



**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 25 April 2024

**BY:** Chief Officer

**SUBJECT:** East Lothian Independent Advocacy Strategic Plan 2024-2028

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## **1 PURPOSE**

- 1.1 To present the draft *East Lothian Independent Advocacy Strategic Plan 2024-2028* to members for approval.

## **2 RECOMMENDATIONS**

The Integration Joint Board is asked to:

- 2.1 Consider and approve the *East Lothian Independent Advocacy Strategic Plan 2024-2028*.
- 2.2 The draft plan has also been shared with East Lothian Council colleagues (Lindsey Byrne – Chief Social Work Officer / Head of Children’s Services and Lesley Brown – Executive Director for Education and Children’s Services) who will refer it to appropriate governance groups for approval.

## **3 BACKGROUND**

- 3.1 Independent Advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice: addressing barriers and imbalances of power, and ensuring that an individual’s rights are recognised, respected and secured.
- 3.2 East Lothian Health and Social Care Partnership’s statutory duty to make independent advocacy available is informed by the Mental Health (Care and Treatment) (Scotland) Act 2003, which states that “*Every person with a mental disorder shall have a right of access to independent advocacy*” and it is a statutory duty of each local authority in collaboration with the relevant Health Board to “*secure the availability, to persons in its area who have a mental disorder, of independent advocacy services*”

*and to take appropriate steps to ensure that those persons have the opportunity of making use of those services” (section 259). The act defines mental disorder as “any mental illness, personality disorder or learning disability, however caused or manifested” (section 328).*

3.3 The SPG approved the formation of the East Lothian Independent Advocacy Steering Group at their meeting on 2<sup>nd</sup> February 2023. The Steering Group held its first meeting on 21<sup>st</sup> February 2023 and developed this strategic plan over the course of 4 further meetings.

3.4 The remit of the Steering Group was as follows:

*The East Lothian Independent Advocacy Steering Group will have oversight and accountability for the development and implementation of an East Lothian Independent Advocacy Strategic Plan and will work in partnership with all independent advocacy providers who are commissioned by ELHSCP to coproduce an updated service specification for our future commissioned services. The new strategic plan will be informed by the previous draft Advocacy Needs Assessment (January 2020) and East Lothian Independent Advocacy Plan 2021-2024 (February 2021).*

3.5 Given the East Lothian wide nature of the Steering Group membership included representation from the Health and Social Care Partnership, Education and Children’s Services, MELDAP, Housing, Policy, Improvement and Partnerships, Connected Communities, Procurement, VCEL and independent advocacy providers.

3.6 The Steering Group activity and Strategic Plan development were informed by completion of an updated independent advocacy needs assessment, integrated impact assessment and engagement and consultation with key stakeholders.

3.7 The strategic plan contains an action plan on pages 9-11 with identified leads and timescales. Some of these actions have already been completed and progress is being made against the others. Progress against the health and social care aspects of the plan will be reported via annual delivery plan updates to the IJB.

3.8 The Steering Group work has been successful in raising the profile of independent advocacy:

- The East Lothian IJB annual delivery plan will now incorporate independent advocacy under strategic objective 4 (*Enable people to have more choice and control and provide care closer to home as appropriate*) with regular progress updates required as part of this process.
- An addendum will be added to the East Lothian Children’s Strategic Partnership Children and Young People’s Services Plan 2023-2026 and consideration is being given to increasing service provision by colleagues within Children’s Services.

3.9 The associated needs assessment and engagement work undertaken as part of the development of this plan illustrate the importance of

independent advocacy and the value that those in receipt of the service place upon it.

- 3.10 The needs assessment identified a legislated service provision gap in relation to Children and Young People with a mental disorder, as defined in the Mental Health (Care and Treatment) Act 2003 and the Mental Health Bill 2015. Action 2.1 within the plan calls on the Chief Social Work Officer and Principal Teacher for Psychological Services (East Lothian Council) to work in collaboration with colleagues within NHS Lothian to review this situation by June 2024.
- 3.11 The needs assessment identified further service provision gaps where there was no legislative requirement in relation to independent advocacy for carers, young onset dementia, sensory impairments and dedicated services for those seeking support related to housing (homelessness, asylum seekers and refugees). It is worth noting however that a significant proportion of the support provided by existing ELHSCP commissioned services for older people, mental health, learning disability and physical disability is in relation to housing issues.
- 3.12 The review and update of ELHSCP commissioned independent advocacy service specifications and procurement of new contracts has not been completed to date as we were awaiting funding decisions related to the IJB financial recovery programme. Reductions in commissioned services spend, as agreed at the IJB meeting on 28<sup>th</sup> March 2024 as part of the balanced budget, will have a direct impact on existing providers and the delivery of the draft strategic plan objectives. Link Officers will continue to work with providers and partners to deliver the stated objectives and make the necessary changes to service specifications. Given the current financial position addressing any of the identified gaps will be challenging.
- 3.13 The steering group has now been stood down but may be reformed at a later date to update and revise the plan.

## **4 ENGAGEMENT**

- 4.1 A small working group was formed to lead on a focussed piece of engagement with key stakeholders between August and November 2023. A copy of the full engagement report is available at appendix 3 of the strategic plan.

## **5 POLICY IMPLICATIONS**

- 5.1 The statutory obligations can be summarised as follows:
  - The Mental Health (Care & Treatment) (Scotland) Act 2003 – legal duty to ensure that everyone with a mental disorder in their NHS Board or Local Authority area can access independent advocacy. This duty applies to children and young people as well as adults. It also applies to people living in the community with a mental

disorder and not solely those who are detained under the Act's powers.

- The Adult Support and Protection (Scotland) Act 2007 – places a duty on Council Officers to “consider the importance of providing advocacy and other services”.
- The Adults with Incapacity (Scotland) Act 2000 / Social Work (Scotland) Act 1968 – section 13ZA of the Social Work (Scotland) Act 1968 took effect in March 2007 and is a legal provision, which in the absence of any other welfare proxy decision maker, allows a local authority to make significant care arrangements, where the person is not capable of making informed decisions about receipt of a service. Independent advocacy is recommended when applying 13ZA but is not a requirement.
- The Children’s Hearings (Scotland) Act 2011 – places a duty on the chair of every children’s hearing to inform the child about the availability of children’s advocacy services. It is Scottish Ministers responsibility to provide and make arrangements for children involved in the Children’s Hearing System and not a local commissioning requirement.

5.2 A more comprehensive summary of our legislative and commissioning duties can be found within the strategic plan / needs assessment, the [Scottish Independent Advocacy Alliance’s Independent Advocacy: A Guide for Commissioners](#) (pages 15-17) and [NHS Scotland / Scottish Government – Independent Advocacy Guide for Commissioners](#).

## **6 INTEGRATED IMPACT ASSESSMENT**

6.1 The subject of this report has been through the Integrated Impact Assessment process. The following negative impacts have been identified:

- Young people – the IIA group were concerned about the disparity in independent advocacy service provision for some young people with certain Health and Social Care Partnership commissioned services starting at 16+ (learning disability, autism and physical disability) and others at 18+ (mental health).
- Young people – the IIA group were concerned that there were a significant number of children and young people who were entitled to statutory independent advocacy support for mental health but this support was not available.
- Young people and adults – children, young people and adults within the child protection process do not necessarily have the same access to independent advocacy support as adults within the adult support and protection process.

- BME people – independent advocacy for refugees, asylum seekers and migrant workers was identified as an area for further development particularly in relation to housing.

6.2 These negative impacts are outwith the control of the Health and Social Care Partnership, but have been explored within the strategic plan, reflected upon as part of the IIA and relayed to East Lothian Council. The IIA was held on 7<sup>th</sup> February 2024 and the report is available [online](#).

## **7 DIRECTIONS**

7.1 D12l – Transforming Care for Older People.

D14a – Carers Strategy Implementation.

D15c – Mental Health Triage.

D15k – Substance Misuse Services.

D18h – Housing for Particular Needs.

All of the above directions have direct relevance to the provision of Independent Advocacy as illustrated within the strategic plan and needs assessment.

## **8 RESOURCE IMPLICATIONS**

8.1 Financial – current ELHSCP commissioned independent advocacy services annual commitment of approximately £224,000 per annum for 2023/24 and £214,000 for 2024/25. The current budget envelope only allows for the delivery of our statutory obligations and does not allow for extension to other areas. Due to the ongoing Financial Recovery Programme, it will be challenging to deliver the recommendation “*to develop independent advocacy services throughout East Lothian that are sustainable, proportionate and fit for purpose*”.

8.2 Personnel – N/A.

8.3 Other – N/A.

## **9 BACKGROUND PAPERS**

9.1 East Lothian Independent Advocacy Strategic Plan 2024-2028.

<b>AUTHOR'S NAME</b>	Andrew Main
<b>DESIGNATION</b>	Strategic Planning and Commissioning Officer, Planning and Performance, ELHSCP
<b>CONTACT INFO</b>	<a href="mailto:amain1@eastlothian.gov.uk">amain1@eastlothian.gov.uk</a>
<b>DATE</b>	3/04/24

## APPENDIX/APPENDICES



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*East Lothian Independent  
Advocacy Strategic Plan*

*2024 – 2028*

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## Introduction

Welcome to the East Lothian Independent Advocacy Strategic Plan 2024-2028, which sets out our shared ambitions for improving opportunities for everyone in our communities to have their voice heard.

## Developing the plan

This strategic plan and its objectives have been identified and developed in collaboration with key stakeholders through the work of the short life *East Lothian Independent Advocacy Steering Group*, which had oversight and accountability for the development and initial implementation of the plan and its actions.

The Steering Group was formed in early 2023 with representation from the following key stakeholders: commissioned independent advocacy providers, the Health and Social Care Partnership, the Volunteer Centre East Lothian (VCEL), Education, Children's Services, Housing, MELDAP, Connected Communities, Procurement and Communications colleagues. The Steering Group activity and Strategic Plan development were informed by an independent advocacy needs assessment, integrated impact assessment and engagement and consultation with key stakeholders. The Steering Group remained active throughout the 2023/24 financial year with responsibility for delivery of the plan sitting with the Integration Joint Board Strategic Planning Group and Chief Social Work Officer, on behalf of East Lothian Council, thereafter.

## Consultation and engagement

One of the first actions of the Steering Group was to undertake an extensive stakeholder mapping exercise using a power interest matrix. A small working group was then established to review and update the draft Independent Advocacy Needs Assessment from 2020. With key stakeholders and a needs assessment in place, the Steering Group collectively set out its engagement plan, which included:

- Development of an integrated impact assessment.
- Creation of an explainer video about independent advocacy, its benefits and what the independent advocacy strategic plan aims to achieve.
- Arranging focus groups and discussions with people with lived experience to share their views and experiences.
- The development of an online survey to receive views from targeted professionals, the third sector and wider community regarding the independent advocacy strategic plan.

- Online engagement through the ELHSCP website and social media to promote the efforts of the independent advocacy engagement activities, and provide feedback reports as part of the engagement timeline.
- Organising focus group engagement sessions with providers, professionals and third sector representatives to gauge their response to the draft strategic plan.

A small engagement working group was established to develop each of the activities outlined above. The timeline for engagement was set for August 2023 to October 2023 with the strategic plan estimated to be signed off in early 2024.

All feedback from the engagement activities was collated and analysed to provide clear and transparent reporting back to the Steering Group for inclusion and consideration when developing the strategic plan. A copy of the engagement findings are included within appendix 3.

## What is independent advocacy?

This Strategic Plan has been developed in line with the Scottish Independent Advocacy Alliance definition of Independent Advocacy<sup>1</sup>:

*Independent Advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice: addressing barriers and imbalances of power, and ensuring that an individual's rights are recognised, respected and secured.*

*Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves.*

*Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs.*

All commissioned providers and advocates within East Lothian also comply with the principles and standards set out in the Scottish Independent Advocacy Alliance – Independent Advocacy Principles, Standards and Code of Best Practice (2019).

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<sup>1</sup> <https://www.siaa.org.uk/wp-content/uploads/2021/02/SIAA-Principles-Final-2nd-print-run-with-ISBN.pdf>

## Policy Context

Within East Lothian, the Health and Social Care Partnership, in collaboration with East Lothian Council partners, established a short life Independent Advocacy Steering Group to engage with key stakeholders across adult services, children's services, education, housing, drug and alcohol services, 3<sup>rd</sup> sector partners and those with lived experience. This Steering Group led on the development of this Strategic Plan taking in to account the following overarching strategic objectives, priority outcomes and Health and Social Care Partnership Commissioning Intentions.

### [Integration Joint Board Strategic Objectives 2022-25](#)<sup>2</sup>

- 1) Develop services that are sustainable and proportionate to need.
- 2) Deliver new models of community provision, working collaboratively with communities.
- 3) Focus on prevention and early intervention.
- 4) Enable people to have more choice and control and provide care closer to home.
- 5) Further develop / embed integrated approaches and services.
- 6) Keep people safe from harm.
- 7) Address Health Inequalities.

### [East Lothian Council Plan 2022 to 2027](#)

The 2022-27 Council Plan<sup>3</sup> sets out a strategic framework with the following core objectives:

- Recovery and renewal from COVID.
- Reduce poverty and inequality.
- Respond to the Climate Emergency.
- Grow our Economy.
- Grow our People.
- Grow our Communities.
- Grow our Capacity.

### [East Lothian Children's Strategic Partnership Children and Young People's Services Plan 2023-26](#)

Priority 1) Children's and Young People's Rights

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<sup>2</sup> [https://www.eastlothian.gov.uk/downloads/download/12989/east\\_lothian\\_ijb\\_strategic\\_plan](https://www.eastlothian.gov.uk/downloads/download/12989/east_lothian_ijb_strategic_plan)

<sup>3</sup> [https://www.eastlothian.gov.uk/downloads/file/32822/east\\_lothian\\_council\\_plan\\_2022\\_to\\_2027\\_-\\_summary](https://www.eastlothian.gov.uk/downloads/file/32822/east_lothian_council_plan_2022_to_2027_-_summary)

Priority 2) Children's and Young People's Mental Health

Priority 3) Whole Family Wellbeing

## East Lothian Integration Joint Board Participation and Engagement Strategy 2023-2025

We will endeavour to give the people who use Health and Social Care Services a stronger voice and as much control over their own lives as possible by working with commissioned independent advocacy providers and other key stakeholders to develop a strategic plan for advocacy in East Lothian.

### Legislative and national policy drivers

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

#### Legislation

- The Mental Health (Care and Treatment) (Scotland) Act 2003.
- The Mental Health (Scotland) Act 2015.
- 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.
- The Carers (Scotland) Act 2018.
- The Self-Directed Support (Scotland) Act 2013.
- The Children's Hearing (Scotland) Act 2011.

#### Policy drivers

- The Promise
- The United Nations Convention on the Rights of the Child (UNCRC).
- The United Nations Convention on the Rights of Persons with Disabilities.
- The Scottish Mental Health Law Review.

- Scottish Government Standards of Care for Dementia in Scotland (2011).
- The road to recovery: a new approach to tackling Scotland's drug problem (2008).
- Rights, respect and recovery: alcohol and drug treatment strategy (2018).

## East Lothian Health and Social Care Partnership Commissioning Intentions

The East Lothian Health and Social Care Partnership Commissioning Strategy 2023-25 contains the following commissioning intentions and key market messages, which further complement this strategic plan:

- We will work with communities, providers, advocacy bodies, carers, supported people and staff when it comes to commissioning, designing and developing services.
- We will refocus our commissioning on preventative and early intervention approaches that are outcome / recovery focussed and promote independence, participation and self-management.
- We will actively develop, support and promote community based service provision.
- We will endeavour to commission services which will provide support within an individual's own home, local community or in a homely setting.
- We will promote an outcome focussed approach to health and social care commissioning and attempt to move away from high scale and low cost delivery models which are primarily driven by profit margins. The Health and Social Care Partnership will promote collaboration and innovation when it comes to procurement.
- We are committed to ethical commissioning in terms of decisions that take into account factors beyond price, including fair work, terms and conditions, career pathways, trade union recognition and sustainability of services and the environment.
- Seek to address health inequalities and promote equity of access to services regardless of geography or population.
- Our commissioning strategy will support a healthy market across the board, which promotes improved outcomes and choice for supported people and carers.
- We will ensure that we remain compliant with all relevant legislation and national policy.

## Governance and Oversight

When the Independent Advocacy Steering Group was formed, the East Lothian IJB strategic plan and directions did not include any reference to independent advocacy. However, through the work of the Steering Group the IJB and its officers have now agreed to incorporate independent advocacy and this strategic plan within their annual delivery plan as a strategic delivery priority under strategic

objective 4: *Enable people to have more choice and control and provide care closer to home as appropriate.*

Colleagues within Education and Children's Services are at an advanced stage with discussions surrounding independent advocacy being incorporated within the Children and Young People's Services Plan 2023-2026 (integrated children's services plan).

## Independent Advocacy Strategic Plan Objectives

- 1) Develop independent advocacy services throughout East Lothian that are sustainable, proportionate and fit for purpose.
- 2) Seek to address issues of equitable access to services.
- 3) Improved awareness, knowledge and understanding of independent advocacy and access to services.

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## Appendix 1 – Action Plan

No	Actions	Lead / Resources	Timescale
<b>1. Develop independent advocacy services throughout East Lothian that are sustainable, proportionate and fit for purpose</b>			
1.1	East Lothian Health and Social Care Partnership (ELHSCP) to review, update and improve existing independent advocacy service specifications for commissioned services (learning disability, autism, mental health, physical disability, and older people) prior to procurement exercise in 2024. This will include discussions with MELDAP regarding the incorporation of drug and alcohol independent advocacy provision. This will also include consideration of longer-term funding arrangements that would encourage long term planning and sustainability of independent advocacy organisations.	Andrew Main (Strategic Planning & Commissioning Officer, ELHSCP) with support from Kirsty McFarlane (Senior Procurement Officer, Procurement, ELC) and Martin Bonnar (MELDAP Manager)	Procurement: Summer / Winter 2024 (commencement in April 2025)
1.2	<i>“The partnership (ELHSCP) should use independent advocacy services earlier to assist with aspects of complex decision making around Self-Directed Support (SDS) options, choice and control”</i> (Thematic review of SDS in Scotland – East Lothian local partnership report – June 2019):	-	-
	1.2.1: During review of existing ELHSCP independent advocacy service specifications inclusion of an SDS related performance indicator to be considered alongside reference to SDS support within service requirements / key elements.	Andrew Main (Strategic Planning & Commissioning Officer, ELHSCP)	-
	1.2.2: Appropriate links between independent advocacy and the SDS improvement action plan to be established.	Maria Burton (Strategic Planning & Commissioning Officer, ELHSCP)	June 2024
1.3	<b>COMPLETE:</b> Service providers commissioned by ELHSCP to confirm that they comply with the principles and standards set out in Appendix 1 of the Scottish Government Guidance: Independent advocacy – a guide for commissioners (2013) as per recommendation 3 of the Mental Welfare Commission <i>The right to advocacy report</i> . Please note that the principles and standards contained within the 2013 guidance have now been superseded by those contained within the <i>Scottish Independent Advocacy Alliance – Independent Advocacy Principles, Standards and Code of Best Practice (2019)</i> .	Jane Crawford (CAPS) / Iain Templeton (PiA) / Kelly Shade (EARS)	April 2024
<b>2. Seek to address issues of equitable access to services</b>			
2.1	Education and Children’s Services to review service provision gap related to Children and Young People with a mental disorder, as defined in the Mental Health (Care and Treatment) Act 2003 and	Lindsey Byrne (CSWO / Head of Service – Children’s Services, ELC)	June 2024



No	Actions	Lead / Resources	Timescale
	the Mental Health Bill 2015. This work may need to be completed in collaboration with colleagues within NHS Lothian.	/ Emma Grierson (Principal Teacher – Psychological Services, ELC)	
2.2	Key East Lothian Council partners within Education and Children’s Services and Housing to review and respond to the findings within the <i>East Lothian Independent Advocacy Needs Assessment</i> with a particular focus on the identified gaps in service provision. <i>Update (26/09/23) – response received from Rebecca Pringle (Team Manager – Housing Strategy): “As things currently stand, we do not have a statutory duty to provide independent advocacy and within the current budgetary constraints, it is highly unlikely that we will contribute to funding advocacy now or in the near future. If anything was to be funded, a clear business case would need to be provided on the benefits to the Housing Service for providing or contributing to a service”.</i>	Hannah Crowe (Housing Strategy Officer, ELC) / Emma Clater (Service Manager, Children’s Services, ELC) / Emma Grierson (Principal Teacher – Psychological Services, ELC)	June 2024
2.3	ELHSCP to continue to explore and consider opportunities to expand independent advocacy provision to other key service areas where a legislative requirement is not in place. For example: <ul style="list-style-type: none"> <li>• Independent advocacy for carers considered further as part of the East Lothian Carers’ Strategy 2023-26 and by the Carers’ Change Board.</li> <li>• Commitment within draft ELHSCP Dementia Strategy to: <ul style="list-style-type: none"> <li>○ <i>Complete a review of the current advocacy services to ensure services remain able to meet demand as numbers of people with dementia rise.</i></li> <li>○ <i>Ensure that advocacy services are available for people with young onset dementia.</i></li> <li>○ <i>Work with advocacy services to respond to the experiences of people who feel their rights were not upheld.</i></li> </ul> </li> </ul>	Maria Burton (Strategic Planning & Commissioning Officer, ELHSCP)/ Ashley Hardy (Strategic Planning & Commissioning Officer, ELHSCP)	June 2024
<b>3. Improved awareness, knowledge and understanding of independent advocacy and access to services.</b>			
3.1	Independent advocacy providers, in collaboration with ELHSCP and ELC, to explore training and information sharing opportunities to raise awareness of the role of independent advocacy and how it can support people to make informed choices and have their voice heard. This should include raising awareness amongst staffing groups on how and when to make a referral, with an emphasis on wider health colleagues in clinical settings.	Jane Crawford (CAPS) / Iain Templeton (PiA) / Kelly Shade (EARS) / Jane Ogden-Smith (Equalities & Engagement Officer, ELHSCP) / Nikki Donald (Organisational & Workforce Development Manager, ELHSCP)	June 2024

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No	Actions	Lead / Resources	Timescale
3.2	ELHSCP and independent advocacy providers to review and update existing publicity materials (leaflets and website content) in order to ensure they are fit for purpose. All parties to promote independent advocacy services among health, social care and social work staff through training / awareness sessions and ensure information is available through a wide range of methods to members of the public.	Jane Crawford (CAPS) / Iain Templeton (PiA) / Kelly Shade (EARS) / Jen Jarvis (Senior Communications Adviser, ELHSCP) / Jane Ogden-Smith (Equalities and Engagement Officer, ELHSCP)	June 2024
3.3	<b>COMPLETE:</b> Independent advocacy to be incorporated within East Lothian Integration Joint Board annual delivery plan. This will ensure oversight and raised awareness of independent advocacy for adults and the actions within the Strategic Plan.	Claire Goodwin (Performance and Improvement Manager, ELHSCP) Andrew Main (Strategic Planning & Commissioning Officer, ELHSCP)	December 2023
3.4	Independent advocacy to be incorporated within the East Lothian Children’s Strategic Partnership Children and Young People’s Services Plan 2023-26 as per recommendation 5 of the Mental Welfare Commission <i>The right to advocacy report</i> . This will ensure oversight and raised awareness of independent advocacy for children and young people and the actions within the Strategic Plan. <i>Update (23/01/24) – Emma Clater (Service Manager, Children’s Services, ELC) confirmed that Lesley Brown (Executive Director for Education and Children’s Services, ELC) will seek to publish an addendum to the East Lothian Children’s Strategic Partnership Children and Young People’s Services Plan 2023-26 in relation to independent advocacy.</i>	Lesley Brown (Executive Director for Education and Children’s Services, ELC) / Lindsey Byrne (CSWO / Head of Service – Children’s Services, ELC)	June 2024

Appendix 2 – Needs Assessment



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*East Lothian Independent  
Advocacy Needs Assessment*

*June 2023*

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Signed off by East Lothian Independent Advocacy Steering Group on 20/06/23

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## Introduction

This Needs Assessment has focused on the provision and demand for independent advocacy in relation to adults residing in East Lothian, and from these suggestions have been made to address identified need and gaps in provision. We have also taken account of current provision of independent advocacy for children and young people with gaps in provision being noted. The Needs Assessment aims to show current provision within the context of changing demographics. It also provides an overview of the growing body of legislation and national and local strategies which state our duty to provide independent advocacy and the further responsibilities for Health and Social Care Partnerships to ensure access to independent advocacy. This Needs Assessment has been produced to support the work of the East Lothian Independent Advocacy Steering Group and development of the associated Strategic Plan.

## Advocacy

Advocacy means getting support from another person to help you express your views and wishes, and help you stand up for your rights. The Scottish Independent Advocacy Alliance (SIAA<sup>4</sup>) defines Independent Advocacy as: *“Independent Advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice: addressing barriers and imbalances of power, and ensuring that an individual’s rights are recognised, respected and secured.*

*Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves.*

*Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs.”*

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<sup>4</sup> <https://www.siaa.org.uk/>

Independent Advocacy is provided by an organisation, who does not give you any other service such as care, support or advice and is free from conflicts of interest. The SIAA notes the following on conflicts of interest:

*“Independent advocacy is as free as possible from conflicts of interest, being completely separate from service providers and funders and with the organisation involved providing no services other than advocacy. It is structurally, financially and psychologically free from interests such as being a provider of services, a gatekeeper of services, a service funder, a statutory body or family and friends”*

There are three components of independence: structural, financial and psychological. For an advocacy organisation to be robust and effective it needs to be alert to all three.

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

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

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

Advocacy is described in the Mental Health (Care and Treatment) (Scotland) Act 2003<sup>5</sup> (2003 Act) as *“services of support and representation made available for the purpose of enabling the person to whom they are available to have as much control of, or capacity to influence, that person’s care and welfare as is, in the circumstances, appropriate”*. Independent advocacy supports an individual’s right to have their own voice heard in decisions made about their health and well-being. Independent advocacy enables vulnerable people to be heard and promotes social inclusion.

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<sup>5</sup> <https://www.legislation.gov.uk/asp/2003/13/contents>

While there are different types of advocacy, each with their own strengths and benefits, the two models which are most invested in and promoted are 1-1 Advocacy and Collective Advocacy. Brief descriptions of each taken from the Scottish Independent Advocacy Alliance (SIAA) are as follows:

Professional advocacy – this is known as 1-1, individual or issue based advocacy. An advocate supports an individual to represent their own interests or represents the views of an individual if the person is unable to do this themselves.

Group or Collective advocacy – this happens where a group of people who are all facing a common problem get together on a formal basis to support each other over specific issues. The group as a whole may campaign on an issue that affects them all. This enables a collective voice to be heard.

Of note, our legal responsibility to provide ‘independent advocacy’ is stated in the Mental Health (Care and Treatment) Act 2003. The 2003 Act says that ‘*advocacy services are “independent” if they are to be provided by a person who is none of the following*’ – listing that the person is not a member of or is not the Local Authority or Health Board. The SIAA describes Independent Advocacy more specifically as being ‘*structurally, financially and psychologically separate from service providers and other services. Such independence helps to ensure that there is no possibility of any conflict of interest arising in relation to any other services accessed by the individual or group*’. To date East Lothian Health and Social Care Partnership (ELHSCP) has valued the provision of advocacy being independent, as informed by the SIAA.

The impact of independent advocacy has been well reported on by the SIAA and the Scottish Commission for Learning Disability (SCLD). In 2014 the SIAA published three reports which considered the impact of Independent Advocacy on people who had either a mental illness, learning disabilities or were an older person. They all reported that advocacy helped people to better deal with difficult situations such as accessing services, avoiding homelessness, getting suitable housing, accessing education and training, getting the right treatment and support and challenging decisions made by statutory bodies. Two main types of positive impact identified in the SCLD report for people are ‘*greater confidence in speaking up for themselves/ability to communicate their views, and resolution of problems they were experiencing*’. The SCLD report noted the main benefits of being part of collective advocacy

related to *'social interaction, a long term relationship with the group facilitator and increase confidence'*.

These identified benefits can impact by reducing isolation, support improved mental health and wellbeing, and subsequently reduce demands and pressures on other services and agencies.

## Statutory and National Strategic Responsibilities

East Lothian's Health and Social Care Partnership duty to make Independent Advocacy available is informed by the Mental Health (Care and Treatment) (Scotland) Act 2003 (2003 Act). The 2003 Act states that *'Every person with a mental disorder shall have a right of access to independent advocacy'* and it is a statutory duty of each local authority in collaboration with the relevant Health Board to *'secure the availability, to persons in its area who have a mental disorder, of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services'* (Sec.259). The act (sec.328) defines mental disorder as "any mental illness, personality disorder or learning disability, however caused or manifested."

This right applies to any patient:

- regardless of age, disability, ethnic origin, culture, faith, religion, sexuality, social background or personal circumstances;
- whatever their need for advocacy; and
- whether or not they are ordinarily resident in Scotland.

*(Sec.4, Right of access to Independent Advocacy)*

The Mental Health (Scotland) Act 2015<sup>6</sup> adds that local authorities and health boards are required to give the Mental Welfare Commission information about how they are arranging for the provision of independent advocacy services in their area.

The statutory responsibilities of the Mental Health Officer (MHO) are also stipulated in the 2003 Act. This places a duty on the MHO to *'inform the patient of the availability of independent advocacy services'* and *'take steps to ensure that the patient has the*

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<sup>6</sup> <https://www.legislation.gov.uk/asp/2015/9/contents>



*opportunity of making use of those services'* at key events when subject to compulsory measures.

The Mental Welfare Commission Right to Advocacy Report 2018<sup>7</sup> makes recommendations for local authorities to have strategic plans in place for independent advocacy provision.

The legislative and strategic picture in relation to independent advocacy is constantly changing with new legislation being introduced, which places additional expectations on statutory bodies to provide information about and enable access to independent advocacy.

The recently concluded Scottish Mental Health Law Review 2022<sup>8</sup> (Scott Report) makes a number of recommendations to develop and strengthen collective and individual advocacy, but of note section 4.3 recommends:

- The Scottish Government ensure consistency regarding the definition of Independent Advocacy
- Individual and collective advocacy is sustainably funded
- Consideration of a national advocacy service
- Development of a national register of independent individual advocates
- Development of a national training programme for independent individual advocates
- The Scottish Government assure the monitoring and continuing development of independent individual advocacy.

#### Summary of key legislation and national strategy by subject area

The following provides a brief summary of some of the key legislation and national strategies which impact on the promotion of and access to independent advocacy:

Learning Disability and/or Autism: The Scott Report considered how well the Mental Health legislation supports the human rights of people with learning disability and/or autism. It recommends commitment to the Human Rights Enablement's approach, Supported Decision Making and Autonomous Decisions Making systems with access to independent advocacy being recommended to support this. Also of note the Scott Report recommends

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<sup>7</sup> [https://www.mwcscot.org.uk/sites/default/files/2019-06/the\\_right\\_to\\_advocacy\\_march\\_2018.pdf](https://www.mwcscot.org.uk/sites/default/files/2019-06/the_right_to_advocacy_march_2018.pdf)

<sup>8</sup> <https://www.mentalhealthlawreview.scot/workstreams/scottish-mental-health-law-review-final-report/>

individual and collective advocacy groups have the explicit right to raise a court action for human right breaches.

Dementia: Encouraging access to independent advocacy is promoted throughout the Scottish Government Standards of Care for Dementia in Scotland (2011)<sup>9</sup> with more specific responsibilities being placed on local authorities and NHS Boards by “*ensuring: the availability of independent advocacy in their areas*”. The Scott Report recommends an inclusive definition of ‘a person with a mental or intellectual disability whether short or long term’ with mental illness to include dementia. All recommendations made in the Scott Report in relation to independent advocacy will therefore take into account people with a diagnosis of dementia.

Substance Misuse: The expectation of availability of independent advocacy services to people with substance misuse issues was included in the Scottish Government 2008 national strategy “Road to Recovery”<sup>10</sup>. More recently the Scottish strategy “*Rights, Respect and Recovery*”<sup>11</sup> to improve health by preventing and reducing alcohol and drug use, harm and related deaths commits to ‘*Invest in advocacy services through the National Development Fund to support a human rights-based approach*’ as a commitment to achieve the outcome ‘People access and benefit from effective, integrated person-centred support to achieve their recovery’

The Scottish Government's drug and alcohol treatment strategy Rights, Respect and Recovery (RRR) was published in 2018 and sets out a clear policy to deliver evidence based interventions through a public health approach.

In May 2021, the new evidence-based MAT standards<sup>12</sup> recommended by the Drug Deaths Task Force were published and are now in the process of being implemented.

MAT standard 8 says that “**All people** have access to independent advocacy and support for housing, welfare and income needs”

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<sup>9</sup> <https://www.gov.scot/publications/standards-care-dementia-scotland-action-support-change-programme-scotlands-national-dementia-strategy/>

<sup>10</sup> <https://www.gov.scot/publications/road-recovery-new-approach-tackling-scotlands-drug-problem/>

<sup>11</sup> <https://www.gov.scot/publications/rights-respect-recovery/>

<sup>12</sup>

There is a duty on treatment services to inform the people they are working with about Independent Advocacy. Standard 8 also stipulates that collective advocacy should be in place for people who use drugs/alcohol and this is not currently the situation in East Lothian: *“8.7 Staff and management should connect with Collective Advocacy groups to ensure that the voices of people with lived and living experience are embedded in service change and development.”*

Carers: The Carers (Scotland) Act 2016<sup>13</sup>, states that *‘Local authorities and NHS Boards will ensure that: information provided... will include contact details for ....independent advocacy’* and will *‘ensure the availability of independent advocacy in their area’*. The recently concluded Scott Report recommends the development of a national dedicated independent advocacy service for unpaid carers.

Self-Directed Support (SDS): To support people through the SDS process the Social Care (Self Directed Support (Scotland) Act 2013<sup>14</sup> states *‘A person must be provided with any assistance that is reasonably required to enable that person – (a) to express any views the person may have about the options for self-directed support, and (b) to make an informed choice when choosing an option for self-directed support’* *‘The authority must give the person....information about persons who provide independent advocacy services’*. Further supported through the outcome *“People have access to good quality advocacy, if they feel it is required”* in the national SDS implementation plan.

Those eligible to income through the Scottish social security system: The Social Security (Scotland) Act 2018<sup>15</sup> states that *‘Every individual to whom subsection (3) applies has a right of access to independent advocacy in connection with the determination of the individual’s entitlement to be given assistance through the Scottish social security system. (2) It is the duty of the Scottish Ministers to ensure that independent advocacy services are available to the extent necessary for that right to be exercised by the individuals who have it’*. (Sec 10).

Adults at Risk of Harm: Section 6 of the Adults Support and Protection 2007<sup>16</sup> (ASPA) places a duty on councils to *‘consider importance of providing independent advocacy’* and *‘the*

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<sup>13</sup> <https://www.legislation.gov.uk/asp/2016/9/contents/enacted>

<sup>14</sup> <https://www.legislation.gov.uk/asp/2013/1/contents/enacted>

<sup>15</sup> <https://www.legislation.gov.uk/asp/2018/9/contents/enacted>

<sup>16</sup> <https://www.legislation.gov.uk/asp/2007/10/contents>

*council must have regard to the importance of the provision of appropriate services (including, in particular, independent advocacy services) to the adult concerned'* where intervention under this act is considered necessary. Increased access to Independent Advocates for people being supported by the adult support and protection legislation is recommended in the Scott Report.

Children and Young People: the Children's Hearing (Scotland) Act 2011<sup>17</sup> says that for those children referred to in this Act where a children's hearing is held, the '*chairing member of the children's hearing must inform the child of the availability of children's advocacy services'* (part 12, s122(2)). The Education Scotland Act 2004 was amended in 2016 through the Keeling Schedule to make provision for additional support in connection with the school education of children and young person's having additional support needs; and for connected purposes. This included '*in respect of Tribunal proceedings, secure the provision of an advocacy service to be available on request and free of charge to the persons mentioned in subsection (2)'*.

The Scottish Government fund a specialist advocacy service for children and young people experiencing the Children's Hearings system, which was introduced from Spring 2020 and is set out in section 122 of the Children's Hearings (Scotland) Act 2011. The national scheme was expanded on 26 July 2021 to support brothers and sisters with participation rights for children's hearings. In East Lothian, CAPS Independent Advocacy provides this service.

The legislative picture is one, which is increasingly recognising the benefits of independent advocacy. Greater expectations are being placed on the statutory bodies to ensure the availability of access to and information about independent advocacy is available.

Children and young people in the community with a "mental disorder" as defined by the Act have the right to access independent advocacy, under the same section of the Mental Health (Care and Treatment) (Scotland) Act 2003 that underpins provision for adults. However, this is currently not funded in East Lothian.

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<sup>17</sup> <https://www.legislation.gov.uk/asp/2011/1/contents>

## Local Commitment to Advocacy

East Lothian Council (ELC) and the NHS have shown commitment to the provision of independent advocacy, as described by the SIAA, through the commissioning of 1-1 Issue Based Advocacy and Collective Advocacy. These services have been provided by agencies who have specialised in supporting clients with different needs. A wide range of knowledge and skills are needed to support those clients seeking support. Commissioning advocacy through specialist agencies acknowledges this and enables providers to develop the expertise required.

Over and above our statutory duty to provide Independent Advocacy and ensure that key groups are aware of the availability of advocacy, there is some evidence of local support for increased access to and use of independent advocacy through a number of local strategies and action plans. The formation of the East Lothian Independent Advocacy Steering Group, incorporating services from across the Council and Health and Social Care Partnership, and subsequent production of this needs assessment to inform the development of an Independent Advocacy Strategic Plan is a key indicator of progress and commitment. The formation and work of the Steering Group is supported by the Integration Joint Board (IJB) Strategic Planning Group and East Lothian Council Chief Social Work Officer.

The IJB is currently considering how best to incorporate independent advocacy within its annual delivery plan with the Chief Social Work Officer and colleagues within Education and Children's Services considering how to include it within their integrated children's services plan.

As part of the Care Inspectorate Thematic Review of Self-Directed Support (SDS) 2019<sup>18</sup> the low numbers of people accessing Independent Advocacy to support them through the SDS process was noted. This resulted in a recommendation that the *'partnership should use Independent Advocacy services to earlier assist with aspects of complex decision making around Self-directed Support options, choice and control.'* The East Lothian SDS Thematic Review Action Plan (May 2019) commits to *'ensure all carers and service users receive written information re access to advocacy support in East Lothian'*. As a consequence, an

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<sup>18</sup> <https://www.careinspectorate.com/index.php/low-graphics/120-publications/inspection-reports-local-authority/self-directed-support/5139-selfdirectedsupport>

increase in requests for independent advocacy was anticipated. The reality is that local providers have not yet seen an increase in SDS referrals.

Considering different client groups and their needs, the East Lothian Adult Mental Health and Wellbeing Implementation Plan 2018-2021 actions to '*continue to promote and develop advocacy for individuals and groups...*'. For those adults with substance misuse issues, the new MELDAP Delivery Plan sets out a number of initiatives. Of note and for the purposes of this report, it commits to '*further developing advocacy support*'. The East Lothian Integrated Joint Board (March 2018) referred to the expectation that independent advocacy services will be available to people with substance misuse issues, as committed to in the Scottish Government strategy 'Rights, Respect and Recovery' 2018 where there is commitment to invest in advocacy services. Independent Advocacy was commissioned from CAPS for 10.5 hr per week from April 2020.

In the MAT Standards Implementation Plan (2021) it states "*MAT Standard 8: All people have access to independent advocacy and support for housing, welfare and income needs.*"

The East Lothian Joint Strategy for Physical Disabilities/Hearing/Sight Loss 2013-2020 refers to the benefits of independent advocacy, collective and individual, throughout. It states that 'Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.' It states as an action to 'Develop access to advocacy services for people with physical disabilities'.

### Local Drivers impacting on Demand

The data collected shows the reasons for support is being sought under broad themes. Although the detail of the data collected does not always show the specific reasons for the support being needed, it is acknowledged that within these themes local projects, policy changes and resulting changes in practice will create uncertainty and will impact on the demands for Independent Advocacy. For example, the introduction of East Lothian 'Charging Policy for Non-Residential Social Care 2019/20' resulted in a number of appeals being raised against social care charging decisions.

Any review of services and transformation programmes require participation from Independent Advocacy to ensure those who use services and their carers understand these processes and can participate.

## East Lothian Demographics and Population Health

The following gives a very brief overview of some key points about the East Lothian population and its health. While it is difficult to predict changes in demands for independent advocacy through changing demographics, what is most likely to impact on the uptake of independent advocacy is the growth or decrease in vulnerable groups and people with complex needs.

It is well documented that the population of East Lothian is rising rapidly, with the overall population forecast to grow at one of the fastest rates in Scotland. Within this increase there will be an increase in the number of people with disabilities and mental health issues.

The number of people aged over 65 is forecast to grow by around 38% between 2023 and 2043<sup>19</sup>. When considered as a percentage of the overall population in East Lothian this represents an increase from 21.6% in 2023 to 26.9% in 2043. This ageing population will include an increased number of people with complex needs. East Lothian already has a higher than Scottish average of adults with learning disabilities. In 2018, the number of adults with learning disability in East Lothian reported to the Scottish Commission for Learning Disability (SCLD) was 8.5 adults per 1,000, the highest number of adults with learning disabilities known to a Scottish local authority (Scotland average 5.2 adults per 1,000). Also documented is that the general health of adults with learning disability, mental health and/or physical disability is worse than the rest of the population. This picture of a growth in the overall population and a growth in the number of people with complex needs and health issues places challenges on all service provision, with independent advocacy being no exception.

The table below show the number of people in East Lothian with long-term conditions at the time of the 2011 Census. This gives an indication of the number of people who could because of their disability require services and present to any of our independent advocacy providers requesting support. Acknowledging this information is dated 2011, it is reasonably expected that our current figures will be significantly higher.

Number of adults with long-term health conditions throughout East Lothian (Census, 2011)

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<sup>19</sup> <https://www.nrscotland.gov.uk/files/statistics/population-projections/sub-national-pp-18/pop-proj-principal-2018-report.pdf>

	All people	Deafness	Blindness	Learning disability	Physical disability	Mental health condition
East Lothian	99,717	6,718	2,512	499	6,252	3,826

East Lothian is a less ethnically diverse population compared to Scotland, with 98.3% of the population identifying as white, compared to 96% of the population of Scotland (Census, 2011). Reaching those people who might benefit from advocacy support remains challenging, irrelevant of the low numbers.

Overall, 4% of the East Lothian population live in the most deprived Scottish quintile, while 20% live in the least deprived quintile. (NRS, 2016). Higher levels of deprivation are concentrated in the western part of East Lothian (around Musselburgh, Wallyford, Tranent and Prestonpans), although there are also pockets of deprivation in Haddington and Dunbar.

### Local Provision

All independent advocacy is free to the person receiving the support. Also of note is that other than adults with a physical disability or when referrals are made in relation to statutory interventions under the Mental Health Care and Treatment Act, referrals to independent and non-independent advocacy services are anonymous and not recorded within the Health and Social Care Partnership records.

Below is a summary of the current providers, the client groups they support, and the type of advocacy provided. Also noted is their current annual ELHSCP funding.

### East Lothian Provision

Client Group	Provision type	Provider	ELHSCP 2023-24	ELHSCP 2024-25
Learning Disability (Adults 16+)	Individual and Collective	Partners in Advocacy	£54,543	£52,090
Autism (Adults 16+)	Individual	Partners in Advocacy		
Older People (65+) and Physical Disability (Adults 16+)	Individual and Collective	EARS	£47,131	£45,012
Mental Health (Adults 18+)	Individual and Collective	CAPS	£110,930	£105,938



Client Group	Provision type	Provider	ELHSCP 2023-24	ELHSCP 2024-25
Adults (18+) who are affected by Drug or Alcohol use	Individual	CAPS	£ 11,000	£11,000
Total (HSCP)			<b>£223,604</b>	<b>£214,040</b>

### Other Lothian Provision

Each of the providers of adult services has been established in East Lothian for over a decade and each also provide support in neighbouring authorities. This has resulted in a wide local knowledge and good working relationships across the providers and with key stakeholders.

Effective partnership working has been evidenced through each of the provider's attendance and participation in a Lothian wide Providers Forum and the current East Lothian Independent Advocacy Steering Group. Communication between providers when issues have arisen in relation to individual clients has been effective and the outcomes have been that the individual's needs have remained central to any decision making.

The following provision is contracted through other funders, with access to the services being available to those resident in the Lothian's.

Client Group	Provision type	Provider	Funder
Stroke Survivors (within the last 2 years)	Individual	EARS	£49,410 Lothian wide - NHS
Prisoners in Edinburgh Prison	Individual	Advocard	£32,940 Lothian wide - NHS
Children and young people experiencing an eating disorder	Individual	CAPS	CAMHS – Lothian wide, 3 years 2022-25 £ 78,158 p.a.
Adults experiencing an eating disorder	Individual	CAPS	NHS Lothian – Lothian wide, 2 years, 2022-24 £ 46,999 p.a.
Young adults (16-17 year olds) with mental health issues or drug/alcohol use	Individual	CAPS	East Lothian Communities Mental Health and Wellbeing Fund (short term) £10,000 (22/23) <b>*Only funded until 2024.</b>

Client Group	Provision type	Provider	Funder
Adults affected by drug and alcohol use	Individual	CAPS	Robertson Trust – East and Midlothian – top-up funding
Children (5 -18) experiencing a Children’s Hearing and their siblings	Individual	CAPS	Scottish Government, East Lothian and Midlothian £ 91,897 (22/23)
Adults with experience of: Psychosis, Personality Disorder, Trauma, Eating Disorders + Mental Health issues Lothian wide and Oor Mad History	Collective	CAPS	NHS Lothian – Lothian wide £ 173,740 (22-25)
Prisoners in Addiewell Prison	Individual	MHAP	£15,500 Lothian wide
Children (aged 12 to 15) with additional support needs	Individual	My Rights, My Say (MRMS) PiA	National provision – funded by Scottish Government
CandYP subject to Childrens Hearing process	Individual	PiA	Part of national provision funded by Scottish Government – alternate provider for East Lothian
CAHMS – CandYP known to CAHMS in Royal Edinburgh Hospital (learning disability / autism)	Individual	PiA	Funded by City of Edinburgh Council – part of the larger City of Edinburgh contract
Children and Young People (Looked after and accommodated)	Individual	Who Cares?	£47,344 East Lothian Council – Children’s Services
Children and young people receiving CAHMS in Edinburgh (mental health)	Individual	Advocard	Not available – funded as part of a <i>larger budget</i>

For the projects above, funding is arranged as part of wider advocacy contracts, therefore details are not available in reference to precise funding or who is accessing the resources from East Lothian.

## Local Support

There are services available in East Lothian that can 'advocate' for people in some circumstances such as Carers of East Lothian or Shelter, but do not provide independent advocacy. They are not independent of other projects/services and will also provide advice and support on specific subjects. It is not possible to identify which proportion of funding or service is solely attributed to 'advocacy'.

## Uptake of East Lothian Commissioned Services from 2019-2022

### Adult Provision

Considering those who have accessed 1-1 support provided by the independent advocacy services in East Lothian, the picture varies across the 3 providers. While it is noted that over the last 10 years the demands on independent advocacy services, particularly those seeking support in relation to their mental health, has significantly increased, for the purposes of this report, data over the last 3 financial years has been considered.

Because of the different needs across the client groups and the need for different approaches, there are variations in how data is collected between providers. PIA and EARS both count number of people referred as their main source of referral statistics and provide number of issues as a secondary area. CAPS count number of issues and number of interventions as their basis.

Directly comparing figures across the providers has therefore not always been possible or helpful. Although the quantitative data looks different, all providers have been clear they are all stretched for time, resources, and funding.

Some providers also find that their input requires an approach over a more prolonged period (for example PIA working with Learning Disability, or EARS working through a Guardianship case). Partners in Advocacy and EARS also offer a service to those who may not be able to instruct an advocate. This is known as non-instructed advocacy. In order to do so, the advocacy worker uses the 'eight domains of ordinary life principles' as described within the Watching Brief (Asist Advocacy, 2006). In addition to these domains, the advocacy worker will make contact with those people who are important in the advocacy partner's life to secure knowledge and information relating to past wishes, will and preference.

The core elements of the eight domains are:

domain	definition	focus	avoidance
<b>1: competence</b>	to have a level of skill to be able to be as independent as possible	learning and developing skills which add to a greater independence or allow minimal support	dependence and inactivity, having to rely on others, not taking risks or allowing people to do things by themselves
<b>2: community presence</b>	having a sense of belonging to a local area by means of access and use	encourage a high frequency of use and involvement in local public facilities and amenities	using segregated services or not using local facilities enough
<b>3: continuity</b>	having a past, present and future with key people and events in your life	meaningful relationships which last over time planning out your life's hopes and ambitions	stagnation and loss no past and no future, only the present
<b>4: choice and influence</b>	being able to determine the course of events, looking at this from your perspective	self-determination, self-advocacy, making your own decisions and choices because you want to	domination over protection, involvement in the way your life is directed
<b>5: individuality</b>	a unique person in your own right	individual needs and wishes, support that is responsive to individual demands	grouping and labelling,
<b>6: status and respect</b>	having value in the eyes of others	raising others' expectations and the removal of social stigma and prejudice	not placing value on a person by degrading them by age, culture or activity
<b>7: partnership and relationships</b>	having meaningful interaction with other people	valuing interaction and friendship, promoting social networks	having no one in your life who is important, only associating with other devalued people
<b>8: well-being</b>	having a state of physical, psychological, and social health	to maintain a balance between all health needs, to promote health	accepting illness and disability, not securing appropriate health support and treatment

The following provides an overview of who is accessing the services and an indication of the prevalent themes presented over the last 3 financial years:

Partners in Advocacy (PIA)

#### 1-1 Individual Advocacy

People supported:

- Supported 41 people with 74 presenting issues (2022). Average over last three years = 41.3 referrals with 70 presenting issues.
- Highest representation is consistently from those aged between 20 and 30.
- Presenting issues are a mix of non-statutory and statutory (AWI, MHCTA and ASP)
- Higher representation from those living in the West of East Lothian.
- There is no provision for children and young people (under 16) who have a diagnosed disability.
- There is no provision for those who are homeless or at risk of homelessness who have no disability diagnosis.

Presenting themes:

- Issues related to Social Work and statutory interventions are consistently high and rising – 35% of all presenting issues were statutory in nature (2022).
- Issues around housing/accommodation varies year to year but is always in the top 5 reasons for referral.
- Support being sought in relation to Child Protection issues ranged from 5 to 10% of new referrals.

Collective Advocacy

PIA receive funding to provide collective advocacy. This is provided through group work called 'Smart Talk'. This is provided in different locations across East Lothian and include the building-based day resources, Tranent library and is facilitated in conjunction with the New Beginnings Club and Beyond Boundaries. Over the last 4 years PiA estimate that between 100 - 120 people have been involved with Smart Talk. A wide range of issues have been discussed and addressed which have included:

- What is hate crime and how to report. This was done in conjunction with the police.
- Transport availability and how to access public transport.
- What a complaint is and right to make a complaint.
- Changes to care provisions and introduction of care charges.

- Transition programme.

EARS Independent Advocacy Service (SCIO)

### 1-1 Independent Advocacy

People supported:

- New people in the service over last 3 years ranged from 87, 75 and most recently 110.
- Caseloads generally sit at around 80-100 open cases per Advocate at any one time which is around double what might be a more forgiving workload.
- Over the last two years, the referrals from people with a diagnosis of dementia has increased to 73%.
- Main reasons for support are mainly MHA detentions, AWI or ASP referrals.
- Around half of all older people's referrals are for non-instructed advocacy.
- There is no provision for carers, although there is a steady flow of referrals that come in for this.

Presenting themes:

- Open and running caseloads have increased for EARS and staff have to prioritise Statutory Advocacy work to ensure demand is met in East Lothian.
- EARS has started documenting inappropriate/unmet needs referrals in the past year, and this has accounted for around 50 older people in East Lothian looking for an advocacy service. This is mainly, carers independent advocacy, and people looking for general advocacy support.
- Funding for EARS in East Lothian has not increased in line with national pay rises or the cost of living crisis. EARS uses around 92% of the contracted amount to cover staffing costs, and therefore although the area requires more resources to support the residents of East Lothian, there has been no funding to support this. This means that when people refer for support with housing, benefits and other community issues (non-statutory) are not a priority due to the lack of funding, even though they are often with support, finances or suitable housing.

- Statutory referrals sit at around 90% of issues presented and there are no resources/funding to support people who are not under any legal requirements. EARS estimates that there are around 100 advocacy partners annually missing out on independent advocacy because of this (in comparison with other local authorities vs size of area).

### Collective Advocacy

EARS do not receive separate funding for collective and 1-1 advocacy. Collective or group advocacy is provided as required. Over the last 3 years the provision of collective advocacy has increased. In the last year, due to the closure of care homes in East Lothian and the outcome of Care Inspectorate reports, EARS has provided collective advocacy for the residents of these care facilities to ensure their views are heard regarding the situation and they can be accommodated to a place of their choice moving forward.

### CAPS

#### 1-1 Individual Advocacy

##### Mental Health:

- 294 accepted referrals in 2022-23 (with 25 not accepted), two previous years: 195, 198.
- Referral numbers were significantly impacted during covid lockdowns but have now returned to pre pandemic levels.
- Number of issues in three most recent years: 329, 231, 247.
- Women are slightly more represented than men across each of the years (57% to 43% in the 6 months to March 2023).
- Age group most represented has come down during the pandemic and is now more evenly spread between those in their 30s, 40s and 50s.
- Those with postcodes in the west are most represented.

##### Presenting themes:

- Most common issues are Mental Health Act (average of 21% over the 3yr period), Housing (average of 15% over the 3yr period), Health (average of 14% over the 3yr period), and Benefits issues (average of 17% over the 3yr period).

- MHA numbers remain fairly level over the three years however Housing issues are increasing (to 20% of all issues in 2022-23) while Benefits issues are now less common than previously.
- ASP referrals still relatively low (5 accepted referrals in past year) but increasing as a result of awareness raising sessions through the East and Midlothian Public Protection office.
- Over the 3-year period there was 1 accepted referral in relation to SDS

#### Drug and Alcohol:

- The reporting year for our drug and alcohol work is different, the first two complete years of the service (July 2020-June 2022) saw 42 and 58 accepted referrals respectively so this represents a growing area of our work. To date in three quarters of year 3 we have had 55 accepted referrals so the service is on track to grow further.
- Most common issues are Housing and support with Drug and Alcohol Treatment services. Children and Families issues are also a higher proportion of our drug and alcohol advocacy than our mental health advocacy work.

#### Collective Advocacy

CAPS receive funding to provide collective advocacy and has dedicated staff time to provide this support. The collective advocacy worker coordinates and facilitates people in East Lothian with Mental Health issues to consider different issues that are important to them. Over the last 3-year period this has been achieved largely by meeting online due to Covid-19 and lockdown. We have facilitated responses to consultations and created opportunities for people to have their collective voices heard on issues important to them such as:

- 2020/21: Feeding into the East Lothian Equalities outcomes, taking part in research for the new Scottish Social Security disability payment and feeding in as part of a larger collective to the Mental Health Law Review.
- 2021/22: Focus group feeding into the design of the Wellbeing Lothian website, facilitating a webinar for professionals to hear from people about their experiences of Lockdown and what lessons could be learned and feeding into the consultation on the



proposed National Care Service for Scotland. CAPS also facilitated discussion on how people in East Lothian engaged with the East Space website in this year.

The collective advocacy worker and individual advocacy workers have also been working more closely together to identify common issues, and create opportunities for wider engagement with collective advocacy. A report was produced detailing this in 2022-23. This new work is developing and will continue with a new worker coming into post soon.

Over the period people from East Lothian have also participated in Lothian wide work which CAPS lead on. This has included work related to Trauma/Future Pathways consultation, Experiences of Psychosis, Lothian Voices and the People's Conference, attending the Scottish Parliament Cross Party Parliamentary group on Mental Health, Oor Mad History and Arts As Advocacy. As well as having representation designing and delivering workshops as part of CAPS Education as Advocacy. CAPS have representation on the Mental Health Engagement and Reference group, along with the Complex Needs Reference group. CAPS has supported a member of the public with lived experience to attend both groups.

### Recurring Themes

Across all providers, the following is identified:

- Post pandemic, all providers now have to triage their referrals due to demand.
- Providers prioritise referrals for people subject to compulsory measures under the 2003 Act or AWI legislation, or to meet other deadlines when possible.
- Advocacy representation at Adult Protection Initial Case Conferences has increased. Over 2018/19 28 case conferences were held – on eight occasions advocacy was invited and on eight occasions they attended (28%).
- Advocacy representation at Adult Protection Review Case Conferences is low. Over 2018/19 there were 26 reviews – on 3 occasions advocacy was invited and on three occasions they attended (11%).
- The highest groups to refer are self-referrals, SW/MHOs, third sector and then relatives/friends.
- Referrals from NHS professionals are low for all client groups.

- There have been significant financial challenges for all providers, which include a lack of increased funding, cost of living crisis with continuous increases in referrals where workloads are at an all-time high, but there is no budget to recruit more staff. Due to the parameters and scope of the Adult Social Care Pay uplift as outlined by the Scottish Government in their letter dated 1<sup>st</sup> March 2023, commissioned independent advocacy providers in East Lothian did not receive this uplift but their funding was uplifted in line with the associated living wage calculations (3.8% uplift applied to 86.9% of full contract value).

Also, of note and of importance is the willingness of current independent providers (CAPS, EARS and PIA) to work in partnership with each other and with the ELHSCP. This has been evidenced through their commitment to a Lothian wide Providers Forum and the local Steering Group. The focus of the local Steering Group is developing the East Lothian Independent Advocacy Strategic Plan.

#### Efficiencies to date

Each of the providers have been mindful of keeping costs and overheads to a minimum. Steps taken to address this, against increasing demands on the services, have included:

- Trying to minimise travel costs. With almost 22% of the population living in inaccessible rural areas in East Lothian, compared to 10% in Scotland (SHS, 2017), this has been challenging. Some providers however, work with people who require face to face communication (e.g. older people) and reducing travel costs can be challenging.
- Trying to minimise overheads. Each of the providers are commissioned to provide independent advocacy in neighbouring authorities. This can mean better value for local authorities as some costs can be shared. EARS recently dropped its Edinburgh office, which was in part, due to a lack of funds from Lothian providers.
- Minimised staffing costs. Again with each of the providers commissioned to provide services across neighbouring authorities, this has allowed close and flexible working across the different areas with, for example, staff covering the Midlothian area supporting their colleagues in East Lothian, and vice versa, when required e.g. unexpected absences, need for gender specific support.

- Decline in real-terms pay. Advocacy workers, although working in a legal and professional capacity, are increasingly among some of the most poorly paid within a Health and Social Care setting, due to a lack of funding.

## Identified Gaps in Service Provision

There are several gaps in the provision of independent advocacy in East Lothian. The gaps below have been identified through careful collation of requests for advocacy as well as anecdotal knowledge from other strategic forums which the current providers are engaged with. While the information below is recognised as not being exhaustive, it provides an overview of some of the gaps in our independent advocacy provision:

- Carers.
- Advocacy support with housing issues.
- People from Minority Ethnic Communities.
- People with sensory impairments.
- Children and Young People who are not part of the hearing system.
- Children and Young People who are part of the hearing system and are in receipt of Independent Advocacy but require support with supplementary issues that advocacy is not available for.
- Children and Young People who have a diagnosed disability (except where they also have an eating disorder, or are an inpatient at the Melville Unit).
- People who are homeless/at risk of homelessness who have no disability diagnosis.
- Groups who can access independent advocacy if they also fit other contracted criteria, but not through a dedicated service:
  - Parents with children involved in the Hearing System
  - Adults with a diagnosis of autism
  - Younger adults with a diagnosis of dementia
  - People leaving prison

## Legislative Gaps

In terms of legislative gaps, the following groups cannot access Independent Advocacy within East Lothian:

- Children and Young People with a mental disorder, as defined in the Mental Health (Care and Treatment) Act 2003 and the Mental Health Bill 2015.

It is worth noting that people (adults and older adults) not under statutory measures are only getting access to reduced independent advocacy services due to an increase in demand.

## Factors to consider in planning

The pandemic brought about significant changes in the way we work. Even now that restrictions are lifted, some providers (CAPS) continue to support people remotely far more than pre-2020, in accordance with individual needs and preferences. For some, remote options have increased access to advocacy. Other people, particularly our most vulnerable advocacy partners (older people, people with a disability) will always require face-to-face advocacy support. All current providers continue to ensure that the people they work with, have the choice of how they interact and access the services. Another change from the pandemic is that providers have often been left with the onus of supplying IT equipment which ensures advocacy partners can attend remote hearings and tribunals, even though there is no budget for this.

One provider reported reduced travel costs, during the last three financial years, however for all providers, other costs have continued to rise. Examples of this includes increased energy bills, rent, insurance and staffing costs. Funding within East Lothian has not increased to reflect this. This has been the case for a number of years but is now being exacerbated further by current inflationary pressures and the cost of living crisis.

From the information collated, the following key points need to be taken into account when planning advocacy provision over the coming years:

- Growing population, particularly in the over 65 population.
- Projection of increasing number of people with complex needs.

- Introduction of legislation placing increased responsibilities on Health and Social Care Partnerships to ensure access to and availability of Independent Advocacy.
- National and local strategies promoting and supporting use of advocacy.
- Current low referral rates from NHS teams, subsequent under use of advocacy and impact on services when this increases.
- Equitable access to and provision of independent advocacy services.
- Financial challenges – pressure on current providers to meet demand within existing budgets.
- All funding for adult independent advocacy is from the East Lothian Health and Social Care Partnership regardless of the reasons for support being sought. Noted is the high prevalence of support being sought for housing / accommodation issues.
- Contract stability.
- Lack of carers support and non-statutory support.

#### Suggestions

- Commitment to Independent Advocacy as informed by the SIAA.
- Commitment to provision by providers with identified specialisms.
- Continuity of contracts to Independent Advocacy providers.
- Contract duration of at least 3+ years.
- Consideration of funding contribution from sources identified as having a high prevalence in presenting themes and referrals requiring a different set of skills.
- Funding additional 1-1 and collective independent advocacy services through existing providers for all main groups.
- Uniformity in reporting across all providers to support better analysis of data.

## Summary

The benefits of Independent Advocacy are being more widely recognised and evidenced, which has resulted in increased duties and expectations on statutory bodies to ensure the availability of independent advocacy and that information about how to access this support is available. This, along with a growing population specifically within our older population and those with complex needs, will place increasing demands on our Independent Advocacy Services.

This anticipated increase in demand is over and above recorded growth in demand over recent years on existing resources which have had limited increase in funding to cope with this. As is reported, current providers are already struggling with maintaining and keeping up with financial or caseload pressures which is expected of them, especially from social work departments. The picture of advocacy within East Lothian has changed drastically from just a few years ago, where statutory pressures have to take precedence over any other work and there are a number of people who cannot access a service. It is also within a context which acknowledges that referral rates are low from, for example, NHS colleagues.

The findings of this needs assessment are in a context which acknowledges East Lothian Council's statutory duties and responsibilities, but which considers a model of service provision which will best meet the needs of those who are most vulnerable and would benefit from independent advocacy.

Appendix 3 – Strategic Plan Engagement Report

East Lothian Independent Advocacy  
Strategic Plan Engagement Report  
August to November 2023

DRAFT

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## Introduction

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### What is Independent Advocacy?

Independent advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others. Fundamentally, it is about everyone having the right to a voice: addressing barriers and imbalances of power, and ensuring that an individual's [human rights](#) are recognised, respected, and secured.

Independent Advocacy supports people to have as much control as possible in their lives. It helps people to:

- say how they feel and what they want,
- understand their rights,
- understand what's happening.

Independent Advocates help people to get their views heard. Their role involves:

- supporting people / groups to know their rights and what choices they have,
- supporting people to make decisions based on all the information,
- speaking on behalf of people who are unable to do so for themselves,
- supporting people to understand what is happening to them and change things if needed,
- helping to stop difficult situations happening or stop difficult situations getting worse,
- supporting people and groups to develop the skills, confidence and understanding to speak up for themselves.

### Why is Independent Advocacy important?

Independent Advocacy helps people to share their voice at meetings and appointments.

Independent advocates build up trust with the people they support. People feel at ease knowing their voice is being shared safely.

### Who currently receives advocacy in East Lothian?

People who can gain access to Independent Advocacy in East Lothian include:

- People with learning disabilities aged 16 and over,
- People with autism aged 16 and over,
- Older people aged 65 and over,
- People with physical disability aged over 16 years,
- People with mental health issues aged 18 and over,
- Children and young people experiencing an eating disorder,
- Adults experiencing an eating disorder,
- Young adults aged 16-17 with mental health issues or drug/alcohol use,
- Adults (18+) who are affected by drug and alcohol use,
- Children aged 5 -18, experiencing a Children's Hearing and their siblings,
- Children and young people living away from home.

### Provision of Independent Advocacy in East Lothian

East Lothian currently commission advocacy services from a number of organisations to support individuals and groups in East Lothian including:

- CAPS Independent Advocacy
- EARS
- Partners in Advocacy

- Who Cares Scotland

The following provision is contracted through other funders, with access to their services being available to those resident in the Lothian's:

- Advocard
- Access to Industry
- My Rights, My Say
- Mental Health Advocacy Project West Lothian

Preparatory work began in 2020/21 to review the provision of Independent Advocacy services, and undertake an advocacy needs assessment. Regrettably, the pandemic brought new priorities which diverted resources. The work was revisited in early 2023 with the formation of an independent advocacy steering group with the aim of developing a strategic plan.

### Creation of East Lothian Independent Advocacy Steering Group

In February 2023, East Lothian Health and Social Care Partnership, with backing from the IJB, set up a short-life *East Lothian Independent Advocacy Steering Group* to develop an Independent Advocacy Strategic Plan.

The group works in partnership with all current Independent Advocacy providers who are commissioned by East Lothian Health and Social Care Partnership (ELHSCP) and East Lothian Council (ELC) and includes a wide range of key local stakeholders.

The aims of the steering group are to:

- Development and implementation of an East Lothian Independent Advocacy Strategic Plan.
- Define East Lothian's vision and priorities for independent advocacy services.
- Scope existing advocacy provision, identify gaps and explore solutions.
- To support the coproduction of the new independent advocacy service specification.
- Address any issues of equitable access to services.
- Seek to raise awareness within communities and amongst professionals, including the updating of existing publicity materials (e.g.: leaflet and web page).
- Identify and raise awareness of existing training opportunities.
- Consider existing performance reporting by commissioned services and explore opportunities for uniformity across providers.

### Steering Group Members

The Steering Group was led by the ELHSCP Planning and Performance Team, chaired by Carol Jenner and subsequently Andrew Main. Each member of the group served in their individual capacity and represented the interests of their host organisations.

Role	Name
Planning and Performance Manager, ELHSCP	Carol Jenner
Strategic Planning and Commissioning Officer, Planning and Performance, ELHSCP	Andrew Main
Volunteer Centre East Lothian Operations Lead	Lana Taylor
Manager, MELDAP / Quality Assurance Officer, MELDAP	Martin Bonnar
Service Manager, Children's Services, ELC	Emma Clater
Senior Project Officer: Policy, Improvement & Partnerships, ELC	Jillian Peart
Promise Lead Officer, Children's Services, ELC	Kari-Ann Johnston
Principal Teacher, Education, ELC	Emma Grierson
Team Leader – Mental Health, ELHSCP	Christine Chambers
Service Manager, Adult Community Services, ELHSCP	Shannon Leslie
Team Leader, Adult Wellbeing, ELHSCP	Jane Stewart
Housing Strategy Officer, Housing Strategy, ELC	Hannah Crowe
CAPS Advocacy	Jane Crawford
EARS Advocacy	Kelly Shade
Partners in Advocacy	Iain Templeton
Who Cares? Scotland	Jordan Croan
Connected Communities representative	Caitlin McCorry
Engagement and Equalities Officer, ELHSCP	Jane Ogden-Smith
Senior Communications Adviser, ELHSCP	Jennifer Jarvis

## Developing the Strategic Plan

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### Needs Assessment

A review of the draft 2020 Needs Assessment was undertaken by Steering Group members, assessing the current provision and demand for Independent Advocacy in relation to adults residing in East Lothian in the context of changing demographics.

It also provided an overview of the growing body of legislation, national and local strategies which state East Lothian's duty to provide Independent Advocacy.

The Independent Advocacy Needs Assessment (2023) made suggestions to address the identified needs and gaps in provision as part of the strategic planning process.

### Development of the Strategic Plan

The new strategic plan is informed by an updated *Independent Advocacy Needs Assessment (2023)*, an extensive engagement process, the previous draft action plan and a variety of recent reports and recommendations (e.g.: The Scottish Mental Health Law Review; The Mental Welfare Commission – The Right to Advocacy Report).

The Independent Advocacy Strategic Plan Objectives include:

- 1) To outline East Lothian's independent advocacy vision and priorities, scope existing provision and how this relates to our statutory obligations in order to direct future commissioning; and
- 2) Seek to give East Lothian residents a stronger voice and as much control over their own lives as possible.

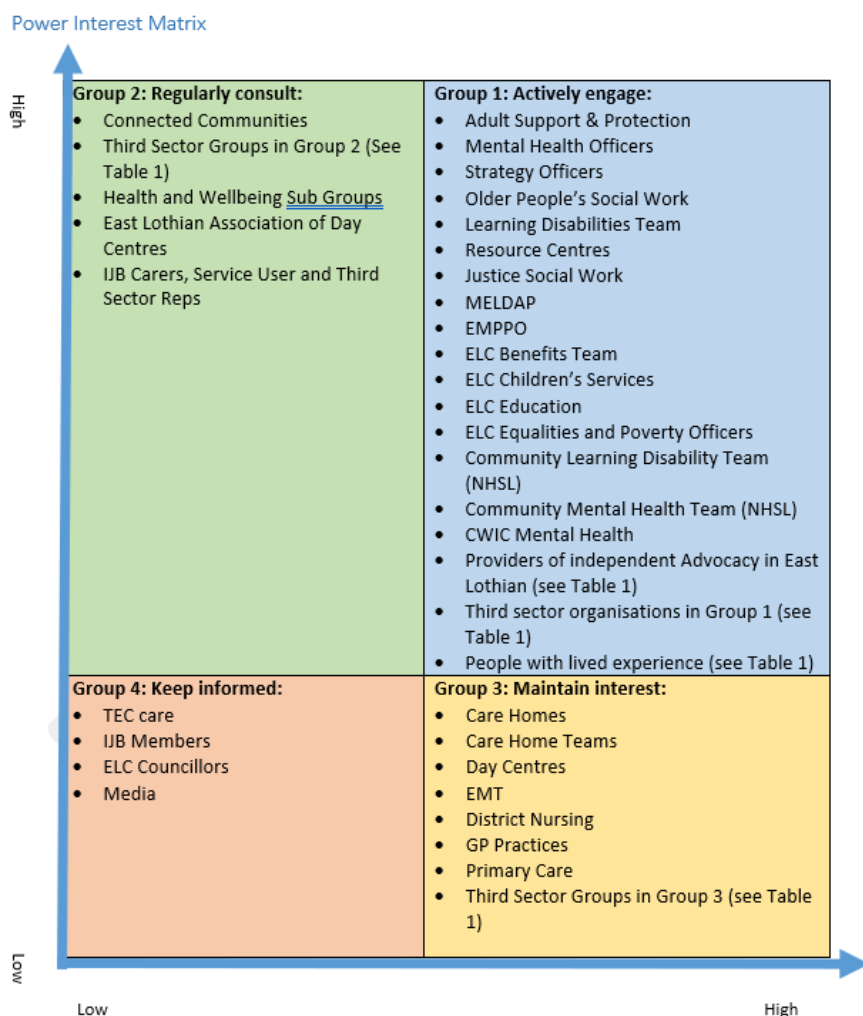
In summary, the strategy outlines:

- East Lothian should have Independent Advocacy services available for people who need it.
- People who need Independent Advocacy should have this support for as long as they need it.
- There should be information readily available about the forms of Independent Advocacy available to people in East Lothian, and how they can gain access to it.

## Engagement process

### Stakeholder mapping

As part of the engagement planning process, the Steering Group completed a stakeholder mapping exercise, and generated a Power/Interest stakeholder matrix to focus engagement activity.



### Engagement timeline

July – Aug 2023	Focus on ‘Lived Experience’ engagement with service-users
Aug – Sept 2023	Focus on engage session with providers and referrers
Aug – Sept 2023	Online survey for professionals, potential referrers and the wider community
February 2024	Integrated Impact Assessment

### Engagement methods

A number of engagement methods were identified and planned in order to seek the feedback and secure the involvement of various stakeholder groups.

### Explainer Video

While the importance of and understanding of the scope of Independent Advocacy was well understood by the Steering Group, it was agreed that the same could not be said for all stakeholder groups. Especially those who had not used, nor heard of Independent Advocacy Services before.

Subsequently the group developed an explainer video, with audio and visual descriptions to explain the different forms of Independent Advocacy, why it is important, how it can help individuals, and more specifically what the aims of the Independent Advocacy Strategic Plan aims to achieve.



The video can be viewed here:

 **YouTube** [https://youtu.be/1lLo-RDezZc?si=rnuvS\\_6OFJLuMmlh](https://youtu.be/1lLo-RDezZc?si=rnuvS_6OFJLuMmlh)

The video was used to support the engagement workshops and was shared on social media.

### Direct engagement / focus groups

A target audience for the engagement sessions were people with lived experience of Independent Advocacy.

The following activities were organised:

- CAPS held an in-person event at Fisherrow Community in November for service users and carers. Regrettably, this event received no attendees and feedback was unable to be collected.
- East Lothian Children's Services spoke directly with 5 individuals in person, each of whom were care experienced parents or kin-carers.
- Who Cares Scotland? East Lothian Champs Board (care-experienced young people) held an in-person discussion which was attended by 4 people.
- The ELHSCP Equalities and Engagement Officer engaged virtually via MS Teams with 8 members of the East Lothian Council Homelessness Team and a representative from the East Lothian Rent Income Team.

Further engagement responses:

- Following email contact with all stakeholders informing recipients of the proposed strategic plan and engagement process, direct feedback was received via email from community organisation New Horizons.

- Service-user feedback was shared by CAPS and Partner in Advocacy that was warmly supportive of the services received for both individual and group advocacy.

Attempts were made to engage with young people in schools with support from East Lothian Education Department. Regrettably due to prior commitments and priorities responses were unable to be collected within the pre-set engagement period.

### Online Survey

An online questionnaire was created and made available on the East Lothian Consultation Hub to gauge initial response to the draft strategy and identify issues arising from it.

The survey link was publicised via social media, and within a direct email correspondence which was issued to East Lothian communities, partnership groups, third sector and the extended stakeholder lists.

The survey attracted 16 responses from private individuals and the following organisations / community groups:

- ELHSCP
- NHS Lothian, including the Community Learning Disability Team and Nursing Services
- Teens+
- Trustee with Dementia Friendly Tranent
- Action for Children
- Delight Supported Living Ltd
- Haddington community council
- Edge Group Scotland
- ELC - Housing
- East Lothian Council
- East Lothian Foodbank
- STAND

### Integrated impact assessment

An Integrated Impact Assessment (IIA) was carried out in early 2024 on the engagement findings and draft strategic plan in advance of presentation to governance groups.

## Feedback collated

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### 1. General awareness of Independent Advocacy

One of the key issues that the engagement process wanted to address was about access to and awareness of Independent Advocacy services.

- How were users of Independent Advocacy made aware of the service?
- Were they referred by someone?
- Did they find out about the service on their own?
- How can awareness of Independent Advocacy be improved?

#### Responses:

- From the staff members that referred services users to Independent Advocacy, some heard about it through networking meetings and others knew about it as part of their job role.
- The care experienced/kin-carer group, although they had used services, couldn't remember how they had first heard about them but thought it was through relatives or word of mouth.

- The Champs Group had heard about it through a social worker, through visits from independent advocates, including in residential settings.
- Some spoke of how they relied on others to find out about advocacy – social workers, residential staff etc. None understood why it is not an automatic right for all young people in care to be offered advocacy and that it should in some form be available when you are also an adult.

A common piece of feedback under this heading was:

- Trying to source Independent Advocacy was difficult,
- Waiting lists are long,
- There is not enough independent advocacy available.

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*“Most clients we speak to have no idea this service could be available to them; more advertising should be done.”*

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## 2. Improving awareness of Independent Advocacy

People thought that it was important to have clear, accessible information widely available and had lots of ideas, including:

- Roadshows,
- Joining student and service user forums,
- Information/talks in schools – particularly for students progressing from primary to secondary and secondary to tertiary education,
- Training and information events, including training for staff so they know how to signpost people to these services – this included GPs, teachers, housing officers,
- Flyers, posters, social media, videos,
- Advertising in health centres, libraries, reception areas, hospital wards, sheltered housing, shopfronts, Citizens’ Advice, community centres, day centres, churches,
- Engaging with community groups,
- Sending out fliers with appointment reminders and provided at social work assessments,
- Advertising in or on buses,
- Attending services team meetings,
- Making it available through a search of the Council website,
- A database of Independent Advocacy organisations.

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*“[Independent Advocacy] is much needed, I have only found out recently of some of the advocacy services for young people in East Lothian, so definitely needs better communicated, especially to those working in the health and social care sector, whether that's with children or adults, not sure if those organisations are on ELC website or not.”*

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Comments:

Some thought that it was difficult to make people aware of Independent Advocacy. In crisis situations, people would not necessarily know where or who to turn to for help. Additionally, people



might not recognise or associate the marketing information about Independent Advocacy as being a service that would apply to them in that circumstance.

It was thought important that people (in general) know:

- what Independent Advocacy is,
- where it is available in East Lothian,
- any eligibility criteria,
- what the referral process is and
- information that managed expectations around waiting lists, for example.

A further suggestion included having an allocation system in place and an Independent Advocacy service for people who are either living within the Care System, or people who have no next-of-kin, for example, older adults.

### 3. Access to Independent Advocacy

When asked who or what groups of people should have access to Independent Advocacy, a large range of answers were provided including:

- Young people with additional support needs,
- People that have undiagnosed conditions that present with similar / same characteristics,
- Young people under 16 with mental health issues,
- Homeless people aged 16+,
- Families/ children / parents of younger children (under 16) with autism may benefit from independent advocacy, within each stage of diagnosis. (There were also comments about the need for peer support networks here).
- Parents,
- Disabled people,
- Unpaid carers,
- People identifying as LGBTQ+ especially when experiencing abuse in their relationship and/or at home,
- People coming out of prison,
- People suffering from dementia,
- Anyone who feels they are being discriminated against or who feel hopeless.
- Refugees, asylum seekers and economic migrants. The needs of economic migrants could be particularly pressing, in terms of being made homeless at short notice at the end of agricultural contracts.

#### Specifically identified groups

##### *Adults with care experience*

- The East Lothian Champs Board said that adults with care experience should be able to get advocacy as well and children and young people.
- The Champs Board could really see the value for having and expanding independent advocacy to more groups such as care-experienced parents, mothers who develop significant mental health conditions post birth.

- The care experienced parents/kin-carers group support this, also suggesting Independent Advocacy for mothers who develop significant mental health conditions post birth.
- Care experienced young people said they would feel more at ease knowing they could fall back on accessing advocacy for when they felt that they were unable to talk for themselves.

#### *Support to young people in conflict with their parents*

- Another respondent reflected on the importance of independent advocacy to young people living at home.

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*“We work with young people, many of whom live at home with their parents. We have found Independent Advocacy services to be extremely helpful where there is perhaps a difference of opinion between the young person and their parents. This service helps ensure that the young person's voice is heard, and their wishes brought to the forefront of discussions about their support.”*

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#### *Support for adults at transitional points in life*

- The East Lothian Champs Board questioned the cutting-off of advocacy support at the age of 21, suggested it should continue into adulthood.
- Concerns around transitions were also expressed by CAPS, who have previously supported adults when they have had to change advocacy provider at the age of 65, meaning that they had to establish a new set of relationships with a different provider.

#### *Advocacy should be open to all*

- A few respondents thought that, taking a human rights approach, advocacy should be open to all individuals
- A reflection about how scary formal meetings can be for people and having advocate to help steer views within those spaces were very important.

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*“We should have equal rights. Children should have more rights because people generally listen to adults. Not all adults are listened to though to that's why it's important that everyone has the same right.”*

*Anyone who needs advocacy should have it.”*

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## 4. Making Independent Advocacy better

### Resources needed to expand provision

- Most people felt that the main improvement for Independent Advocacy was that it was better resourced. There was a clear feeling that demand far outstripped provision.

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*“It is easy to say make it better but unless the funding is there for increasing services then things really can't change, people in east Lothian are in crisis due to lack of service, lack of respites, lack of resources, and staffing.”*

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#### Renaming Independent Advocacy to improve understanding

- Others felt that it should be less formal sounding so that people may be less anxious or worried about getting someone else involved.
- There should be a better and simpler explanation about what it was.
- There should be better information so that more people know that this is a free service that they can access at various points in their lives.
- There was a misunderstanding by some respondents to the questionnaire and staff as to what Independent Advocacy entailed.
- It was clear through responses that some people confused Independent Advocacy with peer support, mediation and informal support by family and friends.

#### Enhanced publicity and advertising

- A number of people thought that Independent Advocacy should be better publicised, making it clear to people who they can contact for help and support.
- They felt that many people need help in communicating their needs through a friendly supporter or aide.

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*“I did not know this existed in East Lothian, so more advertising is needed. Not only online but in GPs, library's, East Lothian Courier, East Lothian Community Hospital etc.”*

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#### Stronger partnership working

- Some felt that strong partnership working between advocacy services and services/departments/professionals who are likely to be in contact with people who may benefit from Independent Advocacy was the answer.
- There was a value in ensuring that information and lessons learned was shared so that we could understand common experiences across East Lothian. And where there were similar issues, services should work together to improve accessibility and approaches.

#### Trauma informed practices

- Some respondents highlighted that Independent Advocacy services were consulted as part of the roll-out of trauma informed practices across the Council.

- There was a need to take their advice and understand areas where they feel clients have challenging experiences and struggle to access support.
- It was felt there should be further embedding of trauma informed practices, particularly in services and areas where there is not the statutory duty for independent advocacy to close some of the gaps for people in need.

## 5. Further comments

### Consistency of Independent Advocacy services

At the end of the questionnaires and engagement sessions, we asked people to give us any other thoughts they had about Independent Advocacy.

- Members of the care-experienced parents/kin-care group and the Champs said that more should be done to improve the consistency of access to services.
- One member of the group also felt that there was a need for collective advocacy for mothers who have experienced a significant perinatal mental-health condition post birth.
- One person felt that they were not able to access services like advocacy because they were 'deemed to be doing well and didn't want to make a fuss'. However, they reflected that they masked a lot of anxiety when younger, and when leaving care didn't not feel they had people around them to reach out to when they felt alone.

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*"Independent advocacy has also proved useful where there are many different professionals involved in a young person's life e.g. bringing their views to multi disciplinary meetings where the young person is not able to attend/doesn't feel confident to speak."*

*"I think this is an excellent service to have locally, but it would be good if it was more open to adults below 65."*

*"It needs to be more widely available - people without disabilities may need support in their life's too, there should be options..."*

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## Appendix 1 – Feedback collated by Commissioned Independent Advocacy providers

### CAPS feedback

Our evaluations with adults with mental health issues who have used our Independent Advocacy service in East Lothian during the past year (April 22 – March 23), show that:

**Independence was important to people** – (100% of people who responded said so)

They said that Independent Advocacy:

- helped people understand the choices they had.
- helped people to be better informed about their rights.
- helped people be more involved in decisions about things that affected them.
- helped people feel more able to challenge discrimination.
- helped people to speak up if there was something they didn't agree with.
- helped people feel they had more power in conversations about their situation.
- helped people feel more confident in speaking up for their rights.
- helped them to express their views and wishes.
- helped them have their views and wishes heard and understood by others.
- made a difference to the way they were treated.

These outcomes are similar for Partners in Advocacy and EARS as well and below are comments received by all three Independent Advocacy organisations.

- “Of course [CAPS’ independence] made a difference. [My advocacy worker] was there for me.”
- “Definitely [advocacy made a difference] - they listened more to what I had to say. I felt stronger and more confident. [My advocacy worker] was very supportive.”
- “Not only did they make my voice heard, they amplified it.”
- “They helped to relieve the pressure in contacting people for me. It helped me with my mental health problems.”
- “People didn't take me as seriously as they should. Having an advocate meant that they were taking notice.”
- “I had a lot of confidence in [my advocacy worker], and he definitely made a difference to the way I was treated. He helped me get the result I wanted and made me feel valued.”
- “I was a shy person and not confident to speak up. CAPS has helped me feel more confident.”
- “Because I had [my advocacy worker] with me at any appointments I was able to speak more for myself - and [my advocacy worker] would prompt me if I struggled. This made them listen to me a bit more, and not cut me off.”
- “[My advocacy worker] was very approachable and took a lot of time setting out the case and being supportive.”
- “[My advocacy worker] can explain some things a lot better than I can.”
- “[My advocacy workers] were very good at putting things in writing for me, as I'm not good with words.”
- “After [my advocacy worker] helped me with the Council I felt that they listened to me more. Before this, I felt pushed to the side.”
- “It empowered me more. I was not being heard before, and [my advocacy worker] helped with that.”

- “Things always went better when [my advocacy worker] was with me. He would also explain things so that I always understood.”

#### Partners in Advocacy feedback:

- “The service really helped me. The Advocacy worker took time to listen and get my views. He made no judgements about me. He wrote a statement for me, reviewing its content with me to ensure I agreed with what was written. I did not want to attend the meeting and so he read out my statement there. I am very pleased with how this was done/what happened, it got the outcome that I wanted”.
- “Having someone to put your thoughts across to professionals that I am involved with. I feel that my points of view were listened to and understood”.
- “I receive a very good service from my advocacy worker, she is one of the best, and she is always there when I need her. She is always available on the phone. She listens to my views, gives me information and is very positive”.
- “Best service I have ever had”.
- “He helps me at meetings and speaks on my behalf, representing my views. He listens to me. The senior manager is also always very helpful to me too”.
- “I get along well with my advocacy worker. I am always able to speak to her, she listens to me and helps with contacting others on my behalf. I find it difficult to speak to my Social Worker as he talks over me. My advocacy worker is very helpful to me”.
- “My advocacy worker is very good; she is there for me at all appointments. She is there for everything I need her to help me with. She is always supportive. She always tries her best to help me, especially in my communication with other agencies. She is brilliant”.
- “I am confident about the service I receive and about returning to it when I need help again. Everyone is very welcoming. The advocacy workers go out of their way to help me at all times, my advocacy worker always tries her best to help me”.
- “My advocacy worker is easy to talk to, everything works well. He is a good friend to me and helps me a lot. He always listens to me and attends meetings with me”.
- “Advocacy works well, everything is very good. It is a very open service that asks what I think and gives me information, I can ask what they think as well. It is a great service. My advocacy worker is good to talk to. I could not get a better advocacy worker. He is kind, he is a gentleman, easy to talk to. He is reassuring and always very positive. He listens to and understands me”.
- “Advocacy is a great help to me, my worker listens to what I want, it is great to have this service around for me, it is important for helping me to get my views across. It helps me put over the points that I am asking for”.
- “My Advocacy Worker is a fantastic help to me. He provides me with information and answers my questions. He keeps me up to date with meetings etc. that are due to happen that involve me. He listens to my views and what I have to say”.
- “The service is extremely helpful. My advocacy worker is there if I need to speak to him and if he is busy, he will phone me back. I can totally rely on him”.

#### EARS feedback

- “Although I trust my solicitor, I need Advocacy as they explain things to me in a way I understand. Thank goodness you were there as you didn’t use big words and took time to answer my questions.”
- “Thank God Advocacy were there when I was speaking to the Safeguarder. I had so many things I wanted to say but almost forgot some things. You wrote down what I said in bullet points. This meant you could prompt me, and I was able to remember everything I wanted to say by myself.”

- “I don’t like going to meetings where everyone talks about me. I tell advocacy what to say and they say it for me. I trust them as they show me what they’re going to tell the professionals at these meetings.
- “Having an independent advocate to explain things and reach out to services when I am too unwell to has saved me from more anxiety and stress.”
- “I most liked the Advocate as she is compassionate, kind, efficient and keeps on supporting people.”
- “I would not have been about to do this without you.”
- “Without advocacy’s support we would have found the adult protection process frightening and hard to get through.”
- “I told him (Care Inspectorate assessor) how fortunate I was in having the benefit of securing your expertise.”
- “Thanks for always being so approachable and ready to support people.”
- “I don’t know how to thank you, I am very grateful for your kindness and support.”
- "Thank you, that is what I need, a professional on my side."
- “When I saw you, I saw the light, with your support, you gave me hope to get out of the hospital.”

