



INDEPENDENT ADVOCACY

JOINT STRATEGIC PLAN FOR TAYSIDE 2010-2015



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Summary

Many people in society are disempowered by systems which have a significant effect on almost every aspect of their lives. These are people who are disempowered to such an extent that they are unlikely to be able to fulfil their basic human needs, or demand their basic human rights. A person's initial hopes and dreams can be severely limited by this. Independent Advocacy can help to widen a person's horizons and enable them to become active members of society.

Extracted from "Principles and Standards in Independent Advocacy Organisations and Groups", Advocacy 2000 (2002)

Advocacy was initially promoted through the NHS and Community Care Act 1990ⁱ so that service users could have a role to play in making decisions about their own care, particularly those who were being resettled into local communities from institutional care. The Scottish Government continues to affirm its commitment^v to ensuring that there is appropriate independent advocacy provision across Scotland for people who need it.

In Tayside, independent advocacy has been available for various client groups since 1995. It supports people to have a voice so that other people can hear what they have to say and respect that person's views, wishes and concerns about their care. It also supports the strategic aims of the statutory sector by contributing to the exclusion of social injustice within our society and by enhancing the value of members of our local population by creating communities that are healthy, safe, confident, educated and **empowered**.

The Mental Health (Care & Treatment) Act 2003 placed a statutory duty on the statutory sector to ensure independent advocacy was available for people affected by the Act.

The Local Authorities and NHS Tayside are committed to working with local partners to review the current need for advocacy, with a view to putting proposals in place for the provision of independent advocacy for all client groups who may need this support. We are aware that the current financial climate will restrict the availability of new funding. However, with the help of service users, carers and our planning partners, we will produce action plans in a format that allows us to consider the identified needs as and when funds become available.

Our Vision

“Working in partnership to support the development of Independent Advocacy for those who may need this support to enable them to have their voices heard, make informed choices and have control over their care and lives.”

1 Introduction

We in Tayside consider that everyone should be fully included within their local communities, regardless of their age, gender, race/ethnicity, religion or belief, disability, transgender or sexual orientation. Independent Advocacy is essential in ensuring that social inclusion becomes the norm, rather than the exception.

This is our third Advocacy Plan. We previously developed advocacy plans for 2001-04 and for 2004-07.

During the planning process in 2003, NHS Tayside, the three local authorities and the independent advocacy providers in Tayside agreed a set of key principles for the delivery of effective advocacy. In 2008, we reviewed and updated these principles in light of new legislation. A summary of these key principles is included in Appendix 1.

These agencies have now drawn together all the work that has been undertaken into a single partnership document and developed a long term Joint Strategic Independent Advocacy Plan for Tayside. Following approval of this plan, each of the four statutory agencies involved will develop Action Plans to reflect future needs through joint working and consultation. This document is therefore a starting point to encompass a process to ensure that the perspective of vulnerable individuals and the diversity of their strengths and needs are integrated into service delivery decision-making processes.

2 Background

The national and local contexts set out the background to the development of independent advocacy and these are included in Appendix 2.

It is well documented that the government aims to help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.ⁱⁱ Back in 2001, Malcolm Chisholm stated

“...Advocacy is crucial to ensuring that the most excluded or isolated individuals in society are given a voice. Within the NHS and care sector, it enables people to make informed choices about their own health and to access the information they need to make their views and wishes known. The Scottish Health Plan ‘Our National Health – A Plan for Action, A Plan for Change’ⁱⁱⁱ commits us to working with independent advocacy organisations to ensure they can deliver high quality, independent advocacy support.”^{iv}

Shona Robison, MSP, Minister for Public Health and Sport, stated in the foreword to the recently revised Guide for Commissioners^v that

“The Scottish Government is committed to ensuring that there is appropriate provision across Scotland of independent advocacy for people who need it. I recognise how difficult it can be to feel vulnerable and not have the skills or confidence to set things right. That’s when independent advocacy can really make a difference. Advocacy gives people a voice.”

3 Aim of Joint Strategic Independent Advocacy Plan

We are committed to the provision of advocacy in Tayside. This document sets out a long-term vision for independent advocacy provision across Tayside. The following driver diagram sets out how we intend to progress work to help people in Tayside so that they are able to have a voice, make informed choices and have control over their lives and care. The diagram shows the aim, primary drivers and secondary drivers to set a menu of actions for the development of the local action plans.

Independent Advocacy - Driver Diagram

Outcome

Primary Drivers

Secondary Drivers



Aim:
That Independent Advocacy will enable people in Tayside to have their voices heard, make informed choices and have control over their lives and care.



Outcome Measures:

1. Strategic Plan in place
2. Independent Advocacy Policy in place
3. Independent Advocacy provision meets quality standards/monitoring
4. Identified unmet need reported to commissioners
5. Evaluations of activities and resources

Quality Framework is in place for delivery of IA

Staff awareness

Public awareness

Embedded in strategic planning

Resources and agencies available

- Scottish Independent Advocacy Alliance Principles and Standards and Code of Practice adhered to by Independent Advocacy organisations
- Policies, standards and procedures in place for delivery of independent advocacy
- Monitoring procedures provide evidence of above
- Review of Independent Advocacy Joint Strategic Plan – fit for purpose
- Partnership Framework for Effective Advocacy Provision signed off by all partners
- Planning group in Tayside – Tayside Advocacy Development Group
- National and local service specifications
- External evaluation of Independent Advocacy organisations

- Staff awareness raising initiatives
- Evaluate staff knowledge about independent advocacy
- Independent advocacy policy in place for staff
- Independent advocacy referral systems in place for staff to access
- Inform organisations (police etc) and public about independent advocacy and independent advocacy organisations

- Resources available at entry to services and in public places, libraries etc, which are appropriate and suitable
- The public are involved, engaged and communicated with about independent advocacy initiatives
- Engaging/consultation plan in place
- Advocates and Service users leaflets

- Independent advocacy is standard agenda item on all strategic and commissioning planning groups and referenced in NHS Tayside and Local Authority strategies
- Partnership framework for effective advocacy provision signed off by statutory sector and advocacy providers and reviewed as required by new legislation or guidance
- Joint Strategic Independent Advocacy Plan put on Local Authority, NHS Tayside and Independent Advocacy Organisations' websites

- Develop Joint Strategic Independent Advocacy Plan setting out independent advocacy organisations and available resources
- Identification of evidence based need and unmet need/gaps to be included in implementation plans for each geographical area
- Prioritisation in place to make best use of resources
- Independent advocacy providers are supported to build capacity and meet needs
- Target planning to ensure available resources are diverted to the most appropriate area
- Criteria widened to enable more people with identified need to access independent advocacy
- Identify funding options and joint funding opportunities
- Volunteer co-ordinators are in place to increase independent advocacy availability
- Review length and security of term of Contract Agreements – preferably 3 year contract – to enable development of provider to meet highlighted needs

We aim to support and encourage the development of independent advocacy through efficient and equitable working by all agencies, and through the local multi-disciplinary planning groups. We will support this by: -

- Increasing our knowledge of demand and need to inform future service and commissioning plans.
- Raising awareness amongst the public, in general, and statutory agencies in particular, about the need for “vulnerable” individuals within our local communities to have access to independent advocacy.
- Ensuring that action plans are in place to develop independent advocacy provision for those who may need it, as and when funding becomes available.
- Ensuring that these plans embrace all the relevant local statutory agencies.
- Ensuring that independent advocacy provision within a specific area, or agency, is tailored to the individual needs of the vulnerable people within that area/agency.

Once this Joint Strategic Independent Advocacy Plan is in place it is proposed that four Action Plans are produced. These will relate to:

- € Angus
- € Dundee City
- € NHS Tayside
- € Perth and Kinross

Within each, the statutory agency will identify a five-year action plan for independent advocacy provision based on local needs and priorities.

Within the context of new / existing legislation and policy there is a commitment to provide independent advocacy to vulnerable individuals, subject to available funding. The action plans will therefore be set out in a format that allows action to be taken as funds become available.

3.1 Supporting Statutory Agencies Strategic Aims

This Plan will provide a specific strand of support to enable NHS Tayside and the three Local Authorities to fulfil their Strategic Aims, by enabling vulnerable individuals to contribute to the development of plans and services.

3.1.1 NHSTayside

Providing independent advocacy support to people who require it will assist NHS Tayside towards meeting their vision of working with you for better health and better care. It will support the NHS in taking forward their strategic aims:

- To improve healthy life expectancy by supporting people to look after themselves
- To contribute to closing the health inequalities gap within a generation
- To ensure services meet agreed quality standards, especially patient experience

- To be cost effective in all decisions, actions and services

In 2010, Shona Robison, MSP, Minister for Public Health and Sport, intimated the Quality Strategy would be our blueprint for driving up standards of care and ensuring patients are at the heart of everything the NHS does.

This plan will support the NHS to reflect the ethos of the Quality Strategy by ensuring vulnerable people understand the options open to them through clear communication and explanations about conditions and treatment.

3.1.2 Local Authorities

The plan will help local authorities to deliver their statutory responsibilities set out in their Corporate Plans.

Independent Advocacy makes a vital contribution to achieving the Partnership vision for each geographical area, as expressed in the Single Outcome Agreements (SOA). All parties in the Partnership, including the Council, the Voluntary Sector and NHS Tayside, jointly agree the Single Outcome Agreements. The Council Plans for 2010-2012 detail their priorities towards achieving Social Inclusion, Employment and Quality of Life for their citizens.

There are outcomes in the Partnership Single Outcome Agreements and the provision of independent advocacy will support the Councils to improve outcomes for individuals in a number of key areas.

4 What is Advocacy?

Advocacy is not a new concept. It is something we all do for ourselves or for others (our children or family and friends, or patients and service users) on a daily basis. Many people can speak up and make their views known by making choices through decisions or by listening to options.

Independent advocacy helps people, who are unable to speak up or feel that others may not be listening to their views and opinions, to express their wishes. People may be unable to communicate their view owing to illness or disability. Sometimes normally confident and articulate people can also feel unable to cope because of illness or disability, or their lack of knowledge or understanding. Independent advocacy is important because it is about actively including those individuals and groups most at risk of exclusion and least able to represent and defend their own interests. It can help people make choices and decisions about their own care by:

- enabling people to gain access to information, understand their options and support them to speak up to express their views and wishes
- empowering vulnerable people to speak up about issues which concern them
- allowing an advocate to speak up for a vulnerable person in order to protect their rights and interests when they are unable, for whatever reason, to do this

Independent advocacy can be important to the patient experience. Advocacy stories relating to Tayside are included in Appendix 3. These stories highlight the importance of independent advocacy; how it supports people not only to have a voice but also to understand the information and options available to them.

4.1 Models of Independent Advocacy

There are a number of models of independent advocacy: -

- Independent Professional Advocacy
- Citizen Advocacy (Long-Term Advocacy)
- Collective / Group Advocacy
- Self Advocacy
- Peer Advocacy

Further detail about these is included in Appendix 4.

4.2 Advocacy Provision which is not defined as “independent”

There are staff and organisations in Tayside, both voluntary and statutory, which advocate for their service users, but this is not recognised as “independent” advocacy, as these organisations may provide other services that can conflict with their responsibilities and interests and/or are not structurally, financially and psychologically separate from a service provider (ref: SIAA Principles & Standards, Principle 3^{vi}). This plan is not indicating that this type of advocacy is not important, but that this provision of advocacy might lead to a conflict of interest for that organisation or member of staff.

4.3 What Independent Advocacy is not!

Independent advocacy should not be confused with befriending. It is about speaking out and defending people’s rights and interests on a particular issue. A befriender may not necessarily do that. Friendship is not a prerequisite of advocacy but, because of the time spent getting to know their partners and trying to find ways of understanding the world from their partner’s perspective, many independent advocates and their advocacy partners become firm friends.

Independent advocacy is not a counselling service but “active” listening skills may be an integral part of the support offered to an advocacy partner.

4.4 Independent Advocates

Independent advocates should be free from conflicts of interest with local service providers (statutory and voluntary) and should represent the interests of their partners as if they were their own. They will normally work on a one to one basis with their partner unless working within group advocacy. See Appendix 5 for an advocate’s perspective.

Independent advocates come from a wide range of backgrounds bringing their own special talents and skills. Before an employee or volunteer becomes an independent advocate, they have to undertake training courses run by the independent advocacy organisations. They may also be required to undertake training by other organisations, such as that provided by the Scottish Independent Advocacy Alliance and others on specialist subjects, for example adult support and protection, elder abuse and child protection.

Independent advocates get involved in a wide variety of issues, including for example child protection.

It is important to note that independent advocates do not offer advice.

5 Current Independent Advocacy provision in Tayside

The organisations providing independent advocacy in Tayside are independent of **all** service provision in the area and are not part of the services and systems being used by the people who may need help and support. Their independence is concerned with the minimisation and management of real or potential conflicts of interest.

We expect the independent advocacy organisations to adhere to the Principles and Standards and Code of Practice published by the Scottish Independent Advocacy Alliance.

5.1 Independent Advocacy organisations

The diagram at Appendix 6 shows the organisations that provide independent advocacy for specific client groups, irrespective of the funding agency. The following provide independent advocacy:

- **Angus Independent Advocacy (AIA)** – for people living in Angus who have a learning disability, a mental disorder, dementia, frailty in old age or an acquired brain injury; and for people who are affected by the Mental Health (Care & Treatment) Scotland Act (including prisoners in Noranside) and the Adult Support and Protection Act.
- **Dundee Independent Advocacy Support (DIAS)** – for people living in Dundee who have learning disabilities, mental disorder, dementia, frailty in old age and physical disabilities; and for people who are affected by the Mental Health (Care & Treatment) Scotland Act and the Adult Support and Protection Act.
- **Independent Advocacy Perth & Kinross (IAPK)** – for people living in Perth & Kinross who have learning disabilities, mental disorder, dementia, frailty in old age, physical disabilities and “unpaid” carers; and for people who are affected by the Mental Health (Care & Treatment) Scotland Act

(including prisoners in HMP Perth and Castle Huntly) and the Adult Support and Protection Act.

- **Partners in Advocacy** – for people living in Dundee; they safeguard and empower people with additional support needs to live their lives as valued, responsible and enriched citizens. Partners provide independent advocacy for adults with learning disabilities (citizen advocacy), children and young people with disabilities (citizen and short-term advocacy), inclusive self-advocacy groups for young people, with and without disabilities, and for children and young people affected by the Mental Health (Care & Treatment) Scotland Act
- **Advocating Together** – is an independent self-advocacy organisation, which provides a service for people with learning disabilities living in or near Dundee. It aims to develop people’s communication skills, confidence and ability to voice their views and to influence those who provide services.

All of these organisations have open referral systems and accept enquiries from any agency or individual (including self-referrals).

As well as receiving local statutory funding, these organisations have also been successful in attracting funds to support their projects from other funding bodies, such as The Big Lottery, Lloyds TSB and local Trusts.

5.2 Umbrella groups

In order to ensure effective communication between the various independent advocacy organisations and the statutory agencies, and between the independent advocacy organisations, two umbrella groups were established:

- **Tayside Advocacy Development Group (TADG)**

The Tayside Advocacy Development Group was set up in 2002 following a review of advocacy in Tayside (Spreading the Word^{vii}). This group has representation from all the partner agencies committed to the development of Independent Advocacy in Tayside. The Chair of the Tayside Advocacy Forum (TAF – a forum of advocacy providers) is a member of TADG, and is thus able to represent the views of the independent advocacy providers and to share information with the Forum for their views and / or discussion.

- **Tayside Advocacy Forum (TAF)**

The Tayside Advocacy Forum was set up in 2002. Its membership includes independent advocacy providers across Tayside. The forum continues to meet to discuss issues of common concern, including the sharing of information and good practice.

5.3 Raising Awareness about Independent Advocacy

A Communication Plan was developed for 2010 to raise awareness about independent advocacy throughout the NHS as well as via local magazines and leaflets available to staff and the public. Local authority representatives and independent advocacy providers on the Tayside Advocacy Development Group support this by raising awareness within their respective geographical areas.

6 Projected Need for Independent Advocacy in Tayside

It is now widely recognised that independent advocacy is essential to assist those vulnerable individuals in our local communities who need a voice to express their wishes and desires in relation to their own care.

However, while attempting to quantify need, it became clear that anyone could suddenly find himself or herself in this situation, because of an accident, injury or the sudden onset of a serious illness, including every person who reads this document. That, in turn, means the development of independent advocacy provision has to take into account the potential need for advocacy for large numbers of individuals, who would not usually describe themselves as vulnerable.

The projected need will also be influenced by developments in community capacity, citizen leadership, living wills and changes in the expectations and capacities for service user and carer involvement in the decisions taken about their own care. The action plans need to consider a variety of options to ensure that individuals have the best possible opportunity to advocate for themselves as well as supporting one-to-one independent advocacy provision which should be targeted to those who need it.

6.1 Tayside Profile

In considering future need, we have to be aware of the demographic changes expected in Tayside. The three council areas will have ageing populations, with increasing numbers of older people and decreasing numbers of younger people (see 2008-2033 population projections). The population profile will be also be affected by increasing numbers of adults with disabilities, including learning disabilities, due to increasing life expectancy.

A summary of the mid-year population estimates for 2009 is included at appendix 7 and the NHS Tayside population summary 2009 is included at appendix 8.

6.1.1 Population Projections – Tayside – 2006-2031

The tables below show the projected changes in the population of NHS Tayside through to 2033.

Projected change in NHS Tayside population 2008-2033

Age Group	YEAR						
	2008	2010	2015	2020	2025	2030	2033
0-4 yrs	20,809	21,372	21,836	22,413	22,305	21,820	21,596
5-14 yrs	42,748	42,480	43,260	45,115	46,111	46,577	46,314
15-44 yrs	150,328	149,338	147,326	147,502	151,090	150,875	149,531
45-64 yrs	107,899	110,659	110,887	109,525	104,243	100,924	101,419
65-74 yrs	39,368	40,337	45,876	48,326	48,767	53,382	54,414
75-84 yrs	26,348	26,792	29,107	31,583	36,829	39,148	39,298
85+ yrs	9,442	10,270	12,162	14,592	17,771	21,000	24,316
All Ages	396,942	401,248	410,454	419,056	427,116	433,726	436,888

Source: GRO Project Populations - 2008 Based (Released February, 2010)

Percentage change in population for Scotland, NHS Tayside and Tayside's Three Local Authority Areas, 2008-2033

Area of Residence	Gender	AGE GROUP							All Ages
		0-4	5-14	15-44	45-64	65-74	75-84	85+	
Scotland	Males	-4.7%	0.4%	-3.8%	-3.2%	48.3%	77.9%	249.4%	8.1%
	Females	-4.1%	0.7%	-8.2%	-2.9%	47.5%	46.0%	118.8%	6.5%
	Both	-4.4%	0.6%	-6.0%	-3.0%	47.9%	58.8%	157.4%	7.3%
NHS Tayside	Males	3.7%	9.0%	0.6%	-5.4%	37.7%	66.4%	236.7%	11.1%
	Females	3.8%	7.7%	-1.7%	-6.6%	38.6%	37.2%	120.5%	9.1%
	Both	3.8%	8.3%	-0.5%	-6.0%	38.2%	49.1%	157.5%	10.1%
Angus	Males	1.0%	2.8%	0.2%	-14.8%	43.3%	79.5%	274.3%	9.4%
	Females	-0.3%	-0.8%	-7.1%	-15.6%	43.2%	52.7%	145.4%	6.1%
	Both	0.4%	1.0%	-3.5%	-15.2%	43.3%	63.8%	186.5%	7.7%
Dundee City	Males	-18.8%	-2.2%	-17.2%	-6.7%	14.1%	34.3%	187.4%	-4.3%
	Females	-19.4%	-1.2%	-19.2%	-7.2%	22.6%	5.9%	81.3%	-5.7%
	Both	-19.1%	-1.7%	-18.2%	-7.0%	18.7%	17.1%	114.9%	-5.1%
Perth & Kinross	Males	30.7%	23.8%	20.3%	3.1%	53.7%	85.4%	255.5%	27.2%
	Females	33.5%	22.0%	23.5%	1.2%	49.5%	56.6%	137.8%	26.5%
	Both	33.5%	22.0%	23.5%	1.2%	49.5%	56.6%	137.8%	26.5%

Source: GRO Project Populations - 2008 Based (Released February, 2010)

We know that more of us will live well past the retirement age of 65 so in terms of these demographics, the client groups likely to increase in numbers include: -

- **Frail older people**

There are growing numbers of older people living in Tayside who are living active and healthy lives well into their seventies and eighties. Statistics demonstrate that this group of people tend to develop a greater need for services in the last six years of their lives – and it is at that time that they and their carers may need the services of independent advocacy.

- **People with dementia and their carers**

Projections for the numbers of people who will be living with dementia over the next forty years, suggest that these numbers are going to increase very substantially. Scotland's National Dementia Strategy, published in June 2010, aims to support people with dementia to live as normally as possible, for as long as possible, in the community. In order to enable this, it will be important to ensure that both people with dementia and their

unpaid carers have the opportunity to be heard, in terms of the lifestyles they wish to live and the information they wish to access.

- **Adult Support and Protection**

Advocacy has already supported or represented a number of people affected by the Adult Support and Protection Act, particularly at adult protection case conferences. There will be a growing need for advocacy support as work develops to protect and support adults at risk of harm in Tayside.

- **People with long term conditions**

There are also people with long term conditions who will need support to remain independent in their own home or in the community through supported self-management and they and/or their carers may require advocacy support.

6.2 Determining Need for Independent Advocacy

As suggested previously, any person at any time might have a need for independent advocacy. It is therefore difficult to determine future need, but using the Pareto Principle^{viii} suggests that, for many events at any specific time, as a general rule of thumb, roughly 80% of the effects come from 20% of the causes. Using this Principle, it is fair to suggest that, at any one time, 80% of the advocacy required will come from around 20% of the client base. The action plans for each geographical area will therefore give an indication of likely need across Tayside.

This information will be supplemented with the consultations undertaken through questionnaires to older people, local joint planning groups and the consultative discussions with children and young people (see section 9). In developing local action plans, more detailed analysis will be needed in each of the local authority areas regarding population trends and to take account of a wider group of stakeholders.

7 Framework for Future Independent Advocacy Provision in Tayside

This joint strategic plan and the action plans will take cognisance of the Scottish Health Council Participation Standard which states:

“Independent Advocacy Services are developed in partnership with advocacy agencies and service users to help them to:

- *Voice their needs*
- *Access independent advocacy services*
- *Have a say in their care and treatment” (Ref. core area 1 standard statement 1.4)*

And

“Information on independent advocacy services and how to access them should be widely available” (Ref. core area 1 standard statement 1.5)

Consultation and input within each geographical area will support the development of the Action Plans setting out short, medium and long-term goals.

7.1 Key Principles

Key principles for the delivery of effective advocacy were developed and agreed between NHS Tayside, the three local authorities and the independent advocacy providers in Tayside. The principles were reviewed and updated in 2008 (see Appendix 1 for summary).

7.2 Key Objectives

The following key objectives will drive this plan forward. These were raised through consultation with staff, public and independent advocacy providers with input from their service users:

- Ensure that all statutory agencies continue to raise awareness amongst their staff groups of the possible need for advocacy services by their patients / service users, particularly promoting this through the induction of new staff.
- Ensure that information about independent advocacy is widely publicised across the Tayside area, including public areas.
- Ensure that independent advocacy provision is prioritised across Tayside
- Adequate resources to support independent advocacy provision should continue to be sustained.
- Ensure that a quality framework is in place for the delivery of independent advocacy, for example the Scottish Independent Advocacy Alliance Principles and Standards.
- Ensure independent advocacy is embedded within strategic planning.
- Ensure each area develops an Action Plan that responds to local independent advocacy needs.

7.3 Patient Rights Bill (Scotland)

The Patient Rights Bill gives patients the right that the health care they receive should:

- Consider their needs;
- Consider what would be of optimum benefit to them; and
- Encourage them to take part in decisions about their health and wellbeing, and provide information and support to do so

At stage 1, on 17 November 2010, the Health and Sport Committee said in its report on the bill:

"There is overwhelming support for the rights and principles which the Bill sets out to enshrine. There is a general acceptance of the need to ensure that the rights of patients are respected and clearly understood". Advocacy supports the ethos of the Bill.

7.4 Carers Strategy for Scotland 2010-15^{ix}

The Carers Strategy for Scotland recognises the importance of advocacy.

ACTION POINT 17.1

The Scottish Government and COSLA acknowledge the value and benefit of carer advocacy. From 2011 onwards we will encourage local authorities, NHS Boards and other local partners to develop or expand carer advocacy services for those in greatest need. We will also in 2011-12 examine the scope for producing guidelines on carer advocacy.

Carers' advocacy is available in Tayside although only Perth & Kinross has dedicated independent advocacy for carers. Consideration will be given to all forms of advocacy for carers including support for self-advocacy, group support and peer advocacy as well as independent advocacy for carers in greatest need who may require additional one-to-one advocacy support.

7.5 Children and Young People

In 2010 the Scottish Government set up a steering group with multi-agency representation to consider advocacy provision for children and young people. This group is due to complete its work in 2011. The outcome will support the government to produce a resource that describes advocacy support for children and young people in the context of its commitment to children's rights and the UN Convention on the Rights of the Child. The overall aim of the resource will be to raise the profile of advocacy services for children and young people at a national and local level with a view to driving improvements in advocacy support across Scotland.

7.6 Mental Health (Care & Treatment) Act

All people with mental disorder have a right of access to independent advocacy under Section 259 of the Mental Health (Care & Treatment) (Scotland) Act 2003. The statutory sector continues to commission independent advocacy for people affected by this Act.

7.7 Adult Support and Protection (Scotland) Act 2007

Local Authorities will need to have due regard to their duty under the Act to consider the importance of providing independent advocacy to support adults affected by this Act.

8 How we will measure our progress

The Tayside Advocacy Development Group (TADG) includes key statutory and voluntary sector staff from each geographical area in Tayside. It meets quarterly to identify, review and address actions related to independent advocacy, and to discuss areas of concern and unmet need. The group reports annually to Tayside NHS Board's Improvement & Quality Committee detailing work undertaken and outcomes achieved. The TADG also oversees delivery of the outcomes in relation to the Scottish Health Council Participation Standard (see section 7).

We will use various approaches to measure our progress, including:

- Joint Strategic Independent Advocacy Plan in place
- Proposed Action Plans for each area are developed, agreed and in place
- Progress on the key objectives set out at 7.2
- Independent Advocacy Policy in place for NHS staff
- People's understanding of independent advocacy increased
- Increased staff awareness of independent advocacy
- Identification of unmet need and commissioning of independent advocacy by strategic planning groups
- Advocacy stories – including patient experience
- Evaluations of independent advocacy organisations

Service Level Agreements are in place for the current independent advocacy provision. The quantitative advocacy provision is measured through the local monitoring processes. These set out statistics in relation to the numbers of referrals, types of advocacy provided, client groups accessing independent advocacy, and unmet needs.

The qualitative aspects are measured through:

- Independent Advocacy organisations' requests for user feedback
- Monitoring processes that provide feedback on users' views about the value of independent advocacy.
- Advocacy stories included in the organisations' annual reports
- Information gained from those service users who participate as trustees on the organisations' governing boards.

9 Consultation

Consultation on independent advocacy is an ongoing process and is continuously assessed through the work of the Tayside Advocacy Development Group and the Tayside Advocacy Forum.

The objective of consultation to date has been to identify: -

- People's understanding of independent advocacy, including children and young people
- Whether they might use independent advocacy at some point in the future
- Whether those, who have used independent advocacy, as either partners or referrers, have considered it to be of value
- How important is it that it should continue to be provided
- Perceived gaps in independent advocacy provision

9.1 Questionnaires

To support the development of this joint Strategic Plan, views and information were obtained from particular client groups using questionnaires, which were produced and distributed through voluntary organisations and joint planning groups. Questionnaires were completed by:

- Participants in the Dundee Celebrate Age Network
- Older People in Angus (questionnaires distributed via Age Concern Angus)
- Older People in Perth & Kinross (questionnaires distributed via Age Concern Perth & Kinross and the Age Matters Event in October 2009)
- Carers in Perth & Kinross (questionnaires completed at the Perth Carers Conference 2009)
- Local Planning Groups in Angus, Dundee and Perth & Kinross

Reports on these consultations were distributed to all those who requested feedback; copies can be made available on request.

9.2 Consultation with Children and Young People

Independent Advocacy Perth & Kinross were commissioned to undertake consultation with children and young people. The advocacy worker met with small groups across Tayside, including children in care or the throughcare after care service, young carers, as well as children who use services, such as the Dundee Skate Park, Arbroath Café Project and Alyth Youth Partnership. In total 78 young people between the ages of 8 and 26 took part in the consultation. The young people who had not heard of independent advocacy were mostly under 13 years old. Most young people felt that advocacy should be available to all children and young people as they can sometimes find themselves struggling and would benefit from support from an outsider. The results of this consultation will link with the work being undertaken by the Steering Group at Scottish Government.

9.3 Dundee City Council Review of Advocacy Services

This review highlighted that many people require advocacy services to enable them to participate in their community, for example in education, employment and social activities. There was a general view that there should be wider involvement and investment in independent advocacy from other Local Authority Departments, for example Housing, Education and Children's Services, and Leisure and Communities.

The outcome of the review will feed into the Action Plan for Dundee City.

9.4 Minority groups

We sent leaflets to groups who work with minority ethnic communities to inform them about independent advocacy, to provide details about the independent advocacy organisations and to offer discussion as required.

9.5 Public Partnership Groups(PPG)

Awareness raising sessions were held with the PPG members in Dundee on 14 May and in Perth on 17 June 2010. Other avenues for raising awareness were suggested at these sessions.

9.6 Distribution of the Draft Joint Strategic Plan

Members of the Tayside Advocacy Development Group will be consulting on this draft plan through the areas they represent and other relevant communication networks. The Tayside Advocacy Forum will consult with their service users and Boards of Management.

10 Financing Independent Advocacy

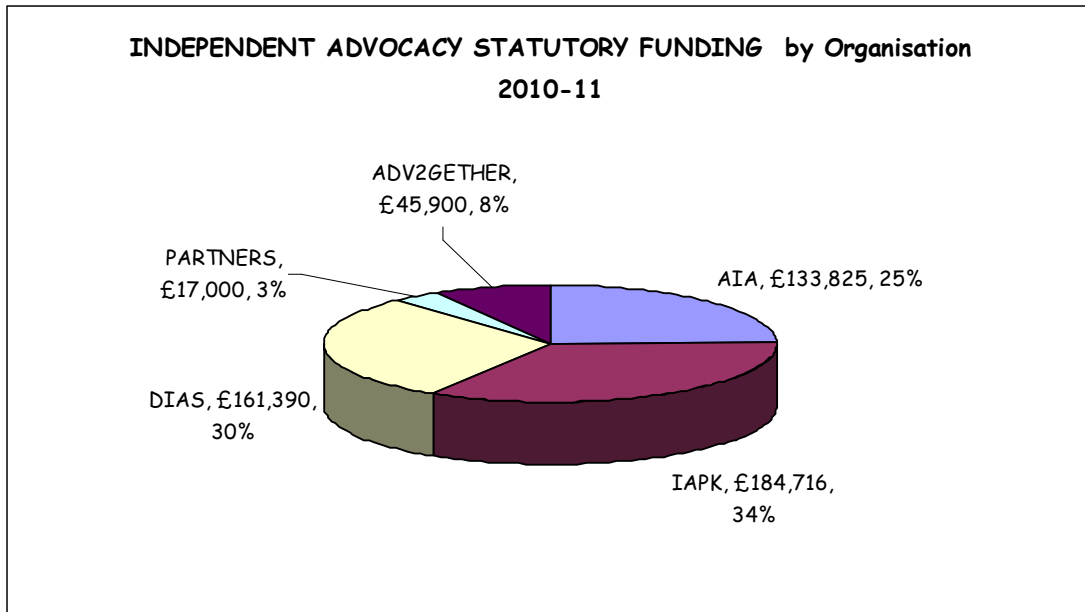
Throughout Tayside, funding levels for independent advocacy are dependent on and informed by available resources. The level of funding from the statutory sector during the life of this joint strategic plan will be dependent on the level of central government funding. With the ongoing cuts to public sector funds, there is no guarantee that the current funding levels will be maintained. However, the officers in both the statutory and voluntary sectors will work together to achieve maximum support within the resources available. We will also be working to attract external funds to support independent advocacy provision.

As stated previously, the Explanatory Notes accompanying the Patient Rights Bill (<http://www.scottish.parliament.uk/s3/bills/42-PatientRights/index.htm>) introduced to the Scottish Parliament in 2010 indicated that the Scottish Government would provide additional funding for advocacy provision. The notes explain that new funding (£500,000 per year from 2011-12) is being provided to cover the potential impact of the proposed duty on the Patient Advice and Support Service (PASS) to direct people to 'other sources of advice and support or persons providing representation or advocacy services'. It is not yet known how much will be directed to Tayside.

10.1 Current Funding

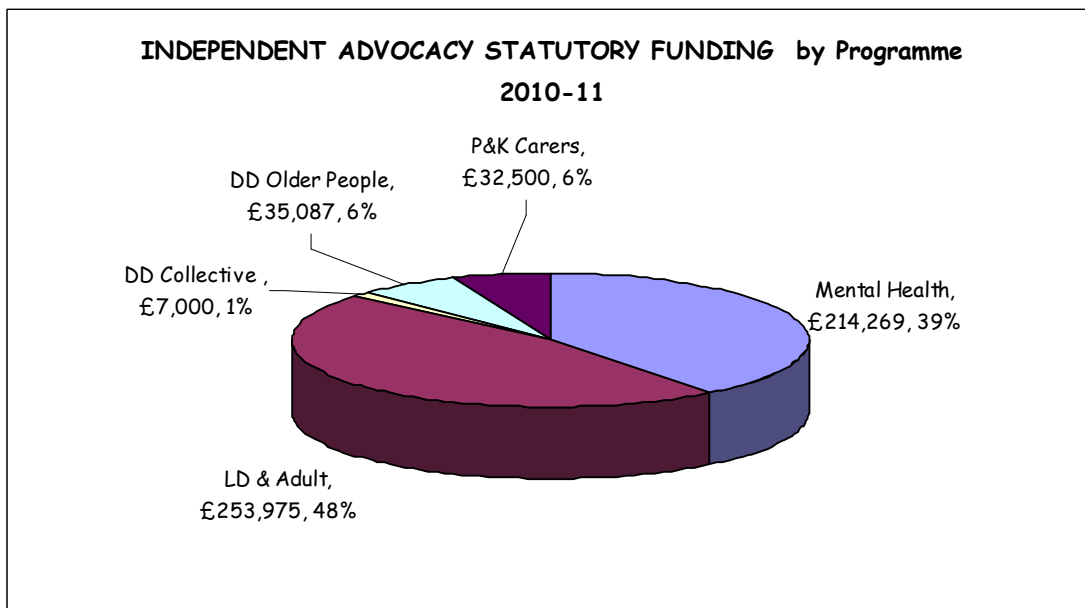
The Tayside Advocacy Development Group has no direct access to funding. Much of the funding allocated since the initial inception of independent advocacy in 1995 was agreed through joint negotiation between the statutory and voluntary sectors, although the funding in Dundee was recently set by a review of advocacy provision. There are occasions when specific funding is provided through the implementation of legislation, such as the Mental Health (Care & Treatment) Act 2003.

The following pie chart shows the planned statutory funding to organisations providing independent advocacy for 2010/11:



ADV2GETHER – Advocating Together
 AIA – Angus Independent Advocacy
 DIAS – Dundee Independent Advocacy Support
 IAPK – Independent Advocacy Perth & Kinross
 PARTNERS – Partners in Advocacy

The next pie chart shows the planned statutory funds in respect of client group programmes for 2010/11:

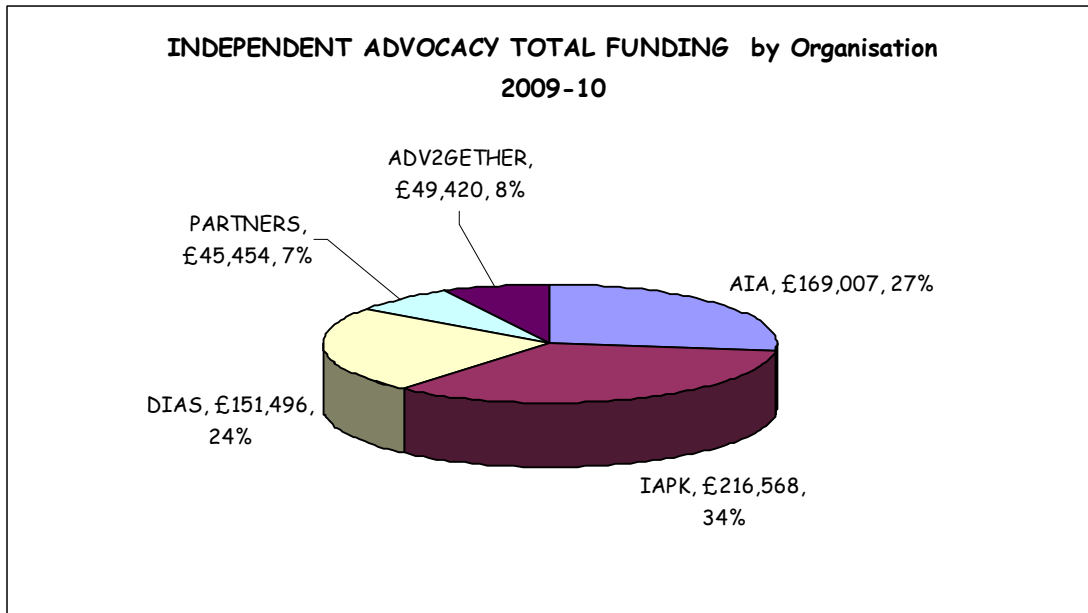


DD Older People – Dundee Older People
 DD Collective – Dundee Group Advocacy (older people)

LD & Adult – Learning Disability and Adult Advocacy in Tayside
Mental Health – Mental Health Advocacy in Tayside
P&K Carers – Carers Advocacy in Perth & Kinross

10.2 Funds allocated to independent advocacy regardless of funder

In contrast, the following diagram shows the total funding, statutory and non-statutory funds, for independent advocacy provision for the previous year (2009-10):



ADV2GETHER – Advocating Together
AIA – Angus Independent Advocacy
DIAS – Dundee Independent Advocacy Support
IAPK – Independent Advocacy Perth & Kinross
PARTNERS – Partners in Advocacy

Outline of Key Principles Underpinning the Provision of Independent Advocacy in Tayside

All parties will respect, recognise and promote the specific needs of all people including black and minority ethnic communities (including gypsy/travellers, refugees and asylum seekers), women and men, religious/faith groups, disabled people, older people, children and young people and the lesbian, gay, bisexual and transgender community.

Consent

A person's consent must be sought, where possible, for all involvement and contact with advocacy organisations. However where people are unable to give their consent, it is accepted that they will have a need for advocacy. In these circumstances, staff will act to safeguard the person's interests in accordance with statutory duties, including: -

- Human Rights Act 1998
- Data Protection Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care & Treatment) (Scotland) Act 2003

While an adult may have granted Power of Attorney to a relative or friend, giving that person authority to make welfare and/or financial decisions on their behalf, this does not negate the possible need for an advocate.

The advocate must agree to their contact details being included in the user's records.

1. Role of Staff within the Statutory Agencies

- Staff will be made aware of the importance of independent advocacy as a way of empowering users to maintain control over their life. In particular, they will be made aware of the statutory rights to independent advocacy of people, with mental health disorders, under the Mental Health, Care and Treatment (Scotland) Act 2003.
- Staff will be made aware of the importance of the role of the advocate and will: -
 - Have the opportunity to discuss this role with the relevant advocacy organisation.
 - Proactively identify a person's need for advocacy and be able to discuss this with the advocate.
 - Enable the person to contact the advocate/advocacy organisation when required – or do this, on behalf of the person, if necessary.
 - Include details of the advocate in the user's records.

- Ensure that any change in circumstances, for the user, is communicated to the advocate.
- Ensure that the advocate is informed of all formal/informal meetings where the user's circumstances are being discussed and facilitate their inclusion. If the advocate is to be excluded, clear reasons are given to both the user and the advocate and recorded in relevant records.

2. Role of Advocacy Organisations

- All Advocates will have appropriate disclosure checks and screening procedures
- Effective recruitment, training and orientation programmes will be established
- All advocates will be provided with regular support including: -
 - Induction
 - Help and advice
 - Regular support and supervision
- Advocates will be involved in any discussions re their roles
- Accessible information regarding their organisations will be made widely available and in alternative formats
- Maintaining information re their procedures and policies and ensuring this information is available to those who use/ make referrals to their services

3. Role of Advocates

- The Advocate will have undergone the appropriate screening, induction and training to enable them to support the interests of the user
- They will represent the views of users and either support the user to express their wishes, or represent the person's views as if they were their own
- The primary responsibility will be to the user
- The advocate may need to be an enabler, a supporter, a representative, a spokesperson and/or a safeguarder of the user's interests
- The Advocate is entitled to raise any issue, which affects the user's wishes or needs, with the relevant individual, service provider, or appropriate professional
- Advocates are entitled to be informed of, and to attend, any formal/informal meetings where the user's circumstances are being discussed. Any specific needs should be taken into account to enable the user and advocate to attend.

The advocate and the user will come to an agreement themselves about arrangements for attending meetings

If professionals feel it is inappropriate for either the advocate or the user to attend such a meeting then will be fully discussed with them in advance, the reasons put in writing, recorded as a part of the meeting and sent out, in an accessible format to all those concerned.

- Advocates will respect the rights and confidentiality of the user at all times. Within agreed advocacy organisation boundaries and existing laws.

- The Advocate may discuss the user's needs with the relevant staff if this is appropriate, and is agreed to be a positive step forward for the wellbeing of the user. The consent of the user must be sought if possible.

1 National Context

- 1.1 The NHS and Community Care Act 1990^x promoted advocacy so that service users could have a role to play in making decisions about their own care.
- 1.2 The Patient's Charter^{xi} in Scotland recognises that **all** users of health services have a right to advocacy.

"You are entitled to be involved so far as practical in making decisions about your own care, and wherever possible given choices"^{xi}

- 1.3 In 1997, the Scottish Health Advisory Service/Scottish Office Report "Advocacy – A Guide to Good Practice"^{xii} was sent to the statutory sector to encourage them to examine and develop advocacy provision for all users.
- 1.4 In 2001, "Independent Advocacy – A Guide for Commissioners"^{xiii} asked Health Boards and Local Authorities, in partnership and with other agencies, to submit proposals to the Scottish Executive for the development of independent advocacy.
- 1.5 Legislation to support the importance of independent advocacy for services users is the Mental Health (Care and Treatment) (Scotland) Act 2003. This Act placed a statutory duty on Local Authorities and Health Boards to secure the provision of independent advocacy for people affected by the Act. The importance of independent advocacy is also highlighted in the Adult Support and Protection (Scotland) Act 2007.
- 1.6 With regard to governance, Healthcare Improvement Scotland (previously QIS – Quality Improvement Scotland) and the Mental Welfare Commission (MWC) report on service provision within Tayside and have powers and duties to maintain and develop vital roles in protecting the rights of service users, and in promoting the effective operation of services. Independent advocacy is included within their assessment of the quality of care provided
- 1.7 Up to 67,000 people in Scotland have dementia and about 40% of them are in care homes or hospitals. The nature of the illness means that they need a lot of care and support and that they are more at risk of having their rights overlooked. Where others may be more involved in their own care, be able to express their wishes, ask others for help or exercise their right to make a complaint, people with dementia have often lost many or all of these abilities. (Care Commission/Mental Welfare Commission "Remember I'm still me"^{xiv})
- 1.8 Many other policy documents and statements refer to independent advocacy and its importance for their particular client groups. These are listed in Appendix 9

2 Local Context

- 2.1 Independent Advocacy organisations have been working in Tayside for over 10 years. Some were initially set up in 1995 through joint funding from NHS Tayside and the then Tayside Regional Council – now three Local Authorities.
- 2.2 Following receipt of “Advocacy – A Guide to Good Practice”^{xii}, Tayside NHS Board and its partner agencies undertook a review of independent advocacy – “Spreading the Word”^{vii} – this helped to set the scene for the first 3-year Tayside Advocacy Plan^{xv}, which Boards had to develop and submit to the Scottish Government.
- 2.3 This multi-agency plan also took on board the content of “Independent Advocacy – a Guide for Commissioners”^{xiii} received from the Scottish Executive during the review process.
- 2.4 In response to “Spreading the Word”^{vii} and to support the development of independent advocacy throughout Tayside, a multi-agency Tayside Advocacy Development Group (TADG) was set up in 2002. The Group’s current membership and remit is included at Appendix 10.
- 2.5 This multi-agency group had responsibility for the preparation and submission of the Tayside Advocacy Plans to the Scottish Government for the years 2001-04 and 2004-07. No further plans were requested and the group, as a matter of good practice, set itself the task of developing a long term joint Strategic Independent Advocacy Plan for Tayside for 2010-15 in order that this could set the objective for the development of local Implementation Plans.
- 2.6 This Plan will set out the current position, the challenges and the future direction for independent advocacy in Tayside, while the four Implementation Plans will identify the priorities for future provision for the years 2010-2015. The consultation on these Implementation Plans will determine how the future potential priorities will be set out.

ADVOCACY STORIES

SELF-ADVOCACY: STEVE

Initially I wanted to go into teaching and to be honest I just wanted something for my CV, but now, this is what I do on a Tuesday, it's part of my life and I can't imagine life without it. I've even got a paid job with another advocacy organisation!

I'm a volunteer self-advocacy assistant for a group of people with learning disabilities. There are about 10 people in my group along with other volunteers who also support the group.

Every Tuesday we meet up and do something different. Sometimes we'll have a chat and drink cups of tea, other times a group member might have a specific issue that they want to talk about. Occasionally people from Social Work, the Local Authority or Health Board come and consult the group, asking them what they think about a document that is going to be published or a development that is being built.

What's really good is that the group are really supportive of one another, they all help one another with day to day problems. For example, one person came to the group with troubles they were having with the building work in their flat, and it turned out that others had experienced similar problems, so they helped the person to sort it out.

In a self advocacy group the members support each other by sharing knowledge and experiences and they build up their confidence in order to advocate for themselves. Part of my role as a self advocacy assistant is to offer practical support and help to find information. Once, a person close to a member of the group was taken into hospital and nobody told them where the person had gone or when they could visit. I helped the member to find out who the contact at the hospital was and the contact details for the hospital, so that they could make the call themselves.

Working with people with learning disabilities has opened my eyes. I've really learnt a lot about my own prejudices and sometimes I think "you can't do that, can you?" Everyone in the group is different and has different ways of communicating and different skills and abilities.

ADVOCACY PARTNERSHIP: MARGARET AND ANNE

Margaret has two daughters, both of whom have additional support needs. Originally, like most people, she found it hard to challenge authority and she didn't realise that you needed to. It can be difficult to question professionals, especially when you believe that they know best. Speaking up for people was not something Margaret found particularly natural, however, through interaction with the agencies and professionals who dealt with her daughters, she learnt to. When she read about citizen advocacy she thought "I've been doing that!"...

...She has been a citizen advocate for Anne for 18 months, although she had previously met her partner in a professional capacity and had known about her for a number of years. Anne has a learning difficulty with limited and repetitive speech and an unexplained psychosis.

Anne has no family and although she never had nursing home needs, she was placed in a nursing home around 15 years ago. Margaret kept reminding care workers that she was inappropriately placed. On several occasions when Margaret referred Anne to get a place in supported accommodation, she was turned down. After a little investigation, Margaret discovered that the Care Home Manager had described Anne as aggressive and feared that she may attack people if she lived in a house. Margaret fought to get this opinion changed, Anne wasn't aggressive, she simply didn't like the noise and clamour of a nursing home, home to 50 people. Because she was unable to effectively communicate this, she tried to push noisy people away. Anne now lives in a house with 4 other women. The move has changed Anne completely.

The most noticeable improvement in Margaret's eyes, was when she introduced Anne to her husband. Anne has a standard spiel that she regurgitates when she meets new people and Margaret had forgotten she did this until it happened in front of her husband. Margaret realised that Anne didn't do this with her anymore, meaning that she must be completely comfortable in her company.

Part of Margaret's role has been to put Anne in touch with the services that she needs. Margaret felt that Anne had a lot of potential communication that was inhibited and so put her in touch with a speech and language therapist and an art therapist, activities she now really enjoys.

PEER ADVOCACY: LINDA

I was first introduced to peer advocacy by the peer volunteer co-ordinator. She introduced me to the rest of the group and I decided it would be a good thing to do. We had four weeks of training. There were lots of activities and I loved it. I thought, "This is for me!" I was not sure that I had passed but was told I had passed with flying colours.

We went up to the hospital and I met my advocacy partner. She has been in hospital for years; I don't think that's fair. She is probably getting a house with 24/7 support in the community and I hope it is suitable for her.

I visit her once a fortnight. Mostly we sit and draw as she has no speech. When I visit she is all over me. I think she really enjoys my visits. I don't know what other visitors she has. I will still visit her in her own house when she moves. I'm not going to lose contact now that I have struck up a relationship with her.

The peer advocates at DIAS (Dundee Independent Advocacy Support) are all people with disabilities. Some people think if you have a learning disability you are stupid. They don't realise what we are capable of doing. I also help in a charity shop and have a paid job with another organisation. For DIAS I go to national conferences, help with recruitment and am now an assistant trainer for new peer advocates.

The Steve, Margaret and Anne, and Linda stories were extracted from the Scottish Independent Advocacy Alliance Book "A Voice Through Choice"^{xvi}

Sheena's story

Sheena has a learning disability and finds it hard to speak up for herself. She does not have much contact with her family and lives in supported accommodation.

Sheena's care provider helped her to access independent advocacy support. They were very happy to accommodate visits from her advocate and to invite the advocate to her meetings so that they could support Sheena.

However, after some months it became obvious that there was some evidence of neglect and a poor standard of support. The Care Commission became involved and eventually Sheena was re-homed temporarily whilst arrangements could be made by her social worker to find alternative accommodation for her.

Her advocate attended meetings with her, helped her to ask questions (or asked them on her behalf) and took notes, using graphics, to help explain what was happening.

Sheena's views on where she wanted to live and the kind of support she would like were heard. Her advocate also asked what was happening about finding her somewhere else to live, as she had lived in her former home for a number of years and had been happy there, having no insight into the level of care she should have been receiving.

Sheena's advocate helped to highlight the poor level of care she was receiving to safeguard Sheena's human rights. Her advocate helped to protect Sheena from harm and bring about a change in the standard of care provided by her former care provider.

This story was extracted from Angus Independent Advocacy 2008-09 Annual Report

Carers Advocacy Case Study

Caring is often a role which can come upon people suddenly and unexpectedly. Carers are not provided with any kind of 'handbook' and so can find themselves intimidated in unfamiliar circumstances and lose confidence in their ability to express their opinion or ask the right questions. They typically have limited time, energy and resources, and need to juggle other commitments with being responsible for somebody else. Independent Advocacy can help take some of the pressure off.

David is 51 and found himself caring for his mother Ethel who was discharged from hospital into his care two years ago. Ethel had a bad fall and has lasting mobility problems. When she was discharged David was told by the hospital that he would be entitled to carers allowance; although at that time no care plan was put in place and no assessment for a home care package or carers assessment was done. As David is a self employed builder he has lost a lot of money through not being able to take on or complete jobs due to his caring responsibilities. The only help David received for Ethel was to go to day care one day a week in a nursing home. Ethel is extremely lacking in motivation and socially isolated in a rural area. When David called Independent Advocacy he had been trying to cope with this situation which had gradually been affecting his own health and he felt isolated and stressed as well as suffering financially. I was able to support David by arranging a meeting with a social worker and request assessments for a care package, Occupational Therapy, telecare and a carers assessment for David. Regular respite periods have also now been arranged. I also helped David to apply for carers allowance and put him in touch with a local carers organisation for additional support. Now that a care package is in place I continue to attend regular review meetings to ensure that support is appropriate and effective to help David.

Carers Advocacy Worker Independent Advocacy Perth & Kinross

"As a carer I have been through some traumatic times so I know that many people don't know where to turn until they are helped by independent advocacy through very difficult situations. I don't know what I would have done without them; independent advocacy is a vital service to everyone."

"Independent advocacy gave me hope and strength to carry on in what were very stressful and upsetting circumstances. My advocate took pressure and stress off me helping me to deal with people in meetings and on the phone when I was trying to juggle my caring role with all the other bits of life."

Quotes from individuals support by the dedicated Carers Advocacy Worker in Perth & Kinross.

Models of Advocacy

- **Independent Professional Advocacy** – a trained volunteer or paid advocacy worker supports people in dealing with a specific issue or problem and will work with that person until the issue / problem is resolved; the advocate will not provide advice but will provide information relevant to the specific issue or problem.
- **Long Term Advocacy (similar to Citizen Advocacy)** – uses trained volunteers to provide ongoing, long-term one-to-one partnerships. The individual relationship between the advocate and the advocacy partner is the prime motivation and the advocate could become involved in safeguarding the welfare of their partner. The advocate's loyalty is to the person being supported. They will also protect a person's rights and interests, if and when necessary.
- **Collective or Group Advocacy** – is where a group of people with similar experiences meet together to put forward shared views. Members of a collective advocacy group set their own agenda. The group offers a shared voice rather than singling out individuals. However, it can present a range of views. Collective advocacy groups organise around a distinct identity or issue but need effective links to wider networks. Collective advocacy builds personal skills and confidence and supports individuals to represent issues of common concern. Groups campaign for change and seek to lead and influence the change process. Groups can raise difficult issues through the group's voice thus giving a stronger voice.
- **Self-Advocacy Groups** – are facilitated to meet and share experiences and support each other to be more assertive and able to advocate for themselves.
- **Peer Advocacy** – is about individuals who share significant life experiences. The peer advocate and their advocacy partner may share age, gender, ethnicity, diagnosis, or issues. Peer advocates use their own experiences to understand and empathise with their advocacy partner.

An Advocate's Perspective

An advocate's perspective:

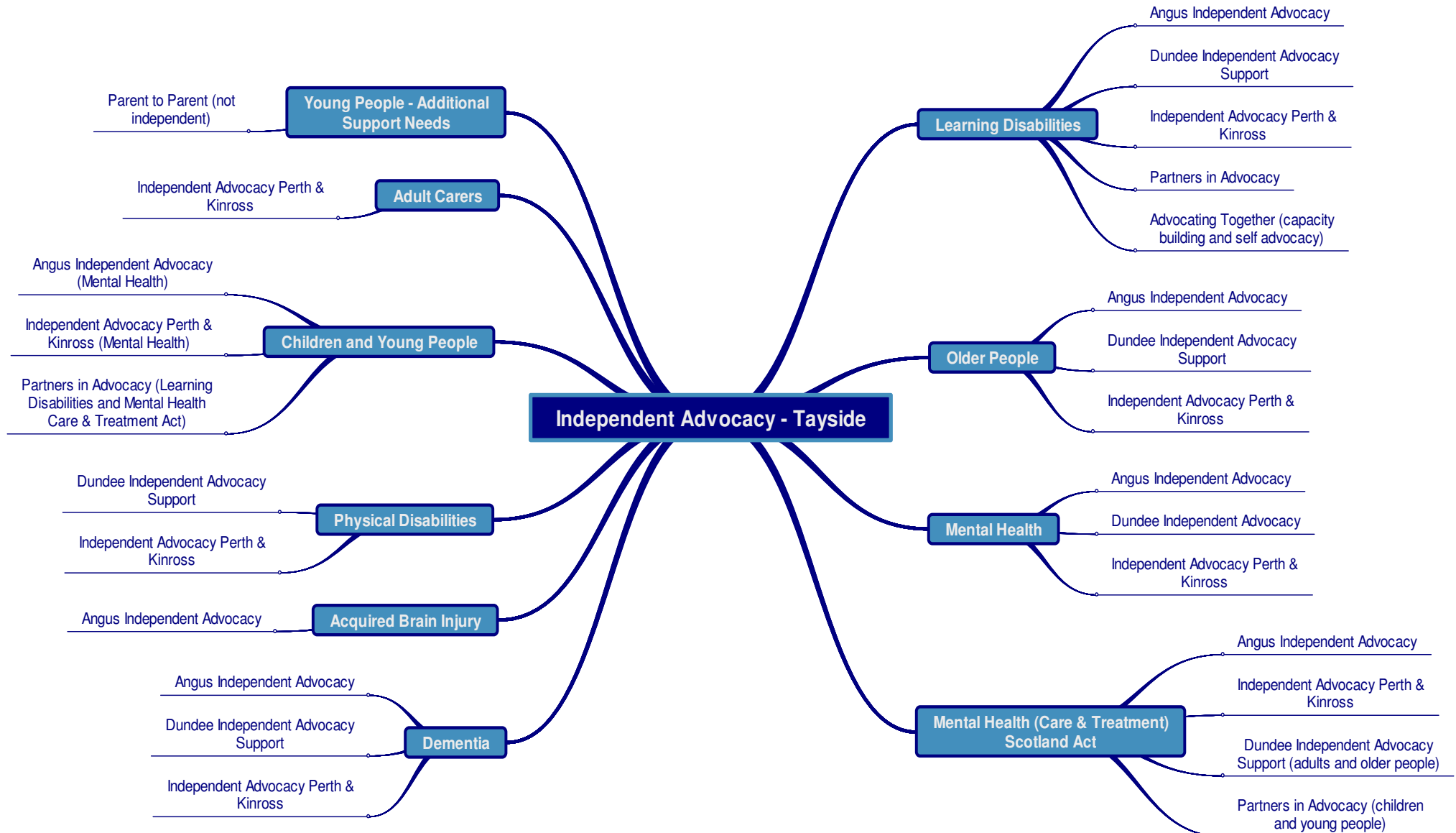
I had given up a career in IT in the 90's to pursue a dream of going to Art College. After graduating, I realised that I'd never make a living from my work so I decided that if I had to work, I wanted to do something 'ethical'. I started from the bottom, as a support worker in a mental health project in Dundee. After two years I realised that I was under used and had more to offer. So I decided to move into independent advocacy. This was at a very interesting time when organisations were gearing up for the Mental Health Care and Treatment Act.

The best thing about independent advocacy is working one to one with people who previously were disempowered and joining them on the journey to empowerment and hopefully recovery. Sometimes this takes dramatic forms but mostly it is prosaic, with people satisfied that they are being listened to and that someone is taking an interest in them.

Despite this, it can be frustrating that our work involves a lot of responsibility but we have no authority. We also spend all day working on people's problems, and no one ever calls to pass the time of day or say everything is fine. This can sometimes make maintaining the qualities of an advocacy worker: empathy, understanding, a supportive attitude, a struggle.

Without being egotistical, advocates are minor unsung heroes. Much of the work we do is invisible to anyone but our advocacy partners. I feel privileged that so many people allow us into their lives despite the difficulties they face engaging with service providers. I would like to think that should I become ill, I would find an independent advocate to support me. Advocacy is a job where experience is rated as much as qualifications.

Extracted from the Scottish Independent Advocacy Alliance "A Voice Through Choice



Summary of Mid-year Population Estimates 2009
- Scotland, NHS Tayside and Tayside's Local Authority Areas

Area of Residence	Gender	AGE GROUP							All Ages
		0-4	5-14	15-44	45-64	65-74	75-84	85+	
Scotland	Males	148,025	287,414	1,032,016	679,452	217,419	119,625	31,337	2,515,288
	Females	140,964	274,074	1,043,623	719,920	252,572	175,379	72,180	2,678,712
	Both	288,989	561,488	2,075,639	1,399,372	469,991	295,004	103,517	5,194,000
NHS Tayside	Males	10,879	21,663	74,868	52,722	18,740	10,906	3,182	192,960
	Females	10,366	20,699	75,998	56,338	21,011	15,488	6,690	206,590
	Both	21,245	42,362	150,866	109,060	39,751	26,394	9,872	399,550
Angus	Males	3,005	6,322	18,681	15,815	5,609	3,112	869	53,413
	Females	2,892	6,054	18,836	16,695	6,152	4,384	1,824	56,837
	Both	5,897	12,376	37,517	32,510	11,761	7,496	2,693	110,250
Dundee City	Males	4,170	7,258	29,123	16,715	5,999	3,639	1,134	68,038
	Females	3,969	6,893	31,178	18,486	6,868	5,586	2,372	75,352
	Both	8,139	14,151	60,301	35,201	12,867	9,225	3,506	143,390
Perth & Kinross	Males	3,709	8,079	27,045	20,184	7,131	4,160	1,178	71,486
	Females	3,505	7,758	25,979	21,152	7,995	5,521	2,514	74,424
	Both	7,214	15,837	53,024	41,336	15,126	9,681	3,692	145,910

Source: GRO mid-year population estimates as at June 30th, 2009

Notes: NHS Tayside figures are slightly below that of the sum of the three Tayside Local Authorities as a small proportion of these are encompassed within the population of Fife Tayside population for mid-2009 is 399,550

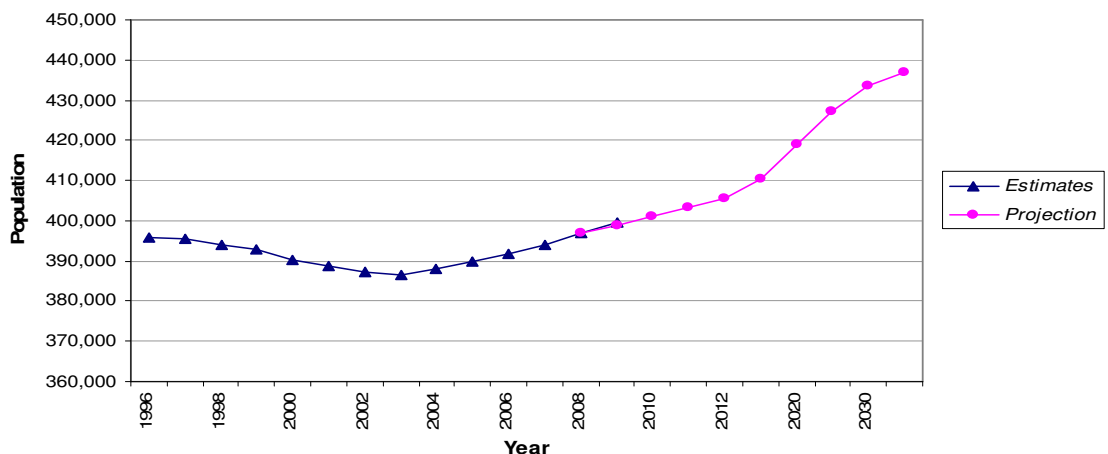
Full details can be found on the GRO website <http://www.gro-scotland.gov.uk>

NHS Tayside Population Summary 2009

NHS Tayside

- In 2009, Tayside's population figure accounted for 7.7% of the Scottish population.
- The 2009 mid-year population estimates published by the General Register Office for Scotland (GRO(S)) show a continued increase in NHS Tayside population to 399,550 as at 30 June 2009, an increase of 2,608 (+0.7%) from the previous year (396,942).
- Between 1996 and 2003, there was a continuous year-on-year downward trend across Tayside's population, decreasing by -2.4% in total over this period. The 2003 figure was also the lowest population recorded for Tayside's since 1996.
- Tayside's 2009 population figure represents the sixth year of continued increase, and has increased by +1.7% in the last decade (1999 – 392,730).
- Figure 1 displays the population estimate figures representing the trend from 1996 onwards, incorporating the projected figures for 2008-2033.
- The Tayside population in 2008 was the first year to show an increase on the 1996 figure, this increase has continued into 2009. In 2009 the Tayside population showed an increase of 0.9% from the 1996 (395,900) population.

Figure 1: GRO(S) Population Estimates (1996-2009) and Projections (2008-2033) for Tayside



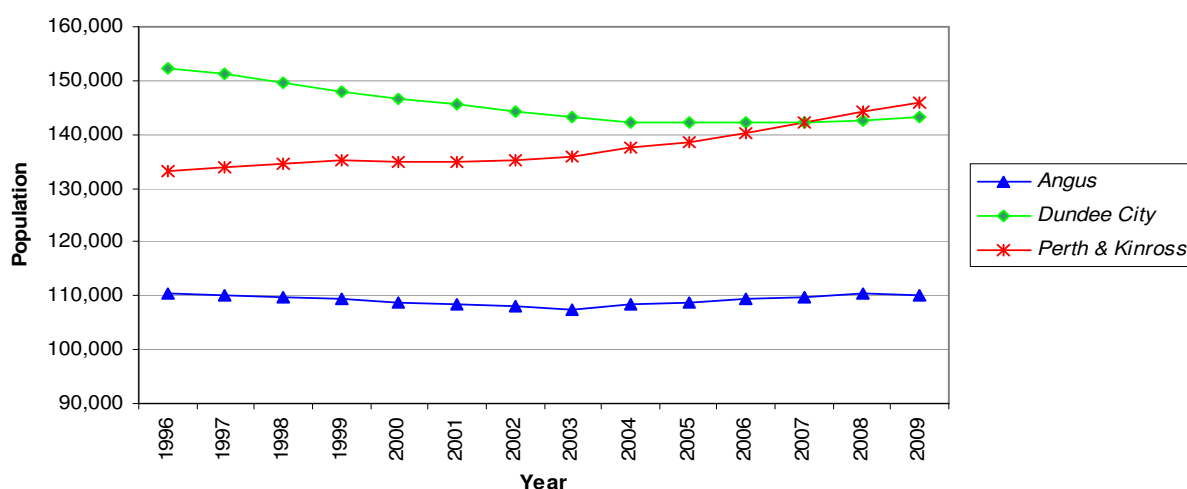
Source: GRO(S) Mid-Year Population Estimates 1996 Onwards and 2008-2033 Projections

- Figure 1 shows that the 2008 based projected population figure for Tayside in 2009 is lower than that of the mid-year 2009 estimated population, a difference of 593 residents (-0.1%).
- From the 2008 based population projections, GRO(S) predict the population of Tayside will increase to approximately 436,888 in 2033, a +10.1% increase from the 2008 baseline population.

NHS Tayside: Local Authority Population

- Compared to 2008 figures, the GRO(S), as at 30 June 2009, estimates the population of Tayside's three local authority areas to show...
 - Angus – remains fairly constant, decreasing by 60 (-0.05%), to 110,250
 - Dundee – increasing by 920 (+0.6%) to 143,390
 - Perth & Kinross – increasing by 1,730 (+1.2%) to 145,910
- Figure 2 displays the population trend for Tayside's three local authority areas, 1996 onwards.

Figure 2: GRO(S) Population Estimates for Tayside's Local Authority Areas (1996-2009)



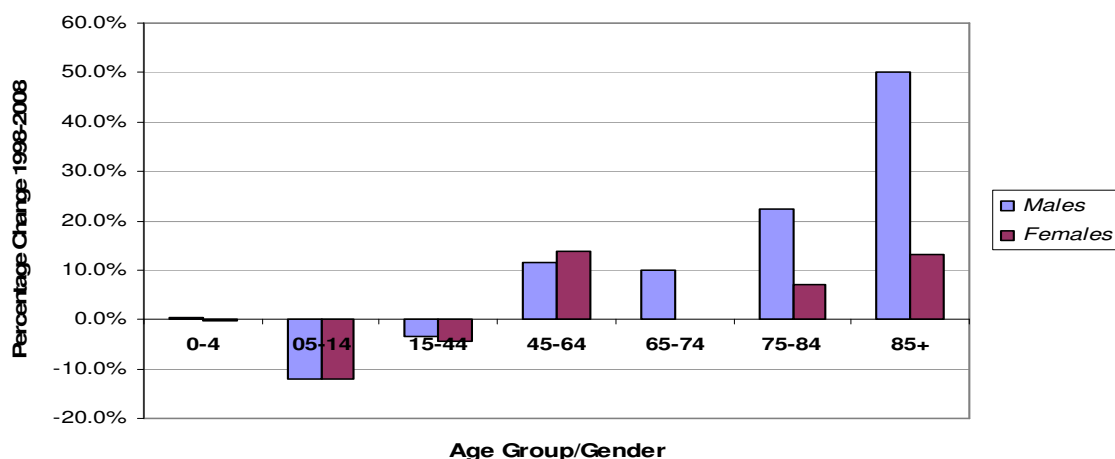
Source: GRO(S) Mid-Year Population Estimates 1996 Onwards

- As shown in figure 2, over the last decade, each of Tayside's three local authority areas has shown very different trends in population between 1999 and 2009...
 - Angus – remains fairly constant, increasing by 690 (+0.6%)
 - Dundee City – decreasing by 4,580 (-3.1%)
 - Perth & Kinross – increasing by 10,710 (+7.9%)

Population Components

- Figure 3 summarises age band changes in terms of gender recorded over the previous decade (1999-2009), with the largest decrease in population occurring within the very young age bands and the largest increases within the older age groups, across both genders.
- A similar trend was observed across Tayside's three local authority areas.

Figure 3: Percentage Change between 1999-2009 for the Tayside Population, by Gender and Age Group



Source: GRO(S) Mid-Year Population Estimates, 1999 & 2009

- Over the last decade, the age group with the greatest decline in population was witnessed within the 5-14 years. Across Tayside within the last decade this age group has decreased by approximately 12.0% in both genders.
- There is a significant increase in the elderly 85+ year male population, increasing by +50.0% between 1999 and 2009, in comparison the 85+ year female population increased by +13.3% over the same period.
- Consistently over the last several years, within the Tayside population, the greatest percentage increase occurred within the older age groups, in particular the 85+ years. This increasing trend has been attributed to the post World War I baby boom. The concentration was reported within the 80-84 age group in 2004, however as this group of individuals grow older, this figure will continue into the next age group, eventually this figure will decrease as this cohort ages and pass away.
- The trend between genders and the increase in older age groups is in keeping with the data available on life expectancy¹. Based on the current available data (2006-2008 based) women in Tayside are expected to live to 80.7 years while Tayside men's expectancy is 76.0 years, a continuing slight increase from the previous figures of life expectancy.
- While deaths outnumbered births across Tayside's three local authority areas, for both Angus and Perth & Kinross, the estimated net civilian migration² and the potential for natural and 'other' changes into these areas, is considered large enough to compensate for this and hence increase the overall total population in these areas.
- In comparison, Dundee City showed a negative net migration and with very little other potential population changes influencing the population, all act as contributing factors to Dundee City's decline in population.
- Table 1 summarises age and gender structure of Tayside and its local authority areas in 2009.

Table 1: Tayside's Age Structure by Gender and Administrative Area, 2009

¹ Source: GRO(S) 2005-2007 based life expectancy. Tayside Males: 75.6; Tayside Females: 80.4. GRO(S) 2006-2008 based life expectancy. Tayside Males: 76.0; Tayside Females: 80.7.

² Includes movements to/from armed forces and changes in the number of armed forces stationed in Scotland.

Administrative Area	MALES				FEMALES			
	Average Age ¹	Percentage (%)			Average Age ¹	Percentage (%)		
		Under 16	Working Age	Pensionable Age ²		Under 16	Working Age	Pensionable Age ²
Scotland	39	19	67	15	41	17	59	25
Tayside	40	18	65	17	43	16	56	28
Angus	41	19	63	18	44	17	54	29
Dundee City	38	18	66	16	41	15	59	25
Perth & Kinross	41	18	65	17	43	16	55	29

Source: GRO(S) Mid-Year Population Estimates, 2009, Table 8

Notes: 1. The average is the arithmetic mean age of a population count for a particular area.

2. Pensionable age is 65 for men and 60 for women.

- All Tayside administrative areas, with the exception of Dundee City females, have a percentage of working age persons, below that of the Scottish figure.
- In comparison, the percentages of pensionable age individuals for these Tayside local areas are equal to or higher than the Scottish figure.

Source: General Register Office – Scotland Online

Next Update: May 2011

Notes:

1. The NHS Tayside Health Board figures are slightly below that of Tayside as NHS Fife covers a small area of Tayside
2. All figures are taken from the GRO mid-year estimates 30 June 2008 and age relates to age at last birthday
3. The coverage of the population in Tayside includes all those usually resident there whatever their nationality. Students are treated as being resident at their term time address. Members of HM and non-UK armed forces stationed in Scotland are included; HM forces stationed outside Scotland are excluded
4. Migration: Includes movements to/from armed forces and an adjustment for a recurring unattributable population change based on the 2001 Census, which is assumed to be unmeasured migration. See the "Notes and Definitions" section for more information on unattributable population change.

POLICY DOCUMENTS AND STATEMENTS

- Independent Advocacy: A Guide for Commissioners, Scottish Independent Advocacy Alliance (2010)
- Equality Act 2010
- Code of Practice for Independent Advocacy, Scottish Independent Advocacy Alliance (2008)
- Principles and Standards for Independent Advocacy, Scottish Independent Advocacy Alliance (2008)
- The Collective Responsibility to Act Now on Ageing and Mental Health – A Consensus Statement (June 2008)
- Out of Sight – Severe and Enduring Mental Health Problems in Scotland’s Prisons, HM Chief Inspector of Prisons (2008)
- Adult Support & Protection (Scotland) Act 2007
- Protection of Vulnerable Groups (Scotland) Act 2007
- Adoption and Children (Scotland) Act 2007
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Direct Payments Regulations (2003)
- SHAS Review of Adults and Speciality Mental Health Services in Tayside (April 2002)
- Summary of the role of the Scottish Commission for the Regulation of Care (operational from April 2002)
- Response from the Scottish Executive (Renewing Mental Health Law: Policy Statement, October 2001)
- The Same as You? A review of services for people with learning disabilities (SE March 2001)
- Report on the Review of Mental Health (Scotland) Act 1984 (SE, January 2001)
- Our National Health: a plan for action, a plan for change (SE, December 2000)
- Adults with Incapacity (Scotland) Act 2000
- Inquiry into the delivery of Community Care in Scotland: Response by the Scottish Executive (SE, 2000)
- Improving our Schools: Responses to the Riddell Report (SE, 2000)
- Modernising Social Work Services in Scotland (The Scottish Office, March 1999)
- With Respect to Old Age: Long Term Care – Rights and Responsibilities (A Report by the Royal Commission on Long Term Care, March 1999)
- A shared approach: developing adult mental health services (Accounts Commission, 1999)
- Human Rights Act 1998

- Modernising Community Care: An Action Plan (The Scottish Office, 1998)
- Designed to Care: Renewing the National Health Service in Scotland (The Scottish Office 1997)

**TAYSIDE ADVOCACY DEVELOPMENT GROUP
(TADG)**

MEMBERSHIP

Name	Designation	Organisation
Hilde Barrie	Corporate Services Manager	Angus Community Health Partnership
Joyce Barclay (from May 2010)	Senior Officer, Strategy Performance and Support Services	Dundee City Council Social Work Department
Mary Chapman	Planning Officer	Perth & Kinross Council Housing & Community Care
Allison Fannin (on maternity leave Sept 09–Oct 10)	Planning & Development Manager	Dundee Community Health Partnership
Tony Fitzgerald	Principal Contracting Officer	Angus Council Social Work and Health
Clare Gallagher	Manager of Independent Advocacy Perth & Kinross and Chair of TAF	Tayside Advocacy Forum (TAF)
Evelyn Gardiner	Head of Planning & Performance	Perth Community Health Partnership
Tracey Passway	Clinical Governance Co-ordinator	NHS Tayside Single Delivery Unit
George Reid	Planning Accountant	Tayside NHS Board
Linda Taylor	Voluntary Sector Manager and Chair of Tayside Advocacy Development Group	Tayside NHS Board
Isabel Valentine (from Feb-Sept.10)	Planning & Development Manager	Dundee Community Health Partnership

Copies of the Agenda and Minutes of Meeting are also sent to:

Name	Designation	Organisation
Shaben Begum	Director	Scottish Independent Advocacy Alliance
Muriel Mowat	Research and Quality Officer	Alliance
Ann Eriksen	Strategic Lead / Commissioner	Tayside NHS Board
Arlene Mitchell	Service Manager, Learning Disability Service	Dundee City Council Social Work Department

REMIT

The Tayside Advocacy Development Group was set up as a result of a Joint Review of Independent Advocacy in Tayside – “Spreading the Word”^{vii}, with the first meeting being held in 2002. Its remit is to:

- Efficiently and equitably work towards the implementation of the Tayside Advocacy Plan – Action Plan
- Learn about independent advocacy in Tayside, and in Scotland, and be an authoritative source of information provision on its development
- Support and encourage the development of independent advocacy through relevant multi-disciplinary groups
- Consider and advise on costed proposals from Local Advocacy Implementation Groups, Planning Groups or individual organisations.
- Liaise and consult with the Tayside Advocacy Forum (TAF) – through its Chair as a member and representative of the Tayside Advocacy Development Group
- Identify and record areas of unmet need
- Generate action to raise awareness amongst staff in the NHS and Local Authorities about independent advocacy
- Encourage the Tayside Advocacy Forum and local multi-disciplinary groups to raise awareness about independent advocacy
- Prepare an annual review and update on the Tayside Advocacy Plan in light of local developments and feed this into all relevant local decision-making structures.
- Prepare a Tayside Advocacy Plan every three years in consultation with agreed parties
- Support and encourage independent advocacy projects evaluations

Agreed at TADG meeting on 11 November 2002

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- ⁱ NHS and Community Care Act 1990, HMSO.
- ⁱⁱ <http://www.scotland.gov.uk/Topics/Health> 27 July 2009.
- ⁱⁱⁱ Our National Health – A Plan for Action, A Plan for Change, Scottish Executive, Working together for a healthy caring Scotland, 2000
- ^{iv} <http://www.scotland.gov.uk/News/Releases/2001/02/3479b1eb-7439-48ed-b447-660a989ddd46>
- ^v Independent Advocacy: A Guide for Commissioners, Scottish Independent Advocacy Alliance 2010
- ^{vi} Principles and Standards for Independent Advocacy, Scottish Independent Advocacy Alliance 2008
- ^{vii} Spreading the Word, A review of independent advocacy in Tayside, 2001.
- ^{viii} Pareto Principle, <http://www.gassner.co.il/pareto/>
- ^{ix} Caring Together, The Carers Strategy for Scotland, Scottish Government, 2010
- ^x NHS and Community Care Act 1990, HMSO.
- ^{xi} The Patient's Charter, The National Health Service in Scotland, 1991
- ^{xii} Advocacy – A Guide to Good Practice, SHAS/Scottish Office, 1997.
- ^{xiii} Independent Advocacy – A Guide for Commissioners, Scottish Executive, 2001.
- ^{xiv} Remember, I'm Still Me, Care Commission/Mental Welfare Commission 2009
- ^{xv} Planning for Independent Advocacy Services in Tayside, Jan 2002, amended February 2002.
- ^{xvi} A Voice Through Choice, Scottish Independent Advocacy Alliance, 2008