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Foreword



The Scottish Government is committed to ensuring that there is appropriate provision across Scotland of independent advocacy for people who need it.

I recognise how difficult it can be to feel vulnerable and not have the skills or confidence to set things right. That's when independent advocacy can really make a difference. Advocacy gives people a voice. There will be times in our lives when any one of us can feel less able to cope. At such times it can be difficult to question decisions made and have control over aspects of our lives. It is at these times that the support of an advocate can make all the difference to someone's quality of life.

Independent advocacy helps safeguard people; it helps individuals to access information so that they are in a position to make informed decisions and enables people to participate in their own care, treatment and support. Independent advocacy not only helps improve services for individuals, it improves services for all people. Independent advocacy can change the world for some people, for others it is just as important because it can help them voice their needs and views and help them feel listened to.

We have seen many important developments within independent advocacy in the last decade, the biggest achievement being the inclusion of a right of access to independent advocacy in the *Mental Health (Care & Treatment) (Scotland) Act 2003*. This has meant that independent advocacy is more widely accepted as a vital support for anyone with mental health issues. The Scottish advocacy movement has worked hard to consolidate its principles and practice so that advocacy is better understood and seen to be supporting individuals and groups with openness and transparency.

The revised guide should be used by NHS Boards and Local Authorities to help them engage with local advocacy planning and service user groups to identify gaps in advocacy provision and work together to develop strategies to address these gaps.

Shona Robison, MSP
Minister for Public Health and Sport

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Introduction to A Guide for Commissioners

“The Scottish Government’s policy is, and will remain, that independent advocacy should be available to all who need it. No-one should need to ask for an advocate. Health professionals should recognise when someone could benefit from advocacy and ensure that they have access to it.”

Shona Robison, Minister for Public Health, SIAA Launch Party for the *Principles and Standards for Independent Advocacy*, May 2008

The original guidance documents on commissioning advocacy, *Independent Advocacy: A Guide for Commissioners* (January 2001) and the *Supplement* (June 2001) published by the then Scottish Executive were well received and were widely used by advocacy organisations and commissioners. This guide revises, updates and builds on the guidance on commissioning advocacy contained in these documents. The revisions reflect the new legislation which includes access to independent advocacy and the updated *Principles and Standards for Independent Advocacy* and associated *Code of Practice* published by the Scottish Independent Advocacy Alliance in 2008.

The Scottish Government has demonstrated its commitment to independent advocacy recognising that advocacy enables people to express their views and wishes, to access information, to make informed choices and to have control over their lives and care.

Independent advocacy is a crucial element in achieving social justice. It is a way to ensure that everyone matters and everyone is heard — including people who are at risk of exclusion and people who have particular difficulties in making their views known.

Advocacy:

- safeguards people who are vulnerable and discriminated against or whom services find difficult to serve.
- empowers people who need a stronger voice by enabling them to express their own needs and make their own decisions.
- enables people to gain access to information, explore and understand their options, and to make their views and wishes known.
- speaks up on behalf of people who are unable to do so for themselves.

Recent legislation and policy guidance consistently emphasises the importance of independent advocacy.

Scottish Independent Advocacy Alliance

The Scottish Independent Advocacy Alliance (SIAA) is a membership organisation responsible for promoting, supporting and defending independent advocacy in Scotland. It has the overall aim of ensuring that independent advocacy is available to any person in Scotland. The SIAA provides information and support, gathers and distributes information, represents advocacy organisations at various levels and raises awareness and understanding of independent advocacy across Scotland. The SIAA works to influence legislation, policy and practice in relation to independent advocacy.

Principles and practice of independent advocacy

In 2008 the SIAA published the *Principles and Standards for Independent Advocacy* and the *Code of Practice for Independent Advocacy*.

The principles detailed in these documents are that independent advocacy:

- puts the people who use it first.
- is accountable.
- is as free as it can be from conflicts of interest.
- is accessible.

These Principles and Standards and the Code of Practice build on the document, *Principles and Standards in Independent Advocacy Organisations and Groups* (2002), published by Advocacy2000. The *Principles and Standards for Independent Advocacy* should be used by advocates and advocacy organisations to ensure that they operate in a clear and open way, and provide high quality advocacy. The *Code of Practice* gives guidance on how the *Principles and Standards* may work in practice.

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

Advocacy becomes an organised activity because:

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

Advocacy has two main themes:

- speaking up for and with people who are not being heard, helping them to express their views and make their own decisions and contributions.
- safeguarding individuals who are at risk.

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

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

Advocates stand beside the person and focus on seeing things from that person's perspective. This is likely to be achieved by listening to that person and finding out their views, opinions and wishes. However, when advocating for an individual who may lack capacity or for someone who has severe communication difficulties advocates would consider non-instructed advocacy. In such a situation advocates should refer to the *SIAA Non-Instructed Advocacy Guidelines*.

Ideally advocacy organisations should have — independence of mind (psychological), independence of place (structural) and independence of funding (financial), so they can stand beside someone in a loyal and persistent manner. (See Glossary Appendix 2)

There are key factors which underpin good independent advocacy:

- advocacy groups should be firmly rooted in, supported by and accountable to a geographical community or a community of interest.
- advocacy groups should be constitutionally and psychologically independent of local and national government.
- advocacy groups can not be providers of other services.
- different approaches to independent advocacy are needed; there is no best model.
- advocacy groups should maintain a clear and coherent focus of effort.
- advocacy groups should undergo regular independent evaluation of their work, and commissioners should provide financial support for this.

These principles should be considered when commissioning advocacy. Other information on advocacy to be taken into account in the commissioning process can be found in the *Principles and Standards for Independent Advocacy 2008*, the *Code of Practice for Independent Advocacy 2008*, other related documents and the *Advocacy Map* published on the SIAA website www.siaa.org.uk.

Commissioners need to be aware of barriers and obstacles in the development of independent advocacy for certain groups. For members of groups who are marginalised and face discrimination in the wider world it is particularly important that they have ease of access to independent advocacy.

It may be difficult, for example, to establish a new advocacy organisation for people from LGBT communities. In some cases organisations that already provide services to LGBT groups may feel that they are the most appropriate organisation to provide advocacy for their service users. And the service users may prefer to access advocacy support from an organisation that they are already familiar with and trust but which also provides other services.

This dilemma raises a number of issues that need to be addressed whilst ensuring that independent advocacy, free from conflicts of interest, should be available for all. Local Authority and NHS Board commissioners need to be aware of their duties under a number of different policies and legislation. Whilst it is vital that particular duties are adhered to it is also important that additional obstacles and barriers are not inadvertently created making it difficult to meet the needs of the group whilst also following the principles of independent advocacy.

An individual may face multiple layers of discrimination in wider society based on, for example, their gender, ethnicity, mental health, sexuality or substance dependency and might experience similar barriers in accessing existing advocacy provision. Development of specialist advocacy organisations may go some way towards overcoming such barriers. However it is also important to remember that established advocacy organisations should be accessible to all.

Different types of advocacy

Citizen Advocacy

Citizen advocacy happens when ordinary citizens are encouraged to become involved with a person who might need support in their communities. The citizen advocate is not paid and not motivated by personal gain. The relationship between the citizen advocate and their advocacy partner is on a one-to-one, long term basis. It is based on trust between the partner and the advocate and is supported but not influenced by the advocacy organisation. The advocate supports their partner using their natural skills and talents rather than being trained in the role.

Group or Collective advocacy

Collective advocacy happens where a group of people who are all facing a common problem get together on a formal basis to support each other over specific issues. Individual members of the group may also support each other over specific issues. The group as a whole may campaign on an issue that affects them all. A collective voice can be stronger than that of an individual, as groups are more difficult to ignore. Being part of a collective advocacy group can help to reduce an individual's sense of isolation when raising a difficult issue.

Peer advocacy

Peer advocacy happens when individuals share significant life experiences. The peer advocate and their advocacy partner may share age, gender, ethnicity, diagnosis or issues. Peer advocates use their own experiences to understand and empathise with their advocacy partner. Peer advocacy works to increase self awareness, confidence and assertiveness so that the individual can speak out for themselves, lessening the imbalance of power between the advocate and their advocacy partner.

Professional advocacy

Professional advocacy is also known as one-to-one, individual or issue based advocacy. It is provided by both paid and unpaid advocates. An advocate supports an individual to represent their own interests or represents the views of an individual if the person is unable to do this themselves. They provide support on specific issues and provide information but not advice. This support can be short or long term.

The aim of all models of advocacy is to help individuals gain increased confidence and assertiveness so that, where possible, they will feel able to self advocate when the need arises.

Commissioners may find it helpful to refer to *A Voice Through Choice* — a book of stories about independent advocacy and *A Voice to Trust* on DVD. Both are available from the SIAA website and will help commissioners gain an insight into how advocacy can improve an individual's quality of life and provide a better understanding of how the different types of advocacy work in practice.

Why do people need independent advocacy?

Many of us find it difficult, at times, to get our voice heard about decisions or actions that affect our lives. Some people have family, friends or other carers to help them to speak up. Others do not have people in their lives to do that. Advocacy is important to ensure justice, equality and fairness. It is something we can all do and something we can all benefit from, regardless of our skills and abilities because we can all be vulnerable in different situations and at different times of our lives.

Some people in society are much more likely than others to be treated badly, either because of other people's prejudice or because of their own vulnerability, or both.

The factors which may put people at risk include age, physical frailty, gender, ethnic origin, sexual orientation, impairment (cognitive, psychological, motor, sensory), reputation, dislocation, abuse, family breakdown and social isolation. Some people have to rely on powerful service systems for help with all aspects of their life — housing, personal assistance, decision-making, income, occupation, mobility. Particularly when people have been immersed in the service system since childhood, and when they have no strong allies outside, institutions and support services can affect every aspect of someone's life and can have long term consequences. For some people, their family is also part of the problem. Service systems are not and will never be perfect. From the point of view of an individual, they may take a long time to change.

Individuals who rely on these service systems often have limited personal power and resources to argue their case. This is especially true for people who do not use words to communicate, for children and young people, for people who cannot read or write in the language of the system, for people who have a negative reputation within the system, for people who are physically frail and for people who are regarded as incapable of making decisions.

If these individuals do not have well-motivated and capable family and friends to speak up for them, they are at risk of poor treatment and of not getting what they need. They may not have their own views, wishes and feelings taken into account properly, as is their right. They are also the least likely people independently to exercise their right to make a complaint. Even capable and positive family and friends may still be ignored because

other people's prejudice and dismissive attitude extends to these families and friends.

Even where people have rights in law — for example to a community care assessment or to a second opinion — they are often unaware of their rights. While policies may be in place — for example about medication being regularly reviewed, or about people being given information — these are not always followed.

Advocacy is not a sticking plaster to compensate for poor service quality. Statutory agencies have a duty to listen and respond to all the people they serve, and to work to high standards. Commissioning independent advocacy is as well as, not instead of, improving services.

However, small neglects and mistakes by service systems can have huge consequences for the individual. The disparity between the size and power of the service system and the powerlessness of the people most at risk within this system means that further safeguards are needed to reinforce the general protections provided to service users and to citizens.

What do NHS Boards and Local Authorities get from independent advocacy?

Better outcomes for people

Advocacy makes a difference to what happens to people. It leads to better decisions about treatment and services. People feel better about themselves and their situation. People get out of places where they are unhappy, get included in places where they want to be. Advocacy can also have a preventative role, ensuring that the interests of vulnerable individuals are not forgotten so that problems and crises for that person do not arise.

Intelligence and feedback

Advocacy organisations can provide an alternative source of constructive intelligence and feedback about how well services are meeting the needs of the most vulnerable groups, and inform future needs and priorities while protecting the confidentiality of individuals. This can assist the systems of clinical governance within NHS Boards and of best value within Local Authorities. As well as highlighting quality and problems in current service provision, independent advocacy can inform joint planning for the future.

Added value

A relatively small investment in independent advocacy can yield significant results. Advocacy organisations engage the skills and commitment of ordinary members of the public. They empower people who are being ignored, giving people the support and information they need to make their own decisions and take more control of their own life. Advocacy organisations also have an interest in avoiding dependence on a single agency, so core funding from statutory sources may be extended through other grants and fundraising activity.

Constructive challenge to service providers

Advocacy organisations provide a constant challenge to service providers to improve what they do. This challenge may be at least as effective in achieving higher quality as the more formal processes of standard-setting, inspection and regulation.

Keeping the focus on people who are most at risk

By concentrating on people who are most likely to fall through the net, independent advocacy helps the formal service system to improve the quality of what is provided for people who are hardest to serve. This is the acid test for any service system, and independent advocacy helps keep this on the agenda.

Designing service user-focused services

Advocacy supports the development of person-centred services because it is involved with people whose circumstances do not readily fit standard arrangements. By testing the limitations of current services, advocacy can help professionals to redesign and refine the system so that it works better for everyone.

Commissioners' statutory responsibilities

There is increasing emphasis on the importance of independent advocacy in much recent legislation and policy guidance.

The Mental Health (Care & Treatment) (Scotland) Act 2003 Section 259 states that:

“Every person with a mental disorder shall have a right of access to independent advocacy; and accordingly it is the duty of — (a) each local authority, in collaboration with the (or each) relevant Health Board; and (b) each Health Board, in collaboration with the (or each) relevant local authority, to secure the availability, to persons in its area who have 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.”

The Code of Practice states:

“Where a patient has a degree of incapacity, or cannot for any reason clearly say whether or not they would like an independent advocate, an MHO/hospital managers/appropriate person should consider how an independent advocate may be involved... The right of access to independent advocacy is for each patient and is not limited only to those who are best able to articulate their needs.”

This right applies to everyone who has a mental disorder, and to all types of independent advocacy. The term mental disorder includes any person with a mental illness, a personality disorder or a learning disability. People with dementia and acquired brain injury are also covered by the Act. People do not have to have a medical diagnosis to access independent advocacy.

Commissioners thereby have a legal duty to ensure that everyone with a mental disorder in their NHS Board or Local Authority area can access independent advocacy. This duty applies to children and young people as well as adults. It also applies to people living in the community with a mental disorder and not solely those who are detained under the Act's powers.

The Adults with Incapacity (Scotland) Act 2000 as amended by the ***Adult Support and Protection (Scotland) Act 2007*** states:

“In determining an application or any other proceedings under this Act the sheriff shall... take account of the wishes and feelings of the adult who is

the subject of the application or proceedings so far as they are expressed by a person providing independent advocacy services.”

The Adult Support and Protection (Scotland) Act 2007 is designed to protect adults at risk of abuse. The Act places a duty on Council Officers to: *“consider the importance of providing advocacy and other services”.*

Advocacy organisations are, with very few exceptions, funded to work with specific groups of people, for instance, people with learning disabilities or people with mental health problems. This could mean that, in some NHS Board and Local Authority areas, there would be no organisation to which an individual coming within the powers of the Act could be referred.

The Education (Additional Support for Learning) (Scotland) Act 2004 states:

“Where, in connection with the exercise of an education authority’s functions under this Act in relation to any child or young person, the relevant person wishes... another person (referred to as an “advocate”) to — (i) conduct such discussions or any part of them, or (ii) make representations to the authority, on the relevant person’s behalf, the education authority must comply with the relevant person’s wishes.”

Having your say? The same as you? The National Implementation Report of the Advocacy Sub Group 2006 made several recommendations:

- Commissioners should ensure that there is choice in the advocacy available thus requiring that there be a choice of advocacy organisations available.
- The needs of people with learning disabilities and autistic spectrum disorders should be taken into consideration when commissioning services and people should be involved in the advocacy planning process.
- Local advocacy plans for each area should state how people can get advocacy support in issues such as housing, transport and the other issues that people in that area say are important.

National Health Service Reform (Scotland) Act 2004 states that NHS Boards have a duty to involve patients, and the public, in the planning and development of health services and in decisions which will significantly affect the operation of those services.

Better Health, Better Care: An Action Plan (2007) made a commitment to “a mutual NHS where patients and the public are confirmed as partners rather than recipients of care”. It also signaled the development of a Participation Standard for the NHS, the development of which has been led by the Scottish Health Council. In relation to advocacy, the standard covers the following criteria:

- “Independent advocacy services are provided and developed in partnership with other agencies and people who need them.”
- “An individual’s need for advocacy is assessed, recorded and provided where necessary.”

The assessment process is subject to ongoing discussion but NHS organisations will complete self assessments which are likely to be a prominent feature of their Annual Reviews.

Fair for All Strategy 2001 seeks to understand the needs of different communities, eliminate discrimination in the NHS, reduce inequality, protect human rights and build good relations by breaking down barriers that may be preventing people from accessing the care and services that they need. It aims to address inequalities by recognising and valuing diversity, promoting a patient focused approach and involving people in the design and delivery of health care.

Partnership for Care 2003 extended the principles of the *Fair for All* approach across the NHS to make sure that “our health services recognise and respond sensitively to the individual needs, background and circumstances of people’s lives”.

The Road to Recovery 2008 documents the Scottish Government’s approach to tackling Scotland’s drug problem, building the capacity of advocacy services, to help service users choose the treatment that is right for them, is part of this approach.

This is not necessarily a definitive list of current legislation and policy guidance. There is limited access to advocacy for certain groups and in certain areas. For further detail on advocacy provision see the *Advocacy Map* on www.siaa.org.uk. When planning advocacy, commissioners have an obligation to consider relevant current legislation and policy.

How does independent advocacy fit with the wider policy context for health and welfare?

Independent advocacy contributes to several policy goals for health and welfare:

Health improvement

NHS Boards and Local Authorities have a general duty to promote health and welfare as well as to provide specific services. Empowerment is an essential ingredient in efforts to improve the health of excluded communities. Treatment is also more effective when people are well-informed, confident and have the support of friends. Independent advocacy can build up people's confidence and provide personal support to people who would otherwise be isolated.

Equity

Independent advocacy intervenes on behalf of individuals and groups who are most likely to get poor quality services. Independent advocacy advances the cause of whole sectors of the population who are discriminated against in access to services. So advocacy groups representing older people, disabled people, people from ethnic minorities, and other marginalised groups highlight inequities in transport, general health services, housing, education and other areas. Some people within these groups are further disadvantaged by having a number of different labels. For example people who have both a learning disability and a mental health problem often end up living in more institutional settings than other disabled people. Independent advocacy is one way to secure greater equality in the options available to people.

Social inclusion

People who have the support of advocates and advocacy groups are more likely to avoid institutional care and to develop and maintain personal connections in the community. By creating and sustaining connections between people in marginalised groups and the wider community, independent advocacy helps to strengthen the social fabric in places where it is weak. Independent advocacy strengthens the capacity of people at risk of exclusion to develop their own solutions and to be active participants in tackling issues.

Human Rights Act 1998

This legislation enables individuals to pursue an action under the European Convention on Human Rights within the Scottish legal system. While legal representatives would be required to support individuals taking legal action under the European Convention on Human Rights independent advocacy can support individuals to ensure their views are expressed clearly in this process.

Responsiveness and partnership

Achieving real partnership between those who use and those who provide services involves a change in the culture of service provision. The traditional model of 'professionals know best' is increasingly being questioned by those who want to see a more open dialogue and more equal partnership.

Mutuality

Better Health, Better Care, An Action Plan (2007) made a commitment to "a mutual NHS where patients and the public are confirmed as partners rather than recipients of care". Independent advocacy can support individuals to be partners in their care.

Patients' Rights

A mutual NHS provides the context for a legal framework that sets out what patients have a right to expect from the NHS. A *Patients' Rights Bill* is being developed and its introduction is planned for 2010. This will provide a clear statement of rights and responsibilities from the perspective of Government, NHS Staff and the public.

The importance of independence

The Mental Health (Care & Treatment) (Scotland) Act 2003 states that “Every person with a mental disorder shall have a right of access to **independent advocacy**...”

The *Principles and Standards for Independent Advocacy* outline what advocates and advocacy organisations should do to make sure that they provide good quality advocacy. The Principles are the core beliefs about independent advocacy. These are the ideas that guide everything that advocates and advocacy organisations do. Principle 3 relates to independence and minimising conflicts of interest.

Standard 3.1 Independent advocacy cannot be controlled by a service provider

Standard 3.2 Independent advocacy and promoting independent advocacy are the only things that independent advocacy organisations do

Standard 3.3 Independent advocacy looks out for and minimizes conflicts of interest

An independent advocacy organisation is an organisation that is structurally, financially and psychologically separate from service providers and other services.

Structurally — an independent advocacy organisation is a separate organisation in its own right. For example, they are registered as a charity or company and have their own Management Committee or Board of Directors. Everyone involved in the organisation recognises that they are separate and different from other organisations and services.

Financially — an independent advocacy organisation has its own source of funding that does not cause any conflicts of interest and that does not compromise the work it does.

Psychologically — everyone involved in the organisation knows that they are only limited in what they do by the principles of independent advocacy, resources and the law.

Advocacy should be provided by an organisation which is completely separate from and operates independently from service providers. This reduces conflicts of interest and minimises the restrictions on the work of advocates and the organisation.

Independent advocacy, provided by an independent advocacy organisation should always be the preferred option. There are a number of organisations that provide advocacy as well as providing other services and are therefore not independent. If advocacy is commissioned from an organisation that provides other services, steps must be taken to minimise potential conflicts of interest and in the long term, support should be given to the advocacy branch of the organisation to work towards becoming independent.

The Mental Health (Care and Treatment) (Scotland) Act 2003 and the *Adults with Incapacity (Scotland) Act 2000* as amended by the *Adult Support and Protection (Scotland) Act 2007* states that advocacy must be provided by an **independent** advocacy organisation.

Nurses, social workers, care staff, doctors, teachers and other professionals look out for and speak up for the people they serve. It's their job, it is part of their professional code of conduct, it's part of being a decent human being. But they aren't and can't be independent.

To be on someone's side, advocates have to be structurally and psychologically independent of the service system. Independent advocates — whether paid or unpaid — are clear that their primary loyalty and accountability is to the people who need advocates, not the agencies providing health and social services, and not to the government. Independence doesn't mean being right all the time. Independent advocates are no more virtuous than service providers. They just stand in a different place and see things from a different perspective.

Independent advocates do not have the same conflicts of interest as professional workers who are expected to make judgements about who is most deserving or most eligible for a service. Because advocates do not have this sort of power over people and do not control access to resources they are in a better position to see things from the person's point of view rather than the system's point of view. They can focus on representing the interests and wishes of the people who need an advocate, and be clear that this is their role.

Professional workers who advocate strongly on behalf of a particular individual or group may be seen as acting unprofessionally or as being critical of their employing organisation. This entails personal risks, and

can also put the professional worker in a situation where their views on this and other issues are discounted — the worker may be seen as having favourites, or having ‘a bee in her bonnet’.

Psychological independence — independence of mind — is even more important than structural or financial independence. Some independent agencies are funded in part or wholly by statutory agencies and therefore have a responsibility to account to their funders for how they are spending the money.

But independent-minded advocates do not ask the funders for permission to disagree with them. Instead, they challenge agency policy and practice where these are compromising the well-being of the people they represent. They do not expect to be popular with everyone, but they do seek to ensure they are respected for the quality and integrity of their work.

Good advocacy agencies do not seek confrontation but they maintain the principle of primary accountability to the people they serve. Good commissioners welcome this spirit of independence, even if it makes their life harder.

Ideas on how to ensure independence

- Be committed as commissioners to this essential component of good effective advocacy.
- The advocacy organisation should work within the *Principles and Standards for Independent Advocacy*.
- The advocacy organisation should be eligible for SIAA membership.
- Ensure that projects have security of funding for periods of at least three years, allowing time to grow and confidence to challenge.
- Encourage advocacy organisations to diversify their funding streams, while remembering that NHS Boards and Local Authorities still have statutory duties.
- Respect the advocacy organisation's policies, especially referral policies and procedures and confidentiality policies.
- In conjunction with the advocacy organisation draw up working protocols for referrals.
- Make sure your own staff can have the opportunity to understand the role of independent advocates and involve advocacy organisations, or organisations like the Scottish Independent Advocacy Alliance, in training on the role of independent advocacy.
- Make sure service information includes clear statements not only about your commitment to advocacy but also stresses the independence from Local Authority and Health Board services.
- Have a clear agreement on what will happen if there are difficulties that cannot be resolved between you as the commissioner, and the advocacy organisation.

Planning for independent advocacy

NHS Boards and Local Authorities have limited budgets and no shortage of demands for how to spend their money. So they need to invest astutely in independent advocacy.

It helps to think of investing in advocacy as a way of building community capacity, rather than simply as buying a service. Independent advocacy is not something which the Local Authority or NHS Boards could provide directly. By definition, independent advocacy operates at arm's length from, and in tension with, the formal service system.

NHS Boards and Local Authorities fund independent advocacy to meet statutory obligations and because they recognise the contribution it makes to the overall health and responsiveness of the service system and to wider issues of equality and inclusiveness in the community.

Investing wisely in independent advocacy means thinking carefully about the places where advocacy is needed, about what are the needs that are specific to the area e.g. rural or urban areas, population size etc., about what approach to advocacy would work best on those different places, and how public money could best be used to encourage and sustain these approaches. And — as with all commissioning — this thinking has to be done aloud and in partnership with other stakeholders. This section describes a series of stages in the commissioning process:

The Advocacy Planning Group

Commissioners must fully involve everyone who has an interest in advocacy in all stages of the development of advocacy, from deciding what type of advocacy is needed, to the planning, funding, commissioning and supporting advocacy and advocacy organisations.

NHS Boards and Local Authorities are expected to have:

- a **senior named person** who takes a lead role on advocacy across all client groups and who coordinates the planning for advocacy.
- a minimum three-year joint **Strategic Advocacy Plan**, a public document, signed off by senior management in both the NHS Board and corresponding Local Authorities, which clearly outlines the development and investment in advocacy over a three-year period.

-
- an **Advocacy Planning Group**, an NHS Board and Local Authority-wide group which has responsibility for developing, overseeing and implementing the plan. The Group should draw its membership from those who have a stake, either professional or personal, in the development of local advocacy. It would be good practice for the Advocacy Planning Group to include:
 - I. *Advocacy partner and carer representatives* who are the most important stakeholders in the advocacy planning process. It is also essential to involve those groups that do not currently have access to advocacy. The Advocacy Planning Group needs to ensure that service users are sufficiently supported, to ensure that they can proactively feed their views into the planning process and identify their own priorities.
 - II. *Independent advocacy organisations* bring an authoritative source of information about the delivery and the difference advocacy makes to those who use it.
 - III. *Statutory sector planners and commissioners of services* who can make decisions with regards to funding and decisions which will directly impact on the development of advocacy locally. Health, Social Work, Housing and Education should be represented.
 - IV. *Other relevant individuals and groups*, this is particularly important when considering developing independent advocacy into new geographical areas and new client groups.

The involvement of independent advocacy organisations could bring about conflicts of interest, particularly if advocacy organisations are competing for the same resources. It is important that any conflicts of interest are managed appropriately; in some NHS Boards and Local Authorities the planning process involves two meetings, one for commissioners only and then a further meeting which involves a wider range of stakeholders. Other NHS Boards might want to look at the possibility of having one seat on the Group that is rotated amongst advocacy organisations in the area, who then feeds back to all the advocacy organisations. This could be achieved by providing support to establish and maintain local advocacy networks.

Scoping Provision

The Advocacy Planning Group needs to have a clear picture of what advocacy is available in the area, who is it provided by, for whom and how is it funded. This involves carrying out a detailed scoping exercise of existing advocacy provision in the area. Information on advocacy provision throughout Scotland can be found in the Advocacy Map on the SIAA website www.siaa.org.uk. If advocacy is provided by a non independent provider, commissioners should ensure that plans and resources are in place to allow the advocacy branch of the organisation to work towards becoming independent. The SIAA can support organisations to work towards independence.

Setting priorities

Independent advocacy should be available to anyone in Scotland who needs it, at a time when they need it. For example, someone may well be able to speak for him or herself in everyday life but may feel vulnerable and powerless when undergoing treatment in hospital. People should be able to access independent advocacy regardless of their background or circumstance.

NHS Boards and Local Authorities are still far from meeting these targets. Research indicates that there are still significant gaps in advocacy provision for people with physical disabilities, children and young people, older people — particularly those living at home, Black and Minority Ethnic communities, people seeking asylum, people at risk of harm and for carers. Perhaps the largest concern is 'hidden' groups that fall outwith the major client groups' categories such as homeless people, people who use substances, people who are in or leaving prison, people who do not have family and friendship networks and other marginalised individuals. This is not an exhaustive list. More details on what advocacy is provided where can be found on the SIAA *Advocacy Map*, visit www.siaa.org.uk.

Consideration should be given to people who:

- are isolated.
- are facing a change in circumstances.
- are unwell.

-
- are facing life-changing or life-determining decisions.
 - have communication difficulties.
 - have complex care packages.
 - are marginalised and discriminated against.

Factors such as age, gender, ethnicity, disability, sexual orientation, poverty, isolation, homelessness and ability to communicate are all relevant. It is important to look at the specific demographics in your NHS Board or Local Authority area. For example: does the area have an ageing population or a high number of asylum seekers?

The Advocacy Planning Group will also need to consider what type of advocacy is best suited to the needs of the population that advocacy is being provided for. For more information on the different types of advocacy see the section 'Different Types of Advocacy'. The Scottish Independent Advocacy Alliance can also provide information on models of advocacy.

The Advocacy Planning Group needs to think about:

- legislation and policy.
- priorities that have been identified for development.
- advocacy needs of the potential users.
- number of potential users of the independent advocacy organisation.
- geographical characteristics of the NHS Board or Local Authority area.
- current advocacy provision.

Informing, Consulting and Involving

The Advocacy Planning Group must make sure that it informs, consults and involves people at all stages of the advocacy planning process, from involvement in the planning group itself through to wider consultation mechanisms such as focus groups, research presentations and public partnership forums. The group needs to consider how best to engage with stakeholders in an open and transparent way. A regular advocacy event will help build relationships, raise awareness of advocacy and help partnership working.

The Group should think about:

- who is involved and why.
- what they want to achieve through the process.
- how they are involved.
- when they are involved.
- whether people have the time, commitment, energy and support to take part.

Choosing the right approach

It is important to make sure there are a range of ways people can be involved and that any community involvement approach reflects the diversity of the population and is as inclusive as possible.

Helping people to take part

Whatever approach is decided upon, the group should make sure that people have access to the appropriate support in order to take part fully. This may involve providing translation and interpreting services, or encouraging support staff to attend with a service user. It is important that any staff providing this support are independent. A local collective advocacy organisation can ensure that people are supported to be involved in any consultation.

After the consultation event

Where people have been involved, feedback should always be provided about the consultation event and the decisions made as a result.

Clear, realistic time frames should be set out for the planning process. It is more important to move the planning process along successfully and develop new advocacy than having numerous, lengthy consultations.

It is important that throughout the process all parties work in partnership and that the process is inclusive, open and transparent.

Developing the Strategic Advocacy Plan

A Strategic Advocacy Plan should be developed based on the information gathered from the scoping exercise and during consultations. The Strategic Advocacy Plan is a public document, signed off by senior management in both the NHS Board and the corresponding Local Authorities, which clearly explains what independent advocacy is and outlines the development and investment in advocacy over a minimum three-year period. The Plan should be widely circulated to all strategic planning groups and appropriate staff.

Where new advocacy is to be developed the Strategic Advocacy Plan should outline what needs to be developed and the funding commitment.

Where there is already good effective independent advocacy provision, commissioners should consider building on the capacity of the existing organisation to deliver advocacy to a wider group of people. Sufficient resources will be needed to be able to expand successfully.

Not all priorities and options for development will be about new independent advocacy. More resources to provide training to statutory staff or for awareness-raising activities will be required. The Advocacy Planning Group should always be mindful of the infrastructure that supports advocacy provision.

It is essential to think about who should be involved. For example: if the planning group are considering developing independent advocacy for children and young people a range of people should be involved including:

- children and young people.
- statutory sector staff who have a responsibility for planning and commissioning services for this group.
- existing independent advocacy organisations who have experience of providing advocacy to children and young people in other parts of Scotland.
- existing organisations who have experience of working and delivering services to children and young people, and other relevant organisations who might refer children to the advocacy organisation.
- the Children's Commissioner.

-
- the Scottish Independent Advocacy Alliance.
 - people who have been involved in researching advocacy for this group.

There is a criterion within the Participation Standard (the new assessment tool that will be used from April 2010 to measure patient focus and public involvement activity across NHS Scotland), which refers to how *“advocacy services are provided and developed in partnership with other agencies and people who need them”*. NHS organisations will be required to evidence that this is being done.

The Advocacy Planning Group needs to put in place realistic and achievable objectives and timeframes to take this development forward and should feedback to all involved on decisions that are made. These should be published in the Strategic Advocacy Plan and reviewed annually. Gaps in advocacy provision should also be included in the plan and be reviewed annually.

Embedding advocacy into the strategic planning process

Independent Advocacy Planning Groups need to consider how they can encourage the thinking and development of advocacy across all joint strategic planning processes within the statutory sector. Independent advocacy should be embedded into the wider strategic planning process and due consideration should be given to the need for independent advocacy across all client groups. This will ensure that independent advocacy is considered and integrated into service re-design.

Widen the thinking by actively engaging with other Strategic Planning Groups and individuals who have a direct role in planning and commissioning services, such as:

- Local Authority Community Care Planning groups.
- Community Health Partnerships.
- Public Partnership Forums.
- the Designated Director for Patient Focus and Public Involvement.
- the NHS Health Plan.
- Joint Futures strategies.

Equality and Diversity Impact Assessment

It is now expected that all Strategic Advocacy Plans should be Equality and Diversity Impact Assessed using the Equality and Diversity Impact Assessment Toolkit (EQIA). The EQIA provides a mechanism to ensure that equality considerations are integrated within all policy development or service delivery from the outset. It identifies whether a policy or an aspect of service delivery may have an impact on people from the communities represented in the six equality and diversity strands. These communities are:

- Black and Ethnic Minority Communities, including Gypsy/Travellers and Refugee and Asylum Seekers.
- Women and Men.
- Religious and Faith Groups.
- People with Disabilities.
- Older People, Children and Young People.
- The Lesbian, Gay, Bisexual and Transgender Communities.

The Impact Assessment can:

- Identify aspects of the advocacy plan that can be changed to make a positive impact on the people from the above communities.
- Promote equality and diversity in the approach of all partners involved in the advocacy planning process.
- Ensure that the design, development and delivery of advocacy services will meet the needs of all communities and individuals, regardless of their background and circumstances.

One NHS Board which Equality and Diversity Impact Assessed their Strategic Advocacy Plan made the following recommendations:

- The diversity of the local population needs to be reflected in the introduction to the Plan to identify who the policy is for and its inclusiveness.

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- The Health Board and Local Authority need to ensure that adequate funds are made available for training to ensure that staff and volunteers provide a culturally competent and accessible service.
 - The Advocacy Plan needs to take account of Human Rights and Equality and Diversity legislation.

Commissioning independent advocacy

There are a number of considerations to be taken into account when commissioning independent advocacy. These include who should be involved in the planning and commissioning process, ensuring clear aims and objectives are established, ensuring that training on advocacy is delivered to service provider and statutory sector staff and supporting the advocacy organisations to meet the SIAA advocacy principles and standards. A list of Dos and don'ts for commissioning independent advocacy can be found as Appendix 1 of this document on page 50.

Funding independent advocacy

NHS Boards and Local Authorities should agree how advocacy is funded. Funding should be transparent so that everyone knows where money is going. Investment in advocacy must be evidenced in the three year Strategic Advocacy Plan and reviewed annually as part of the advocacy planning process. The Strategic Advocacy Plan is a public document, signed off by senior management in both the NHS Board and corresponding Local Authorities, which clearly outlines the development and investment in advocacy over a minimum three-year period.

NHS Boards and Local Authorities should fund advocacy jointly. The statutory agencies should guarantee a realistic level of core funding for a minimum of three years, albeit that funding is reviewed annually, to independent advocacy organisations. Core funding should include funding for an external independent evaluation. Funding for three years should be agreed taking into account inflation and a cost of living increase for staff.

It is good practice for any voluntary organisation to have reserves and contingency funds. Reserves and contingency funds allow the organisation to feel secure and have many benefits such as staff retention. The Scottish Council for Voluntary Organisations recommends that it is good practice to have three months of funds in reserve to cover redundancy liability and operational costs. Commissioners should avoid asking advocacy organisations to pay back unspent funds.

Commissioners should recognise that the primary accountability of any advocacy organisation is to the people it serves. The organisation is accountable to commissioners for how it spends public money, and should

be expected to report fully on this. But commissioners should remember that the advocacy organisation is an independent organisation and therefore there needs to be clear boundaries which are respected.

Secure long term funding will:

- allow advocacy organisations to plan for their development.
- allow advocacy organisations to manage change rather than respond to crisis.
- allow trust to develop between commissioners and advocacy organisations.
- provide continuity for advocacy partners.
- allow for greater staff retention.

Key points to remember:

- funding should allow staff to be paid a living wage with good terms and conditions.
- funding should be increased year by year in line with inflation, or if on a three year cycle, percentage increases should be agreed in advance.
- funding for external independent evaluation should be ring fenced.
- if the advocacy organisation is generic, and if there are a range of budget streams, commissioners should be explicit about what money is purchasing what service.
- funding should be invested in creating an infrastructure for advocacy, such as awareness raising or training for statutory, voluntary and service sector sta .

There is a statutory duty for NHS Boards and Local Authorities to make funds available for the purchase of any other service or expense which may arise depending on the specialist needs of the client group, such as BSL signers, interpretation or translation services. Details of such duties are included in the *Disability Discrimination Act 1995* and the *Race Relations (Amendment) Act 2000*.

Based on the Strategic Advocacy Plan, a clear specification should be drawn up to demonstrate what the Advocacy Planning Group envisage is needed. This specification could include:

- **who the advocacy is for**, detailing the specific needs of the community of interest.
- the **type of advocacy**. Careful consideration needs to be given to the advocacy needs of potential client groups and what type of advocacy would therefore be most suitable. For more information see the section on different types of advocacy on page 9.
- the **independent status** of the advocacy organisation. The specification should cite that it is preferred that the advocacy is provided by an independent advocacy organisation. For more information on the importance of independence see page 20. It may also be useful to refer to *Principles and Standards for Independent Advocacy*, page 8.
- the **financial detail**.

Choosing a commissioning model

The Advocacy Planning Group need to consider the way in which an organisation is chosen to provide advocacy.

There are different ways to do this. Commissioners can choose the agency they want to do the work, the **preferred provider** model, and then work on the detail together. Alternatively commissioners can add the detail themselves, produce a specification and put this out to **competitive tender**. Another possibility is to **start from scratch** or to publish the sketch, and invite agencies to submit grant applications.

Preferred provider

With this option the advocacy organisation should already be known to the commissioners. When considering this option commissioners should ensure that the organisation is working within the *Principles and Standards for Independent Advocacy* and that it is eligible for membership of the SIAA.

Competitive tendering

The *Public Contracts (Scotland) Regulations 2006 (SSI 2006 No. 1)* came into force on 31 January 2006. They implement the European Union's Directive on the coordination of procedures for the award of public works contracts, public supply contracts and public service contracts (*Directive 2004/18/EC*). Since advocacy falls into health and social services that are covered by *Annex II B* of the Directive, advocacy does not have to routinely be put out to competitive tender.

Competitive tendering will have an impact on the advocacy commissioned because:

- It sets up the 'purchaser-supplier dynamic', where the advocacy organisation is expected to see itself as delivering a service on behalf of the Local Authority or Health Board, instead of in response to the people who need advocacy. This could compromise the organisation's independence.
- It requires commissioners to specify in considerable detail what is to be provided. However, a clearer picture of what people need most from advocacy emerges more clearly over time.
- It forces advocacy organisations to compete with one another for funds, thereby potentially damaging relationships between organisations.
- Larger, more established organisations, may have the resources to fill out complicated tender forms, potentially leaving smaller local organisations without funding, therefore making it harder for advocacy to be truly rooted in the community.
- Routine retendering can destabilise advocacy provision causing anxiety among service users and their carers as well as staff and volunteers.

Starting from scratch

Some Local Authorities and NHS Boards have used more creative approaches to developing advocacy. For example, they have used community development methods to work with local people to set up new organisations which understand the need for advocacy and which come back to commissioners with their own proposals. Another option is to set up a grant scheme and invite applications from a wide range of groups.

The most important issues when deciding on a commissioning model is what the money is used for. If the commissioner and the advocacy organisation see the money as simply buying a service then the advocacy organisation will take on a dependent supplier relationship with the commissioners. If the commissioners and advocacy organisation see the money as a contribution from public funds towards the work of an independent agency, then the advocacy organisation is more likely to think and operate autonomously.

Commissioners should not routinely go down the route of retendering for an established service:

- following the expiry of an existing contract.
- as a response to poor service quality where service quality criteria have not been made explicit and/or the existing advocacy organisation has not been given the opportunity to make improvements.
- as a means to reduce costs without setting clear and explicit quality criteria.

or

- where people who use the advocacy organisation, their carers, families and supporters have not been consulted about a potential change of provider; and/or where other means of increasing choice and control for people who use the advocacy organisation have not been considered as an alternative to a change of provider through retendering.

Supporting independent advocacy

There is now a much greater emphasis on partnership between commissioners and providers of services, and a greater recognition that commissioners and planners are responsible for enabling and facilitating the work of service providers, not just negotiating and paying for it. Advocacy organisations will benefit from support in various aspects of their work.

Service Level Agreement

One way to enable and facilitate the work of the advocacy organisation is by drawing up a Service Level Agreement (SLA). The SLA, written in partnership with the advocacy organisation, should ensure that both parties are absolutely clear from the beginning about what is expected of both parties. For details of things to consider when developing an SLA see Appendix 2.

Consistency of core funding

Unlike service providers who get paid by the volume of work they do or the number of people they care for, advocacy organisations do not have a steady income stream. Many small advocacy organisations spend a disproportionate amount of their time looking for next year's money, detracting from the quality of the work they do now and maintaining a constant sense of uncertainty about the organisation's survival.

This is mostly a question of scale. Where an organisation employs twenty, or a hundred, or a thousand people it can afford to have some people spending much of their time looking for grants and contracts. Where the organisation employs two full-time workers, it cannot.

While it is entirely healthy and desirable for advocacy organisations to secure their funding from a number of sources — including charitable trusts and local communities — it is essential that organisations have a reliable core grant. This should run for at least three years, and be renewed for a further three years following independent external evaluation.

Never (or hardly ever) fund just one worker

While there are some heroic exceptions, almost every voluntary organisation which has just one paid worker finds it difficult to do a good job. The worker carries too many roles and too much pressure.

If constraints of budget or geography mean an organisation has to operate with a sole worker, build in some money for external support and supervision.

Development and Problem Solving Assistance

Initial support may be needed to get the advocacy organisation off the ground. This is traditional community development work — getting people together round the table and finding common cause; clarifying values, aims, methods and relationships; putting together a constitution for the organisation and drawing up a plan of action.

However well this initial work is done, advocacy organisations, like other organisations, start off wobbly and are likely to need some hand-holding. The period just after an organisation gets its first significant grant is usually the most difficult. Commissioners can help by being patient, by providing guidance and encouragement at difficult times, or by suggesting that groups get some external help.

Commissioners should encourage organisations to adopt and maintain good management practices, perhaps by linking them with generic agencies such as councils for voluntary service or with schemes which provide secondments from larger private or public sector organisations. Particularly where only one post is funded, it is worth budgeting for external management supervision in the early years of the organisation.

Support for volunteer management

For those organisations using volunteer advocates commissioners should ensure that they have sufficient resources for effective volunteer management and development.

Support for co-operations, networking and renewal

Advocacy organisations benefit from exchanging ideas and providing mutual support. There is also scope for more formal joint work through joint training, concerted efforts to promote advocacy locally and through jointly-managed projects.

Everyone benefits from some form of local networking and information exchange, but this does need to be facilitated. Where there is not already an effective local network, it is worth commissioners providing some

modest funding for this through a suitable and acceptable local 'honest broker'.

The essential requirement here is acceptability; the network needs to be owned by the people/organisations involved, and they have to decide which organisations they trust to take on a facilitating role.

Commissioners should also encourage advocacy organisations to spend time on renewal. Organisations may need opportunities to reflect on their work and reconnect with what they are trying to achieve. This may include: review days, development days, team building, regular planning sessions and review of the management arrangements of the organisation. Independent external facilitation may be helpful for some of these areas. Regular timescales for these events could be built into the Service Level Agreement (SLA).

Revisiting and renewing the connections between advocacy organisations and their impact on the service systems may also be beneficial for existing advocacy organisations. Are the projects still connected in the best way to the decision making processes on future services? Are staff in the organisation responding to the issues the organisation is taking forward?

Commissioners can support the above process by:

- building in funding for this purpose.
- providing information on maintaining good management practice and reviewing policies and procedures.
- listening and responding when organisations call for change in the agreements or their own structure as a result.

Getting the relationship right

Commissioners have a duty to clarify expectations and lines of accountability. It is easy to impose onerous reporting and accountability requirements on small advocacy organisations — they need the money and may agree to unrealistic targets to get it. Commissioners should encourage organisations to be realistic, especially in the first year.

Above all, commissioners should recognise that the primary accountability of any advocacy organisation is to the people it serves. The organisation is

accountable to commissioners for how it spends public money, and should be expected to report fully on this. But commissioners do not own the organisation and should do what they can to encourage the organisation to maintain its independence.

If commissioners seek to control the advocacy organisation, there is often a fierce reaction from the organisation which in turn irritates the commissioning agency. Commissioners should take the lead in establishing a relationship of mutual respect where both sides recognise that the other one has a valid and different role.

It is valuable to have regular meetings where the organisation presents a face-to-face report on what they have been doing. This allows genuine concerns about performance to be discussed at an early stage, on the basis initially of 'what can we do to help you?' Again, commissioners may be able to provide hands-on support or they can access support from the SIAA.

Commissioners should not expect the organisation to behave like a direct service project, and especially not like a direct service within a big structure like the NHS. It should be recognised that advocacy organisations will operate in slightly different ways to meet the needs of the individual.

Training, Expertise and Resources

Commissioners may be able to help or suggest local sources of help with issues such as:

- training for management committee members/Directors/Trustees.
- training for paid and unpaid advocates.
- developing policies — for example on equal opportunities, confidentiality, recruitment and selection of staff and volunteers.
- dealing with allegations of abuse.
- setting up office systems and computers.
- setting up systems of financial management, and providing training.

Commissioners should work in partnership with advocacy organisations to provide training about advocacy. It is imperative that commissioners make sure that the role of advocacy is understood by statutory sector staff. Many

statutory sector staff see themselves as the 'natural advocate' for their clients, however this would not be considered independent advocacy. It is important that staff understand the difference.

Commissioners should ensure that statutory sector staff are briefed about the advocacy organisations working in their area and how to make a referral to the advocacy organisations.

Training should also be provided to senior planners and directors to highlight the benefits of advocacy and how it fits in with the wider national policy and legislative context.

Training can also be accessed from the Scottish Independent Advocacy Alliance.

Commissioners may also be able to provide or suggest sources for premises, equipment, photocopying, graphic design, promotion/public relations etc. This may be particularly helpful in the first year.

Relationships with service providers

Advocacy is not a substitute for accessible and responsive services. As emphasised in earlier guidance, commissioners should be encouraging service providers to improve service quality. This includes for example:

- individualised and person-centred approaches to assessment and planning with people.
- providing user-friendly information and advice.
- making services more accessible, responsive and culturally sensitive.
- recognising that people may get anxious when speaking to doctors or other professionals, and that reducing this anxiety and taking time to communicate well are part of good practice, not an extra.

Commissioners should be aware when people need advocates to negotiate what should be routine encounters with service system, and should raise these issues with service providers.

Commissioners are also in a position to help negotiate protocols between advocacy organisations and service providers, for example on:

- **access:** some advocacy organisations find people who need advocates simply by going into institutional settings and meeting people who are particularly isolated and at risk.
- **complaints:** if staff of the service provider have a complaint or a concern about the conduct of an advocate, where do they go?
- **confidentiality:** what can the advocate say about the person who needs advocacy, and to whom?
- **access to information:** who decides who can see what sort of information about a person?
- **handling conflict:** where advocates are representing someone's serious concerns.

Commissioners can provide high level support and backing for advocacy. Good advocacy will not be popular with all of the people all of the time. Commissioners can explain the value of independent advocacy to people who see it as a low priority or positively unhelpful.

Commissioners can help to raise the profile of independent advocacy by ensuring that it gets a mention in wider policy documents and debates. Commissioners can ensure that the role of independent advocacy is understood by staff who will come into contact with schemes and projects, by assessing training on independent advocacy.

Advocacy is not a substitute for improving service quality. Commissioners should also be looking at what they can encourage providers to do through policies, procedures, training, awareness-raising, and quality initiatives to reduce the need for advocacy. While an advocacy organisation may be able to help with staff training, this should not be seen as its main responsibility; and commissioners must recognise the potential for this to distract advocacy organisations from their core business.

Keep support under review

Check out with local organisations what support they need and want — both individually as part of the review cycle and collectively — say through an annual meeting.

There are several ways in which commissioners can support the development of new advocacy organisations:

- providing access to appropriate training for all staff. See page 41 on training for more information.
- funding for external support and supervision for the coordinator of the organisation.
- help in adopting and maintaining good management practice and developing policies and procedures. This can be provided by other bodies such as the local council for voluntary organisations.
- support networking with useful organisations. Funding could be provided to support a local advocacy network .
- funding should be invested in creating an infrastructure for advocacy and awareness raising.

Monitoring and evaluating independent advocacy

Both commissioners and advocacy groups have an investment in knowing that advocacy is effective. Public agencies have a duty to ensure that public money is being used well. Advocacy groups which seek public funds to help them do their work recognise their accountability to the public for how they use this money.

Advocacy groups know better than most that good intentions do not always lead to good outcomes. They know that this applies to their own work as well as to services, and welcome regular scrutiny.

Commissioners and advocacy organisations should be clear from the outset that as part of the Service Level Agreement there will be an agreed process for monitoring and evaluation. The SLA should also cite timescales for regular review meetings between the advocacy organisation and commissioners.

However, the methods used for monitoring and evaluating the work of independent advocacy organisation must be credible both to the advocacy organisations themselves and to funders and should not impose a disproportionate burden on a small organisation.

Defining Quality

Different approaches to independent advocacy are needed for different people at different times and in different contexts, there is no one best model. Similarly, the evaluation method and criteria must be matched to the specific approach.

While advocacy organisations may differ in their approaches and beliefs, advocacy organisations have more similarities than differences and the core principles are therefore the same for all. These are outlined in the nationally agreed Principles and Standards for Independent Advocacy and it is good practice for advocacy organisations to be measured against these. The *Principles and Standards for Independent Advocacy* is the first of a series of documents produced by the SIAA, the series includes the *Code of Practice for Independent Advocacy*, *Non-Instructioned Advocacy Guidelines*, *Elder Abuse Advocacy Guidelines* and *Independent Advocacy: An Evaluation Framework* as well as this *Guide for Commissioners*.

Monitoring

Monitoring is the process of checking continuously how things are going. From the outset, advocacy organisations should set up systems for gathering the routine information they need so they know how they are doing.

For example, in the first few months the organisation and the funders might agree to monitor 'setting up' tasks such as getting the advocate recruitment procedures in place or providing training for the Management Committee or Board of Directors.

By the end of the first year, advocacy organisations and funders should be able to agree what information to collect routinely.

Commissioners can advise advocacy organisations on what information to collect and this information will be useful in discussions between the organisation and commissioners. However, advocacy organisations should see monitoring as primarily something which benefits them, not as a chore to please the commissioners. This means limiting the information collected to the useful minimum. In order to protect the confidentiality and anonymity of the advocacy partners, the information passed on to commissioners should not contain any identifying detail.

Funders should recognise that advocacy organisation will develop over time. They should expect different areas of work within an organisation to proceed at different speeds. Numbers tend to build up gradually as the organisation gets established and it is more important to build capacity than to worry about numbers in the first couple of years.

As well as routine monitoring, many advocacy organisations undertake periodic reviews of their work. These reviews may be purely internal, that is, undertaken by some combination of staff, management committee, advocates and people who need advocacy.

Evaluation

Evaluation involves a planned process of gathering information, reaching conclusions and making recommendations. An evaluation of an advocacy organisation will seek to take into account the perspectives of all those with a stake in the work: people who need advocacy, paid and unpaid advocates, staff and Management Committee/Board of Directors, members, funders, referrers and so on.

Evaluation means making a judgement of how good something is, not just whether or not it has complied with a funding specification. It means looking at outcomes as well as activities, at relevance as well as numbers, at what could have been done as well as what was done.

Evaluating advocacy is complicated. It means thinking carefully about the purpose of the organisation, and different stakeholders often have varying accounts of this. It means listening carefully to what people say about the difference it has made to people's lives. Sometimes the people whose lives have been affected most are not able to articulate this. It means balancing the visible stories of success with the invisible work of preventing worse from happening. It means putting a value on relationships as well as results. It means assessing how much impact advocacy has had on policies and practice in the service system, both in relation to individuals and more generally.

Commissioners and advocacy organisations should invest in regular independent external evaluation. This should only start when the organisation is on its feet — say after the first three years — and then at similar intervals. The reports from these independent evaluations should be made available to funders, advocates and others.

Evaluation should be a constructive but challenging process — not an ordeal, but equally not simply a mechanism for encouragement and renewal. For this reason, it is important for advocacy organisations to undertake other renewal activities.

The SIAA has published *Independent Advocacy: An Evaluation Framework*. The *SIAA Principles and Standards for Independent Advocacy* recommend that an independent external evaluation is undertaken every three years. In addition to this there are likely to be benefits to an organisation in establishing their own ongoing monitoring and evaluation processes. The framework offers ideas for processes and tools that can be adapted by individual advocacy organisations to help them to evaluate and monitor their work.

The document is designed to be used in conjunction with both the *SIAA Principles and Standards* and the *Code of Practice for Independent Advocacy*. In order for the evaluation to be effective, the independent advocacy organisation needs to demonstrate, through practical examples, how it meets all of the Principles and Standards.

There are three sections in the document. The first considers gathering and analyzing numerical data and 'soft' outcomes, the second is a tool which can be used by organisations to measure their work against the *Principles and Standards for Independent Advocacy* and the *Code of Practice* and the third is a tool which can be used by an external independent consultant when undertaking an evaluation.

Commissioning an independent evaluation

It is useful to draw up a clear specification for any evaluation, setting out the scope of the work, who is doing it, how it will be done, why it is being done, who wants it done, who is paying for it to be done, who will get the report and what sort of actions might be taken as a result of the evaluation.

For example, in planning one evaluation the following scope and focus was agreed by advocacy organisations and commissioners:

- **Developmental:** using a partnership approach, to highlight what is working well and where improvement and development is needed in future.
- **Service user-focused:** exploring the relationship between partners and advocates, the experience of partners, the issues which have been important to partners and advocates and the roles advocates have taken up.
- **Organisation-focused:** the work of the office and co-ordinator, the training and support given to volunteers.
- **Management-focused:** management arrangements and the role of the Management Committee or Board of Directors.
- **External support:** what support has been provided from commissioners and others, how this helps or hinders, how it could be improved.
- **Relationship with providers:** how the project is perceived, what impact it has had on providers.

As well as considering current outcomes, an external evaluation should pay attention to the accountability, robustness and sustainability of the organisation. This might include, for example, issues such as:

- the composition and renewal of the Management Committee/Board of Directors. How well does the membership of the Committee/Board reflect the organisation's constituency? Are new people being recruited to the Committee/Board?
- the extent to which the organisation is addressing the needs of the most marginalised people within its constituency — for example, people from ethnic minorities, people who do not use words to communicate, etc.
- the reputation of the organisation within its community.
- the match between the advocacy needs of the people the organisation serves and the skills and resources held within the organisation.

The *SIAA Evaluation Framework* includes details of areas for assessment in an external evaluation. The framework has been designed to allow it to be used in evaluating different models of advocacy. There are also recognised tools designed for evaluating citizen advocacy.

Appendix 1 — Dos and don'ts for commissioning independent advocacy

DO

- Do involve people who use services, people who are independent of the service system, existing advocacy and rights groups and people with experience of advocacy in deciding what sort of advocacy is needed.
- Do remember that it is often better for advocacy organisations to do one thing well than to try to meet many different aims and expectations.
- Do be clear what the Advocacy Planning Group wants to achieve and that the advocacy organisation will be able to meet the aims.
- Do work in partnership with the advocacy organisation to make sure that they have realistic aims and adequate resources to meet them.
- Do stress that service providers and statutory sector staff must make sure that staff understand people's need to have access to, and get support from, independent advocates and collective advocacy groups.
- Do acknowledge that an advocate's primary loyalty must be to the person or group they are advocating for, not a commissioner or provider of services.
- Do expect an advocate or advocacy organisation to challenge bad practice and poor services.
- Do remember that advocacy will, at times, lead to conflict and put pressure on services to change and adapt to meet individuals' needs.
- Do spend time, money and effort helping advocacy organisations to develop their proposals.
- Do ensure that the advocacy organisation is given adequate funding to put in place robust monitoring systems and commission a regular independent external evaluation.
- Do ensure that the advocacy organisation works within the Principles and Standards for Independent Advocacy, is eligible for full SIAA membership, and if not, is working towards eligibility for full membership.

DON'T

- Don't try to control the advocacy organisation. It becomes ineffective when compromised.
- Don't set advocacy organisations up to fail by putting unreasonable expectations on them.
- Don't develop plans for advocacy without the active involvement of people who use services or who are independent of the system.
- Don't think that funding an advocacy organisation is all that needs to be done, awareness raising and training statutory sector staff is also important.
- Don't forget that participation costs time and money. Volunteers and service users need to have their expenses paid.
- Don't expect non-professionals to understand the jargon and to be able to complete tenders without help.
- Don't underestimate how far a little help can go to boost morale and restore trust.
- Don't expect an advocate or advocacy organisation to keep silent in the face of injustice.
- Don't forget how you would feel if your freedom was curtailed and decisions taken for you.

Appendix 2 — Service Level Agreement

The SLA should be written in partnership with the advocacy organisation, so that the commissioner and the advocacy organisation are absolutely clear from the beginning about what is expected from both parties.

The detail contained in the SLA will vary across statutory agencies and from one area to another however commissioners should consider including the following information:

- Who the advocacy service is for**
For example, people with mental health problems living in town X.
- The value base**
A statement explaining why advocacy is needed.
- The type of advocacy offered**
For example, one-to-one advocacy delivered by paid advocates, collective advocacy, citizen advocacy etc.
- The location of the advocacy organisation**
The SLA should clearly state what area the organisation is expected to work in.
- The aims and objectives of the advocacy organisation**
Together with detail about the direct provision of advocacy, the SLA should also include aims and objectives relating to awareness raising.
- The duration of the contract**
Including the period of notice, and any clauses which enable the agreement to be terminated sooner.
- The funding arrangements**
Funding for three years should be agreed taking into account inflation and a cost of living increase for staff. Funding should also be ring fenced for external evaluation.

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- A statement that the advocacy organisations agrees to work within the *Principles and Standards for Independent Advocacy* and is eligible for membership of the SIAA.**
 - The provider's responsibility to the users of the service**

The advocacy organisation must provide effective, high quality, confidential advocacy within time and budget to people in the identified client group, in the identified area.
 - The outcomes of the advocacy organisation**

Outcomes should be sensible, measurable, realistic and achievable and timely. Outcomes in advocacy are qualitative and it is not simply a case of counting the number of referrals.
 - Monitoring and evaluation arrangements**

A clear statement on the agreed monitoring and evaluation arrangements.
 - The management of the advocacy organisation**

Service users or potential service users should be represented on the Board of Directors/Management Committee or have ways in which to feed into the Board or Committee to inform the development of the organisation.
 - The staffing complement**
 - The operational policy and practice of the provider**

All relevant policies and procedures should be in place, to ensure the smooth running of the organisation.
 - How the provider intends to meet the needs of a diverse community in relation to accessibility and the practice of the organisation**

Advocacy organisations should be inclusive and accessible to people whatever their personal circumstances or background.
 - The future development of the organisation**

For example, the SLA could include any proposed future developments for the advocacy organisation, clearly stating the roles of the purchaser and/or provider in this development.

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- **The commissioner's responsibilities in respect of the contract to:**
- respect the independent status of the advocacy organisation.
 - respect the advocacy organisation's policies.
 - ensure that appropriate statutory sector staff are briefed about the service and that there are protocols in place for working alongside advocates. It is important that statutory sector staff receive training on what advocacy is and how to make a referral to the advocacy organisation.
 - collect information about the nature of any complaints about the organisation and whether or not they have been satisfactorily resolved. It is not the responsibility of the purchaser to investigate complaints.
 - The SLA should comply with the requirements of the *Disability Discrimination Act 2005* and the *Race Relations (Amendment) Act 2000*, and should refer to the principles of *Fair for All*.

Appendix 3 — Glossary

Advocate

An advocate helps people express their views and make informed decisions. An advocate helps people to find out information, explore options and decide for themselves what they want. Advocates can be a voice for the person and encourage them to speak out for themselves.

There are different kinds of advocacy, though they all share things in common. Advocates will never tell people what to do, or allow their own opinions to affect the support they provide. All advocacy tries to increase confidence and assertiveness so that people can start speaking out for themselves.

Independent advocates are as free from conflicts of interest, as possible.

Advocacy

The process of standing alongside another, speaking on behalf of another and encouraging the person to speak up for themselves. Advocacy can help address the imbalance of power in society and stand up to injustice.

Advocacy partner

The person who uses advocacy. Some advocacy organisations use the term 'client' or 'service user'.

Commissioner

Usually representatives from the Local Authority or Health Board who fund advocacy.

Conflict of interest

Anything that could get in the way of an advocate being completely loyal to their advocacy partner. For example, it would not be appropriate for an advocate volunteering for a mental health advocacy organisation to also work in the local psychiatric hospital, because this would affect their ability to be on the side of the advocacy partner. It would also affect their relationships with hospital staff. Other conflicts of interest could include relationships as well as financial investments.

Funding contract

The agreement, usually between Local Authority or NHS Boards and the advocacy organisation, which outlines how much funding the organisation receives, which geographical areas will be covered, who the advocacy is for and how long the funding is for. (Also see Service Level Agreement).

Honest Broker

A person who is considered to be neutral and able to mediate between two or more parties.

Independent advocacy organisation

Advocacy organisation that is structurally, financially and psychologically separate from service providers and other services.

Structurally — an independent advocacy organisation is a separate organisation in its own right. For example, they are registered as a charity or company and have their own Management Committee or Board of Directors. Everyone involved in the organisation recognises that they are separate and different from other organisations and services.

Financially — an independent advocacy organisation has its own source of funding that does not cause any conflicts of interest and that does not compromise the work it does. (See conflict of interest).

Psychologically — Everyone involved in the organisation knows that they are only limited in what they do by the principles of independent advocacy, resources and the law. It is important to recognise that although there may be conflicts of interest present, psychological independence is vital.

Non-instructed advocacy

Non-instructed advocacy happens when a person who needs an independent advocate cannot tell the advocate what they want. This may be because the person has complex communication needs or has a longterm illness or disability that prevents them from forming or clearly stating their wishes/desires. This usually takes place with people who have dementia or profound and/or severe learning difficulties.

Service Level Agreement

The agreement, usually between the Local Authority or NHS Boards and the advocacy organisation, which outlines how much funding they receive, which geographical areas will be covered, who the advocacy is for and how long the funding is for.

Service provider

A person or organisation involved in giving support or care services to an individual.

Service User

The person who uses advocacy. Some advocacy organisations use the term 'client' or 'advocacy partner'.

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