

East Ayrshire Independent Advocacy

Strategic Plan
2019–22



Introduction

Welcome to the Independent Advocacy Strategic Plan 2018-21 for East Ayrshire ('the Plan). It sets out our shared ambitions for improving opportunities for everyone in our communities to have their voice heard.

Developing the plan

The Plan has been developed by engaging with our partners, workforce and the communities we serve. Through them, we understand the ways in which independent advocacy can help achieve the vision for East Ayrshire:

'East Ayrshire is a place with strong, safe and vibrant communities where everyone has a good quality of life and access to opportunities, chances and high quality services which are sustainable, accessible and meet people's needs.'

We have been informed by information from the Scottish Independent Advocacy Alliance (SIAA), guidance from Independent Advocacy Guide for Commissioners from the Scottish Government 2013 and by the views of local people, particularly those who have used independent advocacy services, their carers and families.

The programme of stakeholder engagement used to gather and understand local perspectives is shown in the table below:

Date/Time	Event	Audience
28 September 2017	Stakeholder Event	Mixed Stakeholders
5 October 2017	Stakeholder Event	Mixed Stakeholders
15 October 2018 onwards	Steering Group Established- continuous engagement throughout	Mixed Stakeholders
18 October 2018	Independent Advocacy Provider Discussion	Independent Advocacy Providers
29 October 2018	Children's services- Independent Advocacy Commissioners discussion	HSCP Commissioners
29 October	Children's independent advocacy discussion	Mental Health Officer representatives
1 November	Integration Joint Board- The Right to Advocacy	Mixed Stakeholders
29 October- 23 November	Independent Advocacy- online and face to face engagement period	Mixed Stakeholders- particularly people who have used independent advocacy services
12 November	Independent Advocacy & Carers Discussion	Carers representatives
14 November	Strategic Planning Group	Mixed Stakeholders
23 November	Steering Group	Mixed Stakeholders

What is independent advocacy?

Advocacy is a way of ensuring that everyone's voice is heard in decisions that affect them- including people who find it difficult to express their views and make choices. Advocates help people to express themselves in a number of ways and may speak on someone's behalf to ensure their views are communicated and listened to.

People working in health and social care think about the best interests of the people they support. Independent advocacy is different because the independent advocate represents the person's wishes and preferences solely from their point of view, irrespective of professional or medical considerations or other implications, such as strategic fit and availability of resources.

The principles are that independent advocacy:

- puts the people who use it first;
- is accountable;
- is as free as it can be from conflicts of interest; and
- is accessible¹.

The Scottish Independent Advocacy Alliance defines that advocacy:

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

A significant amount of information is published detailing the nature of independent advocacy, which this Plan will not seek to replicate. A summarised description of different types of advocacy can be found in Appendix 1.

Information on advocacy available elsewhere in Ayrshire can be found:

- in North Ayrshire Health and Social Care Partnership's Advocacy Plan (*insert link when published*); and
- in South Ayrshire Health and Social Care Partnership's Advocacy Plan (*insert link when published*)

The [Scottish Independent Advocacy Alliance website](#) is a comprehensive resource for further information, including a [Map of independent advocacy](#) available throughout Scotland

¹ The Scottish Independent Advocacy Alliance, Independent Advocacy: A Guide for Commissioners.

Planning independent advocacy in East Ayrshire

Advocacy Planning Group

In East Ayrshire, the Health and Social Care Partnership ('the Partnership') leads planning for independent advocacy.

The Partnership's [Strategic Plan 2018-21](#) has a shared vision of:

'working together with all of our communities to improve and sustain wellbeing, care and promote equity'

reflecting the contribution of the Partnership as the lead agency for delivering the [Wellbeing](#) theme of the East Ayrshire Community Plan 2015-30, which is the sovereign local strategy.

Thus, the Strategic Planning Group and Wellbeing Delivery Group have come together in recognition of this shared agenda and meet regularly as one body. As part of its overall portfolio of responsibility for local planning and implementation, the Strategic Planning/Wellbeing Delivery Group ('the Group') has adopted the role of Advocacy Planning Group.

The Group includes; statutory sector, third and voluntary sector, independent care sector, people who use services, carers and independent advocacy.

Policy Context

Independent advocacy contributes to the local and national policy context in a number of ways:

The strategic priorities of the [East Ayrshire Community Plan](#) for the period 2018-2021 are:

- improve outcomes for vulnerable children and young people;
- older people: adding life to years- tackle social isolation; and
- community led regeneration: empower communities and build community resilience.

Everyone having a voice is a key enabler in these areas.

[Wellbeing](#) improvements within the Community Plan have four key aspirations:

- Children and Young People, including those in early years, and their parents / carers are supported to be active, healthy and to reach their potential at all life stages;
- All residents are given the opportunity to improve their wellbeing ,to lead an active healthy life and to make positive lifestyle choices;
- Older people and adults who require support and their families and carers are included and empowered to live the healthiest life possible, and;
- Communities are supported to address the impact inequalities has on the health and wellbeing of our residents.

Enabling people, especially those who are vulnerable or who face the greatest amount of inequality, to express themselves and articulate their views, is a central component achieving these aims.

The **Partnership's commissioning intentions** focus on the 'triple aim' of the national Health and Social Care Delivery Plan, summarised as;

- 'Better Care' - improving the quality of care by targeting investment at improvement and delivering the best, most effective support;
- 'Better Health' - improving health and wellbeing through support for healthier lives through early years, reducing health inequalities and focusing on prevention and self-management, and;
- 'Better Value' – increasing value and sustainability of care by making best use of available resources, ensuring efficient and consistent delivery, investing in effectiveness, and focusing on prevention and early intervention.

And in 2018-21 our **Strategic Plan** is to focus on a number of core themes. These are:

- Scaling up our work on prevention and early intervention across all ages;
- Supporting New Models of Care;
- Building capacity in Primary and Community Care; and;
- Transformation to ensure sustainability – to tackle the financial gap which, if we continue as we are, is projected to be over £37.8M by 2021/22.

This will be supported by joint planning focused on the 'set aside' budget to develop support for people at home and prevent unnecessary hospital admission and make best use of Acute Services.

A key part of empowering communities and improving wellbeing is **working in localities** to influence the planning and delivery of services. Locality Plans consistently prioritise the things that people in communities have told us are important such as; improving connectedness to reduce social isolation and loneliness and improving mental health and wellbeing. The Plans are live documents under continuous review. Independent advocacy providers are involved in locality planning and full information is [available here](#).

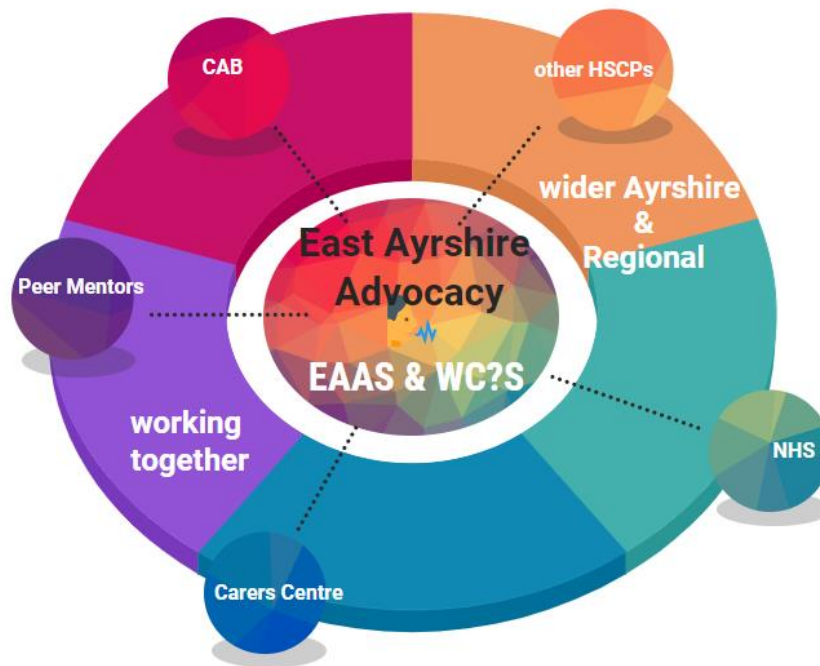
Ensuring people have an independent platform to help express their views is a fundamental part of this transformational journey.

There are also a number of specific legislative drivers that emphasise the importance of independent advocacy and/or that require the provision of independent advocacy to certain groups:

- The Mental Health (Care and Treatment) (Scotland) Act 2003;
- The Adults with Incapacity (Scotland) Act 2000;
- The Adult Support and Protection (Scotland) Act 2007;
- The Education (Additional Support for Learning) (Scotland) Act 2004;
- The National Health Service Reform (Scotland) Act 2004;
- The Social Security (Scotland) Act 2018; and
- The Carers (Scotland) Act 2018.

Scottish Government's Programme for Government 2018/19 also prioritises advocacy for people with drug or alcohol problems.

What is currently available?



East Ayrshire Advocacy Services ('EAAS') provide independent advocacy for:

- People aged 16-65 years, living in East Ayrshire who have:
 - a learning disability or;
 - a mental health problem or;
 - an acquired brain injury or;
- Parents, living in East Ayrshire who have:
 - a learning disability or;
 - a mental health problem or;
 - an acquired brain injury and/or an addiction;whose children are involved in Child Protection procedures and/or otherwise with the Children's Panel; and
- People living in East Ayrshire aged over 65 years;
- Men in HMP Kilmarnock who have mental health problems;
- East Ayrshire residents in the psychiatric setting at Woodland View Hospital or any other hospital in Ayrshire and Arran; and
- Young people aged 14+ years who are subject to mental health legislation.

Importantly, EAAS does not require any diagnosis of mental illness in order to help someone. It is sufficient for someone to present as stressed or anxious in relation to their situation to have access to independent advocacy support, including situations arising from addiction or caring responsibilities.

EAAS has an open approach, accepting referrals from people who believe they need advocacy, from carers, family members and friends, as well as from professionals/workers who are involved in people's lives, such as social workers and health visitors. Referrals can be made in person, by telephone or online. The service aims to contact the person within 2 working days to scope the need for advocacy and will withdraw if it is against their wishes. [East Ayrshire Advocacy Services' website](#) provides full information about the types of advocacy offered.

Children and Young People

In East Ayrshire, Who Cares? Scotland provide independent advocacy for:

- Children and young people who are Looked After and Accommodated, or who are care experienced; and
- Children, including the very young and babies, involved in the permanency planning process to help reduce delay in permanency planning by ensuring their voice is heard from a children's rights perspective.

By 2019, independent advocacy will be extended to children and young people who are looked after at home or in kinship care and local Who Cares? Scotland capacity will be doubled to meet this demand. Who Cares? Scotland accepts referrals from children and young people themselves, from carers and families, as well as from professionals/workers who are involved in their lives. As part of this open approach, referrals can be made in person, by telephone or online. [Who Cares? Scotland's website](#) provides full information about the services offered.

Beyond East Ayrshire

In Ayrshire, the North Ayrshire Health and Social Care Partnership leads on leadership, management and development of Mental Health in respect of: all Mental Health Inpatients Services (including Addictions) Psychiatric Medical Services, Eating Disorders, Forensic, Crisis Resolution and Home Treatment Team, Liaison (Adult, Elderly Learning Disabilities and Alcohol, Advanced Nurse Practitioner Services), Child and Adolescent Mental Health Services and Psychology Services, while the East Ayrshire Partnership retains full responsibility for community services within these specialties.

Looking ahead, the forensic CAMHS provision at Woodland View in Irvine will be a national resource for children and young people up to the age of 19, jointly provided by NHS Ayrshire and Arran and North Ayrshire HSCP. The need for the children and young people who use this service to be involved in its development and improvement is recognised, part of which is access to advocacy.

Some mental health services for young people are planned on a regional basis by the West of Scotland NHS Boards (NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lanarkshire). As part of this, specialist inpatient care is provided for East Ayrshire young people aged 12 -18 years, at Skye House in Glasgow, and for children under 12 it is provided in the Royal Hospital for Children in Glasgow, each of which has a dedicated independent advocacy provision.

How local advocacy is funded

EAAS is jointly commissioned by East Ayrshire Council and NHS Ayrshire and Arran, with the Council acting as lead agency. The service is Grant Funded through the Council via a service level agreement, most recently in June 2018 for 2018/19 and 2019/20 as shown in the table below:

2018/19	2019/20	Total
£348,676	£348,676	£697,352

Who Cares? Scotland is commissioned on a contracting basis. For 2018/19, North Ayrshire Council and East Ayrshire Council are jointly commissioning the service with a contract value as shown below, Thereafter, East Ayrshire will continue to contract by direct award in 2019/20 with contract value shown below, with the option to extend arrangements until 2022.

2018/19- North & East Ayrshire	2019/20- East Ayrshire	Total
£105,560	£98,899*	£204,459*

* figures anticipate enhancement of advocacy offer in 2019.

Working Together

The things that support people to express their views go beyond those services commissioned for professional independent advocacy. Collaborative working with local partners ensures a rounded offering of information and advice that empowers people to express their views:

Carers

East Ayrshire Carers Centre works independently and in partnership in East Ayrshire to ensure that adult and young carers know all of their rights with regards to the Carers (Scotland) Act 2016; that they get the support, advice and guidance they require to live a life alongside caring; that they receive full benefits maximisation to reduce poverty; that they receive bespoke options to get breaks away from their caring role and; that they are less isolated and more able to contribute to their local community.

In relation to advocacy, East Ayrshire Carers Centre supports carers through discussion, to identify and understand their issues and related rights, the outcomes they want to achieve and potential ways to achieve them, making them more able to self-advocate. They work jointly with local independent advocacy providers to ensure people are supported by the most appropriate organisation and that it is well coordinated.

Carer Peer Mentors

The Carers Centre employs two full time Carer Peer Mentors, who have been fully involved in planning and implementing the Carers (Scotland) Act 2018 and who are working with carers to create their individual Adult Carer Support Plans. Through this peer approach of sharing personal lived experience, the Carer Peer Mentors are raising awareness of carers rights and empowering carers to express related views to improve their caring experience. There are also two part time Young Carer Peer Mentors who work with young carers in the same way, helping them to identify things that would make a positive difference to individual lives and caring experiences and using this understanding of what matters to develop the Partnership's Young Carers Statement.

Citizens Advice Bureau

East Ayrshire Citizens Advice Bureau (CAB) provide information, advice and support to anyone living in East Ayrshire with the twin aims of: ensuring that individuals do not suffer through ignorance of their rights and responsibilities or of the services available; or through an inability to express their needs and; exercising a responsible influence on the development of social policies and services, both locally and nationally.

Most commonly CAB support people in relation to benefits enquiries, applications and appeals; money/debt advice, consumer issues' work-related problems; housing and relationships. CAB also provides two services across Ayrshire and Arran; the Armed Services Advice Project, which supports people serving/who have served in the armed forces and their families and; the Patient Advice and Support Services, which assists people with complaints about NHS services, including GPs, dentists and hospitals.

What is the need for independent advocacy?

35%

more people who will be living with dementia



20%

more older people living with one or more long term health conditions

317.5

drug related inpatient and day case stays per 100,000 population. rate increasing



13,403

residents getting Council Tax Reduction in 2017

3.2%

tenants in severe rent arrears 2016/17

20%

P4-7 pupils receiving free school meals in 2016

28%

of children living in poverty (after housing costs)

-2.4%

East Ayrshire's population reduction by 2034. In contrast Scotland projected to increase by 5.8%.

+40%

more older people.
58% increase in people aged 75+
97% increase in people aged 85+



-6.7%

fewer people aged 0 to 25 by 2028



-14%

fewer people of working age - dropping from 77,754 to 66,707



32%

of people in East Ayrshire live in the 0-20% most deprived areas in Scotland.



1.8

children per 1,000 on Child Protection Register. Scotland 3.0

504

the number of children and young people the Partnership cared for in 2017/18.



92%

of children were looked after in community settings

737

alcohol related hospital stays per 100,000 population. rate decreasing



12,620

unpaid carers

42.9%

known to have one or more long term health condition



253
aged 0 - 15

58%

feel they have a say the services for the person they look after

759
aged 16 - 25

Meeting the demand

The factors contributing to demand for independent advocacy that are set out in the previous section translates into 3840 contacts with EAAS in 2017/18 across all service offers, representing a 14.8% increase since 2015/16.

The Adult services are shown to be the largest area of service. 35% of contacts in 2017/18 were in relation to people who were experiencing a mental health problem, 23% were in relation to people who have a learning disability and a further 5% were in relation to people who had either a mental health problem or learning disability and a drug or alcohol addiction.

In relation to the Parents/Children and Families service, 16% of contacts were in relation to parents whose children were experiencing a mental health problem, 9% were for parents whose children have a learning disability and 7% were for parents whose children have either a learning disability or mental health problem and a drug or alcohol addiction.

WhoCares? Scotland have supported between 34 and 40 children/young people per year since 2015/16, who account for an average of 230 advocacy 'asks' per year in total. There has been an increasing trend with the number of asks increasing to 323 in 2017/18.

During this period, the service has supported these young people to express themselves in relation to a number of themes. The top five themes for advocacy 'asks' being:

- 17% relating to Professionals Meetings, Child Protection Core Groups/De-registration Core Groups, Permanency Planning Meetings, Placement Review Meetings and Placement Admission Meetings,
- 14% relating to contact with siblings,
- 9% relating to contact with parents,
- 8% relating to remaining in their placement, and
- 8% relating to permanency.

Out of Area Placements

We recognise that where a child or young person needs to be placed somewhere outside East Ayrshire, maintaining connections with home and ensuring that their voice continues to be heard in local processes and decisions is a significant part of achieving a positive outcome.

In relation to mental health, East Ayrshire Mental Health Officers ('MHO') retain their responsibilities for the duration of legal interventions that require the person to be placed out of area; part of which is a duty to ensure the person has access to independent advocacy.

EAAS and Who Cares? Scotland work with independent advocacy providers in other areas to ensure a continuity of service when someone is placed outside East Ayrshire. The East Ayrshire advocate will travel to the other area, provide independent advocacy for the person and work with the other advocacy provider to manage the transition to a new advocate where necessary. Similarly, when the person is coming back to East Ayrshire, the independent advocates work together to make this a seamless process.

These reciprocal arrangements are also in place for people from other areas being placed locally.

What have people told us?

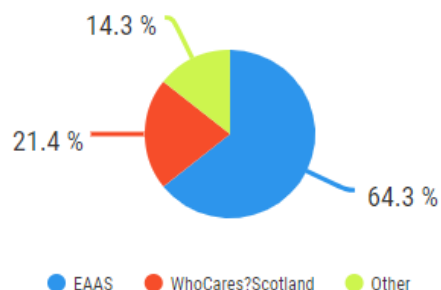
In developing this Plan, we asked people for their views and experiences of advocacy in East Ayrshire, as well as asking for thoughts on how we can improve. Some key things that we learned are:

95.3%

of people are very confident or confident that they know what advocacy is and what its for



% Awareness of local advocacy



% Rating: Quality & Availability of Advocacy Info



Very Good Good Acceptable Poor
Very Poor Other

95.9%

of people are confident or very confident they know when & why to refer to advocacy



'Advocacy champions?'

80.6%

of people rated local advocacy as good or excellent



% Rating: Waits for Advocacy



None/very short Short Medium Long
Very Long Other

'amazed folk listened, I wish everyone in my situation had an advocate to help them 'cause it's quite scary being in meetings with loads of folk expecting you to talk and sometimes it's too hard to say what you really want.'

Enhancing Our Approach

We will continue to be committed to ensuring that people, including children and young people, who have a legal right to advocacy because of their particular vulnerability, are supported to have their views expressed.

And, having heard from our communities, we affirm our focus on the groups for whom advocacy is already available.

We recognise that other groups could benefit from enhancing our advocacy offer:

- People with drug/alcohol problems;
- Any carers who are not do not have any of the characteristics within EAAS's remit;
- Any children aged under 14 who are subject to mental health legislation and who have a community-based Order;
- Adults who have a physical disability and none of the characteristics within EAAS's remit;
- People who have the right to advocacy to engage with the emerging Scottish Social Security system; and
- People who are detained under mental health legislation in the out of hours period.

Work is underway to scope these potential gaps and during the lifetime of this Plan, we will continue to work to understand their impact and consider the best ways to support these groups by working with individuals and organisations already supporting them and with our partners, on both a local and regional basis.

Engagement, Equalities, Monitoring & Evaluation

We will engage with our communities throughout the lifetime of this Plan to continue to understand how advocacy contributes to achieving what matters to them. The Plan has been screened for its impact on different groups of people and will be assessed by stakeholders in terms of its equalities impact as part of delivery arrangements.

The Advocacy Planning Group will retain oversight of progress towards our outcomes. Through ongoing monitoring and evaluation we will continue to improve the quality of the services provided and raise awareness of the role of advocacy.

We will regularly review advocacy services and provision against the Scottish Independent Advocacy Alliance's *Principles and Standards for Independent Advocacy* and in line with Scottish Government's *Independent Advocacy - Guide for Commissioners*.

Outcomes Framework

Wellbeing Priorities	Advocacy Priority	Where are we now?	Where do we want to be?
<ul style="list-style-type: none"> Children and Young people, including those in early years are supported to be active, healthy and reach their potential at all life stages. Older people and adults who require support and their carers are included and empowered to live the healthiest lives possible. 	<ul style="list-style-type: none"> People are more involved in decisions that affect them Advocacy services are sustainable 	<ul style="list-style-type: none"> Children and young people aged 14 years+ who are subject to the Mental Health (Care & Treatment) (Scotland) Act have access to independent advocacy. Children and young people who are looked after, or who have previously been so have access to independent advocacy. All older people (including carers) in East Ayrshire have access to independent advocacy. Adults (including carers) who require support have access to independent advocacy as set out in Section 5. Carers including young carers have access to peer advocacy. 	<ul style="list-style-type: none"> Widen access to independent advocacy for vulnerable children and young people. Monitoring arrangements are in place to ensure service sustainability and manage emerging trends in unmet need. People tell us they are involved in decisions affecting them. Potential gaps in the advocacy offering are analysed and actioned as appropriate.
<ul style="list-style-type: none"> All residents are given the opportunity to improve their wellbeing, to lead an active healthy life and to make positive lifestyle choices. Communities are supported to address the impact that inequalities have on the health and wellbeing of residents. 	<ul style="list-style-type: none"> People have a greater understanding of advocacy People are more able to advocate for themselves 	<ul style="list-style-type: none"> 95.3% of people who responded said they are confident or very confident that they understand independent advocacy. 75% of people rate the quality and availability of independent advocacy information as good or very good. 	<ul style="list-style-type: none"> Service providers and commissioners collaborate to further raise awareness, understanding and promote self-advocacy.

Appendix 1: Types of Advocacy

Self-advocacy

Self-advocacy is the ability of a person to speak for themselves about the things that are important to them. Self-advocacy means people are able to ask for what they need and want and tell people about their thoughts and how they feel. Self-advocacy means people know their rights and responsibilities, and are able to make choices and decisions about their life.

Citizen advocacy

Citizen advocacy is where ordinary people provide one to one, often longer term advocacy for people who cannot speak up for themselves. It is based on a relationship of trust and understanding the person for whom they are advocating. Citizen advocates are often supported by Independent Advocacy Organisations to ensure they operate to clear principles and standards and receive on-going training and support. Citizen advocates are not paid, although may be compensated for out of pocket expenses.

Collective (or group) advocacy

Collective advocacy is where a group of people with similar experiences or challenges get together to support each other over an issue that affects them all. The group provides a collective voice, which is often powerful and supports each other through the journey, often increasing individual's self-confidence and self-worth and helping to reduce social isolation and stigma.

Peer advocacy

Peer advocacy is when individuals share significant lived experience e.g. age, gender, ethnicity, diagnosis, service experience or issues with an individual or group. Peer advocates use their own experiences to offer understanding, empathy as well as information and assistance with the people they support. Peer advocacy helps to increase people's self-awareness, confidence and assertiveness so that they can begin to speak out for themselves.

Professional advocacy

Professional advocacy is also known as one to one or individual advocacy and is provided by paid and unpaid advocates, largely through an Independent Advocacy Organisation. The advocate supports the person to express their views, and make choices and decisions on issues that affect them and/or represents their views, if the person is unable to do this. This support can be short or longer term depending on the complexity of the issue/s by providing information but not advice.

Non-instructed advocacy

Non-instructed advocacy happens when a person who needs an independent advocate cannot tell the advocate what they want. This may be because the person has complex communication needs or has a long term illness or disability that prevents them from being able to state their needs and wishes. In this case, the advocate will take time to get to know the person and look for alternative methods of communication, for instance the ways that people communicate with their behaviour and actions, to enable the person to express their views. In addition they will get to know their family and friends to further support decision making and ensure their rights are upheld. The advocate will often challenge service providers in order to promote a person-centred independent approach.

