS Lothian and its funding partner, the City of Edinburgh Council.

NHS Lothian, in 2002/03, allocated an additional £50,000 for the development of advocacy, and this money is recurring for development purposes: £30,000 was allocated to the City of Edinburgh; £10,000 to West Lothian and £5,000 each to Midlothian and East Lothian.

The £30,000 allocated to Edinburgh was split in three ways: £10,000 has been used to commission a needs assessment to establish what supplementary support/independent advocacy is needed to support people with physical disabilities in Lothian; £10,000 has been allocated to develop publicity materials to raise the awareness of independent advocacy, including an advocacy handbook and the development and implementation of training on independent advocacy; the remaining £10,000 will be used in some part to fund evaluations.

The development money allocated to West Lothian and Midlothian was given to EARS to further the development of independent advocacy for older people.

The development money allocated to East Lothian has been used to commission an independent advocacy needs assessment. This should provide the planning partners with: a strategic overview of needs in relation to advocacy; an analysis of gaps in provision; a clearer insight into stakeholders' expectations and aspirations, and a clearer sense of priorities for development. The needs assessment will inform funding priorities.

A great deal of work has begun in Edinburgh with regard to the development of advocacy for people with a mental health disorder, to meet the requirements of the Mental Health (Care and Treatment)(Scotland) Act 2003. The Strategic Development Group for Mental Health, Advocacy Implementation Group had led on this and the group is currently addressing the impact of the statutory provisions relating to advocacy in the new Act.

The SDG for Mental Health has also secured some funding to develop independent advocacy for people with mental health problems using the Royal Edinburgh Hospital (£30,000 has been allocated to the REH from the Advocacy Development monies for 2003/04). Two Service Specifications have been developed, one to commission an independent individual professional advocacy service, and the other to commission an independent management agency to support the collective advocacy role of the Patients' Council. The Independent Professional Advocacy Service will be incremental in its development, the aspiration is that this organisation will eventually meet the needs of all people with a mental health disorder who use the Royal Edinburgh Hospital and its associated day and community services. However, for this to happen, further financial investment is required.

An additional £30,000 has been secured from a Mental Illness Specific Grant to develop independent individual advocacy for young people with mental health problems.

A review of all mainstream services (including advocacy) for older people with mental health problems has commenced, particular to Edinburgh.

The Strategic Development Group for Dementia Advocacy sub-group are currently working on a proposal to develop advocacy for all people with dementia in both hospital and community settings.

A new healthy living centre has been established in Edinburgh for the lesbian, gay, bi-sexual and transgender community. One of the core services that is to be offered by the Centre is advocacy, however this is still in a developmental stage.

Recently, a funding proposal submitted by NHS Lothian to the Change and Innovation Fund to develop independent advocacy for carers through VOCAL, for children in NHS settings and for mental health patients residing in the Royal Edinburgh Hospital has been awarded. Funding details have not been confirmed.

NHS Lothian and its statutory funding partners, advocacy organisations and service users are to be commended for the range of advocacy development achieved in this region. However due consideration has to be given to the large number of gaps and priorities for development identified in Lothian. Realistic and achievable timescales need to be agreed in taking these forward and should be evidenced in the next round of three year plans.

ORKNEY ADVOCACY

NHS ORKNEY

There is one local authority within Orkney NHS Board area:
Orkney Islands Council

Advocacy Planning Process

An advocacy steering group has been tasked with commissioning independent advocacy, overseeing, implementing and reviewing the Orkney Island Independent Advocacy Plan. This group is led by NHS Orkney and includes Orkney Islands Council, with representatives from social services and housing, and from the voluntary and independent sector. Representation from service users and carers is presently being considered via CUPID (Carers and Users Patient Involvement Database).

Advocacy Organisations in Orkney

1. ADVOCACY ORKNEY
Anchor Buildings, 6 Bridge Street, Kirkwall, Orkney KW15 1HR
Tel: 01856 870 111
Email: advocacy-orkney@btconnect.com

Project details

- Independent
- Professional and volunteer advocacy
- Short term/crisis and long-term advocacy
- Generic - vulnerable people over the age of 16
- Orkney Islands

Funding

	2003/4	2004/5	2005/6	Date of Review
Orkney Islands Council	£12,760	£12,760	£12,760	
Community Fund	£34,450	£34,450	£34,450	
Lloyds TSB	£5,000	£5,000	£5,000	

Total Local Statutory Funding for Orkney Advocacy in 2003/4

The total statutory funding for Orkney is £12,760, for all independent, individual and generic advocacy.

Gaps in Independent Advocacy

- Advocacy Orkney's current funding package does not enable the organisation to provide effective and accessible advocacy to people living in the remoter areas of the Orkney Isles
- People with a mental health disorder
- There is no current advocacy provision for children
- Older people
- Learning disabilities is the biggest area of unmet need as, because of funding constraints, Advocacy Orkney is unable to offer fully, a citizen advocacy service

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Children's advocacy, funding in place, provider sought, willing to deliver as required. There needs to be discussions with Advocacy Orkney as to whether a referral point could be incorporated into their new structure. £17,500 from the Children Services Change Fund has been allocated to develop this provision
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment) (Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/

05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- Investment in ongoing programme of independent evaluation
- Strategy of education and awareness raising on independent advocacy among statutory service provider staff
- Promotion of advocacy to the general public
- Housing and Education Departments to be included in ongoing advocacy planning processes

Conclusions

Gaps have been identified in Advocacy Orkney's funding. They currently are unable to provide an effective generic service which is accessible to all of the Orkney Isles. Advocacy Orkney has indicated that while all groups are being offered advocacy the NHS funding gap means that there is still some degree of unmet need across all client groups.

The Board of NHS Orkney agreed to fund Advocacy Orkney £13,000, if this sum could be found within available resources. A five year financial plan is being progressed concurrently with the Local Health Plan and in it NHS Orkney will consider to increase investment in independent advocacy.

SHETLAND ADVOCACY

NHS SHETLAND

There is one local authority within Shetland NHS Board area:
Shetland Islands Council

Advocacy Planning Process

The framework for commissioning independent advocacy is implicit in the remit of Shetland's Joint Future Implementation Group. A new joint post of Community Care Manager has been established to take the lead in Joint Future Service Development. The post-holder reports to the Director of Patient Services and will take the lead for independent advocacy development.

The Joint Future Implementation Group is tasked to commission independent advocacy including the oversight of ongoing implementation, monitoring and evaluation.

Advocacy Organisations in Shetland

1. ADVOCACY SHETLAND Harbour House, Esplanade, Lerwick, Shetland ZE1 0LL Tel: 01595 696 462 Email: advocacy.shetland@virgin.net

Project details

- Independent
- Generic volunteer and citizen advocacy
- Vulnerable people and carers living on the Shetland Islands
- Catchment area Shetland Islands

Funding

	2003/4	2004/5	2005/6	Date of Review
Shetland Islands Council Charitable Trust	£24,000			
Shetland Islands Council (Carers Strategy Funding Initiative)	£15,680			
NHS Shetland	£8,000	£8,000	£8,000	

*Reviewed annually

Map of independent advocacy across scotland

NHS Shetland also provides 'in kind' support in the form of office accommodation; telephone and electricity provision; and cleaning facilities.

Total Local Statutory Funding for Shetland Advocacy in 2003/4

Total statutory funding for Shetland is £23,680, for all independent, individual and generic advocacy.

Gaps in Independent Advocacy

- Children and young people
- People with a mental health disorder
- Older people

Advocacy Shetland is going through a transitional period which has affected the advocacy available, however this matter is currently being addressed.

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Developing the capacity of Advocacy Shetland to continue providing generic advocacy for vulnerable people and carers in the Shetland Islands
- Self advocacy for people with learning disabilities. Initial work will be to scope the service requirement as part of work being undertaken during the summer 2003 to develop a disability strategy for Shetland
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment) (Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February

2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- Investment in ongoing programme of independent evaluation
- Strategy of education and awareness raising on independent advocacy among statutory service provider staff
- Promotion of advocacy to the general public
- Housing and Education Departments to be included in ongoing advocacy planning processes

Conclusions

Advocacy Shetland has undergone a period of change. This period of change provides both the organisation and commissioners with an opportunity to jointly take stock and to consider how advocacy will be developed to meet needs in the future.

Advocacy Shetland has great potential to develop generic independent advocacy across the Shetland Isles. It may make good sense that the Commissioners build on the capacity of the existing organisations in this rural setting.

An evaluation of Advocacy Shetland would inform Shetland's Joint Future Implementation Group of future developments and investments required for this project to fulfil its potential. An assessment of this project (as cited in the Shetland's Joint Future Implementation Group Action Plan) would determine whether the project provides added value; its capacity and potential future funding requirements.

The findings of the advocacy needs assessment commissioned in 2002 have yet to be put into action. It is probable that this needs assessment may have to be developed further if it is to inform the independent advocacy needs of those living in the Shetland Islands.

Proposals are being considered to create an umbrella group to foster the development of a range of advocacy services. This will assist the development of a creative approach for a future support framework for advocacy services.

It is imperative that Shetland's Joint Future Implementation Group continues to involve both advocacy organisations and people using advocacy/potential users in the planning and implementation process.

The Shetland NHS Board is to be commended for the development of its Advocacy Procedure Protocol, which defines the concept of advocacy and provides guidance on how staff should advise patients and carers on obtaining advocacy.

All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements.

The majority of Advocacy Shetland's funding comes from the Shetland Islands Charitable Trust. Although both NHS Shetland and its funding partner Shetland Islands Council are very much committed to the development of independent advocacy, this funding imbalance needs to be addressed and an increase in statutory funding is required to take forward the development of independent advocacy.

STATE HOSPITAL ADVOCACY

The State Hospital Board is the only provider of high security forensic psychiatric care in Scotland. It is situated in Carstairs, in rural Lanarkshire.

Advocacy Planning Process

As yet there is no formal advocacy planning process. However, there is a named senior manager from the Hospital who is the link person for advocacy, and who sits on the Board of management of the Patients Advocacy Service (PAS) in a (co-opted) advisory capacity.

Advocacy Organisations at the State Hospital

1. PATIENTS' ADVOCACY SERVICE The State Hospital, Carstairs, Lanark ML11 8RP Tel: 01555 840 293 ext 437/550 Email: advocacy@tsh.nhs.scot.uk

Project details

- Not independent (managed by SCVO)
- Professional and volunteer advocacy for offenders with a mental disorder
- For patients at the State Hospital
- Independent evaluation by Advocacy 2000 in 2000

Funding

	2003/4	2004/5	2005/6	Date of Review
State Hospital Board for Scotland	£98,003	£101,488	£104,939	

Total Local Statutory Funding at the State Hospital in 2003/4

£98,003 plus financial assistance in kind for office space etc.

Gaps in Independent Advocacy

- Collective advocacy

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Further investment in PAS so that it can meet the needs of all patients who require independent advocacy

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment) (Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- Establishment of a formal planning structure for advocacy, in addition to PAS management committee meetings
- Jointly agreed protocol between PAS and hospital management
- Full programme of hospital staff training and awareness raising in advocacy
- Further independent evaluation of PAS is required within the coming year
- Impact of advocacy on the service provided by the State Hospital needs to be monitored

Conclusions

In addition to the priorities cited above, the State Hospital will need to thoroughly review expected take-up of the advocacy service in light of the emerging legislation, so that sufficient additional resources can be allocated.

TAYSIDE ADVOCACY

NHS TAYSIDE

There are three local authorities within Tayside NHS Board area:

Dundee City Council

Angus Council

Perth and Kinross Council

Advocacy Planning Process

The Tayside Advocacy Development Group, which oversees the planning and implementation of advocacy in Tayside, is made up of representatives from each of the three local authorities, the Chair of Tayside Advocacy Forum; a worker from Tayside Health Council; and the lead commissioner from Tayside NHS Board, who chairs the group. Also in attendance are representatives from the acute and primary care trusts, and a representative from the Board's financial department.

Whilst this group has overarching responsibility for co-ordinating advocacy planning in the region, much of the day to day commissioning and monitoring of advocacy is undertaken by officers from the three local authorities, within joint planning structures, who feedback regularly to the wider group.

Advocacy Organisations in Tayside

<p>1. ADVOCATING TOGETHER (DUNDEE) 13 Ryehill Lane, Dundee DD1 4DD Tel: 01382 666601 Email: advocatingtogether@fsnet.co.uk</p>

Project details

- Independent
- Self advocacy capacity building project
- Adults with learning disabilities
- Dundee

Funding

	2003/4	2004/5	2005/6	Date of Review
Dundee City Council Same as You Change Fund	£27,000			
Charitable Donation	£5,000			

2. AGE CONCERN (DUNDEE) ADVOCACY PROJECT
10 Constitution Road, Dundee DD1 1LL
Tel: 01382 305729
Email: ageconcernadvocacy@number10.org
Website: www.ageconcernscotland.org.uk

Project details

- Not independent (managed by Age Concern Scotland) but working towards independence
- Professional advocacy
- Vulnerable older people
- Dundee

Funding

	2003/4	2004/5	2005/6	Date of Review
Dundee City Council	£22,604			

3. ANGUS INDEPENDENT ADVOCACY
62 High Street, Arbroath DD11 1AW
Tel: 01241 434 413
Email: lindab@aias56.freeserve.co.uk
Website: www.angusadvocacy.ik.com

Project details

- Independent
- Professional, volunteer and citizen advocacy. Also support for self advocacy groups

- People (over 16) with learning disabilities; mental health problems; dementia or acquired brain injury, and frail older people
- Angus (also Angus residents being treated in Dundee Hospitals who are within the above client groups)
- Evaluated by Scottish Health Feedback, and the Consultation and Involvement Trust Scotland, 1999. ACE Project evaluated in 2002 by independent consultants seconded from Advocacy 2000

Funding

	2003/4	2004/5	2005/6	Date of Review
Tayside NHS Board	£20,000			
Angus Council	£39,445			
Community Fund	£45,492			

4. DUNDEE INDEPENDENT ADVOCACY SUPPORT
 1c Meadow Mill, West Henderson's Wynd, Dundee DD1 5BY
 Tel: 01382 205515
 Email: diasdundee@onetel.net.uk
 Website: www.geocities.com/dias1uk

Project details

- Independent
- Professional, and volunteer advocacy
- People with learning disabilities; dementia; mental health problems and frail older people
- Dundee city
- Independent evaluation was carried out in 1999 by Scottish Health Feedback and The Consultation and Involvement Trust Scotland

Funding

	2003/4	2004/5	2005/6	Date of Review
Tayside NHS Board	£63,000			
Dundee City Council	£23,000			

5. INDEPENDENT ADVOCACY PERTH AND KINROSS
 The Gateway, North Methven Street, Perth PH1 5PP
 Tel: 01738 562593
 Email: advocacy.lhall@pkaus.co.uk

Project details

- Independent
- Professional, volunteer, collective and support for self advocacy groups for people with learning disabilities
- People (over 16) with learning disabilities; mental health problems; dementia; and frail older people
- Perth and Kinross
- Evaluated in 1999 by Scottish Health Feedback and Consultation and Involvement Trust Scotland

Funding

	2003/4	2004/5	2005/6	Date of Review
Tayside NHS Board and Perth and Kinross Council (joint)	£35,896			
Earmarked from health resource transfer for people with learning disabilities moving into the community £25,000				

6. PARTNERS IN ADVOCACY DUNDEE
 Unit 7, Prospect 111 Business Centre, Technology Park, Dundee DD2 1SW
 Tel: 01382 561113
 Email: joyce@partnersinadvocacy.org.uk
 Website: www.partnersinadvocacy.org.uk

Project details

- Independent advocacy
- Citizen advocacy
- Children and adults with a learning disability, including those with profound and multiple disabilities
- Dundee Independent evaluation carried out in 2000 using CAIT tool

Funding

	2003/4	2004/5	2005/6	Date of Review
Dundee City Council	£12,000			
Community Fund	£19,976			
Scottish Executive Section 9 Grant	£4,650			
Donations	£2,500			

7. PERTH CARERS ADVOCACY (PRINCESS ROYAL TRUST FOR CARERS)

The Gateway, North Methven Street, Perth PH1 5PP

Tel: 01738 567076

Email: mail to: phurley@pkaus.org.uk

Project details

- Not independent (managed by Perth and Kinross Association of Voluntary Services, for the Princess Royal Trust)
- Professional and volunteer
- Adult carers
- Perth City and Perth and Kinross

Funding

	2003/4	2004/5	2005/6	Date of Review
National Lottery	£20,000			

Total Local Statutory Funding for Tayside Advocacy in 2003/4

Total Funding

Tayside NHS Board	£125,948	
Dundee City Council	£84,604	
Angus Council	£39,445	
Perth and Kinross Council	£17,948	
Total		£267,945

Funding by Client Group

Generic	£206,341
Learning Disability	£39,000
Older People	£22,604

Funding by Advocacy Type

Individual	£228,945
Citizen	£12,000
Collective/self	£27,000

Funding by Independence £

Independent Advocacy	£245,341
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Note: The amounts for client groups cited above indicate specific provision, however generic advocacy provision tends to prioritise people with mental health problems, learning disabilities, acquired brain injuries, dementia, and other community care service users, so in real terms the amounts spent on these groups will be higher than indicated for the separate groups listed above.

Similarly the figures cited for each of the three types of advocacy refer to funding that is specifically allocated for these purposes, however, some advocacy providers (notably AIA, DIAS, and Independent Advocacy Perth and Kinross) provide a combination of advocacy types which the figures above do not account for, because the proportion of their budgets spent on each is not monitored. Therefore the figure cited for 'individual' advocacy is disproportionately higher compared with 'citizen' and 'collective' than in real terms would be the case.

Gaps in Independent Advocacy

- Children and young people
- People with physical disabilities and acute health needs, including people who are terminally ill
- People from black and ethnic minority communities
- Homeless people and those with addictions, and other 'hidden' groups
- Collective advocacy for mental health service users

- People in hospitals (e.g. Carseview and Murray Royal) and care homes
- Advocacy for carers in Dundee and Angus

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Establish children's advocacy
- Provide additional funds for existing advocacy organisations to provide advocacy for people with physical disabilities/health needs.
- Capacity building of existing advocacy organisations to support them to provide ethnically and culturally appropriate services to people from black and ethnic minority communities

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- More systematic approach to regular consultation with users
- Develop and implement awareness raising strategy for statutory staff
- Housing and Education Departments to be included in ongoing advocacy planning process

Conclusions

The quality of planning and commissioning at local level is improving through joint working in Tayside.

Particular achievements have included: a strategic approach to agreeing from the outset what the remit of the planning group should be; consistently open lines of communication and reporting; clear, thorough, standardised documentation of the planning process and its outcomes; and innovative approaches to ensuring that independent advocacy is supported to make a positive impact on statutory services (e.g. Tayside has been one of the few areas to develop a jointly agreed protocol between advocacy providers and statutory agencies; and it has also been one of the first to start negotiations on developing and implementing an advocacy training strategy for health and social work staff). Tayside Advocacy Development Group is to be congratulated for leading the way in terms of the advocacy planning process.

There has not been enough consultation with service users, which is perhaps not surprising given the dearth of collective advocacy and other user groups on the ground, which might have been able to input into the planning process. This needs to be considered.

WESTERN ISLES ADVOCACY

NHS WESTERN ISLES

The Western Isles NHS Board area covers: Lewis; Harris; North Uist; South Uist; Barra, Benbecula, and outlying islands.

There is one local authority:
Comhairle nan eilean Siar (Western Isles Council)

Advocacy Planning Process

So far, NHS Western Isles have taken the lead in assessing the need for independent advocacy within the Western Isles, in commissioning the new advocacy organisation and in supporting it to get launched and up and running. The lead commissioner for NHS Western Isles has also initiated a series of training events on advocacy for health and social work staff, including a high profile visit from a leading citizen advocacy co-ordinator in America. Other than this, the formal advocacy planning structures and processes, incorporating the whole range of relevant stakeholders, have yet to be established.

Advocacy Organisations in Western Isles

1. ADVOCACY WESTERN ISLES 27 Bayhead, Stornoway HS1 2DU Tel: 01851 701 755

Project details

- Independent (awaiting charitable status)
- Professional (initially) and volunteer advocacy
- Generic (priority given to service users and other vulnerable people)
- Western Isles

Funding

	2003/4	2004/5	2005/6	Date of Review
NHS Board	£15,000			
Comhairle nan eilean Siar	£10,000			

Total Local Statutory Funding for Western Isles Advocacy in 2003/4

The total statutory funding for the Western Isles is £25,000, for independent, individual and generic advocacy.

Gaps in Independent Advocacy

- Children and young people
- Identify need for advocates in Western Isles Hospital
- Additional advocacy co-ordinator needs to be based in Uist
- Mental health advocacy provision insufficient to cope with new legislation
- Collective advocacy needs to be developed
- Formal administrative support is required for the co-ordinator of Advocacy Western Isles

Priorities for Developing Independent Advocacy

- The development of advocacy for people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003
- All of the above gaps need to be addressed

The main priority for 2004/05 will be the development of independent advocacy to meet the requirements of the Mental Health (Care and Treatment)(Scotland Act) 2003. The Act states that any person with a mental health "disorder" has a right to access independent advocacy services. This includes people with mental health problems, learning disabilities, dementia and personality disorder.

All remaining gaps and priorities for development need to be given consideration by the Advocacy Planning/Implementation Teams. ASA and the Scottish Executive will expect each Planning Team to agree realistic and achievable timescales to address each of these gaps and priorities for 2004/05 and thereafter. The timescales for these priorities should be evidenced in the next round of three year plans to be submitted to ASA by 28th February 2004. ASA will then provide feedback on the three year plans before they are submitted to the Scottish Executive.

Priorities for Planning

- In addition, the advocacy planning process needs to be formalised and linked into other decision making structures and funding streams
- Housing and Education Departments to be included in ongoing advocacy planning process
- All funding partners need to ensure that three-year funding agreements are written into Service Level Agreements
- Ongoing monitoring and review of advocacy is required to assess whether it is adequately meeting needs
- Advocacy Western Isles needs to be widely publicised to potential referrers and users
- Investment needs to be earmarked for independent evaluation within its first three years of operation, and thereafter every three years
- Ongoing programme of training for statutory staff

Conclusions

The challenges of providing independent advocacy to all who might need it, within a sprawling remote rural area like the Western Isles, are self-evident. Therefore, the fact that Advocacy Western Isles is up and running, and has already attracted a number of skilled and committed volunteers, within a relatively short time scale, is an impressive achievement. The commissioner for the NHS Board, in particular, is to be congratulated for her commitment to getting the organisation set up.

In order to sustain Advocacy Western Isles a higher level of funding will be required, especially given the duty which the new Mental Health Act will impose on NHS Boards and local authorities to ensure that advocacy is available, along with the associated right of people to access it.

The challenge will now be to establish a more formal advocacy planning process, separate from the management of Advocacy Western Isles, so that both funding partners can re-assess the level of funding that is required for independent advocacy and take strategic action to ensure that it is prioritised within their budgets.

CONCLUSION

Independent Advocacy across Scotland has been developed considerably over the last three years. This is due to the commitment and enthusiasm of all those involved in the planning processes. However, as cited in the introduction to this report, there is still a long way to go before independent advocacy is available to all who need it in Scotland.

Not surprisingly there continues to be significant variances in the total funding of independent advocacy per head of population between the fifteen NHS boards and thirty two local authorities. In some local planning areas there continues to be a significant imbalance in investment in advocacy between health and local authority organisations.

Overall, the total statutory funding of advocacy has risen from £2,722,026 in 2000/01 to £6,360,054 in 2003/04, an increase of £3,638,028. In the current financial year the statutory investment in advocacy has increased by 38% (an increase of £1,750,734). As a percentage of NHS board and local authority total allocation, total advocacy funding has risen by 0.01% to 0.06% for 2003/04. As funding per head of the population², total advocacy funding has increased from £0.90 in 2002/03 to £1.24 (an increase of 34p) in 2003/04.

These figures indicate that statutory investment in advocacy provision has increased, and that the pace of funding since 2000/01 has remained constant. The percentage increase of independent advocacy provision has increased to a greater degree in 2003/04 than for non-independent advocacy. However there remains a continuing need for non-independent advocacy agencies to move towards independence.

Overarching Recommendations for NHS Board and Local Authority Commissioners

- Adequate and secure funding is necessary to place existing and new advocacy organisations on a sounder footing. Commissioners should ensure that all advocacy organisations have robust and long-term (at least three years) Service Level Agreements and that movement towards this is demonstrated
- There continues to be an imbalance in funding of advocacy provision in some areas between the NHS board and local authority. This funding imbalance needs to be addressed
- To enable the planning process and resourcing of independent advocacy, there needs to be a recognition and understanding amongst senior statutory sector management, of the important and necessary role of independent advocacy

² Based on total population figures for each NHS Board Area for 2002, provided by the Scottish Executive, Health Department.

- All new advocacy provision should be independent or developed, so that it can work towards independence within the first three years of its existence. Existing non-independent advocacy organisations should consider how they can move towards independence and put plans in place to achieve this
- It is essential that commissioners continue to raise awareness and understanding of the role and value of independent advocacy amongst their staff and other appropriate service providers. Advocacy Planning and Implementation Teams should develop an “advocacy training strategy” which is specific to the needs of their area
- There is a need for more structured planning processes with clear lines of communication and accountability, and links into the wider decision making structures are required. Commissioners, for example, need to ensure that the Strategic Development Groups in their areas are signed up to the development of independent advocacy
- Commissioners need to consider how they involve and consult with advocacy providers and people using services. The independent advocacy planning processes need to be more inclusive and representative. Consultation should be meaningful and transparent
- Commissioners need to monitor and review the advocacy provision in their areas on an annual basis to assess whether advocacy needs are being met and to prioritise how independent advocacy provision is developed further
- Commissioners, as part of “a best practice framework”, are required to invest in independent evaluations of the advocacy organisations in their areas.
- Commissioners are required to submit the next round of three-year advocacy plans to the Scottish Executive, through the Advocacy Safeguards Agency, by the end of February 2004. Thereafter, written annual reviews of advocacy plans will be required for submission by the same date in the subsequent two years

Overarching Recommendations for Advocacy Organisations

- Advocacy organisations need to consider how they promote advocacy amongst the general public. Wider promotion of existing services, to potential referrers and the public, with accessible literature including publications in minority languages, and systems of subsidised translation and interpretation for advocacy agencies working with people who might need this. Additional investment from commissioning bodies is required to enable this to happen

- Independent advocacy should be accessible to all who require it. Advocacy organisations should deliver advocacy that meets the needs of people regardless of age, gender, sexual orientation, race/culture, religion/faith or disability. Additional investment from commissioning bodies is required to enable this to happen
- Generic advocacy organisations should consider recruiting paid or unpaid staff who have specialist skills to enable them to work with individuals from specific care groups that need more focused help, for example people who have dementia
- The independent advocacy planning processes need to be more inclusive and representative. Both advocacy providers and service users also need to take responsibility to enable this to be meaningful and transparent
- Improved networking and communication between independent advocacy organisations and groups, along with joint working where appropriate, will in the future be the key to ensuring that there is a fully integrated approach to developing independent advocacy in Scotland

Available Support

Support to meet these recommendations for both commissioners and advocacy providers is available from the Advocacy Safeguards Agency (ASA) and the Scottish Independent Advocacy Alliance (SIAA).

The Development Workers based at the Advocacy Safeguards Agency are employed to assist health and local authority commissioners to develop independent advocacy across Scotland and across all health and social care groups. This includes identifying and addressing gaps in independent advocacy provision, informing commissioners of developments in national policy, legislation and best practice, and producing guidance to assist the independent advocacy planning and implementation process. ASA can also provide support around monitoring procedures and evaluation.

The Scottish Independent Advocacy Alliance has been established to support and assist advocacy organisations to develop capacity and good practice in the delivery of advocacy. It supports advocacy organisations in the process of becoming independent. It aims to strengthen the advocacy movement through the sharing of ideas, good practice and support. SIAA also provides training to advocacy organisations and promotes the value and worth of independent advocacy to statutory sector and service provider staff, and to other professionals who come into contact with advocates.

Key Recommendations for the Development of Independent Advocacy in 2004/2005

All planning partners are required by legislation to develop independent advocacy for all people with a mental health disorder to meet the requirements of the Mental Health (Care and Treatment)(Scotland) Act 2003.

The Act states that any person with a mental health disorder (regardless of age, gender, sexual orientation, race/culture, religion/faith or disability) has a right to access independent advocacy services. The term "mental health disorder" includes people with mental health problems, learning disabilities, dementia and personality disorder. It is not just for people subject to compulsion but for everyone covered by the Act.

This is a major priority for all planning partners. The Act places a duty on Health Boards and local authorities to secure the availability (to persons in its area with a mental health disorder) of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services. The Mental Health (Care and Treatment) (Scotland) Act 2003 will be implemented in April 2005, by which time independent advocacy should be in place to meet the requirements of the Act. Further guidance on this will be included in the Draft Code of Practice for Advocacy, which will be available for consultation in February 2004.

Although this is a major priority for all planning partners there are still significant gaps across Scotland in independent advocacy, where additional investment is required, if we are to ensure that independent advocacy is available to all who require it. Regardless of the priority around mental health, planning partners should not disinvest in advocacy for other individuals or groups.

There is very little independent advocacy provision for children and young people, for older people, for people with dementia, for people with a physical disability and for black and ethnic minority communities. However perhaps the largest gap concerns "hidden" groups that fall outwith the major client group categories such as homeless people, people with a substance abuse problem, those leaving prison and other marginalised individuals.

Planning partners also need to ensure that individuals have a choice in the type/model of independent advocacy available to them. However the model of advocacy provided should also reflect need.

Consideration must be given to "collective advocacy". This report indicates that there has been little increase in the statutory investment in collective

advocacy. Planning partners should take this into consideration and review the need for collective advocacy in their areas.

Equally consideration must be given to "citizen advocacy". This report indicates that there is limited statutory investment in citizen advocacy. Planning partners should take this into consideration and review the need for citizen advocacy in their areas.

All of the above recommendations apply across all NHS Board areas. It is acknowledged that from the information provided for the purpose of this report that the independent advocacy planning processes are at different stages of development and are unique to the needs of the specific geographical areas.

ASA and SIAA will continue to assist health and local authority commissioners, and advocacy organisations to develop these recommendations and to develop independent advocacy across Scotland and across all health and social care groups.

ASA has now been asked by the Scottish Executive Health Department to update the existing guidance on independent advocacy. Commissioners, advocacy organisations and people using advocacy will be consulted as part of this process. A timeframe for this process will be put in place at the beginning of 2004.

We hope this updated report provides an accurate reflection of the development of independent advocacy provision in Scotland. The report is an organic resource which we hope to refine and improve on a recurring basis. Finally, ASA would like to take this opportunity to thank everyone involved in the production of this report.

NOTES ON FUNDING FIGURES

Figures are based on information supplied to us by advocacy organisations and commissioners.

For some organisations there was either insufficient information supplied, or else funding for 2003/2004 had not yet been confirmed at the time of writing this Map. We have, where appropriate, included funding which has been confirmed but has not yet been allocated to advocacy providers. This is reflected under the client groups and types of advocacy for which the funds have been committed.

The breakdown of funding for advocacy per client group and per advocacy type are as accurate as we could achieve, given the information supplied. We have used the term 'generic' to describe the advocacy provided by an agency to more than one major client group. In practice, however, we know that such agencies tend to prioritise referrals for people with mental health problems, learning disabilities, acquired brain injuries, and/or frail older people. Therefore in some areas, where the preference is to commission generic advocacy, these major client groups will be covered under this heading, with funding being split among them all (and other vulnerable individuals). The breakdown of funds will vary from organisation to organisation, according to local needs.

Often agencies listed in the map said that they provided a number of different models, however there was usually no breakdown of funding for specific areas of advocacy in their budgets. Therefore, we have termed all individual advocacy (provided by volunteer or paid advocates, also defined as professional) simply as 'individual'. Where an advocacy agency provides citizen advocacy as its sole or main function, we have listed the funding separately under the heading 'citizen'; and similarly, for 'collective' advocacy. Although we are aware that many advocacy agencies do provide a combination of these models, it was, in the majority of instances not possible to decipher what proportion of their budget was spent on each. Therefore, we have listed them under the major advocacy type for each organisation.

We would like to stress that, even where information was not available, we have made extensive efforts to follow up commissioners and advocacy organisations for the information cited in this map.

All the breakdown of funds at the end of each chapter and in appendices I - X represent local statutory contributions. However, contributions from the Scottish Executive, Communities Scotland, Unemployed Voluntary Action Fund (UVAF), and Scottish Enterprise are also listed in appendices I and II, as are charitable sources.

APPENDIX I

TOTAL ADVOCACY SPENDING FOR SCOTLAND IN 2003/04

	£
Aberdeen City Council	100,985
Aberdeenshire Council	133,459
Angus Council	39,445
Argyll and Bute Council	49,234
Argyll and Clyde NHS Board	264,042
Ayrshire and Arran NHS Board	151,051
Borders NHS Board	16,500
Charitable Donations	968,901
City of Edinburgh Council	520,123
Clackmannanshire Council	27,000
Communities Scotland	25,000
Drumchapel SIP	5,956
Dumfries and Galloway Council	78,801
Dumfries and Galloway NHS Board	60,471
Dundee City Council	84,604
East Ayrshire Council	149,316
East Dunbartonshire Council	149,754
East Lothian Council	71,056
East Renfrewshire Council	25,000
Falkirk Council	43,500
Fife Council	258,176
Fife NHS Board	130,407
Forth Valley NHS Board	117,020
Glasgow City Council	221,965
Grampian NHS Board	65,620
Greater Glasgow NHS Board	775,512
Highland Council	143,913
Highland NHS	143,913
Highland SIP	37,000
Inverclyde Council	31,032

	£
Lanarkshire NHS Board	207,625
Lomond and Argyll Primary Care Trust	30,000
Lothian NHS Board	314,328
Lothian Primary Care Trust	168,408
Midlothian Council	42,958
Moray Council	30,000
North Ayrshire Council	127,326
North Ayrshire SIP	38,200
North Lanarkshire Council	228,673
Orkney Islands Council	12,760
Orkney NHS Board	0
Perth and Kinross Council	17,948
Renfrewshire and Inverclyde Primary Care Trust	2,000
Renfrewshire Council	99,777
Scottish Borders Council	53,000
Scottish Enterprise Glasgow	200,000
Scottish Executive	64,436
Shetland Islands Council	15,680
Shetland NHS	8,000
South Ayrshire Council	115,260
South Lanarkshire Council	399,535
State Hospital	98,003
Stirling Council	155,170
Tayside NHS Board	125,948
Unemployed Voluntary Action Fund (UVAf)	66,270
West Dunbartonshire Council	25,000
West Lothian Council	92,000
West Lothian Healthcare Trust	32,600
Comhairle nan eilean Siar	10,000
Western Isles NHS	15,000
TOTAL Advocacy Spend for Scotland	£7,684,661
Total local statutory advocacy spend	£6,360,054
Total local non-statutory advocacy spend	£1,324,607

The above figures include all funding sources, including non-statutory, national and local.

Map of independent advocacy across scotland

APPENDIX II

TOTAL INDEPENDENT ADVOCACY SPENDING FOR SCOTLAND IN 2003/04

	£
Aberdeen City Council	100,985
Aberdeenshire Council	133,459
Angus Council	39,445
Argyll and Bute Council	49,234
Argyll and Clyde NHS Board	87,042
Ayrshire and Arran NHS Board	124,851
Borders NHS Board	16,500
Charitable Donations	948,901
City of Edinburgh Council	379,638
Clackmannanshire Council	27,000
Communities Scotland	25,000
Dumfries and Galloway Council	0
Dumfries and Galloway NHS Board	0
Dundee City Council	62,000
East Ayrshire Council	122,316
East Dunbartonshire Council	73,595
East Lothian Council	71,056
East Renfrewshire Council	25,000
Falkirk Council	43,500
Fife Council	258,176
Fife NHS Board	130,407
Forth Valley NHS Board	117,020
Glasgow City Council	150,965
Grampian NHS Board	65,620
Greater Glasgow NHS Board	429,512
Highland Council	50,000
Highland NHS	50,000
Inverclyde Council	0
Lanarkshire NHS Board	83,625
Lomond and Argyll Primary Care Trust	30,000

	£
Lothian NHS Board	236,409
Lothian Primary Care Trust	97,100
Midlothian Council	42,958
Moray Council	30,000
North Ayrshire Council	66,963
North Lanarkshire Council	111,173
Orkney Islands Council	12,760
Orkney NHS Board	0
Perth and Kinross Council	17,948
Renfrewshire and Inverclyde Primary Care Trust	2,000
Renfrewshire Council	11,777
Scottish Borders Council	53,000
Scottish Enterprise Glasgow	200,000
Scottish Executive	64,436
Shetland Islands Council	15,680
Shetland NHS	8,000
South Ayrshire Council	72,500
South Lanarkshire Council	222,615
State Hospital	0
Stirling Council	155,170
Tayside NHS Board	125,948
Unemployed Voluntary Action Fund (UVAf)	23,069
West Dunbartonshire Council	25,000
West Lothian Council	62,000
West Lothian Healthcare Trust	32,600
Comhairle nan eilean Siar	10,000
Western Isles NHS	15,000
TOTAL for Scotland	£5,408,953

Total local statutory spend for Independent Advocacy £4,147,547

Total local non-statutory spend for Independent Advocacy £1,261,406

The above figures include all funding sources, including non-statutory, national and local.

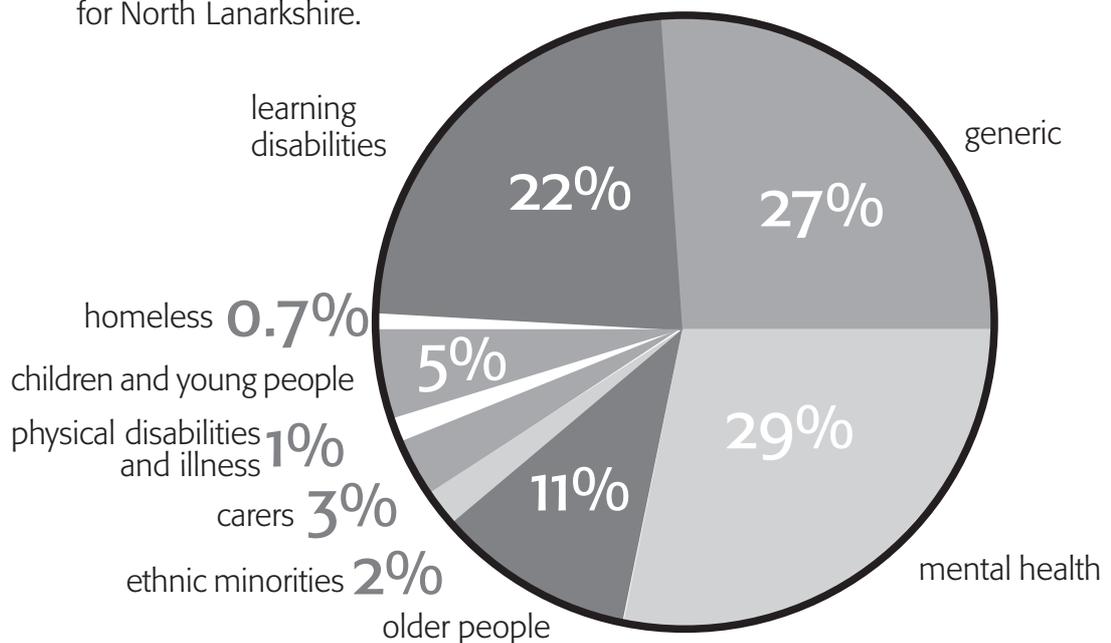
Map of independent advocacy across Scotland

APPENDIX III

TOTAL STATUTORY FUNDING OF ADVOCACY, BY SPECIFIC CLIENT GROUPS IN 2002/3 AND 2003/4

	£	% of Total Statutory Advocacy Funding 2003/04	% of Total Statutory Advocacy Funding 2002/03
Generic	1,688,987	27%	25%
Mental health	1,823,173	29%	30%
Learning disabilities	1,396,054	22%	27%
Carers	203,182	3%	3%
Older people	702,068	11%	9%
Children and young people	284,939	5%	1%
Physical disability and illness	79,078	1%	2%
Ethnic minorities	110,000	2%	3%
Homeless	41,573	0.7%	0%
Total	£6,329,054		

This money does not include £31,000 for the post of Development Worker for North Lanarkshire.

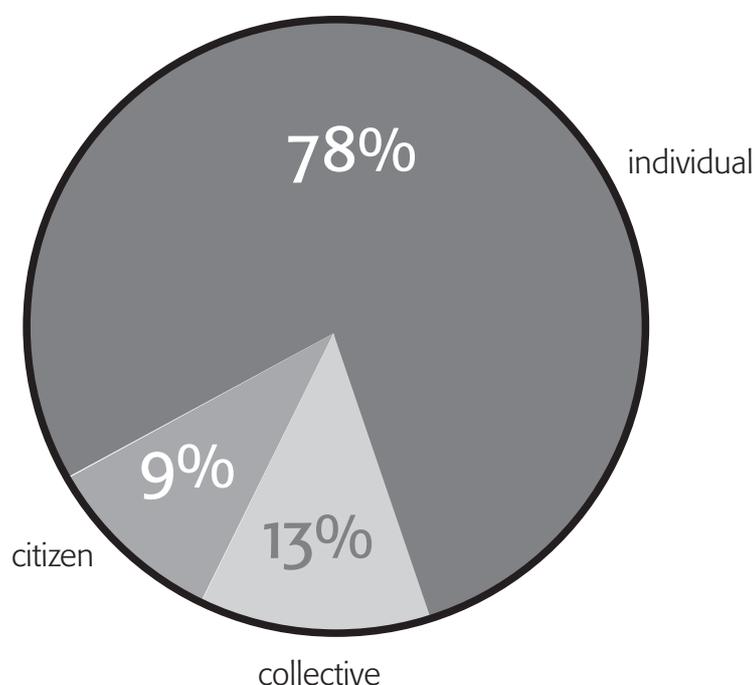


APPENDIX IV

TOTAL STATUTORY FUNDING OF ADVOCACY, BY ADVOCACY TYPE IN 2002/3 AND 2003/4

	£	% of Total Statutory Advocacy Funding 2003/04	% of Total Statutory Advocacy Funding 2002/03
Individual	4,927,971	78%	73%
Citizen	577,078	9%	10%
Collective	824,005	13%	17%
Total	£6,329,054		

This money does not include £31,000 for the post of Development Worker for North Lanarkshire.



APPENDIX V

PERCENTAGE PER HEAD OF POPULATION OF HEALTH BOARD AREA ALLOCATION (INCLUDES LOCAL AUTHORITIES) SPENT ON ADVOCACY IN 2003/4

AREA	ADVOCACY			INDEPENDENT ADVOCACY		
	£	%	Change	£	%	Change
Argyll and Clyde	£1.30	0.06	+41p	60p	0.02	+31p
Ayshire and Arran	£1.56	0.09	+64p	£1.04	0.04	+24p
Borders	65p	0.03	+9p	65p	0.03	+9p
Dumfries and Galloway	96p	0.04	-10p	£0		
Fife	£1.10	0.05	+44p	£1.10	0.05	+44p
Forth Valley	£1.23	0.06	+28p	£1.23	0.06	+75p
Grampian	63p	0.3	+15p	63p	0.03	+15p
Greater Glasgow	£1.39	0.07	+31p	72p	0.03	+19p
Highland	£1.55	0.09	+5p	47p	0.02	
Lanarkshire	£1.48	0.07	+54p	74p	0.03	+26p
Lothian	£1.57	0.09	+52p	£1.17	0.07	+44p
Orkney	66p	0.03		66p	0.03	
Shetland	£1.07	0.04	+33p	£1.07	0.04	+33p
Tayside	70p	0.03	+27p	63p	0.02	+29p
Western Isles	94p	0.03	+21p	94p	0.03	+21p
State Hospital	N/A	0.41	N/A			

APPENDIX VI

TOTAL STATUTORY SPEND ON ADVOCACY AND INDEPENDENT ADVOCACY IN 2003/04

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS ARGYLL and CLYDE							
NHS Argyll and Clyde	£ 441,101,000	£ 296,042	0.07%	£ 102,042	£ 119,042	0.03%	£ 61,042
NHS Greater Glasgow*		£ 20,893		£ 10,213	£ 20,893		£ 10,213
Argyll and Bute Council	£ 94,446,689	£ 49,234	0.05%	£ 9,234	£ 49,234	0.05%	£ 9,234
East Renfrewshire Council	£ 95,110,249	£ 25,000	0.03%	£ 25,000	£ 25,000	0.03%	£ 25,000
Inverclyde Council	£ 91,088,967	£ 31,032	0.03%	£ 2,032			
Renfrewshire Council	£ 181,994,899	£ 99,777	0.05%	£ 11,777	£ 11,777	0.01%	£ 11,777
West Dunbartonshire Council	£ 103,411,410	£ 25,000	0.02%		£ 25,000	0.02%	
Total	£ 1,007,153,214	£ 546,978	0.05%	£ 160,298	£ 250,946	0.02%	£ 117,266

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £1.30 (NHS Argyll and Clyde 62p)

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = 60p (NHS Argyll and 21p)

*This Figure (£20,893) is also included in the NHS Greater Glasgow Spend (£10,893 Lomond and Argyll Service and £10,000 Equal Say)

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS AYRSHIRE and ARRAN							
Ayrshire and Arran NHS Board	£ 358,717,000	£ 151,051	0.04%	£ 7,199	£ 124,851	0.03%	£ 1,519
North Ayrshire Council	£ 120,505,000	£ 165,526	0.14%	£ 126,186	£ 66,963	0.06%	£ 27,623
East Ayrshire Council	£ 100,608,000	£ 149,316	0.15%	£ 84,055	£ 122,316	0.12%	£ 57,055
South Ayrshire Council	£ 92,297,000	£ 115,260	0.12%	£ 19,760	£ 72,500	0.08%	£ 0
Total	£ 672,127,000	£ 581,153	0.09%	£ 237,200	£ 386,630	0.06%	£ 86,197

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £1.56 (Ayrshire and Arran NHS Board 40p)

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £1.04 (Ayrshire and Arran NHS Board 33p)

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS BORDERS							
NHS Borders	£ 110,804,000	£ 16,500	0.01%	£ 0	£ 16,500	0.01%	£ 0
Scottish Borders Council	£ 110,306,104	£ 53,000	0.05%	£ 10,000	£ 53,000	0.05%	£ 10,000
Total	£ 221,110,104	£ 69,500	0.03%	£ 10,000	£ 69,500	0.03%	£ 10,000

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = 65p (NHS Borders 15p)
TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = 65p (NHS Borders 15p)

NHS DUMFRIES and GALLOWAY							
NHS Dumfries and Galloway	£ 161,390,000	£ 60,471	0.04%	£ 13,091	£ 0	0.00%	£ 0
Dumfries and Galloway Council	£ 153,357,898	£ 78,801	0.05%	-£ 29,909	£ 0	0.00%	£ 0
Total	£ 314,747,898	£ 139,272	0.04%	-£ 16,818	£ 0	0.00%	£ 0

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = 96p (NHS Dumfries and Galloway 42p)
TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £0.00

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS FIFE							
Fife NHS Board	£ 334,090,000	£ 130,407	0.04%	£ 37,643	£ 130,407	0.04%	£ 37,643
Fife Council	£ 346,918,385	£ 258,176	0.07%	£ 120,498	£ 258,176	0.07%	£ 120,498
Total	£ 681,008,385	£ 388,583	0.06%	£ 158,141	£ 388,583	0.06%	£ 158,141

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £1.10 (Fife NHS 37p)

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £1.10 (Fife NHS 37p)

NHS FORTH VALLEY							
NHS Forth Valley	£ 266,447,000	£ 117,020	0.04%	£ 2,020	£ 117,020	0.04%	£ 100,020
Clackmannanshire Council	£ 49,807,227	£ 27,000	0.05%	£ 11,500	£ 27,000	0.05%	£ 11,500
Falkirk Council	£ 141,844,367	£ 43,500	0.03%	£ 21,000	£ 43,500	0.03%	£ 21,000
Stirling Council	£ 87,013,608	£ 155,170	0.18%	£ 43,738	£ 155,170	0.18%	£ 77,383
Total	£ 545,112,202	£ 342,690	0.06%	£ 78,258	£ 342,690	0.06%	£ 209,903

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £1.23 (NHS Forth Valley 42p)

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £1.23 (NHS Forth Valley 42p)

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS GRAMPIAN							
Grampian NHS Board	£ 483,662,000	£ 65,620	0.01%	-£ 17,398	£ 65,620	0.01%	-£ 17,398
Aberdeen City Council	£ 190,083,993	£ 100,985	0.05%	£ 28,007	£ 100,985	0.05%	£ 28,007
Aberdeenshire Council	£ 226,087,755	£ 133,459	0.06%	£ 67,459	£ 133,459	0.06%	£ 67,459
Moray Council	£ 86,416,890	£ 30,000	0.03%	£ 0	£ 30,000	0.03%	£ 0
Total	£ 986,250,638	£ 330,064	0.03%	£ 78,068	£ 330,064	0.03%	£ 78,068

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £0.63 (NHS Grampian 12p)
TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £0.63 (NHS Grampian 12p)

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS GREATER GLASGOW							
Greater Glasgow NHS Board*	£ 1,012,308,000	£ 775,512	0.08%	£ 64,222	£ 429,512	0.04%	£ 117,632
Glasgow City Council	£ 630,151,489	£ 221,965	0.04%	£ 29,965	£ 150,965	0.02%	£ 43,745
Drumchapel SIP		£5,956	-	-			
East Dunbartonshire Council	£ 110,290,868	£ 149,754	0.14%	£ 79,074	£ 73,595	0.07%	£ 13,595
Total	£ 1,752,750,357	£ 1,153,187	0.07%	£ 173,261	£ 654,072	0.04%	£ 174,972

* £775,512 includes £10,893 from Lomond and Argyll Advocacy + £10,000 for Equal Say from E. Renfrewshire Council + £18,920 spent within Lanarkshire. Does not include the £75,239 spent by South Lanarkshire Council in GG NHS Board area.
 * £429,512 does not include £16,000 in South Lanarkshire.

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £1.39 (GG NHS Board 86p)
TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £0.72 (GG NHS Board 47p)

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS HIGHLAND							
NHS Highland	£ 226,516,000	£ 143,913	0.06%	-£ 30,024	£ 50,000	0.02%	£ 50,000
Highland SIP		£37,000	-	£37,000			
Highland Council	£ 224,806,263	£ 143,913	0.06%	£ 5,976	£ 50,000	0.02%	£ 50,000
Total	£ 451,322,263	£ 324,826	0.07%	£ 12,952	£ 100,000	0.02%	£ 100,000

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £1.55 (NHS Highland 69p)

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = 47p (NHS Highland 23p)

NHS LANARKSHIRE							
Lanarkshire NHS Board	£ 538,560,000	£ 207,625	0.04%	£ 11,125	£ 83,625	0.02%	£ 14,625
North Lanarkshire Council	£ 337,586,058	£ 228,673	0.07%	£ 124,173	£ 111,173	0.03%	£ 24,173
South Lanarkshire Council	£ 305,326,967	£ 399,535	0.13%	£ 170,675	£ 222,615	0.07%	£ 111,255
Total	£ 1,181,473,025	£ 835,833	0.07%	£ 305,973	£ 417,413	0.04%	£ 150,053

* £399,535 includes £75,239 spent in GG NHS Board area, does not include £18,920 for GG NHS spend in Lanarkshire.

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £1.48 (NHS Lanarkshire 36p)

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £0.74 (NHS Lanarkshire 14p)

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS LOTHIAN							
NHS Lothian	£ 653,064,000	£ 515,336	0.08%	£ 185,959	£ 366,109	0.06%	£ 198,727
City of Edinburgh Council	£ 345,290,000	£ 520,123	0.15%	£ 170,883	£ 379,638	0.11%	£ 51,473
East Lothian Council	£ 74,014,000	£ 71,056	0.10%	£ 22,327	£ 71,056	0.10%	£ 22,327
Midlothian Council	£ 74,484,000	£ 42,958	0.06%	£ 1,121	£ 42,958	0.06%	£ 21,121
West Lothian Council	£ 134,548,000	£ 92,000	0.07%	£ 40,870	£ 62,000	0.05%	£ 60,000
Total	£ 1,281,400,000	£ 1,241,473	0.10%	£ 421,160	£ 921,761	0.07%	£ 353,648

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £1.57 (NHS Lothian 65p)

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £1.17 (NHS Lothian 46p)

NHS ORKNEY							
NHS Orkney	£ 22,192,000	£ 0	0.00%	£ 0	£ 0	0.00%	£ 0
Orkney Islands Council	£ 22,542,559	£ 12,760	0.06%	£ 12,760	£ 12,760	0.06%	£ 12,760
Total	£ 44,734,559	£ 12,760	0.03%	£ 12,760	£ 12,760	0.03%	£ 12,760

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = 66p (NHS Orkney £0.00)

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS SHETLAND							
NHS Shetland	£ 27,088,000	£ 8,000	0.03%	£ 6,000	£ 8,000	0.03%	£ 6,000
Shetland Islands Council	£ 27,173,035	£ 15,680	0.06%	£ 748	£ 15,680	0.06%	£ 748
Total	£ 54,261,035	£ 23,680	0.04%	£ 6,748	£ 23,680	0.04%	£ 6,748

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £1.07 (NHS Shetland 36p)

STATE HOSPITAL							
State Hospital	£ 23,966,000	£ 98,003	0.41%	£ 12,003	£ 0	0.00%	£ 0

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS TAYSIDE							
Tayside NHS Board	£ 429,084,000	£ 125,948	0.03%	£ 22,969	£ 125,948	0.03%	£ 40,907
Dundee City Council	£ 151,301,368	£ 84,604	0.06%	£ 63,784	£ 62,000	0.04%	£ 41,180
Angus Council	£ 114,440,253	£ 39,445	0.03%	£ 13,224	£ 39,445	0.03%	£ 13,224
Perth and Kinross Council	£ 133,531,944	£ 17,948	0.01%	£ 10	£ 17,948	0.01%	£ 17,948
Total	£ 828,357,565	£ 267,945	0.03%	£ 99,987	£ 245,341	0.03%	£ 113,259

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £0.70 (NHS Tayside 33p)

TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £0.63 (NHS Tayside 33p)

For year 2003/04	Total Funding Allocation	Total Advocacy Funding	% Allocation for Advocacy	Increase on 2002/03	Total for Indep. Advocacy	% Allocation for Indep. Advocacy	Increase on 2002/03
NHS WESTERN ISLES							
Western Isles NHS Board	£ 42,575,000	£ 15,000	0.04%	£ 5,000	£ 15,000	0.04%	£ 5,000
Conhairle nan eilean siar	£ 33,527,706	£ 10,000	0.03%	£ 0	£ 10,000	0.03%	£ 0
Total	£ 76,102,706	£ 25,000	0.03%	£ 5,000	£ 25,000	0.03%	£ 5,000

TOTAL STATUTORY ADVOCACY SPEND PER HEAD OF POPULATION = £0.94 (NHS Western Isles 56p)
TOTAL STATUTORY INDEPENDENT ADVOCACY SPEND PER HEAD OF POPULATION = £0.94 (NHS Western Isles 56p)

APPENDIX VII

INDEX OF ADVOCACY ORGANISATIONS

1. A.B.E.L. (Anti-Bullying East Lothian)	88
2. Ace Advocacy (Enable)	89
3. Acumen (Argyll And Clyde United In Mental Health)	13
4. Advocacy Highland	71
5. Advocacy Into Action	49
6. Advocacy Matters – Glasgow Association For Mental Health	60
7. Advocacy North East	55
8. Advocacy Orkney	105
9. Advocacy Service Aberdeen	56
10. Advocacy Shetland	108
11. Advocacy Western Isles	122
12. Advocard	90
13. Advocating Together (Dundee)	114
14. Age Concern (Dundee) Advocacy Project	115
15. Alzheimer Scotland Advocacy Service	61
16. Angus Independent Advocacy	115
17. Barnardo’s Children’s Rights And Advocacy Service (CRAS)	22
18. Borders Independent Advocacy Service (BIAS)	31
19. Card Advocacy – Renfrewshire Carers Centre	14
20. Circles Network UK	61
21. Citizen Advocacy Network Borders (Can-B)	32
22. Citizen Advocacy Support Services	23
23. Clydesdale Advocacy Service	79
24. Community Housing Advocacy Project (CHAP)	23
25. Consultation and Advocacy Promotion Service (CAPS) Edinburgh	90
26. Consultation and Advocacy Promotion Service (CAPS) East Lothian	91
27. Consultation and Advocacy Promotion Service (CAPS) Midlothian	91
28. Drumchapel Advocacy Project	62
29. Drumchapel Children’s Rights Project	62
30. Dundee Independent Advocacy Support	116
31. Dunfermline Advocacy Initiative	41
32. Dunfermline Forum On Disability	42

33. Dykebar Hospital Patients Council	15
34. EARS (Edinburgh Advocacy and Representation Service)	92
35. East Ayrshire Advocacy Services Ltd	24
36. East Lothian Involvement Group (ELIG)	93
37. Equals Advocacy Partnership	79
38. Equal Say	15/63
39. Ethnic Minority Advocacy Service	63
40. Fife Advocacy	42
41. Fife Elderly Forum	43
42. Fife User Panels	43
43. Forth Valley Advocacy Service	50
44. Funky Blue Smurfs	80
45. Hartwoodhill Patients' Council	80
46. Highland Carers Project (The Princess Royal Trust)	72
47. Highland User Group	73
48. Highland Young People's Self advocacy Project (Enable)	73
49. Independent Advocacy Perth and Kinross	117
50. Inverclyde Advocacy Service	16
51. Lomond And Argyll Advocacy Service	16
52. Mental Health Advocacy Project (West Lothian)	93
53. Merchiston Advocacy Service	17
54. Moray Advocacy	56
55. New Craigs Carers Project (The Princess Royal Trust)	72
56. New Craigs Residents Advocacy Project (Enable)	74
57. North Ayrshire Advocacy Services - Advocacy Information And Management Services Ltd (AIMS)	24
58. North Lanarkshire Advocacy Project	80
59. North Lanarkshire Disability Forum	81

Partners In Advocacy

60. - Dundee	117
61. - Edinburgh	94
62. - Glasgow	64
63. - West Lothian	95

64. Pass Direct (People's Advocacy And Support Service)	36
65. Patients' Council (Royal Edinburgh Hospital)	95

People First

66. - Borders	32
67. - Fife	43
68. - Glasgow	65
69. - Inverness	74
70. - Lanarkshire	81
71. - Scotland (Edinburgh and Midlothian offices)	37/51/96
72. - South Ayrshire	25
73. Perth Carers Advocacy (Princess Royal Trust For Carers)	118
74. Positive Voice	97
75. Powerful Partnerships	97
76. Quality Action Group	50
77. Renfrewshire Association For Mental Health Advocacy Service	18
78. Speak Out Advocacy Project	82
79. State Hospital Patients' Advocacy Service	112
80. The Advocacy Project (Glasgow)	65
81. The Advocacy Project (South Lanarkshire)	82
82. TODAY (Together Overcoming Discrimination Against You And I)	44
83. VOCAL Carers Advocacy Service (The Princess Royal Trust Carers Centre)	98
84. Voice Advocacy (Ayr Action For Mental Health)	26
85. Who Cares? Scotland	26/37/83
86. Whyteman's Brae Hospital Patients' Council	44

APPENDIX VIII

INDEX OF ADVOCACY ORGANISATIONS BY TYPE OF ADVOCACY

Organisations providing individual advocacy

1. A.B.E.L. (Anti-Bullying East Lothian)	88
2. Advocacy Highland	71
3. Advocacy Into Action	49
4. Advocacy Matters – Glasgow Association For Mental Health	60
5. Advocacy North East	55
6. Advocacy Orkney	105
7. Advocacy Service Aberdeen	56
8. Advocacy Shetland	108
9. Advocacy Western Isles	122
10. Advocard	90
11. Age Concern (Dundee) Advocacy Project	115
12. Alzheimer Scotland Advocacy Service	61
13. Angus Independent Advocacy	115
14. Barnardo’s Children’s Rights And Advocacy Service (CRAS)	22
15. Borders Independent Advocacy Service (BIAS)	31
16. Card Advocacy – Renfrewshire Carers Centre	14
17. Circles Network UK	61
18. Clydesdale Advocacy Service	79
19. Community Housing Advocacy Project (CHAP)	23
20. Consultation and Advocacy Promotion Service (CAPS) East Lothian	91
21. Drumchapel Advocacy Project	62
22. Drumchapel Children’s Rights Project	62
23. Dundee Independent Advocacy Support	116
24. Dunfermline Advocacy Initiative	41
25. EARS (Edinburgh Advocacy and Representation Service)	92
26. East Ayrshire Advocacy Services Ltd	24
27. Equals Advocacy Partnership	79
28. Ethnic Minority Advocacy Service	63
29. Fife Advocacy	42

Map of independent advocacy across scotland

30. Forth Valley Advocacy Service	50
31. Highland Carers Project (The Princess Royal Trust)	72
32. Independent Advocacy Perth and Kinross	117
33. Inverclyde Advocacy Service	16
34. Lomond And Argyll Advocacy Service	16
35. Mental Health Advocacy Project (West Lothian)	93
36. Merchiston Advocacy Service	17
37. Moray Advocacy	56
38. New Craigs Residents Advocacy Project (Enable)	74
39. North Ayrshire Advocacy Services - Advocacy Information And Management Services Ltd (AIMS)	24
40. Pass Direct (People's Advocacy And Support Service)	36
41. Perth Carers Advocacy (Princess Royal Trust For Carers)	118
42. Positive Voice	97
43. Quality Action Group	50
44. Renfrewshire Association For Mental Health Advocacy Service	18
45. Speak Out Advocacy Project	82
46. State Hospital Patients' Advocacy Service	112
47. The Advocacy Project (Glasgow)	65
48. The Advocacy Project (South Lanarkshire)	82
49. VOCAL Carers Advocacy Service (The Princess Royal Trust Carers Centre)	98
50. Voice Advocacy (Ayr Action For Mental Health)	26
51. Who Cares? Scotland	26/37/83

Organisations providing collective advocacy

1. Acumen (Argyll And Clyde United In Mental Health)	13
2. Advocacy North East	55
3. Advocating Together (Dundee)	114
4. Angus Independent Advocacy	115
5. Consultation and Advocacy Promotion Service (CAPS) Edinburgh	90
6. Consultation and Advocacy Promotion Service (CAPS) Midlothian	91
7. Dunfermline Forum On Disability	42
8. Dykebar Hospital Patients Council	15

9. East Lothian Involvement Group (ELIG)	93
10. Fife Advocacy	42
11. Forth Valley Advocacy Service	50
12. Hartwoodhill Patients' Council	80
13. Highland User Group	73
14. Highland Young People's Self advocacy Project (Enable)	73
15. Independent Advocacy Perth and Kinross	117
16. Mental Health Advocacy Project (West Lothian)	93
17. North Lanarkshire Advocacy Project	80
18. North Lanarkshire Disability Forum	81
19. Patients' Council (Royal Edinburgh Hospital)	95

People First

20. - Borders	32
21. - Clackmannanshire	51
22. - Dumfries and Galloway	37
23. - Fife	43
24. - Glasgow	65
25. - Highland	74
26. - Lanarkshire	81
27. - South Ayrshire	25

28. Quality Action Group	50
29. The Advocacy Project	65
30. Speak Out Advocacy Project	82
31. TODAY (Together Overcoming Discrimination Against You And I)	44
32. VOCAL Carers Advocacy Service (The Princess Royal Trust Carers Centre)	98
33. Voice Advocacy (Ayr Action For Mental Health)	26
34. Whyteman's Brae Hospital Patients' Council	44

Organisations providing citizen advocacy

1. Ace Advocacy (Enable)	89
2. Advocacy Into Action	49

Map of independent advocacy across scotland

3. Angus Independent Advocacy	115
4. Citizen Advocacy Network Borders (Can-B)	32
5. Citizen Advocacy Support Services	23
6. Dunfermline Advocacy Initiative	41

Equal Say

7. - Argyll and Clyde	15
8. - Greater Glasgow	63
9. Equals Advocacy Partnership	79
10. North Ayrshire Advocacy Services - Advocacy Information And Management Services Ltd (AIMS)	24

Partners in Advocacy

11. - Dundee	117
12. - Edinburgh	94
13. - Glasgow	64
14. - West Lothian	95
15. Powerful Partnerships	97
16. The Advocacy Project	65

APPENDIX IX

INDEX OF ADVOCACY ORGANISATIONS BY CLIENT GROUP

Generic

1. Advocacy Highland	71
2. Advocacy North East	55
3. Advocacy Orkney	105
4. Advocacy Service Aberdeen	56
5. Advocacy Shetland	108
6. Advocacy Western Isles	122
7. Angus Independent Advocacy	115
8. Borders Independent Advocacy Service (BIAS)	31
9. Citizen Advocacy Network Borders (Can-B)	32
10. Drumchapel Advocacy Project	62
11. Dundee Independent Advocacy Support	116
12. East Ayrshire Advocacy Services Ltd	24
13. Forth Valley Advocacy Service	50
14. Independent Advocacy Perth and Kinross	117
15. Inverclyde Advocacy Service	16
16. Lomond And Argyll Advocacy Service	16
17. Moray Advocacy	56
18. North Ayrshire Advocacy Services - Advocacy Information And Management Services Ltd (AIMS)	24
19. Pass Direct (People's Advocacy And Support Service)	36
20. State Hospital Patients' Advocacy Service	112
21. The Advocacy Project (Glasgow)	65

Mental Health

1. Acumen (Argyll And Clyde United In Mental Health)	13
2. Advocacy Matters – Glasgow Association For Mental Health	60
3. Advocard	90
4. Circles Network UK	61

5. Consultation and Advocacy Promotion Service (CAPS) Edinburgh	90
6. Dykebar Hospital Patients' Council	15
7. East Lothian Involvement Group (ELIG)	93
8. Equals Advocacy Partnership	79
9. Fife Advocacy	42
10. Hartwoodhill Patients' Council	80
11. Highland User Group	73
12. Mental Health Advocacy Project (West Lothian)	93
13. Patients' Council (Royal Edinburgh Hospital)	95
14. Renfrewshire Association For Mental Health Advocacy Service	18
15. State Hospital Patients' Advocacy Service	112
16. The Advocacy Project South Lanarkshire	82
17. TODAY (Together Overcoming Discrimination Against You And I)	44
18. Voice Advocacy (Ayr Action For Mental Health)	26
19. Whyteman's Brae Hospital Patients' Council	44

Learning Disability

1. Ace Advocacy (Enable)	89
2. Advocacy Into Action	49
3. Advocating Together (Dundee)	114
4. Citizen Advocacy Support Services	23
5. Dunfermline Advocacy Initiative	41
6. Equal Say	15/63
7. Highland Young People's Self advocacy Project (Enable)	73
8. Merchiston Advocacy Service	17
9. New Craigs Residents Advocacy Project (Enable)	74
10. North Lanarkshire Advocacy Project	80
11. Quality Action Group	50

Partners in Advocacy

12. - Dundee	117
13. - Edinburgh	94
14. - Glasgow	64
15. - West Lothian	95

People First

16. - Borders	32
17. - Clackmannanshire	51
18. - Dumfries and Galloway	37
19. - Fife	43
20. - Glasgow	65
21. - Highland	74
22. - Lanarkshire	81
23. - South Ayrshire	25
24. Powerful Partnerships	97
25. Speak Out Advocacy Project	82

Older People

1. Age Concern (Dundee) Advocacy Project	115
2. Alzheimer Scotland Advocacy Service	61
3. Clydesdale Advocacy Service	79
4. EARS (Edinburgh Advocacy and Representation Service)	92

Children and young people

1. A.B.E.L. (Anti-Bullying East Lothian)	88
2. Barnardo's Children's Rights And Advocacy Service (CRAS)	22
3. Drumchapel Children's Rights Project	62
4. Highland Young People's Self advocacy Project (Enable)	73
5. Who Cares? Scotland	26/37/83

Carers

1. Card Advocacy – Renfrewshire Carers Centre	14
2. Highland Carers Project (The Princess Royal Trust)	72
3. Perth Carers Advocacy (Princess Royal Trust For Carers)	118
4. VOCAL Carers Advocacy Service (The Princess Royal Trust Carers Centre)	98

Housing/Homeless

- | | |
|----------------------------------------------|----|
| 1. Advocacy Highland | 71 |
| 2. Community Housing Advocacy Project (CHAP) | 23 |

Physical Disability

- | | |
|---------------------------------------|----|
| 1. Dunfermline Forum On Disability | 42 |
| 2. North Lanarkshire Disability Forum | 81 |

Ethnic Minorities

- | | |
|-------------------------------------|----|
| 1. Ethnic Minority Advocacy Service | 63 |
|-------------------------------------|----|

HIV

- | | |
|-------------------|----|
| 1. Positive Voice | 97 |
|-------------------|----|

APPENDIX X

USEFUL RESOURCES

'From Patchwork to Blanket: The lessons learned from the production of the first round of advocacy plans' (SHS Trust, January 2002) (available as a summary or a full report).

'Independent Advocacy: A Guide for Commissioners' (Scottish Executive, January 2001) (a supplement to this report is also available).

'Principles and Standards in Independent Advocacy Organisations and Groups' (Advocacy 2000, January 2002).