The Scottish Independent Advocacy Alliance

More for Less?

Independent Advocacy — More demand, less funding

SIAA research into delivering advocacy in the recession

Acknowledgements

The SIAA would like to thank all the member organisations who took part in this research.

Published by:
Scottish Independent Advocacy Alliance
Melrose House, 69a George Street, Edinburgh, EH2 2JG
www.siaa.org.uk

Scottish Charity No. SC033576
Company No. 236526

The Scottish Independent Advocacy Alliance is funded
by a grant from the Scottish Government

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Introduction

What is independent advocacy?

Independent advocacy aims to help people by supporting them to express their own views, wishes and desires and to make informed choices.

The importance of independent advocacy for vulnerable individuals has been recognised for many years.

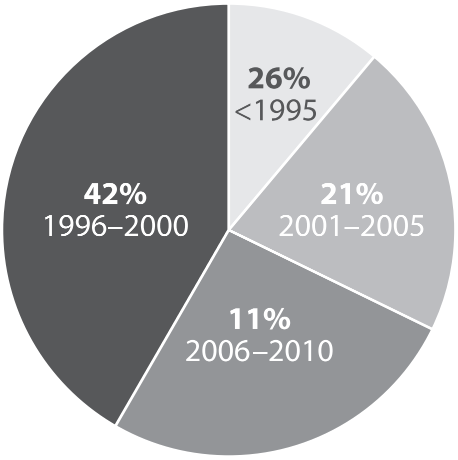
> *"Independent advocacy is a crucial element in achieving social justice. It is a way to ensure that everyone matters and everyone is heard — including people who are at risk of exclusion and people who have particular difficulties in making their views known."*
>
> *Independent Advocacy — A Guide for Commissioners*
> Scottish Executive, 2001

This recognition in Scotland has led to the inclusion of independent advocacy in legislation. The *Mental Health (Care and Treatment) (Scotland) Act 2003* places a duty on Health Boards and Local Authorities to ensure access to independent advocacy for those with a mental disorder. The *Adults with Incapacity (Scotland) Act 2000* and the *Adult Support and Protection (Scotland) Act 2007* place a duty on statutory bodies to consider independent advocacy. Further reference to independent advocacy can be found in the *Patient Rights (Scotland) Act 2011* and also is included in many Government policies.

Current provision in Scotland

Independent advocacy has been funded in Scotland for many years and there are currently over 50 advocacy organisations in existence throughout Scotland. Almost 90% of these were established before the implementation, in 2005, of the current Mental Health Act which placed a duty on NHS Boards and Local Authorities to ensure the provision of independent advocacy throughout Scotland. Indeed 68% of these organisations were established before 2000 and before the then Scottish Executive supported the continuing development of independent advocacy making it more widely available across Scotland.

Figure 1: Dates organisations were established



The right of access to independent advocacy for all with a 'mental disorder' means that throughout Scotland there are organisations working with people who fit into this category. This includes those with mental health problems, learning disabilities, dementia and acquired brain injury.

Access to advocacy varies from area to area. The majority of independent advocacy organisations in Scotland today provide advocacy for people with mental health problems and those with learning disabilities.

There are some organisations with a wider scope, some advocate for older people, some for carers and some for adults with a community care issue. In some areas provision is almost solely for those with a statutory right of access, in others advocacy is available for all who need it.

A few areas do not meet the statutory requirements. This is particularly the case for children and young people with mental health problems. Further details on advocacy and gaps in provision in Scotland can be found in the *Map of Independent Advocacy across Scotland 2009–2010* on the SIAA website.

The following table shows approximate percentages of organisations across Scotland funded for the detailed areas of work.

Client Groups	Approximate percentage of organisations currently funded to work with this group
Anyone	5%
Asylum Seekers	5%
Prisoners	5%
BME Communities	11%
LGBT	11%
Problem substance use	11%
Homeless people	13%
Children and young people	16%
Hospital patients	16%
Carers	21%
Communication support needs	21%
Health care service users	21%
People with housing issues	21%
Sensory impairment	24%
Physical disability	26%
Social care service users	26%
Autistic spectrum	32%
Adults in relation to the Adult Support and Protection Act	39%
Dementia	42%
Older people	45%
Adults	50%
Learning difficulties	58%
Mental Health problems	61%

Models of advocacy

There are several different models of independent advocacy delivered in Scotland:

- Professional one-to-one, paid and unpaid
- Collective
- Citizen
- Self
- Peer

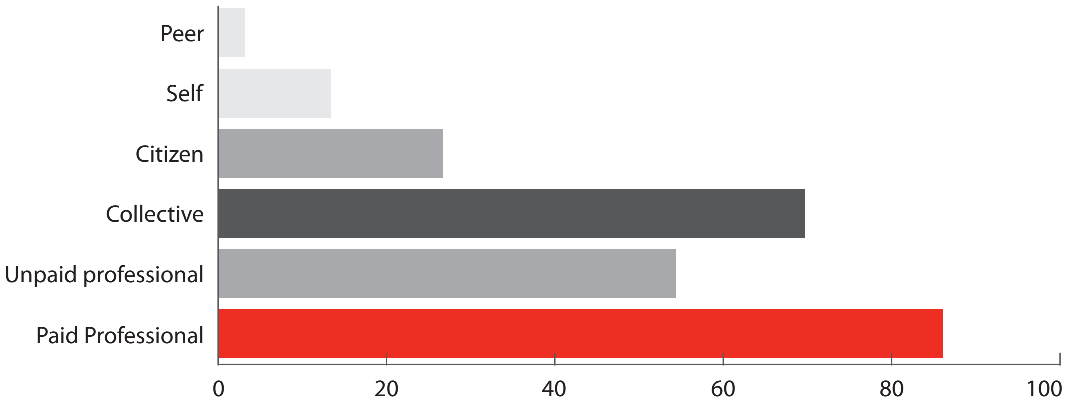
Descriptions of all these advocacy models can be found at Appendix 1.

Some organisations provide only one model, others offer several different models. It is recognised that there is no 'one size fits all' model either for an individual or for differing circumstances.

In Scotland there are only a few collective advocacy organisations, most were established and are led by service users. The majority of those organisations shown in the chart as providing collective advocacy have developed this alongside other advocacy models. Collective advocacy has played, and continues to play, an important role in informing the planning and development of health and support services.

The following chart shows the differing models of advocacy available and the percentage of organisations offering each model.

Figure 2: Percentage of organisations offering models of advocacy



Aims of this research

The last three years have brought significant changes, challenges and opportunities for independent advocacy in Scotland. The economic downturn has had direct and indirect consequences for independent advocacy organisations, and for those who access advocacy. Similarly, certain legislative changes have variously contributed to the awareness of advocacy and changes to the delivery of independent advocacy across the country.

It was important that the advocacy movement capture their experiences of these changes to understand the impact of the economic downturn. This is not only for our own understanding but, crucially, to ensure we could provide accurate, Scottish based research to inform any external decisions that may affect independent advocacy in the future.

The following report outlines the experiences of Scottish Independent Advocacy Alliance (SIAA) member organisations. The survey aimed to understand changes experienced by Scottish advocacy organisations over the last three years, and to gauge these organisations' expectations for the future.

Methodology

We invited all SIAA member organisations to fill in a self-complete survey either as an electronic survey, a postal survey, or a telephone conversation as preferred.

This was a fairly in-depth survey taking an estimated 30 minutes to complete. We aimed to minimise the input required from participants by designing the majority of questions as multiple choice, and including a limited number of short answer questions.

Participants

Despite the length of this survey we had an incredible response: 78% of SIAA member organisations returned a completed survey.

This response enabled us to capture a wide range of organisational experiences. Responses were received from organisations in all but two NHS Health Boards, and all models of advocacy delivery were represented.

Reading this report

Throughout this report member organisations that completed a survey will be referred to as 'participants'. Where usually reference is made to 'advocacy partner' in any SIAA publication, for the purposes of this report the term 'service users' will be used.

Two time periods are explored in this report.

- The past or recent past refers to the period between April 2009 and April 2011.
- The future refers to the 12 to 18 months from April 2011 to October 2012.

Change in demand for advocacy

We asked several questions to gauge whether there had been any change in the demand for advocacy services in the last two years, what this change was, the amount of change experienced, and participants' understanding of why this change occurred.

Change in demand

Nearly all participants (95%) reported an increased demand for their services over the last two years. No-one reported a decrease in demand.

Amount of change in demand

Participants were then asked to estimate how much the demand for their services had increased during this period. Responses varied across the full range from no increase in demand to an increase of 91% or more. However, for the majority (65%), demand for services increased by between 1% and 30% (see Figure 3).

Figure 3: Percentage increase in demand for services since April 2009

Percentage of change	Percentage of participants
No change	3
1–15	39
16–30	26
31–45	10
46–60	8
61–75	0
76–90	3
91 or more	3
Blank	8
Total	**100**

Reasons for demand

Participants identified several key reasons for this increase in demand. Each reason is discussed in detail below.

Increased awareness of advocacy

The most common reason for the increased demand, cited by two in every three participants (63%), was an increased awareness of advocacy amongst service users and professionals.

Participants believed professionals were now more aware of the benefits of advocacy and of their own legal obligations to ensure access to advocacy. This had resulted in a greater number of referrals. With increasing involvement of independent advocacy, more professionals have an understanding of its role and value.

> *"Professionals seeing the value of an independent advocate being involved will refer others"*

Many believed increased awareness among service users was the result of satisfied service users telling others about advocacy.

All but one organisation reported running awareness raising activities amongst both service user and professional groups. However, only 16% of participants attributed the increased demand to these promotional activities.

Responses suggest that many organisations make a conscious effort to limit promotional activities to avoid increasing demand beyond their capacity to deliver services:

> *"We circulate our information cards and take part in appropriate awareness raising activities but can't do too much or we would not be able to service demand."*

Changes in legislation and policy

Nearly half of all participants (45%) believed certain changes to legislation and social policies had contributed to the increased demand for their services. The Adult Support and Protection Act was the key piece of legislation considered to have increased demand for advocacy.

Changes to support and other services

18% of participants looked towards changes to other support services to help explain the increased demand for independent advocacy. These participants believed that cuts to funding in some voluntary and statutory sector services have led to a reduction or removal of support services to some of the service users contacting their advocacy organisation and generated an increased need for independent advocacy support.

> *"Cuts to public services inevitably result in more demand for independent help."*

Changes to service delivery

One in six participants (16%) attributed increased demand to changes to contracts and SLAs that had increased access to their services. These included changes to access criteria and to geographical areas covered.

Since April 2009, 21% of participants had their access criteria broadened to include a wider range of service users.

Direct impact of the recession

Finally, 8% of participants directly attributed the increased demand to the recent economic recession. For example, the view that the recession has contributed to increased stress and decline in mental health resulting in a greater need for support.

Changes or cuts to voluntary and statutory sector support services and changes to advocacy service delivery, including widening access criteria as required by funders, are likely to have been as a result of budget cuts for the most part and can therefore also be viewed as the result of the economic downturn.

Resources to meet demand

To understand the extent that participants were able to meet the demand for their services, we asked for their views on the level of funding they received, what changes to funding they had experienced, if and how they supplemented funding, and what support they received from funders.

Funding to meet demand

Participants were asked to indicate how accurate the statement *"My organisation's current level of funding is sufficient to meet demand for our services"* is for their organisation. The majority of participants (84%) disagreed or strongly disagreed. Around 16% of participants agreed with the statement. No participant strongly agreed.

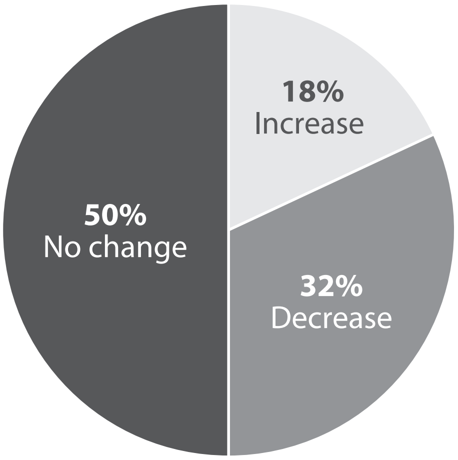
Change to statutory funding

Half of the participating organisations reported no increase in statutory funding since April 2009, in real terms a cut in funding.

One in three organisations (32%) had experienced a decrease in statutory funding, primarily as a result of a decrease to their core funding.

18% of participants had experienced some increase in their statutory funding. The main reasons cited for this increase included funding to support the addition of new projects, and to support additional responsibilities following the introduction of Adult Support and Protection legislation. No participants reported any annual uplift to funding.

Figure 4: Type of change to statutory funding experienced by participants since April 2009



Change to trust and foundation funding

A similar pattern emerged for trust and foundation funding. Of those who accessed trust and foundation funding many had not experienced any change in funding since 2009.

However, the amount of change in trust and foundation funding tended to be much greater than the amount of change in statutory funding. For example, most increases in statutory funding were between 1% and 30%. All those who experienced an increase in trust and foundation funding recorded a percentage change of between 46% and 75%. All reported decreases in statutory funding represented a change of between 1% and 30%. However, decreases to trust and foundation funding tended to be a change of between 46% and 100%.

Of those who accessed trust and foundation funding, many found it difficult or very difficult to secure this funding. Participants referred to the increased competition for trust funding, the difficulty of securing funding to continue a project rather than to start a new project, and the difficulties of accessing trust funding when a statutory duty applies to their work.

Supplementing funding

In order to supplement resources, 34% of participants reported using their organisational reserves over the last two years:

> *"In 2009 and 2010 we had to use our reserves to keep us going until our SLA payment came through."*

Around half of the participants (47%) had sought new sources of funding during this period:

> *"Currently seeking alternative sources of funding to employ more staff in order to meet the demands being made on the project…"*

Others had begun exploring different ways to further limit their spending or increase their income:

> *"We have commenced a programme of taking student Social Workers on placement so as to improve unrestricted revenue and tackle spiralling demand…"*

> *"Embarked on fundraising activities — car boots sales etc. Conducted feasibility study on setting up a charity shop."*

Organisations are encountering increasing difficulties when seeking new funding sources. Reducing budgets for trusts and foundations combined with no possibility of accessing funding for work where a statutory duty applies have had a major impact on funding sources for advocacy organisations. The practice of using organisational reserves is also problematic as it can lead to organisations finding themselves in increasingly precarious financial positions. Finally, while fundraising activities may help increase funds, such activities also require resources of time and energy which may have an impact on the delivery of advocacy.

Support from funders

We asked participants what additional support, if any, they were receiving from their funders at the time of completing the survey.

One third (32%) of participants were not receiving any additional form of support from their funders.

One third reported some opportunities to access training for their staff, for example training on new legislation, adult and child protection, equality and diversity, fire safety, and suicide awareness and prevention.

13% of participants were receiving help in kind. This was most often in the form of discounted or free of charge office space and equipment.

Impact on service delivery

Changes in demand and funding will inevitably have some impact on how an organisation delivers its services. We asked participants to identify the sort of service delivery changes they had experienced and implemented since April 2009.

Service delivery changes

Over one quarter of participants (29%) had reprioritised their services over the last two years.

Some had increased the number of referrals they made to other advocacy organisations (13%) and to non-advocacy organisations (21%). It is not known how much of this is because participants were seeking support to deal with increased demand, and how much was due to an increase in inappropriate referrals. This would require further research.

Participants had experienced varied change to the projects they were delivering. 37% had taken on additional work, while 11% had closed projects, usually as a result of the non-renewal of project funding.

Waiting times

The increase in demand for advocacy services would be expected to have an impact on waiting times for service users.

Over half of participants (52%) reported an increase in average waiting times over the last two years (see Figure 5). Around one in every five participants (18%) reported that their waiting times had become significantly longer during this time. Participants attributed this increase to the increased demand for their services and the absence of support to increase their capacity to meet demand.

> *"The increased level of complexity of the issues that people come to us with means that we have to spend much more time supporting them, so the turnover of referrals takes longer."*

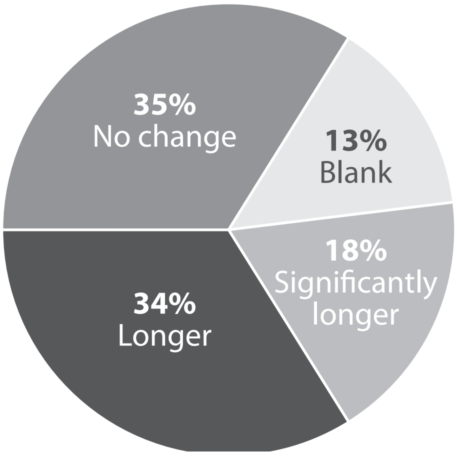


Figure 5: Percentage of participants by type of change to the average waiting times since April 2009

One in every three participants (35%) experienced no change to waiting times despite increased demand for the service. Many attributed this to changes in their internal processes, such as improvements in how case work is managed to improve efficiency.

No participants reported shorter waiting times.

The length of average waiting times varies widely across, and within organisations, and will depend on factors such as the model of advocacy provided, the service user's location and the client group. Participants reported waiting times between no wait and over one month.

Prioritising access to advocacy

Around three in every four participants reported using a fast tracking system to prioritise some service users (71%). Of these, around half are required to fast track particular service users as part of their service level agreement.

Service users prioritised tended to be those with a statutory right to advocacy and people in a crisis situation.

> *"Advocacy organisations have to respond to people who are subject to the legislation"*

> *"The SLAs dictate that legislative issues should be prioritised"*

Contracts or SLAs are likely to include requirements for prioritisation. Given the duty placed on NHS Boards and Local Authorities to ensure provision of independent advocacy for all with a mental disorder and further, the duty to ensure that anyone subject to compulsion under the Mental Health Act is supported to have access to independent advocacy, these are the two main areas for prioritisation. Advocacy organisations, in some cases, also set additional priorities initially assessing each referral in relation to these. This can mean that an individual not subject to compulsion under the Act or not identified as having a mental disorder would have a longer wait before receiving advocacy support.

Such a need to prioritise can mean reduced access to independent advocacy for those not meeting these criteria.

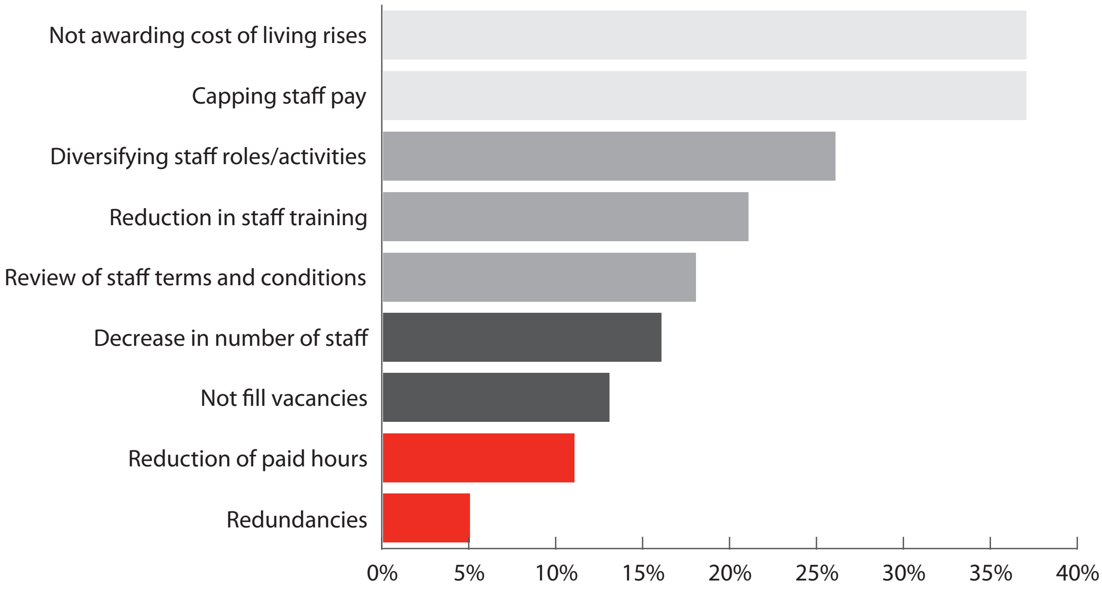
Impact on staff and volunteers

We asked participants to tell us what changes they had experienced or implemented over the last two years that had affected their paid staff and volunteer advocates.

Paid staff

The most common changes to paid staffing were changes that limited financial rewards: 37% of participants were no longer awarding cost of living rises, and the same percentage had capped staff pay.

Figure 6: Percentage of participants by type of change to or support for paid staff



Volunteer advocates

29 participating organisations involved volunteer advocates. We asked this group to identify what changes to volunteering or the support for volunteer advocates they had experienced since 2009.

Nearly half of participants (41%) reported no changes for their volunteer advocates.

Comments revealed a huge amount of variation across organisations regarding their experiences with volunteers. One person commented that it was volunteers that kept them operational because *"it's significantly easier to get funding for volunteers."*

Two organisations referred to the difficulties associated with the drop-out rate for volunteers:

> *"Many volunteers wish to specialise, many move into work or study compared to previous years when most volunteers were retired persons."*

Ease of recruiting volunteers

We asked whether participants found it more or less difficult to recruit volunteers than in April 2009. 45% believed the ease of recruiting volunteers had not changed during this time period. However 21% found that it has been significantly more difficult to recruit volunteers.

There have been reports of a perception amongst some commissioners that using volunteers to deliver advocacy offers the opportunity for cost savings. The recruitment, on-going training and supervision of volunteers to ensure high quality, effective advocacy require resources. The use of volunteers, while potentially bringing added value in relation to the volunteering role, should not be regarded as the cheaper option.

New and emerging issues

We asked whether participants had noticed any new or emerging issues raised by service users since April 2009. Participants could list up to six issues.

New legislation or policy

Some reported issues were due to changes in legislation, in particular in relation to the *Adult Support and Protection (Scotland) Act 2007*. Since its implementation independent advocacy organisations have had a number of referrals for people in response to this legislation. Organisations have also reported increasing numbers of referrals in relation to the *Adults with Incapacity (Scotland) Act 2000* in particular regarding guardianship.

Child protection issues

Participants also reported increasing referrals in relation to child protection issues including increasing demand for advocacy for parents of children in care or at child protection hearings. Four participants reported an increase in referrals for parents with learning disabilities having their children taken in to care.

Criminal Justice

Participants reported increased demand in relation to criminal justice issues. One participant reported increasing numbers of referrals for people with learning disabilities within the Criminal Justice system.

Impact of the recession

The majority of the remaining issues identified arise from decreasing budgets both locally and nationally.

Reduction in support services

Service users were raising concerns about the reduction of support services, and issues associated with the withdrawal of such services. Participants specified the reduction of support hours, the loss of community support programmes, and the loss of other Local Authority services.

Service users were also concerned where there was potential for the withdrawal of services. These concerns stemmed from spending cuts and the tendering of social care and advocacy services where there was a perception that the primary driver for change was to cut costs. This has led to anxiety over future levels and quality of provision of a range of support services.

Some of reported issues relating to reduction in services are as follows:

- Cuts in social care packages — loss of services
- Decrease in support hours from Care providers
- Reassessments taking place and services and support being reduced, sometimes services withdrawn without an assessment
- Lack of respite services in mental health
- Older people with learning disabilities have to 'retire' from day services at the age of 60 or 65 with limited alternative opportunities to fill the gap left from something they may have participated in for 20 or 30 years

There were also a number of reports of requests for advocacy in relation to local charges for support services being introduced or increased.

Difficulties for carers

An increasing number of issues are arising in relation to carers. Reports were received of increasing difficulties in accessing a carer's assessment and in accessing respite care.

Homelessness and housing issues

Participants reported increasing numbers of issues around housing difficulties and homelessness. Changes to housing benefits are also reported to be a source of many more referrals. Also related to housing issues are increased numbers of referrals for people who are stuck in inappropriate care settings, hospital, care homes etc., awaiting suitable housing and support.

Changes or anticipated changes to benefits

Changes to the benefits system have caused particular concern and uncertainty amongst service users.

Participants reported increased numbers of service users seeking support to appeal decisions on benefits awards including attendance at medicals and interviews.

> *"There has been an increase in demand from people who were attending interviews to decide whether or not their benefits should be withdrawn — this caused many people a great deal of alarm"*

In addition to direct advocacy support for issues around benefits and changes there are reports of increasing levels of anxiety amongst service users arising from anticipated cuts to benefits. Service users report that this contributes to deterioration in their mental health.

What about the future?

Under each of the topics covered (demand, capacity, service delivery, staff and volunteers), we asked participating organisations, based on their current experience, what changes they believe may occur over the following 18 months (until October 2012).

Impact on demand for advocacy

The majority (79%) of respondents to this question expected to see a continuing increase in demand over the period.

Future increase in demand was expected as a result of on-going reduction in support and other services, changes to the benefits system, Adult Support and Protection legislation, and issues surrounding personalisation and self-directed support.

Impact on resources to meet demand

Most participants predict some sort of change to statutory funding over the next two years. Only 1 participant felt able to predict no change in statutory funding to March 2012. Many were uncertain about the nature of future funding with an expectation of cuts in funding, both actual and in real terms, with no uplift to current levels.

There was also a significant amount of uncertainty regarding future changes to trust and foundation funding. This uncertainty was attributed to the increased competition for decreasing levels of trust funding and the corresponding difficulty in securing this funding.

Of the participating organisations that had not accessed trust and foundation funding in the last two years, none anticipated an increase in this form of funding.

Supplementing funding

The probable need to supplement the funding of advocacy was recognised by participants. 37% were considering accessing their financial reserves in order to supplement their funding.

> *"We have to draw down reserves because of year on year funding cuts…or lay off staff."*

> *"Reserves may have to be used to complete planned changes to the way we work."*

Unfortunately access to financial reserves is not an option for all advocacy organisations. At the time of completing the survey, 26% of participating organisations did not have three months of financial reserves available.

Impact on service delivery

A great deal of uncertainty surrounds changes to service delivery over the next year to 18 months. In order to maintain the service organisations are looking into making the following changes:

- Tightening access criteria
- Reprioritising services
- Reduced operational hours
- Reduced time with service users

Impact on staff

Anticipated changes to staffing in the future were considered tentative as several respondents were awaiting the results of tendering.

> *"If our tendering bid is successful we would expect to take on more staff. If unsuccessful, we may be obliged to shed staff, transfer them away, or close all together."*

One area identified by participants to cut back on expenditure is that of staff pay and terms and conditions. Half of all participants did not expect to award cost of living rises over the next year or longer.

The majority of participants (89%) believe that there will be reducing numbers of staff over this period. Only 11% believe that the previous trend of increasing staff numbers would continue.

Identified challenges

Participants were asked to identify the three main challenges they anticipate for their organisation over the period.

Most of the challenges identified by participant organisations related to meeting the increasing demand for their services, and maintaining a high quality service in the absence of a corresponding increase in funding or support from funders:

Challenge: *"Meeting the amount of referrals. The demand for our service has grown but the service has been unable to grow with this demand because of lack of funding."*

Challenge: *"We have not received any uplift from any of our funders again this year. This cannot continue indefinitely without it having an impact on the service we provide."*

Challenge: *"Providing a high quality independent advocacy service to increasing numbers of people in need of our assistance. We are already severely overstretched in relation to the number of available staff hours compared with the vast number of hours of advocacy intervention required. Quality will suffer, unless capacity can be increased."*

The tendering of advocacy organisations in several Health Board areas has created significant levels of uncertainty and is demanding of scarce organisational time:

Challenge: *"Tendering. The time involved and consequent distraction from core activities."*

Challenge: *"Going to tender. We have never done one before. It is a lot to learn. We have no idea what it will look like and until this process has been completed we cannot look further ahead."*

To support bids for continued funding and support, the SIAA is keen to promote the increased monitoring and collection of evidence about advocacy and its impact. Some participants raised concerns about the lack of understanding of independent advocacy amongst funders:

Challenge: *"Backing up the need for independent advocacy when frontline services are getting cut. Some people think independent advocacy is a luxury and in such time of austerity funding should be allocated elsewhere."*

Challenge: *"Duplication of advocacy services by non-independent providers. There is a lack of awareness of commissioners of value of independence."*

However such research and monitoring also requires staff time and financial support.

Challenge: *"Service review. Requires an investment of time to justify the good work we are already delivering."*

Challenge: *"Ensuring our internal evaluation frameworks are outcome based and effectively evidenced. Through service reviews and tendering processes, different commissioning bodies ask for different evidence based feedback. We feel it is important to establish a system that provides a comprehensive summary of the impact of advocacy support."*

Others are not convinced that collecting this evidence will make much difference to the financial security of their project:

Challenge: *"Funding for our children and young people's project ends. I think we may have difficulty getting continued funding even though we have a lot of evidence regarding the success of the project and the difference it has made to people's lives."*

Limited resources are preventing organisations from working to ensure access to advocacy for all who need it:

Challenge: *"Development. We are currently aware of the need to develop, and provide advocacy to fill the gaps. In order for this to happen we need to source already scarce funding providers who face challenges of their own."*

Challenge: *"Reaching those most in need. Little scope for promotion and outreach — too busy meeting demand from those already informed of their right to advocacy."*

Finally, advocacy organisations are finding it increasingly difficult to support and retain their dedicated workforce of volunteers and paid staff:

Challenge: *"We have responded to increased referrals by recruiting more volunteer advocates; however we cannot effectively support any more volunteers than we currently have. We do not want to have so many volunteers that we cannot ensure they are providing advocacy with good practice and within Codes of Practice or adequately manage their training and support needs."*

Challenge: *"Steering the project through recession. Capping staff salaries, retaining staff, keeping staff motivated through difficult times."*

Challenge: *"Retaining staff (paid and volunteer). We have a skilled, well trained team which would be hard to replace if there is a gap in funding."*

Conclusion and Recommendations

The themes running through all responses from participants are around increased and increasing demand and reduced and reducing resources — more for less.

Over the two years from April 2009 there has been a steadily growing demand for independent advocacy for an ever broader range of service users.

As professionals increase their awareness and understanding of advocacy there has been an increase in referral rates from that source. As more service users become aware of the existence of advocacy, and understand how it might help them, self-referral rates increase.

Also, with ever reducing budgets for social care and support services, reduction to certain benefits or access to benefits and with the shadow of welfare reform looming, advocacy organisations are aware of an increased need for access to independent advocacy for many.

Recommendations

- At a policy level there should be further inclusion of access to independent advocacy in future development of policy and legislation to ensure the capture of all those who need advocacy support.
- At NHS Board and Local Authority level action should be taken to ensure that advocacy planning takes full account of actual and projected increase in demand for independent advocacy. Planning should also provide choice for the advocacy service users by ensuring access to different providers and models of advocacy.
- Independent Advocacy organisations should make sure that commissioners are fully informed about gaps in provision and increases in demand. They should monitor waiting lists, particularly for those who do not have a legislative right of access to independent advocacy, and record any unmet need. This information should be considered in the advocacy planning process.

As statutory funding reduces and trust and foundation funding becomes increasingly difficult to access it is becoming more and more difficult for organisations to meet their current level of demand. Decreasing resources have led to increasing difficulties in meeting the current demand for independent advocacy. As demand rises organisations have real concerns about how they will be able to maintain advocacy provision.

Recommendation

* Trusts and foundations should recognise a need to consider funding for independent advocacy for those who do not have a legislated right of access.

Organisations have reported concern that they will be obliged to reduce staff numbers and tighten access criteria. This may lead to vulnerable individuals in need of independent advocacy having to wait for far longer or, in some cases, not be able to access advocacy at all. There is also some concern in some areas around the perception that use of volunteers will provide a cheaper option.

Recommendation

* Commissioners should ensure that any use of volunteers in delivering independent advocacy is properly resourced and that good practice is followed in the recruitment, training and supervision of volunteer advocates.

Advocacy organisations clearly recognise the need for robust research, evaluation and monitoring processes that will demonstrate the value of advocacy and its quality in delivery. There are concerns that, with fewer resources, it creates increased pressure on what can be an already overstretched service. Nevertheless they welcome any support to achieve this that may be available.

Recommendation

- Commissioners and independent advocacy organisations should recognise the importance of effective monitoring and independent evaluation and that, to be done properly, has resource implications which should be taken account of in a Service Level Agreement or Contract.

There are concerns around the increasing use of competitive tendering for independent advocacy provision. The level of time and scarce resources that are needed for this process can be an issue for organisations. The *SIAA Independent Advocacy: A Guide for Commissioners* details some of the potential problems around the use of competitive tendering as a commissioning model for independent advocacy provision. The main concern expressed by participants however is the perceived lack of understanding of independent advocacy and of what is being commissioned amongst those responsible for the procurement.

Organisations do recognise that there are increasing difficulties for funders to maintain and extend funding levels. In response to tightening budgets they have reviewed, and plan to continue to review, their practices and explore new ways service delivery to improve efficiency where possible.

The need to deliver more for less is by no means an unusual picture and currently stretches throughout the private, public and voluntary sector. It is however important that, in seeking to reduce costs and improve efficiency of independent advocacy, everyone, advocacy providers and commissioners alike, keep in the forefront of their thoughts the people who need and use independent advocacy. When an individual is in a vulnerable situation and needs to have someone standing alongside them, listening to them and making sure their voice is heard it is vital that they have access to the best possible quality of independent advocacy.

November 2011

Appendix

Models of advocacy

Citizen advocacy is when ordinary citizens are encouraged to become involved with a person who might need support in their communities. The relationship between the citizen advocate and their advocacy partner is on a one-to-one, long term basis.

Collective advocacy is 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 may also support each other over specific issues.

Peer advocacy is when individuals share significant life experiences. Peer advocates use their own experiences to understand and empathise with their advocacy partner.

Professional advocacy is also known as one-to-one, individual or issue based advocacy. It is provided by both paid and unpaid advocates. They provide support on specific issues and provide information but not advice. This support can be short or long term.

Self advocacy is when people stand up for themselves either individually or in a group. Self advocacy groups help people to get better at speaking up for themselves. Self advocates have control over their own lives and express their views. Most self advocacy groups are formed by people with learning disabilities.