

# Lanarkshire Advocacy Plan 2020-2025





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# 1. Foreword

**Welcome to our third Independent Advocacy Plan, a partnership plan between North and South Lanarkshire Councils, North and South Health and Social Care Partnerships, NHS Lanarkshire and our Advocacy Providers.**

This plan sets the context in which Independent Advocacy operates and maintains links to the legislative backdrop. At the time of drafting this plan the Mental Health Act in Scotland was under review, and the Commission has just published its response to the Independent Review of Scottish Mental Health Law consultation. The Commission has a statutory duty to monitor the use of the Act, and a duty to provide advice on the use of the Act. We will welcome the findings of the Review and ensure they are reflected in our independent advocacy action plan.

The plan has also taken cognisance of the work undertaken by the Mental Welfare Commission (A Right to Advocacy 2018) and ensures that the recommendations from the MWC report have been addressed.

The respective Health and Social Care Partnerships recognises the important role advocacy plays in helping to safeguard people who may be at risk of being treated unfairly as a result of individual, social, and environmental circumstances that make them vulnerable, and sees this evident within the plan.

We know Advocacy helps ensure people's rights are not infringed and makes it easier for them to exercise those rights. Of course, we all have the right to be involved in decisions about our care and treatment and for most of us this will not be an issue as we know we can effectively convey our views. However, even the most confident among us may find ourselves in a situation at some point in our lives where we need support to ensure our voice is heard and our views are taken into account in decisions or actions that affect our lives.

Advocacy should therefore be available to anyone who needs it. Advocacy should provide an environment in which people can confidently raise issues knowing that it is as free from conflicts of interest as it can be.

The plan reflects on our achievements since the last plan 2016-20 and seeks to set objectives for the 2020-25 plan.

This plan has also been developed at a time when the challenge of financial constraints, has been significantly dominated by the challenges of delivery of services during the COVID-19 pandemic, we commend our Independent Advocacy Providers for stepping up and continuing to support the most vulnerable, at a time they most need support. The pandemic has challenged us all in the way we work and will continue to evolve how we work and interact going forward.

There are useful resources for commissioners of Advocacy Services to reflect on, and potential opportunity to look at the delivery of Advocacy across Lanarkshire, some sharing of experiences is already well underway through the Lanarkshire Advocacy Network, with local independent Advocacy Providers supporting each other.

We hope you find the Lanarkshire Independent Advocacy Plan of interest and ensure we all maintain people's human rights.

## **Ross McGuffie**

Director of Health and Social Care  
**North Lanarkshire**

## **Val de Souza**

Director of Health and Social Care  
**South Lanarkshire**



## 2. Introduction

Independent advocacy supports people to have their voices heard and their rights and interests protected. Independent advocacy is a positive force in influencing social change, with the work and ethos of advocacy underpinned by a person-focused and human rights framework. The importance and benefits of independent advocacy are now widely recognised and woven into the fabric of health and social care provision in Scotland.

The Legal and Strategic context in which Advocacy operates can be rooted in the list of legislation and policy guidance outlined below.

**The Mental Health (Care and Treatment) (Scotland) Act 2003** imposed a duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services in their area. The Act gave everyone with mental illness, learning disability, dementia and related conditions the right to access independent advocacy support.

**The Mental Health (Scotland) Act 2015** builds on the rights in the 2003 Act to independent advocacy support, by requiring health boards and local authorities to tell the Mental Welfare Commission how they have ensured access to services up to now and how they plan to do so in the future.

**The Patient Rights (Scotland) Act 2011** provides that it is the right of every patient that the health care received is patient-focused, which means that the provision of health care takes into account the patient's needs. The Act also provides that the health care received has regard to the importance of providing the optimum benefit to the patient's health and wellbeing, allows for patient participation in decisions about their healthcare and provides appropriate information and support to allow them to do so. The Act allows for the provision of a Patient Advice and Support Service, which includes directing people to representation and advocacy services.

NHS Scotland transfer of **responsibility for prisoner's health care** to local NHS Boards November 2011.

**Independent Advocacy – A Guide for Commissioners (2013)** revised Guidance aims to capture the many developments since the publication of the original Guide to Commissioners in 2001 by the then Scottish Executive Health Department and the subsequent revision and publication by the Scottish Independent Advocacy Alliance (SIAA) in 2010. Importantly, it seeks to clarify Commissioners statutory responsibilities under the Mental Health (Care and Treatment) (Scotland) Act 2003. The Scottish Government's expectation set out in Independent Advocacy: Guide for Commissioners, published in December 2013, is that local strategic advocacy plans should be developed.

**The Mental Welfare Commission** undertook a detailed national survey, and published a report (2018) on their findings: **"The Right to Advocacy"** A review of how local authorities and NHS Boards are discharging their responsibilities under the Mental Health (Care and Treatment) Act 2003". The Right to Advocacy report made a number of recommendations which the Lanarkshire Advocacy Planning Group have incorporated into their local planning arrangements.

**Scottish Independent Advocacy Alliance** – Independent Advocacy, Principles Standards and Code of Best Practice 2019

At the time of drafting this plan the **Mental Health Act in Scotland was under review**, and the Commission has just published its response to the Independent Review of Scottish Mental Health Law consultation. The Commission has a statutory duty to monitor the use of the Act, and a duty to provide advice on the use of the Act. This response is informed by the Commission's own experience of meeting those duties and responsibilities. It is also informed by people with mental illness and relatives/carers who have shared their experiences with the Commission.



Key points from the Commission's response to the consultation include:

- Scotland's health and social care systems are substantially different from those that were in place in 2003 when the current Mental Health Act was passed by parliament. The new Act needs to take account of these changes.
- People are more likely to be treated in the community, rather than in hospital, and the resources, support and care available in the community, should be reviewed. We raise specific points in our response for those who are detained under the Act and also for those who are not detained but may need specific care such as children and young people, people with a diagnosis of personality disorder and perinatal mental health services.
- The number of people being detained under the current Act rises every year. In order to make the right decisions for the future the review needs to analyse at an early stage, why this is happening.
- The lengths of time people are detained and the safeguards in place when they are detained, should be examined. We find that many detentions run for the maximum length of time allowed by the law and those lengths of time have not changed for decades. We believe they could be shortened.
- The review should take account of developments in international law to ensure we can learn from other nations and should incorporate the UN Convention on the Rights of People with Disabilities.

While reviewing the Act is vital, it will only be effective if mental health services are adequately resourced. We ask that resources are considered at all key stages of the review.

From a lived experience and relative/carer's perspective, issues include:

- The current Act is clear about professionals' roles, and detained patients' rights; it provides safeguards and guidelines. However, it does not work for everyone who has mental health issues but who is not subject to the law; those people do not have the protections the Act offers.

- Resources are scarce. The lack of community support often leaves families trying to support the individual with limited knowledge and resources of their own.
- Children and Adolescent Mental Health Services (CAMHS) are stretched to the limit. While much work is being done in education services related to mental health and wellbeing, the systems for supporting a young person with a serious mental illness are unwieldy and inefficient, if present at all.
- GPs sometimes struggle to get help for individuals with mental health issues often because of the lack of resources available to community mental health teams. Better communication between primary and secondary care and more seamless access to assessment would greatly improve the management of these individuals in the community.
- This legislation is complex.

The Lanarkshire Advocacy Planning Group, made up of representative from NHS Lanarkshire, North and South Lanarkshire Councils, North and South Health and Social Care Partnerships are committed to advocacy as we believe that it:

- Provides a safeguard for vulnerable people
- Supports people to have their voice heard
- Helps people to understand and to claim their rights
- Addresses discrimination and unfair treatment
- Helps people to understand and to have a real say in decisions that affect their lives
- Helps people to build capacity and confidence to advocate for themselves.
- Supports people to have a real say in decisions that affect their lives
- Is of benefit to all, including the people who use advocacy services, commissioners, service providers and other professionals.

### 3. What is independent advocacy and why do we need it?

Independent advocacy is about helping people to have a stronger voice and as much control over their lives as possible. An independent advocate may speak on behalf of people who are unable to do so for themselves. The 'Independent Advocacy - A Guide for Commissioners', Scottish Executive (2001) defines advocacy as follows:

*“Advocacy is about standing up for and sticking with a person or a group, taking their side, helping them to get their point across. Advocacy adds weight to people’s rights and aspirations.”*

Key features of effective advocacy include: independence from services; empowerment; providing people who access support with a voice; supporting people who access support to achieve active citizenship, challenging inequality, promoting social justice, and supporting people who access support to challenge inequity and unfairness. Advocacy is about equity, social inclusion, participation and human rights. All values that resonate for people who lack capacity and who are often more vulnerable than other members of our communities.

It is also important to distinguish that advocacy is not:

- Making decisions for someone
- Mediation
- Counselling
- Befriending
- Care and support work
- Telling or advising someone what they should or should not do
- Solving all of someone’s problems for them
- Acting in a way which benefits other people more than the advocacy partner
- Agreeing with everything a person says and doing anything a person asks you to do

We know that health, social care workers and families will often act as advocates for individuals and acknowledge that this support can be very valuable. However, there is potential for conflicts of interest to arise within these relationships and for some it can be difficult to remain objective and independent.

Independent advocacy providers operate independently of other service providers. This independence removes any potential conflict of interest. We believe that this approach has positive outcomes for both for people who use services and for those who provide and commission services:

- For service users - independent advocacy helps them to express their views and wishes, to access information, to make informed choices and to have control over their lives. It can also assist them gain in confidence and self-esteem.
- For those who provide services - independent advocacy can influence service development and improvement; it can also lead to better decisions being made about the services people receive and to the delivery of better outcomes.
- For those who commission services (for example, current members of the Lanarkshire Advocacy Planning Group), independent advocacy can provide valuable information and help planners to maintain their focus on the most vulnerable and those who are most at risk.

## 4. Different types of advocacy

There are many forms of advocacy, all of which have benefits to different people at varying stages of their lives. The following are brief descriptions of the most common types of advocacy used across Lanarkshire.

**Independent/professional advocacy** is the most common form of advocacy in Lanarkshire and is based upon a partnership approach between a paid advocate and a person who needs their support. An advocate provides information, support, and when necessary, representation. The aim of an advocate is to ensure that a person is enabled to express their views and choices and to ensure that those who have the power to influence or to effect change, listen to them. The partnership, dependent upon the presenting issues, can be short or longer term.

**Collective (or group) advocacy** is where a group of people with similar experiences meet together to put forward shared views. Collective advocacy builds personal skills and confidence and supports individuals to represent issues of common concern.

**Citizen advocacy** encourages ordinary citizens to become more involved with the welfare of those in their community who are at risk of marginalisation. Citizen advocacy brings an individual together with an advocate on a long-term, personal, one-to-one basis. The advocate stands alongside their partner to defend their rights and to support them to pursue their interests. Citizen advocates are usually partnered with only one person and are unpaid. The partnership is normally supported, but not influenced by an independent advocacy organisation.

**Peer advocacy** is about individuals who share significant life experiences or a shared experience of service provision. Peer advocates draw upon their own experiences to understand and empathise with their advocacy partner or members of collective advocacy groups.

**Non-instructed advocacy** happens when an individual lacks the capacity to express their views or instruct an advocate. The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for all relevant factors which must include the person's unique preferences and perspectives. The Scottish Independent Advocacy Alliance has developed guidance for these situations and which all advocacy providers in Lanarkshire follow.

**Self-advocacy** is about people speaking out for themselves, thereby gaining confidence and/or regaining control over their lives. It can involve people working in a group and often self-advocates become peer and/or citizen advocates.



## 5. The Voice of Service Users/ Carers, Advocacy Partners:

Listed below are some examples in case studies and quotes from the range of advocacy providers across Lanarkshire, all names have been removed to ensure anonymity.

### Advocacy Plan Case Study (COVID-19 related)

An advocacy partner (AP) and recovering alcoholic who we have supported historically got in touch with the service when his AA meetings were cancelled. His interpretation of this was that he would start using alcohol again. This came from a family member telling him that if he ever stopped going to the meetings, he would turn to alcohol again. For a person affected by Learning Disability this was taken literally.

He contacted our worker and told him that this was going to happen, the worker reassured him that there could be other support available. The advocate contacted the local AA group and a mentor system was put in place for someone to call AP daily and offer text communication for him when he felt he needed support and reassurance.

"I need to trust the people. Because you have to believe your advocate is not working with the council who are trying to push things through and doesn't listen to you basically. My advocacy worker isn't frightened to ask awkward questions for me. He's brilliant!"

The introduction of the pilot scheme to deliver Carers Advocacy in South Lanarkshire from summer 2018 has been welcomed by the carer's community. Having that independent support there and having someone there to listen and empathise with their situation has been a huge help, resulting in carer's gaining self-confidence, awareness of how situations work and feeling more informed regarding their options.

**Carer's -**

*"Delighted this service was there for me and that I kept my leaflet, thinking I will be alright".*

*"I can relax now knowing that I am not on my own anymore".*

*"I was crumbling. This woman next to me, this advocate, she didn't come in and take over where I was flagging or say 'Wait a minute, Andrew needs a minute to answer the previous question before you ask another question.', I got none of that and I said 'Can we stop and I come back?' and they said 'If you stop then we have to go through the whole thing again and it will not only affect the mobility component but the care component. She didn't stand up for me"*



*“Tried to get an advocate – was on a waiting list for 9 months – a waste of time trying”*

*“Since the introduction of Enquiry Response, we have eradicated a lengthy waiting list. People seeking support are assessed as a priority now get immediate help with their issue. This might be attending a tribunal, meeting with social work, attending a case conference, or avoiding homelessness. Many other people are provided with information packs, signposted to other support services or get one off support. This has led to no service waiting time for the last 2 years as everyone gets help right away”.*

### What difference did having an advocate make to you?

- “Good to have someone to listen during an extremely stressful time.”
- “Nothing”
- “It let me tell the people who were looking after me what I needed.”
- “The advocacy has helped me with solving my problems and figuring out my plans for the future.”
- “No-it was support at a tribunal and there was no change”
- “My advocacy worker supported me and gave me confidence to deal with the problems I had.”
- “An extra voice at a tribunal.”
- “I made the meeting.”
- “It was much easier to have meetings with my SW with advocacy support to make sure my views were better represented, and I felt less anxious. I was able to achieve a successful outcome with this support.”
- “N/A no help given/received due to powers out of my control but I’m still a vulnerable person. Thank you”
- “Was good to have that support and help for advice and guidance.”

### The Clan: Collective Advocacy

Collective advocacy is most often accessed by adults with learning disabilities and is available across Lanarkshire. A recent entrant to the advocacy landscape in Lanarkshire is the Clan, a collective advocacy group based in North Lanarkshire. Already they have made quite an impact; been invited to meet the First Minister in the Scottish parliament; lobbied successfully to have road safety measures put in place at a notorious stretch of road; and met with local MSP’s to discuss the lives and life opportunities for people with learning disabilities. For members of the Clan, their involvement has increased their confidence, enhanced their personal and communication skills and importantly, reinforced the substance and value of their lived experiences.

## 6. Advocacy Planning

In 2010, the Scottish Government imposed a duty that compelled all Health Boards to produce a regular plan to map out the advocacy services currently funded within their area. Responsibility for production lies with the Lanarkshire Advocacy Planning Group which includes representatives from NHS Lanarkshire, and from both North and South Lanarkshire Councils and Health and Social Care Partnerships. Moving into the next phase of the advocacy planning process, the Lanarkshire Advocacy Planning Group will invite representatives from local advocacy organisations to join the group.

Investment in independent advocacy has increased across Lanarkshire since the first Lanarkshire Advocacy Plan in 2004, which was a basic list of Advocacy Provision across Lanarkshire. Plans have been refined over the years.

The introduction of the Mental Health (Care and Treatment) Act (Scotland) in 2003 conferred statutory rights for some people to have advocacy services. Since then, the value and importance of advocacy services is threaded through all social care legislation, including the Adult Support and Protection (Scotland) Act 2007, Social Care (Self-directed Support) (Scotland) Act 2013, Carers (Scotland) Act 2016. From 2020, advocacy will be made available to all children and young people who are subject to the Children's Hearing processes.

This plan should have been influenced by stakeholder events, which were planned to take place in June 2020, but cancelled due to the world-wide outbreak of COVID-19. In order to write this plan and ensuring that we took into consideration the views of other stakeholders, we have relied upon anecdotal information and analysis of monitoring information from advocacy providers, outcome of commissioning activity and a paper consultation with key stakeholders.

We considered feedback from a stakeholder event which was held in February 2020. People who had used advocacy reported that it had a significant impact upon their quality of their life. Some said that it prevented them from having crises or deepening need and were grateful for being able to access advocacy services.

People were also particularly positive about the way that advocates work with them holistically, working alongside them to tackle multiple issues and challenges over time and providing continuity of support within social and benefit systems that are increasingly fragmented and specialised.

We also looked at:

- outcomes achieved by current services
- new legislative priorities
- identified unmet need
- carers advocacy
- prisoner advocacy

Furthermore, when planning for Advocacy we need to ensure that the Principles and Standards adopted nationally are adhered to.

**Independent advocacy is loyal to the people it supports and stands by their views and wishes.**

**Standards:**

- Independent advocacy follows the agenda of the people supported regardless of the views, interests and agendas of others.
- Independent advocacy must be able to evidence and demonstrate its structural, financial and psychological independence from others.
- Independent advocacy provides no other services, has no other interests, ties or links other than the delivery, promotion, support and defence of independent advocacy.



## **Independent advocacy ensures people's voices are listened to and their views are taken into account.**

### **Standards:**

- Independent advocacy recognises and safeguards everyone's right to be heard.
- Independent advocacy reduces the barriers people face in having their voice heard because of communication, or capacity, or the political, social, economic and personal interests of others.

## **Independent advocacy stands up to injustice, discrimination and disempowerment.**

### **Standards:**

- Independent advocacy recognises power imbalances or barriers people face and takes steps to address these.
- Independent advocacy enables people to have more agency, greater control and influence.
- Independent advocacy challenges discrimination and promotes equality and human rights.

The Lanarkshire Advocacy Planning Group (LAPG) will commit to engaging with and developing outcomes in partnership with service providers and service users. Outcomes and performance indicators will be agreed and measured across Lanarkshire on a consistent basis. We believe that robust monitoring and evaluation will improve the quality of the services provided and drive up standards by promoting greater accountability.

The LAPG will work to address all the current themes identified within its Action Plan and develop the plan for the life span of this current Advocacy Plan.

We will continue to make sure service users, their carers and others are able to contribute to the ongoing development and commissioning of advocacy services. We will work closely with advocacy providers through the Lanarkshire Independent Advocacy Network in order to help us do this.

We will be undertaking a consultation exercise in the form of surveys to gauge views as to how we are providing advocacy and its impact. No face to face engagement with service users and carers, advocacy partners, advocacy providers and relevant staff can currently be undertaken with COVID-19 restrictions.

The findings of our surveys will be used to inform the LAPG Action Plan.



## 7. What has been achieved since the publication of the previous plan?

### North Lanarkshire

In 2018, North Lanarkshire Council Health and Social Care Partnership, alongside colleagues from NHS Lanarkshire, put out to competitive tender the provision of advocacy services. The age banded, rather than condition specific commissioning model was retained, as it was found that this approach worked well, referral processes were clear, and increasing numbers of people accessed advocacy each year. People who use or have used advocacy services were fully involved within the commissioning process.

The newly tendered services are:

- Equals Advocacy Partnership for adults aged 65 and over
- The North Lanarkshire Advocacy Project for adults aged 18-65
- Who Cares? Scotland for children and young people

The importance of advocacy being available during the transition from child to adult and from adult to older adult services was recognised in the tender process. Advocacy services were commissioned with an expectation that they would be flexible to accommodate those within transitional phases of their lives. This delivery model is expected to promote continuity and to best meet the needs of people using advocacy services.

In addition to the three core services, Shelter (Housing Advocacy Service) is a small but valued service, providing third party advice on complex housing issues to advocacy providers, and when necessary, one-to-one professional advocacy. The local worker also participates on, and provides guidance to, local housing forums.

The partnership introduced a standard monitoring framework which the three providers use to record levels of demand, types of demand and what differences their work is making to the lives of individuals.

A small amount of additional funds, made available by the North Lanarkshire Alcohol and Drug Partnership, have been allocated to Equals Advocacy Partnership and to the North Lanarkshire Advocacy Project to support their work with people affected by substance misuse, a group identified that would benefit from advocacy input in the previous advocacy plan.

Providers have also been encouraged to identify opportunities for funding beyond NHS Lanarkshire and the NLHSCP and all have successfully augmented their core services by attracting additional funds.

Monitoring returns from our providers evidence the hundreds of individuals who have benefited from Advocacy.

### South Lanarkshire

South Lanarkshire Council, in partnership with NHS Lanarkshire, reviewed advocacy arrangements in terms of a potential tender of services in 2016-17. This exercise resulted in a negotiated tendering arrangement with two of our then incumbent Independent Advocacy Providers.

From the 1st April 2016, advocacy for older people and people with mental health issues has been provided by The Advocacy Project (TAP). Advocacy for people with learning disabilities is provided by Speak Out Advocacy Services. Both arrangements were for three years with the option for a further year's extension.

Those extensions will expire in 2021 and it is South Lanarkshire Health and Social Care Partnership's intention to commission a new independent Advocacy service for adults in 2020/21.

Collective Advocacy has been provided in the South Health and Social Care Partnership by People First Scotland, collective advocacy was not considered as part of the 2016 negotiated arrangement however, will be in our planning for Advocacy in 2020.

Advocacy for Adults with physical disabilities/communication difficulties was also added to the Service with Speak Out Advocacy. This arrangement has been on a year to year basis benefiting from funding sources from Patients' Rights and has filled a previously identified gap in service. This will also be brought into our Advocacy Planning in 2020.



With the introduction of the Carers Act on 1 April 2018, pilot funding was provided to both adult incumbent providers to explore the benefits for carers advocacy. Since then the Health and Social Care Partnership has tendered our carers services and will now have one provider supporting all our Carers for Adult Carers and one for Young Carers activity. Good relationships have been established with our Advocacy and Carer organisations.

A small amount of additional funds, made available by the South Lanarkshire Alcohol and Drug Partnership, have been allocated to The Advocacy Project (TAP), to support their work with people affected by substance misuse, a group identified that would benefit from advocacy input in the previous advocacy plan. This funding is aligned to the 2020 financial year and further consideration will be required for its inclusion in future tendering arrangements.

Who Cares? Scotland are the current incumbent of our Children and Young Peoples Services. We have focussed their advocacy support on children and young people who we accommodate in our in-house services or in other residential placements. Combining our children and young people's advocacy with our adults advocacy in one tender in potentially two lots will form part of our planning going forward.

An advocacy pathway for staff has also been developed and will be refreshed as our service delivery model is refreshed.

Advocacy continues to be instrumental in assisting service users understand the complex principles and arrangements associated with the introduction and implementation of Self-directed Support. An SDS snakes and ladders game has been replicated into a portable board game version and is used in our Lifestyle Centres with a range of service users.

During the lifespan of this 2020-2025 year plan, South Lanarkshire Health and Social Care Partnership will develop a Sourcing Strategy for the future of Independent Advocacy Services for Adults and Children and Young People with the intention of having refreshed services in place in 2021-22.

Monitoring returns from our providers evidence the hundreds of individuals who have benefited from Advocacy.

## Across Lanarkshire

The Lanarkshire Independent Advocacy Network is supported by all of the advocacy providers across Lanarkshire. Representatives from both councils fully support activity and are non-voting members of the group. Advocacy services are well respected across Lanarkshire, are viewed as key partners and are active participants within a range of key council and NHS forums.

Both local authorities advocacy representatives continue to communicate in their efforts to drive forward Independent Advocacy and ensuring the voice of service users is reflected across all our service areas.



## 8. What are the objectives of the Lanarkshire Advocacy Plan 2020 - 2025?

The principal objective of this plan is to ensure that advocacy continues to be sustained and where possible developed across Lanarkshire in a strategic, collaborative and co-ordinated manner. It is impossible to accurately predict who may require advocacy services in the future as it is possible that many people would benefit from input in certain situations and circumstances. What we do know through analysis of current provision is that the demand for services has risen each year since the publication of the first Lanarkshire Advocacy Plan in 2010. There is no evidence to suggest that this trend will differ or the curve flatten over the duration of the 2020-25 Plan.

In view of these difficulties, a limitation of this Plan is that there may be an unmet need for advocacy that is not identified and perhaps an epidemiological approach to mapping potential future demand will be necessary.

As such, local advocacy provision supports statutory requirements as well as providing support to meet the needs of people requiring advocacy within particular identified communities, such as older people. It is acknowledged that advocacy often presents in a cross-cutting manner across communities and needs, for example older people with mental health problems, who may also require support for their physical health, and may also be a carer.

Anyone who has a mental disorder as defined by the Mental Health (Care and Treatment) (Scotland) Act 2003 or who is covered under the Adult Support and Protection (Scotland) Act 2007 already has a right of access to independent advocacy.

Our priority groups for provision are:

- People affected by learning disability
- Personality disorder
- People affected by mental ill health
- Children and Young People who are subject to legislative procedures including Child Protection
- People affected by brain injury/physical disability and have a communication support need

North Lanarkshire Council recently commissioned a scoping exercise and consultation event to ascertain the demand for a carers advocacy service. Not surprisingly, this confirmed the importance of, and the need for advocacy for all carers.

South Lanarkshire Health and Social Care Partnership had allocated some Carers Act funding to our incumbent advocacy providers to pilot carers advocacy. This had a positive impact on carers however also highlighted the role of our existing Carers Supports Services, all of which have been recommissioned. Carers Advocacy will be kept under review by the Health and Social Care Partnership, as our new Carers Services bed in.

Through analysis of statistical information and discussion with advocacy providers about unmet need, we acknowledge that there are a number of other groups of people that would benefit from the provision of independent advocacy. Amongst whom are:

- Black and ethnic minority communities
- People with sensory impairments (we will link this with the national See Hear Strategy, and our local responses)
- Hospital-based advocacy services

NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council and our respective Health and Social Care Partnerships are committed to considering provision of services which are culturally sensitive and accessible to everyone in Lanarkshire who needs them.

We are aware that further work is required to ensure that appropriate support is available to all and to ensure equity of provision.

We acknowledged the benefit that hospital-based advocacy services would provide. To help support access for people in hospital, we will ensure that closer collaboration between community-based advocacy services and the Patients Advice and Support Services [PASS] are strengthened.

This plan should also dovetail with the respective Health and Social Care Commissioning Plans for both the North Health and Social Care Partnership and South Health and Social Care Partnership, and also the Lanarkshire wide Mental Health Strategy.

## 9. Conclusion

There are strong partnership links between the Lanarkshire Advocacy Planning Group, the Lanarkshire Independent Advocacy Network, Health and Social Care Partnerships, North and South Lanarkshire Council, NHS Lanarkshire and provider staff. These partnerships provide a sound base from which to undertake the work outlined in our Action Plan.

All recognise that we are facing unprecedented financial challenges amidst circumstances never experienced by any. Notwithstanding, all of the key stakeholders are committed to addressing the actions, challenges and sustaining the provision of advocacy services across Lanarkshire.

## Appendix A Financial Framework

**The Advocacy Breakdown for South Lanarkshire is as follows:**

Project	Service	SLC	NHSL	NLC Alcohol and Drug Partnership	Total to Provider
Who Cares? Scotland	C and F	£117,600	£	£	£117,600
TAP	OP	£48,620	£19,000	£	£67,620
TAP	MH	£91,830	£23,000	£25,000	£139,830
Speak Out	LD	£112,600	£25,000	£	£137,600
People First	LD	£62,912	£	£	£62,912
<b>Totals</b>		<b>£433,562</b>	<b>£67,000</b>	<b>£25,000</b>	<b>£525,562</b>

**The Advocacy Breakdown for North Lanarkshire is as follows:**

Project	Service	SLC	NHSL	NLC Alcohol and Drug Partnership	Total to Provider
Who Cares? Scotland	C and F	£241,000	£	£	£241,000
Equal Say	Adults	£214,189	£55,974	£25,000	£295,163
Equals Advocacy	Older Adults	£86,994	£77,343	£15,000	£179,337
Shelter	Adults	£20,298	£	£	£20,298
Advocacy Network		£1,213	£	£	£1,213
<b>Totals</b>		<b>£563,694</b>	<b>£133,317</b>	<b>£40,000</b>	<b>£737,011</b>

**Total Lanarkshire wide investment £1,262,57**



# Appendix B

## Action Plan

1. Financial Framework			
No	Action	Responsibility	Timescale
1.1	Financial framework for advocacy services 2020-25 to be reviewed in relation to NHSL historic allocation across Health and Care Partnership, and potential to align Lanarkshire wide.	Commissioning partners Lanarkshire Advocacy Planning Group LAPG)	October 2020
1.2	Maintain oversight of any additional resource that can be targeted directly to advocacy service (e.g. growth in dementia)	Commissioning partners Lanarkshire Advocacy Planning Group LAPG	March 2021
1.3	Explore external sources of advocacy funding	Commissioning partners Advocacy providers	

2. Advocacy Development – Commissioning Intentions			
No	Action	Responsibility	Timescale
2.1	South Lanarkshire Health and Social Care Partnership will develop a Sourcing Strategy for Advocacy Services.	South Lanarkshire Health and Social Care Partnership	1 April 2021
2.2	North Lanarkshire Health and Social Care Partnership to review future commissioning intentions	North Lanarkshire Health and Social Care Partnership	1 April 2021
2.3	All partners consider pan-Lanarkshire Tender for Advocacy Services.	Commissioning partners Lanarkshire Advocacy Planning Group LAPG Health and Care Partnerships	October 2020

3. Communication and Advocacy Awareness Training			
No	Action	Responsibility	Timescale
3.1	Develop publicly accessible Advocacy Information in a range of formats. (Advocacy Commissioning partners / Lanarkshire Advocacy Planning Group LAPG / Health and Care Partnerships / Advocacy Providers pathway)	Commissioning partners Lanarkshire Advocacy Planning Group LAPG Health and Care Partnerships Advocacy Providers	October 2020
3.2	All partner and provider websites to be reviewed and updated and ensure information on respective Third Sector interface (Vanl/VasLan) up to date.	Commissioning partners Lanarkshire Advocacy Planning Group LAPG Health and Care Partnerships Advocacy Providers	October 2020
3.3	Annual Awareness raising event (potential to launch plan??)	Commissioning partners Lanarkshire Advocacy Planning Group LAPG Health and Care Partnerships Advocacy Providers	October 2020



#### 4. Role of Lanarkshire Advocacy Planning Group (LAPG)

No	Action	Responsibility	Timescale
4.1	Develop role of LAPG, explore wider membership and links to Advocacy Providers.	Commissioning partners Lanarkshire Independent Advocacy Network	March 2021
4.2	Maintain links with national developments, and local network Provider organisations.	Commissioning partners Lanarkshire Advocacy Planning Group LAPG Health and Care Partnerships Advocacy Providers	March 2021
4.3	Develop Strategic Needs Assessment for condition specific groups (mental health/ learning disability/communication difficulty)	Lanarkshire Advocacy Planning Group LAPG Health and Care Partnerships	March 2021
4.4	Ensure any gaps in Advocacy Service delivery are identified and solutions sought to provide cover.	Lanarkshire Advocacy Planning Group LAPG Health and Care Partnerships	March 2021

#### 5. Recommendations from MWC

No	Action	Responsibility	Timescale
5.1	Ensure Advocacy Plan reflects findings of Mental Welfare commission Survey.	Lanarkshire Advocacy Planning Group LAPG Health and Care Partnerships	March 2022

#### 6. Collation of Monitoring Activity and Service users voice Lanarkshire wide

No	Action	Responsibility	Timescale
6.1	Develop and collate annual statistical return for Lanarkshire services	Commissioning partners Lanarkshire Independent Advocacy Network	March 2021
6.2	Undertake bi-annual survey of service users, advocacy providers, staff regarding the impact of advocacy Lanarkshire wide	Commissioning partners Lanarkshire Independent Advocacy Network	September 2020



# Appendix C

## Relevant Resources

### Independent Advocacy

A guide for commissioners

[www.gov.scot/publications/independent-advocacy-guide-commissioners/pages/8/](http://www.gov.scot/publications/independent-advocacy-guide-commissioners/pages/8/)

### The Right to Advocacy

Mental Welfare Commission Report

[www.mwscot.org.uk/sites/default/files/2019-06/the\\_right\\_to\\_advocacy\\_march\\_2018.pdf](http://www.mwscot.org.uk/sites/default/files/2019-06/the_right_to_advocacy_march_2018.pdf)

### SIAA Independent Advocacy

Principles, Standards and Code of Best Practice (2019)

[www.siaa.org.uk/publications/principles-standards-code-of-best-practice/](http://www.siaa.org.uk/publications/principles-standards-code-of-best-practice/)

### SIAA independent Advocacy

Toolkit for demonstrating impact of Independent Advocacy (2019)

[www.siaa.org.uk/wp-content/uploads/2019/12/SIAA\\_Measuring\\_Impact\\_Toolkit.pdf](http://www.siaa.org.uk/wp-content/uploads/2019/12/SIAA_Measuring_Impact_Toolkit.pdf)

## Appendix D

### Independent Advocacy

#### Providers in

#### North Lanarkshire

##### North Lanarkshire

**Adults aged 65 and over**

**Equals Advocacy Partnership**

01698 327772

[admin@equalsadvocacy.org.uk](mailto:admin@equalsadvocacy.org.uk)

**Adults aged 18-64:**

**The North Lanarkshire Advocacy Project**

01698 358245

[sam@equalsay.org](mailto:sam@equalsay.org)

**Children and young people:**

**Who Cares? Scotland**

01698 457 877

**Shelter Housing Advocacy:**

0344 515 2363

[www.whocaresscotland.org](http://www.whocaresscotland.org)  
[samuel\\_thomas@shelter.org.uk](mailto:samuel_thomas@shelter.org.uk)

##### South Lanarkshire

**Older People 65+**

**The Advocacy Project**

0141 420 0961

[enquiry@theadvocacyproject.org.uk](mailto:enquiry@theadvocacyproject.org.uk)

**Adults with mental ill health issues:**

**The Advocacy Project**

0141 420 0961

[enquiry@theadvocacyproject.org.uk](mailto:enquiry@theadvocacyproject.org.uk)

**Children and young people:**

**Who Cares? Scotland**

0141 226 4441

[Enquiries@whocaresscotland.org](mailto:Enquiries@whocaresscotland.org)

**Adults with Learning Disability/**

**Communication impairment**

**Speak Out Advocacy Project**

01698 283228

[info@speak-out.org.uk](mailto:info@speak-out.org.uk)

**Collective advocacy for adults with learning disabilities**

**People First Scotland:**

[jimquigleyp1st@aol.co.uk](mailto:jimquigleyp1st@aol.co.uk)

# Appendix E

## Participation and Engagement Agencies and Survey

Equals Advocacy Partnership

NHS Lanarkshire

North Lanarkshire Health and Social Care Partnership

North Lanarkshire Advocacy Project [Equal Say]

North Lanarkshire Carers Together

People First

Lanarkshire Carers Centre

Shelter Scotland

South Lanarkshire Health and Social Care Partnership

Speak Out Advocacy Project

The Advocacy Project

Who Cares? Scotland

Covey Befriending

Take Control

PAMIS

A consultation exercise was undertaken (July – September 2020) as part of the development of the Advocacy Plan, across both North and South HSCPs, with staff, advocacy partners, and advocacy service users. Across both Partnerships there were 60 responses to the staff survey, 40 responses to the Partner (service users) survey, and 19 responses from advocacy workers.





If you need this information in another language or format,  
please contact us to discuss how we can best meet your needs.

Phone: 0303 123 1015

Email: [equalities@southlanarkshire.gov.uk](mailto:equalities@southlanarkshire.gov.uk)

[www.southlanarkshire.gov.uk](http://www.southlanarkshire.gov.uk)

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