Ten Years of Advocacy Provision

Introduction

As part of the ten year anniversary of Scottish Independent Advocacy Alliance (SIAA), this report looks back at ten years of mapping advocacy provision. The reports provide a picture of advocacy from the 2001/2002 year, details of individual organisations delivering advocacy, changes and developments over the years and statistics relating to income and funding.

Since 2002 there have been five reports on advocacy provision produced. The first report, '*A Map of Independent Advocacy across Scotland'*, was published in 2002 by Scottish Human Services Trust and in 2004 the Advocacy Safeguards Agency published '*A Map of Independent Advocacy across Scotland Edition 2003/2004'*. There were no reports produced in the period between 2004 to 2007 however the SIAA produced '*A Map of Advocacy across Scotland 2007-2008 edition'* and have since published biannual updates. All the SIAA reports are available for download on the SIAA website.

The range of information available in the reports varies from year to year. The first two editions were published by different agencies, in different formats. Since 2007/2008 there has been more consistency in the information gathered in the reports produced by SIAA. The information available in all five editions is based on data gathered from individual organisations and therefore relies heavily on each organisation recording the relevant data and making it available for publication.

It should be noted that the data gathered for the reports has varied in the earlier editions and there are gaps in the range of available information. However the information available does provide a broad overview of the provision of advocacy in Scotland over the last ten years and gives a picture of advocacy development. This report looks at the development in light of changes to legislation and policy over the period.

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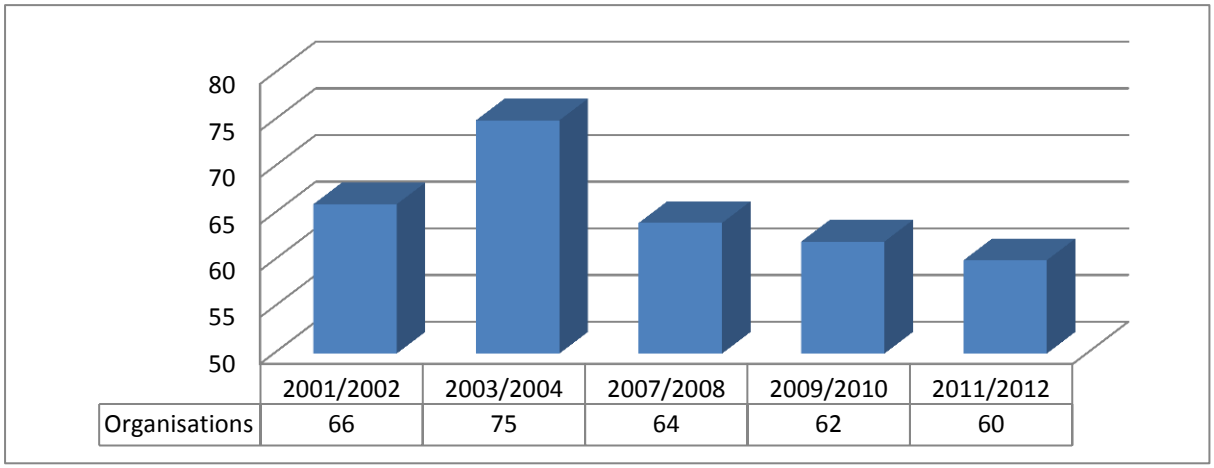
Contents

The numbers of advocacy organisations, independent and non-independent has varied throughout the period covered in the 5 reports. There was a notable increase in the number of organisations during the period 2003/2004. The increase in availability of advocacy was, in part, as a result of the work of Advocacy 2000, and subsequent work carried out by SIAA and the Advocacy Safeguards Agency. This work increased awareness of the importance of access to advocacy. The inclusion of a legal right of access to independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act 2003 also led to a number of organisations being established in preparation for the implementation of the act in 2005. Figures show that the statutory spend on advocacy increased by 53% between 2002/2003 and 2003/2004. (See further information on spends).

Table 1 - Number of Organisations[1]



	2001/2002	2003/2004	2007/2008	2009/2010	2011/2012
Organisations	66	75	64	62	60

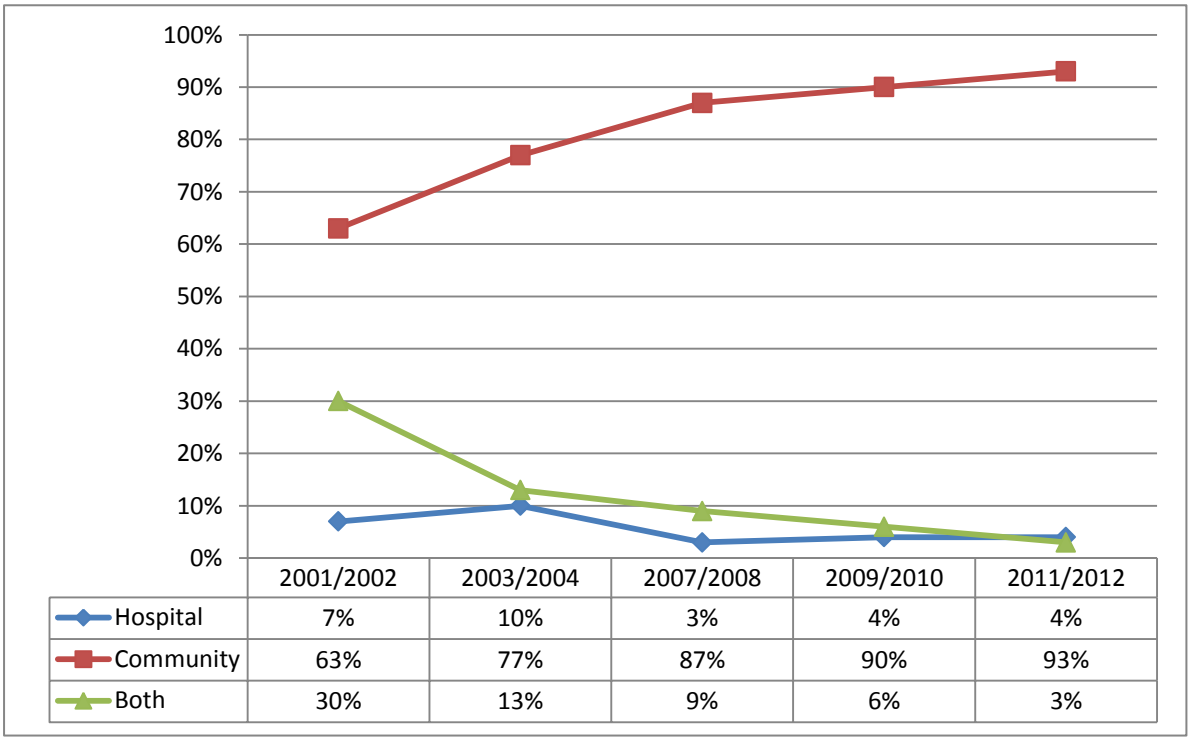
The 2007/2008 edition shows the number of organisations having dropped the further editions show a continuing fall up to 2012. This appears to be mainly due to organisational changes; a number of projects have changed or merged with other projects over the years: for example Advocacy into Action and the Quality Action Group joined forces and became Central Advocacy Partners. In addition some organisations have ceased to exist. One example is Inverclyde Advocacy who lost a tender bid in 2012 to an organisation already delivering advocacy in other parts of Scotland.

Since 2002/2003 the number of advocacy organisations working within a hospital or community environment has changed significantly. Over the last ten years, the

[1] For the purposes of this report all People First (Scotland) groups have been counted together as a single organisation as have all Who Cares? Scotland projects and the three Partners In Advocacy projects.

number of organisations based solely in a hospital environment, such as Patients' Councils has decreased, due in part, to the closure of many long-stay hospitals.

Table 2 - Percentage of Organisations working within a hospital environment versus within the community [2]



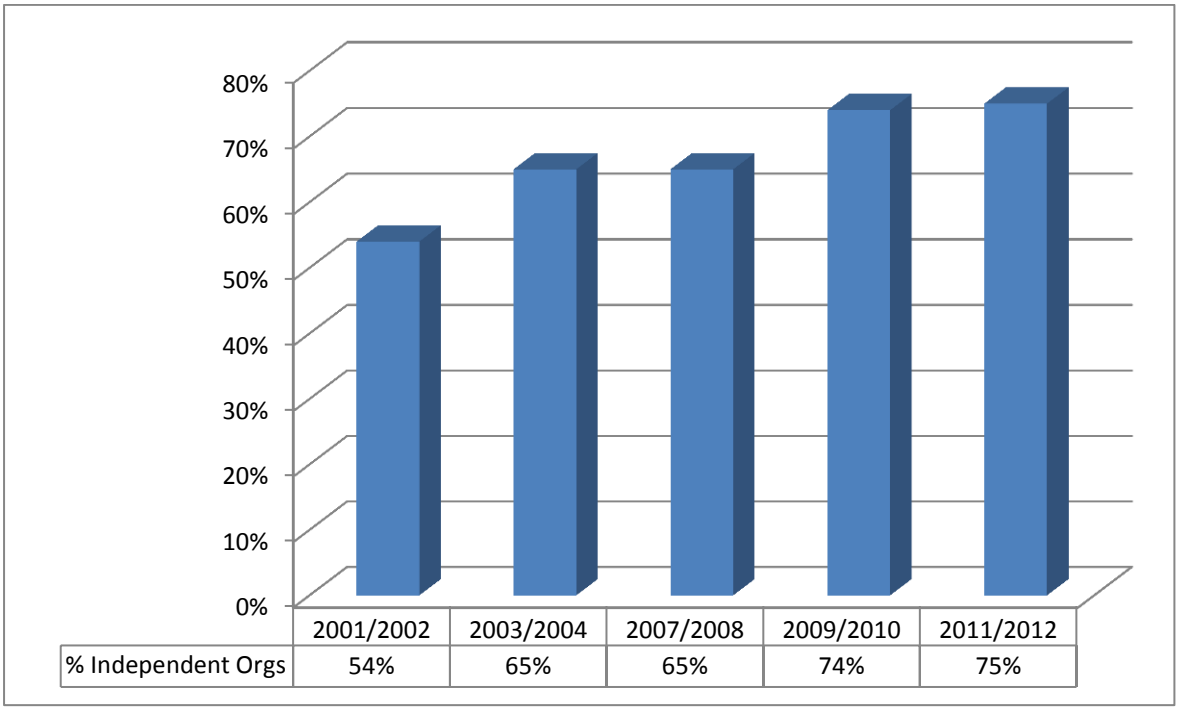
	2001/2002	2003/2004	2007/2008	2009/2010	2011/2012
Hospital	7%	10%	3%	4%	4%
Community	63%	77%	87%	90%	93%
Both	30%	13%	9%	6%	3%

One example, Hartwoodhill Patients' Council, was established in 1998 to support a collective advocacy group for in-patients. The collective advocacy group continued until the closure of the hospital in 2011. Merchiston Advocacy Project was set up to support residents leaving Merchiston Hospital and returning to the community; the project was managed by Enable and continued to support people make the transition into the community until the hospital closed in 2007/2008.

Clydesdale Advocacy Project which supported older people in South Lanarkshire is no longer in existence. The project was based at Roadmeetings Hospital which is now closed, however it also supported older people from other hospitals in the area including; Stonehouse, Kelo, Lockhart and Ladyholme Hospitals. The project was managed by Age Concern, now Age Scotland. Advocacy for older people in South Lanarkshire is now delivered by The Advocacy Project.

2 Figures are approximate; it was not possible to obtain detailed information from all organisations

Table 3 - Percentage of Independent Organisations

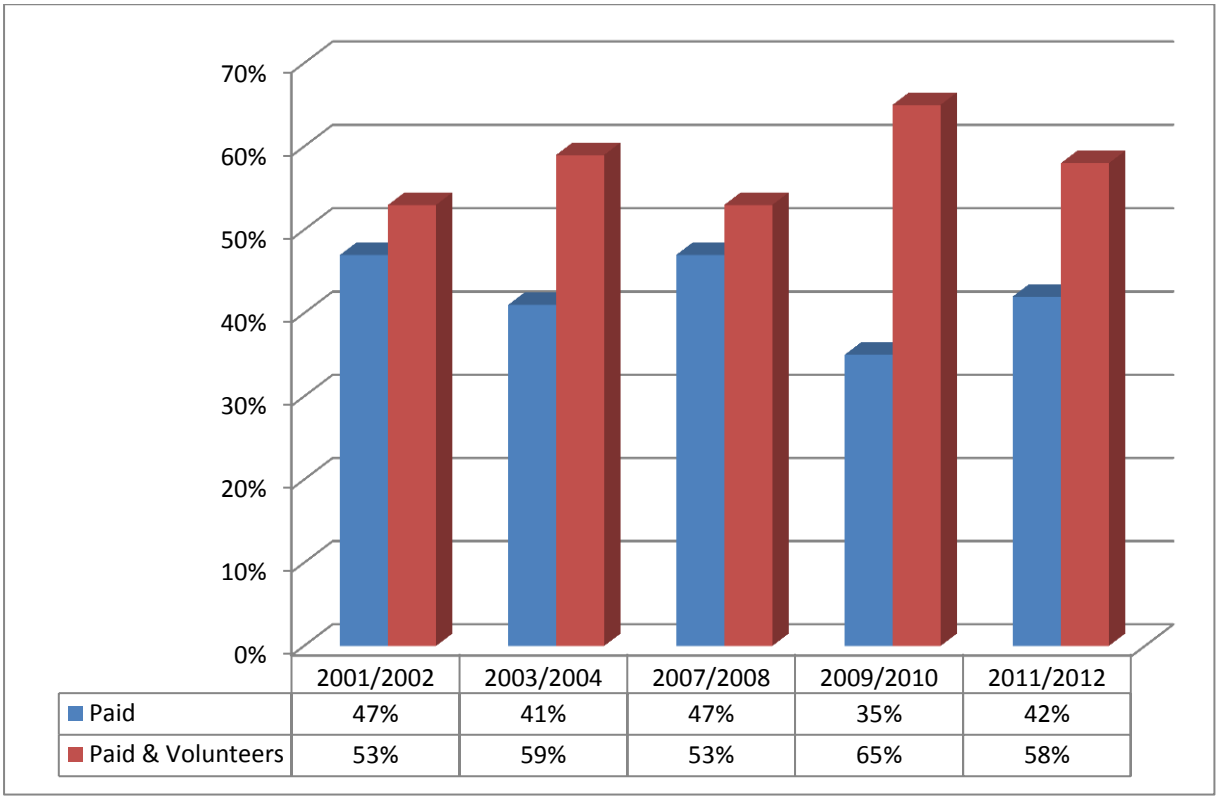


The reports show that the number of organisations working towards and becoming independent has grown over the last ten years as illustrated in Table 3. This is due to an increased understanding of independence in advocacy, and to the statutory right of access to independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Over the years there has been a consistent acknowledgement of the importance of independence in advocacy. The Scottish Health Advisory Service document *Advocacy – A Guide to Good Practice*, published 1998, identifies independence as a key feature of a good quality advocacy service.

These ideas were supported in the Scottish Executive's publication Independent Advocacy – a Guide for Commissioners in 2001. The definition of independence was outlined in Advocacy 2000's publication of Principles and standards in Independent Advocacy organisations and Groups and in SIAA's own Principles and Standards and Codes of Practice in Independent Advocacy published in 2008.

Table 4 - Percentage of Organisations with Paid Advocates versus Paid and Volunteer Advocates[3]

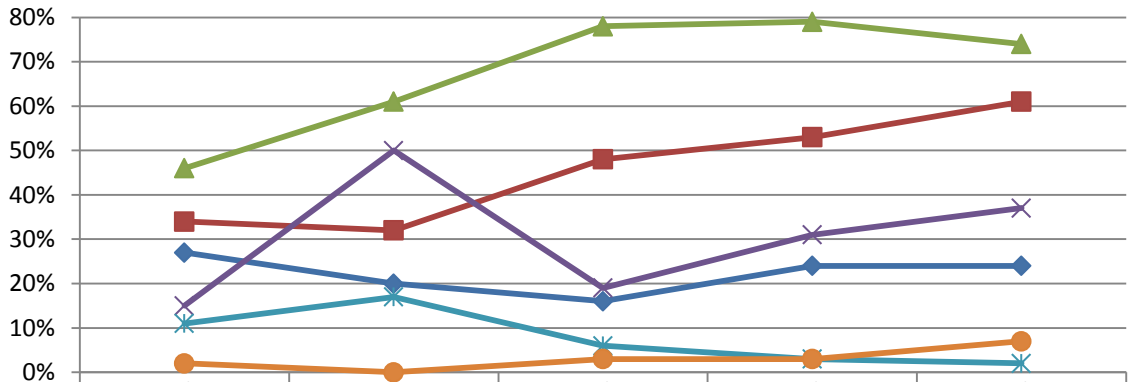


	2001/2002	2003/2004	2007/2008	2009/2010	2011/2012
Paid	47%	41%	47%	35%	42%
Paid & Volunteers	53%	59%	53%	65%	58%

The percentage of organisations supporting volunteer advocates as well as paid staff against those using only paid advocates has been similar over the last ten years. However it should be noted that, while organisations report that they use both volunteers and paid staff, the above information does not detail the volume of work carried out by paid staff, compared to the work of volunteers.

3 The figures for Paid and Volunteer advocates includes both organisations supporting volunteer advocates and those supporting citizen advocates

Table 5 - The change in provision of differing models of advocacy.



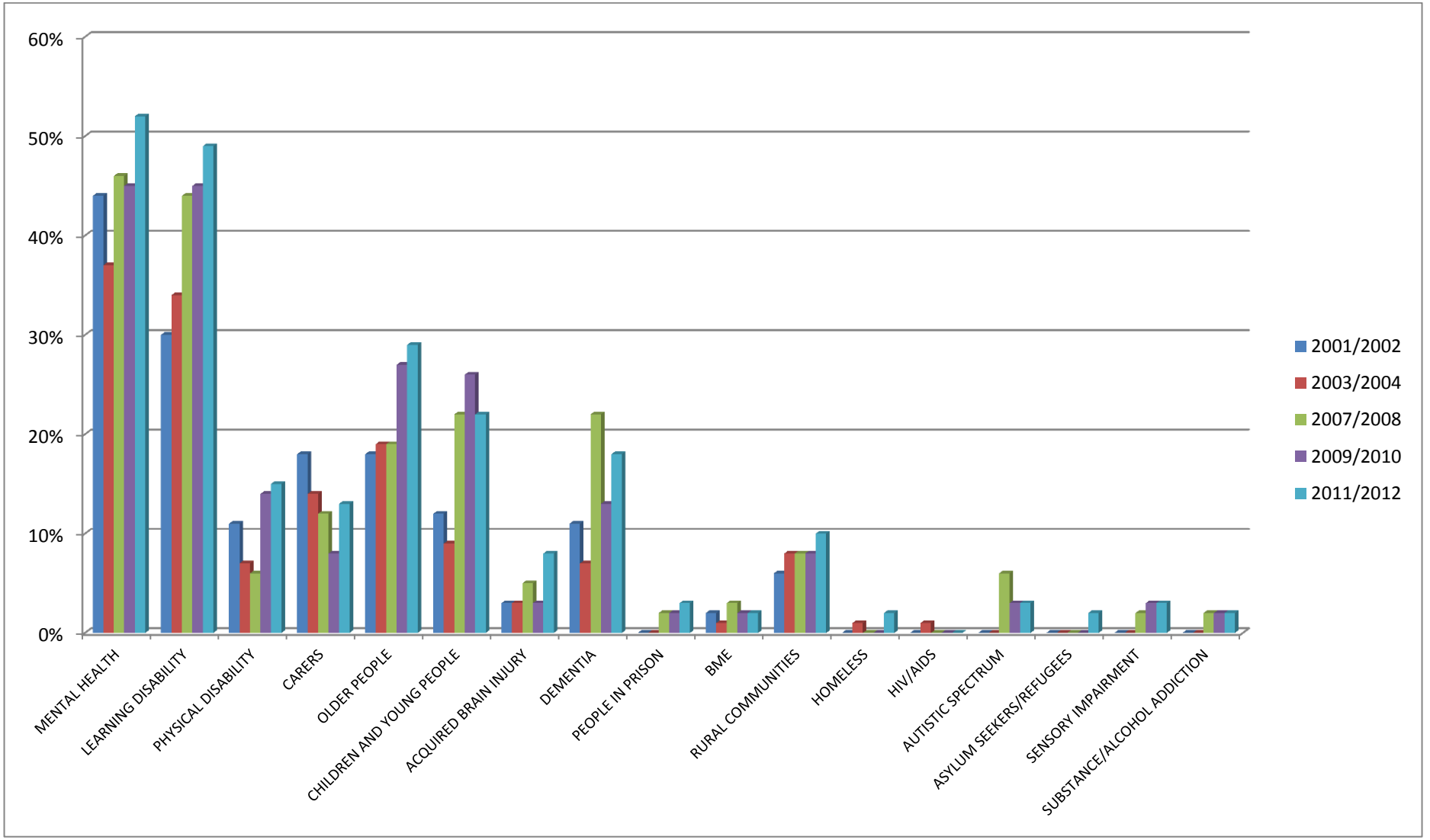
	2001/2002	2003/2004	2007/2008	2009/2010	2011/2012
Citizen	27%	20%	16%	24%	24%
Collective	34%	32%	48%	53%	61%
Prof	46%	61%	78%	79%	74%
Crisis	15%	50%	19%	31%	37%
Self	11%	17%	6%	3%	2%
Peer	2%	0%	3%	3%	7%

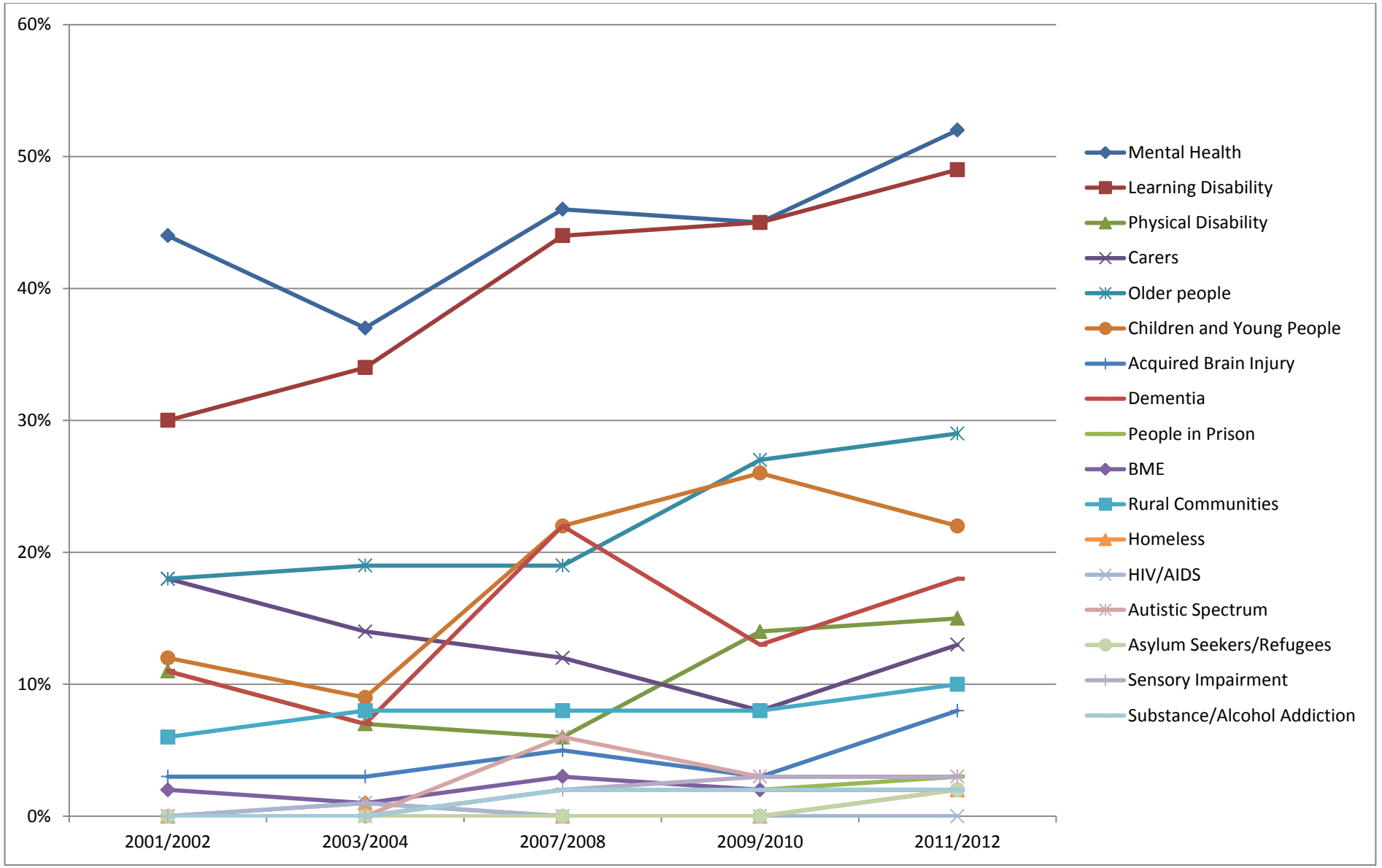
The data shows that since 2001/2002 there have been considerable changes in the delivery of advocacy across Scotland. Most notably there has been a significant increase in the provision of professional or short-term, issue-based advocacy, primarily as a result of the statutory duty under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the effect of other legislation. Figures show a drop in the number of organisations supporting citizen advocacy partnerships, while collective advocacy groups are increasing as many advocacy organisations delivering one to one advocacy have now also started to support groups.

For the purposes of this report, it is important to define the meaning of a collective advocacy group. Historically, collective advocacy groups were user-led groups coming together to stand together to campaign for their rights; groups such as patients' councils, CAPS, East Lothian Involvement Group and HUG. It is important to make a distinction between these kinds of collective groups which developed as a result of the coming together of communities of interest, and collective advocacy groups which are purposely set up by advocacy organisations as part of their remit, in order to support people and give them a voice, and also to take part in consultations.

Many organisations deliver more than one type of advocacy as part of their overall remit, but some focus mainly on a specific area, and the largest volume of their work covers one particular type of advocacy provision, for example, professional advocacy. These figures do not detail the volume of work carried out by an organisation relating to each of the models of advocacy.

Percentages of Organisations delivering Advocacy to specific client groups




60%
50%
40%
30%
20%
10%
0%
2001/2002
2003/2004
2007/2008
2009/2010
2011/2012
Mental Health
Learning Disability
Physical Disability
Carers
Older people
Children and Young People
Acquired Brain Injury
Dementia
People in Prison
BME
Rural Communities
Homeless
HIV/AIDS
Autistic Spectrum
Asylum Seekers/Refugees
Sensory Impairment
Substance/Alcohol Addiction

Percentages of Organisations delivering Advocacy to specific client groups					
Client Groups	**01/02**	**03/04**	**07/08**	**09/10**	**11/12**
Mental Health	44%	37%	46%	45%	52%
Learning Disability	30%	34%	44%	45%	49%
Physical Disability	11%	7%	6%	14%	15%
Carers	18%	14%	12%	8%	13%
Older people	18%	19%	19%	27%	29%
Children and Young People	12%	9%	22%	26%	22%
Acquired Brain Injury	3%	3%	5%	3%	8%
Dementia	11%	7%	22%	13%	18%
People in Prison	0%	0%	2%	2%	3%
BME	2%	1%	3%	2%	2%
Rural Communities	6%	8%	8%	8%	10%
Homeless	0%	1%	0%	0%	2%
HIV/AIDS	0%	1%	0%	0%	0%
Autistic Spectrum	0%	0%	6%	3%	3%
Asylum Seekers/Refugees	0%	0%	0%	0%	2%
Sensory Impairment	0%	0%	2%	3%	3%
Substance/Alcohol Addiction	0%	0%	2%	2%	2%

It should be noted that the above figures represent the percentage of organisations delivering some sort of advocacy provision in relation to the specific client groups. It does not represent the numbers of people accessing advocacy, neither does it represent the volume of work carried out by an organisation. Many organisations provide advocacy to more than one client group as part of their overall remit, however the majority of their work may well concentrate on one particular area.

Furthermore, the information gathered from the Maps is based upon data provided by organisations and may not reflect all of the work of an organisation.

These figures do however give a picture of the wider development of advocacy reaching out to more client groups. This is particularly demonstrated by the development since 2007 of advocacy provision for asylum seekers/refugees, people with sensory impairment and those with substance/alcohol addiction.

The number of organisations supporting people with mental health problems and those with dementia had risen by 2007/2008. This is as a result of the statutory right to access independent advocacy included in the *Mental Health (Care & Treatment) (Scotland) Act 2003*.

The data also shows a notable increase in organisations supporting individuals with a learning disability with numbers growing steadily since 2001/2002. This too is in part due to the statutory right of access included in the Mental Health Act but also in part due to recommendations included in *The Same as You?* review of services for people with learning disabilities, carried out in 2000. The review made several recommendations including *Recommendation 11* 'The Scottish Executive should continue to encourage the development of local independent advocacy services'. These helped continue to raise awareness of the

importance of advocacy. There has been a steady increase of people with learning disabilities accessing advocacy, since the report was published.

There is some provision of advocacy for individuals with a physical disability, although the number of organisations had dropped by 2007/2008. There is no government legislation relating to the provision of advocacy specifically for individuals with a physical disability. Figures do show that advocacy support for individuals with physical disabilities had risen again by 2009/2010 but does not take account of dual diagnosis as a factor in this. However, again, these figures do not show the amount of work carried out by each organisation in relation to people with a physical disability and this work may have been included as part of an organisation's overall remit but not necessarily forming the main volume of their work. The Social Care (Self-directed Support) (Scotland) Act 2013 ensures the right of anyone with support needs should have choice in how that is delivered. This is expected to lead to an increase in demand for independent advocacy to support people making and accessing choices. However for people who do not have a statutory right to independent advocacy this may not be available.

The Scottish Government's Carers Strategy 2010 acknowledges the importance of advocacy for carers and confirms that they will 'encourage local authorities, NHS Health Boards and other local partners to develop or expand carer advocacy for those in greatest need.' Figures have shown a drop in the number of organisations funded to work with carers however as the Strategy is further implemented these numbers are likely to grow.

There has been a significant increase advocacy for older people since 2007. The Government's Strategy for Older People *All Our Futures: Planning for a Scotland with an Ageing Population*, states that 'we will continue to improve care, support and protection for those older people who need it' and 'we will tackle the issue of elder abuse through the implementation of the Adult Support and Protection (Scotland) Bill.' The Adult Support and Protection (Scotland) Act 2007 has had an effect on vulnerable older people and the way they are supported, for example, in cases of elder abuse. Indeed SIAA's Elder Abuse project, 2007 to 2009, highlighted the implications for cases of elder abuse and the way they are dealt with by local authorities and other public bodies. The *Elder Abuse Advocacy Guidelines* published by SIAA in 2009 provided information on elder abuse and advocacy for elder abuse victims. This and other projects focussing on the issue of elder abuse were effective in raising awareness and accounted for an increase in organisations supporting older people. Furthermore, the Scottish Government's Dementia Strategy, 2010, states that the objective of the strategy is to 'ensure that people with dementia have access to a range of responses including advocacy services.

It should be noted that people with dementia already have a right of access to independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act 2003.

The numbers of advocacy organisations supporting people with dementia show a marked increase after 2003/2004 as a result of the right of access to independent advocacy under the Mental Health Act. Numbers appear to drop in 2009/2010 and increase again by 2011/2012. This may be related to how an organisation details their access criteria; some organisations providing advocacy under the Mental Health Act, do not record dementia as distinct from mental health issues.

Numbers of organisations supporting children and young people had increased significantly between the period 2003/2004 and 2007/2008. During this time the Children's Charter *Protecting Children and Young People* was drawn up in 2004 and in 2005 the Scottish Executive drew up a set of proposals, Getting It Right For Every Child (GIRFEC). These proposals were included in the National Guidance for Child Protection in Scotland 2010. Advocacy provision for looked after children and young people has increased over several years and is now available in most local authority areas. In addition, section 14 the Additional Support for Learning Act (Scotland) 2004 states that a young person can have 'another person present at any discussions with the authority (referred to as an advocate)..'. There are still gaps in the provision of advocacy for children and young people diagnosed with a mental disorder all of whom have a right of access to independent advocacy.

This report shows a sharp increase in the number of organisations working with people affected by autistic spectrum disorder during the period 2003/2004 - 2007/2008 however numbers drop slightly in the following period. It was not possible to draw definitive conclusions as to the rise and fall in the figures during this period. However the Scottish Strategy for Autism 2011 put forward 26 recommendations to be implemented over the coming years which may well have an effect on the number of organisations supporting people affected by autism spectrum disorder in the near future.

The information gathered from the Maps does show a number of gaps in the provision of advocacy within specific areas:

Everyone with a mental disorder has a right of access to independent advocacy; this includes people who are in prison. Since October 2011 when local NHS Boards took on the responsibility for health care within prisons work has begun in several areas to ensure such provision. Increasing numbers of organisations are reporting beginning work in local prisons; others are beginning discussions with their local NHS Boards to consider how this is to be achieved.

The Maps also show very little specialist provision for people from BME communities. Figures also show that there was no specific advocacy support for asylum seekers and refugees until around 2010, and that there is still very limited provision in this area.

From 2003/2004 Positive Voice in Lothian was funded to support people affected by HIV/AIDS. Funding ceased in 2008, and the project subsequently closed.

The Maps show a limited number of organisations supporting individuals with a sensory impairment. Figures show a slight increase by 2008/2009 however again, this data does not accurately detail the volume of work carried out by organisations in relation to sensory impairment and may only form a small part of their overall remit. It should also be noted that the increase in the number of advocacy organisations supporting people with a sensory impairment amounts to only around 3% of the overall advocacy provision.

There is currently a project in Dundee, *Deaf Links* which provides advocacy support, as part of a range of other services, to deaf and hard of hearing people in Tayside. The project has been operational since 2009 and in June last year, expanded in order to support all sensory impairment. The project currently receives no local authority or NHS Board finance and is funded by the Scottish Government Sensory Impairment Strategy (2007) in partnership with Tayside Integrated Sensory Services Partnership, Deaf Links, Action on Hearing Loss and RNIB. For the purposes of this report, data relating to this project is not included.

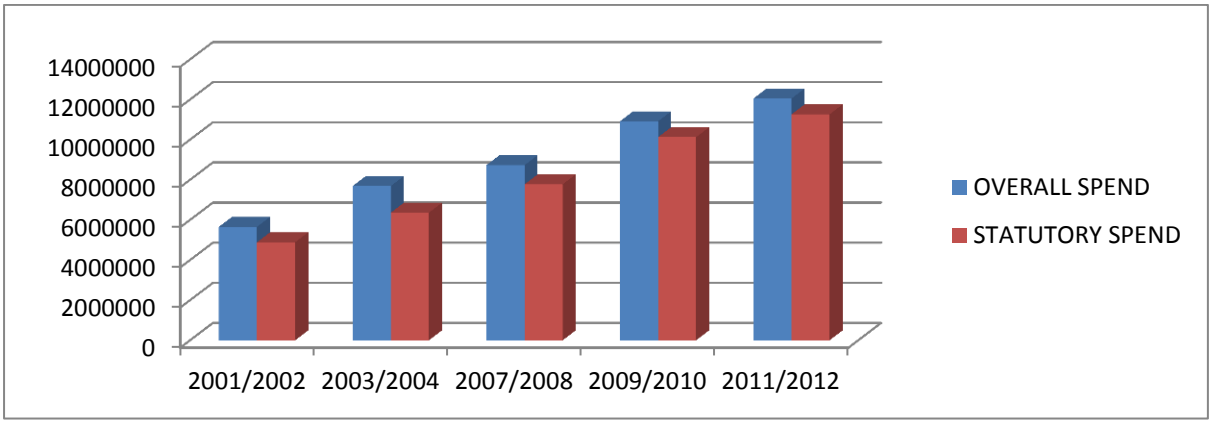
The Maps show a very limited provision of advocacy for people experiencing drug/alcohol addiction. The Scottish Government's National Drugs Strategy, 2008 The *Road To Recovery,* states that the government will 'build the capacity of advocacy services, to help service users choose the treatment that is right for them.'

Working in partnership with the Scottish Government, in 2009 the SIAA produced a report '*Available For All?'.* The report identifies what advocacy provision was available for those affected by drug problems, to survey advocacy organisations on what work they had done in this field and to identify what where the barriers to accessing advocacy and what models of advocacy most suited to this client group. The report included a survey of advocacy organisations and concluded that none of the organisations who took part in the survey had received any specific funding to support people with drug or alcohol addiction and that funding as detailed in Service Level Agreements dictated the access criteria. Some organisations reported work with people experiencing addiction, but access was as a result other criteria such as mental health problems.

In 2012 the Scottish Government made a commitment, as part of their homelessness strategy, to ensure that people who are unintentionally homeless, including single people, previously only entitled to temporary accommodation, will now be entitled to settled accommodation as a legal right. The statutory duty is due to commence in June 2013 and it may be that there will be increasing numbers of people seeking to access advocacy to support them in making choices about their housing needs.

It should be noted that the information gathered from the Maps indicates percentages of the total number of organisations delivering some level of advocacy provision within certain areas. Not all the Maps provide detailed figures of the numbers of clients dealt with by each organisation.

Overall and Statutory Spending on all Advocacy Services

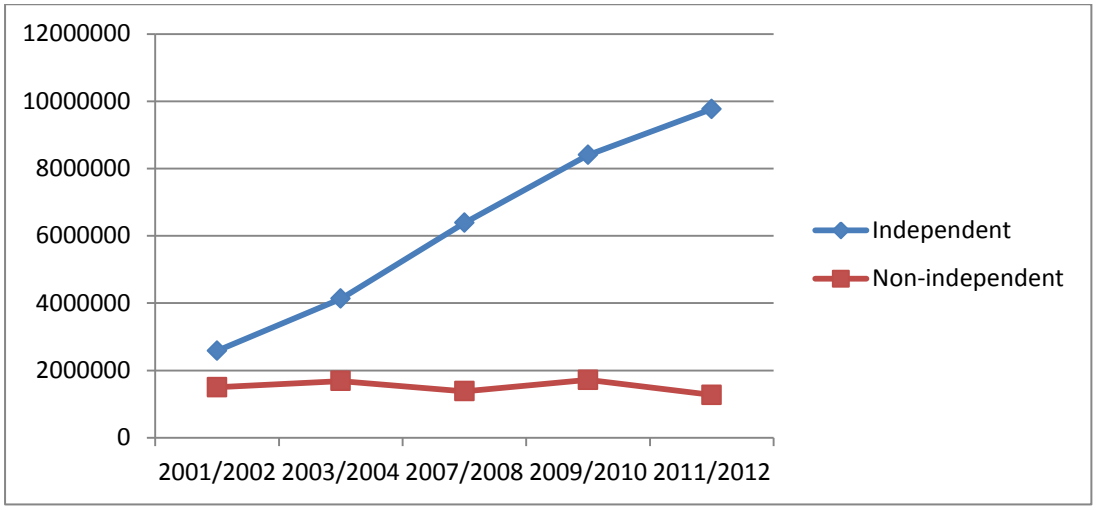


Overall and statutory spending on both independent and non-independent advocacy have more than doubled over the last ten years with statutory funding making up the largest percentage of the overall spend.

The Mental Health (Care and Treatment) (Scotland) Act 2003 and subsequent legislation has certainly accounted for an increase in statutory funding to meet statutory duties and this in turn has had an impact on the number of organisations prioritising professional, short-term, issue-based advocacy. Some organisations believe that this has had an impact on their capacity to deliver different types of advocacy with diverse client groups not included under the statutory duty. The data from the ten years of mapping shows a significant increase in professional, issue-based, short-term advocacy since 2001.

It should also be noted that organisations will be unable to access funds from other sources such as charitable Trusts and Foundations for any work covered by the statutory right of access to advocacy.

Statutory spending on Advocacy- Independent versus Non-Independent organisations



Total statutory spending on advocacy has increased steadily over the period with an increasing greater proportionate spend on independent advocacy.

While the total proportion of independent advocacy organisations has risen from 54% in 2001/2002 to 75% in 2011/2012 spending on independent advocacy as a proportion of total spend has increased from 63% in 2001/2002 to 88% in 2011/2012

The largest portion of both statutory and non-statutory funds are being allocated to independent advocacy organisations, an indication of increased awareness of the importance of independence in advocacy and in response to the statutory duty placed on NHS Boards and Local Authorities under the terms of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Conclusion

The Maps have highlighted a number of key issues. The number of organisations has fallen by 10% in the last ten years due to organisational changes, mergers and contractual out-bidding. Numbers of organisations working mainly within a hospital environment has dropped considerably since 2001/2002 which can be linked to the hospital closure programme.

The proportion of independent as opposed to non-independent organisations has grown from 54% to 75% in the last decade. This can be linked in part to the right of access to independent advocacy included in the Mental Health (Care & Treatment) (Scotland) Act 2003 as well as to the longstanding recognition of the importance of independence in advocacy. The right of access to independent advocacy, while welcome, has however also led to some less welcome impacts. Since the implementation of the Act in 2005, there has been some prioritising of short-term, issue-based advocacy under the Act, which has, in many cases, impacted on organisations' capacity to deliver advocacy to groups of people not included under the statutory duty. In more recent times increasingly tight budgets have also contributed to this need to prioritise.

The Maps identify a significant shortfall in the provision of advocacy in several areas including; physical disabilities, sensory impairment, people in prison, BME communities, drug and alcohol addiction, homelessness; and indeed a lack of any provision for people affected by HIV/AIDS. Further research is required to establish the extent of the need for advocacy within these key areas.

The implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 is likely to have an effect on the numbers of people accessing advocacy to get support with making choices related to their care. Welfare Reforms, already underway, have resulted in increased numbers of people seeking support in relation to changes to or withdrawal of benefits.

This report provides a broad view of advocacy over the last ten years, using information captured directly from the Maps, and based on data volunteered by organisations. It should be noted that information captured in the Maps varies somewhat, year-on-year. However, from the available information, it has been possible to formulate some broad theories relating to the development and expansion of independent advocacy across Scotland, which makes interesting reading.

Areas of work needing urgent attention have been highlighted; in particular the shortage of access to independent advocacy for prisoners. In many areas work is currently underway to address this gap. A further area of work is to consider how to support increases to advocacy provision for people with physical disabilities. The omission of a right of access to independent advocacy in the recently enacted Social Care (Self-directed Support) (Scotland) Act 2013 is of concern as it could contribute to inequalities in some areas where there is currently no advocacy provision beyond the statutory requirement.

Despite these gaps overall the increasing emphasis on the importance of access to independent advocacy is welcome. We hope that the coming months will see further opportunities to widen independent advocacy provision throughout Scotland.

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