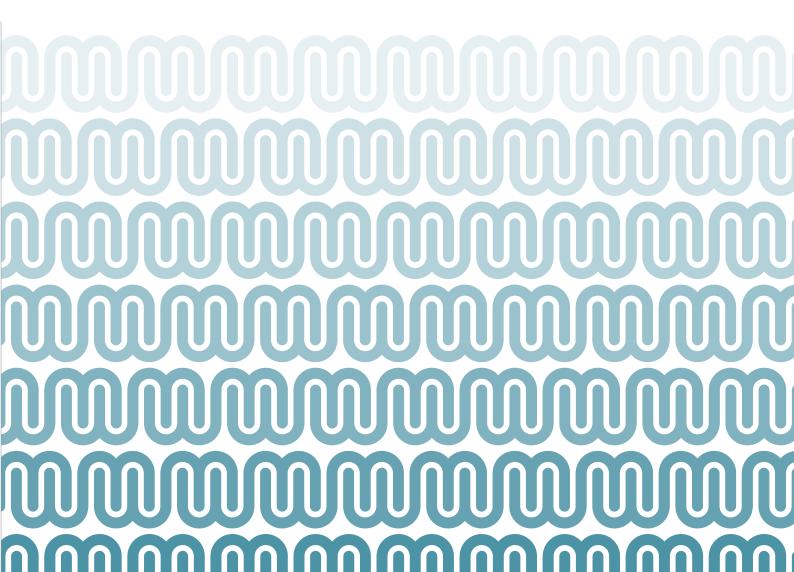


The right to advocacy

Appendix 2: Collated submissions from each area

Corporate document

April 2023



COLLATED SUBMISSIONS FROM EACH AREA

No	Board	Local Authority	Respondent (HSCP)	Page no
1	Ayrshire & Arran	East Ayrshire	East Ayrshire	2
2		North Ayrshire	North Ayrshire	21
3		South Ayrshire	South Ayrshire	41
4	Borders	Borders	Borders	66
5	Dumfries & Galloway	Dumfries & Galloway	Dumfries & Galloway	88
6	Fife	Fife	Fife	110
7	Forth Valley	Clackmannanshire, Stirling & Falkirk	Clackmannanshire, Stirling & Falkirk	154
8	Grampian	Aberdeen city	Aberdeen city	178
9		Aberdeenshire	Aberdeenshire	203
10		Moray	Moray	225
11	Greater Glasgow & Clyde	East Dunbartonshire	East Dunbartonshire	247
12		East Renfrewshire	East Renfrewshire	274
13		Glasgow	Glasgow	296
14		Inverclyde	Inverclyde	315
15		West Dunbartonshire	West Dunbartonshire	338
16		Renfrewshire	Renfrewshire	360
17	Highland	Argyll and Bute	Argyll and Bute	383
18		Highland	Highland	410
19	Lanarkshire	North Lanarkshire	North Lanarkshire	433
20		South Lanarkshire	South Lanarkshire	456
21	Lothian	Edinburgh	Edinburgh	480
22		East Lothian	East Lothian	509
23		West Lothian	West Lothian	534
24		Midlothian	Midlothian	557
25	Orkney	Orkney	Orkney	578
26	Shetland	Shetland	Shetland	605
27	Tayside	Angus	Angus	628
28		Dundee	Dundee	651
29		Perth and Kinross	Perth and Kinross	675
30	Western Isles	Western Isles	Western Isles	702
31	The State Hospital	The State Hospital	The State Hospital	724

Organisation:	East Ayrshire Health and Social Care Partnership
Job Title:	Service Manager – Planning and Performance
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP

		Part One: Adult Survey
Currer	nt Planr	ning
2	At wh	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
3	Is ther	e an advocacy planning group covering your area?
		Yes
		No
4	Is the	re a current independent advocacy strategic plan for your area?
		Yes
		No
	If Yes	, can you please submit a copy along with your questionnaire?
5	If No,	is an advocacy strategic plan in the process of being developed?
		Yes
		No
I	If No p	please provide details of when the advocacy strategic plan will be completed please can you kindly advise why this is not being developed? esh of our current plan is due to begin at end of September 2022.

Consultation & Involvement

6	Please describe how advocacy provider organisations were consulted or involved in the
	development of the plan

A survey was issued to advocacy providers to gather feedback. Advocacy providers were also invited to attend a Steering Group to develop the strategy. Stakeholder engagement sessions also took place during 2017-2018 which advocacy providers were invited to attend with a specific session for providers held on 18 October 2018.

7 Please describe how people who use advocacy services were consulted or involved in the development of the plan

A survey was issued to advocacy providers requesting it to be shared with people who use advocacy services. Stakeholder engagement sessions also took place during 2017-2018. A specific session for carers' representatives was held on 12 November 2018.

8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?	
		Yes
		No
	If Yes,	can you please submit a copy along with your questionnaire?
	An Equ	uality Impact Assessment screening was completed.
Action	ı Plan	
9		e an action plan for the development of mental health, learning disability or dementia endent advocacy services in your area?
		Yes
	\boxtimes	No
	If Yes,	can you please submit a copy along with your questionnaire?
10	If No, i	s an action plan in the process of being developed?
		Yes
		No
	•	please provide details of when the action plan will be completed lease can you kindly advise why this is not being developed?

The action plan for the new Independent Strategic Advocacy Plan will reflect the advocacy

needs of people in regards to mental health, dementia and learning disability.

11	Please detail actions in relation to the de disability services which may be in other		ntal health, dementia, l	earning
	The East Ayrshire Adult Protection Commensure adults at risk are appropriately ref Adult Support and Protection Investigation	erred to independ		
Curre	nt Commissioned Services			
12	Do you specify that any organisations pri for people subject to compulsory measu		• • • • • • • • • • • • • • • • • • •	.g. support
	⊠ Yes			
	□ No			
	If Yes, please provide details			
	The overall aim of the service is to suppo that their views, wishes and thoughts are but service users subject to compulsory r	represented. The	re are no waiting lists f	
13	Do you specify that any organisations ap person?	ply a limit to the a	mount of advocacy su	pport per
	Yes			
	⊠ No			
	If Yes, please provide details			
14	Do you currently commission advocacy services specifically for <u>homeless people</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?			
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort homeless people with this condition			
	ic service open to homeless people with tion – no specific agreement relating to			
	fic homeless advocacy service (s) nissioned			
Pleas	e provide details			

15	Do you currently commission advocacy health issues, learning disability or dem you ensure they are supported?	-	-	
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort asylum seekers with this condition			
	ric service open to asylum seekers with tion – no specific agreement relating to			
-	fic asylum seeker advocacy service (s) nissioned			
Pleas	e provide details			
Not s	pecifically. This is a generic service open t	o asylum seekers v	with condition (as abov	/e).
Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?				
		Mental Health	Learning Disability	Dementia
Gener	ric service explicitly commissioned for			
Specion carers	fic service explicitly commissioned for			
carers	fic service explicitly commissioned for			
Carers	fic service explicitly commissioned for			
No ca	fic service explicitly commissioned for s rers' advocacy service	_		23
No ca Pleas Not sp	fic service explicitly commissioned for s rers' advocacy service e provide details	_		23
No ca Pleas Not sp	fic service explicitly commissioned for s rers' advocacy service e provide details pecifically. This is a generic service. A sep	arate service is con	mmissioned to suppor	t carers.
No ca Pleas Not sp	fic service explicitly commissioned for service rers' advocacy service e provide details recifically. This is a generic service. A seponissioning budget	arate service is con	mmissioned to suppor	t carers.

Not specifically. This is a generic service open to homeless people with condition (as above).

If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details

East Ayrshire Advocacy Service receives funding from both the HSCP and NHS Ayrshire and

Arran as detailed below.

	Core fund from HSCP £216,910 – 2% increase. NHS fund £134,546 – not changed in 2 years		
	This has supported the service to continue to deliver advocacy support.		
Priso	ns and advocacy services		
18	Do you have any prisons in your HSCP area?		
	⊠ Yes		
	□ No		
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?		
	□ No		
	If Yes, please provide details		
	This service is provided as part of the contract with East Ayrshire Advocacy Service.		
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)		
	The advocacy service works with other prison services to share information on the service. There is also posters and leaflets distributed throughout the prison. Prior to Covid, awareness raising sessions and workshops were held in the prison. This is be being restarted now the public health restrictions are lifted.		
NHS	patients placed in private healthcare facilities out with home health board area		
21	Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?		
	From a local service where they are receiving care		
	From home health board / local authority		
	☐ Don't know		

Any further details

The management of these cases would be considered on a case by case basis, depending on the proposed length of time for the person to be out with their home area. If short/temporary, local independent advocacy services would continue to support the person to provide continuous access to advocacy. If longer term or permanent, local advocacy services would hand over to an advocacy service in the other area, sharing information as appropriate.

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

Through the provision of this Service, the Provider shall achieve the following outcomes:

- Improve the quality of life across our communities.
- Older people are supported to live independently in the community.
- Older people, vulnerable adults and their carers supported, included and empowered to live the healthiest life possible.
- Impact of multiple deprivation and poverty on the health & wellbeing of the most vulnerable individuals and communities address.
- Equality of opportunities, quality and accessibility and early intervention/prevention.
- Protection of children and the safety of vulnerable adults, individuals and families promoted.
- Alcohol and drug related harm reduced.
- Community capacity, spirit and cohesion developed.
- Active healthy lifestyles and positive behaviour change promoted.

This list is not exhaustive.

Monitoring reports are submitted and reviewed on a quarterly basis.

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

Monitoring reports are submitted and reviewed on a quarterly basis.

The service carry out evaluations with their service users. The HSCP are developing a Quality Assurance process to be used with all services.

24 Do you get information from each organisation about the number of people accessing advocacy support?

\boxtimes	Yes
	No

If Yes, please provide the most up to date information provided by each organisation

1 st April – 30 th June 2022	
Number of new referrals: 125	
Number of active cases: 265	

2 Moved Outwith Area Number of surgeries/groups held: 33 Number that attended surgeries/groups: N/A Do you ask services to provide information about unmet needs, e.g. about people waiting access advocacy support? Yes No If Yes, please provide the most up to date information available This information is captured in the quarterly monitoring reports. The service continues to prioritise those in crisis or subject to legislation. In the monitoring report for April-June 20: there continued to be an increase in Adults with Incapacity and Mental Health Act referrals they were prioritised daily. Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? Yes No If Yes, please provide details The East Ayrshire Advocacy Service prioritises the provision of advocacy support to people subject to compulsory measures as stated above. What arrangements are in place to measure the satisfaction of people using advocacy services? Satisfaction surveys are completed annually. Exit surveys are completed when cases are closed through comment cards and by telephone. How do you monitor complaints about advocacy services? Annual monitoring data from providers No monitoring	or discharge: 82 Issue Resolved, 8	Number of people discharged Deceased, 6 Non Engagement
Number that attended surgeries/groups: N/A Do you ask services to provide information about unmet needs, e.g. about people waiting access advocacy support? Yes No If Yes, please provide the most up to date information available This information is captured in the quarterly monitoring reports. The service continues to prioritise those in crisis or subject to legislation. In the monitoring report for April-June 20; there continued to be an increase in Adults with Incapacity and Mental Health Act referrals they were prioritised daily. Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? Yes No If Yes, please provide details The East Ayrshire Advocacy Service prioritises the provision of advocacy support to people subject to compulsory measures as stated above. What arrangements are in place to measure the satisfaction of people using advocacy services? Satisfaction surveys are completed annually. Exit surveys are completed when cases are closed through comment cards and by telephone. How do you monitor complaints about advocacy services?		Jumber of surgeries/groups b
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This information is captured in the quarterly monitoring reports. The service continues to prioritise those in crisis or subject to legislation. In the monitoring report for April-June 202 there continued to be an increase in Adults with Incapacity and Mental Health Act referrals they were prioritised daily. Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? Yes No If Yes, please provide details The East Ayrshire Advocacy Service prioritises the provision of advocacy support to people subject to compulsory measures as stated above. What arrangements are in place to measure the satisfaction of people using advocacy services? Satisfaction surveys are completed annually. Exit surveys are completed when cases are closed through comment cards and by telephone. How do you monitor complaints about advocacy services?		No
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compulsory measures? Yes No If Yes, please provide details The East Ayrshire Advocacy Service prioritises the provision of advocacy support to people subject to compulsory measures as stated above. What arrangements are in place to measure the satisfaction of people using advocacy services? Satisfaction surveys are completed annually. Exit surveys are completed when cases are closed through comment cards and by telephone. How do you monitor complaints about advocacy services?	nitoring report for April-June 2022,	orioritise those in crisis or sub here continued to be an incre
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The East Ayrshire Advocacy Service prioritises the provision of advocacy support to people subject to compulsory measures as stated above. What arrangements are in place to measure the satisfaction of people using advocacy services? Satisfaction surveys are completed annually. Exit surveys are completed when cases are closed through comment cards and by telephone. How do you monitor complaints about advocacy services? Annual monitoring data from providers		No
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Satisfaction surveys are completed annually. Exit surveys are completed when cases are closed through comment cards and by telephone. How do you monitor complaints about advocacy services? Annual monitoring data from providers	on of advocacy support to people	
Closed through comment cards and by telephone. How do you monitor complaints about advocacy services? Annual monitoring data from providers	on of people using advocacy	
 Annual monitoring data from providers 	are completed when cases are	
	?	low do you monitor complain
☐ No monitoring		Annual monitoring data
		No monitoring
Other (please specify)		Other (please specify)
How do you currently raise awareness and deliver public information about the availabil mental health, learning disability or dementia advocacy services in your area?		

	The advocacy service has a website and printed materials that are distributed widely. Independent advocacy services participate in several local partnership meetings and deliver awareness sessions to HSCP staff, Care Homes etc.	
	The service is promoted on the Living Well East Ayrshire website. The service has its own website which it is currently developing to gather the key information on new referrals.	
	The service also attends community events regularly to promote the service.	
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?	
	□ No	
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?	
	Independent advocacy services operate an open referral system, including self-referral and non-instructed advocacy. Referrals are also by various methods including telephone, online and walk-in. All statutory agencies are also able to refer by any method. Removal of barriers to referral is the means by which advocacy services are made available to all members of a community including equality groups. Independent advocacy services are linked in with the Council's Equalities Officer, the Equalities Forum and attend various community based groups attended/organised by people in equalities groups. An Equalities Impact Assessment will be completed as part of the development of the new Plan.	
32	How do you measure this?	
	Discussions, as appropriate, at monitoring meetings and within the staff supervision sessions.	
Future	plans	
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?	
	□ No	
ŗ	If Yes, please describe	
	Existing HSCP needs assessment and Locality profile information is being used as part of the evidence base in the development of the refreshed advocacy plan.	
	Future demand particularly in terms of the mental health impacts of Covid need to be considered in the new Plan.	
34	If No, how do you plan to address any unmet need in future?	

\bowtie	sing for future planning purposes? Yes
	No
If Ye	s, please describe
with	er work is being carried out currently to look at the reasons why people may not eng the service. This is a very small proportion of people using the service but requires fu ication.
	indings of engagement and consultation including gap analysis, will inform the refre cacy plan.
	any specific action planned to do more to promote awareness of the availability of
advo	cacy services locally over the next two years?
advo	
	cacy services locally over the next two years?
	Yes
	Yes No

Part Two: Children & Young People Survey

Curr	ent Planı	ning
1	Do you	u have an integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes,	does it include advocacy?
		Yes
	\boxtimes	No
	If Yes,	can you please submit a copy along with your questionnaire?
Com	missioni	ing
3		ne commissioning budget for children and young people's mental health/learning lity independent-advocacy organisations changed over the past two years?
		Yes
	\boxtimes	No
4		budget has changed (either an increase or decrease) please say how. Have services ed as a consequence? Please provide details
NHS	patients	placed in healthcare facilities out with home health board area
5	relate	e specify how many children or young people with a mental illness, learning disability or d condition and in a placement out with their home local authority would receive eacy support?
	\boxtimes	From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any fu	urther details

The HSCP do not commission advocacy for children and young people placed out with the authority. However, the expectation is that the service provider would have independent advocacy available as part of the care package.

Monitoring and review arrangements

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

11//	A
pe	efly describe the arrangements in place for monitoring the quality of children and you ople's mental health, learning disability or related condition independent advocacy vices, including independent evaluation?
N/	A
pe	you get information from each organisation about the number of children and young ople with mental illness, learning disability or related condition accessing advocacy oport from each organisation?
	Yes
$\overline{}$	
	No
∟ If Y	
	es, please provide the most up to date information provided by each organisation
	es, please provide the most up to date information provided by each organisation
N// Wh	res, please provide the most up to date information provided by each organisation
N// Wh wit	Yes, please provide the most up to date information provided by each organisation A at arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
Wh wit	Yes, please provide the most up to date information provided by each organisation A at arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
Wh wit	Yes, please provide the most up to date information provided by each organisation A at arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services? A w do you monitor complaints about advocacy services for children and young people
Wh wit	Yes, please provide the most up to date information provided by each organisation A at arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services? A w do you monitor complaints about advocacy services for children and young people antal illness, learning disability or related conditions which you commission?
Wh wit	we do you monitor complaints about advocacy services for children and young people that illness, learning disability or related conditions which you commission? Annual monitoring data from providers

12	Have there been any specific actions to promote the use of advocacy among staff?					
	☐ Yes					
	□ No					
	Please provide any further details below.					
	N/A					
Futur	e plans					
13	Does your integrated children services planning structure include an advocacy planning group covering your area?					
	☐ Yes					
	No					
	Other (please describe)					
14	Are you assessing the projected need for children and young people's mental health, learning disability or related condition independent advocacy supports in the future?					
	☐ Yes					
	No					
	If Yes, please describe					
15	If No, how do you plan to address any unmet need here?					
	Not currently, this will require to be considered particularly with the refresh of the Independent Advocacy Strategic Plan.					
16	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?					

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	East Ayrshire Advocacy Service (EAAS)	Who Cares? Scotland			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5	People with dementia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	☐ Yes ☐ No				
7	Mentally disordered offenders	☐ Yes	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☐ No				
11	Children & young people with a mental health problem	☐ Yes ☐ No				
12	Children & young people with a learning disability	☐ Yes ☐ No				

13	Children & young people with ASD or ADHD	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☐ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes				
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	⊠ Yes	☐Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
		18 and over Children aged 14 and over under the Mental Health Care and Treatment Act, Looked after Children supported at Looked After Reviews and at Children's Hearings (if appropriate)	Birth - 26 years			
	 Under 18 with mental health issues, learning disability 	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
	 Adults up to 65 	Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Adults over 65	Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	■ Citizen	☐ Yes	Yes	☐Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠Yes	Yes	☐Yes	☐Yes	Yes
	advocacy?	□No	⊠No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£351,456	£52,780			
	Details total budget information split into the following categories (if possible):					
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail) 3 years from 1/4/22 - 31/3/25 with the option to extend for x2 1 years beyond that.	☐ 1 year ☐ 2 years ☐ 3 years ☑ Other (please detail) 4 years	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	12	2			

Organisation:	NHS Ayrshire & Arran
Job Title:	SENIOR MANAGER
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	NORTH AYRSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

		Part One: Adult Survey
Currer	nt Planr	ning
2	At wha	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
3	Is ther	e an advocacy planning group covering your area?
	\boxtimes	Yes
		No
4	Is ther	re a current independent advocacy strategic plan for your area?
		Yes
		No
	If Yes,	can you please submit a copy along with your questionnaire?
	0	Advocacy Strategy Advocacy Strategy Final.docx

Our previous advocacy strategy was from 2019/2021 as attached:

We are currently finalising our strategy for 2022-2025. This should be completed and signed off by the end of the year.

5	If No, is an advocacy strategic plan in the process of being developed?
	☐ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
Consi	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	As our commissioned provider, AIMS advocacy sit on the consultation and writing group and have been a key stakeholder in our updated plan.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	As part of our original plan, service users were directly consulted and involved. For this updated plan, their views, opinions and comments are being collated via AIMS advocacy, who as highlighted above are part of the consultation and writing group.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	⊠ No
	If Yes, can you please submit a copy along with your questionnaire?
	An equality impact assessment will be completed as part of our new strategy.
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	⊠ Yes
	□ No
	If Yes, can you please submit a copy along with your questionnaire?
	Advocacy Action Plan.docx
	Our previous advocacy strategy had an associated action plan as attached:

10	If No, is an action plan in the process of being developed?
	☐ Yes
	□ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	This plan has now been absorbed into our new strategy re-draft as opposed to being separated. And commissioned service is measured in an ongoing basis as part of contract management via Key performance indicators.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	We currently have a MH Transition and recovery plan in addition to our HSCP Strategic Plan. The strategic plan reflects not only North Ayrshire, but across Ayrshire in a lead partnership approach.
Curre	nt Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes
	□ No
	If Yes, please provide details
	In partnership with AIMS, due to a current waiting list we have agreed a priority waiting list, ensuring those that require advocacy most receive it. This is never an ideal situation to be in, however those subject to mental health act legislation and adults with incapacity act legislation will be prioritised where necessary.
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	☐ Yes
	⊠ No
	If Yes, please provide details

14	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?			
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort homeless people with this condition			
	ric service open to homeless people with tion – no specific agreement relating to			
-	fic homeless advocacy service (s) nissioned			
Pleas	e provide details			
15	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	-	-	
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort asylum seekers with this condition			
	ric service open to asylum seekers with tion – no specific agreement relating to			
	fic asylum seeker advocacy service (s)			
Pleas	Please provide details			
	•			
16	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	-		
		Mental Health	Learning Disability	Dementia
Gener	ric service explicitly commissioned for s			
Speci carers	fic service explicitly commissioned for s			
No ca	rers' advocacy service			
Pleas	Please provide details			

Comn	nissioning budget
17	Has the commissioning budget for mental health, learning disability or dementia independent advocacy organisations changed over the past two years?
	Yes
	No
_	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details
	Not at this time.
Prisor	ns and advocacy services
18	Do you have any prisons in your HSCP area?
	Yes
	No
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?
	Yes
	□ No
	If Yes, please provide details
	Not applicable
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)
	Not applicable

We do not commission a separate service explicitly for carers. Carers can access our generic commissioned service

NHS patients placed in private healthcare facilities out with home health board area

21		e specify how NHS patients from your area, who have been placed in private healthcare es out with their home health board areas, receive advocacy support?
		From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any fu	urther details
		dvocacy service continue to support individuals out of area. They also offer brief rts to those placed out of area in an emergency basis.
Monito	oring aı	nd review arrangements
22	What a	are the outcomes you are seeking to achieve and how do you monitor these?
	2) 3) 4) 5) 6) These	People have a greater awareness, and understanding, of advocacy People are more involved in decision making processes that affect their lives People are more able to advocate for themselves. People are more aware of, and able to access, their rights and entitlements. People who use the service are involved in shaping the service and central to the development of a Quality Assurance Framework which is used to obtain stakeholder experiences of advocacy. People from all backgrounds and circumstances are able to access advocacy standards are monitored via contract management processes. Biannually a report is ced to demonstrate attainment of.
23	Briefly	describe the arrangements in place for monitoring the quality of mental health, ng disability or dementia independent advocacy services, including independent
		act management arrangements via H&SCP. Formal meetings bi-annually and site visits lly. Contract management is focused on above KPI's with updates provided every 6 is.
	Develo workir	also took part in external quality performance mark assessment, via National opment Team for Inclusion Programme October 2020. Demonstrating that they were not the Advocacy QPM standards, and were awarded this aware for a period of 3 years February 2021.
24	•	u get information from each organisation about the number of people accessing acy support?
		Yes
		No

If Yes, please provide the most up to date information provided by each organisation

		nct meeting 22 - summar
25	•	u ask services to provide information about unmet needs, e.g. about people waiting to s advocacy support?
	\boxtimes	Yes
		No
	If Yes	, please provide the most up to date information available
	of Ma	April 2022 - Capacity/waiting list: There was a waiting list in place (20 cases) at the end rch but the majority of these cases have now been matched. Allocations are prioritised on need
26		ou aware of providers prioritising provision of advocacy support to people subject to ulsory measures?
		Yes
		No
	If Yes	, please provide details
		es are prioritised based on need. Those subject to legal procedures such as MHA and re prioritised if appropriate.
27	What service	arrangements are in place to measure the satisfaction of people using advocacy es?
		ommissioned services have processes in place to measure satisfaction and complaints. are reported on as part of contract management processes.
28	How d	lo you monitor complaints about advocacy services?
	\boxtimes	Annual monitoring data from providers
		No monitoring
	\boxtimes	Other (please specify)
		It may be that complaints are provided to the Health & Social Care Partnership via other

means; directly from individuals, on behalf of individuals i.e. MSP enquiries, and/ or via statutory bodies such as Care Inspectorate for example. There have been no such

complaints regarding our advocacy services.

29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?
	Information is provided by those in services, however, most public campaigns are via our commissioned services. We do have a communications department however that provides updates for particular pieces of work or awareness campaigns as appropriate.
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	☐ Yes
	⊠ No
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	Advocacy services are open to all.
32	How do you measure this?
	We do not currently measure this, but could include as part of contract management processes.
Futur	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	□ No
	If Yes, please describe
	As part of the new strategic plan we are considering future needs and how these best can be met.
	For example, with the addition of the new national forensic adolescent inpatient unit, 'Foxgrove' a new advocacy commission has been considered.
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	⊠ Yes

Repre Curre with t	collective partnership, our new strategy incorporates, children, adult and older adult needs. esentatives from across the continuum are part of the consultation and writing groups. Int and anticipated unmet needs have been considered as part of this plan. For instance, the new MAT standards, careful consideration of accessibility and availability has been eptualised within our plan.
	ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
\boxtimes	Yes
	No
	Other (please specify)
•	Other Comments? Example, are there other local advocacy services which are not commissioned but receive ng from other services?

Part Two: Children & Young People Survey

Curre	rent Planning	
1	Do you h	ave an integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes, do	pes it include advocacy?
		Yes
		No
	If Yes, ca	n you please submit a copy along with your questionnaire?
Comi	nissioning	
3		commissioning budget for children and young people's mental health/learning independent-advocacy organisations changed over the past two years?
	Y	es
	⊠ N	o
4	If the bud	dget has changed (either an increase or decrease) please say how. Have services

changed as a consequence? Please provide details

NHS patients placed in healthcare facilities out with home health board area

5	relate	e specify how many children or young people with a mental illness, learning disability or d condition and in a placement out with their home local authority would receive eacy support?
		From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any f	urther details
	illness they of family	ommissioned advocacy service for children, does not currently cover those with mental s, learning disability or related condition. The commissioned service self-reports that lo not possess the skills and experience to do so, as such the local team support the v and those who provide direct care on an individual basis, drawing in expertise from services as appropriate.
Monit	oring a	nd review arrangements
		is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition.
6		are the outcomes you are seeking to achieve for the children and young people and how u monitor these?
	Not a	pplicable
7	peopl	y describe the arrangements in place for monitoring the quality of children and young e's mental health, learning disability or related condition independent advocacy ees, including independent evaluation?
	Not a	pplicable
8	peopl	u get information from each organisation about the number of children and young e with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
		Yes
		No
	If Yes	, please provide the most up to date information provided by each organisation
	Not a	pplicable

What with	mental illness, learning disability or related condition using advocacy services?
Not a	pplicable
	do you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	No monitoring
\boxtimes	Other (please specify)
	Not applicable
any a	do you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area?
Not a	pplicable
Have	there been any specific actions to promote the use of advocacy among staff?
\boxtimes	Yes
	No
Pleas	se provide any further details below.
Howe	ever, not for children with mental health or learning disability (and associated conditions)
re plans	
	your integrated children services planning structure include an advocacy planning group ing your area?
	Yes
	No
	Other (please describe)
	How any a related Not a Have Not

\boxtimes	Yes					
	No					
If Yes, please describe						
This is captured within the overall group.						
15 If No, how do you plan to address any unmet need here?						
For ex	Other Comments? Kample, are there other local advocacy services which are not commissioned but receive any from other services?					
	If Yes This is If No, Any O For ex					

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	AIMS advocacy	Barnados – Hear 4 u advocacy project (supports children and young people aged 5-26 years).			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5	People with dementia	⊠Yes	Yes	Yes	Yes	☐Yes

		□No	⊠ No	□No	□No	□No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
7	Mentally disordered offenders	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes
12		Yes	⊠ Yes	Yes	Yes	Yes

	Children & young people with a learning disability	⊠ No	□No	□No	□ No	□No
13	Children & young people with ASD or ADHD	☐ Yes ⊠ No	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes ☐ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
17	Children/young people with any other condition (specify)	No	The service supports any child/young person aged between 5-26 years of age with any condition.			
18	People with any other condition (specify)	Alcohol or Drug Addiction				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	Yes	⊠Yes	Yes	Yes	Yes
		⊠ No	□No	□No	□No	□No
			Hear 4 U advocacy service supports young people between the ages of 5-26 years of age.			
	 Under 18 with mental health issues, learning disability 	Yes	⊠ Yes	Yes	Yes	Yes
		⊠ No	□No	□No	□No	□No
	 Adults up to 65 	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	■ Adults over 65	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	⊠Yes	Yes	Yes	☐Yes
		□No	□No	□No	□No	□No
	Citizen	☐Yes	☐Yes	☐Yes	☐Yes	Yes
		⊠No	⊠No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	Yes	Yes	☐Yes	☐Yes	☐Yes
	advocacy?	⊠No	⊠No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	AIMS				
	Details total budget information split into the following categories (if possible):	£304,371				
	People with mental health problems	Combined budget				
	People with learning disability	Combined budget				
	People with dementia	Combined budget				
	People with autistic spectrum disorder	Combined budget				
	Mental disordered offenders	Combined budget				
	Homeless people with mental illness, learning disability, dementia	Combined budget				
	Asylum seekers with mental illness, learning disability, dementia	Combined budget				
	Carers of people with mental illness, learning disability, dementia	N/A				
	Children & young people with a mental health problem	N/A				
	Children & young people with a learning disability	N/A				
	Children & Young people with ASD or ADHD	N/A				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions	N/A				
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions	N/A				
	Young asylum seekers with mental illness, learning disability, dementia	N/A				
	Children * young people with any other condition (specify)	N/A				
23	What is the term of funding allocated to this organisation? (NEW question)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	14				

Organisation:	South Ayrshire Health And Social Care Partnership
Job Title:	Contract and Commissioning Officer/Service Manager
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP

		Part One: Adult Survey
Curre	nt Planr	ning
2	At wha	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
_		
3	Is ther	e an advocacy planning group covering your area?
	\boxtimes	Yes
		No
4	Is ther	e a current independent advocacy strategic plan for your area?
		Yes
	\boxtimes	No
	If Yes,	can you please submit a copy along with your questionnaire?
5	If No,	is an advocacy strategic plan in the process of being developed?
		Yes
		No
		please provide details of when the advocacy strategic plan will be completed please can you kindly advise why this is not being developed?

We have a draft strategy being written; however, this process was paused due Covid epidemic and our plan is to have a completed strategy by June 2023.

Consultation & Involvement

6	Please describe how advocacy provider organisations were consulted or involved in the
	development of the plan

South Ayrshire HSCP commenced the first stages of development of a Strategic Advocacy Plan in 2018. The strategy is informed by information from the Scottish Independent Advocacy Alliance (SIAA), guidance from Independent Advocacy Guide for Commissioners from the Scottish Government (2013), alongside views from the community, service users, third sector organisations, including the three advocacy organisation commissioned to provide advocacy to children, young people and adults, within South Ayrshire and HSCP staff. The strategy covers all vulnerable groups who have a legal right to be supported by advocacy.

Whilst the draft version of the strategy was started in 2018, it now requires completion with more accurate figures to represent the services the HSCP provides through third sector organisations for the 2020–2022 period.

7 Please describe how people who use advocacy services were consulted or involved in the development of the plan

The person who started the Advocacy Strategy has now left the HSCP and we was unable to

		his information. Only information available is the statement given to the Senior ement Team (see answer to question 6 above).
8		ere an Equality Impact Assessment completed with the development of your Advocacy ic Plan?
		Yes
		No
	If Yes, o	can you please submit a copy along with your questionnaire?
Action	n Plan	
9		an action plan for the development of mental health, learning disability or dementiandent advocacy services in your area?
		Yes
		No
	If Yes, o	can you please submit a copy along with your questionnaire?
10	If No, is	an action plan in the process of being developed?
		Yes
		No
		please provide details of when the action plan will be completed ease can you kindly advise why this is not being developed?

Following completion of the Advocacy Strategy, an action plan will be completed for June 2023.

Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans

The new LD Strategy 2022 - 2027 puts forward the following actions for LD, split into the following different sections;

Health and wellbeing; (Actions)

What we are going to do:

By December 2022, we will develop a Covid Recovery Plan which will ensure there is restorative action for issues caused by the Covid pandemic such as poor mental health and missed health appointments. The Covid Recovery Plan will investigate innovative support ideas.

- 1. We will continue to offer Dietetic assessment and treatment on one-to-one or group session basis where appropriate.
- 2. We will continue to work with third sector colleagues signposting clients to services available and support education in nutrition to colleagues working in health and social care.
- 3. By December 2022, we will have developed a programme of work with Public Health to promote oral health programmes to people with Learning Disabilities which will be ongoing throughout the strategy.
- 4. By March 2023, we will provide people with a learning disability with a health passport and fast track ID when they go into hospital.
- 5. By March 2024, we will deliver awareness-raising sessions to all new health workers.
- 6. By December 2023, we will support people with learning disabilities to understand and use information about their health to ensure they have an up-to-date Anticipatory Care Plan.
- 7. We will continue to make sure people with learning disabilities get the same support as everyone else for sexual health and wellbeing including relationships. The Community Learning Disability Team will provide health focus groups to ensure that people with learning disabilities have their health needs identified and met.
- 8. We will continue to ensure older people with learning disabilities can access the healthcare and support they require, for example: for individuals who are at risk of or where there are concerns around dementia, we will ensue that they have access to appropriate and timely assessments and support following any diagnosis.
- 9. By June 2023, we will utilise the re-ablement service for older clients with learning disabilities to facilitate an effective hospital discharge.

- 10. By March 2023, the Community Learning Disability team will begin to work alongside provider agencies and their staff to offer trauma-informed training and will ensure all health and social care staff are trained in trauma-informed care and practice. This will be ongoing throughout the strategy.
- 11. By March 2023, we will ensure people with learning disabilities and/or their carers have access to supports and interventions to stay mentally well.
- 12. By March 2024, we will work with our partners in Thriving Communities and the Third Sector to provide awareness-raising activities on hate crime and will promote using community hubs as places of safety for people to access support as required.

Choice and Control; (Actions)

What we are going to do:

- By December 2022, we will co-produce an action plan for improving the delivery of Self-Directed Support to people with learning disabilities. This will address recommendations from the recent Self-Directed Support Scotland report.
- 2. By September 2022, we will create a Transitions Action Plan for young people with learning disabilities based on the Principles of Good Transitions 3. This will include an Improvement Plan based on the Principles into Practice.
- 3. By December 2022, we will agree and implement a process which involves services such as further education, skills development, welfare and housing as part of the transition planning process.
- 4. We will work closely with schools to help them prepare young people for transition to adulthood.
- 5. By December 2023, we will ensure the support provided to parents with learning disabilities demonstrates the ten family support principles set out in The Promise.
- 6. We will continue to support care-experienced young people with learning disabilities to feel loved, safe and respected so they can fulfil their potential.
- 7. By March 2023, we will work with our partners across services to ensure staff are trained in Adult Support and Protection. This work will be ongoing throughout the duration of the strategy.
- 8. By December 2023, we will develop innovative models of care to support people with learning disabilities to remain in or return to South Ayrshire.
- 9. We will continue to ensure people with learning disabilities are involved in local activities and groups, that these groups are varied to meet the needs of those who attend and are promoted on South Ayrshire Lifeline, so people are aware of what is available.
- 10. By December 2022, we will ensure people with learning disabilities have an independent advocate if they want one to support people to have a say in their support.

11. By December 2023, we will ensure carers feel valued and have access to the right support to allow them to continue in their caring role.

Living Independently: (Actions)

What we are going to do:

- 1. By March 2023, we will publish a 'Market Position Statement' on the housing we need for people with learning disabilities. This will look at a range of housing models and support for people living in their own tenancy and in homeless accommodation as well as improving the data we collect to identify housing needs in the future. The 'Market Position Statement' will also include training requirements for housing and social work staff.
- 2. By December 2023, we will explore and deliver solutions for enhanced telecare to ensure people can live as independently as possible.
- 3. By June 2023, we will develop an action plan with our partners in Thriving Communities and Ayrshire College to improve people's experiences of learning and employment. This will consider how people over the age of 30 can receive support into employment, review the recruitment practices of South Ayrshire Council and NHS Ayrshire and Arran to ensure these are appropriate for people with learning disabilities and ensure there is a broader range of learning opportunities which also link to employability.
- We will continue to work alongside provider organisations to embed our Quality
 Assurance process ensuring the views of those receiving support and their carers are
 considered.
- 5. By December 2023, we will update our Commissioning Plan for Adults with Learning Disabilities to reflect the priorities set out in the strategy.
- 6. We will provide individual communication support depending on the needs of the person.
- 7. We will utilise the Community Connector role to develop asset-based approaches to community inclusion and meaningful volunteering opportunities.
- 8. Budgeting support will continue to be provided to people with learning disabilities as and when appropriate.

Active Citizenship; (Actions)

What we are going to do:

We value what people with learning disabilities tell us and we will listen.

- By December 2022, we will develop, with people with learning disabilities, a range of support options including a building-based service that meets the needs and aspirations of people across the learning disability spectrum and will encourage people to spend time with their peers.
- By March 2023, we will develop a range of support options for people without a diagnosis of a learning disability.

- 3. By June 2023, we will support people with learning disabilities to use digital equipment to reduce isolation and increase opportunities for online interaction with friends and family.
- 4. We will increase participation of the League of Champions in decision-making by ensuring they are involved in meaningful discussions and are listened to.
- 5. By June 2023, we will improve how we are delivering our services and support by engaging with people with learning disabilities at least once a year by doing an annual survey.
- 6. By May 2027, we will have worked constantly alongside the League of Champions to ensure that our paperwork is easy to understand.

The New South Ayrshire HSCP Strategy 2021 - 2031

Mental Health;

- 1. Embed recognition that mental health and wellbeing are connected to services provided elsewhere, e.g. housing, education and employment support and develop links with these services, as well as supporting individuals to engage effectively with support that may be of benefit to them. Commission work by end 2021
- 2. An extreme teams approach to reviewing how Child and Adolescent Mental Health Services (CAMHS) are delivered across Ayrshire. Ensuring that they meet the National Specification for a CAMHS service, but also meet local needs within South Ayrshire with meaningful specialist Mental Health contribution to the "Whole System" of service for children and adolescent in South Ayrshire
- 3. Enhancing Mental Health Officer capacity End 2022
- 4. Working with housing to develop a range of supported accommodation models that will meet the needs of those with mental ill health and which are orientated to a community-based recovery. End 2022
- 5. Work with others to invest in and further develop Distress Brief Intervention (DBI) in South Ayrshire. Rollout Training by End 2022
- 6. Review of transfer of mental health service. End 2022
- 7. Crisis situations will be examined and managed with a focus on recovery planning, rather than reactive intervention. End 2022
- 8. Independent services such as advocacy will be made available to people to support them to make choices and take control of their lives End 2022
- Continue to strengthen the links with other agencies working with vulnerable people in our communities or other places such as hospitals or prisons to improve their opportunities on release or discharge – End 2021

Learning Disability;

 Strengthening opportunities and arrangements for people with learning disabilities to use Self-Directed Support as a mechanism for more choice and control in their lives. End 2022 Integration Joint Board Strategic Plan 2021 - 2031 71

- 2. Improving organisational culture via staff workforce development, training and the promotion of practice standards and ethics.
- 3. Work in partnership with South Ayrshire Council's Housing Service to identify housing need and to develop Social Housing specifically for people with Learning Disabilities. End 2022
- 4. Work in partnership with Locality Planning Groups to develop assets-based approaches to community inclusion.
- 5. Developing partnership approaches to increasing the number of people in employment and engaged in different aspects of community life and activities . End 2022
- 6. Publish new Adult Learning Disability Strategy for South Ayrshire Drafted by end of 2021.

Adult Carers Strategy - 2019 - 2024 - Actions

- 1. It will be necessary to revisit this EQIA to take account of any concerns during the lifespan of this Strategy. As a consequence the EQIA will become a live document requiring regular review and updating 31 December 2020
- 2. Link with Ayrshire Equality Partnership to explore opportunities to develop an interpreting and translation service for carers 31 December 2020
- 3. Increase engagement and participation of carers from minority ethnic communities in the implementation of this Strategy 31 December 2020
- 4. Develop a bank of carer case studies which assist in raising targeted awareness of male carers and carers from minority ethnic communities 31 December 2020
- 5. Link with Corporate Parenting Officer to look at implications for young adult carers who have experienced Scotland's care system 30 April 2020
- 6. The implementation plan supporting this Strategy should include actions to engage with hard to reach carers and outreach work to identify and support the needs of specific communities and LGBTI groups locally 1 December 2020
- 7. The implementation plan supporting this Strategy should include actions to raise awareness with local employers in relation to carers' rights and flexible working policies 31 December 2020
- 8. This strategy sets out a performance framework to gauge the delivery of the strategy. It will be important to ensure that performance information is reported in terms of breakdown of the protected characteristics 30 April 2020
- 9. Deliver carer awareness training to midwifery and health visitors to promote better awareness of carers 30 April 2022
- 10. Once available the carer data, such as Carers Census will be analysed and used to influence development activity within this strategy 30 April 2020
- 11. Ensure all staff, providing support to carers, undertake mandatory Equality and Diversity training 30 April 2022.

Current Commissioned Services

12	•	ou specify that any organisations pri cople subject to compulsory measur		• • • •	.g. support
	\boxtimes	Yes			
		No			
	If Yes	s, please provide details			
	16 ye	n Ayrshire HSCP commission Circles ars-old and over, including prioritis ure under the Mental Health Act.			
13	Do yo	ou specify that any organisations apon?	ply a limit to the a	amount of advocacy su	ipport per
		Yes			
		No			
	If Yes	s, please provide details			
14	healt	ou currently commission advocacy s h issues, learning disability or deme ensure they are supported?	-		
•					
		rice explicitly commissioned to neless people with this condition	Ш		Ш
		rice open to homeless people with no specific agreement relating to			
-	fic hon nission	neless advocacy service (s) ed			
	•	de details			
have a	a menta fically t	commissioned by South Ayrshire HS al health, learning disability, dementi o work with homeless people. The c ribing themselves as homeless over	ia or not. We do r urrent advocacy o	not have a service comporganisation has worke	missioned

Do you currently commission advocacy services specifically for <u>asylum seekers</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?

	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support asylum seekers with this condition			
Generic service open to asylum seekers with condition – no specific agreement relating to this			
Specific asylum seeker advocacy service (s) commissioned			
Please provide details			
The advocacy service commissioned by South they have a condition such as mental ill-health			kers, whether
16 Do you currently commission advocac health issues, learning disability or delyou ensure they are supported?	-		
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned for carers			
Specific service explicitly commissioned for carers			
No carers' advocacy service			
Please provide details			
The advocacy service commissioned by South current organisation receives a referral from a in Ayr that is able to provide advocacy as part	carer, they normally		
Commissioning budget			
17 Has the commissioning budget for me advocacy organisations changed over			independent
Yes			
⊠ No			
If the budget has changed (either an in changed as a consequence? Please pro) please say how. Have	e services

FIISU	ns and advocacy services
18	Do you have any prisons in your HSCP area?
	Yes
	No
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?
	Yes
	□ No
	If Yes, please provide details
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)
NHS	patients placed in private healthcare facilities out with home health board area
21	Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?
21	
21	facilities out with their home health board areas, receive advocacy support?
21	facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care
21	facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority
21	facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority Don't know
21	facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority Don't know Any further details We have written this type of instance into our advocacy service specification; however, We am unaware if this element of the service has been called for. "Where people are moving to, or from South Ayrshire, there is an expectation the Service will liaise with Advocacy Services out
	facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority Don't know Any further details We have written this type of instance into our advocacy service specification; however, We am unaware if this element of the service has been called for. "Where people are moving to, or from South Ayrshire, there is an expectation the Service will liaise with Advocacy Services out
	facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority Don't know Any further details We have written this type of instance into our advocacy service specification; however, We am unaware if this element of the service has been called for. "Where people are moving to, or from South Ayrshire, there is an expectation the Service will liaise with Advocacy Services out with South Ayrshire as required".

	2	Service Users have their human, legal and other rights safeguarded, and others, involved in the care and support of such Service Users will be aware of the centrality of such rights.
	3	Service Users feel able to have some ownership and involvement in shaping the Service and will be central to the development of a Quality Assurance Framework which
	4	Service Users feel enabled to make informed choices and decisions and shall have access to appropriate and accessible information. ill be used to obtain stakeholder experiences of Advocacy Service
	5	The Service Provider shall raise awareness of any areas or issues that require changes to SA HSCP policies and/or practices.
h p	nowev proces	outcomes along with other areas of the service are be monitored every 6 months, ver this has not taken place due to Covid. We have also undertaken quality assurance ss, where all our providers will have a quality assurance visit to ensure the quality of the es being provided, although the advocacy services quality assurance visit has not taken yet.
le		describe the arrangements in place for monitoring the quality of mental health, ng disability or dementia independent advocacy services, including independent tion?
h p	nowev proces	outcomes along with other areas of the service are be monitored every 6 months, ver this has not taken place due to Covid. We have also undertaken a quality assurance as, where all our providers will have a quality assurance visit to ensure the quality of the es being provided, although the advocacy services quality assurance visit has not taken yet.
	-	u get information from each organisation about the number of people accessing acy support?
	\boxtimes	Yes
[No
ŀ	f Yes,	please provide the most up to date information provided by each organisation
A	Augus	t 2020– End of April 2021 and refreshed figures for April 2020 – March 2022.
5 0	Do you	u ask services to provide information about unmet needs, e.g. about people waiting to advocacy support?
5 0	Do you	u ask services to provide information about unmet needs, e.g. about people waiting to
5 C	Do you	u ask services to provide information about unmet needs, e.g. about people waiting to s advocacy support?
5 E a	Do you access	u ask services to provide information about unmet needs, e.g. about people waiting to s advocacy support? Yes

26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?					
	⊠ Yes					
	□ No					
	If Yes, please provide details					
	The service specification for this service outlines the service provider must ensure that areas of advocacy where the HSCP has a legislative duty should be prioritised. This was done to ensure that people who may be subject to detention or tribunals under the Mental Health Act are offered support promptly to meet the time set out in the MH legislation and to ensure that their human rights are upheld in this circumstance.					
27	What arrangements are in place to measure the satisfaction of people using advocacy services?					
	The advocacy organisation as part of its contract is asked to undertake customer opinion surveys, with the results being shared with the HSCP. The HSCP has also asked for quality assurance checks to be undertaken with all its' service providers.					
28	How do you monitor complaints about advocacy services?					
	Annual monitoring data from providers					
	☐ No monitoring					
	Other (please specify)					
	Monitoring of our commissioned advocacy services should be carried out every six months, however, this has slip during the Covid period. However, all providers are aware that they should report any complaints they receive to the HSCP, via a Complaints Proforma.					
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?					
	South Ayrshire HSCP currently raises awareness through the operational teams in each of the areas mentioned above. The provider is also responsible for raising awareness within South Ayrshire, including though having a prominent office in the town in Ayr and through leaflets, etc and having stands at local events open to the public and specific social care events.					
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?					
	Yes					
	No					
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?					
	The current service provider is aware that it requires to work with all groups of people, including equality groups.					

32	How do you measure this?

The service provider is expected to gather data relating to all the groups of people it provides an advocacy service to, including equality groups.

e plans	
•	ou assessing the projected need for mental health, learning disability or dementia endent advocacy supports in the future?
\boxtimes	Yes
	No
If Yes	s, please describe
	is currently underway to renew the advocacy strategy and work is being undertaken to ct future need related these specific areas and others, covered by independent advocacy.
If No	how do you plan to address any unmet need in future?
-	ou have information about current identified gaps in provision / unmet need which you sing for future planning purposes?
	Yes
\boxtimes	No
If Yes	s, please describe
	ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
Ш	Yes
	No
	Other (please specify)
this is is due availa	is currently underway to renew the Advocacy Strategy for South Ayrshire HSCP and when a finished the contract will need to be re-tendered as the current adult advocacy contract to end 31st March 2024. This will be an ideal opportunity to promote awareness of the ability of advocacy services, along with any other actions that may come out of the val of the advocacy strategy.
For e	Other Comments? xample, are there other local advocacy services which are not commissioned but receive ng from other services?

Circles Network is also commissioned by the South Ayrshire Drug and Alcohol Partnership to provide an advocacy service to people who misuse drugs and/or alcohol. This part of the adults advocacy service is provided by an advocacy worker with lived experience of drug and/or alcohol misuse under separate service specification. The budget for this service is £29,000 per annum and is currently renewed on annual basis due to the way that ADP's are currently funded in Scotland by the Scottish Government.

Part Two: Children & Young People Survey

Curre	nt Plani	ning
1	Do you	ı have an integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes,	does it include advocacy?
	\boxtimes	Yes
		No
	If Yes,	can you please submit a copy along with your questionnaire?
		Children's Services Plan 2020 - 2023 (Adobe pdf documents)
Comr	nissioni	ng
3	disabi	e commissioning budget for children and young people's mental health/learning lity independent-advocacy organisations changed over the past two years? Yes No
4		budget has changed (either an increase or decrease) please say how. Have services ed as a consequence? Please provide details
NHS	patients	placed in healthcare facilities out with home health board area
5	relate	e specify how many children or young people with a mental illness, learning disability or d condition and in a placement out with their home local authority would receive acy support?
		From a local service here they are receiving care
		From home health board / local authority

\boxtimes	Don't	know
ν \vee	טטוונ	KIIOW

Any further details

We currently do not have any children or young people who would be NHS patients placed outwith their home local authority.

If we did Advocacy would be provided either from their home health board/local authority, or where they were receiving care.

Monitoring and review arrangements

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?

We currently commission two independent advocacy services with the main reason for referrals being:

- 1. Child Protection and Mental Health
- 2. Care Experienced

Both services do work with children and young people who have learning disabilities, however there is no specific Learning Disability only service within Children and Families.

It is expected both Providers will:

- enable access to an advocate and ensure that the views of children/young people are heard by decision makers;
- support the right of children/ young people to express their views;
- encourage children/young people to develop the confidence to speak up for themselves;
- ensure that the views of children/young people are taken into account by those who are involved in decision making about the lives of children and young people.

Outcomes are monitoring via:

- Quarterly Monitoring Meetings which include feedback from those with Lived Experience
- Looked After Reviews
- Team Around the Child Reviews
- 7 Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?
 - Quarterly Monitoring Meetings which includes feedback from those with Lived Experience
 - Yearly Quality Assurance Meetings directly involving those with Lived Experience

		Complaints Register						
	Do you get information from each organisation about the number of children and young people with mental illness, learning disability or related condition accessing advocacy support from each organisation?							
		Yes						
		No						
	If Yes	s, please provide the most up to date information provided by each organisation						
	Who	Cares ? Scotland – 4 YP in total – 3 x LD/ASD and 1 x MH						
	Hear	4 U – 3 YP in total – 2 x LD and 1 x MH						
		arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?						
	•	Quality Assurance Process						
	•	Looked After Reviews Peer Researchers/Champions Board to consult with Children/Young People directly						
		do you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission? Annual monitoring data from providers No monitoring Other (please specify)						
		Complaints Register						
	any a	do you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area?						
	any a relate	dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area? Providers undertake awareness raising by attending Team Meetings, disseminating						
	The Pinforr	dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area?						
2	The Finform Internal Social	dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area? Providers undertake awareness raising by attending Team Meetings, disseminating nation including 'marketing material'. In all Communications is utilised to promote services which includes a Newsletter and						
	The Finform Internal Social	dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area? Providers undertake awareness raising by attending Team Meetings, disseminating mation including 'marketing material'. In all Communications is utilised to promote services which includes a Newsletter and I Media posts is utilised to promote the services.						
	The Finform Internal Social	dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area? Providers undertake awareness raising by attending Team Meetings, disseminating nation including 'marketing material'. In all Communications is utilised to promote services which includes a Newsletter and I Media posts is utilised to promote the services. There been any specific actions to promote the use of advocacy among staff?						

Peer Researchers/Champions Board Consultation/Evaluation with those with Lived

Contract Supply Management Scorecards

Experience

A forum has been established with the current providers and Corporate Parenting Lead to manage referrals appropriately. This work involves ongoing promotion with staff and partner agencies including SCRA.

Futu	re plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
		No
		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
		Yes
		No
	If Yes	, please describe
	Ongo	ing work is taking place in relation to the Advocacy Strategy.
	This	vill include
	•	Direct Consultation with those with Lived Experience Population analysis - demographics and health needs to anticipate future need Analysis of need of those children and young people known to Education/Health and Social Services.
15	If No,	how do you plan to address any unmet need here?
16	For ex	Other Comments? Kample, are there other local advocacy services which are not commissioned but receive any from other services?
		Fircles Network provides adult advocacy services within South Ayrshire, also provides eacy services to people affected by drug, and alcohol misuse. The Alcohol and Drug

Partnership (ADP) provide the funding for an advocate who has personal lived experience of

drug and alcohol misuse. Total funding for this post is £29,000 per annum.

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Circles Network Ltd, New Bridge Street, Ayr KA7 1JX	Who Cares? Scotland, 40 Wellington Street, Glasgow, G2 6HJ	Hear 4 U (Barnardo's), Bosewell House, 10-12 Arthur Street, Ayr, KA7 1QJ		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No

5	People with dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
			⊠ 140	ZINO		
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠Yes	Yes	Yes	Yes	Yes
		□No	⊠ No	⊠ No	☐ No	☐ No
7	Mentally disordered offenders	Yes	☐Yes	Yes	Yes	☐Yes
		⊠ No	⊠ No	⊠ No	□No	□No
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes	Yes	Yes	Yes	Yes
	rearring disability, dementia	□No	⊠ No	⊠ No	□No	□No
9	Asylum seekers with mental illness, learning	⊠ Yes	Yes	Yes	Yes	Yes
	disability, dementia	□No	⊠ No	⊠ No	□No	□No
10	Carers of people with mental illness, learning	⊠ Yes	Yes	Yes	Yes	☐Yes
	disability, dementia	□No	⊠ No	⊠ No	□No	□No
11	Children & young people with a mental health	Yes	⊠ Yes	⊠ Yes	Yes	☐Yes
	problem	⊠ No	□No	□No	□No	□No

12	Children & young people with a learning disability	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
13	Children & young people with ASD or ADHD	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
17	Children/young people with any other condition (specify)	N/A	N/A	N/A		
18	People with any other condition (specify)	N/A	N/A	N/A		

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
	 Under 18 with mental health issues, learning disability 	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
	■ Adults up to 65	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No
	■ Adults over 65	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	⊠Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	⊠Yes	Yes	Yes	Yes
		□No	□No	⊠No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	Yes
		⊠ No	⊠ No	⊠No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	⊠ Yes	Yes	Yes	Yes	Yes
	auvocacy:	□No	⊠No	⊠No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):	£211,771.11 per annum inclusive	£54,000 per annum. Please	£39,000 per annum. Please		

	In respect of ADP funding. Please note we are unable to breakdown the Adult Advocacy budget into the various groups below.	Note: we are unable to breakdown the Children's Advocacy budget into the various groups below.	Note: We are unable to breakdown the Children's Advocacy budget into the various groups below.	
People with mental health problems				
People with learning disability				
People with dementia				
People with autistic spectrum disorder				
Mental disordered offenders				
Homeless people with mental illness, learning disability, dementia				
Asylum seekers with mental illness, learning disability, dementia				
Carers of people with mental illness, learning disability, dementia				
Children & young people with a mental health problem				
Children & young people with a learning disability				
Children & Young people with ASD or ADHD				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	1 year 2 years 3 years Other (please detail)Contract due to end 31st March 2024.	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	4.5 x whole-time- equivalent advocacy workers	1.5 x whole-time- equivalent advocacy workers	1 x whole-time- equivalent advocacy worker		

Organisation:	NHS Borders
Job Title:	General Manager Mental Health and Learning Disability Services
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	Scottish Borders Health and Social Care Partnership

		Part One: Adult Survey
Curre	nt Plan	ning
2	At wh	at level is advocacy strategic planning carried out in your area?
	_x	NHS board-wide
	_x	HSCP
	Пх	Local Authority
		Other (please specify)
3	Is the	re an advocacy planning group covering your area?
	Пх	Yes
		No
4	Is the	re a current independent advocacy strategic plan for your area?
	_x	Yes But in the process of being reviewed. Adults only
		No
	If Yes	, can you please submit a copy along with your questionnaire?
5	If No,	is an advocacy strategic plan in the process of being developed?
		Yes
		No
		please provide details of when the advocacy strategic plan will be completed please can you kindly advise why this is not being developed?

The existing plan is currently under review and should be completed by end December 2022.

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	Children & young people's advocacy will be included in the Integrated Children and Young People's Plan for 2023-2026
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	Adult advocacy: The local provider (BIAS) was actively included in consultation activities alongside other stakeholders (including people with lived experience, other commissioned mental health service providers, all partners contributing funding.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Adults: It has been difficult to ensure the active involvement of people who use advocacy services in the past, so additional efforts have been made to increase engagement in the current service review. Methods have included: • asking Border Care Voice (representing people with lived experience of mental health problems) to promote and facilitate on-line or face-to-face discussion on an individual or group basis • Carrying out a survey of all stakeholders including service users using on-line, paper and easy-read versions with encouragement to access support from support workers
8	or carers to participate. Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	x Yes HIIA for young people
	□x No Adults
	If Yes, can you please submit a copy along with your questionnaire?
Actio	ı Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	Yes
	□x No
	If Yes, can you please submit a copy along with your questionnaire?
10	If No, is an action plan in the process of being developed?
	□x Yes

No

If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?

Adults and C&YP: The local independent advocacy service (BIAS) is currently being reviewed and this process incorporates aspects relevant to the review and revision of strategic and action plans. These include gaps in service provision, addressing increasing demand v limited capacity, promoting awareness of the service, and managing operational issues.

11 Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans

Adults: The Borders Health & Social Care Strategic Plan is in the process of being updated based on a consultation process that has been widely promoted. This will include findings from recent service reviews within mental health services that will in turn inform future commissioning plans.

Advocacy also features in current delivery plans for Learning Disability and addictions services.

The Scottish Borders Rapid Rehousing Transition Plan (2019-2020 – 2023-2024) commits to developing pathways to prevent homelessness for the groups who are predictably at highest risk of rough sleeping and homelessness, including individuals with Mental health difficulties.

Current Commissioned Services

12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?			
	□x Yes			
	□ No			
	If Yes, please provide details			
	Independent advocacy referrals to the provider must be prioritised around the Mental Health Act, Adults with Incapacity, and Adult Protection.			
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?			
	☐ Yes			
	□x No			
	If Yes, please provide details			
	Advocacy support is provided flexibly to meet individual need and not stipulated in the service contract. This may however may be discussed in exploring how future need may be met without any increase in investment being possible.			

you ensure they are supported?					
	Mental Health	Learning Disability	Dementia		
Generic service explicitly commissioned to support homeless people with this condition					
Generic service open to homeless people with condition – no specific agreement relating to this	Пх	□x	□x		
Specific homeless advocacy service (s) commissioned					
Please provide details					
Adults meeting social care eligibility criteria will be able to access independent advocacy via the relevant social care service. We are currently exploring ways in which the service can be more actively promoted amongst relevant groups, which would include amongst services for homeless people. Whilst we don't have homelessness specific advocacy services, officers do routinely make clients aware of the BIAS advocacy service and how to access it. Housing support officers (with SBC homelessness housing support team, the commissioned housing support service-provided by Penumbra and the commissioned Housing First service provided by Cyrenians) all advocate for clients as part of their role. This can include, for example, supporting households to secure and sustain suitable accommodation, access benefits, set up utilities etc.					
15 Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?					
	Mental Health	Learning Disability	Dementia		
Generic service explicitly commissioned to support asylum seekers with this condition					
Generic service open to asylum seekers with condition – no specific agreement relating to this	□x	□x	□х		
Specific asylum seeker advocacy service (s) commissioned					
Please provide details					
Adults meeting social care eligibility criteria will be able to access independent advocacy via the relevant social care service. We are currently exploring ways in which the service can be more active promoted amongst relevant groups, which would include asylum seekers.					
Refugee families are supported by a Scottish Borders Council Resettlement Worker. Support includes advocacy services. The Scottish Refugee Council also have regional staff that offer support to families and staff working with them. The refugee support is closely aligned to funding and direction from the Home Office and CoSLA.					

Do you currently commission advocacy services specifically for <u>homeless people</u> with mental

health issues, learning disability or dementia? Please tick where appropriate. If not, how do

14

16	Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?						
		Mental Health	Learning Disability	Dementia			
Gene	ric service explicitly commissioned for s						
Speci carer	ific service explicitly commissioned for s						
No ca	rers' advocacy service						
Pleas	e provide details						
releva	s meeting social care eligibility criteria will ant social care service. Although BIAS is no s, it is actively promoted by the local Carers	ot explicitly comm					
	,						
Comr	nissioning budget						
17	Has the commissioning budget for mentadvocacy organisations changed over the		disability or dementia	independent			
	□x Yes						
	☐ No						
	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details						
	The Alcohol & Drugs Partnership (ADP) increased it's funding from £5K to £10K this financial year.						

Prisons and advocacy services 18 Do you have any prisons in your HSCP area? Yes \square_{X} No 19 If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)? Yes No If Yes, please provide details Can you please outline how prisoners are informed about independent advocacy services? 20 (NEW question) There would be an expectation that SPS would in the first instance be in a position to offer assistance in identifying appropriate advocacy either from within the establishment the individual is residing or at a local level. Details of local service provision could be provided to key prisons i.e. HMP Edinburgh, Corntonvale and HMYO Polmont, as these establishments will house the majority of people held on remand or in custody from the Borders (this information is not, at this time shared). Not all individuals placed on remand or given a custodial sentence will be open to Justice Social Work and their presentation and outcome at court may not be known by the service. Where known Justice Social Work staff may act as advocate, as appropriate e.g. with housing services or link with BIAS or Border Care Voices, if required. Where an individual is open to an adult social work service the allocated worker will be contacted. It is assumed that individuals subject to statutory throughcare and long term sentences, will receive advice and guidance on advocacy via the Integrated Case Management process managed by SPS. This would however require to be clarified and might be included in the Advocacy Plan. NHS patients placed in private healthcare facilities out with home health board area 21 Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority

Пх

Don't know

Any further details

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

- People have increased control regarding care arrangements
- People have more choice in their care arrangements
- People are more able to make change happen
- Increase knowledge and understanding of Self Directed Support and Independent Advocacy to stakeholders.

Outcomes monitoring data is required in the service contract which should be routinely reported on to commissioners (quarterly and annually).

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

The service contract requires quarterly and annual reporting to commissioners which asks for a wide range of data (quantitative and qualitative). This should be discussed at face-to-face meetings with the provider. This has proved problematic over recent years, in part due to the Covid pandemic, and as a result of changes in commissioning staff. However, a review of the contract is currently underway which has identified ongoing problems with the provider's ability to record and report on all the data required. Plans to address these collective issues are being formulated and due to be completed by end December 22.

	being formulated and due to be completed by end December 22.
24	Do you get information from each organisation about the number of people accessing advocacy support?
	☐ Yes
	□x No
	If Yes, please provide the most up to date information provided by each organisation
	We get information on the number of referrals to the service provider rather than from the agencies generating the referrals. We also get data on the source and care category of those referrals; cases closed, and length of contact time. Data for 2021 showed that there were 250 new referrals (125 of which were statutory referrals). The majority of referrals are form mental health, dementia and learning disability services.
25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	□x Yes
	□ No
	If Yes, please provide the most up to date information available

This has not been done routinely but has been included in the current service review. Autism and Children's advocacy services have been identified as gaps. Children's services is to come

under the auspices of the C&YP Planning Partnership.

26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?						
	□x Yes						
	□ No						
	If Yes, please provide details						
	The contract stipulates that BIAS must prioritise referrals around the Mental Health Act, Adults with Incapacity, and Adult Protection.						
27	What arrangements are in place to measure the satisfaction of people using advocacy services?						
	Service user engagement is included in the contract specification but the current service review has identified that this is not routinely happening. It will be subject to an Action Plan for improvement and future commissioning arrangements will ensure this is addressed.						
28	How do you monitor complaints about advocacy services?						
	Annual monitoring data from providers						
	x No monitoring						
	Other (please specify)						
	Adults: This is to be addressed in future commissioning arrangements.						
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?						
	This is a gap in delivery despite it being a requirement of the contract, and will be addressed as a specific focus in the Advocacy Action Plan, and in future commissioning arrangements.						
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?						
	□x Yes						
	□ No						
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?						
	Relevant health and social care staff working with vulnerable groups are generally aware of the service, but recent feedback shows this needs to be improved and it will be addressed in the resulting Action Plan. An EIA will also be carried out as part of this process to inform actions required amongst specific groups that may benefit from raising awareness of independent advocacy services.						
32	How do you measure this?						
	This will be taken to specific relevant forums e.g. LGBT groups and service providers to assess how information is gathered and monitored. There are other actions currently in progress						

Futu	re plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	□x Yes
	□ No
	If Yes, please describe
	Partner agencies have been asked to assess future demand and gaps in services as part of the current service review. It has been noted that the number of referrals from mental health, dementia and learning disability services has been rising over recent years. Whilst BIAS is not currently commissioned to support those with autism, it is apparent that the number of people seeking assessment for autism is also rising rapidly and will likely add to future demand for independent advocacy support.
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	☐ No
33 34 35	If Yes, please describe
	Adults: We are in the process of trying to assess the level of future demand as part of our service review.
36	Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?
	□x Yes
	□ No
	Other (please specify)
	This will form part of the new contract for providing independent advocacy services, and will be a specific action within an Advocacy Action Plan. It will cover a range of methods and outlets for ensuring vulnerable groups are aware of the service and how it may be accessed.
37	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

including responding to the Mental Welfare Commission recommendations around informing and supporting people of different ethnicities. This will dovetail with actions arising out of the advocacy service review.

The current service review is due to report end October which will include recommendations for future commissioning arrangements.

Part Two: Children & Young People Survey

Curre	nt Planning	
1	Do you have ar	n integrated children's service plan?
	_x	Yes
		No
2	If Yes, does it i	nclude advocacy?
	_x	Yes
		No
	If Yes, can you	please submit a copy along with your questionnaire?
Comn	nissioning	
3		issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?
	Yes	
	□x No	
4		as changed (either an increase or decrease) please say how. Have services consequence? Please provide details

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?
	x From a local service where they are receiving care
	From home health board / local authority
	☐ Don't know
	Any further details
	Children and Families Social Work commission <i>Who Cares? Scotland</i> to provide a very small independent advocacy service for looked after children (5.5 hours per week). This is complimented by some residential care providers who also contract <i>Who Cares? Scotland</i> to provide a similar service for residents of their resources.
	There have been 15 children referred for independent advocacy for the period April – July 2022 (including 8 from SW and 1 from school). The current caseload is 18.

Monitoring and review arrangements

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?

Quarterly monitoring report from Who Cares/ Scotland. Service is referral led therefore outcomes are dependent on presenting need.

General outcomes reported on include:

- 1. Are respected.
- 2. Are aware of their Rights. Can express their views and opinions.
- 3. Feel Included
- 4. Are listened to and have their views and opinions taken seriously and given due weight and
- 5. regard
- 6. Can freely take part in meetings and discussions
- Priefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?

Monitoring is done via quarterly report from provider scrutinised by C&F SW Group manager. There is no external scrutiny of the advocacy provision. Who Cares? Scotland are a national provider of advocacy services specifically for looked after and care experienced children and young people. They do not differentiate specifically between young people's mental health, learning disability or related conditions.

8	Do you get information from each organisation about the number of children and young people with mental illness, learning disability or related condition accessing advocacy support from each organisation?						
	☐ Yes						
	□x No						
	If Yes, please provide the most up to date information provided by each organisation						
9	What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?						
	N/A (see 7)						
10	How do you monitor complaints about advocacy services for children and young people with mental illness, learning disability or related conditions which you commission?						
	Annual monitoring data from providers						
	☐ No monitoring						
	Other (please specify)						
	N/A (see 7)						
11	How do you currently raise awareness and deliver public information about the availability of any advocacy services for children and young people with mental illness, learning disability or related conditions in your area?						
	Awareness raising of <i>Who Cares? Scotland</i> is done in a variety of ways: social media and direct mailshots of looked after and care experienced children and young people; contact and social media with relevant professionals; involving local children and young people in national <i>Who Cares?</i> Advocacy campaigns, etc.						

12	Have there been any specific actions to promote the use of advocacy among staff?
	□x Yes
	□ No
	Please provide any further details below.
	See 11.
Eutur	e plans
Futui	e pians
13	Does your integrated children services planning structure include an advocacy planning group covering your area?
	□x Yes
	□ No
	Other (please describe)
	A multi-agency Advocacy Development Group (who report to the Children and Young People's Leadership Group's (CYPLG) Commissioning Sub-Group). The purpose of the meeting is to scope and identify funding for an independent advocacy service for children and young people in the Scottish Borders. Membership of the group is from SBC, NHS Borders and the third sector.
14	Are you assessing the projected need for children and young people's mental health, learning disability or related condition independent advocacy supports in the future?
	□x Yes
	□ No
	If Yes, please describe
	This is in its early stages and assessing projected need for children is still under development.
15	If No, how do you plan to address any unmet need here?
16	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Borders Independent Advocacy Service Low Buckholmside Galashiels TD1 1RT	Who Cares? Scotland			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	□ xYes	☐ Yes ☐ No x Looked After Children and Care Experienced Young People only	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	□ xYes	☐ Yes ☐ No x	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	□ xYes	☐ Yes ☐ No x	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

5	People with dementia	□xYes	☐Yes	☐Yes	☐Yes	☐Yes
		□No	□Nox	□No	□No	□No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	Yes	Yes	Yes	Yes	Yes
			□ No x	☐ No	□No	□ No
7	Mentally disordered offenders	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	Yes	Yes	Yes	Yes	Yes
		∏xNo	☐ No x	☐ No	☐ No	☐ No
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☐ xNo	☐ Yes ☐ No x	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☐ xNo	☐ Yes ☐ No x	☐ Yes	☐ Yes ☐ No	☐ Yes
11	Children & young people with a mental health problem	☐ Yes	☐ Yes X (if LAC)	☐ Yes	☐ Yes	☐ Yes

12	Children & young people with a learning disability	☐ Yes ☐ xNo	☐ Yes X (if LAC)	☐ Yes	☐ Yes	☐ Yes
13	Children & young people with ASD or ADHD	☐ Yes ☐ xNo	☐ Yes X (if LAC)	☐ Yes	☐ Yes	☐ Yes ☐ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☐ xNo	☐ Yes x	☐ Yes	☐ Yes	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☐ xNo	☐ Yes x	☐ Yes	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☐ xNo	☐ Yes X (if LAC)	☐ Yes	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)	Alcohol & drug problems Older people Those with generic health conditions				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	Yes	☐Yes	Yes	☐Yes	Yes
		□No	□Nox	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	☐ Yes	☐ Yes X (if LAC)	☐ Yes	☐ Yes	☐ Yes
	Adults up to 65	□xYes	Yes	Yes	Yes	Yes
		□No	□Nox	□No	□No	□No
	Adults over 65	□xYes	Yes	Yes	Yes	Yes
		□No	□Nox	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	□xYes	☐ Yes x	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	☐Yes	☐ Yes x	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	☐ Yes
		□No	□Nox	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	Yes	☐Yes	☐Yes	☐Yes	☐Yes
	auvocacy:	□ x No	□Nox	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
		BIAS	Who Cares?			
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):		£10,450			
	People with mental health problems	33,233				
	People with learning disability	20,441				
	Adult Protection (inc. people with dementia)	26,891				
	People with drug and alcohol problems	10,000				
	Generic health and social care services (accessible to all adult groups below)	104,768				
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					

Children & You	ung people with ASD or ADHD				
	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Looked-after children & young people including those who have mental illness, learning disability or related conditions		Budget not differentiated			
Looked-after children & young people but not including those who have mental illness, learning disability or related conditions		Budget not differentiated			
Young asylum seekers with mental illness, learning disability, dementia		Budget not differentiated			

23	Children * young people with any other condition (specify) What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☐ xOther (please detail)3 year contract extended annually pending this review	☐ 1 year ☐ 2 years ☐ 3 years x ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	5 part-time officers plus 1 part-time administrator	One (5.5 hours per week)			

Org	anisat	tion:	NHS Dumfries and Galloway
Job	Title:		Deputy Head of Strategic Planning and Commissioning
		ehalf are you responding? , HSCP, Local Authority)	HSCP, Local Authority
		Part (One: Adult Survey
Curr	ent Plar	nning	
2	At w	hat level is advocacy strateg	ic planning carried out in your area?
		NHS board-wide	
	x	HSCP	
	Х	Local Authority	
		Other (please specify)	
3	Is the	ere an advocacy planning gro	oup covering your area?
	Х	Yes	
		No	
4	Is the	ere a current independent ac	dvocacy strategic plan for your area?
	x	Yes	
		No	
	If Ye	s, can you please submit a c	opy along with your questionnaire?
5	If No	, is an advocacy strategic pl	an in the process of being developed?
		Yes	
		No	

If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?

The current Dumfries and Galloway Advocacy Plan for Adults 2018 – 2021 requires review and updating. This has not been a priority area during the recent Covid crisis but is planned for 2023/4 Dumfries and Galloway Advocacy Service are currently commissioned by Dumfries and Galloway council on behalf of the Integrated Joint Board to provide individual and collective advocacy to adults who require support under the Mental Health (Care and Treatment) (Scotland) Act 2003. This includes non instructed advocacy. They also provide individual and collective advocacy to all adults who reside in Dumfries and Galloway who require the services of an advocate. This includes people who are in prison, have physical disabilities, families at risk, homeless, Carers for example.

Consultation & Involvement

6 Please describe how advocacy provider organisations were consulted or involved in the development of the plan

A working group with representatives of Strategic Planning and Commissioning for Mental Health, Social Work Mental Health, Dumfries and Galloway Advocacy Service and the Commissioner for Children and Young People's advocacy met to plan the engagement needed for the Advocacy Plan which included Dumfries and Galloway Advocacy Service.

7 Please describe how people who use advocacy services were consulted or involved in the development of the plan

Engagement with people who use the current Independent Advocacy Services and those who might wish to the service in the future was undertaken in June and July 2018. The questionnaire included the IJB equality monitoring form; the responses to the questionnaire were consistent irrespective of equality group. The results of the questionnaires and focus group informed the structure and the actions contained within a draft Advocacy Plan.

Organisations and services with an interest in Independent Advocacy were given an opportunity to comment on the draft Advocacy Plan.

Staff and volunteers who deliver Independent Advocacy receive equality and diversity training. In addition, staff and volunteers spend time with other organisations such as LGBT to ensure that staff and volunteers understand issues that may face a particular equality group

8	Was there an Equality Impact Assessment completed with the development of your Advocacy
	Strategic Plan?

If Yes,	can you please submit a copy along with your questionnaire?
	No
Х	Yes

Action Plan

9		re an action plan for the development of mental health, learning disability or dementia endent advocacy services in your area?
	x	Yes
		No
	If Yes	, can you please submit a copy along with your questionnaire?
10	If No,	is an action plan in the process of being developed?
	X	Yes
		No
		, please provide details of when the action plan will be completed please can you kindly advise why this is not being developed?
		ction plan covered the period 18-21 and requires review and updating. This will be leted at the same time as the Advocacy Plan in 2023/24.
11		e detail actions in relation to the development of mental health, dementia, learning ility services which may be in other local plans
	and G suppo details	ntegration Joint Board Strategic Commissioning Plan is for all adults living in Dumfries calloway and sets out the IJB ambition for a human rights based model of care and cort. A Health and Social Care Partnership Delivery Plan has also been developed which is specific actions across the whole system, including mental health, dementia and ing disabilities.
	ensur	lealth and Social Care Partnership has established a Complex Needs Programme Board to e that services and plans are in place to support people with complex needs, such as ng disability and mental health.
		JB Housing with Care and Support Strategy also sets direction for services for people with al health, dementia or learning disabilities in the form of supported living.
		al delivery plan for the national 'Coming Home' report is also in development by the blex Needs Programme Board.
Curre	ent Com	missioned Services
12	-	u specify that any organisations prioritise referrals for advocacy support, e.g. support cople subject to compulsory measures under the Mental Health Act?
	X	Yes
		No

If Yes, please provide details

	The provider gives priority to those in Hos Guardianship, ASP etc.	spital and those co	oming under the MH A	et including
Do you specify that any organisations apply a limit to the amount of advocacy su person?				
	Yes			
	x No			
	If Yes, please provide details			
14	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?			
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort homeless people with this condition			
	ric service open to homeless people with tion – no specific agreement relating to	х	х	х
	fic homeless advocacy service (s) nissioned			
Pleas	e provide details			
individ (Scotla collect	ries and Galloway Advocacy Service are current dual and collective advocacy to adults who recand) Act 2003. This includes non instructed tive advocacy to all adults who reside in Dumb actudes people who are in prison, have physica	uire support under advocacy (see gloss fries and Galloway	the Mental Health (Care sary). They also provide who require the services	and Treatment) e individual and of an advocate.
15	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?		-	
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort asylum seekers with this condition			
	ric service open to asylum seekers with tion – no specific agreement relating to	X	х	x

Specific commiss	asylum seeker advocacy service (s) sioned			
Please p	rovide details			1
individual (Scotland) collective	and Galloway Advocacy Service are current l and collective advocacy to adults who requ) Act 2003. This includes non instructed an advocacy to all adults who reside in Dumfr ides people who are in prison, have physical	ire support under dvocacy (see gloss ies and Galloway	the Mental Health (Care sary). They also provide who require the services	and Treatment) individual and of an advocate.
he	o you currently commission advocacy se ealth issues, learning disability or deme ou ensure they are supported?			
		Mental Health	Learning Disability	Dementia
Generic s	service explicitly commissioned for			
Specific carers	service explicitly commissioned for			
No carer	s' advocacy service	X	X	x
Please p	rovide details			
individual (Scotland) collective	and Galloway Advocacy Service are current l and collective advocacy to adults who requ) Act 2003. This includes non instructed a advocacy to all adults who reside in Dumfr ides people who are in prison, have physical	ire support under dvocacy (see gloss ies and Galloway	the Mental Health (Care sary). They also provide who require the services	and Treatment) individual and of an advocate.
Commiss	sioning budget			
	as the commissioning budget for menta dvocacy organisations changed over the		disability or dementia	independent
х	Yes			
] No			
	the budget has changed (either an incre nanged as a consequence? Please provi		please say how. Have	e services
Ad	dditional one-off contribution to costs of £60	9,842 made for 202	0/21	

Prisons and advocacy services

18

Do you have any prisons in your HSCP area?

X	Yes
	No
If Yes	s, do any of the services currently commissioned provide advocacy support in the n(s)?
x	Yes
	No
If Ye	s, please provide details
HMP Servi	Dumfries as required make referrals to the commissioned service Dumfries & Galloway Advocace.
1	
An ex	ample of provision is included below
The con the	
The con the section	ommissioned service has supported a prisoner during his hospital appointments where they sat in a consultation to ensure they understood what was happening. If anyone who is going to be
The conthosection Can y (NEW) The control of the	commissioned service has supported a prisoner during his hospital appointments where they sat in a consultation to ensure they understood what was happening. If anyone who is going to be ned then a referral made on their behalf by the mental health team to the commissioned service. You please outline how prisoners are informed about independent advocacy services? I question) ommissioned service meets with prison staff to discuss how they can provide information on
The conthosection Can y (NEW) The control of the	commissioned service has supported a prisoner during his hospital appointments where they sat in a consultation to ensure they understood what was happening. If anyone who is going to be ned then a referral made on their behalf by the mental health team to the commissioned service. You please outline how prisoners are informed about independent advocacy services? If question) commissioned service meets with prison staff to discuss how they can provide information on these. Prisoners are provided with information on request and information which is also provided on the commissioned service.
The conthe section Can y (NEW) The continuous service notices	commissioned service has supported a prisoner during his hospital appointments where they sat in a consultation to ensure they understood what was happening. If anyone who is going to be ned then a referral made on their behalf by the mental health team to the commissioned service. You please outline how prisoners are informed about independent advocacy services? If question) commissioned service meets with prison staff to discuss how they can provide information on these. Prisoners are provided with information on request and information which is also provided on the commissioned service.
The conthe section Can y (NEW) The continuous patient	commissioned service has supported a prisoner during his hospital appointments where they sat in a consultation to ensure they understood what was happening. If anyone who is going to be ned then a referral made on their behalf by the mental health team to the commissioned service. You please outline how prisoners are informed about independent advocacy services? Y question) Tommissioned service meets with prison staff to discuss how they can provide information on eas. Prisoners are provided with information on request and information which is also provided to boars within the prison. S placed in private healthcare facilities out with home health board area
The conthe section Can y (NEW) The continuous patient	commissioned service has supported a prisoner during his hospital appointments where they sat in a consultation to ensure they understood what was happening. If anyone who is going to be ned then a referral made on their behalf by the mental health team to the commissioned service. You please outline how prisoners are informed about independent advocacy services? (question) Commissioned service meets with prison staff to discuss how they can provide information on these. Prisoners are provided with information on request and information which is also provided to boars within the prison. See placed in private healthcare facilities out with home health board area See specify how NHS patients from your area, who have been placed in private healthcare.
The conthe section Can y (NEW) The continuous patient Please facili	commissioned service has supported a prisoner during his hospital appointments where they sat in a consultation to ensure they understood what was happening. If anyone who is going to be ned then a referral made on their behalf by the mental health team to the commissioned service. You please outline how prisoners are informed about independent advocacy services? If question the prison of the prison. The prisoners are provided with information on request and information which is also provided to boars within the prison. The prisoners are provided with information on request and information which is also provided to boars within the prison. The prisoners are provided with information on request and information which is also provided to boars within the prison. The prisoners are provided with information on request and information which is also provided to boars within the prison. The prisoners are provided with information on request and information which is also provided to boars within the prison.
The conthe section Can y (NEW) The continuous articles articles articles articles articles articles articles are also articles articles are also articles are articles are also articles are articles are also are also articles are also a	commissioned service has supported a prisoner during his hospital appointments where they sat in a consultation to ensure they understood what was happening. If anyone who is going to be ned then a referral made on their behalf by the mental health team to the commissioned service. You please outline how prisoners are informed about independent advocacy services? Y question) Commissioned service meets with prison staff to discuss how they can provide information on sees. Prisoners are provided with information on request and information which is also provided to boars within the prison. See placed in private healthcare facilities out with home health board area See specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support? From a local service where they are receiving care

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

People using the independent advocacy service in Dumfries and Galloway can expect the following outcomes:

have increased choice and personal control and

- have influenced the decision making processes
- were supported to challenge decisions
- achieved the outcome they were seeking
- felt listened to by the professionals/ service Providers
- were supported to make their own decisions
- is supported to appeal, complain or raise concerns
- accessed information to support decision making

have increased independence and

24

- increased personal dignity and respect
- reduced dependency on services
- increased confidence

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

The Health and Social Care Partnership have a contract monitoring function that is based on the principles of providing assurance, managing risk and sharing intelligence. This includes regular contact with Commissioning Officers.

Part of the contract monitoring process requires partners to undertake to engage with people who use their services to provide an overview of their experiences.

Advocacy Service colleagues participate in a number of third sector for a, including Carers Interest Network and TSDG Health and Social Care Forum.

Do you get information from each organisation about the number of people accessing

advoc	acy support?	•	•	•
X	Yes			
	No			

If Yes, please provide the most up to date information provided by each organisation

25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	x Yes
	□ No
	If Yes, please provide the most up to date information available
	We have info on referrals from data requested under contract monitoring
	20-21 – 463 client referrals plus 267 enquiries = Total of 730 21-22 – 614 client referrals plus 182 enquiries = Total of 796
26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?
	x Yes
	□ No
	If Yes, please provide details
	This includes those in Hospital then anyone else coming under the MH Act including Guardianship, ASP etc.
27	What arrangements are in place to measure the satisfaction of people using advocacy services?
	The provider issues feedback forms to clients and referrers. These forms can also be provided in easy read format for clients.
28	How do you monitor complaints about advocacy services?
	x Annual monitoring data from providers
	□ No monitoring
	Other (please specify)
	Data will is collected from Dumfries and Galloway Advocacy Services as part of contract monitoring in line with the Dumfries and Galloway Contract Monitoring Framework.
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?
	The provider holds awareness sessions with Social Work and NHS teams and also other services such as

Adult Support and Protection Team, Alcohol and Drug Partnership, Self Directed Support teams, Hospital

staff teams, third sector services etc. They also utilise posters, leaflets, website and social media.

30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	x Yes
	□ No
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	Staff and volunteers who deliver Independent Advocacy receive equality and diversity training. In addition, staff and volunteers spend time with other organisations such as LGBT to ensure that staff and volunteers understand issues that may face a particular equality group. The provider had developed close links with other services such as LGBT Plus in Dumfries and Galloway to raise awareness of services.
32	How do you measure this?
	A working group with representatives of Strategic Planning and Commissioning for Mental Health, Social Work Mental Health, Dumfries and Galloway Advocacy Service and the Commissioner for Children and Young People's advocacy met to plan the engagement needed for a new Advocacy Plan.
	Engagement with people who use the current Independent Advocacy Services and those who might wish to the service in the future was undertaken in June and July 2018. The questionnaire included the IJB equality monitoring form; the responses to the questionnaire were consistent irrespective of equality group. The results of the questionnaires and focus group informed the structure and the actions contained within a draft Advocacy Plan.
	In addition information is collected through ethnicity information / equality forms issue by provider.
Futur	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	X Yes
	□ No
	If Yes, please describe
	This will be central to the review of the current advocacy plan and will include a review of unmet need.
34	If No, how do you plan to address any unmet need in future?

	ou have information about current identified gaps in provision / unmet need which you sing for future planning purposes?
	Yes
Χ	No
If Ye	s, please describe
	ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
x	Yes
	No
	Other (please specify)
Any (Other Comments?
For e	xample, are there other local advocacy services which are not commissioned but receive ng from other services?
to co	Health and Social Care Partnership is working with the local Alcohol and Drugs Partnersl mmence commissioning of advocacy services specifically for people with alcohol and issues.

Part Two: Children & Young People Survey

Curre	nt Planning	
1	Do you have a	n integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes, does it	include advocacy?
	\boxtimes	Yes
		No
	If Yes, can you	please submit a copy along with your questionnaire?
Comm	nissioning	
3		issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?
	Yes	
	⊠ No	
4		as changed (either an increase or decrease) please say how. Have services consequence? Please provide details

NHS patients placed in healthcare facilities out with home health board area

5	related	e specify how many children or young people with a mental illness, learning disability or ill condition and in a placement out with their home local authority would receive acy support?
	\boxtimes	From a local service where they are receiving care
	\boxtimes	From home health board / local authority
		Don't know
	Any fu	rther details
	placen are in provident in 21/2	n't record figures for the number of CYP who receive advocacy support who are in nent outwith D&G. I can confirm however that our advocacy provider supports YP who placements outwith the area either by staff from this region visiting or staff from the er in the local area providing support through a reciprocal agreement. 22 there were 27 CYP from D&G supported via advocacy who had a mental illness, and disability or related condition.

Monitoring and review arrangements

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

- What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?
 - To ensure that young people's own views are heard and adequately represented and to empower the child/young person
 - To promote choices to young people
 - To provide advocacy, related support and information in an age-appropriate and child/ young person centred manner.
 - To provide advocacy for children and young people who have a mental disorder in compliance with the Mental Health Act.
 - To provide an independent and confidential advocacy service to include information, support and advice for Dumfries and Galloway children and young people who are or have been Looked After and Accommodated within or outwith the region.
 - To develop and promote children's and young people's involvement in service planning.
- Priefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?

We currently complete an annual contract monitoring meeting with our advocacy provider. Prior to the meeting the provider must complete an online survey with details of activities and outcomes achieved in the past year. They must also provide details of their income/expenditure and future developments. This information is discussed in full at the

local servi	authority and the provider will regularly supply stats and up to date information about thce.							
peop	ou get information from each organisation about the number of children and young le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?							
\boxtimes	Yes							
	No							
If Ye	s, please provide the most up to date information provided by each organisation							
	What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?							
this i	advocacy provider measures the outcomes of all CYP over a minimum of 12 weeks and ncludes gathering comments, complaints and general satisfaction which is then fed bate local authority at contract monitoring meetings. The provider also uses the tool dmaker to assist in communicating with CYP with learning disabilities.							
	do you monitor complaints about advocacy services for children and young people wital illness, learning disability or related conditions which you commission?							
	Annual monitoring data from providers							
	No monitoring							
\boxtimes	Other (please specify)							
	The advocacy provider has a formal complaints process and any received are monitored at the contract monitoring meetings. CYP can also raise complaints througheir social worker or via the local authority complaints process.							
any a	do you currently raise awareness and deliver public information about the availability advocacy services for children and young people with mental illness, learning disability ed conditions in your area?							
and I	advocacy provider raises awareness by engaging with social work, the children's reported ocal schools. Social Workers must ensure that advocacy is offered for each child using a LAC review or a children's bearing.							

meeting and both parties are provided with the opportunity to raise any issues. In between the annual contract monitoring there is frequent communication between the provider and the

12	nave there been any specific actions to promote the use of advocacy among start:
	⊠ Yes
	□ No
	Please provide any further details below.
	All staff are expected to raise awareness of advocacy services for all children who are subject to Looked After child, mental health and child protection procedures. The consideration of whether a child has an advocate or not is subject to discussion at all key meetings in which key decisions are made for a child.
Future	e plans
13	Does your integrated children services planning structure include an advocacy planning group covering your area?
	☐ Yes
	⊠ No
	Other (please describe)
14	Are you assessing the projected need for children and young people's mental health, learning disability or related condition independent advocacy supports in the future?
	Yes
	No
	If Yes, please describe
	Our existing advocacy service provides advocacy for children subject to mental health care and treatment. Staff in health and social care can refer to our independent advocacy service. We seek a range of staff to advocate on behalf of children with a learning disability.
15	If No, how do you plan to address any unmet need here?
16	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?
	We commission an independent advocacy service to provide independence in the advocacy process on behalf of children and young people. We are fortunate that Barnardo's also provides the independent advocacy for children subject to Children's Hearings throughout Dumfries and Galloway.

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Barnardo's Hear 4 U, 7 George St Mews, Dumfries	Dumfries and Galloway Advocacy Service			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	X Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	x Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☑ No	x Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
5	People with dementia	☐ Yes ☑ No	x Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	x Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7	Mentally disordered offenders	☐ Yes ☑ No	x Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☑ No	x Yes	☐ Yes	☐ Yes	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☑ No	x Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☑ No	x Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11	Children & young people with a mental health problem	⊠ Yes □ No	☐ Yes x No	☐ Yes	☐ Yes ☐ No	☐ Yes
12	Children & young people with a learning disability	⊠ Yes □ No	☐ Yes X No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

13	Children & young people with ASD or ADHD	⊠ Yes □ No	☐ Yes x No	☐ Yes	☐ Yes	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	⊠ Yes □ No	☐ Yes x No	☐ Yes	☐ Yes	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	⊠ Yes □ No	☐ Yes x No	☐ Yes	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	☐ Yes x No	☐ Yes	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)	Children subject to Child Protection Processes	No			
18	People with any other condition (specify)	No	No			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range	5-26 years				
	 All ages 	Yes	☐Yes	☐Yes	☐Yes	☐Yes
		⊠No	X No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	⊠ Yes	Yes	☐ Yes	☐ Yes	☐ Yes
ļ		□No	X No	□No	□No	□No
	 Adults up to 65 	☐Yes	X Yes	☐Yes	☐Yes	☐Yes
		⊠No	□No	□No	□No	□No
	Adults over 65	☐Yes	X Yes	☐Yes	☐Yes	☐Yes
		⊠No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	X Yes	☐Yes	☐Yes	Yes
		□No	□No	□No	□No	□No
	■ Collective	☐Yes	x Yes	☐Yes	☐Yes	☐Yes
		⊠No	□No	□No	□No	□No
	■ Citizen	☐Yes	x Yes	☐Yes	☐Yes	☐ Yes
		⊠No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	☐Yes	x Yes	☐Yes	☐Yes	☐Yes
	auvocacy:	⊠No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£84,301 For all advocacy services	1 April 2020-31 March 2021 - £158,000 + one-off contribution to costs £60,842 for 2020/21 March 2021 of £60,842.00 1 April 2021-31 March 2022 - £158,000 For all advocacy services			
	Details total budget information split into the following categories (if possible):		Not available			
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					

Asylum seekers with mental illness, learning disability, dementia			
Carers of people with mental illness, learning disability, dementia			
Children & young people with a mental health problem	£17,346		
Children & young people with a learning disability			
Children & Young people with ASD or ADHD			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions	£66,955				
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	X 1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	5	7 paid staff working as Independent Advocates plus 1 volunteers with a further 2 training. One CEO, one Service Manager and an Admin. All staff/volunteers are trained to support clients.			

Organisation:	Fife Integration Joint Board / Fife Health and Social Care Partnership		
Job Title:	Head of Service		
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	Fife Health and Social Care Partnership/Fife Health Board (NHS Fife) / Fife Council Social Work Services		

Part One: Adult Survey

Currer	Current Planning		
2	At wha	at level is advocacy strategic planning carried out in your area?	
		NHS board-wide	
		HSCP	
		Local Authority	
		Other (please specify)	
3	Is ther	e an advocacy planning group covering your area?	
	\boxtimes	Yes	
		No	
4	Is ther	e a current independent advocacy strategic plan for your area?	
	\boxtimes	Yes	
		No	
	If Yes,	can you please submit a copy along with your questionnaire?	
	The A	dvocacy Strategy 2018 to 2021 is attached with this Return.	
5	If No, i	is an advocacy strategic plan in the process of being developed?	
	\boxtimes	Yes	
		No	
	If Yes	please provide details of when the advocacy strategic plan will be completed	

If No please can you kindly advise why this is not being developed?

	Building on the work from the previous Strategy (2018 to 2021), a refreshed Advocacy Strategy is being developed for 2022 to 2025.
Consu	ultation & Involvement
0000	
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	In developing the overall aims of the Advocacy Strategy (2018 to 2021), a wide range of people including advocacy users, advocacy organisations and other stakeholders were consulted. Seven stakeholder events were held, and an extensive engagement process was undertaken. Some comments from the consultation feedback are included in Appendix 1 of the Strategy Document. The conclusions and recommendations from those events have been used directly to inform the Strategy.
	The Advocacy Forum, which is an independent body comprising of representatives from local advocacy organisations and people with an interest in advocacy services, helps to ensure that service users and advocacy organisations have a strong say in the ongoing development of advocacy services in Fife. It provides an opportunity to share best practice, raise concerns, and highlight key issues.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	As above.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	⊠ Yes
	□ No
	If Yes, can you please submit a copy along with your questionnaire?
	Yes, a copy of the EQIA is attached with this return.
Action	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	⊠ No
	If Yes, can you please submit a copy along with your questionnaire?

Additional information:

10	If No	If No, is an action plan in the process of being developed?			
		Yes			
		No			
		s, please provide details of when the action plan will be completed please can you kindly advise why this is not being developed?			

Additional Information:

Fife's Advocacy Strategy encompasses the strategic goals for learning disability and mental health. Fife's Advocacy Strategy 2018 – 2021 sets out 4 clear objectives and an associated action plan to achieve these objectives, the 4 objectives and the action plan are detailed on pages 13 and 14 of the Advocacy Strategy 2018 - 2021.

Furthermore, an additional set of measures were added at the request of the Adult Support and Protection Committee. Processes have been implemented to systematically measure Fife's duty under the Adult Support and Protection Act 2007 to evidence the uptake of Advocacy in ASP (Adult Support and Protection) specifically.

Advocacy provision in Fife is a combination of a professional Advocacy Contract and commissioned grant funded services through individual Service Level Agreements to several organisations. In 2021, the Reimagining Third Sector Commissioning Project was launched, and a project plan was developed and agreed in January 2022. The scope of the project includes all grant funded services, including organisations who deliver independent advocacy services across Fife. The project plan is focussed on ensuring effective engagement and collaborative working to achieve project goals. The vision of the Reimagining Project is: *To have an outcome focussed approach to commissioning which supports all partners to work effectively together to create innovative, sustainable, support solutions, aligned to strategic priorities and local needs.* Through the project, several actions are underway which support the development of independent advocacy services in Fife.

It is intended that all grant funded advocacy providers will apply for grants in January 2023, will have updated SLAs (Service Level Agreements) in place by April 2023, and new monitoring arrangements thereafter. The project seeks to focus on ensuring that services are developed based on the lived experience of service users and the mechanisms put in place via the reimagining work will directly inform the development of the refreshed Advocacy Strategy.

Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans.

Locality Planning

Locality Planning Groups have been established for some time across all 7 localities in Fife. These provide a mechanism for greater collaboration between professionals, communities, and individuals to inform service design, planning and delivery for each locality. The membership of the Locality Planning Groups, which includes representation from mental health, dementia and learning disabilities services and supports, ensures that a wide range of community-based stakeholders can inform all aspects of service provision for their locality. The Locality Planning Groups advise the Fife Health and Social Care Partnership (HSCP) on issues affecting communities and the activities, interventions and resources which are required to achieve the agreed locality plans. These are developed to reflect local needs and priorities and align with

redesign programmes which are already underway through the Fife Council 'Plan for Fife 2017-2027' and the Fife Health and Social Care Partnership 'Strategic Plan 2019-2022'.

Reimagining Third Sector Commissioning Project

The Fife Health and Social Care Partnership currently invests over £10 million annually on grants to the third sector so that vital services can be provided to support people in Fife to live independent and healthy lives. The Reimagining Third Sector Commissioning project aims to make sure that the health and social care services we fund reflect the HSCP strategic priorities and needs of local people, including people, and those important to them, with needs associated with mental health, dementia and learning disabilities conditions.

Carers Strategy

Fife Health and Social Care Partnership have a Carers Strategy for Fife 2018-2021 which aligns with the Carers (Scotland) Act 2016. The mission of Fife's Carers Strategy is that: 'Carers will have access to high quality information at a time and place that best meets their needs, which enables them to make positive choices to thrive and flourish as a carer for as long as they want to, and to live a happy and fulfilling life alongside their caring role'. The Carers Strategy 2018-2021 recognises the importance of the provision of high-quality Advocacy Services to its carers as a contribution to achieving its mission. Work is currently underway to refresh and renew the Carers Strategy.

Mental Health & Wellbeing in Primary Care Services Programme

As part of a range of Scottish Government initiatives within the 'Coronavirus (COVID-19) Mental Health Transition and Recovery Plan', the Fife Health and Social Care Partnership in collaboration with a wide range of health, social care and third sector stakeholders has developed an ambitious proposal for the establishment of strengthened community-based multidisciplinary mental health and wellbeing services and supports in each locality in Fife. The aim is for an integrated community-based system which supports mental health and wellbeing, ensures access to the right service, in the right place, at the right time, and is delivered through a system-wide model of aligned, embedded, and commissioned services and supports geared to enabling people to live independent and healthy lives. The proposal has been submitted to the Scottish Government for consideration.

Current Commissioned Services

12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	□ No
	If Yes, please provide details
	Fife Health & Social Care Partnerships Professional Advocacy Contract specification sets out the services to be provided under the contract. This was developed in line with the aims and objectives of Fife's Advocacy Strategy. The Advocacy Contract delivers on professional advocacy to vulnerable individuals aged 16 and over who are affected by disability, chronic illness, or mental disorder. Those eligible to receive this service specifically, but not exclusively, includes people with mental health issues, learning disabilities, personality disorder, physical disabilities, acquired brain injury, dementia, and autism spectrum disorders as well as chronic illness.
	The Contract also delivers on provision of advocacy services to children under 16 who are subject to compulsory measures under the Mental Health (Care & Treatment) (Scotland) Act 2003 or are the subject of a Welfare Guardianship Application, under the Adults with Incapacity Scotland Act 2000.
	In addition, one of Fife's grant funded providers is funded to deliver independent advocacy support to unpaid carers. Carers are supported to understand the importance of having a Power of Attorney so that they have the powers to make decisions should the cared for person lose capacity. The organisation supports both the carer and the cared for person to arrange a suitable Power of Attorney, including working closely with appropriate solicitors to support those who don't hold Power of Attorney where a guardianship order is required.
	Whilst Fife specify that support for people subject to compulsory measures under the Mental Health Act is delivered by some organisations, Advocacy Services are also commissioned and delivered to a broad range of individuals.
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	☐ Yes
	No
_	If Yes, please provide details

14	Do you currently commission advocacy services specifically for <u>homeless people</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?			
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort homeless people with this condition			
	ric service open to homeless people with tion – no specific agreement relating to			
	ific homeless advocacy service (s) nissioned			
Pleas	e provide details			
15	Do you currently commission advocacy shealth issues, learning disability or demonstrate you ensure they are supported?	•		
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort asylum seekers with this condition			
	ric service open to asylum seekers with tion – no specific agreement relating to			
-	ific asylum seeker advocacy service (s)			
Pleas	e provide details			
	•			
16	Do you currently commission advocace mental health issues, learning disabilities how do you ensure they are supported	ty or dementia? P		
		Mental Health	Learning Disability	Dementia
Gener	ric service explicitly commissioned for s			
Speci carers	ific service explicitly commissioned for s			
No ca	rers' advocacy service			
Pleas	e provide details			

	ers Centre, Fife Young Carers and Circles Network provide Advocacy Services specifically for acluding those with mental health, learning disability and dementia and those with any other
Commis	sioning budget
17	Has the commissioning budget for mental health, learning disability or dementia independent-advocacy organisations changed over the past two years?
	□ No
	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details
	Both commissioned and contracted advocacy providers received an uplift from the Health and Social Care Partnership in respect of the Living Wage Increase from 1 st December 2021 to ensure that social care staff within their organisation(s) would be paid the Living Wage from 1 st December 2021. The uplift applied was 5.47% which was applied to the social care staff element of their running costs.
	A further Living Wage uplift of 4.79% was applied in April 2022 in the same manner as the December 2021 uplift.
	There has been no change to services as a result of these budget increases.
Prisons	and advocacy services
18	Do you have any prisons in your HSCP area?
	Yes
	No
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?
	☐ Yes
	□ No
	If Yes, please provide details
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)

See question 18, there are	so pricopo in the Eite area
i see question to, mete ale	io dusous in the rife area.
occ queenon re, mere are	io priodrio in the rine area.

NHS patients placed in private healthcare facilities out with home health board area

21		e specify how NHS patients from your area, who have been placed in private care facilities out with their home health board areas, receive advocacy support?
		From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any fu	urther details
	and w releva	otential advocacy requirements are discussed during the initial assessment process here there is a need identified for independent advocacy, a referral is made to the nt Advocacy Service. This means that an independent Advocacy Service is often in prior to placement out with the area.
	After a	a placement is made out with Fife, there is scope for two separate processes to be ed:
	•	Where an individual is placed out with Fife, (whether Scotland, or elsewhere in the UK), the allocated social worker identifies the nearest Advocacy Service in the area where the service user resides, contacts that service and requests their support. The Advocacy Service sends the invoice to the relevant Team Manager in Fife's Health and Social Care Partnership who then arranges for it to be paid.

There are also occasions where an Advocacy Service is in place by a Fife commissioned advocacy provider at the time an individual is placed out with Fife, where appropriate, a Fife provider will continue the provision of the Advocacy Service (often remotely) until the advocacy reaches its conclusion.

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

The Advocacy Strategy 2018 to 2021 aligns with the Health and Social Care Partnerships Strategic Plan 2019 to 2022 and contributes to achieving the nine National Health & Wellbeing Outcomes and six Public Health Priorities for Scotland.

The Fife Advocacy Strategy aims to continue to ensure that:

- A wider range of people are eligible to receive independent advocacy, including carers.
- People can access a broad range of independent advocacy services.
- More people are aware of what advocacy is, how it can benefit them, what advocacy services are available in Fife, and how to access them.
- Local advocacy services are provided with appropriate support in order to help them develop their services in line with the strategy.

There is an expectation on the advocacy providers to consider the applicability of the Scottish Independent Advocacy Alliance's Principles and Standards for Independent Advocacy. It is expected that the service will comply with the four Principles, which are:

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

In addition, in 2020 the members of the Fife Advocacy Forum were supported by Evaluation and Support Scotland to further develop their work on Advocacy Outcomes that were originally developed in 2014/2015. A Logic Model was produced to support advocacy providers to be able to record and report on the impact that independent advocacy has on people accessing the different advocacy services in Fife.

Outcomes are monitored annually by a Council Officer.

Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

Fife Health & Social Care Partnership has a monitoring and evaluation framework which includes the monitoring of both quantitative and qualitative information in terms of outcomes and outputs. This is monitored on an annual basis by a Council Officer. On a 3 yearly basis each grant funded organisation also receives an independent 3 yearly evaluation from a Council Officer not known to the organisation.

The Contract for Advocacy Services is also monitored at least annually at review meetings.

Do you get information from each organisation about the number of people accessing

advocacy support? Yes No

If Yes, please provide the most up to date information provided by each organisation

The following information has been taken from the Annual Monitoring of grant funded organisations and the Contract Review for contractually funded Advocacy Services and details the number of people accessing advocacy support for the most recent monitoring period of January 2021 to December 2021. Please note that where the actual number of people accessing a service is less than 5, the specific number has not been shown due to risk around potential identification of a specific individual.

<u>Circles Network - Contract</u>

24

Total amount of individuals who accessed the service: 1494

Total amount of issues: 1548

Total amount of people 16 and over: 1493 Total amount of people under 16: <5

Circles Advocacy - Service Level Agreement

Total number of un-paid carers provided with Advocacy Support: 31

Dunfermline Advocacy

Number of Citizen Advocates recruited and trained: 5

Number of Citizen partnerships formed: <5

Number of existing partnerships supported: 46

Number of Preparation Courses/Training Events: 5 virtual networking events, 8 face to face networking events, 6 virtual preparation courses, 19 one to one preparation sessions, 11 information sessions for volunteers, 3 in house staff training sessions, 6 external training sessions.

Number of short-term citizen advocacy partnerships supported: 14

Number of short-term advocates supported: 17

Equal Voice

Trained and recruited new Advocates: 10 Existing Partnerships being supported: 19

New Partnerships formed: 8

Promotional/Awareness raising events: 21

Fife Forum

17 Individuals accessed support.

Attendance at 3 Fife Advocacy Forum Meetings.

75 contacts made with Care Homes to promote the Service.

Fife Young Carers

Advocacy Support to Young Carers 146 beneficiaries.

Fife Carers Centre

Advocacy support to Adult Carers 172 beneficiaries

Help and support provided to carers to complete emergency plans 75 beneficiaries.

<u>IncludeME</u>

Existing Partnerships sustained: 20

New Partnerships formed: <5

Promotional/Awareness raising activity: 30

New Advocates recruited: 10 New Advocates trained: 8

Preparation Course training sessions: 30 attendees, 3 sessions delivered.

Kindred Advocacy

96 families/children supported with Advocacy.

Peoples First

Existing Group Support: 13 groups supporting 105 members.

Individual Support: 15

Promotional Activity/Awareness Raising events: 5

Who Cares

Quarter 1 of 2021 - 17 new cases opened.

32 home visits.

49 one to one sessions.

12 meetings attended either with or on behalf of young person.

** funding ceased 31/03/2021, figures estimated based on previous annual monitoring and output achievement.

003	Individual Sessions. 16 Group Sessions, 35 Young People.
•	ou ask services to provide information about unmet needs, e.g. about people waitiness advocacy support?
	Yes
\boxtimes	No
If Ye	es, please provide the most up to date information available
Addi	itional Information:
Leve	grant funded voluntary organisations do not have any requirements under their Serviel Agreements to report on unmet needs, there is however the opportunity at the Annuitoring Meeting to discuss any concerns where unmet need may arise.
with	in the Contract for Professional Advocacy, unmet need is discussed at review meetir the organisation, and it is formally reported on in both their quarterly monitoring and ual Review reports.
repre impr	also has an Advocacy Forum in place where advocacy organisations are fully esented. The Fife Advocacy Forum considers additional areas for development or overnent and works collaboratively with Fife Health and Social Care Partnership to tify ways to implement improvements.
for g unde proc	Reimagining Project has created an opportunity to review the monitoring arrangement funded organisations, through updating our monitoring arrangements we will be extend the demand for advocacy services, and referral sources. We will build in easses to look at any gaps in service where people are seeking support to exercise ce and control which will inform future development of advocacy support services.
	you aware of providers prioritising provision of advocacy support to people subject pulsory measures?
	Yes
\boxtimes	No
If Ye	es, please provide details
Addi	itional Information:
out t and	Health & Social Care Partnership's Professional Advocacy Contract specification set the services to be provided under the contract. Both the Contracted Advocacy Service the Grant Funded Advocacy Services were developed in line with the aims and object fe's Advocacy Strategy.
The	Advocacy Contract in line with the Advocacy Strategy states the following;
	ople in Fife, aged 16 or over, who are affected by disability, chronic illness, dementia c tal disorder (including mental illness, learning disability or personality disorder) and a

unable to safeguard their own well-being, rights, care or other interests will be eligible to receive independent advocacy services"

This includes those who are subject to compulsory measures under the Mental Health (Care & Treatment) (Scotland) Act 2003, or are the subject of a Welfare Guardianship Application, under the Adults with Incapacity (Scotland) Act 2000.

What arrangements are in place to measure the satisfaction of people using advocacy services?

The advocacy organisations individually gather satisfaction information from people using the service in respect of the service provided, this is then looked at as part of the annual monitoring exercise carried out by Council Officers.

28 How do you monitor complaints about advocacy services?

Annual monitoring data from providers
No monitoring
Other (please specify)

29

The advocacy organisations individually gather complaints information in respect of the service provided, this is then looked at as part of the annual monitoring exercise carried out by Council Officers. Only one of Fife's commissioned advocacy providers has received complaints over the last 2-year period, these complaints were resolved promptly with no further issues. All other commissioned and contracted advocacy providers have confirmed that no complaints have been received with regards to their service over the last 2-year period.

If an individual makes a complaint to Fife Heath and Social Care Partnership about an advocacy provider, the Health and Social Care Partnership would initially refer them to the primary agency for investigation. Any response provided to an individual from the primary agency will also be provided to Fife Health and Social Care Partnership. Where an individual is not satisfied with the response provided by the primary agency, they are invited to get back in touch with Fife Health and Social Care Partnership, the complaint would then be forwarded to the Service Monitoring Officer.

How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?

Individual advocacy organisations raise awareness of their service using a variety of means. Fife Advocacy Forum have the lead for general awareness raising and utilise a variety of platforms e.g. social media, press, websites, leaflets, undertake presentations to groups, popup stands at local community events.

that are locally available in Fife. The website holds the details of all organisations that provide Advocacy in Fife along with their contact numbers and email addresses. 'On Your Doorstep Fife' is aimed at individuals who require care and support, family carers, practitioners, care providers, support workers and health staff as well as members of the public. www.onyourdoorstepfife.org Have there been any specific actions to promote the use of advocacy among health and social care/social work staff? \boxtimes Yes Fife's Advocacy Forum have a programme of meeting with Social Care Teams to raise awareness. The Forum also provide Social Care Teams with their Advocacy in Fife Booklet which details all available services that can be referred to. No How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)? Both contracted and commissioned providers deliver services to all equality groups without discrimination. Each organisation has an in-depth knowledge and understanding of the population in the area where they deliver support, this allows each organisation to target their awareness raising and promotional activity to ensure it reaches equality groups. A number of Advocacy Providers have links with Fife Equalities Network and have accessed training via the Scottish Independent Advocacy Alliance. How do you measure this? Currently not measured. **Future plans** Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future? M Yes No

'On Your Doorstep Fife' is Fife Health and Social Care Partnership's community website, the website holds information about care providers, clubs, organisations, groups and activities

30

31

32

33

If Yes, please describe

Fife Health and Social Care Partnership have commissioned a Joint Strategic Needs Assessment which was completed in June 2022. The Assessment has been undertaken on key areas around Fife's demographics and population health that are likely to impact on the levels of need and demand that need to be taken account of in the planning for future services

This will ensure that Fife's Health and Social Care Partnership strategic plans are based on robust understanding of the current and predicted future needs of local populations. The information in the Joint Strategic Needs Assessment will inform and guide the commissioning and delivery of health, wellbeing, and social care services.

Further to this, Fife's current Advocacy Strategy is due to be renewed. A refreshed Advocacy Strategy Planning Group will be created where service user and provider views will be fully considered through representation on the Advocacy Strategy Planning Group as well as participation and engagement events. Both service user and provider views will be used to shape the direction of the refreshed Advocacy Strategy. This will ensure that any data and information on projected need is gathered and considered in the development of the new Strategy.

If N	lo, how do you plan to address any unmet need in future?
	you have information about current identified gaps in provision / unmet need which you using for future planning purposes?
\boxtimes	Yes
	No
If V	es, please describe

The Advocacy Strategy Working Group identified and considered gaps in provision and unmet during the development of the Advocacy Strategy (2018 to 2021). A new Advocacy Strategy Working Group will be created as part of the development of the refreshed Advocacy Strategy (2022-2025) and this group will revisit gaps in provision and unmet need to inform future planning of Advocacy Services in Fife. This will be informed through the work of the Reimagining Project which has mapped advocacy provision in Fife and is developing our approach to planning, monitoring, and developing grant funded services. The Advocacy Forum will also play a key role in the development of the refreshed Advocacy Strategy.

36	Are any specific actions planned to do more to promote awareness of the availability of
	advocacy services locally over the next two years?

\ / -
Ye

		No
		Other (please specify)
		Fife Health and Social Care Partnership will be refreshing the Advocacy Strategy which will include holding a range of stakeholder events to promote advocacy awareness and inform the future strategy development. This process will be supported by the Health and Social Care Partnerships Participation and Engagement Team. Fife Advocacy Forum will also take a lead role in this work.
37	For ex	ther Comments? cample, are there other local advocacy services which are not commissioned but e funding from other services?
	None.	

Part Two: Children & Young People Survey

Current Planning						
1	Do you have an integrated children's service plan?					
		Yes				
		No – Fife does not have an Integrated Children's Services Plan however we do have a Children's Services Plan 2021-2023 which has been provided.				
2	If Yes, does i	it include advocacy?				
		Yes – The Children's Services Plan 2021-2023 has a strong reference to the importance of children's rights which includes the provision of independent Advocacy Services for Children and Young People. Fife's Children's Service continue to embed the UNCRC in their collective work to ensure that best practice is evident across the Children's Services Partnership to promote Children's Rights.				
		No				
		ou please submit a copy along with your questionnaire? e Children's Services Plan 2021-2023 will be provided with this return.				
Comn	nissioning					
3	Has the commissioning budget for children and young people's mental health/learning disability independent-advocacy organisations changed over the past two years?					
	Yes					
	⊠ No					
4		t has changed (either an increase or decrease) please say how. Have services a consequence? Please provide details				
		relation to the Living Wage was not relevant to children's services and therefore no been applied in the last 2 years.				

Work was undertaken to re-align funding into Service Briefs as part of a wider Children's Services review and as a result of this review, funding to 'Who Cares' ceased on the 31^{st of} March 2021.

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?			
		From a local service where they are receiving care		
		From home health board / local authority		
		Don't know		
Any further details		urther details		

Where a Child or Young Person is placed out with their home local authority, the allocated Social Worker would ensure that the child/young person is aware of the Barnardo's rights and advocacy service and provide the child/young person with relevant information. The Social Worker determines if an independent Advocacy Service is required or whether the allocated Social Worker can undertake the advocacy role. Any child placed out with Fife remains a Fife child and therefore has access to the Barnardo's Rights & Advocacy Service.

Monitoring and review arrangements

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?

Our Professional Advocacy Contract delivers advocacy support to children under 16 years who are subject to compulsory measures under the Mental Health (Care & Treatment) (Scotland) Act 2003, or are the subject of a Welfare Guardianship Application, under the Adults with Incapacity (Scotland) Act 2000.

The Contract aligns with Fife's Advocacy Strategy which supports Fife's Health and Social Care Partnerships Strategic Plan and contributes to achieving the nine National Health & Wellbeing Outcomes and six Public Health Priorities for Scotland.

The Fife Advocacy Strategy aims to continue to ensure that:

- A wider range of people are eligible to receive independent advocacy, including carers.
- People can access a broad range of independent advocacy services.

- More people are aware of what advocacy is, how it can benefit them, what advocacy services are available in Fife, and how to access them.
- Local advocacy services are provided with appropriate support in order to help them develop their services in line with the strategy.

There is an expectation on the advocacy providers to consider the applicability of the Scottish Independent Advocacy Alliance's Principles and Standards for Independent Advocacy. It is expected that the service will comply with the four Principles, which are:

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

In addition to this, Fife also commission an Advocacy Service from Barnardo's. The Children and Young People (Scotland) Act 2014 and the Getting it Right for Every Child policy inform the service delivery across the Children's Services Partnership in Fife to improve outcomes for children, young people and families in Fife. The advocacy brief fully encompasses the United Nations Convention on the Rights of the Child (UNCRC) and supports Children's Services to achieve some of the outcomes in relation to children's rights in the Children's Service Plan 2021-2023. The service delivered by Barnardo's is underpinned by the guiding principles specific to rights in the UNCRC (Articles 2, 3, 6, 12), these are:

- non-discrimination
- the best interests of the child
- right to life, survival and development
- right to express views, have them given due weight considering age and maturity

Outcomes for this service are split into two distinct groups based on the support for children and young people and service improvement/quality assurance. The outcomes are detailed below:

Outcomes for Children and Young People

- Improvement in children and young people's awareness and understanding of their rights leading to improved wellbeing
- Improvement in children and young people's confidence and ability to express/share views
- Improvement in children and young people's engagement, participation and understanding in decisions which affect them
- Improvement in children and young people's active involvement in meetings
- Improvement in children and young people's engagement with services
- Improvement in children and young people's active participation and feedback to local and strategic groups

Outcomes for Service Improvement

- Increased availability of analytical feedback of the lived experience of children and young people who are looked after
- Increased awareness of rights across the children services partnership
- Improvement in collaborative working to promote and embed children rights

All outcomes for Advocacy Services for Children and Young People are monitored annually by a Council Officer.

peop	describe the arrangements in place for monitoring the quality of children and young le's mental health, learning disability or related condition independent advocacy ces, including independent evaluation?
include and contact each	Health & Social Care Partnership has a monitoring and evaluation framework which des the monitoring of both quantitative and qualitative information in terms of outcomoutputs. This is monitored on an annual basis by a Council Officer. On a 3 yearly basis grant funded organisation also receives an independent 3 yearly evaluation from a cil Officer not known to the organisation.
The (Contract for Advocacy Services is also monitored on an annual basis at annual review ings.
peop	ou get information from each organisation about the number of children and young le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
\boxtimes	Yes
	No
If Yes	s, please provide the most up to date information provided by each organisation
orgar numb Janua ment less t	following information has been taken from the Annual Monitoring of grant funded nisations and the Contract Review for contractually funded Advocacy and details the per of people accessing Advocacy service(s) for the most recent monitoring period of ary 2021 to December 2021. Please note it is not possible to break this down into special illnesses. Please also note that where the actual number of people accessing a service than 5, the specific number has not been shown due to risk around potential identification individual.
	es Network – Contract amount of people under 16: <5
Train Existi New	I Voice ed and recruited new Advocates: 10 ing Partnerships being supported: 19 Partnerships formed: 8 notional/Awareness raising events: 21
	<u>Young Carers</u> cacy Support to Young Carers 146 beneficiaries.
	r <u>ed Advocacy</u> milies/children supported with Advocacy.
	<u>Cares</u> ter 1 of 2021 – 17 new cases opened.

32 home visits.

49 one to one sessions.
12 meetings attended either with or on behalf of young person.

	** funding ceased 31/03/2021, figures estimated based on previous annual monitoring and output achievement.						
	Barnardo's 663 Individual Sessions. 16 Group Sessions, 35 Young People.						
9	What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?						
	servic	dvocacy organisations individually gather satisfaction information from people using the se in respect of the service provided, this is then looked at as part of the annual oring exercise carried out by Council Officers.					
10		do you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?					
		Annual monitoring data from providers					
		No monitoring					
		Other (please specify)					
		The advocacy organisations individually gather complaints information in respect of the service provided, this is then looked at as part of the annual monitoring exercise carried out by Council Officers. Only one of Fife's commissioned advocacy providers has received complaints over the last 2-year period, these complaints were resolved promptly with no further issues. All other commissioned and contracted advocacy providers have confirmed that no complaints have been received with regards to their service over the last 2-year period.					
		If an individual makes a complaint to Fife Heath and Social Care Partnership/Children's Services about an advocacy provider, the Health and Social Care Partnership/Children's Services would initially refer them to the primary agency for investigation. Any response provided to an individual from the primary agency will also be provided to Fife Health and Social Care Partnership/Children's Services. Where an individual is not satisfied with the response provided by the primary agency, they are invited to get back in touch with Fife Health and Social Care Partnership/Children's Services, the complaint would then be forwarded to the Service Monitoring Officer.					
11	any a	do you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or d conditions in your area?					
	Individual advocacy organisations raise awareness of their service using a variety of means. Fife Advocacy Forum have the lead for general awareness raising and utilise a variety of platforms e.g. social media, press, websites, leaflets, undertake presentations to groups, pop-up stands at local community events.						

12	Have there been any specific actions to promote the use of advocacy among staff?					
		Yes				
		No				
	 ✓ Yes ☐ No Please provide any further details below. Fife's Advocacy Forum have a programme of meeting with Social Care Teams to raise awareness. The Forum also provide Social Care Teams with their Advocacy in Fife booklet which details all available services that can be referred to. Jose your integrated children services planning structure include an advocacy planning grou covering your area? ☐ Yes ☐ No ✓ Other (please describe) Fife's current Advocacy Strategy (2018 to 2021) is due to be renewed. A refreshed Advocacy Strategy Planning Group will be created where Children's Services Directorate will be fully represented to ensure the new Advocacy Strategy will encompass Children's Services requirements. 					
	aware	ness. The Forum also provide Social Care Teams with their Advocacy in Fife booklet				
Future	e plans					
13		, , , , , , , , , , , , , , , , , , , ,				
		Yes				
		No				
		Other (please describe)				
		Advocacy Strategy Planning Group will be created where Children's Services Directorate will be fully represented to ensure the new Advocacy Strategy will encompass Children's				
14	-	• • • • • • • • • • • • • • • • • • • •				
	\boxtimes	Yes				
		No				
	If Yes, please describe					
	Group represengage the re- need i	current Advocacy Strategy is due to be renewed. A refreshed Advocacy Strategy Planning will be created where service user and provider views will be fully considered through sentation on the Advocacy Strategy Planning Group as well as participation and tement events. Both service user and provider views will be used to shape the direction of freshed Advocacy Strategy. This will ensure that any data and information on projected is gathered and considered in the development of the new Strategy.				

consideration the needs of children who are looked after and also includes children with a

disability or mental health condition.

NA NO, NOW	do you plan to address any unmet need here?
For exam	Comments? ble, are there other local advocacy services which are not commissioned but receom other services?
None.	

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Dunfermline Advocacy 2 Halbeath Road Dunfermline Fife KY12 7QX	Circles Network New Volunteer House 16 East Fergus Place Kirkcaldy Fife KY1 5XT	Fife Forum Office 1-2 Fraser Buildings Millie Street Kirkcaldy Fife KY1 2NL	Kindred Advocacy 7 Rutland Court Lane Edinburgh EH3 8ES	Equal Voice Fife Group Storage Frances Industrial Estate Dysart KY1 2XZ
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No – Support for families with children with additional needs.	☐ Yes ☑ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☐ No	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No
4	People with learning disability	⊠Yes	☐ Yes	☐Yes	☐ Yes	⊠ Yes

		☐ No	☐ No	⊠ No	⊠ No	No
5	People with dementia	⊠ Yes □ No	☐ Yes ☐ No	⊠ Yes □ No	☐ Yes ⊠ No	⊠ Yes □ No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No
11	Children & young people with a mental health problem	Yes	☐ Yes	Yes	⊠ Yes	⊠ Yes

		⊠No	□No	⊠ No	□No	□No
12	Children & young people with a learning disability	☐ Yes ☑ No	☐ Yes	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No
13	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes	☐ Yes ☑ No	☐ Yes ⊠ No	☐ Yes ☑ No
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	☐ Yes	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No
17	Children/young people with any other condition (specify)	NA		NA	Children with additional support needs.	Chronic illness
18	People with any other condition (specify)	Physical disabilities and long-term chronic health conditions.		NA	Children with additional support needs.	Chronic illness

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	■ All ages	Yes	⊠Yes	Yes	Yes	Yes
		⊠ No	□No	⊠ No	No, support is for families with children with additional support needs.	⊠ No
	 Under 18 with mental health issues, learning disability 	⊠ Yes From 16 □ No	☐ Yes ☐ No	☐ Yes ☑ No		⊠ Yes □ No
	 Adults up to 65 	⊠ Yes □ No	☐ Yes	☐ Yes ⊠ No	☐ Yes ☑ No	⊠ Yes
	■ Adults over 65	⊠ Yes □ No	☐ Yes ☐ No	⊠ Yes □ No	☐ Yes ☑ No	Yes No - wouldn't take referrals for anyone over 65 but if existing service user turns 65, support will continue until alternative service found.

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	Yes	⊠Yes	⊠Yes	⊠Yes	Yes
		⊠ No	□No	□No	□No	⊠No
	Collective	Yes	⊠Yes	Yes	Yes	⊠ Yes
		⊠No	□No	⊠No	⊠No	□No
	■ Citizen	⊠Yes	Yes	Yes	Yes	☐ Yes
		□No	⊠No	⊠No	⊠No	⊠No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	⊠Yes	⊠Yes	☐Yes	⊠Yes	⊠ Yes
	auvocacy:	□No	□No	⊠No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£89,087.20	£459,156 (Contract) £119,968.78 (SLA)	£22,000	£36,430	£36,655.07
	Details total budget information split into the following categories (if possible):	Not Possible	Not Possible	Not Possible	Not Possible	Not Possible
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Looked-after children & young people including those who have mental illness, learning disability or related conditions					
Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
Young asylum seekers with mental illness, learning disability, dementia					

	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	1 year 2 years 3 years Other (please detail) Contract: 3 years plus 1 year extension. SLA: 1 year	□ 1 year □ 2 years □ 3 years □ Other (please detail)	☐ 1 year ☐ 2 years ☑ 3 years ☐ Other (please detail)	☐ 1 year☐ 2 years☐ 3 years☐ Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	1 Chief Executive 1.5 FTE Development Workers Part time administrator.	Contract: N/A – funding covers advocacy provided and outcomes met for individuals, not posts. SLA: specifies 3 paid Advocacy workers but funding also covers outcomes/outputs.	1 Advocacy Worker	2 Advocacy Managers	The organisation advised that funding cannot be attributed to a number of posts.

		Organisation 6	Organisation 7	Organisation 8	Organisation 9	Organisation 10
1	Organisation name and address	IncludeME c/o Fife Voluntary Action 69 Crossgate Cupar Fife KY15 5AS	People First Fife 77-79 Easter Road Edinburgh EH7 5PW	Barnardo's Child and Family Support Service Fife Merchant Place Mitchelston Industrial Estate Kirkcaldy Fife KY1 3NJ	Who Cares Scotland Main Office: 5 Oswald Street Glasgow G1 4QR ** Funding ceased 31st March 2021 **	Fife Carers Centre 157 Commercial Street Kirkcaldy Fife KY1 2NS
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No
4	People with learning disability	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No
5	People with dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ⊠ No	☐ Yes ☑ No	☐ Yes ☑ No

		Organisation 6	Organisation 7	Organisation 8	Organisation 9	Organisation 10
6	People with autistic spectrum disorder	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No
11	Children & young people with a mental health problem	⊠ Yes − from 16 □ No		⊠ Yes □ No	Yes – if they are looked after Children who have been in residential care	☐ Yes ☑ No

12	Children & young people with a learning disability	⊠ Yes – from 16 ☐ No	⊠ Yes – from 16 ☐ No	⊠ Yes □ No	 ✓ Yes – if they are looked after Children who have been in residential care ✓ No 	☐ Yes ☑ No
13	Children & young people with ASD or ADHD	⊠ Yes – from 16 ☐ No	 ∑ Yes – from 16 and if they have LD ☐ No 	⊠ Yes □ No	 ✓ Yes – if they are looked after Children who have been in residential care ✓ No 	☐ Yes ☑ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	⊠ Yes – from 16 ☐ No	⊠ Yes − from 16 □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	⊠ Yes – from 16 ☐ No	⊠ Yes – from 16 ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
16	Young asylum seekers with mental illness/learning disability/dementia		⊠ Yes − from 16	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
17	Children/young people with any other condition (specify)	Anyone from age 16 who is unable to safeguard their wellbeing.	NA	NA	NA	Any other carer who requires support.
18	People with any other condition (specify)	Anyone from age 16 who is unable	NA	NA	NA	

	to safeguard their wellbeing.		Any other carer who requires support.
			заррога.

		Organisation 6	Organisation 7	Organisation 8	Organisation 9	Organisation 10
19	Age range					
	All ages	Yes	☐Yes	☐Yes	☐Yes	☐Yes
		⊠ No, 16-65	⊠ No − from 16+	⊠ No	No − Support is for YoungPeople up to 25	⊠ No
	 Under 18 with mental health issues, learning disability 	⊠ Yes, 16-18 ☐ No	⊠ Yes − 16 to 18 ☐ No	⊠ Yes □ No	 ✓ Yes – if they are care experienced children who have been looked after in residential care ✓ No 	☐ Yes ☑ No
	 Adults up to 65 	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No
	Adults over 65	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No

		Organisation 6	Organisation 7	Organisation 8	Organisation 9	Organisation 10
20	Type of advocacy					
	■ Individual	Yes	⊠Yes	⊠Yes	⊠Yes	⊠Yes
		□No	□No	□No	□No	□No
	 Collective 	☐Yes	⊠Yes	⊠ Yes	⊠ Yes	Yes
		□No	□No	□No	□No	⊠ No
	Citizen	Yes	Yes	Yes	Yes	☐ Yes
		⊠ No	⊠No	⊠No	⊠No	⊠No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠Yes	⊠Yes	⊠Yes	⊠Yes	☐Yes
	advocacy?	□No	□No	□No	□No	⊠No

		Organisation 6	Organisation 7	Organisation 8	Organisation 9	Organisation 10
22	Budget Information: total annual amount allocated	£37,352	£82,842	£300,000 ECSD £12,192 H&SCP	£43,209	£37,130.34
	Details total budget information split into the following categories (if possible):	Not Possible	Not Possible	Not Possible	Not Possible	Not Possible
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 6	Organisation 7	Organisation 8	Organisation 9	Organisation 10
	Looked-after children & young people including those who have mental illness, learning disability or related conditions Looked-after children & young people but not					
	including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☑ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	1 year 2 years 3 years Other (please detail) Funding ceased 31/03/2021 as a result of service re-design in Children's Services.	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	2 paid development workers.	2 paid development workers.	5 – although all are involved in a range of rights supports that include rights representation, advocacy, advice and information, rights capacity	1 Advocacy and Participation Worker	1 member of staff

	building and	
	training.	

		Organisation 11	Organisation	Organisation	Organisation	Organisation
1	Organisation name and address	Fife Young Carers Ore Valley Business Centre 93 Main Street Lochgelly Fife KY5 9AF				
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ⊠ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5	People with dementia	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes

		Organisation 11	Organisation	Organisation	Organisation	Organisation
6	People with autistic spectrum disorder	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
7	Mentally disordered offenders	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	✓ Yes, some young people will fit into other categories in this list.✓ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11	Children & young people with a mental health problem	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

12	Children & young people with a learning disability	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
17	Children/young people with any other condition (specify)	NA				
18	People with any other condition (specify)	NA				

		Organisation 11	Organisation	Organisation	Organisation	Organisation
19	Age range					
	All ages	Yes	Yes	☐Yes	☐Yes	Yes
		☑ No (Young Carers up to age 25)	□No	□No	□No	□No
	 Under 18 with mental health issues, 		☐ Yes	☐ Yes	☐Yes	Yes
	learning disability	Carers up to age 25)	□No	□No	□No	□No
		□No				
	Adults up to 65	☐ Yes (Young	Yes	Yes	☐Yes	☐Yes
		Carers up to age 25)	□No	□No	□No	□No
		□No				
	Adults over 65	Yes	Yes	Yes	Yes	Yes
		⊠ No	□No	□No	□No	□No

		Organisation 11	Organisation	Organisation	Organisation	Organisation
20	Type of advocacy					
	■ Individual	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	■ Collective	∑ Yes - Focus Group deliver this. ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	■ Citizen	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No

		Organisation 11	Organisation	Organisation	Organisation	Organisation
22	Budget Information: total annual amount allocated	£77,609				
	Details total budget information split into the following categories (if possible):	Not Possible				
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 11	Organisation	Organisation	Organisation	Organisation
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	2 Advocacy Workers				

Organisation:	Clackmannanshire and Stirling HSCP
Job Title:	Service Manager – Commissioning & Contracts
	Planning and Commissioning Officer
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	Completion on behalf of Forth Valley commissioning partners:
	NHS Forth Valley
	Falkirk HSCP
	Clackmannanshire and Stirling HSCP

Part One: Adult Survey

	POI		
Current	פוע	nn	na
Current	ГІС	шш	шч

2	At wha	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
	Planni	ng for independent Advocacy for Adults is across the NHS Forth Valley board area
3	Is ther	e an advocacy planning group covering your area?
	\boxtimes	Yes
		No
4	Is ther	e a current independent advocacy strategic plan for your area?
		Yes
		No

If Yes, can you please submit a copy along with your questionnaire?

Attached is review (appendix 1) of Advocacy provision that will be developed in collaboration with stakeholders and current Provider information, to produce an advocacy strategic plan.

5	If No, is an advocacy strategic plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Advocacy Strategic Planning continues to be developed following the successful commissioning of Independent Advocacy service across Forth Valley. This will be linked to the review of service 2017-2021 (appendix 1)
	Review, engagement and consultation took place as part of the recommissioning work and will support the development of a Forth Valley Advocacy Strategic Plan.
	The Officer Monitoring and Evaluation group –Advocacy (OMEGA) will develop a work plan for the completion of the plan. It is anticipated this will be completed by October 2023.
Cons	sultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	The initial stage of commissioning requirements included local consultation with Advocacy providers.
	In Forth Valley, there are 3 Advocacy organisation who deliver services across the Board area. The organisation were involved in workshops and had an opportunity to inform the design of the current Advocacy contract.
	2 organisations are funded by HSCP:
	Forth Valley Advocacy – main provider across Forth Valley People First- delivering collective advocacy in Clackmannanshire are only
	Forth Valley Advocacy – main provider across Forth Valley
7	Forth Valley Advocacy – main provider across Forth Valley People First- delivering collective advocacy in Clackmannanshire are only 1 organisation

Care experienced groups were involved in the evaluation of the tenders bids and provided

important feedback that will be linked to future planning of services.

8 Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?

		Yes
	\boxtimes	No
	If Yes,	can you please submit a copy along with your questionnaire?
Action	n Plan	
9		re an action plan for the development of mental health, learning disability or dementia endent advocacy services in your area?
		Yes
	\boxtimes	No
	If Yes,	can you please submit a copy along with your questionnaire?
10	If No, i	is an action plan in the process of being developed?
	\boxtimes	Yes
		No
		please provide details of when the action plan will be completed please can you kindly advise why this is not being developed?
	.The A	ction Plan will be produced as part of the development of the Advocacy Strategic Plan ction Plan will be implemented in 2023/24 and will help shape the future commissioning on of Advocacy services across Forth Valley.
11		e detail actions in relation to the development of mental health, dementia, learning lity services which may be in other local plans
	The For ex	endent Advocacy is embedded in all local plans. Orth Valley Adult Support and Protection Committee have a significant role in the oning of Advocacy provision across Forth Valley. Ober of initiatives across Forth Valley have supported and influenced the role of Advocacy. Ober ample, work in the Assessment and Treatment unit at Lochview has an established onships with Advocacy and support the shaping and development of services.

Current Commissioned Services

12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?		
		Yes	
		No	
	If Yes	s, please provide details	

Specification - Service Requirements

The Provider will be asked to respond and prioritise the following requirements. The Forth Valley Commissioners will work in partnership with the Provider to monitor the service and delivery of these requirements:

- **Section 36/44** Priority referral people initially detained under the Mental Health Act for 72hrs or up to 28 days
- Ward CTO Priority referral people detained in hospital under the Mental Health Act for up to 6 months (can be renewed)
- **Community CTO** Priority referral people under treatment in the community under the Mental Health Act
- **AWI** Priority referral People assessed as lacking capacity being supported through the Adults With Incapacity Legislation
- **Guardianship** People assessed as lacking capacity who require a legal framework in place to allow decisions to be made
- ASP Priority referral vulnerable adults considered at risk of harm from self or others under Adult Support & Protection Legislation
- Advanced Statement Supporting people under legislation to prepare their statement
- **Transition** People under legislation moving between wards/care homes/services (ie. children to adult)/issues (ie. ASP to AWI) etc.
- **SW Care Review** Various social work led reviews of care provision/placements only when the person is currently under any of the relevant legislation referred to within Eligibility Criteria
- CPA NHS Care Programme Approach to assess and review services for people with mental health issues when the person is currently under any of the relevant legislation referred to within Eligibility Criteria
- MDT NHS Multi-Disciplinary Team meetings to make decisions regarding recommended treatment of individuals only when the person is currently under any of the relevant legislation referred to within Eligibility Criteria
- **Support for Families at Risk** -People with a mental disorder as defined in Mental Health Act who are subject to Child protection measures
- CORO Compulsion Order & Restriction Order Monitored by Scottish Minister as person considered a serious risk
- Compulsory Order Compulsion Order court order to send person for treatment in hospital/community rather than prison
- **S52d** Pre-disposal order made by the court authorising hospital detention for up to 28 days to assess mental health
- POA Power of Attorney
- Discharge plan Supporting clients under legislation to have involvement when being discharged from hospital

13	person?				
	Yes				
	⊠ No				
	If Yes, please provide details				
14	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?				
		Mental Health	Learning Disability	Dementia	
	ric service explicitly commissioned to ort homeless people with this condition				
	ric service open to homeless people with tion – no specific agreement relating to	\boxtimes			
-	Specific homeless advocacy service (s)				
Pleas	e provide details				
to a le Being	ommissioned service is specific in relation egal, health or social care intervention, rega Homeless but having no other health and nissioned service.	ırdless of their livi	ng situation.	•	
15	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	-	-		
		Mental Health	Learning Disability	Dementia	
	ric service explicitly commissioned to ort asylum seekers with this condition				
	ric service open to asylum seekers with tion – no specific agreement relating to				
	fic asylum seeker advocacy service (s)				
Pleas	e provide details				

The commissioned service is specific in relation to delivering to any of these groups who are subject to a legal, health or social care intervention, regardless of their residency situation. Having unknown settle status but no other health and social care need would not meet the eligibility of the commissioned service.					
16	Do you currently commission advocacy s health issues, learning disability or deme you ensure they are supported?	•			
		Mental Health	Learning Disability	Dementia	
Gener	ic service explicitly commissioned for				
Special carers	fic service explicitly commissioned for	\boxtimes			
No ca	rers' advocacy service				
Please	e provide details				
	Advocacy services for Unpaid Carers is delivered by local carer organisations across Forth Valley and is funded via carers budgets.				
Comn	nissioning budget				
17	Has the commissioning budget for menta advocacy organisations changed over the	•	•	independent	
	□ No				
	If the budget has changed (either an incre changed as a consequence? Please provi) please say how. Have	e services	
	The budget allocation has increased to me In addition the operation and payment pro efficiencies for the Provider. The increase in budget and redesign of the of Advocates delivering Advocacy suppor	cess of the contr e service operation	act was streamlined br ons has resulted in incr	ringing	

Prisons and advocacy services

18	Do you have any prisons in your HSCP area?
	⊠ Yes
	□ No
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?
	□ No
	If Yes, please provide details
	Any prisoner within the Forth Valley prison estate, who is subject to mental health legislation can access Advocacy services.
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)
	Referrals to the advocacy service are made by the mental health teams within the three prisons Independent Prison monitors can speak to the mental health teams if they feel advocacy would be beneficial for the individual. Advocacy Leaflets have been issued to the mental health teams in Prison health centres
NHS	patients placed in private healthcare facilities out with home health board area
21	Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?
	From a local service where they are receiving care
	From home health board / local authority
	☐ Don't know
	Any further details

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

The service specification highlights the key outcomes for the service.

These are monitored in a number of ways by the OMEGA:

- -Performance reporting
- -Advocacy Partner feedback
- -Referrer feedback
- -Adult Protect Committee reporting

National Outcomes	Local Outcome from HSCP Plans	Advocacy Partner Outcome
1) Healthier Living5) Reduce Inequalities	SELF MANAGEMENT of health and wellbeing	 Person feels their rights to services are protected People empowered to take action on their own behalf
2) Independent Living 6) Carers are supported	COMMUNITY FOCUSSED SUPPORTS — to live well for longer at home or homely setting	 Person feels better understood by others Person feels more in control of their life Person feels more able to influence and improve services Person feels more knowledgeable about accessing community resources and work opportunities
7) People are safe	SAFETY – Health and social care support systems help to keep people safe and live well for longer	 Person feels they are safe Person feels protected from vulnerable position Person feels more confident in their life
4)Quality of Life	AUTONOMY AND DECISION MAKING – Individuals , carers and families involved and supported to manage decisions about their care	 Person feels better informed about services and resources available to them. Person feels more involved in decisions that affect them Person feels better understood by others Person finds services more accessible and inclusive Person feels more in control of their life
3)Positive Experience and Outcomes 8) Engaged workforce 9)Resources are used effectively	EXPERIENCE — Individuals will have a fair and positive experience of health and social care services	 Person feels listened to more by others Person feels better informed about available options Person feels better understood by others Person feels more involved in decisions that affect them

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

The advocacy service has recently developed an outcomes framework and are currently developing ways to receive qualitative feedback from people who use this service. They will receive a feedback form at the beginning of their advocacy journey which is freepost and they

	e given the opportunity to speak to the advocacy liaison worker at the end of their cacy journey to receive further feedback
-	ou get information from each organisation about the number of people accessing cacy support?
	Yes
	No
If Yes	s, please provide the most up to date information provided by each organisation
¼ rep	orts are provided. Please see attached report
-	ou ask services to provide information about unmet needs, e.g. about people waiting to ss advocacy support?
	Yes
	Yes No
☐ If Yes	No
If Yes	No s, please provide the most up to date information available
If Yes	No s, please provide the most up to date information available nformation is provided on the ¼ return ou aware of providers prioritising provision of advocacy support to people subject to
This Are y	s, please provide the most up to date information available Information is provided on the ¼ return ou aware of providers prioritising provision of advocacy support to people subject to pulsory measures?
If Yes	nformation is provided on the ¼ return ou aware of providers prioritising provision of advocacy support to people subject to pulsory measures? Yes

The service specification defines:

The Provider shall drive continuous improvement of the Service with a number of quality assurance measures, such as pictorial or written satisfaction questionnaires, semi-structured interviews and sample surveys. The Provider shall agree with the Forth Valley Commissioners a

How	do you monitor complaints about advocacy services?
	Annual monitoring data from providers
	No monitoring
	Other (please specify)
	Additionally the provider complies with statutory SPSO process
	do you currently raise awareness and deliver public information about the availabital health, learning disability or dementia advocacy services in your area?
The orga	
The orga The and	Advocacy service is promoted throughout the Forth Valley commissioning parties. The Advocacy service provides Staff and Provider sessions. Provider can attend specialist Provider Forums to promote their service and offer gui

format for obtaining information from Advocacy Partners in a manner that overcomes any barriers to communication. The Provider shall make the documentation or aggregated data

available to the Forth Valley Commissioners for monitoring purposes

	minority groups)?
	The Advoacy service promotes service across Forth Valley and has established links with local third equality partners and groups.
32	How do you measure this?
	As part of equalities duties information is collected at the referral stage .
Futui	re plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	□ No
	If Yes, please describe
	Performance reporting provides information on demand and the reasons for Advocacy provision. This information provides a guide to the projected demand and how the service will be planned and shaped for future delivery. The review of the service in 2021 indicated an increased demand for statutory Advocacy services and a need for lower level Advocacy support. The current service specification has the scope widened and a volunteer base is being developed to meet the lower level demand while an increase in Advocates continues to meet to the statutory demand.
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	□ No
	If Yes, please describe

How do you ensure services are available to equality groups (e.g. LGBT people, ethnic

31

	cacy services locally over the next two years?
	Yes
	No
	Other (please specify)
For e	
For e	example, are there other local advocacy services which are not commissioned but receing from other services?

Part Two: Children & Young People Survey

Curre	ent Plan	ning (NIL response)
1	Do yo	u have an integrated children's service plan?
		Yes
		No
2	If Yes	, does it include advocacy?
		Yes
	\boxtimes	No
	If Yes	, can you please submit a copy along with your questionnaire?
Comi	nission	ing _
3		ne commissioning budget for children and young people's mental health/learning ility independent-advocacy organisations changed over the past two years?
		Yes
	\boxtimes	No
4		budget has changed (either an increase or decrease) please say how. Have services jed as a consequence? Please provide details

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?
	From a local service where they are receiving care
	From home health board / local authority
	☐ Don't know
	Any further details
	All children and young people living away from home can access advocacy support via <i>Who Cares?</i> who offer independent advocacy. Stirling Council also has a Children's Rights Officer who can support all Children & Young People, irrespective of their support needs. There are also national organisations such as Let's Talk and My Rights, My Say that we highlight also. For NHS patients specifically – independent advocacy offered to adults by the HSCP can also
	be accessed by young people under the age of 16 with mental illness who are attending healthcare facilities.
L	
Monito	oring and review arrangements
	ection is only applicable if you commission independent advocacy services for children and people with mental illness, learning disability or related condition.
6	What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?
	The outcomes we are trying to achieve are as follows: Promotion of Children's Rights
	Embedding Children's Rights in Children's Service Planning and Reporting Improving outcomes for all children and young people, including those with a mental illness, learning disability or related conditions.
	We monitor these outcomes through regular reviews for all children and young people living away from home with an Independent Reviewing Officer on a three, six or twelve monthly basis. These are multi-agency meetings and the aim is to ensure that all young people achieve their agreed outcomes and live the best life they can. We aim to ensure that Young People are part of their own community and are included and listened to as well.

Children & Young People who have short break respite services have regular reviews and their health and mental wellbeing is considered through this. The Children with Disabilities team works with children and young people with a diagnosed disability. Each child will be assessed properly and given budgets to meet outcomes agreed with the child/young person and their

families. This is reviewed on a yearly basis or sooner if required.

All parts of a young person's life are assessed and discussed and referrals are made to the most appropriate services where necessary with advocacy drawn in to support the young person via a number of sources. This can be monitored within the team around children and young people where their progress can be monitored.

Priefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?

For commissioned services such as WhoCares?, evaluation is embedded within the commissioning process with regular consideration for efficacy included as well as more intensive assessments when contracts are subject to review.

For our in-house services, qualitative feedback following interventions and LAAC Reviews is provided to the Children's Rights officer. Going forward we are looking to work with young people to develop our information gathering systems with specific regard to monitoring the quality of the advocacy support. This will be linked into Children's Service planning and will inform our focus on Children's Rights.

	inform our focus on Children's Rights.
8	Do you get information from each organisation about the number of children and young people with mental illness, learning disability or related condition accessing advocacy support from each organisation?
	☐ Yes
	No
	If Yes, please provide the most up to date information provided by each organisation
	From commissioned services, the number of young people accessing advocacy support would be reported however this may not be broken down into the detail of whether a young person has a learning disability or mental illness.
9	What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?
	In Stirling Council we are supporting children's rights through various means and one of these is the use of the Mind of my Own app, where young people can provide their views on various aspects of their lives. Work is being undertaken to increase the use of this app to support children and young people to provide their views. Regular reviews, TACs etc are also undertaken in line with statutory guidance and local staged intervention guidance, incorporating the views of young people. Independent advocates often contribute reports to inform planning as part of this process or can represent children's views at meetings, reflecting on their levels of satisfaction etc.
	at meetings, renecting on their levels of Satisfaction etc.
10	How do you monitor complaints about advocacy services for children and young people with mental illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	☐ No monitoring

		Complaints are monitored via corporate processes in the Council.
11	any a	do you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or d conditions in your area?
	educa Rights advoc	eness of advocacy services such as Let's Talk and My Rights, My Say are highlighted at attion business meetings, via our websites and in written materials etc. Our Children's of Officer liaises with education and social work colleagues to raise awareness of eacy services for staff and young people alike. Our Champions Board staff also work to children and young people, as well as carers, aware of services that are available.
12	Have	there been any specific actions to promote the use of advocacy among staff?
	\boxtimes	Yes
		No
	Pleas	e provide any further details below.
		t business meetings for ASN support coordinators in education where we have spoken advocacy supports.
Future	e plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
	\boxtimes	No
		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning lity or related condition independent advocacy supports in the future?
	\boxtimes	Yes
		No

 \boxtimes

Other (please specify)

If Yes, please describe

Consideration of a further focus on advocacy services for children and young people will be given during the refresh of our Children's Services Plan.

f No, how do you plan to address any unmet need here?
Any Other Comments? For example, are there other local advocacy services which are not commissioned but recefunding from other services?
There are several third sector providers we refer families to that can advocate for the familiand provide a listening ear. The providers also have networks of supports that can support families and signpost them to appropriate services for guidance and advocacy. Sadly finar difficulties and Covid-19 have had an impact on the number of advocacy services available the area.

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Forth Valley Advocacy				
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
5	People with dementia	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
7	Mentally disordered offenders	☐ Yes				
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
12	Children & young people with a learning disability	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes

13	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions *only if subject to mental Health Act	⊠ Yes ⊠ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia only if subject to mental Health Act	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
17	Children/young people with any other condition (specify)	No				
18	People with any other condition (specify)	Acquired Brain Injury				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	Yes	☐ Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	⊠ Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	 Adults up to 65 	⊠Yes	☐ Yes	☐Yes	☐Yes	☐ Yes
		□No	□No	□No	□No	□No
	Adults over 65	⊠ Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	☐Yes	☐Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	 Collective 	☐Yes	☐ Yes	Yes	Yes	Yes
		⊠ No	□No	□No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	☐ Yes
		⊠ No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	⊠Yes	☐Yes	☐Yes	☐Yes	☐Yes
	auvocacy:	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):	Annual budget £446,846 Unable to split at this stage				
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)					

Organisation:	Aberdeen City Health & Social Care Partnership
Job Title:	Lead for Community Mental Health, Learning Disabilities and Substance Misuse Services
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP

Part One: Adult Survey

		T .		•	
l'iirran	T L	בוע	nn	ın	
Curren	ιг	па			u

2	At what level is advocacy strategic planning carried out in your area?	
		NHS board-wide
	\boxtimes	HSCP
		Local Authority
		Other (please specify)
3	Is ther	e an advocacy planning group covering your area?
	□x	Yes
4	Is ther	e a current independent advocacy strategic plan for your area?
	ПХ	Yes

If Yes, can you please submit a copy along with your questionnaire?

Attached is the Grampian Independent Advocacy Plan 2018- 2021 and the ACHSCP Strategic Plan 2022-25.

5	If No, is an advocacy strategic plan in the process of being developed?
	X Yes – It has been agreed to update the existing plan to coincide with the new Advocacy contract.
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Mental Health and Learning Disability independent advocacy is currently being reviewed. Our contract specification is currently being reviewed. As part of this process we will now update the our advocacy strategic plan.
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	Aberdeen Advocacy Services were part of our Grampian Independent Advocacy Group (GIAG) and the Aberdeen Advocacy Steering group who created the action plan.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Service users who used Aberdeen Advocacy services were part of the GIAG group and actively took part in the action plan.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
	It has been recognised that an equality impact assessment will be required for the new plan.
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	□X Yes

10	If No, is an action plan in the process of being developed?
	☐ Yes
	☐ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Aberdeen City HSCP delivery plans for mental health and learning disabilities.
Curro	nt Commissioned Services
Ouric	int commissioned cervices
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes
	□ No
	If Yes, please provide details
	Currently we have a contract with a service provider who support people subject to compulsory measures under the Mental Health Act.
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	☐ Yes
	_
	─ No
	No If Yes, please provide details

	Do you currently commission advocacy services specifically for <u>homeless people</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?				
	Mental Health	Learning Disability	Dementia		
Generic service explicitly commissioned to support homeless people with this condition					
Generic service open to homeless people with condition – no specific agreement relating to this					
Specific homeless advocacy service (s) commissioned					
Please provide details					
Our current contract is a generic service oper health. Learning disability or dementia.	to homeless peopl	e with a condition like	mental		
15 Do you currently commission advocac	y services specifica	llv for asvlum seekers	with mental		
health issues, learning disability or de you ensure they are supported?		where appropriate. If I	not, how do		
· · · · · · · · · · · · · · · · · · ·	mentia? Please tick Mental Health	-			
· · · · · · · · · · · · · · · · · · ·		where appropriate. If I	not, how do		
you ensure they are supported? Generic service explicitly commissioned to	Mental Health	where appropriate. If I	not, how do		
you ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to	Mental Health	where appropriate. If I	not, how do		
you ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s)	Mental Health	where appropriate. If I	not, how do		
you ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s) commissioned	Mental Health	where appropriate. If i	Dementia		

16	Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?				
		Mental Health	Learning Disability	Dementia	
Gener	ric service explicitly commissioned for s				
Speci carer	fic service explicitly commissioned for s				
No ca	rers' advocacy service				
Pleas	e provide details				
	urrent contract is generic and works with ility or dementia diagnosis.	carers of those wh	o have a mental healtl	n, learning	
Comr	nissioning budget				
17	Has the commissioning budget for menadvocacy organisations changed over the		disability or dementia	independent	
	Yes				
	⊠ No				
	If the budget has changed (either an inc changed as a consequence? Please pro		please say how. Have	e services	
	Variation of the contract in 2021 due to	cost of living (5% -	· Uplift)		

Prisons and advocacy services 18 Do you have any prisons in your HSCP area? Yes \boxtimes No 19 If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)? Yes No If Yes, please provide details N/A 20 Can you please outline how prisoners are informed about independent advocacy services? (NEW question) NHS patients placed in private healthcare facilities out with home health board area 21 Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority \boxtimes Don't know Any further details Aberdeen HSCP currently don't have any NHS patients in private healthcare facilities.

What are the outcomes you are seeking to achieve and how do you monitor these?

Aims and Objectives from the service provider is the following.

- Support and enable Service Users and, where appropriate, some carers to express their own needs and make their own informed decisions.
- Support people to gain access to information and explore and understand their options.
- Speak on behalf of people who are unable to speak for themselves.
- Safeguard people who are vulnerable or discriminated against or whom services find difficult to support.
- Ensure that the Service User's present and/or past wishes are taken into account.
- Take into account the wishes and views of those people involved with the Service Users, where this is appropriate.
- Ensure that the decisions taken on behalf of the Service User by the multidisciplinary teams are in their best interests and that the least restrictive interventions are taken in order to safeguard the Service User.
- Endeavour to find a satisfactory outcome to problems for both Service User and carer/representative, where possible.
- Promote inclusion, to enable people to become active members of society and promote recovery focused practice whilst taking into account Service Users' personal, social, cultural and religious circumstances.
- Should adhere to the Principles and Standards as laid out in the Scottish Independent Alliance's Principles and Standards for Independent Advocacy.
- Where necessary, provide representation for Service Users and carers of their views, within the care setting, amongst the multi-disciplinary teams and with other agencies. The Service Provider will endeavour to find a satisfactory outcome to problems for both Service User and carer/representative, where possible.

2022 - Key performance Indicators are being changed to coincide with the new Advocacy contract.

learnin evaluat	Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?					
Service	HSCP receive quarterly (every 3 mo . Quarterly meetings are arranged wring reports.					
•	get information from each organisa cy support?	tion about the nu	mber of pe	ople accessing		
	Yes					
	No					
If Yes,	please provide the most up to date i	nformation provid	led by eac	h organisation		
Data pu	illed from the last quarterly report.					
Numbe	r of service users open to service in	three-month peri	od (Jun- A	lug)		
	a. Number of ongoing open cas	ses at start of peri	od	339		
	b. Number of new referrals take		252 247			
	c. Number of referrals allocated during period					
	d. Number of referrals closed d	uring the period		214		
	the 3-month period we worked with \$ ask services to provide information	·	•		ing t	
access	advocacy support?					
\boxtimes	Yes					
	No					
If Yes, I						
, ,	please provide the most up to date i	nformation availa	ble			
The qua	please provide the most up to date in arterly reports also record the waiting t. Data pulled from the last report.			access advocac	у	
The qua	arterly reports also record the waitir		vaiting to	access advocac Waiting list	-	
The quasuppor	arterly reports also record the waiting. Data pulled from the last report. Clients by care group Service Mental Health (age under 65)	ng list for people v Matched 165	vaiting to a clients	Waiting list	-	
The quasuppor	arterly reports also record the waiting to Data pulled from the last report. Clients by care group Service Mental Health (age under 65) Mental Health (65+)	Matched 165 60	vaiting to a clients	Waiting list 11 0	-	
The quasupport	arterly reports also record the waiting to Data pulled from the last report. Clients by care group Service Mental Health (age under 65) Mental Health (65+) Learning Disability	Matched 165 60 66	vaiting to a clients 10 0	Waiting list 11 0 0	-	
The quasuppor	arterly reports also record the waiting. Data pulled from the last report. Clients by care group Service Mental Health (age under 65) Mental Health (65+) Learning Disability Older people (not psychiatry)	Matched 165 60 66 23	vaiting to a clients 10 0 0 0	Waiting list 11 0 0 0	-	
The quasupport	arterly reports also record the waiting to Data pulled from the last report. Clients by care group Service Mental Health (age under 65) Mental Health (65+) Learning Disability	Matched 165 60 66	vaiting to a clients 10 0	Waiting list 11 0 0	-	
The quasupport	arterly reports also record the waiting to Data pulled from the last report. Clients by care group Service Mental Health (age under 65) Mental Health (65+) Learning Disability Older people (not psychiatry) Children & Young People	Matched 165 60 66 23 7	clients 10 0 0 0 0	Waiting list 11 0 0 0 0 0	-	
The quasupport	arterly reports also record the waiting to Data pulled from the last report. Clients by care group Service Mental Health (age under 65) Mental Health (65+) Learning Disability Older people (not psychiatry) Children & Young People Carers	165 60 66 23 7 37	clients 10 0 0 0 0 1	Waiting list 11 0 0 0 0 1	y No	

Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?
□ No
If Yes, please provide details
Advocacy provider would always prioritise those who are subject to compulsory measures under the Mental Health Act/AWI/ASP/Children
What arrangements are in place to measure the satisfaction of people using advocacy services?
As part of the contract the service will provide quarterly reports and actively seek out the views of those using the service for inclusion in the reports. Questionnaire/Interviews/Observation Forms/Spider Grams Measuring tools.
How do you monitor complaints about advocacy services?
Annual monitoring data from providers
☐ No monitoring
Other (please specify)
Complaints are also part of the quarterly monitoring reports.
How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?
Aberdeen Advocacy Services are based within the main corridor of Royal Cornhill Hospital. They place posters and leaflets advertisigin their service in ward environments and throughout hospital buildings. They carry out engagement events with relevant services across the partnership and in other stakeholder settings. Information is available on their website. Social Work/Nursing/Medical staff receive training on advocacy services as part of their induction. They carry out training for particular services like the ASP team. They are physcially present at every different awareness week to represent their services.

30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	□ No
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	Services are available to all equality groups. Purchased a software package that can read in many languages and can be read out. Agreement with language line (Interpreter)
32	How do you measure this?
	We don't specifically measure this.
Futur	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
33	
33	independent advocacy supports in the future?
33	independent advocacy supports in the future? Yes
33	independent advocacy supports in the future? ☐ Yes ☐ No
33	independent advocacy supports in the future? ☐ Yes ☐ No If Yes, please describe As part of the new contact for advocacy, the assessed needs for mental health, learning
	independent advocacy supports in the future? Yes No If Yes, please describe As part of the new contact for advocacy, the assessed needs for mental health, learning disabilities and dementia is taken into consideration by stakeholders.
	independent advocacy supports in the future? Yes No If Yes, please describe As part of the new contact for advocacy, the assessed needs for mental health, learning disabilities and dementia is taken into consideration by stakeholders. If No, how do you plan to address any unmet need in future?
34	independent advocacy supports in the future? Yes No If Yes, please describe As part of the new contact for advocacy, the assessed needs for mental health, learning disabilities and dementia is taken into consideration by stakeholders. If No, how do you plan to address any unmet need in future? N/A Do you have information about current identified gaps in provision / unmet need which you

If Yes, please describe

advo X□	Yes
	No
	Other (please specify)
	Advocacy week in November. Sixteen days of action – Domestic abuse advocacy. RGU – Talks with students and academics. Talks with SW teams.
For e	Other Comments? xample, are there other local advocacy services which are not commissioned but rec ng from other services?
	current service is well utilised by patients, clients and carers, with no complaints or erns raised so there has not felt a need to advertise. However, we would do so if this

Part Two: Children & Young People Survey

Curre	nt Planning	
1	Do you have an	integrated children's service plan?
		Yes
		No
2	If Yes, does it in	nclude advocacy?
		Yes
		No
	If Yes, can you	please submit a copy along with your questionnaire?
Comn	nissioning	
3		ssioning budget for children and young people's mental health/learning endent-advocacy organisations changed over the past two years?
	Yes	
	☐ No	
4		as changed (either an increase or decrease) please say how. Have services onsequence? Please provide details

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?
	From a local service where they are receiving care
	From home health board / local authority
	☐ Don't know
	Any further details
Monit	oring and review arrangements
	ection is only applicable if you commission independent advocacy services for children and people with mental illness, learning disability or related condition.
6	What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?
7	Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?

	ou get information from each organisation about the number of children and young le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
	Yes
	No
If Ye	s, please provide the most up to date information provided by each organisation
	arrangements are in place to measure the satisfaction of children and young peop mental illness, learning disability or related condition using advocacy services?
	do you monitor complaints about advocacy services for children and young people al illness, learning disability or related conditions which you commission?
	al illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring
ment	Annual monitoring data from providers No monitoring
ment	Annual monitoring data from providers No monitoring Other (please specify) do you currently raise awareness and deliver public information about the availabile advocacy services for children and young people with mental illness, learning disab

12	Have	there been any specific actions to promote the use of advocacy among staff?
		Yes
		No
	Pleas	e provide any further details below.
Future	e plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
		No
		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
		Yes
		No
	If Yes	, please describe

Any Other Con For example, a funding from o	e there other local advocacy	services which are not	commissioned but rec

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Advocacy Service Aberdeen Aberdeen Business Centre Willowbank House Willowbank Road Aberdeen AB11 6YG				
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

5	People with dementia	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	X□ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☐ No				

12	Children & young people with a learning disability	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
13	Children & young people with ASD or ADHD	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	X∐ Yes	Yes	Yes	Yes	Yes
		Majority is working with adults over the age of 18.	□No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	X Yes	☐ Yes	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No
	■ Adults up to 65	⊠ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
	■ Adults over 65	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	Yes	Yes	Yes	☐Yes
		□No	□No	□No	□No	□No
	Collective	X□ Yes	☐Yes	☐Yes	☐Yes	☐ Yes
			□No	□No	□No	□No
	Citizen	X□ Yes	☐Yes	Yes	Yes	☐Yes
			□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	X Yes	☐Yes	☐Yes	☐Yes	☐Yes
	auvocacy:		□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£365, 000 Per Year				
	Details total budget information split into the following categories (if possible):	Aberdeen City Council contribute 2/3 of the contract which comes to £243,950 NHS Grampian contribute 1/3 of the contract which comes to £121,975				
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					

Children & young people with a m problem	ental health		
Children & young people with a le disability	arning		
Children & Young people with ASI	or ADHD		

		Organisation 1	Organ isatio n 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	Manager - 1 Ass Manager - 1 Admin Worker - 1 Carers Ad Worker - 1				

		1
Volunteer Coordinator - 2		
MH Advocacy worker – 1		
LD Advocacy Worker - 1		
Collective Ad Worker - 1		
Advocacy Coordinator - 1		
Hospital Based Ad Worker - 1		
Older Adult Adv Worker - 1		

Orga	nisati	ion:	Aberdeenshire HSCP
Job T	itle:		
		half are you responding? HSCP, Local Authority)	
(14113	board,	riser, Local Authority)	<u> </u>
		Part (One: Adult Survey
Curre	nt Plan	nina	
Guire	iici iaii	·····g	
2	At wh	at level is advocacy strateg	ic planning carried out in your area?
		NHS board-wide	
	\boxtimes	HSCP	
		Local Authority	
		Other (please specify)	
3	lo the	re an advocacy planning gro	uun aavaring vaur araa?
3		,,	oup covering your area:
		Yes	
		No	
4	Is the	re a current independent ad	vocacy strategic plan for your area?
		Yes	
	×	No	
	If Yes	, can you please submit a co	opy along with your questionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Our Advocacy Contract is being reviewed and re-tendered so the planning focus has been upon that. Independent Advocacy is considered as part of the Overall HSCP Strategic Plan and Independent Advocacy Service is currently a member of HSCP Strategic Planning Group.
Cons	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	N/A
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	People using services were involved in the creation of the new contract framework.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	□ No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?

10	If No, is an action plan in the process of being developed?
	☐ Yes
	No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	Our current advocacy contract and new tender includes provision for all three groups
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Our current advocacy contract and new tender includes provision for all three groups
Curre	nt Commissioned Services
10	De veri analify that any automications priorities referred for advances comment as a comment
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
12	
12	for people subject to compulsory measures under the Mental Health Act?
12	for people subject to compulsory measures under the Mental Health Act? Yes
12	for people subject to compulsory measures under the Mental Health Act? Yes No
13	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details The priority for the provision of the Service will be given to individuals who are or may be subject to compulsory duties or powers under the relevant legislation – Mental Health (Care and Treatment) (Scotland) Act 2003; Mental Health (Scotland) Act 2015; Adults with Incapacity (Scotland) Act 2000; Adult Support and Protection (Scotland) Act 2007. Priority also includes provision of advocacy for unpaid carers in accordance with duties under the Carers (Scotland)
	For people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details The priority for the provision of the Service will be given to individuals who are or may be subject to compulsory duties or powers under the relevant legislation – Mental Health (Care and Treatment) (Scotland) Act 2003; Mental Health (Scotland) Act 2015; Adults with Incapacity (Scotland) Act 2000; Adult Support and Protection (Scotland) Act 2007. Priority also includes provision of advocacy for unpaid carers in accordance with duties under the Carers (Scotland) Act 2016. Do you specify that any organisations apply a limit to the amount of advocacy support per
	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details The priority for the provision of the Service will be given to individuals who are or may be subject to compulsory duties or powers under the relevant legislation – Mental Health (Care and Treatment) (Scotland) Act 2003; Mental Health (Scotland) Act 2015; Adults with Incapacity (Scotland) Act 2000; Adult Support and Protection (Scotland) Act 2007. Priority also includes provision of advocacy for unpaid carers in accordance with duties under the Carers (Scotland) Act 2016. Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details The priority for the provision of the Service will be given to individuals who are or may be subject to compulsory duties or powers under the relevant legislation – Mental Health (Care and Treatment) (Scotland) Act 2003; Mental Health (Scotland) Act 2015; Adults with Incapacity (Scotland) Act 2000; Adult Support and Protection (Scotland) Act 2007. Priority also includes provision of advocacy for unpaid carers in accordance with duties under the Carers (Scotland) Act 2016. Do you specify that any organisations apply a limit to the amount of advocacy support per person? Yes
	For people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details The priority for the provision of the Service will be given to individuals who are or may be subject to compulsory duties or powers under the relevant legislation – Mental Health (Care and Treatment) (Scotland) Act 2003; Mental Health (Scotland) Act 2015; Adults with Incapacity (Scotland) Act 2000; Adult Support and Protection (Scotland) Act 2007. Priority also includes provision of advocacy for unpaid carers in accordance with duties under the Carers (Scotland) Act 2016. Do you specify that any organisations apply a limit to the amount of advocacy support per person? Yes No

health issues, learning disability or demo	•	· · · · · · · · · · · · · · · · · · ·	not, how do
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support homeless people with this condition			
Generic service open to homeless people with condition – no specific agreement relating to this			
Specific homeless advocacy service (s) commissioned			
Please provide details			
Support available as part of overall service by pr	ovided by HSCP.		
15 Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	_	-	
health issues, learning disability or demo	_	-	
health issues, learning disability or demo	entia? Please tick	where appropriate. If r	not, how do
health issues, learning disability or demo you ensure they are supported? Generic service explicitly commissioned to	entia? Please tick	where appropriate. If r	not, how do
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to	entia? Please tick Mental Health	where appropriate. If r Learning Disability	Dementia
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s)	entia? Please tick Mental Health	where appropriate. If r Learning Disability	Dementia
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s) commissioned	Mental Health	where appropriate. If r Learning Disability	Dementia

Do you currently commission advocacy services specifically for <u>homeless people</u> with mental

	you ensure they are supported?				
		Mental Health	Learning Disability	Dementia	
Gene carer	ric service explicitly commissioned for s				
Spec carer	ific service explicitly commissioned for s			\boxtimes	
No ca	arers' advocacy service				
Pleas	se provide details				
is not	ndependent advocacy service is commission t commissioned based on the client grouping ed to all carers. Commissioned in respons	ng of the cared for	person. Advocacy ser		
Com	missioning budget				
17	Has the commissioning budget for ment advocacy organisations changed over the		disability or dementia	independent	
	⊠ Yes				
	□ No				
	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details				
	Budget previously increased due to Carers Act. We are currently reviewing the Advocacy Contract to commission advocacy with specific requirements. Budget will reflect current commitments and include funding for additional/changed requirements.				

Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do

Prisons and advocacy services

	Do ye	ou have any prisons in your HSCP area?
		Yes
		No
)	If Yes	s, do any of the services currently commissioned provide advocacy support in the n(s)?
		Yes
		No
	If Yes	s, please provide details
		ndependent advocacy service is currently commissioned to provide this service. Any e commissioned services will also be required to provide this service.
	Can v	rou places cutling how pricenary are informed about independent advaces yearsises?
)	(NEW	rou please outline how prisoners are informed about independent advocacy services? question)
•	Leafle Priso Inforr	
	Leafle Priso Inforr Socia	ets and posters available to prisoners in hall's ners informed by healthcare staff mation given at follow up clinic's and appointments. Il Work and SPS colleagues can also sign post prisoners to advocacy services.
HS	Leafle Priso Inform Social	ets and posters available to prisoners in hall's ners informed by healthcare staff mation given at follow up clinic's and appointments. If Work and SPS colleagues can also sign post prisoners to advocacy services.
	Leafle Priso Inform Social	ets and posters available to prisoners in hall's ners informed by healthcare staff nation given at follow up clinic's and appointments. Il Work and SPS colleagues can also sign post prisoners to advocacy services.
HS	Leafle Priso Inform Social	ets and posters available to prisoners in hall's ners informed by healthcare staff nation given at follow up clinic's and appointments. If Work and SPS colleagues can also sign post prisoners to advocacy services. If work and sps colleagues can also sign post prisoners to advocacy services.
HS	Leafle Priso Inform Social	ets and posters available to prisoners in hall's ners informed by healthcare staff mation given at follow up clinic's and appointments. If Work and SPS colleagues can also sign post prisoners to advocacy services. If we splaced in private healthcare facilities out with home health board area See specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support?
HS	Leafle Priso Inform Social	ets and posters available to prisoners in hall's ners informed by healthcare staff mation given at follow up clinic's and appointments. If Work and SPS colleagues can also sign post prisoners to advocacy services. If we private healthcare facilities out with home health board area See specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support? From a local service where they are receiving care

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

National Outcome (1) – Independent advocacy supports people to be better informed about their rights, as well as understanding their needs and wishes and the choices they have. It increases their agency and power to choose their own actions freely, as much as possible.

National Outcome (2) – Independent advocacy supports people to recognise, understand and challenge power imbalances that influence their lives. It enables them to challenge these imbalances, to try and realise their rights, needs, and wishes. When someone is unable to take personal action, their advocacy worker will ensure that their rights are upheld.

National Outcome (3) – Independent advocacy supports people to know that their voices have been heard and their needs and wishes understood.

SIAA Impact Toolkit Provider returns Stakeholder engagement activity Scottish Independent Advocacy Alliance standards

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

Quarterly returns	
Annual reports	
Compliance checks	
Customer engagement	
Service review	

24 Do you get information from each organisation about the number of people accessing advocacy support?

Yes
No

If Yes, please provide the most up to date information provided by each organisation

In 2021/2022

- A total of 13292 contacts involving 5928 hours of support are reported.
- This is linked to over 900 adults requiring advocacy support.
- The activity under the current contract has increased three-fold since its commencement in 2016.
- The individual advocacy caseload in 2021 totalled 680, with a further 292 individuals supported through collective advocacy activity.
- Specific areas of increased demand have related to activity to meet responsibilities in relation to Carers legislation and in support of Large Scale Investigations under Adult Support Protection and Adults with Incapacity case conferences

	ss advocacy support?
	Yes
	No
If Yes	, please provide the most up to date information available
-	ou aware of providers prioritising provision of advocacy support to people subject t ulsory measures?
\boxtimes	Yes
	No
lf Yes	s, please provide details
areas What	arrangements are in place to measure the satisfaction of people using advocacy
What service As parascer	arrangements are in place to measure the satisfaction of people using advocacy ces?
What servio	arrangements are in place to measure the satisfaction of people using advocacy ces? In of the recent Contract Review a significant engagement exercise was undertaken tain current satisfaction with services. This has also informed in relation to
What service As pa ascer devel	arrangements are in place to measure the satisfaction of people using advocacy ces? In of the recent Contract Review a significant engagement exercise was undertaken tain current satisfaction with services. This has also informed in relation to
What service As pa ascer devel	arrangements are in place to measure the satisfaction of people using advocacy ces? art of the recent Contract Review a significant engagement exercise was undertakentain current satisfaction with services. This has also informed in relation to opments and improvements needed and identified gaps in provision.
What servio As pa ascer devel	arrangements are in place to measure the satisfaction of people using advocacy ees? In of the recent Contract Review a significant engagement exercise was undertaken tain current satisfaction with services. This has also informed in relation to opments and improvements needed and identified gaps in provision.
What service As parascerdevel	arrangements are in place to measure the satisfaction of people using advocacy ees? art of the recent Contract Review a significant engagement exercise was undertakentain current satisfaction with services. This has also informed in relation to opments and improvements needed and identified gaps in provision.
What service As pa ascer devel	arrangements are in place to measure the satisfaction of people using advocacy ces? Int of the recent Contract Review a significant engagement exercise was undertaken tain current satisfaction with services. This has also informed in relation to opments and improvements needed and identified gaps in provision. Industrial do you monitor complaints about advocacy services? Annual monitoring data from providers No monitoring

	Signposting Training Provider awareness
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	⊠ Yes
	□ No
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
32	How do you measure this?
Futur	re plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	⊠ Yes
	□ No
	If Yes, please describe
	This has been done as part of the contract review process and the current tender exercise accommodates forecast demand in relation to: • young people in transition and with mental health problems; • activity in relation to hospital discharge and the Coming Home agenda; • activity linked to the Medication Assisted Treatment (MAT) Standards for Scotland to enable the consistent delivery of safe, accessible and high-quality drug treatment and support • activity linked to the National Care Service
34	If No, how do you plan to address any unmet need in future?

	Yes No
If Ye	s, please describe
	has been identified as part of the contract review process and built into the future con ow for additional capacity as described at Q. 33
	ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
	Yes
	No
	Other (please specify)
	This has been built into the contract and will be done in conjunction with the
	Independent Advocacy Service and specific services via Strategic Planning
For e	· I

Part Two: Children & Young People Survey

Curre	nt Planning	
1	Do you have an	integrated children's service plan?
	Χ	Yes
		No
2	If Yes, does it in	nclude advocacy?
		Yes
	Χ	No
	If Yes, can you	please submit a copy along with your questionnaire?
Comm	nissioning	
3		ssioning budget for children and young people's mental health/learning endent-advocacy organisations changed over the past two years?
	Yes	
	☐ No	
4		as changed (either an increase or decrease) please say how. Have services onsequence? Please provide details
	whilst funding h	commissioning independent advocacy appears to sit with NHS Grampian and has been made available to advocacy organisations to provide advocacy for ults, demand for adult advocacy has left little room in the budget for children's

NHS patients placed in healthcare facilities out with home health board area

5	relate	e specify how many children or young people with a mental illness, learning disability or do condition and in a placement out with their home local authority would receive eacy support?
		From a local service where they are receiving care
	Χ	From home health board / local authority
		Don't know
	Any f	urther details
		erdeenshire looked after children and young people are offered advocacy via leenshire Council Children's Rights Service or Who Cares Scotland?
Moni	toring a	nd review arrangements
		is only applicable if you commission independent advocacy services for children and e with mental illness, learning disability or related condition.
6		are the outcomes you are seeking to achieve for the children and young people and how u monitor these?
	N/A	
7	peopl	y describe the arrangements in place for monitoring the quality of children and young e's mental health, learning disability or related condition independent advocacy ees, including independent evaluation?
	N/A	

peop	ou get information from each organisation about the number of children and young le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
	Yes
	No
If Yes	s, please provide the most up to date information provided by each organisation
N/A	
	arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
N/A	
	do you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	No monitoring
	Other (please specify)
	N/A
any a	do you currently raise awareness and deliver public information about the availability of idvocacy services for children and young people with mental illness, learning disability of ed conditions in your area?
after	oked after children and young people are written to when they initially become looked with details of advocacy services. Further signposting takes place via posters, social a and information about advocacy is shared with partners/stakeholders

12	Have	there been any specific actions to promote the use of advocacy among staff?							
	Χ	Yes							
		No							
	Please provide any further details below.								
	As above, information shared with staff through signposting, emails, social media and annual reports.								
Future	e plans								
13		your integrated children services planning structure include an advocacy planning group ing your area?							
		Yes							
	Χ	No							
		Other (please describe)							
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?							
	Χ	Yes							
		No							
	If Yes	, please describe							
		work with HSCP around the expansion of a current tender for advocacy services includes eted need.							

If No, how do you plan to address any unmet need here?
Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Advocacy North East, Unit 2, Dalfling Business Centre, Inverurie. AB51 5LA				
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
5	People with dementia	⊠ Yes	Yes	☐ Yes	☐ Yes	Yes

		☐ No	☐ No	No	No	No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
12	Children & young people with a learning disability	Yes	Yes	Yes	Yes	Yes

		⊠ No	□No	□No	□No	□No
13	Children & young people with ASD or ADHD	Yes	Yes	Yes	Yes	Yes
		⊠ No	□No	□No	□No	□No
14	Looked-after children & young people	Yes	Yes	Yes	Yes	Yes
	including those who have mental illness, learning disability or related conditions	⊠ No	□No	□No	□No	□No
15	Looked-after children & young people but not	Yes	Yes	Yes	Yes	Yes
	including those who have mental illness, learning disability or related conditions	⊠ No	□No	□No	□No	□No
16	Young asylum seekers with mental	☐ Yes	Yes	☐ Yes	Yes	☐ Yes
	illness/learning disability/dementia	⊠ No	□No	□No	□No	□No
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)	Adults with Personality				
		Disorder; adults with an acquired brain injury.				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	☐Yes	☐Yes	Yes	Yes	☐Yes
		⊠ No	□No	□No	□No	□No
	 Under 18¹ with mental health issues, learning disability 	⊠ Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	 Adults up to 65 	⊠ Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Adults over 65	⊠ Yes	☐Yes	☐Yes	☐Yes	Yes
		□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	Yes	Yes	Yes	☐Yes
		□No	□No	□No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	Yes
		⊠No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠Yes	☐Yes	☐Yes	☐Yes	☐Yes
	advocacy?	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£279,743 per year				
	Details total budget information split into the following categories (if possible):	We are unable to split the budget information into the categories below				
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	1 year 2 years 3 years Other (please detail) 5 years + 2 year extension	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	Currently 8 Independent Advocates. *170 hours per week = WTE of 4.85				

Organisation:	The Moray Council
Job Title:	CSWO/Head of Service
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	Health & Social Care Moray

Part One: Adult Survey

Current P	lanni	ing
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2	At wha	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
3	Is ther	e an advocacy planning group covering your area?
		Yes
	\boxtimes	No
4	Is ther	e a current independent advocacy strategic plan for your area?
		Yes
		No
	If Vas	can you please submit a conviolation with your questionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	☐ Yes
	No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Could potentially be a phrasing issue here. In Moray we are planning for our advocacy needs and future commissioning / tendering process in a collaborative way with a wide range of stakeholders, current provider and lived experience. There previously was a Grampian wide advocacy group where all three IJB's and NHS met but this disbanded pre pandemic. We can share with you previous commissioning EIA documents that were part of the action planning process that led to current advocacy contractual arrangements.
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	Ongoing collaborative commissioning processes underway with current provider in advance of current contract ending.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Public and stakeholder consultation is underway to inform pending commissioning activity and to inform decision making around whether direct award or re tendering is most appropriate.
	EIA undertaken for current contract and also as part of the re commissioning workstream active at present.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	□ No
	If Yes, can you please submit a copy along with your questionnaire?
Action	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?

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	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
10	If No, is an action plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	As per previous comments regarding collaborative commissioning, regular steering group meetings are held with stakeholders to discuss and inform planning process.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Local Mental Health Strategy 'Good Mental Health for all 2016 – 2026 Making Recovery Real strategic partnership
	Grampian Wide suicide prevention Developing mental health in primary care strategy (funding applications)
	LD team plans and LD Strategy Action Plan
Curre	nt Commissioned Services
1.0	
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes
	□ No
	If Yes, please provide details
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	Yes

	contacts.			
14	Do you currently commission advocacy health issues, learning disability or demyou ensure they are supported?	-		
		- Wientar Hearth		
	ric service explicitly commissioned to ort homeless people with this condition	Ш		Ш
	ric service open to homeless people with tion – no specific agreement relating to			
	fic homeless advocacy service (s) nissioned			
Pleas	e provide details			
15	Do you currently commission advocacy health issues, learning disability or demoyou ensure they are supported?	<u>-</u>	-	
15	health issues, learning disability or dem	<u>-</u>	-	
Genei	health issues, learning disability or dem	entia? Please tick	where appropriate. If r	not, how do
Gener suppo	health issues, learning disability or dem- you ensure they are supported? ric service explicitly commissioned to	entia? Please tick	where appropriate. If r	not, how do
Gener suppo Gener condi this	health issues, learning disability or demyou ensure they are supported? Tic service explicitly commissioned to ort asylum seekers with this condition Tic service open to asylum seekers with	entia? Please tick Mental Health	where appropriate. If r	Dementia
Gener suppo Gener condi this Speci comm	health issues, learning disability or demyou ensure they are supported? Tic service explicitly commissioned to ort asylum seekers with this condition Tic service open to asylum seekers with tion – no specific agreement relating to	entia? Please tick Mental Health	where appropriate. If r	Dementia
Gener suppo Gener condi this Speci comm	health issues, learning disability or demyou ensure they are supported? Tic service explicitly commissioned to ort asylum seekers with this condition Tic service open to asylum seekers with tion – no specific agreement relating to fic asylum seeker advocacy service (s) hissioned	entia? Please tick Mental Health	where appropriate. If r	Dementia

However we have built into the current contracting arrangements that advocacy support is delivered on an issued based basis. This does not include a maximum limit to number of

No

If Yes, please provide details

	you ensure they are supported?			
		Mental Health	Learning Disability	Dementia
Gene	ric service explicitly commissioned for s			
Speci carer	ific service explicitly commissioned for s			
No ca	rers' advocacy service			
Pleas	e provide details			
carers and p	sector partners Quarriers are commissiones assessments on behalf of the local authorovide advocacy. Any carer who has ment as the generic advocacy service.	ority. However it is	not explicitly commiss	sioned to act
Comr	nissioning budget			
17	Has the commissioning budget for ment advocacy organisations changed over the			independent
	⊠ Yes			
	☐ No			
	If the budget has changed (either an incompany changed as a consequence? Please prov	•) please say how. Have	e services
	Existing budget has increased topped up funding stream.	with monies from	the Drug and Alcohol I	Partnership

Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do

16

Prisons and advocacy services Do you have any prisons in your HSCP area? 18 Yes \boxtimes No 19 If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)? Yes No If Yes, please provide details 20 Can you please outline how prisoners are informed about independent advocacy services? (NEW question)

	N/A	
NHS	patient	s placed in private healthcare facilities out with home health board area
21		se specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support?
	\boxtimes	From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any f	further details

Monitoring and review arrangements

22	What are the outcomes you are seeking to achieve and how do you monitor these?
	The current contract has a service specification and this is monitored by regular contract review meetings and the production of quarterly reports that are submitted by the provider to the local authority. Moving forward we are seeking to increase collaborative commissioning approaches.
23	Duiefly describe the arrangements in place for manifesting the quality of mantel health
23	Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?
	Regular contract monitoring as indicated above. At present as part of the collaborative commissioning process we are undertaking service user and public feedback with the support of public engagement officer of the local authority and local social enterprise Moray Wellbeing Hub
24	Do you get information from each organisation about the number of people accessing advocacy support?
	□ No
	If Yes, please provide the most up to date information provided by each organisation
	Within the quarterly report
25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	⊠ Yes
	□ No
	If Yes, please provide the most up to date information available
	Please see attached quarterly report

26	-	ou aware of providers prioritising provision of advocacy support to people subject to ulsory measures?
		Yes
		No
	If Yes	s, please provide details
	Provid	der reporting and via MHO and RMO feedback
27	What service	arrangements are in place to measure the satisfaction of people using advocacy ces?
		ral service user feedback mechanisms, option to complain to local authority as the nissioner, via EIA and collaborative commissioning processes
28	How	do you monitor complaints about advocacy services?
		Annual monitoring data from providers
		No monitoring
		Other (please specify)
		Quarterly reports
29		do you currently raise awareness and deliver public information about the availability of all health, learning disability or dementia advocacy services in your area?
		nunity engagement, posters in local services and community, ward visits, HSC staff oting and social care assessment processes and paperwork includes highlighting cacy
30		there been any specific actions to promote the use of advocacy among health and social social work staff?
		Yes
		No

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	Contract is for the service to be open to all and if there are requirements to enable someone to engage e.g. interpreters then this can be arranged.
32	How do you measure this?
	Quarterly reports
Future	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	⊠ Yes
	□ No
	If Yes, please describe
	Contract monitoring of unmet need, ASP improvement plan, EIA and ongoing recommissioning work
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	⊠ Yes
	□ No
	If Yes, please describe
	Carers advocacy, ASP and SDS workstreams

_

37 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

We have a strong social movement in Moray called 'Moray Wellbeing Hub' who host on behalf of the HSC partnership our steering group for our mental health strategy 'Good Mental Health for all'. This partnership is called Making Recovery Real and was instigated a few years ago with some facilitation from the Scottish Recovery Network. Moray Wellbeing Hub (MWB) provide collective advocacy and collective voice and collaborate with local partners and coproduce pieces of work.

We have observed an increase in the need for advocacy for example in the context of adult support and protection. It remains vital however that there is a prioritisation of those requiring support whilst subject to compulsory measures under mental health legislation.

Part Two: Children & Young People Survey

Curre	ent Planning	
1	Do you have a	an integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes, does it	include advocacy?
	\boxtimes	Yes
		No
	If Yes, can yo	u please submit a copy along with your questionnaire?
Com	missioning	
3		nissioning budget for children and young people's mental health/learning ependent-advocacy organisations changed over the past two years?
	⊠ Yes	
	☐ No	
4		has changed (either an increase or decrease) please say how. Have services consequence? Please provide details
	The new tend	endered advocacy services for young people; this process has not yet concluded. er has been extended to include the parents and siblings of the child / young ed with an increase in value.

NHS patients placed in healthcare facilities out with home health board area

5	relate	e specify how many children or young people with a mental illness, learning disability or ad condition and in a placement out with their home local authority would receive eacy support?
		From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any f	urther details
Monit	oring a	nd review arrangements
		is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition.
6		are the outcomes you are seeking to achieve for the children and young people and how u monitor these?
	N/A	
7	peopl	y describe the arrangements in place for monitoring the quality of children and young e's mental health, learning disability or related condition independent advocacy ees, including independent evaluation?

Ш	Yes
	No
f Ye	s, please provide the most up to date information provided by each organisation
	arrangements are in place to measure the satisfaction of children and young peol mental illness, learning disability or related condition using advocacy services?
	do you monitor complaints about advocacy services for children and young people al illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	No monitoring
	Other (please specify)
	Other (please specify)
	Other (please specify)
ny a	Other (please specify) do you currently raise awareness and deliver public information about the available dvocacy services for children and young people with mental illness, learning disalted conditions in your area?

12	Have	there been any specific actions to promote the use of advocacy among staff?
		Yes
		No
	Pleas	e provide any further details below.
Future	e plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
	\boxtimes	No
		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
	\boxtimes	Yes
		No
	If Yes	, please describe
	This v	vill be included as part of the work with the new advocacy provider.

ple, are there other local advocacy services which are not commissioned but re rom other services?	:ceiv

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Who Cares? Scotland, 40 Wellington Street, Glasgow G2 6HJ	Children First, The Annexe, Highfield House, Northfield Terrace, Elgin IV30 1NE	Circles Advocacy, 40-42 Moss Street, Elgin, IV30 1LT		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes
5	People with dementia	Yes	Yes	⊠ Yes	☐ Yes	☐ Yes

		⊠ No	⊠ No	No	No	No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
7	Mentally disordered offenders	☐ Yes ⊠ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes	☐ Yes ☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes
11	Children & young people with a mental health problem	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes
12	Children & young people with a learning disability	⊠ Yes	⊠Yes	☐ Yes	Yes	Yes

		☐ No	□No	⊠ No	☐ No	☐ No
13	Children & young people with ASD or ADHD	⊠Yes	⊠Yes	☐Yes	☐Yes	Yes
		□No	□No	⊠ No	□No	□No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)			Adult Support and Protection cases		

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
	 Under 18 with mental health issues, learning disability 	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes
	 Adults up to 65 	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
	■ Adults over 65	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	⊠Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	■ Collective	☐Yes	☐Yes	⊠Yes	☐Yes	☐Yes
		⊠No	⊠No	□No	□No	□No
	Citizen	☐Yes	☐Yes	☐Yes	☐Yes	☐ Yes
		⊠No	⊠No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	☐Yes	☐Yes	☐Yes	☐Yes	☐ Yes
	auvocacy:	⊠No	⊠No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):	£40,644 p.a.	£51,036 p.a.	£158,617 core plus £35k substance misuse contribution		
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	1 year 2 years 3 years Other (please detail) 3 years & 6 months	1 year 2 years 3 years Other (please detail) 3 years & 6 months	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	4	3			

Organis	sation:	East Dunbartonshire Health and Social Care Partnership
Job Title:		Interim Head of Adult Services
	e behalf are you responding? ard, HSCP, Local Authority)	HSCP
	Part	One: Adult Survey
Current P	lanning	
2 At	what level is advocacy strate	gic planning carried out in your area?
	NHS board-wide	
] HSCP	
	Local Authority	
	Other (please specify)	
3 ls	there an advocacy planning gr	oup covering your area?
	Yes	
	No	

4 Is there a current independent advocacy strategic plan for your area?

Yes

No

If Yes, can you please submit a copy along with your questionnaire?

If No.	, is an advocacy strategic plan in the process of being developed?
	Yes
	No
	s please provide details of when the advocacy strategic plan will be completed please can you kindly advise why this is not being developed?
N/A	

Consultation & Involvement

6 Please describe how advocacy provider organisations were consulted or involved in the development of the plan

The Strategic Advocacy Plan for the NHS Greater Glasgow and Clyde area covers all six partnerships including East Dunbartonshire. The Plan has been developed in consultation with a wide range of partners and stakeholders and builds upon the work of the earlier Advocacy Plans developed by Greater Glasgow and Clyde.

The Plan has been developed in consultation with partners and stakeholders who have an interest in the delivery of independent advocacy services including staff and voluntary organisations.

A Strategic Advocacy Planning Stakeholder survey was also completed to determine the view of staff across both the statutory and third sectors. The survey was anonymous and views were secured from all of the HSCPs across Greater Glasgow and Clyde including East Dunbartonshire.

Service user, carer and stakeholder feedback was also used to identify areas for development across the partnership areas and locality work across our services including commissioning consistently seeks to engage with provider organisations to ensure that appropriate access to advocacy is available through monitoring and engagement mechanisms, such as locality Provider Forums.

7 Please describe how people who use advocacy services were consulted or involved in the development of the plan

A Strategic Advocacy Planning Focus Group was developed to ensure that those who use advocacy services were involved and consulted in the development of the plan. The group had representatives from

Advocacy providers, HSCP staff and from those who use advocacy services and their carers and there were representatives across the following care groups; learning disability, mental health, physical disabilities, acquired brain injury and carers representatives. Separate feedback on the perceived gaps in services was also provided by those who use advocacy services and their carers.

East Dunbartonshire HSCP as part of our arrangements for providing and commissioning advocacy services locally follows the Guide for Commissioners when engaging with service

8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
10	If No, is an action plan in the process of being developed?
	Yes
	No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	We have locality strategies in place or in development across Mental Health, Dementia, Learning Disability services and advocacy is a key part of our locality delivery of services to support both the people who use services and their carers. In East Dunbartonshire a new HSCP Strategic Plan was recently completed for 2022-2025 and a key priorities within this plan is to empower people and communities and better supporting carers by both encouraging more informal support networks at a local level including but also to ensure that access to local advocacy and carer supports are easily and readily available.
	The preparation of this Strategic Plan has also been supported by analysis of a wide range of consultation activity undertaken by services and by the HSCP more widely since the preparation of the previous Strategic Plan including the work of the East Dunbartonshire Patient, Service User and Carer Group (PSUC) to ensure that carer engagement and involvement will be a

continuous process to ensure views from all sectors of the community are captured and shared

to influence decisions made.

users and other stakeholders to ensure that appropriate access to advocacy is available

through monitoring and engagement mechanisms.

1	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans		
	In East Dunbartonshire as part of our Learning Disability Services Review there is an overarching locality Strategic Plan and significant developments are being taken forward as part of this plan. This includes the move to a new purpose build community based day service which is co-located with a leisure and sports facility. As part of this process our local advocacy service, Ceartas Advocacy has undertaken a number of initiatives to support those who use the service to have their views expressed as part of this development and to prepare them for the move to the new service. Ceartas advocacy have facilitated both individual and group sessions for adults affected by learning / intellectual disability and these have helped to shape the new service and assist with the transition arrangements to the new service which is scheduled to open in January 2023.		
Curr	ent Commissioned Services		
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?		
	□ No		
	If Yes, please provide details		
	In East Dunbartonshire our local advocacy provider, Ceartas Advocacy provides prioritised access for advocacy support in terms of statutory Mental Health work both where people are subject to compulsory measures under the Mental Health Act but also where support is required in terms of the Adults with Incapacity (Scotland) Act and we provide additional funding specifically to assist with AWI and hospital discharge to ensure that adults and carers views are always central to decisions surrounding hospital discharge.		
	Advocacy support in respect of Adult Support and Protection is also provided on a prioritised basis, as is support to children who are looked after and/or accommodated by Who Carers.		
3	Do you specify that any organisations apply a limit to the amount of advocacy support per person?		
	☐ Yes		
	No		
	If Yes, please provide details		
	N/A		

11

Mental Health	Learning Disability	Dementia		
Please provide details				
In East Dunbartonshire we do not commission advocacy services specifically for homeless people but our provision of Advocacy Services by Ceartas is open to homeless people and additional 1-1 support is provided by Housing Support Officers.				
Do you currently commission advocacy services specifically for <u>asylum seekers</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?				
Mental Health	Learning Disability	Dementia		
		Demenda		
	Ш			
	ocacy services pen to homeles	ocacy services specifically for homele pen to homeless people and additionary croices specifically for asylum seekers tia? Please tick where appropriate. If r		

Do you currently commission advocacy services specifically for <u>homeless people</u> with mental

health issues, learning disability or dementia? Please tick where appropriate. If not, how do

14

16	Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?				
			Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned for \boxtimes \boxtimes carers					
Speci carer		vice explicitly commissioned for			
No ca	rers' a	dvocacy service			
Pleas	e prov	ide details			
Carer	In East Dunbartonshire we commission Carers Link to provide independent supports to carers. Carers Link delivers a numbers of supports to carers of numerous care groups; these include mental health, learning disabilities and dementia.				
Comr	missioı	ning budget			
17	17 Has the commissioning budget for mental health, learning disability or dementia independent advocacy organisations changed over the past two years?				
		Yes			
		No			
	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details				
	The budget allocated to advocacy over the past two years had remained consistent.			nt.	

Prisons and advocacy services

18	Do yo	ou have any prisons in your HSCP area?
		Yes
		No
9	If Yes	s, do any of the services currently commissioned provide advocacy support in the n(s)?
		Yes
		No
	If Yes	s, please provide details
	SPS f	unded.
20	•	ou please outline how prisoners are informed about independent advocacy services? question)
	that i	Low Moss is within the East Dunbartonshire HSCP area. Prison Based Social Work ensure ssues in relation to the need for advocacy are addressed and that information regarding eacy services is provided from prison inductions, integrated case management and parole iews.
NHS	patient	s placed in private healthcare facilities out with home health board area
21		se specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support?
		From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any f	urther details

Monitoring and review arrangements

What are the outcomes you are seeking to achieve and how do you monitor these?

The high level outcomes to be achieved are:-

 SOA 5 –"Our people & communities enjoy increased physical and mental wellbeing and

health inequalities are reduced.

 SOA 6 –"Our older population are supported to enjoy a high quality of life and our more

vulnerable citizens, their families and carers benefit from effective care and support services.

These outcomes are monitored by checking the number of people satisfied with the services received and feel their own individual outcomes are being/have been met. This can be via questionnaire or face-to-face meetings with service users to obtain feedback. The Provider is also expected to produce Annual Reports detailing service levels, numbers accessing the service, how many achieved their outcomes, etc.

There are individual outcomes for each individual accessing the service and these will be reviewed/monitor by Care Managers as part of standard review processes.

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

In East Dunbartonshire as part of our contract management arrangements the quality of services delivered is measured during Audit/Review of the Service and is informed by feedback from individuals/stakeholders. Advocacy provision is also reviewed by the Scottish Independent Advocacy Alliance to ensure adherence to legislation, regulations, etc. as well as numbers accessing, outcomes achieved.

24	Do you get information from each organisation about the number of people accessing
	advocacy support?

□ No

Yes

 \bowtie

If Yes, please provide the most up to date information provided by each organisation

Although this information is collated, this has been put on hold since March 2020 due to Covid and is in the processing of being redeveloped/reinstated.

•	ou ask services to provide information about unmet needs, e.g. about people waiting to ss advocacy support?
	Yes
	No
If Ye	s, please provide the most up to date information available
for a beco	is time our local Advocacy Services have not indicated that any Waiting List are in placed dvocacy services or reported significant unmet need, but as we move forward, this may me a feature due to a number of factors, such as our high elderly lation/demographics meaning higher demand for services, cost of living pressures, ced service delivery, implementation of National Care Service, etc.
	ou aware of providers prioritising provision of advocacy support to people subject to pulsory measures?
	Yes
	No
If Ye	s, please provide details
spec	Dunbartonshire's main advocacy provider provides Ceartas, support to individuals from ific care groups, these groups may on occasion be subject to legislative powers and the cacy provider is required to support the individual during this period, if requested.
statu Ment (Scot disch	ocal advocacy services provide prioritised access for advocacy support in terms of tory Mental Health work both where people are subject to compulsory measures under all Health Act but also where support is required in terms of the Adults with Incapacity cland) Act and we provide additional funding specifically to assist with AWI and hospital harge to ensure that adults and carers views are always central to decisions surrounding ital discharge.
1	cacy support in respect of Adult Support and Protection is also provided on a prioritised, as is support to children who are looked after and/or accommodated by Who Carers.
What servi	arrangements are in place to measure the satisfaction of people using advocacy ces?
the s	advocacy provider is required to submit an account/report of their client satisfaction w ervice. This gives an overview of the feedback from those receiving the service and their rience of it.

Hov	v do you monitor complaints about advocacy services?
	Annual monitoring data from providers
	No monitoring
	Other (please specify)
	In East Dunbartonshire as part of the contract management and monitoring returns details such as numbers, category of complaint, resolution level and timescale are gathered; plus a review of the providers complaints procedure is undertaken annually.
	v do you currently raise awareness and deliver public information about the availability of ntal health, learning disability or dementia advocacy services in your area?
Soc	ast Dunbartonshire our main advocacy project is located close to our principal Health and ial Care building and there are strong existing relationships between Ceartas Advocacy and of our staff teams who consistently promote their work and role.
	rtas Advocacy are represented at our Adult Protection and Child Protection Committees and integral members on a number of our strategic groups.
is pi wor	rtas Advocacy regularly attend team and other meetings within the HSCP, where their work romoted and highlighted and routinely supported and promoted by our staff who support the k and value of our advocacy services. This is additionally supported through our induction ew staff, additional training and related sessions.
serv	internal annual audit/self-evaluation process also focusses upon the delivery advocacy vices to ensure that the consistency of the provision and promotion of advocacy services is nitored and reviewed across our services.
	ters and promotional leaflets are accessible within the Kirkitilloch Health and Care Centre for a staff and those who use our services.
	work of advocacy services including Ceartas Advocacy and Take Control who provide port to those accessing Self Directed Support is also highlighted on our website.
	e there been any specific actions to promote the use of advocacy among health and social e/social work staff?
	Yes
	No
	How mer In E Soc all of Cea are Cea is possible to the sup

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	Whilst there is nothing specifically detailed within the contract any successful provider at point of tender award was assessed on their equality and diversity policy to ensure they operated a fully inclusive approach to accessing their service.
32	How do you measure this?
	Within the providers published annual reports they detail the levels and breakdown of all who have accessed their service. This will include demographic and sociographic information.
Future	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	□ No
	If Yes, please describe
	Numbers accessing Social Work both in terms of our fieldwork teams, and numbers accessing our commissioned services in the past, allows East Dunbartonshire to project the anticipated demand over the next 2 to 3 years.
34	If No, how do you plan to address any unmet need in future?
	N/A
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	⊠ Yes
	□ No
	If Yes, please describe

programme to support the development of our new day service to ensure that those affected by learning / intellectual disabilities are much more consistently and routinely consulted and have their views represented (and not just those of their carers) and at the heart of future service developments.		
	ny specific actions planned to do more to promote awareness of the availability of eacy services locally over the next two years?	
\boxtimes	Yes	
	No	
	Other (please specify)	
	In East Dunbartonshire we have just reviewed our local Adults with Incapacity Procedures and a series of briefing and training sessions is planned to take place over the autumn / winter 2022 and the promotion and availability of advocacy services locally forms part of these sessions. Additionally we continue to seek to reinstate some of the more routine and regular contact with our advocacy services and commissioned services more generally as we move out of the Covid-19 pandemic such as regular provider forums, learning and development sessions.	
For ex	Other Comments? Kample, are there other local advocacy services which are not commissioned but receive any from other services?	
N/A		

As part of this work in East Dunbartonshire we are looking to develop our services to people with autism and whilst we have already developed some additional targeted advocacy support

Similarly as part of the work of our Learning Disability Strategic review we are looking to develop our work with adults with learning / intellectual disabilities building on the successful

to people with autism we are looking to develop this further.

36

Part Two: Children & Young People Survey

Current Planning		
1	Do you have an	integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes, does it in	nclude advocacy?
		Yes
		No
	If Yes, can you	please submit a copy along with your questionnaire?
Comm	nissioning	
3		ssioning budget for children and young people's mental health/learning endent-advocacy organisations changed over the past two years?
	Yes	
	No	
4		as changed (either an increase or decrease) please say how. Have services onsequence? Please provide details
	The budget allo	cated to advocacy over the past two years had remained consistent.

NHS patients placed in healthcare facilities out with home health board area

5	relate	e specify how many children or young people with a mental illness, learning disability or d condition and in a placement out with their home local authority would receive eacy support?		
		From a local service where they are receiving care		
		From home health board / local authority		
		Don't know		
	Any fo	Any further details		
	from S Unit b Who G with a Partna Admir	Ounbartonshire has hosted responsibilities for Specialist Children's Services provided Skye House by the West of Scotland Adolescent Inpatient Unit and The Child Inpatient oth of which have advocacy services specifically commissioned. Cares? Scotland provide advocacy supports to looked after children and young people or n experience of care; potentially up to the age of 26. Lers in Advocacy are additionally commissioned by the Scottish Children's Reporter nistration to provide advocacy to children and young people within the hearing system as f the 'Better Hearings' partnership improvement work.		
Monit	oring a	nd review arrangements		
This s	section people	is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition.		
This s	section g people What	is only applicable if you commission independent advocacy services for children and		
This s	what do yo	is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition. are the outcomes you are seeking to achieve for the children and young people and how		
This s	what do yo	is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition. are the outcomes you are seeking to achieve for the children and young people and how u monitor these?		
This s	what do yo	is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition. are the outcomes you are seeking to achieve for the children and young people and how a monitor these? igh level outcomes to be achieved are: SOA 5 –"Our people & communities enjoy increased physical and mental wellbeing and		

In East Dunbartonshire these outcomes are monitored by checking the number of people satisfied with the services received and feel their own individual outcomes are being/have been met. This can be via questionnaire or face-to-face meetings with service users to obtain feedback. The Provider is also expected to produce Annual Reports detailing service levels, numbers accessing the service, how many achieved their outcomes, etc.

There are individual outcomes for each individual accessing the service and these will be reviewed/monitor by Care Managers as part of standard review processes.

In terms of Specialist Children's Services the Independent Advocacy Service the hosted services include the West of Scotland Adolescent Inpatient Unit and The Child Inpatient Unit. The Service will be provided to the whole spectrum of mental health service users up to the age of 18 years and the diversity of the population including gender, ethnicity, age, disability (physical or otherwise) and sexuality.

The outcomes to be achieved are to ensure support is provided to individuals during transition from the in-patient service to the community, the service requires a formal handover period of three months.

To provide a Service which will ensure support to individuals at health service meetings, mental Health tribunals and other legal proceedings, and a model of service to meet the needs of the Individuals and maintain confidentiality of individuals. Including effective management of long term advocacy relationships. The delivery of the service will adhere to the Milan Principles of the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Scottish Independent Advocacy Alliance Standards; also an understanding of Section 2 of the Mental Health (Care and Treatment) (Scotland) Act 2003 and will assist and inform consultation processes to ensure the most effective engagement with service users on aspects of policy, mental health strategy and service change. Advocacy provision will lead and develop an engagement programme with service users for service improvement, and provide the means to enable service users to raise 'gaps' and 'unmet need' that can inform the future planning and provision of mental health services.

Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?

The quality of services delivered in East Dunbartonshire is measured during Audit/Review of the Service and is informed by feedback from individuals/stakeholders. Advocacy provision is also reviewed by the Scottish Independent Advocacy Alliance to ensure adherence to legislation and regulation, as well as numbers accessing services and the outcomes achieved.

Specialist Children's Services

- 3.1 Quarterly report, to include but not be limited to:
 - Total number and sources of referrals.
 - Number and sources of referrals accepted, broken down by age, gender and ethnicity of service user.
 - Number and sources of referrals refused with reasons, broken down by age, gender and ethnicity.
 - Number of "live" cases at the end of the quarter, broken down by case type and age, gender and ethnicity of service users.
 - Number of cases closed in the previous quarter, broken down by case type, showing average number of hours spent, with summary of outcomes.
 - · Record of time taken on individual cases.
 - Records of any complaints or compliments the service receives.
 - Staff turnover and records of training and supervision for staff (aggregated).
 - Relevant financial data on cost and expenditure.

		 Number and nature of complaints received and corrective action taken. Engagement and participation Promotion of the service
8	peop	ou get information from each organisation about the number of children and young le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
		Yes
		No
	If Yes	s, please provide the most up to date information provided by each organisation
	Spec	ialist Children's Services – see attached Partners in Advocacy 2022 Quarter 4 report.
		POF
		24 MH Report arch Partners i
9		arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
	Marc group and c to co the g referr sessi	In Specialist Children's Services advocacy face to face group sessions re-started on the 24 h 2022 with Occupational Therapy at Skye House to support the young people, and these is will be held fortnightly, additional group sessions will be moving forward with a focus drive to engage the young people with the advocacy workers. All young people are invited intribute to an advocacy canvas which will be displayed when finished. The importance of the roup sessions is recognised because of feedback from the young people and direct rals for young people who requested individual advocacy support after attending a group on which has been seen to simulate the relationships advocacy workers build with young lie in the community.
10		do you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?
	\boxtimes	Annual monitoring data from providers
		No monitoring
		Other (please specify)

Individual records which should comply with data protection and accessibility requirements and also record not only personal detail and requirements but

outcomes.

Geographic Area

11	How do you currently raise awareness and deliver public information about the availability of any advocacy services for children and young people with mental illness, learning disability or related conditions in your area?
	 Specialist Children's Services Promotion of the Advocacy Service: Advocacy drop in sessions for young people and staff Focus Group sessions – explain the role of independent advocacy Specialist Children's Services Communications – email, staff meetings etc Posters within the wards detailing planned activities Advocacy workers have offered advocacy sessions to introduce the Mental Health Act and the role of Independent Advocacy to new staff and students. Our mental health advocacy workers participated in outreach activities for Partners in Advocacy within a number of Secondary schools. Partners in Advocacy partnered with Ubunto, an organisation who support young people in education. Ubunto feel there are many children in our society, particularly those from challenged and disadvantaged backgrounds, kinship care or requiring additional support, who have little or no motivation to learn and are acting to make a difference to those young people. Ubunto approached Partners in Advocacy to provide sessions on children rights, independent advocacy, and how young people can access support when they need it. One of our mental health advocacy workers facilitated two of these sessions and engaged with young people to show rights and what it can mean for young people in real life and explained how rights can work in different situations, including when young people find themselves in hospital
2	Have there been any specific actions to promote the use of advocacy among staff?
	□ No
	Please provide any further details below.
	Within both Specialist Children's Services and the HSCP there have been a number of Advocacy drop in sessions, specific communications to promote the service and details as to how to refer and consistent communications within staff meetings, emails and briefs.
uture	plans
3	Does your integrated children services planning structure include an advocacy planning group covering your area?

Yes

No

 \boxtimes

		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
		Yes
		No
	If Yes	, please describe
		alist Children's Services - Projections and data are routinely provided re service needs, ommissioned service SLA is planned for until 2025.
	need service	pers accessing Social Work in terms of our transitions based work and analysis/projected and those known to our fieldwork teams, and numbers accessing our commissioned ses in the past, allows East Dunbartonshire to project the anticipated demand over the 2 to 3 years.
15	If No,	how do you plan to address any unmet need here?
	N/A	
16	For ex	other Comments? Italian cample, are there other local advocacy services which are not commissioned but receive any from other services?
	N/A	

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	CEARTAS Independent Advocacy Service Suites 5-7 McGregor House, 10 Donaldson Crescent, Kirkintilloch, G66 1XF.	Carers Link Milngavie Enterprise Centre, Ellangowan Road, Milngavie, G62 8PH.	Who Cares? Scotland 40 Wellington Street, Glasgow G2 6HJ	Partners in Advocacy G/1 Links House 15 Links Place Edinburgh EH6 7EZ	
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No

4	People with learning disability	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No
5	People with dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No
7	Mentally disordered offenders	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes ☑ No	☐ Yes

11	Children & young people with a mental health	Yes	⊠ Yes	⊠ Yes	⊠ Yes	Yes
	problem	⊠ No	□No	□No	□No	□No
12	Children & young people with a learning disability	☐ Yes	Yes	⊠ Yes	⊠ Yes	☐ Yes
	disability	⊠ No	□No	□No	□No	□No
13	Children & young people with ASD or ADHD	☐ Yes	Yes	⊠ Yes	⊠ Yes	Yes
		□No	□No	□No	□No	□No
14	Looked-after children & young people	☐ Yes	Yes	⊠ Yes	⊠ Yes	☐Yes
	including those who have mental illness, learning disability or related conditions	⊠ No	□No	□No	□No	□No
15	Looked-after children & young people but not	☐ Yes	Yes	⊠ Yes	☐ Yes	☐Yes
	including those who have mental illness, learning disability or related conditions	⊠ No	□No	□No	⊠ No	□No
16	Young asylum seekers with mental	Yes	Yes	⊠ Yes	⊠ Yes	Yes
	illness/learning disability/dementia	│ │	□No	□No	□No	☐ No
17	Children/young people with any other condition (specify)				Eating Disorders	
18	People with any other condition (specify)	The Service will be made available to males and females	The Service will be made available to Carers, both male and female who are:-			
		aged 16 years and over	Aged 8 – 18 years and			
		who fall into one or more of the following	reside within East			
		more of the following				

client groups: Mental	Dunbartonshire (Young		Τ
Health, Autistic	Carer's)		
Spectrum Disorder	Aged 18 years and over		
(ASD), Learning	who reside or care for		
Disability, Older	someone residing within		
People, Dementia,	East Dunbartonshire		
Acquired Brain Injury,	(Adults)		
Physical Disability,	,		
Sensory Impairment &			
Additional			
Communication			
Support Needs and			
Addictions.			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes ⊠ No	☐ Yes
	 Under 18 with mental health issues, learning disability 	☐ Yes ⊠ No	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No
	 Adults up to 65 	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	■ Adults over 65	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	⊠Yes	⊠Yes	⊠ Yes	⊠Yes	☐Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	⊠ Yes	⊠ Yes	⊠ Yes	Yes
		□No	□No	□No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	☐ Yes
		⊠No	⊠No	⊠No	⊠No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	⊠Yes	☐Yes	☐ Yes	☐Yes	☐ Yes
	auvocacy:	□No	⊠No	⊠No	⊠No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
2	Budget Information: total annual amount allocated – (*all 2022/23 budget)	£444,236.69	£324,398.07	£20,741.00	£50,000.00	
	Details total budget information split into the following categories (if possible):	Advocacy Provision - £287,677.21 Advocacy Information Service - £39,568.89 Support to Delayed Discharge - £27,989.21 Older Peoples Action Link (OPAL) - £89,001.26 Unable to break down further across the following categories	Carer support service - £254,398.07 Child/ Young Carer Support £70,000.00 Unable to break down across the following categories		Unable to break down across the following categories;	
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					

Homeless people with mental illness, learning disability, dementia				
Asylum seekers with mental illness, learning disability, dementia				
Carers of people with mental illness, learning disability, dementia				
Children & young people with a mental health problem			X	
Children & young people with a learning disability			Х	
Children & Young people with ASD or ADHD			X	
Looked-after children & young people including those who have mental illness, learning disability or related conditions		X		
Looked-after children & young people but not including those who have mental illness, learning disability or related conditions		X		
Young asylum seekers with mental illness, learning disability, dementia				
Children * young people with any other condition (specify)			X	

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
23	What is the term of funding allocated to this organisation? (NEW question)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
		11 NITE -+- ff :	F WTF d	0 W.T.E	to renew.	
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	11 x WTE staff in total with 5 x WTE dedicated Advocacy Workers	5 x WTE workers providing advocacy to Adults as part of overall Carer Support and 2 x WTE Workers providing advocacy to Young Carers	2 x WTE advocacy staff; 1 x Advocacy and Participation Worker 1 x Advocacy and Participation Manager	1.5 x WTE supported by a Service manager Operations manager and strategic leadership form the CEO.	

Organisation:	East Renfrewshire HSCP
Job Title:	Chief officer
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP

Part One: Adult Survey

<u> </u>		•	
I 'HIPPORT	רועו	nnıı	
Current			_

_		
2	At wha	at level is advocacy strategic planning carried out in your area?
	\boxtimes	NHS board-wide
	\boxtimes	HSCP
	\boxtimes	Local Authority
		Other (please specify)
l		
3	Is ther	e an advocacy planning group covering your area?
		Yes
		No
4	Is ther	e a current independent advocacy strategic plan for your area?
		Yes
	\boxtimes	No
	If Yes	can you please submit a copy along with your guestionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Our HSCP Strategic Plan and other plans include the provision of advocacy and the importance of lived experience shaping the services we provide and ensuring independent voice in all matters. We are working on our specific plan and hope to have this completed 2023.
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	NA
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	NA
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	□ No
	If Yes, can you please submit a copy along with your questionnaire?
Action	ı Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?

10	If No, is an action plan in the process of being developed?
	☐ Yes
	□ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Our Strategic Plan 2022-25 has 8 strategic priorities with a specific priority related to; Mental and emotional wellbeing is improved among children, young people and their families and working together with individuals and communities to tackle health inequalities and improve life chances, Our Strategic Plan is aligned to Fairer East Ren Strategy and Greater Glasgow and Clyde Mental Health Strategy. Our Carers Strategy identifies the right for assessment and support for people with a caring responsibility. Both of these priorities are focused on ensuring people are supported.
Curro	nt Commissioned Services
Curre	nt Continussioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes
	□ No
	If Yes, please provide details
	The contracts we hold with providers outline the requirement for advocacy for statutory and non-statutory functions
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	☐ Yes
	No
	If Yes, please provide details

	Do you currently commission advocacy services specifically for <u>homeless people</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?				
	Mental Health	Learning Disability	Dementia		
Generic service explicitly commissioned to support homeless people with this condition					
Generic service open to homeless people with condition – no specific agreement relating to this					
Specific homeless advocacy service (s) commissioned					
None of the above apply, advocacy services can be accessed by anyone who has contact with our services. Our advocacy services are open to all residents and all age groups across East Renfrewshire. As we host the Specialist Inpatient Service for NHS GGC for learning disability we also have a contracted provider for that service. 15 Do you currently commission advocacy services specifically for asylum seekers with mental					
Do you currently commission advocacy health issues, learning disability or demoyou ensure they are supported?	entia? Please tick	where appropriate. If I			
health issues, learning disability or dem					
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition	entia? Please tick	where appropriate. If I	not, how do		
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to	entia? Please tick	where appropriate. If I	not, how do		
health issues, learning disability or demyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Status. Generic service open to asylum seekers with condition – no specific agreement relating to	entia? Please tick Mental Health	where appropriate. If r	Dementia		
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Status. Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s)	entia? Please tick Mental Health	where appropriate. If r	Dementia		
health issues, learning disability or demyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Status. Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s) commissioned	entia? Please tick Mental Health	where appropriate. If r	Dementia		

16	Do you currently commission advocacy health issues, learning disability or demyou ensure they are supported?				
		Mental Health	Learning Disability	Dementia	
	Generic service explicitly commissioned for \boxtimes \boxtimes \boxtimes carers				
-	Specific service explicitly commissioned for carers				
No ca	arers' advocacy service				
Pleas	se provide details				
Carers are supported through Carers Centre who also provide advocacy and support, however, people who have caring responsibilities are able to access commissioned advocacy service.					
Commissioning budget					
17	17 Has the commissioning budget for mental health, learning disability or dementia independent advocacy organisations changed over the past two years?				
	⊠ Yes				
	□ No				
	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details				
	All of our social care commissioned serv Scottish Living Pay award to support red				

Prisons and advocacy services 18 Do you have any prisons in your HSCP area? Yes \boxtimes No 19 If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)? Yes No If Yes, please provide details 20 Can you please outline how prisoners are informed about independent advocacy services? (NEW question) NHS patients placed in private healthcare facilities out with home health board area 21 Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority Don't know Any further details

N/A

Monitoring and review arrangements

	What are the outcomes you are seeking to achieve and how do you monitor these?
	People who require independent advocacy are able to access this service are supported to; engage with an independent person / body and are supported to navigate understand processes, communicate with services and agencies and to shape decisions about their life.
!	Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?
	Commissioned services provide regular quarterly reports on performance and outcomes for people using the service.
ļ	Do you get information from each organisation about the number of people accessing advocacy support?
	□ No
	If Yes, please provide the most up to date information provided by each organisation
	Partners In Advocacy – 20 young people being supported (quarterly report) The Advocacy Project – 75 individuals supported (quarterly report) Womens Aid – 120 women and children supported(quarterly report)
ļ	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	⊠ Yes
	□ No
	If Yes, please provide the most up to date information available
	Services will identify if there is an increase in demand for a service and if they are unable to support additional requests. During 2020/22 the models of support has changed where a number of people were supported remotely at the height of the pandemic, this has now returned to more in person support

26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?		
		Yes	
		No	
	If Yes	, please provide details	
		dvocacy project are commissioned to offer - People affected by the Mental Health (Care and nent) (Scotland) Act 2003 have a legal right to independent advocacy.	
27	What a	arrangements are in place to measure the satisfaction of people using advocacy es?	
	or fee	e are able to respond directly to the commissioned partner, information in any complaints dback are part of regular monitoring, people are able to report directly to HSCP services have any concerns or feedback and can access HSCP complaints procedures. We also are Opinion and have Carer support arrangements in place.	
28	How d	lo you monitor complaints about advocacy services?	
	\boxtimes	Annual monitoring data from providers	
		No monitoring	
		Other (please specify)	
		We also request quarterly/6 monthly updates as part of monitoring arrangements.	
29		lo you currently raise awareness and deliver public information about the availability of all health, learning disability or dementia advocacy services in your area?	
	I .	nation is provided through a range of mediums; social media, websites, through ssional staff as part of individual assessment and through the commissioned services.	
30		there been any specific actions to promote the use of advocacy among health and social social work staff?	
		Yes	
		No	

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	Through the routes identified above and through ethnic community networks
32	How do you measure this?
	As part of regular performance data.
Futur	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	⊠ Yes
	□ No
	If Yes, please describe
	Our Strategic Plan and associated Implementation Plan and Annual Performance report provides regular monitoring of performance and activity and ensures if there is additional need this is captured and reported. This information is shared with services. We work with our teams / local service users and advocacy to review the current demand and expected demand as part of our quality improvement cycle, we also review this formally with commissioned providers
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	⊠ Yes
	□ No
	If Yes, please describe

the p of an comi	veloping our Strategic Plan 2022-25 we have identified through our engagement and back that there has been an increase in demand for services both as part of the impact andemic, including an increase in the complexity of care required. Additionally we aw increase in the number of people delayed in a hospital setting who are AWI. Within o missioned services we have experienced reduced capacity as a result of the pandemi absence and recruitment challenges.
	ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
	Yes
\boxtimes	No
	Other (please specify)
For e	Other Comments? xample, are there other local advocacy services which are not commissioned but rec
We k supp regai	ng from other services? now that a number of our commissioned and third sector partners will provide advice ort as part of the range of services available to individuals and families. This is often ded as formal advocacy support but is often in the form of advice, support and dance at meetings including medical or DWP appointments. For example our Commitworkers are a commissioned services aligned to local GP practices, the service will o

Part Two: Children & Young People Survey

Current Planning		
1	Do you have an	integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes, does it in	nclude advocacy?
	\boxtimes	Yes
		No
	If Yes, can you	please submit a copy along with your questionnaire?
Comm	nissioning	
3		ssioning budget for children and young people's mental health/learning endent-advocacy organisations changed over the past two years?
	⊠ Yes	
	☐ No	
4		as changed (either an increase or decrease) please say how. Have services onsequence? Please provide details
	impact of pay expected that	n relation to payments to external providers were uplifted to reflect the awards across the Health and Social Care service. It would not be the service would change as this increase reflected an increase in costs elated to any change in the volume of advocacy services provided.

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?			
	From a local service where they are receiving care			
	From home health board / local authority			
	☐ Don't know			
	Any further details			
	N/A			
Monito	oring and review arrangements			
	ection is only applicable if you commission independent advocacy services for children and people with mental illness, learning disability or related condition.			
6	What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?			
	Outcomes: SHANARRI indicators for ER HSCP commissioned work Outcomes: Informed of rights under MHCTA, NHS GGC commissioned work.			
7	Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?			
	Quarterly monitoring meetings and reporting to HSCP and NHS commissioners – captures demographic information, referral source, presenting issues, brief summary of closed cases.			
	No independent evaluation carried out by HSCP or NHS.			
	Advocacy satisfaction survey carried out in Skye House by PiA.			
Į				

8	peopl	u get information from each organisation about the number of children and young e with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
		Yes
		No
	If Yes	s, please provide the most up to date information provided by each organisation
	Yes -	Figures below April 2020 - March 2022 = 72 children and young people.
	1	ncludes – 1 referral from CAMHS (community) and 4 MHO referrals for ER young people ital based).
	The re	emainder is referrals from community/partner agencies/self
9		arrangements are in place to measure the satisfaction of children and young people nental illness, learning disability or related condition using advocacy services?
	the se	onducts end of advocacy partnership feedback surveys to rate levels of satisfaction with ervice, what could be improved, etc. Very low return rates, hampered by the fact that children and young people are discharged from hospital and mailouts of the survey ves little or no response. Sent out via mail, email and available on Survey Monkey
10		do you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?
		Annual monitoring data from providers
		No monitoring
		Other (please specify)
		PiA has a duty to inform HSCP and NHS commissioners of any complaints. No complaints received between April 2020 – March 2022.
11	any a	do you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area?
		rebsite and social media. Attendance at HSCP buildings and ASN sub-group meetings.
	Week	ly inpatient meetings in Skye House and Ward 4, Child Inpatient Unit (NHS)

12	Have	there been any specific actions to promote the use of advocacy among staff?		
		Yes		
		No		
	Pleas	e provide any further details below.		
		ers in Advocacy attend social work team meetings and the local ASN sub group is a agency partnership meeting.		
Futur	e plans			
13		Does your integrated children services planning structure include an advocacy planning group covering your area?		
		Yes		
		No		
	\boxtimes	Other (please describe)		
		The advocacy services we commission participate in quarterly monitoring group meetings with senior managers. All advocacy services we commission attend children's planning group – Corporate Parenting and Additional Support Needs. The service is very integrated into strategic planning structures and arrangements.		
14	•	ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?		
		Yes		
		No		
	If Yes	, please describe		
	As pa	rt of integrated children's planning arrangements in planning cycle		

15	If No, how do you plan to address any unmet need here?

16 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Aberlour Safeguarding Service for unaccompanied asylum seeking children and young people.

Who Cares Scotland – for care experienced children and young people

Partners in Advocacy for Children's Hearing System – Scottish Government commissioned service

Link below to our Children's Services Plan 2020-2023

https://eastrenfrewshire.gov.uk/media/5077/Children-s-Services-Plan-2020-to-2023/pdf/Childrens Services Plan 2020 to 2023.pdf?m=637575421704630000

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Partners in Advocacy	The Advocacy Project	Womens Aid ER		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
5	People with dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes	☐ Yes	☐ Yes
7	Mentally disordered offenders	☐ Yes ☑ No	☐ Yes	☐ Yes ☑ No	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☐ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
11	Children & young people with a mental health problem	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
12	Children & young people with a learning disability	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes

13	Children & young people with ASD or ADHD	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	Yes	⊠Yes	⊠Yes	☐Yes	☐ Yes
		□No	□No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	⊠ Yes	Yes	Yes	Yes	Yes
	learning aloubinty	□No	□No	□No	□No	□No
	Adults up to 65	Yes	⊠Yes	⊠Yes	☐Yes	☐ Yes
		□No	□No	□No	□No	□No
	 Adults over 65 	☐Yes	⊠Yes	⊠Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	⊠Yes	Yes	☐Yes
		□No	□No	□No	□No	□No
	Collective	☐Yes	☐ Yes	☐ Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Citizen	Yes	☐Yes	☐Yes	Yes	☐ Yes
		□No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	Yes	☐Yes	☐Yes	☐Yes	☐ Yes
	advocacy?	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):	£27,030.84	£173,683.52	£115,775.98		
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail).	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)					

Orga	nisat	ion:	Glasgow City Health and Social Care Partnership			
Job T	itle:		Chief Officer			
		ehalf are you responding? HSCP, Local Authority)	Glasgow City Health and Social Care Partnership			
		Part (One: Adult Survey			
Curre	nt Plan	ning				
2	At wh	at level is advocacy strateg	ic planning carried out in your area?			
	Χ	NHS board-wide				
	Χ	HSCP				
		Local Authority				
		Other (please specify)				
	HSCF HSCF	Ps locally. Ps have commissioned advo	been undertaken at a collegiate NHS board level by the six cacy services on an HSCP basis. Future Advocacy Strategy sion by HSCPs on an agreed approach for 2023.			
3	Is the	re an advocacy planning gro	oup covering your area?			
		Yes				
	Χ	No				
4	Is the	re a current independent ad	vocacy strategic plan for your area?			
	Χ	Yes				
		No				
	If Yes	s, can you please submit a co	opy along with your questionnaire? Attached to email			
5	If No,	is an advocacy strategic pla	an in the process of being developed?			
		Yes				
		No				
	If Yes please provide details of when the advocacy strategic plan will be completed					

	N\A
Cons	sultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	Stakeholder Survey undertaken to obtain feedback on effectiveness and importance of advocacy provision, barriers to advocacy and any gaps in service.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Service User/Carer focus group undertaken to obtain feedback on effectiveness and importance of advocacy provision, barriers to advocacy and any gaps in service.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	X No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	on Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	X No – these services are already covered by existing advocacy commissioned services
	If Yes, can you please submit a copy along with your questionnaire?
10	If No, is an action plan in the process of being developed?
	☐ Yes
	X No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	We have commissioned services in place - Strategic Plan already exists

If No please can you kindly advise why this is not being developed?

11		se detail actions in relation to the development of mental health, dementia, learning ility services which may be in other local plans
Curre	ent Con	nmissioned Services
12		ou specify that any organisations prioritise referrals for advocacy support, e.g. support eople subject to compulsory measures under the Mental Health Act?
		Yes
	Χ	No
	If Yes	s, please provide details
13	Do yo	ou specify that any organisations apply a limit to the amount of advocacy support per on?
		Yes
	Χ	No
	If Yes	s, please provide details

you ensure they are supported?			
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support homeless people with this condition			
Generic service open to homeless people with condition – no specific agreement relating to this	X	Χ	Х
Specific homeless advocacy service (s) commissioned			
Please provide details			
15 Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?			
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support asylum seekers with this condition			
Generic service open to asylum seekers with condition – no specific agreement relating to this	X	Χ	Х
Specific asylum seeker advocacy service (s) commissioned			
Please provide details			
Generic Service is open asylum seekers with me	ental health issues	, learning disability or d	ementia
16 Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	-		
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned for carers			
Specific service explicitly commissioned for carers			
No carers' advocacy service	П	П	П

Do you currently commission advocacy services specifically for $\underline{\text{homeless people}}$ with mental

health issues, learning disability or dementia? Please tick where appropriate. If not, how do

14

Please provide details

Generic Service is open to Carers and will demonstrate how they will ensure Carers who are dealing with complex and difficult situations are assisted to make their voice heard and be a key partner in deciding the most appropriate course of action.

Com	missioning budget										
17	Has the commissioning budget for mental health, learning disability or dementia independent advocacy organisations changed over the past two years?										
	☐ Yes										
	X No										
	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details										
Priso	ons and advocacy services										
18	Do you have any prisons in your HSCP area?										
	X Yes										
	□ No										
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?										
	X Yes										
	□ No										
	If Yes, please provide details										
	Generic Service covers prison work and ensures that individuals have their human, legal and other rights safeguarded and that others involved in the care and support of such individuals will be aware of the centrality of such rights.										
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)										
	Prison Health care staff during interventions with prisoners advise of the service and signnost										

NHS patients placed in private healthcare facilities out with home health board area

21	Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?				
	X From a local service where they are receiving care				
	From home health board / local authority				
	☐ Don't know				
	Any further details				
Monit	oring and review arrangements				
22	What are the outcomes you are seeking to achieve and how do you monitor these?				
	Robust access to the service. Referrals Received, Referral Management (such as waiting list, gaps in service) Service User Feedback, Stakeholder Feedback and Complaints				
23	Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?				
	Monthly contract monitoring meetings looking at the above criteria. Regular meetings with Mental Health Officer Forum and the advocacy service.				
24	Do you get information from each organisation about the number of people accessing advocacy support?				
	X Yes				
	□ No				
	If Yes, please provide the most up to date information provided by each organisation				
	PDF				
	GIS Reporting				
	infographic April - Jur				

25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	X Yes
	□ No
	If Yes, please provide the most up to date information available
	No unmet need identified by provider
26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?
	X Yes
	□ No
	If Yes, please provide details
	The service prioritise mental health act, AWI and ASP interventions.
27	What arrangements are in place to measure the satisfaction of people using advocacy services?
	The commissioned service are in the process of setting up a Service User feedback group, who will provide structured feedback. This will form part of the contract monitoring standing agenda item.
28	How do you monitor complaints about advocacy services?
	Annual monitoring data from providers
	☐ No monitoring
	X Other (please specify)
	This is part of the monthly contract monitoring meeting and is a standing agenda item
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?
	Via Service user groups & MH Carers Groups
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	X Yes
	□ No

How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?

The Advocacy Project is both accepting and cogniscent of the fact that ensuring equality and equity in terms of both the access to and the provision of Independent Advocacy will be a continuous and ongoing piece of work throughout the duration and/or lifespan of the contract with Glasgow City Health & Social Care Partnership (HSCP).

Therefore, and with this in mind, they utilise a number of strategies and/or methods with regards to ensuring their services are available to those members of our local communities whom are in need of them. When it comes to communicating their presence and their role in providing Independent Advocacy, their 'Toolkit' contains and/or involves the use of both traditional and bespoke methods. Staff from The Advocacy Project, on a day-to-day basis, continually work hard, and in such a way as to ensure that the impact, effect and consequence of said work is an outcome whereby they can identify, with supporting evidence, that they are continually making progress with regards to ensuring and improving upon what should, ultimately be, universal advocacy coverage.

The project are requested as part of the monthly contract monitoring have progressed with the following:

- Assertive outreach out to potential service users.
- An ongoing, regular and routine presence in community settings and partnership venues.
- Personalisation and choice such as whether to have a male or female Advocacy Worker
- A strong range and availability of information in accessible formats.
- Staff qualified in British Sign Language (BSL)

32 How do you measure this?

The commissioned service has measures in place where they carry out the following to ensure that the service is available to equality group:

- Casework Audits
- Support & Supervision
- Structured mechanisms for craving service user and stakeholder feedback.

This in turn is contract monitored monthly as per standing agenda item and feedback of same.

Future plans

Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?								
Χ	Yes							
	No							
If Ye	s, please describe							
	ing at current demand and trends within the current service provision. This will inform e contracts and specifications.							
If No	, how do you plan to address any unmet need in future?							
•	ou have information about current identified gaps in provision / unmet need which you sing for future planning purposes?							
	Yes							
Χ	No							
If Yes, please describe								
Non	dentified by provider or stakeholders							
advo	any specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?							
Χ	Yes							
	No							
	Other (please specify)							
	Yes raise awareness among newly qualified staff within both inpatient and communi Mental Health settings.							
	Specific work around Mental Health Assessment units planned.							
	Specific awareness within the Glasgow City Health & Social Care Partnership Comple Needs & Asylum Health Services							
	Further awareness sessions via service user and carer groups.							
For e	Other Comments? xample, are there other local advocacy services which are not commissioned but receiving from other services?							

Part Two: Children & Young People Survey

Currer	Current Planning							
1	Do you	have an integrated children's service plan?						
	Χ	Yes						
		No						
2	If Yes, o	does it include advocacy?						
	X	Yes						
		No						
	If Yes, o	can you please submit a copy along with your questionnaire?						
Comm	nissionin	ng						
3		e commissioning budget for children and young people's mental health/learning ty independent-advocacy organisations changed over the past two years?						
		Yes						
	Χ	No						
4		udget has changed (either an increase or decrease) please say how. Have services d as a consequence? Please provide details						
NHS p	atients	placed in healthcare facilities out with home health board area						
5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?							
		From a local service where they are receiving care						
		From home health board / local authority						
		Don't know						
	Any fu	ther details						

Monitoring and review arrangements

11

related conditions in your area?

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

	HS Community Services within GHSCP access various Advocacy Services as deta section 16.
	rsection To. ent Inpatient provision (hosted and detailed within East Dunbartonshire HSCP respo
	provides support to individuals during transition from the in-patient service to the commu
	ervice requires a formal handover period of 3 months.
peop	y describe the arrangements in place for monitoring the quality of children and youn le's mental health, learning disability or related condition independent advocacy ces, including independent evaluation?
peop	ou get information from each organisation about the number of children and young le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
	Yes
	Yes No
☐ If Yes	
If Yes	No
N/A What with I	No s, please provide the most up to date information provided by each organisation
N/A What	No s, please provide the most up to date information provided by each organisation arrangements are in place to measure the satisfaction of children and young people
N/A What with I	s, please provide the most up to date information provided by each organisation arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
N/A What with I	s, please provide the most up to date information provided by each organisation arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
N/A What with I	s, please provide the most up to date information provided by each organisation arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services? do you monitor complaints about advocacy services for children and young people wal illness, learning disability or related conditions which you commission?
N/A What with I	s, please provide the most up to date information provided by each organisation arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services? do you monitor complaints about advocacy services for children and young people wal illness, learning disability or related conditions which you commission? Annual monitoring data from providers

How do you currently raise awareness and deliver public information about the availability of any advocacy services for children and young people with mental illness, learning disability or

	N/A						
12	Have	there been any specific actions to promote the use of advocacy among staff?					
		Yes					
		No					
	Pleas	se provide any further details below.					
	N/A						
Future	e plans						
13		your integrated children services planning structure include an advocacy planning group ing your area?					
		Yes					
		No					
		Other (please describe)					
		N/A					
14	-	ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?					
		Yes					
		No					
	If Yes	s, please describe					
	N/A						
15	If No,	how do you plan to address any unmet need here?					
	N/A						
16	For ex	Other Comments? xample, are there other local advocacy services which are not commissioned but receive ng from other services?					
		CP Children's Rights Service Advocacy, Who Cares Scotland, Barnardo's Hear 4 U cacy Services.					

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	The Advocacy Project Cumbrae House 15 Carlton Court Glasgow G5 9JP	N/A			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes X No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	X Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	X Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

5	People with dementia	X Yes	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	X Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No
7	Mentally disordered offenders	X Yes	☐ Yes ☐ No	□Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
8	Homeless people with mental illness, learning disability, dementia	X Yes	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	X Yes	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	X Yes	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No
11	Children & young people with a mental health problem	☐ Yes X No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

12	Children & young people with a learning disability	☐ Yes X No	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No
13	Children & young people with ASD or ADHD	☐ Yes X No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes X No	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes X No	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes X No	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No
17	Children/young people with any other condition (specify)	☐ Yes X No				
18	People with any other condition (specify)	☐ Yes X No				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	☐Yes	Yes	□Yes	Yes	Yes
		X No	□No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	☐ Yes X No	☐ Yes	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No
	 Adults up to 65 	X Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
	■ Adults over 65	X Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	X Yes	☐ Yes	☐Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	Collective	X Yes	Yes	□Yes	Yes	☐ Yes
		□No	□No	□No	□No	□No
	Citizen	Yes	☐ Yes	∐Yes	☐Yes	☐ Yes
		X No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	X Yes	☐Yes	☐Yes	☐Yes	☐Yes
	auvocacy:	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):	£744.000 per annum unable to split				
	People with mental health problems	X				
	People with learning disability	X				
	People with dementia	X				
	People with autistic spectrum disorder	X				
	Mental disordered offenders	X				
	Homeless people with mental illness, learning disability, dementia	X				
	Asylum seekers with mental illness, learning disability, dementia	X				
	Carers of people with mental illness, learning disability, dementia	Х				
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	1 year 2 years X 3 years Other (please detail) With the option to extend 2 x 12months	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail ail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	14 WTE Supported by ops Managers and Leadership from CEO				

Organisation:	Inverclyde HSCP
Job Title:	Head of Mental Health, ADRS and Homelessnes
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP

Part One:	Adult	Survey
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Curre		
CHIPPOI	 anni	

2	At wh	at level is advocacy strategic planning carried out in your area?
	\boxtimes	NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
3	Is the	re an advocacy planning group covering your area?
		Yes
	\boxtimes	No
4	Is the	re a current independent advocacy strategic plan for your area?
	\boxtimes	Yes
		No
	If Yes	, can you please submit a copy along with your questionnaire?



5	If No, is an advocacy strategic plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	An NHS GG&C board wide group being reconvened
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	It has been developed in consultation with stakeholders who have an interest in the delivery of independent advocacy services including staff and voluntary organisations. A stakeholders completed stakeholder survey, details of responses are included in the plan.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Service users were invited to a StrategicAdvocacyActionPlanning FocusGroup. A range of care
	groups were represented, details are included in the plan.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
Action	n Plan

	independent advocacy services in your area?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
10	If No, is an action plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	Action plan will be developed as part of board wide group.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	The Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2022 – 2027 - Involving service users and their representatives in service planning is a core component of the development of the Service Strategies. Service user involvement and representation has been provided through the Mental Health Network. The Adult Learning Disability Strategic Plan for Inverclyde (2017-20) includes a note about Advocacy as one of the recommendations of the Keys to Life. As part of the review of Learning Disability services and ongoing consultation, collective advocacy was commissioned from Your Voice and from The Advisory Group (TAG) Inverclyde to engage with adults with learning disabilities and their carers.
Curr	ent Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes
	□ No
	If Yes, please provide details
	The Provider will work towards promoting equal opportunities for individuals with physical and learning disabilities, homeless people, older people and people with mental health issues and individuals with addiction problems. The Service is expected to prioritise and target people for

whom the use of legislation is being considered or is in place, as a framework of support for

them.

13	Do you specify that any organisations apperson?	pply a limit to the a	amount of advocacy su	pport per
	Yes			
	⊠ No			
	If Yes, please provide details			
14	Do you currently commission advocacy health issues, learning disability or demoyou ensure they are supported?			
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort homeless people with this condition			
	ric service open to homeless people with tion – no specific agreement relating to	\boxtimes		
-	fic homeless advocacy service (s)			
Pleas	e provide details			
	Provider will promote advocacy as a service eless people, Gypsy/Travellers, substance r		ı' groups, e.g. racial mir	norities,
15	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	-	-	
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort asylum seekers with this condition			
	ric service open to asylum seekers with tion – no specific agreement relating to			
	fic asylum seeker advocacy service (s)			
	e provide details			
Asylu	m seekers as a group are not currently me	ntioned un current	t specification.	

you ensure they are supported?			
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned for carers			
Specific service explicitly commissioned for carers			
No carers' advocacy service			
Please provide details			
are resident within Inverclyde. Carers of Individed but it must be provided independently of that of must ensure that such advocacy support does it on any account jeopardise the confidentiality. Inverclyde also has a very active Carers' Centre carers.	f the Individual. It s not encroach on th of any dealings wit	should be noted that the e rights of the Individua th an Individual;	e Provider al nor should
Commissioning budget			
17 Has the commissioning budget for men advocacy organisations changed over the second control of the second c	•	-	independent
Yes			
No			
If the budget has changed (either an inc changed as a consequence? Please pro) please say how. Have	e services
The Learning Disability service commiss Advisory Group Inverclyde) to engage ac redesign of services and the LD Hub pro	lults with learning o	disability in consultatio	•
<u> </u>			

Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do

16

Prisons and advocacy services

18	Do you	ı have any prisons in your HSCP area?
	\boxtimes	Yes
		No
19	If Yes, prison	do any of the services currently commissioned provide advocacy support in the (s)?
	\boxtimes	Yes
		No
	If Yes,	please provide details
[Advoc	acy service is available to individuals who are in receipt of prison healthcare services.
20	•	ou please outline how prisoners are informed about independent advocacy services? question)
	indeperent expressions aspecta	Sateside Greenock prisoners in receipt of Prison Health care will be able to use the endent advocacy service based in the prison. The Provider will support Individuals to as their views in relation to the care they are receiving, and to discuss options available in ct of their treatment and care. This may be in respect of services inside the prison and all its of service delivery from Prison Healthcare, GG&C NHS Health Board. Aviding an Advocacy service within a Prison setting, providers must be aware of the Asecurity constraints which they will be required to follow in providing a Service. The er shall be required to develop a protocol in this respect in conjunction with Prison acare, GG&C NHS Health Board. The Service within Gateside Prison will be assisted via the Prison Healthcare Mental Team. The population within Gateside, Greenock can vary but averages around 250 luals.
NHS p	atients	placed in private healthcare facilities out with home health board area
21		e specify how NHS patients from your area, who have been placed in private healthcare ies out with their home health board areas, receive advocacy support?
		From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any fu	urther details

Access to Advocacy services can come from either services local to the placement or from the person's own Health board area depending on the location and whether it is reasonable for our own commissioned service to travel to a private placement.

The Learning Disability service currently has no patients, 0 adults, placed in private healthcare facilities out with the GG&C health board area.

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

- The provision of advocacy seeks to ensure the ability of an Individual to have an equal voice in consideration of response to their needs.
- The Service will work towards promoting equal opportunities for individuals with physical and learning disabilities, homeless people, older people and people with mental health issues and individuals with addiction problems.
- Provide access to the Service to all Individuals within Inverclyde, who are aged 16 or over, regardless of gender, disability, sexual orientation, ethnic origin, faith/religion, or social background;
- Match Individuals and advocates appropriate to each situation's needs, seeking specialist support where indicated and ensuring the Individual's comfort at all times;
- Support an Individual who, because of incapacity or communication difficulties, may not be able to express their needs or views;
- Guide an Individual towards self-advocacy and avoid creation of dependency;
- Help the Individual to access and understand information relevant to them and make appropriate choices or decisions which give them fuller control of their lives;
- Develop links with service providers, professionals and relevant support organisations to ensure clear understanding of the role of advocacy;
- Promote advocacy as a service for 'hard to reach' groups, e.g. racial minorities, homeless people, Gypsy/Travellers, substance misusers etc.;
- Provide advocacy for an Individual during the mental health tribunal process, helping clients prepare and accompanying them, as requested;
- Provide advocacy support at care review and other meetings, as requested;
- Assist Individuals in developing advance statements and person centred plans;
- Provide advocacy for Individuals challenging their level of security.

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

The Provider shall produce monthly performance summaries which will capture both quantitative and qualitative information, including, the following:

- Individual client throughput (numbers of new, continuing and discharged Individuals);
- Source of Individual (self-referral or where signposted from);
- Length of time between contact or referral and advocate matching;
- Duration of advocate involvement with Individual;
- Service area or issue dealt with;
- Individual group information (age, gender, ethnicity, geographical location);
- Individual satisfaction and outcomes;
- Changing demands and trends.

24	advocacy support?
	□ No
	If Yes, please provide the most up to date information provided by each organisation
	66 people accessed the service in the month of August 2022. The cumulative total for the year 21/22 so far is 287.
25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	□ No
	If Yes, please provide the most up to date information available
	No people currently on waiting list.
26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?
	☐ Yes
	□ No
	If Yes, please provide details
	Within MHO services we have never had any difficulty accessing Advocacy for people subject to compulsory measures.
27	What arrangements are in place to measure the satisfaction of people using advocacy services?
	Monthly qualitative monitoring information includes caste study. Contract Monitoring includes feedback survey from individuals accessing service.

28	How do you monitor complaints about advocacy services?		
		Annual monitoring data from providers	
		No monitoring	
	\boxtimes	Other (please specify)	
		Provider is contractually obliged to submit quarterly complaints return.	
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?		
		ery Adult Protection meeting or AWI conference, we do ask the person if they have acy, and also bring that question up with any carers.	
	invest where	e have had particular meetings about service reviews or SAERs, such as the long-running vestigation into person who practiced in Inverclyde as a psychiatrist without qualification here we have special meetings with Advocacy and encourage people affected to contact them r support.	
		MHO advises service users and their carers about the availability of Advocacy and assists to access this if required.	
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?		
		Yes	
	\boxtimes	No	
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?		
	It is ar	outcome of the service to promote advocacy to hard to reach groups.	
32	How do you measure this?		

Future plans 33 Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future? Yes No If Yes, please describe 34 If No, how do you plan to address any unmet need in future? 35 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes? Yes No If Yes, please describe The Programme Board for the new Learning Disability Hub has noted that as the development is running behind schedule, the collective advocacy input from TAG which finishes at the end of this year may need to be renewed, to ensure there is no gap. A communication and

engagement group for the Hub project has been set up and will continue to run.

	y specific actions planned to do more to promote awareness of the availability of acy services locally over the next two years?
	Yes
	No
	Other (please specify)
For ex	ther Comments? ample, are there other local advocacy services which are not commissioned but receive g from other services?
	Any Or For ex

Part Two: Children & Young People Survey

Curre	nt Planning						
1	Do you have an	integrated children's service plan?					
		Yes					
		No					
2	If Yes, does it i	nclude advocacy?					
		Yes					
		No					
	If Yes, can you	please submit a copy along with your questionnaire?					
	Commissioning						
Comn	nissioning						
Comm	Has the commi	issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?					
	Has the commi						
	Has the commi						
	Has the commidisability indep Yes No If the budget has						

NHS patients placed in healthcare facilities out with home health board area

5	related		y children or young people with a mental illness, learning disability or a placement out with their home local authority would receive
	\boxtimes	From a local servi	ce where they are receiving care
	\boxtimes	From home health	n board / local authority
		Don't know	
	Any fu	rther details	
		n Adult services thi stances of each ca	is depends on the geographical location and the particular ase.
Monit	oring an	d review arrangen	nents
			f you commission independent advocacy services for children and s, learning disability or related condition.
6		re the outcomes y monitor these?	ou are seeking to achieve for the children and young people and how
	Provid	er is required throu	igh the contract to ensure that:
			dvocacy follows an Outcome model using an outcome approach based Every Child well-being indicators'.
		ovider asks each ng National Indicat	child or young person to chose and agree up to 4 options from the ors:
		Safe	 Feel safer Feel more secure Free from bullying Reduction in level of risk/harm Able to report safety concerns/complaints. Not exposed to domestic abuse/violence.
		Healthy	Received necessary health care.
		Achieving Nurtured	Learn advocacy and associated skills.Improved self-esteem.
		Active	Improved communication skills.
		Respected	 Contribute to planning and decision making. Views and opinions voiced and acted upon.
		Responsible	 Views and opinions voiced and acted upon. Increased awareness of rights.

Access to information on health, rights or support needs.

Included

Outcomes for Young People should include; To feel supported to ensure they are heard To be empowered To realise contributing to meetings is important To feel supported through the process To not feel lost in the process To build self confidence To remind people children & young people's views are important Specific outcomes shall be agreed and assessed at agreed intervals by the Council, at the Council's sole discretion, throughout the delivery of the Service to the child or young person. Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation? The provider collates and sends a quarterly report including statistics, data and common themes raised by children to the HSCP for the purpose of continuously improving children's services. Contract Monitoring also takes place on a regular basis carried out by the Strategic Commissioning Team (Inverclyde HSCP) and includes feedback surveys from Services Users on the support the receive. 6 Monthly Governance meetings involving the Commissioning Service and Provider take place where any issues or developments can be discussed. Do you get information from each organisation about the number of children and young people with mental illness, learning disability or related condition accessing advocacy support from each organisation? Yes No If Yes, please provide the most up to date information provided by each organisation

7

8

What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?

Feedback Questionnaires are used during Contract Monitoring to gage the views of Children and Young People who use this service.

10		lo you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?
		Annual monitoring data from providers
		No monitoring
		Other (please specify)
		Provider is contractually obliged to submit quarterly complaints return.
11	any a	lo you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or d conditions in your area?
12	Have	there been any specific actions to promote the use of advocacy among staff?
		Yes
		No
	Pleas	e provide any further details below.
ļ		
Future	plans	
13		your integrated children services planning structure include an advocacy planning grouping your area?
		Yes
		No
		Other (please describe)

Are you assessing the projected need for children and young people's mental health, learning disability or related condition independent advocacy supports in the future?

	☐ Yes
	□ No
	If Yes, please describe
15	If No, how do you plan to address any unmet need here?
16	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Circles Network 21 Grey Pl, Greenock PA15 1YF	Barnardos Terrace Road Greenock PA15 1DJ			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
5	People with dementia	⊠ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes

		☐ No	⊠ No	No	☐ No	☐ No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No
12	Children & young people with a learning disability	Yes	⊠ Yes	Yes	Yes	Yes

		⊠ No	☐ No	☐ No	☐ No	☐ No
13	Children & young people with ASD or ADHD	Yes	⊠Yes	Yes	Yes	Yes
		⊠ No	□No	□No	□No	□No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes
	 Under 18 with mental health issues, learning disability 	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	■ Adults up to 65	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No
	■ Adults over 65	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	⊠Yes	⊠Yes	☐Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	Collective	Yes	Yes	Yes	Yes	Yes
		⊠No	⊠No	□No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	☐ Yes
		⊠No	⊠No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	☐Yes	☐Yes	☐Yes	☐Yes	☐ Yes
	advocacy?	⊠No	⊠No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22 Budget	Information: total annual amount	Approx. £108,000	Approx. £157,250			
Details t	total budget information split into the g categories (if possible):		N/A			
	with mental health problems	unknown	N/A			
	with learning disability	unknown	N/A			
	with dementia	unknown	N/A			
	with autistic spectrum disorder	unknown	N/A			
	disordered offenders	unknown	N/A			
Homele	ss people with mental illness, disability, dementia	unknown	N/A			
Asylum	seekers with mental illness, learning y, dementia	unknown	N/A			
	of people with mental illness, learning y, dementia	unknown	N/A			
	a & young people with a mental health	N/A	Unknown			
Childrer disabilit	n & young people with a learning y	N/A	Unknown			
Children	a & Young people with ASD or ADHD	N/A	Unknown			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions		Unknown			
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions		Unknown			
	Young asylum seekers with mental illness, learning disability, dementia		Unknown			
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)					

Organisation:	West Dunbartonshire HSCP
Job Title:	Head of Mental Health, Learning Disability and Addictions
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	West Dunbartonshire HSCP

Part One:	Adult	Survey
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Current Planning		
2	At wha	at level is advocacy strategic planning carried out in your area?
	\boxtimes	NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
	with al	acy strategic planning is progressed via Greater Glasgow and Clyde NHS Board wide I 6 HSCPs working together. West Dunbartonshire HSCP have commissioned advocacy es based on this plan. Work is to be undertaken to develop a new strategy for 2023
3	Is ther	e an advocacy planning group covering your area?
		Yes
	\boxtimes	No
4	Is ther	e a current independent advocacy strategic plan for your area?
	\boxtimes	Yes
		No
	If Yes,	can you please submit a copy along with your questionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	☐ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	N/a
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	The plan was developed by undertaking stakeholder survey, ensuring feedback on current provision and and highlighting any barriers to provision. It ensured that any gaps of service were addressed.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Feedback was obtained on current service and barriers/gaps to provision via service user and carers focus groups.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	No

If Yes, can you please submit a copy along with your questionnaire?

10	If No, is an action plan in the process of being developed?
	☐ Yes
	⊠ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	There is a strategic plan already in place and commissioned services within West Dunbartonshire HSCP.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	N/a
Curre	ent Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes
	□ No
	If Yes, please provide details
	Those subject to MH legislation and Adult with Incapacity.
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	☐ Yes
	No
	If Yes, please provide details
	If Yes, please provide details

you ensure they are supported?			
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support homeless people with this condition			
Generic service open to homeless people with condition – no specific agreement relating to this			
Specific homeless advocacy service (s) commissioned			
Please provide details			
Anyone who has mental health difficulties, learning in West Dunbartonshire	ng disability or de	ementia can be referrec	to advocacy
15 Do you currently commission advocacy s health issues, learning disability or demo you ensure they are supported?		-	
health issues, learning disability or deme		-	
health issues, learning disability or deme	entia? Please tick	where appropriate. If r	not, how do
health issues, learning disability or deme you ensure they are supported? Generic service explicitly commissioned to	entia? Please tick	where appropriate. If r	not, how do
health issues, learning disability or deme you ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to	entia? Please tick Mental Health	where appropriate. If r Learning Disability	Dementia
health issues, learning disability or demonstrate you ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s) commissioned	entia? Please tick Mental Health	where appropriate. If r Learning Disability	Dementia
health issues, learning disability or demonstrate you ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s)	Mental Health	where appropriate. If r Learning Disability	Dementia

Do you currently commission advocacy services specifically for <u>homeless people</u> with mental

health issues, learning disability or dementia? Please tick where appropriate. If not, how do

16	Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?			
		Mental Health	Learning Disability	Dementia
Gene	ric service explicitly commissioned for s			
Speci carer	ific service explicitly commissioned for s			
No ca	rers' advocacy service			
Pleas	e provide details			
1	ond and Argyll Advocacy Services provide t artonshire. Our broader provision is theref			f West
Comr	nissioning budget			
17	Has the commissioning budget for ment advocacy organisations changed over the		disability or dementia	independent
	Yes			
	⊠ No			
	If the budget has changed (either an incommon changed as a consequence? Please prov	•	please say how. Have	e services
	Although not increased for three distinct rights based advocacy service to suppor staff are trained in accredited human rigl level of SVQ3 Health and Social Care. The people with lived experience. This has be contribute.	t the implementation ts based advocac his qualification ha	on of the MAT Standar y qualifications equiva s been devised and dev	ds. Advocacy lent to HNC veloped by

Prisons and advocacy services Do you have any prisons in your HSCP area? 18 Yes \boxtimes No If Yes, do any of the services currently commissioned provide advocacy support in the 19 prison(s)? Vac 20 21

	No
If Yes	, please provide details
N/a	
-	ou please outline how prisoners are informed about independent advocacy services? question)
Prison	Health care staff during interventions with prisoners advise of the service and signpost.
nationts	s placed in private healthcare facilities out with home health hoard area
patients	s placed in private healthcare facilities out with home health board area
Pleas	e specify how NHS patients from your area, who have been placed in private healthcare ies out with their home health board areas, receive advocacy support?
Pleas	e specify how NHS patients from your area, who have been placed in private healthcare
Pleas facilit	e specify how NHS patients from your area, who have been placed in private healthcare ies out with their home health board areas, receive advocacy support?
Pleas facilit	e specify how NHS patients from your area, who have been placed in private healthcare ies out with their home health board areas, receive advocacy support? From a local service where they are receiving care
Pleas facilit	e specify how NHS patients from your area, who have been placed in private healthcare ies out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority

Monitoring and review arrangements

22	What are the outcomes you are seeking to achieve and how do you monitor these?
	Accessibility of service Number of referrals received,
	Referral management (including waiting list)
	Service User Feedback, Stakeholder Feedback and Complaints
23	Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?
	Quarterly data provided and meeting to discuss Annual report with fuller details
24	Do you get information from each organisation about the number of people accessing advocacy support?
	⊠ Yes
	□ No
	If Yes, please provide the most up to date information provided by each organisation
	Please see attached.
25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	□ No
	If Yes, please provide the most up to date information available
	No unmet needs identified by provider, however there can be a small waiting list. The service has just employed a further three staff members who should be able to progress this list.

26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?
	□ No
	If Yes, please provide details
	Those subject to MH legislation and Adult with Incapacity are prioritised.
27	What arrangements are in place to measure the satisfaction of people using advocacy services?
	West Dunbartonshire HSCP are currently working with the advocacy provider to develop an agreed process of service user feedback and this will be part of the contract monitoring.
28	How do you monitor complaints about advocacy services?
	Annual monitoring data from providers
	☐ No monitoring
	Other (please specify)
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?
	With the new contract which is currently in discussion, we will be developing communication to staff and service users. Staff will also engage with the advocacy service to ensure that it is always considered.
	All people referred to Mental Health Services receive an information leaflet that contains advocacy service information. All people subject to statutory measures are routinely referred to local advocacy service by the Mental Health Officer Team
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	□ No

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	The service is generic for adults, so anyone is able to access this service. We will ensure that future communication considers how best to ensure that equality groups included.
32	How do you measure this?
	This will be included within the quarterly meetings agenda and that support and supervision is provided to this service. Also the meetings will ensure that key performance data is presented specifically in relation to equality groups.
Future	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	⊠ Yes
	□ No
	If Yes, please describe
	We are in the process of renewing our Strategic Plan and with a strategic needs assessment which will help inform future plans around projected need.
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	☐ Yes
	⊠ No
	If Yes, please describe
	No current gaps identified in provision.

36		ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
	\boxtimes	Yes
		No
		Other (please specify)
		We are currently reviewing our Adult Support and Protection work and part of this is around ensuring advocacy involvement where appropriate. This will help us to target staff to ensure their awareness of advocacy services. We will also be setting up awareness sessions for staff within HSCP community and
		inpatients, and with service users and carers.
37	For ex	Other Comments? Example, are there other local advocacy services which are not commissioned but receive ng from other services?

Part Two: Children & Young People Survey

Curre	nt Planning	
1	Do you have	an integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes, does	it include advocacy?
		Yes
		No
	If Yes, can ye	ou please submit a copy along with your questionnaire?
Comn	nissioning	
3		missioning budget for children and young people's mental health/learning lependent-advocacy organisations changed over the past two years?
	Yes	
	⊠ No	
4		t has changed (either an increase or decrease) please say how. Have services a consequence? Please provide details

NHS patients placed in healthcare facilities out with home health board area

5	relate	se specify how many children or young people with a mental illness, learning disability or ed condition and in a placement out with their home local authority would receive cacy support?
	\boxtimes	From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any f	urther details
Mor	itoring a	and review arrangements
		is only applicable if you commission independent advocacy services for children and e with mental illness, learning disability or related condition.
6		are the outcomes you are seeking to achieve for the children and young people and how
	N/a	ou monitor these?
7	peop	
7	peop	by describe the arrangements in place for monitoring the quality of children and young le's mental health, learning disability or related condition independent advocacy

	v.
	Yes
	No
f Ye	s, please provide the most up to date information provided by each organisation
N/a	
	t arrangements are in place to measure the satisfaction of children and young peo mental illness, learning disability or related condition using advocacy services?
N/a	
	do you monitor complaints about advocacy services for children and young peopletal illness, learning disability or related conditions which you commission?
	•
	tal illness, learning disability or related conditions which you commission?
	tal illness, learning disability or related conditions which you commission? Annual monitoring data from providers
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring Other (please specify)
	Annual monitoring data from providers No monitoring Other (please specify)
How any a	Annual monitoring data from providers No monitoring Other (please specify)
How	Annual monitoring data from providers No monitoring Other (please specify) N/a do you currently raise awareness and deliver public information about the availabed advocacy services for children and young people with mental illness, learning disa

12	Have	there been any specific actions to promote the use of advocacy among staff?
		Yes
		No
	Please	e provide any further details below.
	N/a	
Futur	e plans	
13		your integrated children services planning structure include an advocacy planning grouping your area?
		Yes
	\boxtimes	No
		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning lity or related condition independent advocacy supports in the future?
		Yes
	\boxtimes	No
	If Yes	, please describe

	This will be considered under the new strategic plan when it is being developed but not at present. Additional resource can be procured where appropriate.
16	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?
	Partners in Advocacy also provide support

If No, how do you plan to address any unmet need here?

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Lomond and Argyll Advocacy Service, 155 Glasgow Rd, Dumbarton G82 1RH	Who Cares? Scotland 40 Wellington Rd, Glasgow G2 6HJ			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No 16 years +	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5	People with dementia	⊠Yes	Yes	Yes	Yes	Yes

		□No	⊠ No	□No	□No	□No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12		Yes	⊠ Yes	Yes	Yes	Yes

	Children & young people with a learning disability	⊠ No	□No	☐ No	□No	☐ No
13	Children & young people with ASD or ADHD	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	16 years + ☐ Yes	Yes	Yes	☐Yes	Yes
		⊠No	⊠ No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	Yes	⊠Yes	Yes	Yes	Yes
		⊠ No	□No	□No	□No	□No
	Adults up to 65	⊠Yes	Yes	Yes	Yes	Yes
		□No	⊠No	□No	□No	□No
	Adults over 65	⊠Yes	Yes	Yes	☐Yes	Yes
		□No	⊠No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	☐Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	Collective	☐Yes	⊠Yes	Yes	☐Yes	Yes
		⊠ No	□No	□No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	☐ Yes
		⊠ No	⊠No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	⊠Yes	⊠Yes	☐Yes	☐Yes	☐ Yes
	auvocacy:	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):	Unable to split £190,177	Unable to split £37,852			
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☑ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	Coordinator 1.31 WTE and 1.65 WTE.				

Orga	anisat	ion:	Renfrewshire HSCP
Job T	itle:		Head of Strategic Planning and Health Improvement
		ehalf are you responding? , HSCP, Local Authority)	RHSCP and Renfrewshire Council
		Part (One: Adult Survey
Curre	ent Pla	nning	
2	At w	hat level is advocacy strate	egic planning carried out in your area?
		NHS board-wide	
	\boxtimes	HSCP	
		Local Authority	
		Other (please specify)	
		cacy strategic planning has l Ps locally.	been undertaken at a collegiate NHS board level by the six
			cacy services on an HSCP basis. Future Advocacy Strategy sion by HSCPs on an agreed approach for 2023.
3	Is the	ere an advocacy planning o	group covering your area?
		Yes	
	\boxtimes	No	
4	Is the	ere a current independent	advocacy strategic plan for your area?
	\boxtimes	Yes	
		No	
	If Yes	s, can vou please submit a	copy along with your questionnaire?

Please see attached alongside this submission.

5	If No, is an advocacy strategic plan in the process of being developed?			
	☐ Yes			
	□ No			
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?			
	Please see attached NHSGGC Joint Advocacy Strategy 2018 – 2022 which is currently being refreshed on a pan-GGC basis. Future Advocacy Strategy Planning will be subject to a decision by HSCPs on an agreed approach for 2023.			
Cons	ultation & Involvement			
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan			
	N/A - undertaken on pan-GGC basis.			
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan			
	N/A - undertaken on pan-GGC basis			
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?			
	☐ Yes			
	□ No			
	Additional response – unknown whether an EQIA was completed.			
	If Yes, can you please submit a copy along with your questionnaire?			
Actio	n Plan			
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?			
	☐ Yes			
	No − these services are already covered by existing advocacy commissioned services.			
	If Yes, can you please submit a copy along with your questionnaire?			

10	If No, is an action plan in the process of being developed?
	☐ Yes
	No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	Commissioned services are in place and a strategic plan already exists.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Please see Renfrewshire HSCP Shaping Our Future Strategic Plan 2022-2025 - Renfrewshire IJB approved its Strategic Plan for 2022-25 in March 2022. This Plan sets out five key themes and supporting strategic objectives to ensure people are supported within their community and empowered to shape the care and support that they access. Whilst the Plan is focused on themes and is not Care Group specific there are a range of actions in relation to the development of mental health, dementia and learning disability services identified. These do not however, set out the breadth of work being taken forward with partners in these areas.
	The Strategic Plan is supported by a Strategic Delivery Plan which sets out how the HSCP will progress each of the strategic objectives in Year 1 of the Plan and is further reinforced by Action plans for each of the HSCPs Care Planning Groups. Enabling access to independent advocacy, where this is required, will be a key enabler of the HSCPs approach to taking forward related actions.
Curr	ent Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes
	□ No
	If yes, please provide details
	Yes – we have included a ranked order of prioritisation or both referrals and issue types in our contract specification
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	☐ Yes
	No
	If Yes, please provide details
	No – work continues until the issue requiring advocacy is resolved or is concluded

14	
	Do you currently commission advocacy services specifically

Do you currently commission advocacy services specifically for $\frac{\text{homeless people}}{\text{homeless people}}$ with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?

	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support homeless people with this condition			
Generic service open to homeless people with condition – no specific agreement relating to this			\boxtimes
Specific homeless advocacy service (s) commissioned			
Please provide details			
Do you currently commission advocacy services specifically for <u>asylum seekers</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?			
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support asylum seekers with this condition			
Generic service open to asylum seekers with condition – no specific agreement relating to this			\boxtimes
Specific asylum seeker advocacy service (s) commissioned			
Please provide details			

16 Do you currently commission advoca mental health issues, learning disabil not, how do you ensure they are supp	ity or dementia? Pl		
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned for carers			
Specific service explicitly commissioned for carers			
No carers' advocacy service			
Please provide details			
Commissioning budget			
17 Has the commissioning budget for me independent-advocacy organisations			mentia
Yes			
⊠ No			
If the budget has changed (either an inservices changed as a consequence?			v. Have
<u>l</u>			

Prisons and advocacy services 18 Do you have any prisons in your HSCP area? Yes \boxtimes No 19 If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)? Yes No If Yes, please provide details n/a Can you please outline how prisoners are informed about independent advocacy 20 services? (NEW question) n/a

NHS patients placed in private healthcare facilities out with home health board area			
21	Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?		
	\boxtimes	From a local service where they are receiving care	
		From home health board / local authority	
		Don't know	
	Any fu	urther details	
	HSCP	would work with host authority to ensure advocacy available.	

Monitoring and review arrangements

	t are the outcomes you are seeking to achieve and how do you monitor these?
throu	e are a range of outcomes specified in our contract specifications. These are monitore gh the receiving of $\frac{1}{4}$ management reports of KPIs as well as in person contract meeticontract monitoring visits
learr	ly describe the arrangements in place for monitoring the quality of mental healthing disability or dementia independent advocacy services, including independentian?
As al	pove
	ou get information from each organisation about the number of people accessin
\boxtimes	Yes
	No
If Ye	s, please provide the most up to date information provided by each organisation
If Ye	s, please provide the most up to date information provided by each organisation
If Ye	s, please provide the most up to date information provided by each organisation
Do y	s, please provide the most up to date information provided by each organisation ou ask services to provide information about unmet needs, e.g. about people ng to access advocacy support?
Do y	
Do y	ou ask services to provide information about unmet needs, e.g. about people ng to access advocacy support?

26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?
	⊠ Yes
	□ No
	If Yes, please provide details
	Yes, this is required by our specification
27	What arrangements are in place to measure the satisfaction of people using advocacy services?
	The provider is required to undertake this task and share outcomes of engagement and any associated development plans with us
28	How do you monitor complaints about advocacy services?
	Annual monitoring data from providers
	☐ No monitoring
	○ Other (please specify)
	Through the measures described at Q 22
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?
	This is a contractual requirement of the provider though our own staff are aware of the situations where we require to have advocacy involved.
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	☐ Yes
	No No

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?		
	Through reporting		
32	How do you measure this?		
	Providers are responsible for undertaking measurement.		
Futur	e plans		
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?		
	⊠ Yes		
	□ No		
	If Yes, please describe		
	As part of work with partners to develop an updated NHSGGC Independent Advocacy Strategy', a review of current and future demographics and needs will be undertaken and will inform the identification of actions required to meet projected demand.		
34	If No, how do you plan to address any unmet need in future?		
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?		
	Yes		
	No		
	If Yes, please describe		
	Please see Q33 response - it is envisaged that this information will be required as part of the NHSGGC Joint Advocacy Strategy development process.		

36	Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?
	Yes
	□ No
	○ Other (please specify)
	This will be confirmed as part of action planning to support the new NHSGGC Joint Advocacy Strategy
37	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?
	n/a

Part Two: Children & Young People Survey

Current Planning

1	Do yo	ou have an integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes	, does it include advocacy?
	\boxtimes	Yes
		No
	If Yes	, can you please submit a copy along with your questionnaire?
Comr	nissior	ning
3		he commissioning budget for children and young people's mental health/learning ility independent-advocacy organisations changed over the past two years?
		Yes
	\boxtimes	No
4		budget has changed (either an increase or decrease) please say how. Have ces changed as a consequence? Please provide details
	n/a	

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?
	From a local service where they are receiving care
	☐ Don't know
	Any further details
	Renfrewshire is committed to supporting all our children to live with their family where it is safe to do so. Some children do require to be cared for in other settings where their needs have been assessed as requiring this. As of 15 September 2022 less than five children with a mental illness, learning disability or related condition are in a placement outwith Renfrewshire. All of the children have access to independent advocacy provided by Who Cares? Scotland.
Monit	oring and review arrangements
	section is only applicable if you commission independent advocacy services for children oung people with mental illness, learning disability or related condition.
and y	oung people with mental illness, learning disability or related condition. What are the outcomes you are seeking to achieve for the children and young people
and y	oung people with mental illness, learning disability or related condition. What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these? Renfrewshire doesn't commission independent advocacy for children and young people with mental illness. All children and young people who are accommodated by the local authority
and y	What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these? Renfrewshire doesn't commission independent advocacy for children and young people with mental illness. All children and young people who are accommodated by the local authority have access to independent advocacy from Who Cares? Scotland. The outcomes from the commissioned service with Who Cares? Scotland include: • ensuring that the voice of the child is clear and represented by an independent adult who's only role is to speak the child's view; and • ensuring that the child's voice is heard at all meetings and forums where decisions are

Do you get information from each organisation about the number of children and young

people with mental illness, learning disability or related condition accessing advocacy

8

support from each organisation?

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	Yes						
	No						
If Y	es, please provide the most up to date information provided by each organisation						
by i me	he quarterly meeting Who Cares? Scotland provides information on the issues being the children and young people. This includes information on the number of children we ntal illness, learning disability or related condition. Who Cares? Scotland also provide or mation on how the advocacy for the child or young person has influenced the plan for d.						
pec	at arrangements are in place to measure the satisfaction of children and young ople with mental illness, learning disability or related condition using advocacy vices?						
the also	children and young people who are accommodated are supported to provide feedback ir experience of their care and satisfaction on advocacy services. Who Cares? Scotla be encourage the children and young people to provide feedback on the service to influse improvement and development.						
	How do you monitor complaints about advocacy services for children and young people with mental illness, learning disability or related conditions which you commission?						
wit							
wit	h mental illness, learning disability or related conditions which you commission						
	h mental illness, learning disability or related conditions which you commission Annual monitoring data from providers						
wit	h mental illness, learning disability or related conditions which you commission Annual monitoring data from providers No monitoring						
wit	h mental illness, learning disability or related conditions which you commission Annual monitoring data from providers No monitoring						

12	Have there been any specific actions to promote the use of advocacy among staff?
	□ No
	Please provide any further details below.
	All social work staff are aware of the Who Cares? Scotland service and are required to share information with the child or young person.
Futur	e plans
13	Does your integrated children services planning structure include an advocacy planning group covering your area?
	Yes
	No
	Other (please describe)
	Renfrewshire's approach to planning for children includes conducting a needs assessment across the population. We do not break down the planning to the level of an advocacy planning group. All of the sub-groups which contribute to the planning consider how children's voices are heard and promoted.
14	Are you assessing the projected need for children and young people's mental health, learning disability or related condition independent advocacy supports in the future?
	□ No
	If Yes, please describe
	The presentation of children and young people with mental health, learning disabilities and related conditions is part of the needs assessment.

15	If No, how do you plan to address any unmet need here?
	n/a
16	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?
	n/a

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Who Cares? Scotland	You First advocacy	Renfrewshire Carers Centre		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ⊠ No	⊠ Yes □ No	☐ Yes ⊠ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5	People with dementia	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	☐ Yes				
		⊠ No	□ No	□ No	☐ No	□ No
7	Mentally disordered offenders	☐ Yes	☐Yes	☐Yes	☐ Yes	☐ Yes
		⊠ No	□No	□ No	□ No	□No
8	Homeless people with mental illness, learning disability, dementia	☐ Yes				
	learning disability, dementia	⊠ No	□No	□No	☐ No	□No
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes				
	disability, definentia	⊠ No	□No	□No	□ No	□No
10	Carers of people with mental illness, learning disability, dementia	☐Yes	☐Yes	⊠Yes	☐Yes	☐Yes
	disability, dementia	⊠No	□No	□No	□ No	□No
11	Children & young people with a mental health problem	☐Yes	Yes	☐Yes	☐Yes	☐Yes
	Hodian problem	⊠ No	□No	□ No	□ No	□No
12	Children & young people with a learning disability	☐Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		⊠ No	□ No	□ No	☐ No	□ No

13	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	⊠ Yes □ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	⊠ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)	The service provided by Who Cares? Scotland is for children and young people who are looked after.				
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	☐ Yes	⊠ Yes	⊠ Yes	☐ Yes	☐ Yes
		⊠ No	□No	□No	□No	□ No
	 Under 18 with mental health issues, learning disability 	⊠ Yes	⊠ Yes	☐ Yes	☐ Yes	☐ Yes
	■ Adults up to 65	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
	■ Adults over 65	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes	☐ Yes

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠ Yes	⊠ Yes	⊠Yes	☐ Yes	☐ Yes
		□No	□No	□No	□No	□No
	Collective	Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		⊠ No	□No	□ No	□No	□ No
	Citizen	Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		⊠ No	□No	□ No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	☐ Yes				
	advocacy?	⊠ No	⊠ No	⊠ No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):		£171,753 per annum			
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☑ Other (please detail)	☐ 1 year ☐ 2 years ☑ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)
		Ongoing rolling contract.	3 year contract with the option to extend for up to a further 12 months			
24		1.8 fte				

How many Independent Advocacy Officers are			
supported by this funding			
in your area?			
(NEW question)			

Organisation:	Argyll & Bute health and Social
Job Title:	Head of Acute & Complex Care
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	Argyll & Bute HSCP

Part One: Adult Survey

Cur	ron	7 3 9		nn	In a
Gui			161		

2	At wh	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
		& Bute Integration Joint Board is the commissioning body for advocacy and this is ted in the Joint Commissioning Strategy and Joint Strategic Plan
3	Is the	re an advocacy planning group covering your area?
		Yes
		No
4	Is the	re a current independent advocacy strategic plan for your area?
		Yes
		No
	If Yes	c, can you please submit a copy along with your questionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	Yes
	No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Advocacy is considered to be a central pillar in the provision of service and is specified in the recently published Joint Strategic Plan and Joint Commissioning Strategy. It is noted on what we have done so far in terms of the previous review and in the priorities going forward. (p3, 40, 41, 72,). The commissioning Strategy particularly notes intention for advocacy in relation to learning disability (p55), children and young people (p61), mental health, (p63).
	Argyll And Bute - Joint Strategic Plan - 15-06-2022.pdf (scot.nhs.uk) Joint Strategic Commissioning Strategy 2022/2025 (argyll-bute.gov.uk)
Cons	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	The ongoing relationship in terms of service provision and commissioning is through the contract management process and market facilitation. The advocacy service is also an active partner in other strategic development such as Suicide Prevention and participated in the development of strategic planning.
	We met specifically as part of the response to review the need locally for an independent advocacy strategy beyond the strategic plan and this is now part of an ongoing discussion.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Strategies in Mental, Learning Disability and Autism and in review of Children's services are currently developed and monitored through our transformation board with approval of the Strategic Planning Group. The overarching strategy references national guidance.
	Each plan requires to have an engagement specification and communications plan relevant to working with those who use services and other stakeholders in the delivery of services. This activity is in the planning stages for these identified areas of work.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	No

If Yes, can you please submit a copy along with your questionnaire?

An EQIA is available for the overarching Strategy and commissioning plan alongside the Joint Strategic Needs Assessment.

Equality Impact Assessment - JSCS A3.pdf (argyll-bute.gov.uk)
EIA form - JSP final.pdf (argyll-bute.gov.uk)

- 4					
Δ	cti	OI	1 L	215	n
-	υш				

9		re an action plan for the development of mental health, learning disability or dementia endent advocacy services in your area?
		Yes
		No
	If Yes	, can you please submit a copy along with your questionnaire?
10	If No,	is an action plan in the process of being developed?
		Yes
		No
		, please provide details of when the action plan will be completed please can you kindly advise why this is not being developed?
		urvey notes the currently commissioned services and the commissioning intention within bint commissioning strategy.
		the transformation programme we are developing strategies in Dementia, Mental Health, ing Disability and Autism. Any subsequent actions will be configured as part of this ss.
11		e detail actions in relation to the development of mental health, dementia, learning ility services which may be in other local plans
	Disab	e currently developing strategic approaches locally on Dementia, Mental Health, Learning ility and Autism services which we seek to be in line with refresh of national guidance. As advocacy will be a central tenet to the delivery of services in line with the duty.

Current Commissioned Services

If Yes, pl Yes, extr The Prov People re available	Vices will be provided to adults over 16 years of age under the following legislation: The Mental Health (Care and Treatment) (Scotland) Act 2003 The Adults with Incapacity (Scotland) Act 2000 The Adult Support and Protection Act 2007
If Yes, pl Yes, extr The Prov People re available	ract from the contract: vider will provide an Independent Advocacy Service (the Service) to Adults and Older resident in the Argyll and Bute local authority area. The Service will primarily be to people who have a statutory entitlement to advocacy. vices will be provided to adults over 16 years of age under the following legislation: • The Mental Health (Care and Treatment) (Scotland) Act 2003 • The Adults with Incapacity (Scotland) Act 2000
Yes, extr The Prov People re available	ract from the contract: vider will provide an Independent Advocacy Service (the Service) to Adults and Older resident in the Argyll and Bute local authority area. The Service will primarily be to people who have a statutory entitlement to advocacy. vices will be provided to adults over 16 years of age under the following legislation: • The Mental Health (Care and Treatment) (Scotland) Act 2003 • The Adults with Incapacity (Scotland) Act 2000
The Prov People re available	vider will provide an Independent Advocacy Service (the Service) to Adults and Older resident in the Argyll and Bute local authority area. The Service will <i>primarily</i> be to people who have a statutory entitlement to advocacy. vices will be provided to adults over 16 years of age under the following legislation: The Mental Health (Care and Treatment) (Scotland) Act 2003 The Adults with Incapacity (Scotland) Act 2000
People re available	resident in the Argyll and Bute local authority area. The Service will <i>primarily</i> be to people who have a statutory entitlement to advocacy. vices will be provided to adults over 16 years of age under the following legislation: The Mental Health (Care and Treatment) (Scotland) Act 2003 The Adults with Incapacity (Scotland) Act 2000
The Serv	 The Mental Health (Care and Treatment) (Scotland) Act 2003 The Adults with Incapacity (Scotland) Act 2000
	The Adults with Incapacity (Scotland) Act 2000
	Social Work (Scotland) Act 1968
Do you s person?	specify that any organisations apply a limit to the amount of advocacy support per
□ Y	'es
⊠ N	No
If Yes, pl	lease provide details

14	Do you currently commission advocacy shealth issues, learning disability or demonstrate you ensure they are supported?	•		
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort homeless people with this condition			
	ric service open to homeless people with ition – no specific agreement relating to			
_	ific homeless advocacy service (s) nissioned			
Pleas	se provide details			
The F follov	Provider will make the Service available to the ving:	nose who are over	r 16 years of age and h	ave any of the
	 learning disability mental health problem autism spectrum disorder an acquired brain injury dementia Are vulnerable adults deeme 	d at risk of harm		
with s	Have a specific issue/s af social care or legal intervent Whose professional indeperelevant legislation as outline Whose advocacy needs had professional that has made term advocacy? Ceptional circumstances and where no other statutory services exists (such as in particular advocacy.	tions in relation to endent advocacy red above OR we been identified a referral to the	health and social care needs come within the d by a relevant health service for issue-spec t to enable a service us	e AND e scope of the or social care diffic and short- eer to engage
15	Do you currently commission advocacy shealth issues, learning disability or demonstrate you ensure they are supported?	<u>-</u>	-	
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort asylum seekers with this condition			

Generic service open to asylum seekers with condition – no specific agreement relating to this			
Specific asylum seeker advocacy service (s) commissioned			
Please provide details			
Catch all clause that may apply to Asylum Seeker	rs:		
In exceptional circumstances and where no other with statutory services exists (such as in particula utilised for issue-specific advocacy.	* * * * * * * * * * * * * * * * * * * *		
16 Do you currently commission advocacy so health issues, learning disability or demendance you ensure they are supported?	-		
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned for carers			
Specific service explicitly commissioned for carers			
No carers' advocacy service			
Please provide details			
Advocacy services will work with carers but priori can be challenging as the cumulative needs of a	_		need. This
Informal advocacy is available through carer's se	rvice commissior	ned activity in the first i	nstance.
Commissioning budget			
17 Has the commissioning budget for menta advocacy organisations changed over the		disability or dementia	independent
⊠ Yes			

		dget has changed (either an increase or decrease) please say how. Have services das a consequence? Please provide details
	Uplift to	budget in 2022/23 to account for inflationary factors. No impact on service.
Priso	ns and ad	vocacy services
18	Do you l	nave any prisons in your HSCP area?
	Y	⁄es
		No
19	If Yes, d prison(s	o any of the services currently commissioned provide advocacy support in the s)?
	Y	/es
		No
	If Yes, p	lease provide details
20	Can you (NEW qu	please outline how prisoners are informed about independent advocacy services? uestion)
NHS	patients p	laced in private healthcare facilities out with home health board area
21		specify how NHS patients from your area, who have been placed in private healthcare s out with their home health board areas, receive advocacy support?
	F	From a local service where they are receiving care
	⊠ F	From home health board / local authority
		Don't know
	Any furt	ther details

Contracted provider travels out of area where possible.	

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

The service will, as a minimum standard, be delivered in accordance with the Principles and Standards published in 2008 by the SIAA.

The Service will meet the following specific requirements:

- i) Provision of a short-term, time limited professional independent advocacy provided by paid or volunteer advocates who work with a caseload of clients on particular issues for a few weeks or months.
- ii) The Provider will ensure appropriate and sufficient level of skills and knowledge in the services for the people eligible for the service.
- iii) The Provider will develop appropriate management and delivery mechanisms to meet the requirements as set out in this service specification.
- iv) The Provider will maintain accurate and current details of the Service User's case and all associated documentation, including a case management record for each Service User
- v) The Provider shall ensure appropriate means of communication to individuals with a wide range of needs, including but not limited to:
 - people with profound and complex learning disabilities, mental health problems or incapacity
 - people from ethnic or cultural minority groups
 - people who have other communications issues to be addressed in the course of the provision of professional independent advocacy services

Key Aims of the service are as follows:

- i) To develop, manage and deliver a professional independent advocacy service which meets the requirements of this specification
- ii) To provide a professional independent advocacy service for those individuals affected by the Adults with Incapacity (Scotland) Act 2000
- iii) To provide a professional independent advocacy service for those individuals who may be deemed at risk of harm (or) in terms of the Adult Support and Protection (Scotland) Act 2007
- iv) To comply with the responsibilities detailed in section 259 of the Mental Health (Care and Treatment) (Scotland) Act 2003
- v) To comply with all other relevant legislation that is in place during the course of the contract.

- vi) To provide a service that is flexible and responsive
- vii) To provide a service that is accessible to adults across the Argyll and Bute area
- viii) To ensure that all staff maintain acceptable standards of skills and qualifications
- ix) To meet the outputs and outcomes noted at 4.4 and 4.5 below.

The key outputs expected from the service are:

- i) Professional independent advocacy services for eligible persons to ensure that their rights are protected under the relevant legislation outlined above
- support for the Service User to ensure that his/her rights are respected and his/her needs and wishes are taken into account when decisions about them or their circumstances are being made in relation to health, social care or legal interventions in relation to health or social care services
- iii) Speaking on behalf of Service Users when they are unable to do so for themselves in respect of specific issues that fall within the scope of the relevant legislation outlined above, including representation at Mental Health Tribunals/children's hearings and court
- iv) Providing relevant information to Service Users and their carers about the Service Users' rights, legal or professional processes which impact on Service Users and their lives and about professional independent advocacy services
- v) Speedy and flexible responses in meeting Service Users' needs
- vi) Obtain feedback from adults/children and young people about their overall experience with the advocacy service and the adult support and protection process/child protection process/mental health/other.

Anticipated outcomes for people using this service will include:

- i) People who are vulnerable and discriminated against, or who find it difficult to access services that they need, having their rights to services protected
- ii) Empowerment for people who need a stronger voice by enabling them to express their own needs and make their own decisions when dealing with health, social care or legal interventions in relation to health or social care services
- iii) People gaining access to information and understanding their options in relation to services, and making their views and wishes known
- iv) People having an advocate speaking on their behalf when they are unable to do so for themselves

Repor	ting info and CSM meetings:
	 The numbers of requests for advocacy that are rejected on the ground eligibility and the signposting advice provided, if any. The number of advocacy referrals accepted during the reporting period source of the referral, the presenting issue and the Act to which the rerelates (if applicable). The number of advocacy referrals accepted during the reporting period the not relate to the legislation detailed at 3.2, the source of the referral and presenting issue. Age, gender, ethnicity and geographical location of the service user Number of active cases during the period Number of discharged cases in the period The timescale between referral and first meeting with the service user are explanation where this timescale exceeds the required 10 day or 48 hour prince in line with clause 5.4. of this specification above. Provider representation at key meetings, for example Adult Protection committee; Mental Health forum and any other meeting relevant to their rewhich they have been invited. Details of formal and informal promotional activity for each locality e.g. and communication. Any complaints received during the reporting period Service user feedback gathered as per requirement at 4.4. vi.
-	u get information from each organisation about the number of people accessing cacy support? Yes
Ш	No
If Yes	, please provide the most up to date information provided by each organisation
	and & Argyll Advocacy Service (LAAS)— 175 active cases as at June 2022 (84 new als in the quarter April to June 2022)

		No		
	If Y	es, please provide the most up to date information available		
	wai	vider uses a tool for allocating cases to workers, this tracks how long individuals are ting. Currently 9 cases unallocated, 3 of those have been waiting 4-6 weeks (not priority es). The remainder are less than 4 weeks.		
26		you aware of providers prioritising provision of advocacy support to people subject to pulsory measures?		
		Yes		
		No		
	If Y	es, please provide details		
	The	contract generally asks urgent cases to be prioritised, as follows:		
	abo the fror	pple referred and eligible for professional independent advocacy services under the Acts we should be seen within 10 working days of a referral unless urgent action is requested by referrer because of the particular circumstances of the adult (in terms of removing a person n risk.) Where urgent action is requested the provider will endeavour to see the individual will seen within 3 working days.		
		ne time factor for action is crucial, a person referred for action under the Adult Support Act y take precedence over a person referred for action under the Mental Health Act.		
27	What arrangements are in place to measure the satisfaction of people using advocacy services?			
		provider carries out a satisfaction survey 6 monthly. ial Work Professionals are also surveyed as part of contract monitoring.		
28	How do you monitor complaints about advocacy services?			
		Annual monitoring data from providers		
		No monitoring		
	\boxtimes	Other (please specify)		
		Quarterly monitoring data from provider		

mental health, learning disability or dementia advocacy services in your area? LAAS use their Website, social media platforms including Twitter and Facebook. We also				
ensure leaflets and posters are available in a range of primary locations. GP surgery, Social Work, Housing, CAB offices, TSI, Colleges, Hospitals, Police stations, Library and Community Centre are some of the locations. We provide a range of talks to different community and groups and services. We use stands, banners T-shirts and leave promotional materials such a magnets after talks. We attend a number of Forums as requested or felt particularly beneficial to our client groups.				
Have there been any specific actions to promote the use of advocacy among health and sociare/social work staff?				
	Yes			
	No			
	LAAS offer talks and presentations across the HSCP to a range of groups. Care homes, Resource Centres, Social Work and Ward staff in local hospitals. We have delivered mat talks over the years of operations and more recently we have invited a range of services join us to learn about new project work over a digital platform. We are members of committees such as MHPG, ASAP, and SPAG and local community forum Groups. Precovid we offered talks to all new medical students.			
How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?				
pho we atte	encourage anyone who meets our core criteria to have access. We use social media, otos and tag ourselves to awareness raising days to different groups of people to promot are available to all communities and community groups meeting our criteria. We ensure end a range of other meetings and work with stakeholders and partners across a wide ectrum. We access learning on a range of equality issues and ensure our staff have a sou owledge on diversity.			
Ho	How do you measure this?			
We	gather information at the point of referral. This is information appropriate to carry out oue.			

Future plans

3	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?			
	□ No			
	If Yes, please describe			
	This is currently being scoped to inform tailored strategic planning as previously noted.			
4	If No, how do you plan to address any unmet need in future?			
5	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?			
	□ No			
	If Yes, please describe			
	Feedback from the service noted carers as having a particular need.			
	Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?			
	☐ Yes			
	☐ No			
	Other (please specify)			
	Not at present but this is likely from further strategic work.			
	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?			

Part Two: Children & Young People Survey

Curre	nt Planning	
1	Do you have an	integrated children's service plan?
		Yes
		No
2	If Yes, does it i	nclude advocacy?
		Yes
		No
	If Yes, can you	please submit a copy along with your questionnaire?
Comm	nissioning	
Comm	Has the commi	ssioning budget for children and young people's mental health/learning endent-advocacy organisations changed over the past two years?
	Has the commi	
_	Has the commi	
	Has the comming disability indeptors Yes No If the budget has	
3	Has the commidisability indep Yes No If the budget had changed as a comming the comming	pendent-advocacy organisations changed over the past two years? as changed (either an increase or decrease) please say how. Have services

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?					
	\boxtimes	From a local service where they are receiving care				
	\boxtimes	From home health board / local authority				
		Don't know				
	Any further details					
	Servic	es will work out of area for continuity where possible.				

Monitoring and review arrangements

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

- What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?
 - 1.1. This service will be provided in line with the Scottish Independent Advocacy Alliance's Principles and Standards for Independent Advocacy including any updated versions that may be published from time to time. Available at: http://www.siaa.org.uk/wp-content/uploads/2013/11/siaa_principles_and_standards_2010.pdf
 - 1.2. The principles set out in the GIRFEC process seek to ensure that all children who require support receive this support at the right time by the right person and that their rights to a service are upheld and of paramount concern to those agencies delivering the desired help required. This service will consider children and young people who are involved in Argyll and Bute Council's Child Protection procedures and who are subsequently placed on the Child Protection register.
 - 1.3. The Service shall be designed to meet the needs of the Children/Young People as specified within the Agreement reached between, the Provider and the Children/Young People their Representative and, or the Families/Carers, if appropriate.
 - 1.4. Children and Young People will:
 - i) Feel they have their wishes, views, values and preferences taken into account within any decision making processes
 - ii) Have their human, legal and other rights safeguarded, and others, involved in the care and support of such Children/Young People will be aware of the centrality of such rights

- iii) The service Provider shall develop a framework where user feedback can be utilised as a means of improving quality of service. This would be fed back on a quarterly basis at a business meeting to coordinate children/young people's experiences and to create opportunities to resolve issues early where problems arise. Monthly statistical analysis shall be provided by the service operator to demonstrate level of activity of the provision.
- iv) Feel enabled to make informed choices and decisions and will have access to appropriate and accessible information.

1.5. The Provider will:

- i) Deliver Advocacy, services in appropriate locations throughout the Council area.
- ii) Ensure that any issues of relevance to the Children/Young People using the service are addressed.
- iii) Work in partnership with the Council to set appropriate targets for minimum numbers of advocacy interventions each year.
- iv) Ensure that an accessible written Agreement will be reached with the Children/Young People being supported or their representative, where appropriate, so that it is clear what they are working towards.
- v) Ensure that an exit questionnaire is completed by the Children/Young People using the service or their representative, where appropriate, to evidence their experience of receiving a service.
- vi) Provide support on a flexible basis so that it fits with the wishes of the Children/Young People being supported
- vii) Attend appropriate planning and other forums.
- viii) Devise and deliver presentations promoting advocacy to external agencies.
- ix) Develop appropriate and accessible information systems to assist Children/Young People using the service to consider options and to make informed choices/decisions.
- 1.6. **Measures** for monitoring the outcomes may include monitoring of feedback in relation to:
 - i) Increased participation in decision making, in case conferences, reviews, planning meetings and policy making forums including advocacy, in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003
 - ii) Evidence of targets met in relation to types and frequency of Advocacy interventions.
 - iii) Stakeholder feedback that evidences Children/Young People feel listened to and services are accessed and improved and that individuality is respected.
 - iv) The issues raised and the outcomes met for Children/Young People.

- v) Stakeholder feedback which evidences improved understanding and awareness of rights amongst all Stakeholders
- vi) Service activity, the outcomes of Agreements as well as qualitative information on closed cases will be reported on as outlined within the monthly reporting framework.
- vii) An analysis of qualitative information should be contained within the Annual Report and a minimum sample of 25% of such agreements will be made available to the Council for the purpose of sampling.
- viii) Monitoring returns will evidence an increase in appropriate referrals, both from Children/Young People and external agencies as a result of such activity.
- ix) Evidence should be provided of an increased knowledge of Advocacy services amongst the general public.
- x) Stakeholder evaluation will evidence that Children/Young People using the Service feel supported to have increased understanding/knowledge of information that is necessary to make informed choices/decisions.

Priefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?

The contract is managed in accordance with the Council's contract and supplier management procedure. This procedure takes steps to ensure that the services are delivered in line with the service level expectations of Quality/Service/Cost/Delivery.

The level of contract management required may vary depending on performance and risks identified during the contract term – the performance of the contract will be managed using the full balanced scorecard with periodic contract review meetings at least twice yearly (unless otherwise agreed).

8	Do you get information from each organisation about the number of children and young people with mental illness, learning disability or related condition accessing advocacy support from each organisation?							
		Yes						
		No						
	If Yes	, please provide the most up to date information provided by each organisation						
	Who Cares? Scotland Q1 April – June 2022 54 young people engaged in service.							
	J Gawish - Q1 April – June 2022 12 children/young people engaged in service							
9		arrangements are in place to measure the satisfaction of children and young people nental illness, learning disability or related condition using advocacy services?						
	suppo	der Stakeholder evaluation to evidence that Children/Young People using the Service feel orted to have increased understanding/knowledge of information that is necessary to make ned choices/decisions.						
10		lo you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?						
		Annual monitoring data from providers						
		No monitoring						
	\boxtimes	Other (please specify)						
		Quarterly reports						
11	any ac	lo you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or d conditions in your area?						

Argyll and Bute Council commission advocacy services for children and young people whose names are on the Child Protection Register, and separately for children and young people who are care experienced and currently subject to statutory measures. Within those commissioned contracts advocacy is available for children and young people within the specified groups where they also meet the above criteria. We do not have more widely available advocacy for the specified groups within the wider population of children and young people.

		ble Advocacy Services as noted above are made available to children and young people diately at the point of eligibility.
12	Have	there been any specific actions to promote the use of advocacy among staff?
	\boxtimes	Yes
		No
	Pleas	e provide any further details below.
		are appraised of the rights of children and families at the point on intervention as part of practice.
Future	plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
		No
		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning lity or related condition independent advocacy supports in the future?
		Yes
		No
	If Yes	, please describe
	As pa	rt of children's service planning

Any Other Con For example, a funding from o	e there other local advocacy	services which are not	commissioned but rec

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Lomond & Argyll Advocacy Service	Jill Gawish	Who Cares Scotland		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes
3	Does the organisation support? People with a mental health/illness related condition.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5	People with dementia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	Yes	Yes	Yes	Yes	Yes
		□No	□No	☐ No	☐ No	│
7	Mentally disordered offenders	Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
8	Homeless people with mental illness, learning disability, dementia	Yes	Yes	Yes	Yes	Yes
	rearring disability, dementia	□No	□No	□No	□No	□No
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐Yes
	disability, defrictitia	□No	□No	□No	□No	□No
10	Carers of people with mental illness, learning disability, dementia	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐Yes
	disability, defrictitia	□No	□No	□No	□No	□No
11	Children & young people with a mental health	Yes	☐ Yes	☐ Yes	☐ Yes	Yes
	problem	□No	□No	□No	□No	□No
12	Children & young people with a learning	Yes	Yes	☐ Yes	Yes	☐Yes
	disability	□No	□No	□No	□No	□No

13	Children & young people with ASD or ADHD	Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)		Child protection			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	Yes	☐Yes	Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	Yes	⊠ Yes	⊠ Yes	Yes	Yes
	.oag a.oaa,	□No	□No	□No	□No	□No
	 Adults up to 65 	⊠ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		□No	□No	□No	□No	□No
	Adults over 65	⊠Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	⊠Yes	Yes	☐Yes
		□No	□No	□No	□No	□No
	Collective	☐Yes	☐ Yes	⊠ Yes	☐Yes	Yes
		□No	□No	□No	□No	□No
	■ Citizen	Yes	☐Yes	Yes	Yes	☐Yes
		□No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	⊠Yes	☐Yes	⊠Yes	☐Yes	☐Yes
	auvocacy:	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£180880	£51398	£61773		
	Details total budget information split into the following categories (if possible):					
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☐ 0ther (please detail) ☐ Contract ending on 31st March 2023, expected to be renewed for 2+	☐ 1 year ☐ 2 years ☐ 3 years ☐ 0ther (please detail) ☐————————————————————————————————————	☐ 1 year ☐ 2 years ☐ 3 years ☐ 0ther (please detail) 	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)
		years. 7 (doesn't include	years.	years. 2 (doesn't include		
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	management or support staff)	1	management or support staff)		

Organisation:	NHS Highland
Job Title:	Chief Officer, Health & Social Care Partnership
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP

Part One:	Adult	Survey
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2	At what level is advocacy strategic planning carried out in your area?

_	3
	NHS board-wide
	HSCP
\boxtimes	Local Authority
	Other (please specify)

Advocacy Planning is carried out at Local Authority area	

3 Is there an advocacy planning group covering your area?

Current Planning

igorimsis No We did have a group set up prior to the pandemic, but has not met since then

4 Is there a current independent advocacy strategic plan for your area?

\boxtimes	Yes (attached) The plan runs up to 2021 – but due to the pandemic is still current and
	advocacy services will be renewed up to 2024

□ No

If Yes, can you please submit a copy along with your questionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	Details of stakeholder consultation are included on page 11 of the attached advocacy plan. Stakeholders included advocacy organisations and their service users; staff and commissioners and voluntary sector organisations that work closely with independent advocacy organisations.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	The various advocacy services were asked specifically to collect views and stories from service providers to contribute towards the development of the advocacy plan (see page 11 of the attached Advocacy Plan)
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	□ No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	Yes (as part of the advocacy plan – page 16)

	□ No
	If Yes, can you please submit a copy along with your questionnaire?
10	If No, is an action plan in the process of being developed?
	Yes
	□ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
Curre	nt Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
_	
_	for people subject to compulsory measures under the Mental Health Act?
_	for people subject to compulsory measures under the Mental Health Act? Yes
_	for people subject to compulsory measures under the Mental Health Act? Yes No
_	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details Priorities are given to groups of individuals that are defined within the Mental Health (Care and Treatment Act). We also have a specific independent advocacy service which gives priority to
12	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details Priorities are given to groups of individuals that are defined within the Mental Health (Care and Treatment Act). We also have a specific independent advocacy service which gives priority to carers. Do you specify that any organisations apply a limit to the amount of advocacy support per
12	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details Priorities are given to groups of individuals that are defined within the Mental Health (Care and Treatment Act). We also have a specific independent advocacy service which gives priority to carers. Do you specify that any organisations apply a limit to the amount of advocacy support per person?
12	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details Priorities are given to groups of individuals that are defined within the Mental Health (Care and Treatment Act). We also have a specific independent advocacy service which gives priority to carers. Do you specify that any organisations apply a limit to the amount of advocacy support per person? Yes

	Do you currently commission advocacy services specifically for <u>homeless people</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?			
	Mental Health	Learning Disability	Dementia	
Generic service explicitly commissioned to support homeless people with this condition				
Generic service open to homeless people with condition – no specific agreement relating to this				
Specific homeless advocacy service (s) commissioned				
Please provide details				
Due to the nature of Highland and the area it cover services therefore our services are generic, but it homeless people.			•	
Do you currently commission advocacy services specifically for <u>asylum seekers</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?				
health issues, learning disability or demo	-	-		
health issues, learning disability or demo	-	-		
health issues, learning disability or demo	entia? Please tick	where appropriate. If I	not, how do	
health issues, learning disability or demo you ensure they are supported? Generic service explicitly commissioned to	entia? Please tick	where appropriate. If I	not, how do	
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to	entia? Please tick	where appropriate. If I	not, how do	
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s) commissioned	entia? Please tick	where appropriate. If I	not, how do	
health issues, learning disability or demoyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s)	Mental Health Company of the compan	where appropriate. If i	Dementia Dementia	

16	Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?			
		Mental Health	Learning Disability	Dementia
Gener	ric service explicitly commissioned for			
Specific service explicitly commissioned for carers				
No ca	rers' advocacy service			
Pleas	e provide details			
We cu	rrently commission an independent advo	cacy service specif	ically for carers	
Commissioning budget				
17	Has the commissioning budget for men advocacy organisations changed over the		disability or dementia	independent
17			disability or dementia	independent
17	advocacy organisations changed over the		disability or dementia	independent
17	advocacy organisations changed over the Yes	he past two years?	·	·
17	advocacy organisations changed over the Yes No If the budget has changed (either an incompared to the second se	he past two years?	·	·
17	advocacy organisations changed over the Yes No If the budget has changed (either an incompared to the second se	he past two years?	·	·
17	advocacy organisations changed over the Yes No If the budget has changed (either an incompared to the second se	he past two years?	·	·
17	advocacy organisations changed over the Yes No If the budget has changed (either an incompared to the second se	he past two years?	·	·

Prisons and advocacy services

Doy	you have any prisons in your HSCP area?
	Yes
	No
	es, do any of the services currently commissioned provide advocacy support in the on(s)?
\boxtimes	Yes
	No
If Y	es, please provide details
	ocacy Highland currently provides services to those within the criminal justice system uding those who are currently in Porterfield prison
(NE	you please outline how prisoners are informed about independent advocacy services? W question) ers, leaflets and posters are promoted within the prison. Prison staff are also aware of the rice and will refer people to this.
patier	nts placed in private healthcare facilities out with home health board area
	ase specify how NHS patients from your area, who have been placed in private healthcare lities out with their home health board areas, receive advocacy support?
	From a local service where they are receiving care
	From home health board / local authority
	Don't know
Can sup	further details I't seem to fill in the box below? – but basically if a patient is already receiving advocacy port prior to being moved out with the area, then the advocacy organisation have a ponsibility to ensure that the individual is signposted to local services in the area.

Monitoring and review arrangements

22	What are the outcomes	you are seekind	to achieve an	d how do	you monitor these?

We monitor services quarterly and they are measured against the outcomes as detailed within their contracts. Primarily these will be about the process of ensuring coverage across Highland and to priority groups. We also ask the services to record the number of cases they see; geographical area; issue presenting with and length of time the case takes to resolve or to close. We also ask services to collect demographics on the population they serve so that we are able to understand whether the service is being accessed by different groups.

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

Each service has a quarterly monitoring meeting. Monitoring reports are required to be sent in a fortnight prior to the monitoring meeting and an agreed standard template is used to do this.

24	Do you get information from each organisation about the number of people accessing
	advocacy support?

\boxtimes	Yes
	No

If Yes, please provide the most up to date information provided by each organisation

-Advocacy Highland (Individual issue-based advocacy):

Apr 21-Mar '22 - 781 referrals

- -Partners in Advocacy Carers Advocacy (Individual issue-based carers advocacy): Jan-Mar 22 – 30 referrals. (reporting period shorter due to new contract start date)
- -SPIRIT Collective Advocacy, 2 component services, HUG (Mental Health) and People First (Learning Disability).

HUG

Apr 21-Mar 22 – 118 meetings held

People First

Apr 21-Mar 22 - 35 meetings held

Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?

\boxtimes	Yes
	No

If Yes, please provide the most up to date information available No. Any issues for individual advocacy around volume, sources of referrals and capacity are picked up through monitoring. Collective advocacy is encouraged to have as wide a reach as possible and this is picked up in monitoring. Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? X Yes No If Yes, please provide details Providers will ensure that where there is a specific timeframe and dates required, they will ensure that they are prioritised in order to ensure that the service user has representation where possible. What arrangements are in place to measure the satisfaction of people using advocacy services? Services will routinely carry out evaluation for people using and accessing their services including a customer satisfaction type exercise when a case is closed. How do you monitor complaints about advocacy services? Annual monitoring data from providers

26

27

28

 \boxtimes

No monitoring

Other (please specify)

How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?

This is a question that is included in the quarterly monitoring information

This is done in collaboration with the advocacy services. It is requirement of the contract that they promote the service, but we are able to support this by using things like our weekly comms update which goes out to all staff and discussions with identified groups or areas which are not as well represented as they might be

30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	⊠ Yes
	□ No
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	We ask for this information to be provided as part of the quarterly monitoring meetings
32	How do you measure this?
	As above
Future	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	⊠ Yes
	□ No
	If Yes, please describe
	Discussions with service providers during monitoring meetings allow us to assess the need for services and whether any waiting lists etc are building up or any specific needs that we need to be aware of
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	□ No
	If Yes, please describe
	See the attached advocacy plan (page 11)

36	Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?					
		Yes				
		No				
	\boxtimes	Other (please specify)				
		No specific plans, but promotion of services is reviewed at monitoring meetings and where required we will support promotion of the services or targeted approaches to identified gaps in the service				
37	For ex	ther Comments? ample, are there other local advocacy services which are not commissioned but receive g from other services?				
	In North Highland services are split around adult and child services, NHS Highland leading primarily on adults services and Highland Council on childrens services. We currently commission independent advocacy services to work with adults 18+.					
	Highland Council have separate arrangements for childrens services.					

Part Two: Children & Young People Survey

Current Planning					
1	Do you have a	an integrated children's service plan?			
	\boxtimes	Yes			
		No			
2	If Yes, does it	include advocacy?			
		Yes			
	\boxtimes	No			
	If Yes, can yo	u please submit a copy along with your questionnaire?			
Comn	nissioning				
3		missioning budget for children and young people's mental health/learning ependent-advocacy organisations changed over the past two years?			
	Yes				
	⊠ No				
4	If the budget has changed (either an increase or decrease) please say how. Have service changed as a consequence? Please provide details				

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disabiling related condition and in a placement out with their home local authority would receive advocacy support?				
		From a local service where they are receiving care			
		From home health board / local authority			
		Don't know			
	Any fu	urther details			
	bespo	igh we commission advocacy for all our CYP out with our area, we do not provide ke advocacy for those children or young people with a mental illness, learning disability ted condition.			
Monit	oring aı	nd review arrangements			
		is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition.			
6		are the outcomes you are seeking to achieve for the children and young people and how u monitor these?			
	All ind	ividual child specific outcomes are detailed within our child's plan.			
7	people	describe the arrangements in place for monitoring the quality of children and younge's mental health, learning disability or related condition independent advocacyes, including independent evaluation?			
	The m	onitoring is undertaken as integral to our practice model arrangements.			

supp	ou get information from each organisation about the number of children and young ble with mental illness, learning disability or related condition accessing advocacy port from each organisation?
	Yes
\boxtimes	No
If Ye	es, please provide the most up to date information provided by each organisation
	t arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
The	views of CYP are considered as integral to our child's planning processes.
	do you monitor complaints about advocacy services for children and young people wital illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	No securitaria s
	No monitoring
	Other (please specify)
How	Other (please specify) do you currently raise awareness and deliver public information about the availability
How	Other (please specify) do you currently raise awareness and deliver public information about the availability advocacy services for children and young people with mental illness, learning disabilit

12	Have there been any specific actions to promote the use of advocacy among staff?				
		Yes			
	\boxtimes	No			
	Pleas	e provide any further details below.			
Future	e plans				
13		your integrated children services planning structure include an advocacy planning group ing your area?			
		Yes			
	\boxtimes	No			
		Other (please describe)			
14		ou assessing the projected need for children and young people's mental health, learning lity or related condition independent advocacy supports in the future?			
	\boxtimes	Yes			
		No			
	If Yes	, please describe			

Any Other Con For example, a funding from o	e there other local advocacy	services which are not	commissioned but rec

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Advocacy Highland	Partners in Advocacy	SPIRIT		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
5	People with dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes	☐ Yes ☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
12	Children & young people with a learning disability	☐ Yes ⊠ No	☐ Yes ☑ No	☐ Yes ⊠ No	☐ Yes	☐ Yes

13	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes
	 Under 18 with mental health issues, learning disability 	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Yes ☐ No	☐ Yes ☐ No
	 Adults up to 65 	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
	■ Adults over 65	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	Yes	Yes	Yes
		□No	□No	⊠No	□No	□No
	Collective	☐Yes	Yes	⊠ Yes	Yes	Yes
		⊠ No	⊠No	□No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	Yes
		⊠No	⊠No	⊠No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠Yes	☐Yes	☐Yes	☐Yes	☐Yes
	advocacy?	□No	⊠No	⊠No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):	£300,000 (no split possible)	£132,873	£120,00(no split possible)		
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia		£132,873			
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☑ Other (please detail) 3 + 2 years extension	☐ 1 year ☐ 2 years ☐ 3 years ☑ Other (please detail) 3 + 2 years extension	☐ 1 year ☐ 2 years ☐ 3 years ☑ Other (please detail) 3 + 2 years extension	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy	11 posts	4.2 fte	3 fte		

Officers are supported			
by this funding in your	!		
area?	!		
(NEW question)			

Organisation:	North Lanarkshire HSCP
Job Title:	Senior Manager – Quality Assurance and Commissioning
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	North Lanarkshire HSCP

Part One: Adult Survey

Current	~ 1 •
l'iirrant i	Dianning
Oullell	

2	At wha	at level is advocacy strategic planning carried out in your area?
	x□	NHS board-wide
	x□	HSCP
	x□	Local Authority
		Other (please specify)
	NHS L proces	anarkshire and both North and South HSCP's are involved in the advocacy planning ss.
3	Is ther	e an advocacy planning group covering your area?
	x□	Yes
		No
4	Is ther	e a current independent advocacy strategic plan for your area?
	Пх	Yes
		No
	If Yes,	can you please submit a copy along with your questionnaire?

https://www.southlanarkshire.gov.uk/downloads/download/905/lanarkshire_advocacy_plan_2020-2025

5	If No, is an advocacy strategic plan in the process of being developed?
	☐ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	A snap survey for both North and South Lanarkshire HSCP was developed Autumn 2020, one for advocacy providers, one for advocacy partners (service users) one for HSCP staff.
	This consultation exercise was undertaken as part of the development of the Advocacy Plan, across both North and South HSCPs, with staff, advocacy partners, and advocacy service users. Across both Partnerships there were 60 responses to the staff survey, 40 responses to the Partner (service users) survey, and 19 responses from advocacy workers.
	Meetings with advocacy providers to discuss and draft plan sent out for comment. Plan adapted to incorporate comments made.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	As above and in conjunction with advocacy providers.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	Yes
	x No
	If Yes, can you please submit a copy along with your questionnaire?

Not necessary as the plan is a continuum of former plans. There has been no requirement to undertake an Equality Impact Assessment as the plan does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy.

Action Plan

9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	x Yes
	□ No
	If Yes, can you please submit a copy along with your questionnaire? Advocacy Action Plan 2020 2025.docx
10	If No, is an action plan in the process of being developed?
	Yes
	□ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	N/A
Curre	nt Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	x Yes
	□ No
	If Yes, please provide details
	All of the commissioned advocacy organisations must prioritise legislative focused referrals as part of the statutory duty to provide advocacy. Funding is not wholly contingent on legislative based work which generally is less than 30% of all advocacy interventions.

13	Do you specify that any organisations ap person?	pply a limit to the a	amount of advocacy su	pport per
	Yes			
	□x No			
	If Yes, please provide details			
14	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	-		
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort homeless people with this condition			
	ric service open to homeless people with ition – no specific agreement relating to			
_	cific homeless advocacy service (s) nissioned	х	х	х
Pleas	se provide details			
provid	HSCP fund Shelter who deliver a bespoke h de third party advice services to core advoc eople facing complex housing issues.			
15	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	-	-	
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort asylum seekers with this condition			
with o	neric service open to asylum seekers condition – no specific agreement ng to this	х	х	х□
	ific asylum seeker advocacy service (s) nissioned			
	se provide details			
	cacy services are expected to provide a ser			

16	Do you currently commission advocacy health issues, learning disability or der you ensure they are supported?	-	·	
		Mental Health	Learning Disability	Dementia
Gener	ric service explicitly commissioned for s	х□	х□	х
Speci carers	fic service explicitly commissioned for s			
No ca	rers' advocacy service			
Pleas	e provide details			
1	Lanarkshire Carers Together were comn kshire.	nissioned to provide	advocacy for carers ir	n North
Comr	nissioning budget			
17	Has the commissioning budget for menadvocacy organisations changed over		disability or dementia	independent
	□x Yes			
	☐ No			
	If the budget has changed (either an in changed as a consequence? Please pro		please say how. Have	e services
	Additional funding was made available increased during the pandemic.	to support older adı	ult's advocacy when ref	ferrals

Prisons and advocacy services

8	Do you have any prisons in your HSCP area?
	x Yes
	□ No
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?
	□x Yes
	□ No
	If Yes, please provide details
	Advocacy services for adults have a locus within Shotts Prison where necessary. The service manager is part of a group that supports people in Shotts Prison.
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)
	Through NHS staff and promotional material within the prison.
NHS	patients placed in private healthcare facilities out with home health board area
21	Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?
	x From a local service where they are receiving care
	From home health board / local authority
	☐ Don't know
	Any further details

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

Service outcomes are contained within the commissioned service specification. Regular contract monitoring meetings are held and quarterly returns are submitted by advocacy providers. Contracts stipulate that advocacy providers should aspire to meet outcomes determined by those that they support.

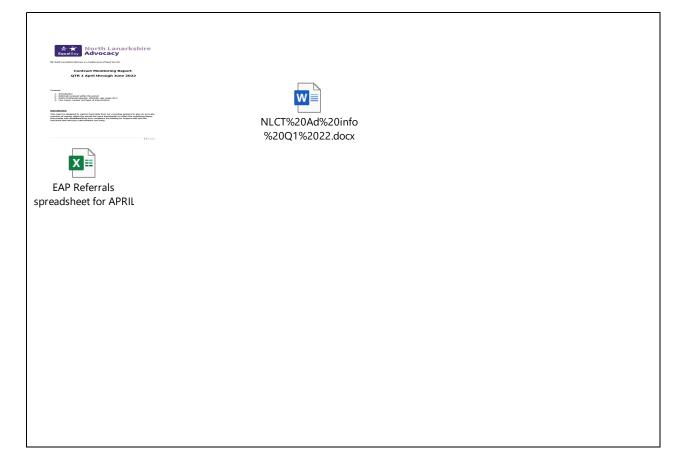
23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

As above – via quarterly reports, returns and monitoring meetings.

24 Do you get information from each organisation about the number of people accessing advocacy support?

☐ No

If Yes, please provide the most up to date information provided by each organisation



Шх	Yes
	No
If Ye	s, please provide the most up to date information available
Withi	n reports
-	ou aware of providers prioritising provision of advocacy support to people subject to bulsory measures?
_x	Yes
	No
If Ye	s, please provide details
What servi	arrangements are in place to measure the satisfaction of people using advocacy ces?
servi Advo	ces?
Advo has b	cacy services are required to seek feedback from people once the advocacy intervent
Advo has b	cacy services are required to seek feedback from people once the advocacy intervent been completed.
Advo	cacy services are required to seek feedback from people once the advocacy intervent been completed. do you monitor complaints about advocacy services?
Advo	cacy services are required to seek feedback from people once the advocacy intervent been completed. do you monitor complaints about advocacy services? Annual monitoring data from providers
Advo	cacy services are required to seek feedback from people once the advocacy intervent been completed. do you monitor complaints about advocacy services? Annual monitoring data from providers No monitoring

	Through HSCP website and when permissible, use of promotional material in public places.
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	□x Yes
	□ No
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	Through wider promotion and monitoring of impact/reach is reported through monitoring returns.
32	How do you measure this?
	Difficult to measure demand – we know through returns where a service has been offered and services actively reach out the equality groups to raise awareness of the availability of advocacy services.
utui	re plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	□x Yes
	□ No
	If Yes, please describe
	On-going assessment via provider returns.
34	If No, how do you plan to address any unmet need in future?

Are any s advocacy X Ye Ot Any Othe	ease describe gaps are chronicled within the advocacy plan –we would seek to provide a servicumet need/gaps in provision. pecific actions planned to do more to promote awareness of the availability of services locally over the next two years?
If Yes, pleaders in the land ress in the	gaps are chronicled within the advocacy plan –we would seek to provide a service unmet need/gaps in provision. pecific actions planned to do more to promote awareness of the availability of services locally over the next two years? es ther (please specify)
Are any s advocacy X Ye Ot Any Othe	gaps are chronicled within the advocacy plan –we would seek to provide a service annet need/gaps in provision. pecific actions planned to do more to promote awareness of the availability of a services locally over the next two years? es ther (please specify)
Are any s advocacy X Ye Ot PI	pecific actions planned to do more to promote awareness of the availability of services locally over the next two years?
advocacy X Ye No Ot Pl	services locally over the next two years? cs ther (please specify)
☐ No ☐ Ot ☐ PI ☐ Any Othe	her (please specify)
Ot PI	her (please specify)
PI Any Othe	
Any Othe	ans are in place to have an advocacy conference on 16 March 2023
	r Comments? ple, are there other local advocacy services which are not commissioned but rece om other services?
Drug Part	t and older adult advocacy services receive additional funding from the Alcohol and nership. Older Adult service receive £15,000 per annum, adult service receives per annum.
	v – adult advocacy service receives £74,000 per annum [ends on 31 March 2023] v fund [Scottish Government Support in the Right Direction SDS development strear

Part Two: Children & Young People Survey

Current Planning				
1	Do you have an	integrated children's service plan?		
	Пх	Yes		
		No		
2	If Yes, does it i	nclude advocacy?		
		Yes		
	х	No		
	If Yes, can you	please submit a copy along with your questionnaire?		
Comn	nissioning			
3		issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?		
	Yes			
	_ _			
	x No			
4	If the budget ha	as changed (either an increase or decrease) please say how. Have services consequence? Please provide details		

NHS patients placed in healthcare facilities out with home health board area

5	relate	e specify how many children or young people with a mental illness, learning disability or d condition and in a placement out with their home local authority would receive eacy support?
	Пх	From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any fu	urther details
Monit	oring a	nd review arrangements
		is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition.
6		are the outcomes you are seeking to achieve for the children and young people and how u monitor these?
		gh the service specification when services were commissioned and quarterly returns advocacy providers.
7	peopl	y describe the arrangements in place for monitoring the quality of children and young e's mental health, learning disability or related condition independent advocacy ses, including independent evaluation?
	Quarto	erly returns, monitoring meetings and annual reports.

8	peop	ou get information from each organisation about the number of children and young le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
	Пх	Yes
		No
	If Yes	s, please provide the most up to date information provided by each organisation
	Liatacy 1st Apr - 2022 Associated the second state of the second	Report 3-01 ¹ Jun 4-10 4-10 4-10 4-10 4-10 4-10 4-10 4-10
9		arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
	Throu	igh exit surveys and discussions where possible.
10		do you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?
	Пх	Annual monitoring data from providers
		No monitoring
		Other (please specify)
11	any a	do you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area?
	Throu	ugh the NLC website and information leaflets in public places [when permitted to do so]

12	Have	there been any specific actions to promote the use of advocacy among staff?
	Пх	Yes
		No
	Pleas	e provide any further details below.
		cacy awareness sessions across all localities (social work offices) and services are led by dvocacy provider.
Futur	e plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
		No
		Other (please describe)
		The Lanarkshire Advocacy Planning Group also considers children and young people's advocacy services.
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
	Пх	Yes
		No
	If Yes	, please describe
	Throu	gh on-going discussion with other council sections such as colleagues in education.

Any Other Con For example, a funding from o	e there other local advocacy	services which are not	commissioned but rec

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Equals Advocacy Partnership. Dalziel Building, Motherwell admin@equalsadvocacy.org.uk, Tel: 01698 327772	Equal Say Kirk Road, Wishaw sam@equalsay.org, Tel: 01698 358245	Who Cares? Scotland 70 North Road, Bellshill ML4 1EN hello@whocaresscotland.org 01698 657877	Shelter Scotland 31-33 Stockwell St, Glasgow 0141 548 6792 David_MacIver@shelter.org.	North Lanarkshire Carers Together 49 Dinmont Crescent, Motherwell ML1 3TT
		Older Adults	Adults	Children and Young People	Generic homelessness issues	Carerstogether.org 01698404055 Generic carers advocacy
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	□x Yes □ No	x□ Yes □ No	x□ Yes □ No	□ xYes □ No	□x Yes □ No

3	Does the organisation support? People with a mental health/illness related condition.	x□ Yes □ No	x□ Yes □ No	☐ Yes x☐ No	x□ Yes □ No	x□ Yes □ No
4	People with learning disability	x□ Yes □ No	x□ Yes □ No	☐ Yes x☐ No	x□ Yes □ No	x□ Yes
5	People with dementia	x□ Yes □ No	x□ Yes □ No	☐ Yes x☐ No	x□ Yes □ No	☐ Yes
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
		Organisation 1	Organisation 2	Organisation 3	Organisation +	Organisation o
6	People with autistic spectrum disorder	x Yes	x Yes ☐ No	☐ Yes ☐ No	☐ Yes	☐ Yes
6 7	I	x Yes	x□ Yes	Yes	Yes	Yes
	spectrum disorder Mentally disordered	x Yes No Yes	x Yes	☐ Yes ☐ No ☐ Yes	☐ Yes ☐ No ☐ Yes	☐ Yes☐ No☐ Yes

	Asylum seekers with mental illness, learning disability, dementia	□ No	□No	□No	□No	□ No
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☐ xNo	☐ Yes ☐x No	☐ Yes x☐ No	☐ Yes ☐ xNo	x□ Yes □ No
11	Children & young people with a mental health problem	☐ Yes ☐x No	☐ Yes ☐ xNo	☐ xYes	☐ Yes ☐ xNo	☐ Yes x ☐ No
12	Children & young people with a learning disability	☐ Yes ☐ xNo	☐ Yes ☐ xNo	□ xYes	☐ Yes ☐ xNo	☐ Yes
13	Children & young people with ASD or ADHD	☐ Yes ☐ xNo	☐ Yes ☐ xNo	□ xYes	☐ Yes ☐ xNo	☐ Yes x☐ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☐ xNo	☐ Yes ☐x No	□x Yes □ No	☐ Yes ☐ xNo	☐ Yes x☐ No
15	Looked-after children & young people but <u>not</u> including those who	☐ Yes ☐ xNo	☐ Yes ☐ xNo	□x Yes	☐ Yes ☐ xNo	☐ Yes x☐ No

	have mental illness, learning disability or related conditions					
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☐ xNo	☐ Yes ☐ xNo	□x Yes	☐ Yes ☐ xNo	☐ Yes x☐ No
17	Children/young people with any other condition (specify)	No	No	xYes	No	
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	All ages	Yes	Yes	Yes	x□ Yes	Yes
		x No	x□ No	x□ No	□No	□No
	 Under 18 with mental health issues, learning disability 	Yes	Yes	x Yes	Yes	☐ Yes
		x⊡ No	x No	□No	x□ No	□No
	Adults up to 65	Yes	x□ Yes	☐Yes	x□ Yes	x∐ Yes
		x□ No	□No	x□ No	□No	□No
	Adults over 65	x□ Yes	☐Yes	X Yes	x□ Yes	x∐ Yes
		□No	x No		□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	x∐ Yes	x∐ Yes	x□ Yes	Yes	Yes
		□No	□No	□No	x□ No	x□ No
	Collective	x□ Yes	x□ Yes	x□ Yes	Yes	Yes
		□No	□No	□No	x□ No	x□ No
	■ Citizen	☐Yes	Yes	Yes	☐ Yes	☐ Yes
		x□ No				
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	x∐ Yes	x∐ Yes	x□ Yes	☐Yes	☐Yes
	auvocacy:	□No	□No	□No	x□ No	x□ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£230,000	£290,000	£240,000	£25,000	£15,000
	Details total budget information split into the following categories (if possible):					
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
,	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years x☐ 3 years ☐ Other (please detail) Contract ends on 31 July 2024	☐ 1 year☐ 2 years x☐ 3 years☐ Other☐ (please detail) Contract ends on 31 July 2024	1 year 2 years x 5 years Other (please detail) Contract ends on 31 July 2024.	1 year 2 years 3 years Other (please detail)Rolling contract.	1 year 2 years 3 years Other (please detail)Contract ends 28/2/23 expected to be extended for a further two years.
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	6	7 from core funding, 3 from ADP funds, and 2 from SIRD fund	7 Includes £56k funding from SG to support young people in the CHS.	1	1

Organisation:	South Lanarkshire HSCP
Job Title:	Planning & Performance Manager
On whose behalf are you respond (NHS Board, HSCP, Local Authori	•
	Part One: Adult Survey
Current Planning	
2 At what level is advocacy	strategic planning carried out in your area?
* NHS board-wide	
□* HSCP	
* Local Authority	
Other (please spec	cify)
North and South Lanarksh	ning for Advocacy was coordinated with Lanarkshire NHS and both hire Councils, with NHS Lanarkshire having a dedicated manager who rsight of Advocacy Planning. There has been a number of personnel of Advocacy Planning.
The most recent Strategic Lanarkshire NHS.	c plan was developed by both NL and SL HSCP supported by
3 Is there an advocacy plan	nning group covering your area?
□* Yes	
□ No	
4 Is there a current indeper	ndent advocacy strategic plan for your area?
	5 plan included below
☐ No	

If Yes, can you please submit a copy along with your questionnaire?

https://www.southlanarkshire.gov.uk/downloads/download/905/lanarkshire_advocacy_plan_2020-2025

5	If No, is an advocacy strategic plan in the process of being developed? N/A Yes No If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan A snap survey for both North and South Lanarkshire HSCP's was developed Autumn 2020, one for advocacy providers, one for advocacy partners (service users) one for HSCP staff.
	This consultation exercise was undertaken as part of the development of the Advocacy Plan, across both North and South Lanarkshire HSCP's, with staff, advocacy partners, and advocacy service users. Across both Partnerships there were 60 responses to the staff survey, 40 responses to the Partner (service users) survey, and 19 responses from advocacy workers.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	The snap survey was widely distributed to both Advocacy Providers operating in North HSCP (Equals Advocacy, Equals Say Advocacy, Shelter, Who Cares Scotland) and South HSCP (The Advocacy Project (TAP), Speak Out Advocacy, People First Scotland, Who Cares Scotland). The survey was hosted on our respective websites and a sufficient timeline established in order to maximise responses.
	The providers listed above could support in excess of 200 advocacy partners per annum and all of them were encouraged to participate in the development of the plan. There were 40 responses received to the Partner (service user) survey.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?

	No – a planned EQIA had to be postponed due to challenges of responding to the pandemic; and with having moved into the remobilisation phase, a revised timescale is being confirmed for an updated EQIA to be undertaken.
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	Yes – There is an action plan for the overarching Advocacy Plan, and the Plan already includes those specific service user group Independent Advocacy Provision. The Lanarkshire Advocacy Group will reconvene and update the action plan.
	If Yes, can you please submit a copy along with your questionnaire?
-	Action Plan 5 27 Sept 2(
10	If No, is an action plan in the process of being developed? N/A
	☐ Yes
	□ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	The Strategic Commissioning Plan has a number of priority areas, Mental Health being one. The Link to plan can be found here.
	Key documents

Current Commissioned Services

	Yes
☐ If Ye	es, please provide details
	Draft revised service specification prepared for the forthcoming Tendering of our Advo ices details how we will expect service providers to prioritise referrals.
	ocacy Service ication 15 Augu
Do y pers	
	ou specify that any organisations apply a limit to the amount of advocacy support pe on?

14 Do you currently commission advocacy health issues, learning disability or dem you ensure they are supported?			
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support homeless people with this condition			
Generic service open to homeless people with condition – no specific agreement relating to this	<u></u> *	<u></u> *	*
Specific homeless advocacy service (s) commissioned			
Please provide details			
There is no specific service for homeless people Provision and can refer as appropriate.	e, however housing	g colleagues aware of t	the Advocacy
All people resident in South Lanarkshire HSCP a Learning Disability, Dementia) can access supp		acy requirement (Ment	al Health,
15 Do you currently commission advocacy	services specifica	ll. f	
health issues, learning disability or dem you ensure they are supported?	_	-	
health issues, learning disability or dem	_	-	
health issues, learning disability or dem	nentia? Please tick	where appropriate. If I	not, how do
health issues, learning disability or dem you ensure they are supported? Generic service explicitly commissioned to	nentia? Please tick	where appropriate. If I	not, how do
health issues, learning disability or dem you ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to	nentia? Please tick Mental Health	where appropriate. If I	Dementia
health issues, learning disability or demyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s)	nentia? Please tick Mental Health	where appropriate. If I	Dementia
health issues, learning disability or demyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s) commissioned	Mental Health	where appropriate. If r	Dementia
health issues, learning disability or demyou ensure they are supported? Generic service explicitly commissioned to support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s) commissioned Please provide details There are no specific service for asylum seeker	Mental Health	Learning Disability	Dementia

16	Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?					
		Mental Health	Learning Disability	Dementia		
Gene carer	ric service explicitly commissioned for s					
Spec carer	ific service explicitly commissioned for s					
No ca	nrers' advocacy service (YET)	_*	*	<u></u> *		
Pleas	e provide details					
Carer	s advocacy was piloted in late 2019, and s	ince COVID has no	t been recommissione	d.		
	It is the intention of the South Lanarkshire HSCP to include Carers Advocacy in our forthcoming Tender for Advocacy Services.					
Comr	nissioning budget					
17	Has the commissioning budget for ment advocacy organisations changed over the		disability or dementia	independent		
	□ No					
	If the budget has changed (either an incommended as a consequence? Please prov	•) please say how. Have	e services		
	It is the intention of South Lanarkshire Handre a new provider in place Spring 2023 additional funding to include Carers Adversarial Spring 2023	3. The budget will l	-			

18	Do you have any prisons in your HSCP area?
	☐ No − Prisons in the North HSCP (Shotts)
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?
	☐ Yes
	□ No
	If Yes, please provide details
<u> </u>	
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)
	Advocacy Providers in North Lanarkshire deliver supports to prisons
<u>.</u>	
NHS p	patients placed in private healthcare facilities out with home health board area
21	Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?
	From a local service where they are receiving care
	From home health board / local authority
	☐ Don't know
	Any further details
	Individuals placed in healthcare facilities, should be supported by the local advocacy provider, in the area they are habitually resident. (Care homes, hospitals, Immigrations Centres)

Prisons and advocacy services

Monitoring and review arrangements

Yes

	22	What are the outcomes	you are seeking to	achieve and how do	you monitor thes
--	----	-----------------------	--------------------	--------------------	------------------

Independent Advocacy National Outcomes

- 1. Independent advocacy enables people to be better informed about their rights, as well as understanding their needs and wishes and the choices they have. It increases their agency and power to choose their own actions freely, as much as possible.
- 2. Independent advocacy supports people to recognise, understand and challenge power imbalances that influence their lives. It enables them to challenge these imbalances, in order to try and realise their rights, needs, and wishes. When someone is unable to take personal action, their advocacy worker will ensure that their rights are upheld
- 3. Independent advocacy supports people to know that their voices have been heard and their needs and wishes understood

The outcomes from part of the service specification, and providers are expected to report on what difference they have made to the advocacy partner (service users) by way of their intervention.

This is captured in the regular monitoring reporting arrangements, but also within assessment and care management arrangements, where a check box for Advocacy is available for staff to call on if the service user requires such support.

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

There are quarterly monitoring meetings are in place with our Advocacy Providers at which regular monitoring reports are presented and discussed.

We have one provider who delivers on mental health and older people (dementia) and another who delivers our learning disability/physical disability with communication difficulty service. Our client index system also has an advocacy option to select if service user/carer wish to access advocacy support.

24 Do you get information from each organisation about the number of people accessing advocacy support?

lf	Yes, please provide the most up to date information provided by each organisation

	April to June Report - The Advocacy Project 2022 (1).pdf South Lanarkshire Qu
	Monitoring and Measuring Results Sp
25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	☐ Yes
	If Yes, please provide the most up to date information available
	This is provided in the quarterly report if there are waiting lists/times to access advocacy services. Providers have developed their service with "reception teams" so there is little evidence of unmet need.
26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?
	☐ Yes
	If Yes, please provide details
	This is detailed in monitoring reports, and our service specification, and there is a case study from The Advocacy Project (TAP) Mental Health Service example within their provider quarterly report embedded above.
27	What arrangements are in place to measure the satisfaction of people using advocacy services?
	Providers undertake satisfaction surveys, we have also undertaken surveys with service users, staff and our advocacy providers. Pre Covid we always hosted annual Advocacy event, and this still an action in our plan.

28	Hov	v do you monitor complaints about advocacy services?
		Annual monitoring data from providers
		No monitoring
	*	Other (please specify)
		As part of service specification, providers would notify us of any complaints. At quarterly monitoring meetings, complaints if an issue, may also be raised.
		Complaints Procedure open to all.
29		v do you currently raise awareness and deliver public information about the availability of ntal health, learning disability or dementia advocacy services in your area?
	Adv	re are a range of way in which awareness is raised such as: ocacy pathway, provider individual promotional materials, Lanarkshire Advocacy Network, via annual events (pre covid), links from our website to provider sites.
	Inde	ependent advocacy - South Lanarkshire Council
		SL_Advocacy_P way_poster.pdf
30		e there been any specific actions to promote the use of advocacy among health and social e/social work staff?
		Yes – promotion by providers, previous events hosted by Council
31		v do you ensure services are available to equality groups (e.g. LGBT people, ethnic ority groups)?
	ser	ocacy is available to all. We have good connections with a range of other commissioned vices, (Lanarkshire Carers, Lanarkshire Links) and the wider Chief Officer Groups of our 3 rd tor partners, our websites adhere to accessibility standards.
	and	HSCP is well linked to the Equality and Diversity Working Group across Council resources, across the partnership ensuring our services are accessible to all nine protected racteristic groups.
	min	have recently linked with CEMVO Scotland to explore how their links to a network of ethnic ority (EM) groups and their funding from Scottish Governments Equality and Human rights d can enhance our services.

32	How do you measure this?
	Quarterly reporting from providers is capturing some of this data, more work is to be undertaken to ensure wider data capture. (LGBTQ+)
	A new client index system is currently in development, replacing SWISplus, the data capture from this new system will deliver on all the protected characteristic groups
Futur	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	☐ Yes
	If Yes, please describe
	A detailed strategic needs assessment was undertaken as part of the development of the Strategy Commissioning Plan. This can assist with future service demands.
	The Lanarkshire Mental Health and Wellbeing Strategy will also be utilised for future planning purposes.
	Lanarkshire Mental Health and Wellbeing Strategy 2019-2024 NHS Lanarkshire (scot.nhs.uk)
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	☐ Yes
	☐ If Yes, please describe
	Information is contained in quarterly monitoring reports from providers and this will assist with future planning.

The Strategic Needs Assessment undertaken as part of the Strategic Commissioning Plan assists with future planning.

The Lanarkshire Mental Health and Wellbeing Strategy will also be utilised for future planning purposes.

<u>Lanarkshire Mental Health and Wellbeing Strategy 2019-2024 | NHS Lanarkshire (scot.nhs.uk)</u>

Yes
The current tender technical evaluation questions, includes a focus on how the "successful bidder" would promote the service in South Lanarkshire.
Once the HSCP tender for Advocacy Services is concluded, the partnership will undertake a further awareness raising exercise with localities.
Dependent on the outcome of the tender, the South Lanarkshire HSCP could end up a totally new provider, or one of our incumbents.
Promotional work and revised implementation plans will take place in order to ensur the smooth transition of our Advocacy Services.

37 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

South Lanarkshire Alcohol and Drugs Partnership are in the midst of commissioning Advocacy Services with an approximate contract value of £180k.

Social Security Scotland also has an Independent Advocacy Service provided by Voiceability. Some of our advocacy partners lost staff to the recruitment and improved pay and conditions that SSS offer.

Part Two: Children & Young People Survey

Curre	nt Planning
1	Do you have an integrated children's service plan?
	Yes
2	If Yes, does it include advocacy?
	Yes – reference to Advocacy as one of the priority actions within the plan
	If Yes, can you please submit a copy along with your questionnaire?
	Children and families - South Lanarkshire Council
Comm	nissioning
3	Has the commissioning budget for children and young people's mental health/learning disability independent-advocacy organisations changed over the past two years?
	□ No
4	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details
	Who Carers (Scotland) who provide Advocacy for children and young people have to focus the budget on care experienced young people, as the resources will not stretch to a wider cohort of children and young people. We are working across the Children's Services Partnership to identify how we can support a wider cohort of young people in need of Advocacy Support.

NHS patients placed in healthcare facilities out with home health board area

	From a local service where they are receiving care – Who Carers (Scotland) go to where children and young people placed.					
	From home health board / local authority					
	Don't know					
Any f	Any further details					
supp	Carers Scotland, operate in both South and North Lanarkshire Council areas. They have orted 11 South Lanarkshire children and young people who are in placements out with a Council area.					

Monitoring and review arrangements

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?

Independent Advocacy National Outcomes (SIAA)

- Independent advocacy enables people to be better informed about their rights, as well as understanding their needs and wishes and the choices they have. It increases their agency and power to choose their own actions freely, as much as possible.
- Independent advocacy supports people to recognise, understand and challenge power
 imbalances that influence their lives. It enables them to challenge these imbalances, in
 order to try and realise their rights, needs, and wishes. When someone is unable to
 take personal action, their advocacy worker will ensure that their rights are upheld
- Independent advocacy supports people to know that their voices have been heard and their needs and wishes understood

National Practice Model and the Children's Rights and Inclusion Strategy.

The outcomes within the framework are informed by and support the realisation of GIRFEC, SHANARRI and the UNCRC:

Advocacy puts children/young people first and involves them in shaping the service.

- All children/young people can access independent advocacy when they need it, and it should be appropriate to their needs.
- Children/young people are informed about their rights and options and empowered to make choices.
- Children/young people can recognise and challenge power imbalances.
- Children/young people know their voice and choices have been heard.

7	Briefly describe the arrangements in place for monitoring the quality of children and young
	people's mental health, learning disability or related condition independent advocacy
	services, including independent evaluation?

Quarterly monitoring meetings are in place with our Advocacy Provider, regular monitoring reports presented and discussed at these meetings.

Who Carers (Scotland) deliver our advocacy services to Children and Young People in need of our care and protection.

Our client index system also has an advocacy option to select if service user/carer wish to access.

8	Do you get information from each organisation about the number of children and young
	people with mental illness, learning disability or related condition accessing advocacy
	support from each organisation?

Yes

If Yes, please provide the most up to date information provided by each organisation



Oct 2021-Apr 2022 South Lan report SUB

9 What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?

Providers undertake satisfaction surveys, we have also undertaken surveys with service users, staff and our advocacy providers. Pre Covid we always hosted annual Advocacy event, and this still an action in our plan.

Who Cares (Scotland) include service user satisfaction in monitoring reports, and case study examples.

10	How do you monitor complaints about advocacy services for children and young people with mental illness, learning disability or related conditions which you commission?						
		Annual monitoring data from providers					
		No monitoring					
		Other (please specify)					
		As part of service specification, providers would notify us of any complaints. At quarterly monitoring meetings, complaints if an issue, may also be raised.					
		Complaints Procedure open to all.					
11	any ad	lo you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or d conditions in your area?					
	Advoc	eness raising undertaken in a number of ways such as: eacy pathway, provider individual promotional materials, Lanarkshire Advocacy Network, a annual events (pre covid), links from our website to provider sites.					
	Indep	endent advocacy - South Lanarkshire Council					
		_Advocacy_P v_poster.pdf					
12	Have	there been any specific actions to promote the use of advocacy among staff?					
		Yes					
	☐ Please	e provide any further details below.					
		pathway for children and young people is in the planning stages and an added function sPlus (client index) to select Advocacy for child and family staff added.					
Future	e plans						
13		your integrated children services planning structure include an advocacy planning group ng your area?					
		No - Advocacy Planning Group pan Lanarkshire					
		Other (please describe)					

Are you assessing the projected need for children and young people's mental her disability or related condition independent advocacy supports in the future? Yes If Yes, please describe As part of our Strategic Commissioning Plan a Strategic Needs Assessment was addressing a range of population projections. As part of our Children's Services Plan an updated Strategic Needs Assessment is being refreshed. Children's Service planning structures also has a Data and Plann monitoring range of children's services data. If No, how do you plan to address any unmet need here? Any Other Comments? For example, are there other local advocacy services which are not commissioned funding from other services? As part of support to Children's Hearing System, funded and commissioned by Scregovernment, Partners in Advocacy provide support to children and young people.	ent was undertaken ssment is currently and Planning group	lisability or related condition independe Yes	
Yes Yes If Yes, please describe	ent was undertaken ssment is currently and Planning group	lisability or related condition independe Yes	
If Yes, please describe As part of our Strategic Commissioning Plan a Strategic Needs Assessment was addressing a range of population projections. As part of our Children's Services Plan an updated Strategic Needs Assessment is being refreshed. Children's Service planning structures also has a Data and Plann monitoring range of children's services data. If No, how do you plan to address any unmet need here? Any Other Comments? For example, are there other local advocacy services which are not commissioned funding from other services? As part of support to Children's Hearing System, funded and commissioned by Scagovernment, Partners in Advocacy provide support to children and young people.	ssment is currently and Planning group		
As part of our Strategic Commissioning Plan a Strategic Needs Assessment was a addressing a range of population projections. As part of our Children's Services Plan an updated Strategic Needs Assessment is being refreshed. Children's Service planning structures also has a Data and Plann monitoring range of children's services data. If No, how do you plan to address any unmet need here? Any Other Comments? For example, are there other local advocacy services which are not commissioned funding from other services? As part of support to Children's Hearing System, funded and commissioned by Screen government, Partners in Advocacy provide support to children and young people.	ssment is currently and Planning group		
addressing a range of population projections. As part of our Children's Services Plan an updated Strategic Needs Assessment is being refreshed. Children's Service planning structures also has a Data and Plann monitoring range of children's services data. If No, how do you plan to address any unmet need here? Any Other Comments? For example, are there other local advocacy services which are not commissioned funding from other services? As part of support to Children's Hearing System, funded and commissioned by Scagovernment, Partners in Advocacy provide support to children and young people.	ssment is currently and Planning group	Yes, please describe	
being refreshed. Children's Service planning structures also has a Data and Plann monitoring range of children's services data. If No, how do you plan to address any unmet need here? Any Other Comments? For example, are there other local advocacy services which are not commissioned funding from other services? As part of support to Children's Hearing System, funded and commissioned by Scagovernment, Partners in Advocacy provide support to children and young people.	nd Planning group	•	_
Any Other Comments? For example, are there other local advocacy services which are not commissioned funding from other services? As part of support to Children's Hearing System, funded and commissioned by Scagovernment, Partners in Advocacy provide support to children and young people.	nissioned but receive	eing refreshed. Children's Service plan	ning structures also has a Data and Planning group
For example, are there other local advocacy services which are not commissioned funding from other services? As part of support to Children's Hearing System, funded and commissioned by Scogovernment, Partners in Advocacy provide support to children and young people.	nissioned but receive	f No, how do you plan to address any u	umet need here?
For example, are there other local advocacy services which are not commissioned funding from other services? As part of support to Children's Hearing System, funded and commissioned by Scogovernment, Partners in Advocacy provide support to children and young people.	nissioned but receive		
government, Partners in Advocacy provide support to children and young people.		•	acy services which are not commissioned but receive
Roles and responsibilities between both Partners in Advocacy, and Who Cares (Sc clearly defined.	Cares (Scotland) are	unding from other services? As part of support to Children's Hearing	
		unding from other services? As part of support to Children's Hearing povernment, Partners in Advocacy provided and responsibilities between both	le support to children and young people.

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4
1	Organisation name and address	The Advocacy Project (TAP) Cumbrae House, 15 Carlton Court, Glasgow G5 9JP	Speak Out Advocacy Hamilton Business Centre 194 Quarry Street Hamilton ML3 6QR	People First Scotland (S. Lanarkshire) 9 High Patrick Street, Hamilton, ML3 0AZ (National) 77-79 Easter Road, Edinburgh, EH7 5PW	Who Cares Scotland (S. Lanarkshire) 9 High Patrick Street, Hamilton, ML3 0AZ (National) 5 Oswald Street, Glasgow, G1 4PR
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	□ □ No	□ □ No	□ □ No	□ □ No
3	Does the organisation support? People with a mental health/illness related condition.	☐ Yes	□ □ No	□ □ No	□ □ No
4	People with learning disability	□ □ No	☐ Yes	☐ Yes	□ □ No

5	People with dementia	Yes			
			□No	□No	□No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4
6	People with autistic spectrum disorder		☐ Yes	☐ Yes	
		□No			□No
7	Mentally disordered offenders	Yes			
			□No	□No	□No
8	Homeless people with mental illness,	☐ <mark>Yes</mark>	Yes		
	learning disability, <mark>dementia</mark>			□No	□No
9	Asylum seekers with mental illness, learning	☐ <mark>Yes</mark>	Yes		
	disability, <mark>dementia</mark>			□No	□No
10	Carers of people with mental illness, learning				
	disability, dementia	□No	□No	□No	□No
11	Children & young people with a mental health				Yes
	problem	□No	□No	□No	

12	Children & young people with a learning disability	□ □ No	□ □ No	□ □ No	☐ Yes
13	Children & young people with ASD or ADHD	□ □ No	□ □ No	□ □ No	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	□ □ No	□ □ No	□ □ No	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	□ □ No	□ □ No	□ □ No	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	□ □ No	□ No	□ No	□ No
17	Children/young people with any other condition (specify)				_
18	People with any other condition (specify)				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4
19	Age range				
	 All ages 				
		□No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	☐ Yes ☐ No	□ □ No	☐ Yes	☐ Yes
	■ Adults up to 65	☐ Yes	☐ Yes	☐ Yes	□ □ No
	■ Adults over 65	☐ Yes	☐ Yes	□ □ No	□ □ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4
20	Type of advocacy				
	Individual	Yes	Yes		Yes
				□No	
	Collective			☐Yes	☐Yes
		□No	□No		
	Citizen	☐Yes	Yes		☐Yes
				□No	
21	Non-instructed advocacy				
	Does the service provide non-instructed	☐Yes	☐Yes		
	advocacy?			□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4
22	Budget Information: total annual amount allocated				
	Details total budget information split into the following categories (if possible):				
	People with mental health problems	£114,830			
	People with learning disability		£112,600 £25,000	£62,912	
	People with dementia	£67,620			
	People with autistic spectrum disorder				
	Mental disordered offenders				
	Homeless people with mental illness, learning disability, dementia				
	Asylum seekers with mental illness, learning disability, dementia				
	Carers of people with mental illness, learning disability, dementia				
	Children & young people with a mental health problem				
	Children & young people with a learning disability				
	Children & Young people with ASD or ADHD				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions				£117,470	
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question) Advocacy Tender Summer/Autumn 2022, new provider commissioned for April 2023	1 year * 2 years 3 years Other (please detail)	1 year * 2 years 3 years Other (please detail)	1 year* 2 years 3 years Other (please detail)	1 year 2 years 3 years * Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	4.4 Advocacy Workers	3.5 Advocacy Workers	1.5 Advocacy workers	2.5 Advocacy Workers	

Organisation:	Edinburgh Health & Social Care Partnership
Job Title:	Chief Officer Edinburgh
On whose behalf are you responding?	Edinburgh HSCP
(NHS Board, HSCP, Local Authority)	City of Edinburgh Council (Children and Young People's Advocacy)

Part One: Adult Survey

Curr	ent	Plan	nıng	

At w	hat level is advocacy strategic planning carried out in your area?
	NHS board-wide
	HSCP
	Local Authority
	Other (please specify)
Is the	ere an advocacy planning group covering your area? Yes
	No A Planning and Commissioning Co-Production group was set up to look specifically at the recommissioning of local Edinburgh Independent Advocacy services. This was to inform the review of existing contracts and direct future developments for Independent
	No A Planning and Commissioning Co-Production group was set up to look specifically at the recommissioning of local Edinburgh Independent Advocacy services. This was to inform the review of existing contracts and direct future developments for Independent Advocacy provision in Edinburgh
	No A Planning and Commissioning Co-Production group was set up to look specifically at the recommissioning of local Edinburgh Independent Advocacy services. This was to inform the review of existing contracts and direct future developments for Independent Advocacy provision in Edinburgh ere a current independent advocacy strategic plan for your area?

If Yes, can you please submit a copy along with your questionnaire?

A Strategic Independent Advocacy Plan for Lothian (2011 - 16) was developed by the Lothian partners. It involved the work of five organisations, who each provided advocacy services to people in the Lothians. These were:

- NHS Lothian
- City of Edinburgh Council

- West Lothian Council
- East Lothian Council
- Mid Lothian Council

5

Following this Plan each Lothian partner went on to develop more specific tailored planning groups and in Edinburgh took the form of Planning and Commissioning Co- Production Group for the recommissioning of Independent Advocacy services in Edinburgh.

If No, is an advocacy strategic plan in the process of being developed?

	Yes
	No
	please provide details of when the advocacy strategic plan will be completed please can you kindly advise why this is not being developed?
Indep recor	from the local Edinburgh Planning and Commissioning Co-production Group for endent Advocacy has been used to inform a detailed specification for the nmissioning of Independent Advocacy services. These new contracts will be in place in 2023.
n Th	cacy is a clear theme that is embedded in the Partnership's wider strategic plans including rive Edinburgh's (the city' mental health and wellbeing strategy) Rights in Mind stream and in Edinburgh Joint Carers Strategy where specific actions relate to a priority

Consultation & Involvement

6 Please describe how advocacy provider organisations were consulted or involved in the development of the plan

An Edinburgh Planning and Commissioning Co-Production Group for Independent Advocacy was set up in November 2020 to consult with existing Providers and a wide range of stakeholders and service users around the recommissioning of Advocacy Services.

A co-production approach was taken to commissioning new independent advocacy services, working with the incumbent independent advocacy providers and other advocacy organisations who were interested.

This co-production approach included regular monthly meetings to discuss how to work more flexibly and collaboratively and develop a new service specification. The meetings are co-chaired by the Planning and Commissioning Officer for Mental Health and the CEO of one of o Ur current advocacy partners.

7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	There was an opportunity for people who use Advocacy services to participate actively in the Edinburgh Planning and Commissioning Co-Production group to ensure clients' experiences of advocacy were fully included in future development of services and used to inform a revised Independent Advocacy Specification and Procurement Plan
	A formal public consultation was undertaken using the Council's consultation hub from 5 January to 15 March 2021. The consultation looked at what was working well, what wasn't working so well and if there were any gaps or areas for improvement. The consultation hub was well advertised by all partners but response rates may have been impacted by COVID pandemic
	There were also three online consultation meetings held to allow the commissioning officer to meet directly with people who use advocacy services. In total, over the three online meetings, 27 people were consulted of which nine were unpaid carers.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	x Yes -
	□ No
	An integrated Impact Assessment Report was completed for Commissioning of Independent Advocacy Services – which was informed by a Co-Production approach with incumbent Providers and users of the service.
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes -
	□ No
	If Yes, can you please submit a copy along with your questionnaire?

A Procurement plan was developed to inform future development/commissioning of Independent Advocacy services in Edinburgh and while no formal Action Plan was drafted there were a number of insights and action areas captured as a result of the co-production process with organisations.

Insights/Action areas noted through co-production and consultation with existing providers and users of Independent Advocacy services:

- Ensure that there is flexibility of provision and consider making the service available some evenings and at weekends.
- Ensure that the accommodation of advocacy providers is of a quality that is suitable for providing confidential spaces for meetings with advocacy partners.
- Improve all communications including websites of all independent advocacy providers and ensure people know how to access their services.
- Ensure that online access to advocacy when provided has adequate support provided to help advocacy partners gain access to service.
- Improve collaboration between independent advocacy providers to enable effective partnership working.
- Ensure that staff have training to help advocacy partners with sensory impairments. This
 could include the use of British Sign Language (BSL), Makaton, Talking Mats and other
 alternative communications.
- Explore the potential of additional independent advocacy services for people from LGBT+ communities and other minority groups.
- Explore the development of a model which has a one stop shop for independent advocacy services.
- Look into gaps highlighted for people with autistic spectrum disorder, eating disorders or people who present at Accident and Emergency.
- Explore the potential of advocacy workers having translation skills in several languages including Spanish and Polish.

If No, is an action plan in the process of being developed?				
	Yes			
	No			
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?			
See previous question for action points. The actions areas above have informed new service				

10

Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans

Advocacy is a clear theme that is embedded in Edinburgh Health and Social Care Strategic Plans e.g. Edinburgh Joint Carers Strategy where specific actions relate to priority area on the Provision of Information and Advice.

The Thrive Edinburgh Adult Health & Social Care Commissioning Plan 2019-22 details that Independent individual advocacy has a key role in assuring that people are more involved in decisions affecting their lives. In addition to independent advocacy for people with learning disabilities and mental health problems we also commission independent advocacy for:

All prisoners in Edinburgh Prison (regardless of prisoners's home address) dealing with a range of issues including mental health, accessing support and services, housing, children and families, and financial. Provided by Advocard

Edinburgh Transitions carer advocacy service provides independent advocacy for carers of people moving back to Edinburgh from facilities out of area and for carers of people moving between mental health and complex needs services and support to carers of people moving from hospital to supported living. Provided by Edinburgh Carers Council

Support for people impacted upon by welfare reform – this was introduced some years back in recognition of the impact of welfare and social security reform on people experiencing mental health problems. Provided by Advocard.

EARS to provide independent advocacy support and representation to those people in Edinburgh, West Lothian, East Lothian and Midlothian who have survived a Stroke.

As part of Thrive Edinburgh's Change the Conversation; Chane the Culture priority a number of collective advocacy programmes are active in the city. These make an invaluable contribution to our planning and commissioning across Edinburgh

CAPS: Collective Advocacy - Oor Mad History and Mad People's History

This is a community history, educational and arts advocacy project based at CAPS. Set up in 2008, it aims to reclaim and promote the history of activism and collective advocacy by people with mental health issues and for people to have a stronger voice about mental health and the mental health system, build learning and knowledge, challenge assumptions about people who use mental health services and tackle discrimination. Building on the successful undergraduate module we introduced a Masters module in 2020. This was the first of its kind in the world and it now forms a core part of the Masters curriculum at Queen Margaret University. A community course is currently being worked on and we continue to build on lour links with Toronto University who were the original inspiration for this work. In November 2021,CAPS published the next edition of Our Mad History ten years on form the original publication which told the story of activism in Lothian over a 20-year period – this new publication focused on the last ten years.

CAPS: Collective Advocacy - User led research programmes

Service Level Agreement with CAPS are in place to provide Individual one to one support and contact via telephone and/or on-line for people who do not want to and/or cannot be involved in the steering groups. Supports includes training and mentoring and opportunities for volunteering. The lived Experienced Steering groups meet 4 times a year; maintain and regular update the mailing lists; work alongside people with lived experience to support projects that they have identified as things that would help improve including develop resources and information leaflets; working in partnership with other projects and external agencies.

Regular monitoring of activities is carried out and reports produced on activity levels and compliance, twice a year.

There are four well established active user led research programmes which help to ensure that service users' voices are at the heart of redesigning and informing our services and support for people experiencing first episode psychosis, people who have experienced trauma people who have attracted a diagnosis of personality disorders and people with eating disorders.

1. Experiences of Eating Disorders - "Seen but not heard"

In September 2019, the Eating Disorders Collective Advocacy group hosted their own lived experience conference in Edinburgh to identify potential topics in the community needing addressed. From this the following topics were identified:

- The difficulties faced by men trying to access eating disorder services. The interest from the 60 audience members showed the need and desire for more knowledge in this area.
- People from the LGBT+ community facing eating disorder issues
- Transitioning from young people's services to adult services. The two services have very
 different ethos and cultures which lead to a sudden change in people's experience. The
 stories told were far from positive but came with ideas and recommendations which would
 make huge improvements for people.

2. Experiences of trauma

The aim of the project is for people who have experienced trauma to come together, have a
collective voice and create change. The group decides what it wants to do (it is experienceled) and has a CAPS staff member to enable/facilitate its decisions. The group have, in the
past, been involved in consulting on the redesign of the new Rivers Centre – Lothian's centre
for complex trauma and Scotland's ACE aware agenda.

3. Experiences of psychosis

The aim of the project is for people who have experienced psychosis to come together, have a collective voice and create change. The group decides what it wants to do (it is experience-led) and has a CAPS staff member to enable/facilitate its decisions. Ther group have collected the views of people with lived experience of psychosis, used people's views and experiences to create resources and training and explored different ways to get information about people's experiences across.

4. Experiences of personality disorder – "Much More than a label"

This long standing group have produce wealth of material over the years including a comprehensive toolbox and short film. They have been a key part in developing the recently launched national network for personality disorder.

CAPS Collective Advocacy - Lothian Education and Recovery Network (LEARN)

This well-established network provides learning opportunities about mental health and wellbeing. These workshops are one of many ways people with lived experience of mental health issues can speak up about what matters to them, which is why we describe LEARN as Education as Advocacy. Members of CAPS' Collective Advocacy groups develop and deliver the workshops and anyone who works, lives or studies in the NHS Lothian area. People with lived experiences, carers, students, workers are all welcome to take part in a workshop.

There are several workshops running including:

- A Human Experience: Living with mental health issues.
- Exploring Experiences of Psychosis: The Experiences of Psychosis collective advocacy
 group have developed a unique day-long workshop which uses creative expressions to
 provide an opportunity for shared learning and discussion on what it's like to experience
 psychosis.
- Seen But Not Heard: Understanding Eating Disorders: This is a half-day session by the Eating Disorder collective advocacy group which helps participants understand a little of the experience of people with a range of eating disorders and gives them the opportunity to think about how they can help people they know and themselves.
- Much More Than A Label: Understanding Borderline Personality Disorder This is a twoday course based on a big piece of research the Personality Disorder group did a few years ago about what the experiences of people who get this diagnosis are, what they consider helpful from services and others and what can get in the way of them recovering.
- CAPS are developing a new online workshop, based on the Oor Mad History project, which is a community history of the user movement and collective advocacy in the Lothians. We'll talk about how people with lived experience of mental health issues have been actively involved in changing mental health services, policy and perceptions.

The most recent developments include:

- The difficulties faced by men trying to access eating disorder services.
- People from the LGBT community facing eating disorder issues
- Transitioning from young people's services to adult services. The two services have very different ethos and cultures which lead to a sudden change in people's experience.

CAPS Service user led research programmes for **black and minority ethnic communities and young parents.**

Edinburgh Carers Council – Collective Advocacy for Carers

A service level agreement is in place with Edinburgh Carers Council which supports mental health carers in collective advocacy and consultation regarding services and service planning and increasing joint working with mental health carers issues in partnership with a range of statutory and voluntary agencies

CAPS, Edinburgh Carers Council & REH Patients' Council - Mind Our Rights - experience led education programme

This newly commissioned programme builds on earlier innovative approaches such as the Lothian Recovery Network, the LEARN experience led education programme, the development of Oor Mad History social history project and accredited under-graduate and Masters programme, and the Changing Lives narrative research. This innovative project will meet the PANEL principle requirements by ensuring that users and carers are fully participating in human rights training, are helping hold professionals to account, promoting non-discrimination and equality approaches, are actively engaged in their own empowerment, and ware promoting better understanding of legality and rights.

The MOR team will raise awareness of the practical implications of human rights amongst health and social care staff across Edinburgh's community and hospital settings. Bottom-up approaches to human rights education, which begin with the experiences of users and carers and then connect these up to the key principles and concepts of modern human rights will provide the basis for accessible and effective training of frontline staff and raising awareness of their duties. This should lead to a fairer and more compassionate local mental health system. The promotion of rights-based care and what this means in practice can most effectively be delivered by people with lived experience of using services or caring for someone who does.

The Partnership have been meeting over the last 18 months and have developed a comprehensive action plan which multiagency and multi professional task groups are taking forward

Arts for Advocacy (CAPS) focuses on how the at can be used to promote advocacy and activism. The yearly exhibition at Summerhall – Out of Sight, Out of Mind – is an excellent example of this. The exhibition celebrates its tenth year in October 2022. The exhibition is organised by people who have lived experience of mental health issues and the organising committee have always viewed it as 'an exhibition for all'. With mental health and wellbeing having been discussed so widely in the public realm during the past 18 months, the exhibition returns this year with even more relevance

New development for people with Eating Disorders

This new SLA with CAPS to provide independent individual advocacy support to carers with children and young people and adults who are or have experienced eating disorders.

Current Commissioned Services

12	•	specify that any organisations pr ple subject to compulsory measu			.g. support
		Yes			
		No			
	If Yes,	please provide details			
		there is pressure on resources org who are subject to compulsory me			advocacy of
13	Do you person	specify that any organisations ap ?	ply a limit to the a	nmount of advocacy su	pport per
		Yes			
	\boxtimes	No			
	If Yes, _I	please provide details			
	expecta commis reconne	nere is not an official limit to the a ation of flow through the service (a ssioned level of total number of ho ecting and linking people with othe o support the flow through the serv	after a year) and th ours. The organisa er local and availa	nere is an overall limit on Ition will input in terms	on of
14	health i	currently commission advocacy sissues, learning disability or demosure they are supported?			
			Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to Support homeless people with this condition					
Generic service open to homeless people with condition – no specific agreement relating to this					
	Specific homeless advocacy service (s)				
Pleas	se provide	e details			
Provision to people who are homeless with mental health issues, learning disability or dementia is managed within a generic service which makes specific reference around access for those who are homeless					

Do you currently commission advocacy health issues, learning disability or demoyou ensure they are supported?			
	-	-	
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support asylum seekers with this condition			
Generic service open to asylum seekers with condition – no specific agreement relating to this			
Specific asylum seeker advocacy service (s) commissioned			
Please provide details			
people with mental health issues who seek support and who are asylum seekers. In addition feedback from Providers and links with other departments will highlight gaps 16 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?			
you ensure they are supported?			not, how do
you ensure they are supported?	Mental Health	Learning Disability	not, how do Dementia
Generic service explicitly commissioned for carers	Mental Health ⊠		
Generic service explicitly commissioned for	_	Learning Disability	Dementia
Generic service explicitly commissioned for carers Specific service explicitly commissioned for	_	Learning Disability	Dementia
Generic service explicitly commissioned for carers Specific service explicitly commissioned for carers	_	Learning Disability	Dementia

Commissioning budget

17	Has the commissioning budget for mental health, learning disability or dementia independent advocacy organisations changed over the past two years?
	□ No
	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details
	Over the course of 21/22 additional funding to the amount of £100k full year effect became available to support carers of those with mental health issues, learning disabilities and dementia seeking advocacy. This increase resulted in additional provision of advocacy in this area. Budget for commissioning post April 23 will also see additional funding being allocated to carers area. Additional funding of £25k was also made as a non-recurring arrangement (to April '23) to increase advocacy for young people using CAMHS.
	Additional funding has also been secured for people with Easting Disorders funded by NHS Lothian.
Priso	ns and advocacy services
18	Do you have any prisons in your HSCP area?
	□ No
19	If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?
	☐ Yes
	□ No
	If Yes, please provide details
	Thrive Edinburgh have commissioned Advocard to provide Individual advocacy services for any prisoners in HMP Edinburgh.

20	Can you please outline how prisoners are informed about independent advocacy services?
	(NEW question)

A dedicated advocacy worker is based in the Links Centre at HMP Edinburgh, Monday to Friday and work in partnership with other agencies to raise awareness of the service.

NHS patients placed in private healthcare facilities out with home health board area

21		Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?				
	\boxtimes	From a local service where they are receiving care				
		From home health board / local authority				

Don't know

Any further details

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

Outcomes are detailed in the relevant specification and relate to:

<u>Personal Outcomes</u>: The Provider shall work alongside Advocacy Partners and help them to identify their personal outcomes, then contribute towards these in the Service that is delivered.

<u>Service Outcomes</u>: The Provider shall provide a quality service to people using the Service. The Provider's service policy and staff practice will ensure that they deliver and can demonstrate service outcomes, informed by the Scottish Independent Advocacy Alliance (SIAA) Toolkit on Measuring Impact of Independent Advocacy

<u>National Outcomes</u>: The Provider shall also demonstrate that they are able to deliver on the three SIAA nationally agreed independent advocacy outcomes.

<u>Local Thrive Outcomes:</u> The Provider shall demonstrate local Thrive outcomes in the delivery of services for citizens and people using mental health services and support:

- People have choice and control
- People are recovering, staying well and can live the life they want to lead
- People feel connected and have positive relationships
- People are living in settled accommodation of their choice where they feel safe and secure
- People have opportunities to learn, work and volunteer
- People receive good quality, person-centred help, care and support.

23	Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?				
	The Provider shall have a system and a process for the recording of the Service outcomes, National outcomes and Thrive outcomes and a methodology for the evaluation and analysis. This is to be submitted on a regular basis as an aggregated report to the Partnership relating to Management Information and Key Performance Indicators.				
24	Do you get information from each organisation about the number of people accessing advocacy support?				
	☐ Yes				
	□ No				
	If Yes, please provide the most up to date information provided by each organisation				
	There is a requirement for Providers to return information relating to provision volume and demographic detail. As this was based on appointments and not clients this made it difficult to quantify number of people rather than number of contacts.				
	This will be addressed in newly commissioned services post April '23. The services are commissioned overall on the basis of hours provided. It should be noted that usual arrangements for monitoring and timely return of information have been impacted by Covid situation and therefore the return of information from Providers has not always been on time with some inconsistencies in returns making it challenging to arrive at an accurate count. In addition, returns are frequently made by non-lead partners for a particular part of a service which again leads to challenges in reflecting use of the service in overall terms. This has been identified as an area of improvement for future commissioning.				
	We can provide recent reports from our prison, welfare and stroke advocacy and collective advocacy services.				
25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?				
	Yes				
	□ No				
	If Yes, please provide the most up to date information available				
	Organisations collect data where the service has been unable to be delivered ie due to high demand, staff sickness, covid restrictions, insufficient notice periods from referrers (re Adult protection Case conferences). We know that support for people subject to compulsory measures under the Mental health Act is being prioritised. We are now working with Providers to collect this data in order to inform future commissioning of services.				

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26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?				
		Yes			
		No			
	If Yes	s, please provide details			
	ave agreed with organisations that they prioritise referrals for advocacy support for people ct to compulsory measures under the Mental Health Act. However, there are aspects of ces where provision/funding is ring fenced going forward ie additional advocacy for young e receiving a service for CAMHs and additional carers advocacy				
27	What servi	arrangements are in place to measure the satisfaction of people using advocacy ces?			
	autho	nisations are required to evaluate their service provision and report to the commissioning ority and to the central Contracts Team on levels of satisfaction. This is done through ys, user feedback and external evaluation. Organisation are required to meet outcomes ut in the specification relating to levels of satisfaction.			
		e are also forums where people with lived experience can provide direct feedback to nissioning authority on levels of satisfaction.			
	the se	e an internal member of staff has any concern around satisfaction levels of those using ervice, they can submit a Feedback Form which is discussed at a regular multi agency by Assurance meeting with actions determined.			
28	How	do you monitor complaints about advocacy services?			
		Annual monitoring data from providers			
		No monitoring			
	\boxtimes	Other (please specify)			
		There is a 6 monthly return of monitoring information and this includes details on all complaints during that monitoring period ie number, area of complaint and how it has been resolved including any action to prevent it arising again.			
		The central Contracts Team responsible for monitoring complaints will also collect information relating to complaints at their regular on-site monitoring meetings with the organisation. Contracts are normally managed by the Contracts team of the EHSCP once implemented. The Contracts team have a contract management framework which will be utilised by the contracts officer. The contracts officer along with the commissioner will manage the contracts on behalf of the Council and will be the primary point of contact for the Service Providers. The Service Providers are required to appoint a representative to ensure the requirements of the Contracts are met.			

29	How do you currently raise awareness and deliver public information about the availability of
	mental health, learning disability or dementia advocacy services in your area?

Awareness is raised in a number of ways eg the Local Authority and Partnership social media channels, the Local Authority website, user groups & other strategic forums. Awareness also promoted through staff training in relation to Human Rights, Choice & control. Organisations have established wide communication links with areas/groups where people most likely to need advocacy are reached eg GP surgeries, Hospitals where people require residential care for their mental health needs, community and activity groups

30	Have there been any specific actions to promote the use of advocacy among health and social
	care/social work staff?

\boxtimes	Yes
	No

Awareness around Advocacy has been promoted through staff training on Human Rights. It has also been raised via the recent broad consultation on the Scottish Mental Health Law review proposals

An awareness programme is being incorporated into staff training to promote independent advocacy amongst staff groups. There is an awareness that such an approach will have greater success if users of advocacy services are part of the training. Input from advocacy professionals is incorporated through the East Partnership MHO Training Programme run by the University of Edinburgh.

Referral to advocacy is part of the process for social work staff when setting up an Adults with Incapacity Case Conference.

How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?

Organisations are asked to record a demographic profile of those using their Advocacy service and to use opportunities to raise awareness by developing local links and communication with equality groups and networks in their area. Collaborative work continues to be done to address the needs of equalities groups more successfully. Partners have an important role to play in supporting inclusivity in advocacy services through, for example, disseminating and enabling existing good practice in inclusive advocacy; actively fostering productive associations between independent advocacy providers and other community organisations; and piloting inclusive forms of practice. There are also practical focus areas that can are highlighted by partner organisations eq delivering information in "easy read" formats.

32 How do you measure this?

Regular 6 monthly reporting information from organisations detail changes over time in the demographic pattern of those using the services. There are also KPIs within the specification that are reported on as part of the monitoring undertaken by the Contracts Team

e pl	ans
	re you assessing the projected need for mental health, learning disability or dementia dependent advocacy supports in the future?
] Yes
] No
If	Yes, please describe
Ad Ad in	ollowing an extensive Co-production process with Providers and users of Independent dvocacy we are now part way through the recommissioning process for independent dvocacy contracts post April 23. Through the Co-production process we have captured formation around unmet needs and gaps in provision and have altered the lotting structure r Advocacy service to reflect this.
se by	We will continue to review projected needs in this area and look to ensure flexibility in the ervice specification to reflect any further need for change as we go forward. this will be done reviewing monitoring returns for the provider organisations to establish patterns of unmet eed.
st	e will ensure the approach is informed by, dovetails and aligns with objectives in other rategic plans eg Thrive Adult Health & Social care Commissioning Plan, Edinburgh Joint arers Plan review and Autism strategy.
	No, how do you plan to address any unmet need in future?

Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

Yes

□ No

If Yes, please describe

We know that as a result of prioritisation of referrals for people subject to compulsory measures under the Mental Health Act there are gaps in terms of access to Advocacy from other groups. We have used the information gathered to date through the co-production process to review the existing service structure and in future contracts we are now proposing to split provision of some specific services from the current generic provision to ensure a distinct service provision for certain groups eg provision for people with problematic substance misuse and provision for Carers . We have also been able to consider "testing" different models in different areas for example, additional focused advocacy engagement with young people receiving a service from CAMHS.

No Other (please specify)
Other (please specify)
We are in the process of commissioning new advocacy services post April 23 and have restructured proposed Lots and Services for purposes of procurement process based on findings and feedback to date.
The revised specification for soon to be commissioned services highlights the mportance of embedding links with local communities, networks and services. It is also intended that front line workers will have awareness on Advocacy training ncorporated into their training provision further developing local links and awareness. Advocacy awareness is threaded through the current strategic plans for visibility and awareness eg Adult Health and Social Care Commissioning Plan 2019- 22
ner Comments? Imple, are there other local advocacy services which are not commissioned but receive from other services?
aware of a current provider receiving outreach funded advocacy related work which is via the Robertson Trust and the Corra Foundation.

Part Two: Children & Young People Survey

Current Planning							
1	Do you have an integrated children's service plan?						
		Yes					
		No					
2	If Yes, does it	include advocacy?					
		Yes					
		No					
	If Yes, can yo	u please submit a copy along with your questionnaire?					
Comr	missioning						
	masioning						
3	Has the comr	missioning budget for children and young people's mental health/learning ependent-advocacy organisations changed over the past two years?					
3	Has the comr						
3	Has the comr disability inde						
3	Has the commodisability inde						
	Has the commodisability inde	ependent-advocacy organisations changed over the past two years? has changed (either an increase or decrease) please say how. Have service					

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability related condition and in a placement out with their home local authority would receive advocacy support?			
	From a local service where they are receiving care			
	From home health board / local authority			
	☐ Don't know			
	Any further details			
Monit	ring and review arrangements			
	ection is only applicable if you commission independent advocacy services for children and people with mental illness, learning disability or related condition.			
6	What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?	N		
_ '				
7	Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?			
7	people's mental health, learning disability or related condition independent advocacy			

	ou get information from each organisation about the number of children and young le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
	Yes
	No
If Ye	s, please provide the most up to date information provided by each organisation
	arrangements are in place to measure the satisfaction of children and young peop mental illness, learning disability or related condition using advocacy services?
	do you monitor complaints about advocacy services for children and young people al illness, learning disability or related conditions which you commission?
	al illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring
ment	Annual monitoring data from providers No monitoring
ment	Annual monitoring data from providers No monitoring Other (please specify) do you currently raise awareness and deliver public information about the availabile advocacy services for children and young people with mental illness, learning disab

12	Have there been any specific actions to promote the use of advocacy among staff?						
		Yes					
		No					
	Pleas	e provide any further details below.					
Futur	e plans						
13		your integrated children services planning structure include an advocacy planning group ing your area?					
		Yes					
		No					
		Other (please describe)					
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?					
		Yes					
		No					
	If Yes	, please describe					
15	If No,	how do you plan to address any unmet need here?					
16	For ex	ther Comments? cample, are there other local advocacy services which are not commissioned but receive ag from other services?					

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Advocard C/O Andrew Duncan Clinic, Royal Edinburgh Hospital, EH10 5HF	Partners in Advocacy Links House, 15 Links Place, EH6 7EZ	CAPS Advocacy Old Stables Road Musselburgh EH21 7PQ	Edinburgh Carers Council 14 Links Place Edinburgh EH6 7EZ	
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ⊠No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☑No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ⊠ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ⊠No	☐ Yes
5	People with dementia	Yes	⊠ Yes	Yes	Yes	Yes

		⊠ No	□No	□No	⊠ No	□No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes
7	Mentally disordered offenders	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes ☑ No	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☑☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	⊠ Yes □ No	☐ Yes
11	Children & young people with a mental health problem	✓ Yes those receiving a service form CAMHS☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

12	Children & young people with a learning disability		☐ Yes ☑ No	☐ Yes	☐ Yes ☑ No	☐ Yes ☐ No
13	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes ⊠No	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☑ No	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes ⊠No	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	All ages	Yes	☐Yes	Yes	Yes	☐Yes
		⊠ No	⊠ No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	✓ Adults aged16 years and over✓ No	 ∑ Yes Adults aged 16 and over ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	■ Adults up to 65	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes
	■ Adults over 65	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	■ Individual	⊠Yes	⊠ Yes	Yes	⊠Yes	⊠Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	⊠Yes	⊠ Yes	⊠Yes	☐Yes
		□No	□No	□No	□No	□No
	■ Citizen	☐Yes	☐Yes	☐Yes	☐Yes	☐ Yes
		□No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	⊠Yes	⊠Yes	⊠Yes	⊠Yes	⊠Yes
	auvocacy:	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	Annual budget not broken down into specific provision. Total annual budget 20/21 =£588,818. Total budget for 21/22=£ 628,425 £40k of total annual budget came from Edinburgh Alcohol and Drugs Partnership. The increase from 20/21 to 21/22 arose from additional carers funding and annual uplift People in Prison = £48,400 Welfare Reform = £32,940	Annual budget not broken down into specific provision. Total annual budget 20/21 =£258,250. Total budget for 21/22=£ 285,315	Total = £262,165 Service User Led Programmes (Trauma, Eating Disorders, Psychosis, Personality Disorder) = £49,500 LGBTQI and BME = £29,096 LEARN = £64,000 Our Mad History = 54,000 Art as advocacy = £65,569	Transitions Programme = £19,000	Stroke = £49,140
	Details total budget information split into the following categories (if possible):					
	People with mental health problems					
	People with learning disability					
	People with dementia					

People with autistic spectrum disorder			
Mental disordered offenders			
Homeless people with mental illness, learning disability, dementia			
Asylum seekers with mental illness, learning disability, dementia			
Carers of people with mental illness, learning disability, dementia			
Children & young people with a mental health problem			
Children & young people with a learning disability			
Children & Young people with ASD or ADHD			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☑ Other (please detail) The existing services	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail) The existing	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
		are secure in funding until April 23. We are currently undertaking a commissioning process	services are secure in funding until April 23. We are currently undertaking a commissioning	For all excluding arts as advocacy SLAs in place until 31.03.25	SLA in place until 31.03.25	SLA in place until 31.03.25
		For Prisons and Welfare Reform SLAs in place until 31.03.25	process	Arts in Advocacy and Service User Led BME and LGBTQ+ contracts until 30.11.28		

		18.2 fte	8 fte		
24	How many Independent Advocacy				
	Officers are supported by this funding				
	in your area?				
	(NEW question)				

Orga	nisati	on:	East Lothian Health and Social Care Partnership
Job T	itle:		Strategy Officer, Planning and Performance
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)			ELHSCP and Local Authority
		Part (One: Adult Survey
Curre	nt Planı	ning	
2	At wh	at level is advocacy strateg	ic planning carried out in your area?
		NHS board-wide	
	\boxtimes	HSCP	
		Local Authority	
		Other (please specify)	
	the HS	SCP while children's is mana	al Authority because adult advocacy provision is managed by aged by the local authority. This is due to a decision being clude children's services in the Integration Joint Board's
3	Is the	re an advocacy planning gro	oup covering your area?
		Yes	
		No	
4	Is the	re a current independent ad	vocacy strategic plan for your area?
		Yes	
	\boxtimes	No	
	If Yes	. can vou please submit a co	opy along with your guestionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	The HSCP recently commenced a review of advocacy services, which is likely to include the formation of a steering group who will take responsibility for developing an advocacy strategic plan.
Consi	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	It is anticipated that a steering group will be convened as part of the review of advocacy services that includes providers, HSCP reps, children's reps, substance misuse reps and reps from our Third Sector Interface. This group will take the lead on developing the strategic plan.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Once the steering group is established it will carefully consider how best to co-produce the strategic plan and engage and consult with service users.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	No

If Yes, can you please submit a copy along with your questionnaire?

A draft East Lothian Independent Advocacy Plan was developed in February 2021 but other priorities relating to the COVID-19 pandemic meant that it was never finalised or acted upon. This plan will inform the development of the updated strategic plan.

10	If No, is an action plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	The draft plan (February 2021) will inform the development of the updated strategic plan.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	The HSCP is currently developing a new dementia strategy. This strategy is based on the work of the Life Changes Trust which highlights the need for a human rights based approach with people with lived experience and their carers at the centre. Citizen, peer and individual advocacy are core to this and will be reflected in the strategy.
	Also in development is a new Transitions policy covering both children's services and HSCP which sets out core principles including the importance of access to advocacy. The draft policy highlights that transition from children's to adult services can prove daunting and that advocacy can play an important role in supporting a young person to ensure that their wishes and aspirations are given priority when moving in to adult services. It sets out a commitment to advocacy involvement giving a young person independence, confidence and greater control of their lives and its role in supporting where there is a difference in opinion, where the young person or carer may struggle with expressing their views or where the young person lacks capacity. Families and carers may also need their own advocacy and support to express their views throughout the young person's transition, in particular where decision making under AWI (S) Act 2003 is held by the local authority, significant carer stress or there are Safeguarding or Adult Protection concerns.
Curre	ent Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	☐ Yes
	No

If Yes, please provide details

Whilst there is no condition within their contract / Service Level Agreement to prioritise referrals of any nature, CAPS Independent Advocacy are commissioned to provide independent individual and collective advocacy in East Lothian for people who use, or have used, mental health services. The provider does however prioritise this work, where necessary, in order to ensure individuals needs are met within statutory timescales.

13	person?				
	Yes				
	⊠ No				
	If Yes, please provide details				
14	Do you currently commission advocacy s health issues, learning disability or demo you ensure they are supported?				
		Mental Health	Learning Disability	Dementia	
	ric service explicitly commissioned to ort homeless people with this condition				
	ric service open to homeless people with tion – no specific agreement relating to				
-	fic homeless advocacy service (s) nissioned				
Pleas	e provide details				
home Housi	We do not currently commission advocacy services specifically for homeless people. Advocacy for homeless people is provided via our existing commissioned services. Our colleagues within the Housing department also refer to Shelter Scotland services to support and advise those who are homeless.				
15	Do you currently commission advocacy shealth issues, learning disability or demonstrate they are supported?				
		Mental Health	Learning Disability	Dementia	
	ric service explicitly commissioned to ort asylum seekers with this condition				
	ric service open to asylum seekers with tion – no specific agreement relating to				

Specific asylum seeker advocacy service (s) commissioned					
Please provide details					
We do not currently commission advocacy services specifically for asylum seekers. Advocacy for asylum seekers is provided via our existing commissioned services.					
Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?					
	Mental Health	Learning Disability	Dementia		
Generic service explicitly commissioned for carers					
Specific service explicitly commissioned for carers					
No carers' advocacy service	\boxtimes		\boxtimes		
Please provide details					
We do not currently commission advocacy servi Lothian offer advocacy for carers as part of thei Lothian to provide a worker specifically for care	r remit. The HSCP	also commission Care	rs of East		
Commissioning budget					
17 Has the commissioning budget for ment advocacy organisations changed over the		_	independent		
Yes					
No					
If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details					
The funding associated with our commis EARS) has remained the same in 2021/2	•		•		

Prisc	ns and	advocacy services
18	Do yo	u have any prisons in your HSCP area?
		Yes
	\boxtimes	No
19	If Yes	s, do any of the services currently commissioned provide advocacy support in the n(s)?
		Yes
		No
	If Yes	, please provide details
	N/A	
20	•	ou please outline how prisoners are informed about independent advocacy services? question)
	indivi	ugh there are no prisons within East Lothian, NHS Lothian commission Advocard for dual advocacy for prisoners within HMP Edinburgh and they commission the Mental h Advocacy Project West Lothian for individual advocacy for prisoners within HMP well.
NHS	patient	s placed in private healthcare facilities out with home health board area
21		se specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support?
		From a local service where they are receiving care
		From home health board / local authority
		Don't know
	Any f	urther details

Advocacy support would be provided from locally commissioned service providers.

22 What are the outcomes you are seeking to achieve and how do you monitor these?

Existing contracts / service level agreements have the following outcomes:

CAPS

- 1) To enable East Lothian Council to meet its Statutory Duties;
- 2) Improved participation;
- 3) Improved mental wellbeing;
- 4) To ensure the project / service is accountable to all stakeholders;
- 5) Increased choice, self-determination and independence.

EARS

- 1) Enable East Lothian to meet its statutory duty under the Mental Health (Care and Treatment) (Scotland) Act 2003;
- 2) Enable East Lothian to meet its statutory duty under the Adult Support and Protection (Scotland) Act 2007 by considering referrals where an intervention under the Act is considered necessary;
- 3) Improved independence and responsibility;
- 4) Improved choice and control;
- 5) Service user satisfaction;
- 6) Improved wellbeing.

Partners in Advocacy

No

- People with a learning disability are able to engage with the Joint Planning Process;
- 2) People are supported to develop the skills and confidence to speak out;
- People are supported to take an active role in the implementation of the local learning disability strategy;
- 4) People have an increased awareness and understanding of their rights and responsibilities;

Each of the outcomes listed above have associated performance indicators that providers should report on 6 monthly. Improvement of existing contracts / SLA's, outcomes, performance indicators and reporting / contract monitoring will be incorporated in to the ongoing review of advocacy services, development of the strategic plan and procurement of longer term service provision.

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

Existing contracts / SLA's are overdue renewal and currently operating on a year to year basis. Contract monitoring, reporting and performance indicators are all areas in need of improvement and will be considered as part of the ongoing review of advocacy services.

24	•	get information from each organisation about the number of people accessing acy support?
	\boxtimes	Yes

If Yes, please provide the most up to date information provided by each organisation

25

26

27

CAPS October 2020 – March 2021 (6 monthly report) Total number of accepted referrals – 101 Total number of people using the service – 93 Partners in Advocacy 2020-2021 Total number of referrals – 37 EARS Advocacy 2021-22 New referrals – 110 (Older People – 97 / Physical disability – 13) Open cases – 95 (Older People – 82 / Physical disability – 13)					
Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?					
□ No					
If Yes, please provide the most up to date information available					
As per the East Lothian <i>Advocacy Needs Assessment</i> undertaken in January 2020 none of our providers were operating a waiting list.					
EARS Advocacy As at 2021/22 annual funders report EARS noted "we remain incredibly busy with caseloads higher than ever but are focused on having no waiting list and are prioritising statutory and at risk work for visits".					
Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?					
☐ Yes					
No					
If Yes, please provide details					
What arrangements are in place to measure the satisfaction of people using advocacy services?					

6 monthly provider reporting should include results from service user surveys and evaluation of service user feedback as per existing performance indicators.

CAPS Advocacy

- As part of their 2021 annual report CAPS undertook an individual advocacy feedback survey of partner agencies.
- A collective advocacy evaluation was also undertaken as part of the 2021 annual report.
- Findings and feedback on each of the above are available online -https://capsadvocacy.org/wp-content/uploads/2021/11/Annual_Report_2021_FINAL.pdf
- CAPS held a People's Conference in 2021 entitled Meaningful involvement? Then <u>MEAN</u> to involve us? Meaningful Engagement and Involvement of lived experience. Full report available online https://capsadvocacy.org/wp-content/uploads/2022/06/Peoples-Conference-2021-Report.pdf

EARS Independent Advocacy

• EARS complete a service feedback questionnaire at the end of each advocacy partnership. Findings available online - https://www.ears-advocacy.org.uk/home/what-you-say

28	How	How do you monitor complaints about advocacy services?			
		Annual monitoring data from providers			
		No monitoring			
		Other (please specify)			
29		do you currently raise awareness and deliver public information about the availability of al health, learning disability or dementia advocacy services in your area?			
	comr which have	nave information on the East Lothian Council website and also have a leaflet. Our nissioned providers also regularly attend inter-agency adult support and protection training, n ensures good connections and awareness between professionals. Advocacy providers also previously attended adult services weekly briefings and team meetings in order to raise eness.			
30		there been any specific actions to promote the use of advocacy among health and social social			
		Yes			
	\boxtimes	No			

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?					
	A draft advocacy action plan developed in February 2021 included the following commitment "Raising awareness with people who may have experienced exclusion, disadvantage and / or social isolation to support them to access Independent Advocacy" and outcome "Improved knowledge and understanding of advocacy, and access to advocacy services for people who experience barriers to accessing services". Although this action plan was not acted upon, primarily due to the pandemic, it contained a variety of actions intended to ensure advocacy services were accessible and promoted amongst equality groups. The ongoing review of advocacy services, development of a strategic plan and associated actions will use this draft action plan as a baseline.					
32	How do you measure this?					
	The future strategic plan and progress against any associated actions will be monitored by the Advocacy Steering Group.					
Futu	re plans					
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?					
	□ No					
	If Yes, please describe					
	Whilst not specific to advocacy the East Lothian IJB / HSCP is currently finalising its Joint Strategic Needs Assessment, which aims to collate available health and socioeconomic information that can be used as a reference or to highlight areas in which populations can be better supported. This needs assessment will inform the development of the IJB Strategic Plan, priorities and directions.					
34	If No, how do you plan to address any unmet need in future?					
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?					
	⊠ Yes					
	□ No					

If Yes, please describe

An advocacy needs assessment undertaken in January 2020 identified a number of gaps in the provision of advocacy in East Lothian:

- "Groups who have access to advocacy but not independent advocacy: carers, specific housing support, people from minority ethnic communities, people with sensory impairments;
- Groups who do not have access to any advocacy support: adults with alcohol and substance
 misuse issues using services and their families*, children and young people who are not part
 of the hearing system.
- Groups who can access independent advocacy but through a provider not specifically commissioned to provide this service: parents with children involved in the Hearing System, adults with a physical disability, adults with a diagnosis of autism, younger adults with a diagnosis of dementia, people leaving prison".
- * MELDAP now commission CAPS independent advocacy to support this service user group.

36	Are any specific actions planned to do more to promote awareness of the availability of
	advocacy services locally over the next two years?

advocacy services locally over the next two years:					
\boxtimes	Yes				
	No				
	Other (please specify)				
	The new Advocacy Steering Group will be responsible for the development of a strategic plan (with its foundation based on the draft February 2021 action plan) that addresses training and awareness raising.				

37 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Alcohol and / or drug use advocacy (MELDAP)

There are two services providing advocacy support to people in East Lothian. These are:

- CAPS independent advocacy (receive funding from MELDAP);
- Access to industry (previously received funding from MELDAP but now in receipt of external funding to deliver service).

Both services provide advocacy support to people who are affected by their own alcohol and drug use and / or a loved one's drug use. People with co-occurring disorders also have access to these services.

Part Two: Children & Young People Survey

Current Planning						
1	Do you have an integrated children's service plan?					
	\boxtimes	Yes				
		No				
2	If Yes, does it i	nclude advocacy?				
		Yes				
	\boxtimes	No				
	If Yes, can you	please submit a copy along with your questionnaire?				
Comm	nissioning					
3		issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?				
	Yes					
	⊠ No					
4	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details					
	independent ac include children	ouncil Children's Services commission Who Cares? Scotland to provide dvocacy support to care experienced children and young people. While this could n and young people with a mental illness, learning disability or related condition, cally for this group. Further details regarding this are provided in the table in Part				
	•	is not a specific budget within Children's Services for children and young al health/learning disability independent-advocacy organisations, and this has not last two years.				

NHS patients placed in healthcare facilities out with home health board area

5	relat	se specify how many children or young people with a mental illness, learning disability of ted condition and in a placement out with their home local authority would receive ocacy support?	
	\boxtimes	From a local service where they are receiving care	
		From home health board / local authority	
		Don't know	
	Any 1	further details	
Mon	itoring a	and review arrangements	
		is only applicable if you commission independent advocacy services for children and le with mental illness, learning disability or related condition.	
6		are the outcomes you are seeking to achieve for the children and young people and how ou monitor these?	
	N/A		
7	peop	ly describe the arrangements in place for monitoring the quality of children and young le's mental health, learning disability or related condition independent advocacy ces, including independent evaluation?	
	N/A		

8	people with mental illness, learning disability or related condition accessing advocacy support from each organisation?						
		Yes					
		No					
	If Yes	, please provide the most up to date information provided by each organisation					
	N/A						
9		arrangements are in place to measure the satisfaction of children and young people nental illness, learning disability or related condition using advocacy services?					
	N/A						
10		lo you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?					
		Annual monitoring data from providers					
		No monitoring					
		Other (please specify)					
		N/A					
11	any ad	lo you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or d conditions in your area?					
	N/A						

12	Have there been any specific actions to promote the use of advocacy among staff?								
		Yes							
		No							
	Pleas	Please provide any further details below.							
	N/A								
Future	e plans								
13		your integrated children services planning structure include an advocacy planning group ing your area?							
		Yes							
		No							
		Other (please describe)							
		As mentioned above in the Adult section of the survey, there are plans to set up an Advocacy Steering Group which would have representation from Children's Services.							
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?							
		Yes							
		No							
	If Yes, please describe								
	Steer	rojected need will be assessed and managed as part of the work of the Advocacy ing Group. This group will be responsible for developing an Advocacy Strategic Plan, will involve scoping existing provision and identifying any service gaps.							

15	If No, how do you plan to address any unmet need here?				

16 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

There are various advocacy services available to children and young people in East Lothian which could include children and young people with a mental illness, learning disability or related condition:

- Mindroom: Advocacy support for under 25s with a learning difficulty, working with both children/young people and parent/carers.
- Kindred: Funded by NHS Fife and Lothian, as well as charitable funds. Based at the new Royal Hospital for Children and Young People, they provide advocacy support to parents of children with complex needs.
- CAPS Advocacy: Support for those aged 16-65 with a mental health issues or because of drug/alcohol use.
- CAPS Advocacy (Children's Hearings): Advocacy support for children and young people aged 5-18 who are involved in the Children's Hearing System.
- EARS: Advocacy support for people age 16 plus who have a learning disability, autism, physical disability, or acquired brain injury.
- Partners in Advocacy: Funded by East Lothian Council (discussed above in the Adult Survey) providing independent, individual and collective advocacy for those aged 16 plus with a learning disability.
- My Rights, My Say (delivered by Partners in Advocacy): National service providing advocacy with education for children aged 12-15 with additional support needs.

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	CAPS Independent Advocacy Old Stables, Eskmills Park, Station Road, Musselburgh, EH21 7PQ	EARS Independent Advocacy Service (SCIO) 525 Ferry Road Edinburgh EH5 2FF	Partners in Advocacy G/1 Links House 15 Links Place Edinburgh EH6 7EZ	Who Cares? Scotland 40 Wellington Street Glasgow G2 6HJ	
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
5	People with dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
6	People with autistic spectrum disorder	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes
7	Mentally disordered offenders	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
1 0	Carers of people with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
1	Children & young people with a mental health problem	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Yes

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1 2	Children & young people with a learning disability	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
1 3	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
1 4	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No
1 5	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes
1 6	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
1 7	Children/young people with any other condition (specify)					
1 8	People with any other condition (specify)	Advocacy support to people who are affected by their own alcohol and drug use and / or a loved one's drug use.	Older people / Adults with a physical disability			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Age range					
9	All ages	☐ Yes	☐Yes	☐Yes	☐Yes	Yes
		⊠No	⊠No	⊠No	⊠No	□No
	Under 18 with mental health issues, learning disability	⊠ Yes*	☐Yes	⊠ Yes*	⊠Yes	☐Yes
		☐ No *(service only available to 16+)	⊠ No	☐ No *(service only available to 16+)	□No	□No
	Adults up to 65	⊠Yes	Yes	⊠Yes	Yes	Yes
		□No	⊠No	□No	⊠No	□No
	Adults over 65	☐Yes	⊠Yes	⊠Yes	Yes	Yes
		⊠No	□No	□No	⊠No	□No
2	Type of advocacy					
0	Individual	⊠Yes	⊠Yes	⊠ Yes	⊠Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	⊠Yes	⊠Yes	☐Yes	☐Yes
		□No	□No	□No	⊠No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Citizen	☐Yes	Yes	Yes	Yes	Yes
		⊠ No	⊠No	⊠No	⊠No	□No
2	Non-instructed advocacy					
1	Does the service provide non-instructed	⊠Yes	⊠Yes	⊠Yes	☐Yes	Yes
	advocacy?	□No	□No	□No	⊠ No	□No
2 2	Budget Information: total annual amount allocated					
	Details total budget information split into the following categories (if possible):					
	People with mental health problems	£117,065				
	People with learning disability			£52,800 (learning disability / autism)		
	People with dementia		£45,625 (dementia / physical disability)			
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Asylum seekers with mental illness, learning disability, dementia					
Carers of people with mental illness, learning disability, dementia					
Children & young people with a mental health problem					
Children & young people with a learning disability					
Children & Young people with ASD or ADHD					

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Looked- after children & young people including those who have mental illness, learning disability or related conditions				£84,998	
Looked- after children & young people but not including those who have mental illness, learning disability or related conditions					
Young asylum seekers					

	with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
2 3	What is the term of funding allocated to this organisatio n? (NEW question)	□ 1 year □ 2 years □ 3 years □ Other (please detail) Ongoing review of advocacy services seeking to allocate funding on a long term basis. MELDAP funding for substance use element is over 3 years.	□ 1 year □ 2 years □ 3 years □ Other (please detail) Ongoing review of advocacy services seeking to allocate funding on a long term basis.	□ 1 year □ 2 years □ 3 years □ Other (please detail) Ongoing review of advocacy services seeking to allocate funding on a long term basis.	☐ 1 year☐ 2 years☐ 3 years☐ Other☐ (please detail)	1 year 2 years 3 years Other (please detail)
2 4	How many Independen t Advocacy Officers are supported by this funding in your area? (NEW question)	As of 31st March 2021 the team consisted of five part time Individual Advocacy Workers working on mental health advocacy, one part time Individual Advocacy Worker providing drug & alcohol advocacy, one Individual Advocacy Volunteer and	30 hours per week.	28 hours per week	2 full time members of staff	

	the Individual Advocacy		
	Manager. The team work		
	across both East Lothian		
	and Midlothian.		

Organisation:	West Lothian HSCP
Job Title:	Chief Officer
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP

Part One: Adult Survey

Currei	it Piani	
2	At wh	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
	\boxtimes	HSCP
		Local Authority
		Other (please specify)
3	Is ther	e an advocacy planning group covering your area?
		Yes
		No
4	Is the	re a current independent advocacy strategic plan for your area?
		Yes
		No

If Yes, can you please submit a copy along with your questionnaire?

Advocacy for different service user groups, fall within the remit of each service user group commissioning plan. The following strategic commissioning plans in place within West Lothian HSCP are as follows:

- Mental Health
- Learning Disability
- Physical Disability
- Older Adults (Home First)

The following commissioning plans can be found here: https://westlothianhscp.org.uk/article/43932/West-Lothian-IJB-Strategic-Plan-2019-23

5	If No, is an advocacy strategic plan in the process of being developed?				
	☐ Yes				
	⊠ No				
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?				
Consu	ultation & Involvement				
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan				
	N/A.				
	Existing advocacy providers and potential future advocacy providers are able to contribute to the development of strategic commissioning plans and IJB strategic plans via engagement practices to ensure provider voice is heard. These include, surveys, provider's forums and contact with HSCP strategic leads.				
7 Please describe how people who use advocacy services were consulted or involved development of the plan					
	N/A				
	See above in relation to Strategic plans and strategic commissioning plans.				
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?				
	☐ Yes				
	□ No				
	If Yes, can you please submit a copy along with your questionnaire?				
	N/A				
Actio	n Plan				
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?				
	☐ Yes				

	No No
	If Yes, can you please submit a copy along with your questionnaire?
	There is not an action plan currently in place. Please note the three main advocacy contracts were re tendered in 2022.
10	If No, is an action plan in the process of being developed?
	Yes
	No No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	Advocacy for different service user groups, fall within the remit of each service user group commissioning plan. The following strategic commissioning plans in place within West Lothian HSCP are as follows:
	- Mental Health
	- Learning Disability - Physical Disability
	- Older Adults (Home First)
	The following commissioning plans can be found here: https://westlothianhscp.org.uk/article/43932/West-Lothian-IJB-Strategic-Plan-2019-23
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Actions can be found within the commissioning plans detailed in question 10. Please note all actions were complete due to the re tendering of advocacy services for all mentioned groups in early 2022.
Curre	nt Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes-
	□ No
	If Yes, please provide details
	The West Lothian HSCP specifically commission the West Lothian Mental Health Advocacy Project (MHAP). MHAP prioritise referrals received for those people subject to compulsory measures under the Mental Health Act.
	The contract delivers both independent and collective advocacy under its Service Level agreement with West Lothian Council. No other contracts are commissioned to carry out

	servic	es.	_	·			
13	Do you	u specify that any organisations ap n?	ply a limit to the a	amount of advocacy su	pport per		
		Yes					
		No					
14	health	u currently commission advocacy s issues, learning disability or demensure they are supported?	-				
					_		
		ice explicitly commissioned to eless people with this condition					
	Generic service open to homeless people with condition – no specific agreement relating to						
-	fic hom issione	eless advocacy service (s) ed					
Please	e provi	de details					
Our commissioned advocacy services are open to anyone regardless of housing circumstance who has mental health / learning disability or dementia. Whether someone is homeless or not, this does not limit the involvement or support our commissioned advocacy providers will deliver. The West Lothian HSCP does not commission a provider to specifically support homeless people.							
15	health	u currently commission advocacy so issues, learning disability or demonstrate insure they are supported?		-			
			Mental Health	Learning Disability	Dementia		
		ice explicitly commissioned to um seekers with this condition					
		ice open to asylum seekers with o specific agreement relating to					
	fic asyl	um seeker advocacy service (s) ed					

advocacy related activity, all are directed towards using MHAP (the commissioned provider)

Please provide details					
Our commissioned advocacy services are open to anyone regardless of asylum statues who has mental health / learning disability or dementia. Whether someone is an asylum seeker or not, this does not limit the involvement or support our commissioned advocacy providers will deliver. The West Lothian HSCP does not commission a provider to specifically support asylum seekers.					
16	Do you currently commission advocacy s health issues, learning disability or demo you ensure they are supported?				
Gener	ric service explicitly commissioned for	\boxtimes		\boxtimes	
carers	S				
Specific service explicitly commissioned for carers					
No carers' advocacy service					
Please provide details					
We have a separate small budget available for existing commissioned advocacy providers for unpaid carers which is accessed on a referral basis. This is known and supported by our local commissioned carer's organisation, Carers of West Lothian (CoWL).					
Commissioning budget					
17	Has the commissioning budget for menta advocacy organisations changed over the Yes No If the budget has changed (either an increchanged as a consequence? Please provement of the Service will become unsustainable at reduction is service availability.	e past two years? ease or decrease) ide details rable period. Over	please say how. Have	e services ase it is likely	

Prisons and advocacy services

18	Do you have any prisons in your HSCP area?		
	□ No		
19	f Yes, do any of the services currently commissioned provide advocacy support in the prison(s)?		
	□ No		
	If Yes, please provide details		
	Mental Health advocacy project receive separate funding to provide service in Addiewell prison.		
20	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)		
	The prison is made aware of the service and advise prisoners as they enter the prison of the service. Social workers, community care assistants working with inmates also are made aware of the existing advocacy provision across West Lothian.		
NHS	patients placed in private healthcare facilities out with home health board area		
21	Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support?		
	From a local service where they are receiving care		
	From home health board / local authority		
	☐ Don't know		
	Any further details		
	MHAP (local commissioned MH advocacy project) provide the crises input (including Mental		

MHAP (local commissioned MH advocacy project) provide the crises input (including Mental Health (Scotland) Act 2015 related activity) for any patient in the regional units whilst an inpatient. Once the patient is discharged and supported at home, the Advocacy service from their own area will take over. This process is supported by care management.

Monitoring and review arrangements

•	
	Service users have access to good quality advocacy which is easily available and accessible
•	Service users feel supported and empowered to make informed choices about issues they are facing
	Quarterly monitoring is carried out by the West Lothian Council contracts and commissioning team.
learni	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent ation?
I	dependent evaluation of service delivery. Providers must be members of The Scottish endent Advocacy Alliance (SIAA) and adhere to SIAA principals.
advoo	ou get information from each organisation about the number of people accessing cacy support?
	Yes
	No
If Yes	No s, please provide the most up to date information provided by each organisation
Docui Do yo	s, please provide the most up to date information provided by each organisation
Docui Do yo	ments attached ou ask services to provide information about unmet needs, e.g. about people waiting to
Docui Do yo	ments attached ou ask services to provide information about unmet needs, e.g. about people waiting to as advocacy support?
Do yo acces	ments attached ou ask services to provide information about unmet needs, e.g. about people waiting to advocacy support? Yes No
Do yo acces	ments attached ou ask services to provide information about unmet needs, e.g. about people waiting to as advocacy support? Yes

26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?				
	□ No				
	If Yes, please provide details				
	Providers consider prioritisation based on the issues affecting each case.				
27	What arrangements are in place to measure the satisfaction of people using advocacy services?				
	It is the responsibility of each provider to carry out self-assessment of its services - this includes gathering feedback from advocacy partners. This is reported to the West Lothian Council contracts and commissioning team.				
28	How do you monitor complaints about advocacy services?				
	Annual monitoring data from providers				
	☐ No monitoring				
	Other (please specify)				
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?				
	Each provider actively advertises their services via a range of methods. Examples would include, all providers working closely with other commissioned providers such as Carers of West Lothian, commissioned social care providers and individual commissioned projects. MHAP (Mental Health advocacy) regularly attend our inpatient wards to make patients aware of the services they offer.				
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?				
	☐ Yes				
	No				

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?				
	Services are monitored to ensure that they have policies in place in regards protected characteristics.				
32	How do you measure this?				
	Annual contract monitoring.				
Futur	re plans				
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?				
	□ No				
	If Yes, please describe				
	All contracts are monitored in relation to the strategic direction both set by Scottish Government and local strategic planning by the HSCP. This will be monitored in line with annual contract monitoring.				
34	If No, how do you plan to address any unmet need in future?				
	N/A				
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?				
	☐ Yes				
	⊠ No				
	If Yes, please describe				
	The new contracts for advocacy support that were awarded in 2022 were taken through governance and scrutinised by the independent care groups commissioning boards. This				

\boxtimes	Yes
	No
	Other (please specify)
For e	Other Comments? xample, are there other local advocacy services which are not commissioned but recently from other services?

helped inform the attached service specifications. No gaps were identified through this process. Please note new contracts were awarded for all advocacy projects in 2022.

Part Two: Children & Young People Survey

Curre	nt Planning	
1	Do you have ar	n integrated children's service plan?
	\boxtimes	Yes
		No
2	If Yes, does it i	include advocacy?
		Yes
	\boxtimes	No
	If Yes, can you	please submit a copy along with your questionnaire?
	FINAL_Children	ns_Services_Plan_2021-23_13.05.2021.pdf (westlothianhscp.org.uk)
Comn	nissioning	
3		issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?
	□ No	
4	_	as changed (either an increase or decrease) please say how. Have services consequence? Please provide details

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?				
	From a local service where they are receiving care				
	From home health board / local authority				
	□ Don't know				
	Any further details				
	N/A – Please refer to NHS Lothian response.				
Monit	oring and review arrangements				
	ection is only applicable if you commission independent advocacy services for children and people with mental illness, learning disability or related condition. What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?	1			
	Our service is generic for looked after children or children involved in the child protection system.				
7	Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?				
	No independent evaluation, quarterly monitoring is in place. This is carried out by the West Lothian Council contracts and commissioning team.				

8	Do you get information from each organisation about the number of children and young people with mental illness, learning disability or related condition accessing advocacy support from each organisation?					
	⊠ Yes					
	□ No					
	If Yes, please provide the most up to date information provided by each organisation					
	This is reported via the Who Cares Scotland liaison report provided to West Lothian council contracts and commissioning as part of the agreed and funded SLA. Document attached.					
9	What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?					
	Quarterly monitoring of children's advocacy service.					
10	How do you monitor complaints about advocacy services for children and young people with mental illness, learning disability or related conditions which you commission? Annual monitoring data from providers					
	☐ No monitoring					
	Other (please specify)					
11	How do you currently raise awareness and deliver public information about the availability of any advocacy services for children and young people with mental illness, learning disability or related conditions in your area?					
	West Lothian Council (WLC) provide funding to Signpost to offer support for children with disabilities and their families. Part of the servic offered by Signpost is advocacy. We signpost families to Signpost throughout involvement as well as on duty basis for families accessing the Children's Disability Service (CDS). Signpost and Who Cares are visible on social media and across WLC platforms. Who Cares Scotland – Attend team meetings and provide information sessions for children and young people to ensure access to services. They hold information evenings within our residential houses with young people also. Independent Reviewing Officers who chair all reviews for looked after children promote advocacy to support children and young people's rights.					

12	Have there been any specific actions to promote the use of advocacy among staff?								
		Yes							
		No							
	Pleas	e provide any further details below.							
	Who Cares Scotland™ carried out a number of awareness raising sessions for staff which are regularly revisited with new staff and across all service areas. Who Cares attend various forums from early interventions services to young people leaving care to ensure awareness o their services are embedded across service areas.								
Future	e plans								
13		your integrated children services planning structure include an advocacy planning group ing your area?							
		Yes							
	\boxtimes	No							
		Other (please describe)							
		There is a Children's Right Planning Group which involves Who Cares Scotland and multi-agency representation to focus on embedding advocacy across WLC and all partner agencies. Children's rights as expected are a key focus and priority of this planning group, Advocacy being one of these rights.							
14		ou assessing the projected need for children and young people's mental health, learning lity or related condition independent advocacy supports in the future?							
		Yes							
	\boxtimes	No							
	If Yes	, please describe							

15	If No. how do	you plan to address any	unmet need here?
	,	, - a p.a a a a a ,	

Children`s Right Planning Group will have a key focus to understand and analyse needs of our young people across West Lothian and assist in projecting future supports.

16 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

No.

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Mental Health Advocacy project	EARS independent Advocacy	Who cares Scotland		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ⊠ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	☐ Yes ☑ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
5	People with dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	⊠ Yes	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
11	Children & young people with a mental health problem	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
12	Children & young people with a learning disability	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes

13	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)	Acquired Brain Injury/ stroke				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	Yes	☐Yes	Yes	☐ Yes	☐ Yes
		⊠No	⊠ No	⊠ No	□No	□No
	 Under 18 with mental health issues, learning disability 	Yes	Yes	⊠ Yes	Yes	Yes
	learning aleasinty	⊠ No	⊠ No	□No	□No	□No
	 Adults up to 65 	⊠Yes	⊠Yes	Yes	☐ Yes	☐ Yes
		□No	□No	⊠ No	□No	□No
	 Adults over 65 	Yes	⊠Yes	Yes	Yes	Yes
		⊠ No	□No	⊠ No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	⊠Yes	⊠Yes	⊠Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	⊠Yes	⊠Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	■ Citizen	☐Yes	Yes	☐Yes	Yes	☐ Yes
		□No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠Yes	⊠ Yes	☐ Yes	☐Yes	☐ Yes
	advocacy?	□No	□No	⊠ No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	Mental Health Advocacy project	EARS advocacy project	Who Cares Scotland		
	Details total budget information split into the following categories (if possible):	185850	160659	£120,000 PA		
	People with mental health problems	185,850				
	People with learning disability		64485			
	People with dementia		96165(all older people and people with physical disabilities)			
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia)			
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)8 years	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)8 years	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	Structure 2019.docx	EARS staff structure.docx	?		

Organisation:	Midlothian HSCP
Job Title:	Head of Adult Services
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP and Midlothian Council (for Children's Services)

Part One:	Adult	Survey
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2	At what level is advocacy strategic planning carried out in your area?

Ш	IND2 pogra-wide
	HSCP
	Local Authority
	Other (please specify)

3	Is there an advocacy	planning	group	covering	your area	?
---	----------------------	----------	-------	----------	-----------	---

_	Yes				
	No				

4 Is there a current independent advocacy strategic plan for your area?

Yes	
No	

Current Planning

If Yes, can you please submit a copy along with your questionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Strategy and oversight of Advocacy service in Midlothian is currently covered by the Mental Health, Learning Disability and Older People's Strategic Plans, Groups, and Commissioning arrangements.
	A pre procurement strategy is in place for Mental Health contracts followed by an advocacy review and recommissioning exercise during 2023. This will be informed by the recommendations of the review of Mental Health legislation if appropriate. Advocacy Plan will follow.
Consu	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	Advocacy providers were a key partner in developing and subsequently implementing the Strategic Plans through the Strategic Planning Groups and community based advocacy networks and the Providers' Forum.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	We spoke with people during July, August and September 2021 to develop the Strategic Plans.
	250 people took part in the consultation for the development of the Mental Health Strategy with Advocacy as one of the key themes. This included 79 completed questionnaires, and user feedback following visits to front line assessment services, and patient feedback following Psychological Therapy (20 replies).
	People First Midlothian Members worked over two months at their four Midlothian groups. We held a Public Meeting with 25 people.
	We did detailed work with 12 people with the most complex care needs and communication difficulties supported by our Day Services
	We sent out an easy read survey through all the Provider Organisations and their user forums We did two Online Surveys. One for Learning Disability and one for Autism. 98 people did the on line survey

8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
10	If No, is an action plan in the process of being developed?
	☐ Yes
	No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	As above, the key advocacy partnerships and relationships in Midlothian are based within the thematic planning groups, providers' forums and advocacy networks. The action plan is currently overseen by these thematic groups.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Learning Disability and Autism Strategic Plan. Mental Health Strategic Plan. Older People's Strategic Plan. Justice and Substance Use Strategic Plans.
Curre	ent Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?

	If Yes, please provide details			
	Support for people subject to compulsory specifically remitted to do so.	measures is prov	vided by one organisati	on that is
	Issue based advocacy for people with a L is no waiting list and has not been for sev		has a list for prioritisat	ion but there
13	Do you specify that any organisations apperson?	ply a limit to the a	amount of advocacy su	pport per
	Yes			
	No			
·	If Yes, please provide details			
	No			
14	Do you currently commission advocacy shealth issues, learning disability or demeyou ensure they are supported?			
Gonor	ic service explicitly commissioned to			
	ort homeless people with this condition	Ш	Ш	Ш
	ric service open to homeless people with tion – no specific agreement relating to			
	fic homeless advocacy service (s) nissioned			
Pleas	e provide details			

health issues, learning disability or dem you ensure they are supported?	entia? Please tick	where appropriate. If i	iot, now do
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support asylum seekers with this condition			
Generic service open to asylum seekers with condition – no specific agreement relating to this			
Specific asylum seeker advocacy service (s) commissioned			
Please provide details			
16 Do you currently commission advocacy health issues, learning disability or dem you ensure they are supported?			
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned for carers	Mental Health	Learning Disability	Dementia
• •	Mental Health	Learning Disability	Dementia
carers Specific service explicitly commissioned for	Mental Health	Learning Disability	Dementia
Specific service explicitly commissioned for carers			Dementia
carers Specific service explicitly commissioned for carers No carers' advocacy service			Dementia
Specific service explicitly commissioned for carers No carers' advocacy service Please provide details			Dementia
Specific service explicitly commissioned for carers No carers' advocacy service Please provide details			Dementia
Specific service explicitly commissioned for carers No carers' advocacy service Please provide details Contract in place for carers of people in hospita	I.	disability or dementia	
Specific service explicitly commissioned for carers No carers' advocacy service Please provide details Contract in place for carers of people in hospita Commissioning budget 17 Has the commissioning budget for ment	I.	disability or dementia	

Do you currently commission advocacy services specifically for $\underline{asylum\ seekers}$ with mental

15

If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details

Learning Disability budgets have been increased to expand services to respond to need and demographic growth.

Prisor	ns and a	advocacy services
18	Do you	u have any prisons in your HSCP area?
		Yes
	\boxtimes	No
19	If Yes, prison	do any of the services currently commissioned provide advocacy support in the (s)?
		Yes
		No
	If Yes,	please provide details
20		ou please outline how prisoners are informed about independent advocacy services? question)
•		
NHS p	atients	placed in private healthcare facilities out with home health board area
21		e specify how NHS patients from your area, who have been placed in private healthcare ies out with their home health board areas, receive advocacy support?
		From a local service where they are receiving care
		From home health board / local authority
	\boxtimes	Don't know
	Any fu	urther details

rin	ng and review arrangements
	hat are the outcomes you are seeking to achieve and how do you monitor these?
•	Increase people's support and opportunities to stay well, prevent ill or worsening healt
•	and plan ahead. Enable more people to get support, treatment and care in community and home-based settings.
•	settings. Increase people's choice and control over their support and services.
•	Support more people with rehabilitation and recovery. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services an
•	support. Expand our joint working, integration of services, and partnership work with primary cathird sector organisations, providers, unpaid carers, and communities to better meet people's needs.
Οι	itcomes for advocacy partners
•	Increase in advocacy partners ability to participate in decision-making processes Professionals have an improved understanding of advocacy partner's views and wishe Advocacy Partners have improved self-confidence and ability to speak Advocacy Partners have an increased understanding of their rights in matters affecting
	their lives.
•	People will be better informed about their options and rights People will be assisted to redress power imbalances
•	People will have their views and wishes heard
•	People will lead the work we do together
lea	iefly describe the arrangements in place for monitoring the quality of mental health, arning disability or dementia independent advocacy services, including independent aluation?
	monthly meetings between Planning and Commissioning leads and Advocacy Organisa ritten twice yearly reports.
	you get information from each organisation about the number of people accessing vocacy support?
\boxtimes	Yes
	No

	If Yes, please provide the most up to date information available
	Advocacy services currently have the capacity to respond to requests for advocacy support as they arise.
26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures? Yes
	□ No
	If Yes, please provide details
	Specified in contracts that providers must liaise with lead officers in these circumstances.
27	What arrangements are in place to measure the satisfaction of people using advocacy services? Information collected by advocacy providers and detailed in Annual and regular Monitoring
	Reports.
	Service user feedback is gathered at the end of any advocacy input - in addition to collecting verbal/written feedback from Advocacy Partners throughout any advocacy input.

 \boxtimes

Annual monitoring data from providers

	☐ No m	onitoring
	Other	(please specify)
	Form	part of regular returns to Lead Officers.
29		currently raise awareness and deliver public information about the availability of h, learning disability or dementia advocacy services in your area?
	Professional H&SCP Web	Team meetings. site.
	MVA website	e and Directory.
		routinely advise about availability of and access to advocacy services. in Libraries, receptions, provider organisations, Hospital and Primary Care Settings.
30	Have there b	een any specific actions to promote the use of advocacy among health and social work staff?
	⊠ Yes	
	☐ No	
31	How do you minority gro	ensure services are available to equality groups (e.g. LGBT people, ethnic ups)?
	Specified and	d monitored within contractual arrangements.
32	How do you	measure this?
	Within writte	n reports and ongoing and annual Contract Review
Future	e plans	
33	•	essing the projected need for mental health, learning disability or dementia advocacy supports in the future?
	⊠ Yes	
	☐ No	
	If Yes, please	e describe

Expar	nsion managed through reporting to Finance and Performance mechanisms.
	ou have information about current identified gaps in provision / unmet need which y sing for future planning purposes?
\boxtimes	Yes
	No
lf Yes	s, please describe
Assis	tance with formal complaints.
	ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
	cacy services locally over the next two years?
advoo	Yes
advoo	Yes No

Part Two: Children & Young People Survey

Current Planning			
1	Do you have an	integrated children's service plan?	
	\boxtimes	Yes	
		No	
2	If Yes, does it in	nclude advocacy?	
		Yes	
	\boxtimes	No	
	If Yes, can you	please submit a copy along with your questionnaire?	
Comn	nissioning		
3		ssioning budget for children and young people's mental health/learning endent-advocacy organisations changed over the past two years?	
	Yes		
	x No		
4		as changed (either an increase or decrease) please say how. Have services onsequence? Please provide details	

NHS patients placed in healthcare facilities out with home health board area

	relate	se specify how many children or young people with a mental illness, learning disability or ed condition and in a placement out with their home local authority would receive cacy support?
		From a local service where they are receiving care
		From home health board / local authority
	\boxtimes	Don't know
	Any f	urther details
Monit	oring a	and review arrangements
		is only applicable if you commission independent advocacy services for children and
		e with mental illness, learning disability or related condition.
6		e with mental illness, learning disability or related condition. are the outcomes you are seeking to achieve for the children and young people and how bu monitor these?
6		are the outcomes you are seeking to achieve for the children and young people and how
7	Brief peop	are the outcomes you are seeking to achieve for the children and young people and how

-	le with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
	Yes
\boxtimes	No
f Ye	s, please provide the most up to date information provided by each organisation
	arrangements are in place to measure the satisfaction of children and young peomental illness, learning disability or related condition using advocacy services?
	do you monitor complaints about advocacy services for children and young peopleal illness, learning disability or related conditions which you commission?
	, , , , , , , , , , , , , , , , , , , ,
	tal illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring
ment	Annual monitoring data from providers No monitoring Other (please specify) do you currently raise awareness and deliver public information about the availab
How any a	Annual monitoring data from providers No monitoring Other (please specify)
How any a	Annual monitoring data from providers No monitoring Other (please specify) do you currently raise awareness and deliver public information about the availabed vocacy services for children and young people with mental illness, learning disa
How any a	Annual monitoring data from providers No monitoring Other (please specify) do you currently raise awareness and deliver public information about the availabed vocacy services for children and young people with mental illness, learning disa

12	Have	there been any specific actions to promote the use of advocacy among staff?
		Yes
	\boxtimes	No
	Pleas	e provide any further details below.
Future	e plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
	\boxtimes	No
		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
		Yes
		No
	If Yes	, please describe
		ng at transition group for children with learning disability so will incorporate independent eacy into this

15	If No, how do you plan to address any unmet need here?

16 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

We do have advocacy in children's services however it is for children who are care experienced Who Cares Scotland meets all children who come into care, who wish to have independent support to ensure we hear their voice



Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	CAPS Advocacy	Partners In Advocacy	EARS Advocacy		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
4	People with learning disability	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes
5	People with dementia	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	☐ Yes ☑ No	⊠ Yes	☐ Yes ☑ No	☐ Yes	☐ Yes
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
11	Children & young people with a mental health problem	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
12	Children & young people with a learning disability	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes

13	Children & young people with ASD or ADHD	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	Yes	☐Yes	☐Yes	Yes	☐ Yes
		⊠ No	⊠ No	⊠ No	□No	□No
	learning disability	☐ Yes	Yes	☐Yes	☐ Yes	☐ Yes
		⊠ No	⊠ No	⊠ No	□No	□No
	Adults up to 65	⊠ Yes	⊠Yes	☐Yes	Yes	Yes
		□No	□No	⊠ No	□No	□No
	 Adults over 65 	☐Yes	☐Yes	⊠ Yes	☐ Yes	☐ Yes
		⊠ No	⊠ No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	⊠Yes	⊠Yes	⊠Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	⊠Yes	⊠Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	■ Citizen	☐Yes	Yes	☐Yes	Yes	☐ Yes
		⊠No	⊠No	⊠No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠Yes	⊠ Yes	⊠Yes	Yes	☐Yes
	advocacy?	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£110, 647.73	£28, 647	£24, 301.33		
	Details total budget information split into the following categories (if possible):	Not possible to do so	Not possible to do so			
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)Rolling 12 month	☐ 1 year ☐ 2 years ☐ 3 years ☑ Other (please detail) Rolling 12 month	1 year 2 years 3 years Other (please detail)Rolling 12 month	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	3	1	1		

Organisation:	Orkney HSCP
Job Title:	Head of Health and Community Care
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	All three

Part One: Adult Survey

Curr				
C THEFT	ont	 an.		
		71 I		
-	01110		_	ш

At w	nat level is advocacy strategic planning carried out in your area?
	NHS board-wide
	HSCP
	Local Authority
	Other (please specify)
Give	n the size of our population this is not a discreet function
Is the	ere an advocacy planning group covering your area?
\boxtimes	Yes
	Yes No
	No
Is the	
Is the	No
Is the	No ere a current independent advocacy strategic plan for your area?

5	If No, is an advocacy strategic plan in the process of being developed?
	☐ Yes
	No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	The Strategic Commissioning Plan is the major strategic document which sits alongside the NHS Clinical Strategy
Cons	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	N/A
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	N/A
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	□ No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?

	Yes
\boxtimes	No
	s, please provide details of when the action plan will be completed please can you kindly advise why this is not being developed?
We ha	ave recently been out to tender with the following contained in the tender document:
Peo	ple with Mental Health Support Needs
	he Contractor shall provide independent advocacy Services to the following people reside in the Orkney:
•	adults aged 16 years plus (with no upper age limit) subject to statutory measures under the Mental Health (Care and Treatment) Scotland) Act 2003 as amended
•	adults aged 16 years plus (with no upper age limit) who have mental health support needs including people who have experienced severe and enduring mental health difficulties
.2 T	he Contractor shall provide the Services as follows:
•	to adults who are deemed to be at risk of harm
•	to adults at risk of harm who are invited to attend an adult protection case conference. It is anticipated that Advocacy Partners will receive help to prepare for this and will receive a Service at the case conference itself
•	to adults at risk of harm where an Inter-agency Referral Discussion, (IRD) has concluded that they would benefit from such a Service as part of a support and protection plan that prevents further potential harm
•	to adults with a mental disorder, who require the Services as a result of any application under the Mental Health (Care and Treatment) (Scotland) Act 2003 as amended
•	people with mental health support needs who require independent advocacy
1.3 T	he Services shall be available as a priority to Advocacy Partners who are:
•	subject to statutory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 as amended
•	adults at risk of harm and those subject to adult support and protection proceeding including those perceived as being victims of an "aggravated hate crime" as defined by the Hate Crime and Public Order (Scotland) Act 2021
•	adults in receipt of residential or domiciliary support services because they are potentially at risk of harm

- patients with a mental disorder within all cared for settings, including community and hospital, including mentally disordered offenders
- 1.4 The Contractor shall have knowledge and experience of working with people with a mental disorder, people who are often acutely mentally unwell and people who have experienced severe and enduring mental health difficulties.

People with Learning Disabilities, Adults with Autistic Spectrum Condition, Older People and Adults with Physical Disabilities

- (i) People with Learning Disabilities and Adults with Autistic Spectrum Condition
- 2.1 The Contractor shall provide independent advocacy Services to the following people who reside in the Orkney:
 - adults aged 16 years plus (with no upper age limit) who have learning disabilities and/or physical disabilities, including mentally disordered offenders where the person has a learning disability
 - adults aged 16 years plus (with no upper age limit) who have learning disabilities who are in receipt of residential or domiciliary support services because they are potentially at risk of harm
 - adults aged 16 years plus who have an autistic spectrum condition
 - adults aged 16 years plus who have a learning disability and an autistic spectrum condition who need independent advocacy
- 2.2 The Contractor shall provide the Services to the following people:
 - adults who are deemed to be risk of harm
 - adults at risk of harm who are invited to attend an adult protection case conference.
 It is anticipated that Advocacy Partners will receive help to prepare for this and will receive a Service at the case conference itself
 - adults at risk of harm where an Inter-agency Referral Discussion, (IRD) has concluded that they would benefit from such a Service as part of a support and protection plan that prevents further potential harm
 - adults with a learning disability and/or a mental disorder, who require the Services as a result of any application under the Mental Health (Care and Treatment) (Scotland) Act 2003 or who request it or have a request made on their behalf
 - adults with a learning disability, including those who have a severe communication difficulty, who require the Services as the result of an application made under the Adults with Incapacity (Scotland) Act 2000 The Contractor will assist Advocacy Partners that require help to prepare for any meeting, court proceeding or case conference in relation to such an application as well as a service at any such meeting itself
- 2.3 The Services shall be available as a priority to Advocacy Partners who are:

•	subject to statutory measures under the Mental Health (Care and Treatment)
	(Scotland) Act 2003 as amended

- adults at risk of harm and those subject to adult support and protection proceeding including those perceived as being victims of an "aggravated hate crime" as defined by the Hate Crime and Public Order (Scotland) Act 2021
- adults in receipt of residential or domiciliary support services because they are potentially at risk of harm
- patients with a learning disability within all cared for settings whether they be community or hospital, including mentally disordered offenders who have a learning disability
- 2.4 The Contractor shall have a good knowledge and experience of working with people who have learning disabilities and people with autistic spectrum condition including people who may lack capacity, have limited communication, or may require non-instructed advocacy.
- 11 Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans

We have current over arching strategies for all three groups of patients

Current Commissioned Services

Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?

⊠ Yes

□ No

If Yes, please provide details

We have recently been out to tender with the following contained in the tender document:

People with Mental Health Support Needs

- 1.1 The Contractor shall provide independent advocacy Services to the following people who reside in the Orkney:
 - adults aged 16 years plus (with no upper age limit) subject to statutory measures under the Mental Health (Care and Treatment) Scotland) Act 2003 as amended

- adults aged 16 years plus (with no upper age limit) who have mental health support needs including people who have experienced severe and enduring mental health difficulties
- 1.2 The Contractor shall provide the Services as follows:
 - to adults who are deemed to be at risk of harm
 - to adults at risk of harm who are invited to attend an adult protection case conference. It is anticipated that Advocacy Partners will receive help to prepare for this and will receive a Service at the case conference itself
 - to adults at risk of harm where an Inter-agency Referral Discussion, (IRD) has concluded that they would benefit from such a Service as part of a support and protection plan that prevents further potential harm
 - to adults with a mental disorder, who require the Services as a result of any application under the Mental Health (Care and Treatment) (Scotland) Act 2003 as amended
 - people with mental health support needs who require independent advocacy
- 1.3 The Services shall be available as a priority to Advocacy Partners who are:
 - subject to statutory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 as amended
 - adults at risk of harm and those subject to adult support and protection proceeding including those perceived as being victims of an "aggravated hate crime" as defined by the Hate Crime and Public Order (Scotland) Act 2021
 - adults in receipt of residential or domiciliary support services because they are potentially at risk of harm
 - patients with a mental disorder within all cared for settings, including community and hospital, including mentally disordered offenders
- 1.4 The Contractor shall have knowledge and experience of working with people with a mental disorder, people who are often acutely mentally unwell and people who have experienced severe and enduring mental health difficulties.

People with Learning Disabilities, Adults with Autistic Spectrum Condition, Older People and Adults with Physical Disabilities

- (i) People with Learning Disabilities and Adults with Autistic Spectrum Condition
- 2.1 The Contractor shall provide independent advocacy Services to the following people who reside in the Orkney:
 - adults aged 16 years plus (with no upper age limit) who have learning disabilities and/or physical disabilities, including mentally disordered offenders where the person has a learning disability

- adults aged 16 years plus (with no upper age limit) who have learning disabilities who are in receipt of residential or domiciliary support services because they are potentially at risk of harm
- adults aged 16 years plus who have an autistic spectrum condition
- adults aged 16 years plus who have a learning disability and an autistic spectrum condition who need independent advocacy
- 2.2 The Contractor shall provide the Services to the following people:
 - adults who are deemed to be risk of harm.
 - adults at risk of harm who are invited to attend an adult protection case conference.
 It is anticipated that Advocacy Partners will receive help to prepare for this and will receive a Service at the case conference itself
 - adults at risk of harm where an Inter-agency Referral Discussion, (IRD) has concluded that they would benefit from such a Service as part of a support and protection plan that prevents further potential harm
 - adults with a learning disability and/or a mental disorder, who require the Services as a result of any application under the Mental Health (Care and Treatment) (Scotland) Act 2003 or who request it or have a request made on their behalf
 - adults with a learning disability, including those who have a severe communication difficulty, who require the Services as the result of an application made under the Adults with Incapacity (Scotland) Act 2000 The Contractor will assist Advocacy Partners that require help to prepare for any meeting, court proceeding or case conference in relation to such an application as well as a service at any such meeting itself
- 2.3 The Services shall be available as a priority to Advocacy Partners who are:
 - subject to statutory measures under the Mental Health (Care and Treatment)
 (Scotland) Act 2003 as amended
 - adults at risk of harm and those subject to adult support and protection proceeding including those perceived as being victims of an "aggravated hate crime" as defined by the Hate Crime and Public Order (Scotland) Act 2021
 - adults in receipt of residential or domiciliary support services because they are potentially at risk of harm
 - patients with a learning disability within all cared for settings whether they be community or hospital, including mentally disordered offenders who have a learning disability
- 2.4 The Contractor shall have a good knowledge and experience of working with people who have learning disabilities and people with autistic spectrum condition including people who may lack capacity, have limited communication, or may require non-instructed advocacy.

13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?				
		Yes			
		No			
	If Yes	s, please provide details			
14	healt	ou currently commission advocacy s th issues, learning disability or deme ensure they are supported?			
			Mental Health	Learning Disability	Dementia
		vice explicitly commissioned to neless people with this condition			
		vice open to homeless people with no specific agreement relating to			
	Specific homeless advocacy service (s)				
Pleas	Please provide details				
The	contrac	ct is part funded by Homelessness fo	or this specific pur	pose	
15	healt	ou currently commission advocacy s th issues, learning disability or deme ensure they are supported?			
		vice explicitly commissioned to lum seekers with this condition			
		vice open to asylum seekers with no specific agreement relating to			
	ific asy nission	rlum seeker advocacy service (s) ned			
Pleas	se prov	ide details			

16	Do you currently commission advocacy services specifically for carers of people with mental
	health issues, learning disability or dementia? Please tick where appropriate. If not, how do
	you ensure they are supported?

	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned for carers	\boxtimes		
Specific service explicitly commissioned for carers			
No carers' advocacy service			

Please provide details

Unpaid Carers 1.5 The Contractor shall provide independent advocacy Services to people who are:

- unpaid adult Carers (aged 18 years or older) of adults who are resident in Orkney with a
 learning disability and/or mental health support needs, who are receiving a treatment from
 hospital-based specialist services or where those people are subject to Adults with
 Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003
 as amended or are being considered under Adult Support and Protection Act (Scotland)
 2007
- unpaid adult Carers (aged 18 years or older) of adults with dementia or an acquired brain injury who are resident in Orkney
- unpaid adult Carers (aged 18 years or older) of adults with an autistic spectrum condition who are resident in Orkney
- unpaid adult Carers (aged 18 years or older) of adults with a physical disability and adult carers of older people in all cared for settings who are resident in Orkney on an as required basis
- the unpaid adult Carer does not need to be a resident in the Orkney Islands Council local authority area, but must be caring for someone who is a resident in the Authority's area and meets the access criteria above.
- 1.6 The Contractor shall have a good knowledge and experience of working with unpaid adult carers who are caring for people in a wide range of situations, who have a wide range of conditions and support needs.
- 1.7 The Contractor can recommend to the Authority that, in individual circumstances, the Services be restricted or withdrawn. Agreement will be subject to the reasons for the recommendation, details of the person making the recommendation and all other circumstances being recorded. The Contractor shall notify such a recommendation to the Contract Officer, so that a final joint decision can be agreed prior to the withdrawal of the Service.

Commissioning budget

17		he commissioning budget for mental health, learning disability or dementia independent cacy organisations changed over the past two years?
		Yes
		No
		budget has changed (either an increase or decrease) please say how. Have services ged as a consequence? Please provide details
Priso	ns and	advocacy services
18	Do yo	ou have any prisons in your HSCP area?
		Yes
		No
19	If Yes	s, do any of the services currently commissioned provide advocacy support in the n(s)?
		Yes
		No
	If Yes	s, please provide details
20		ou please outline how prisoners are informed about independent advocacy services? question)
20		

NHS patients placed in private healthcare facilities out with home health board area

Please specify how NHS patients from your area, who have been placed in private health facilities out with their home health board areas, receive advocacy support?						
From a local service where they are receiving care						
	From home health board / local authority					
☐ Don't know						
	urther details					

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

The three public bodies have a requirement to meet their statutory duty to provide independent advocacy services to people who are in receipt of the Authority's housing, health and/or social care services, or who would benefit from the receipt of such services. The aim to ensure that these services are delivered to the highest standards and provide the best outcomes to people who use these services.

Independent advocacy allows the views of the people who use health and care services users of Services to be heard and is essential in service planning and delivery. There is a requirement for independent advocacy to be accessible by and provided to people in the Authority's area (including those in hospital), whose rights, as determined by the Human Rights Act 1998, are at risk, and/or who are protected by Scotland's legislative framework and/ or who are marginalised and/or face discrimination.

At the time of writing the contract is not awarded however the narrative below describes the aspiration within the tender:

Performance Management

The Contractor shall complete monitoring forms for individual and collective advocacy on a six-monthly basis. These forms will be developed and an agreed format considered at the contract management meetings to be held on a continuing basis with the Authority.

The Contractor shall use the evaluation framework developed by SIAA to assess the Services against the principles and standards as specified by SIAA. This assessment shall include how Advocacy Partners have been involved in providing feedback about the Service. The Contractor shall complete the assessment on an annual basis and make it available to the Authority and NHS Orkney.

The Contractor shall drive continuous improvement of the Services with a number of quality assurance measures, such as pictorial or written satisfaction questionnaires, semi-structured interviews, and sample surveys. The Contractor shall agree with the Authority and NHS Orkney a format for obtaining information from Advocacy Partners in a manner that overcomes any barriers to communication. The Contractor shall make the documentation or aggregated data available to the Authority for monitoring purposes.

The Contractor shall provide the Services and record personal outcomes and service outcomes. Reporting templates will be provided to the Contractor by the Authority.

The achievement of these outcomes will be captured by sample in monitoring visits.

In individual advocacy, the Contractor shall record the personally defined outcomes and evidence how these were achieved.

In non-instructed advocacy, the Contractor shall record the reason for referral as the personal outcome and shall review and evidence of how these was achieved.

In collective advocacy, the Contractor shall record the purpose and action of each group with details of group outcomes.

The Contractor shall carry out an annual satisfaction survey among Advocacy Partners to evaluate:

- Advocacy Partners' perceptions of the appropriateness of group agendas in relation to their needs
- whether Advocacy Partners, who are in receipt of residential or domiciliary services, report an improvement in their experience of those Services (assuming that the Advocacy Partner/s wish to share such information)

The Contractor shall ensure that collective advocacy provides opportunities to build social capital. Increasing social capital is important and its contribution to positive mental health, confidence and connectedness can have real health benefits for individuals and communities

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

•	ou get information from each organisation about the number of people accessing cacy support?
	Yes
	No
If Ye	s, please provide the most up to date information provided by each organisation

25	•	u ask services to provide information about unmet needs, e.g. about people waiting to ss advocacy support?
		Yes
		No
	If Yes	, please provide the most up to date information available
	As de	scribed we are currently out to tender however we will going forward
26	-	ou aware of providers prioritising provision of advocacy support to people subject to ulsory measures?
		Yes
		No
	If Yes	, please provide details
	As de	scribed we are currently out to tender however we will going forward
27	What servi	arrangements are in place to measure the satisfaction of people using advocacy ees?
		will be covered as follows: the Contractor shall carry out an annual satisfaction survey g Advocacy Partners to evaluate:
	•	Advocacy Partners' perceptions of the appropriateness of group agendas in relation to their needs
	•	whether Advocacy Partners, who are in receipt of residential or domiciliary services, report an improvement in their experience of those Services (assuming that the Advocacy Partner/s wish to share such information)
28	How	do you monitor complaints about advocacy services?
		Annual monitoring data from providers
		No monitoring
		Other (please specify)
		The following is contained in the tender :
		Complaints Management
		The Contractor shall have in place a complaints procedure that has been shared with and understood by their staff, volunteers, and Advocacy Partner to whom the Contractor is providing the Services.
		The Contractor complaints procedure shall include details of how to access the Authority's Complaints Process and how to contact the Health and Social Care Partnership Complaints Service.

The Contractor's complaints procedure shall include details of how to make a complaint or suggestion to agencies such as the Mental Welfare Commission. If requested, The Contractor shall assist Advocacy Partners to complete and submit complaints and suggestions. Such assistance may, if appropriate, include referral of the Advocacy Partner to another independent advocacy service or support from an independent agency.

The Contractor shall inform the identified Contract Manager at Health and Social Care Partnership within three working days of receipt of any formal complaint.

The Contractor shall provide the identified Contract Manager at Health and Social Care Partnership with copies of any relevant documentation relating to complaints within five working days of receipt.

The Contractor shall cooperate in any investigation of a complaint, as requested by the Procurement Officer of Health and Social Care Partnership and shall remedy any concerns that the Procurement Officer has about the provision of the Service.

The Contractor shall maintain a complaints register, which shall be available at all reasonable times to Health and Social Care Partnership, and a summary of which in a format agreed by the parties shall be reported on within the monitoring returns.

29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?				
	Following the award of the contract there will be awareness raising				
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?				
	☐ Yes				
	⊠ No				
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?				
	The advocacy service will be available to all people; we will monitor this via the complaints process and contract monitoring				
32	How do you measure this?				
	we will monitor this via the complaints process and contract monitoring				

Future plans

33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?				
		Yes			
		No			
	If Yes	s, please describe			
	the sy	rill ask the successful contractor to maintain a record of any unmet need and pressure on ystem. If it is evidenced that demand cannot be met with the current level of contract that equire to be reviewed with steps taken to attempt to secure additional funding or identify met need.			
34	If No,	how do you plan to address any unmet need in future?			
35	•	ou have information about current identified gaps in provision / unmet need which you sing for future planning purposes?			
		Yes			
		No			
	If Yes	s, please describe			
36		ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?			
	\boxtimes	Yes			
		No			
		Other (please specify)			
		Following the award of the contract there will be awareness raising			
37	For e	Other Comments? xample, are there other local advocacy services which are not commissioned but receive ng from other services?			

Part Two: Children & Young People Survey

Current Planning						
1	Do you have an	integrated children's service plan?				
	\boxtimes	Yes				
		No				
2	If Yes, does it i	nclude advocacy?				
		Yes				
	\boxtimes	No				
	If Yes, can you	please submit a copy along with your questionnaire?				
Comn	nissioning					
3	Has the commissioning budget for children and young people's mental health/learning disability independent-advocacy organisations changed over the past two years?					
	Yes					
	⊠ No					
4		as changed (either an increase or decrease) please say how. Have services onsequence? Please provide details				
Funding is unchanged but please note it is only with specific reference to Looked Children. Currently undertaking a review of the arrangements.						

NHS patients placed in healthcare facilities out with home health board area

5	related	specify how many children or young people with a mental illness, learning disability or condition and in a placement out with their home local authority would receive by support?
		From a local service where they are receiving care
	\boxtimes	From home health board / local authority
		Don't know
	Any fur	rther details
Monit	oring an	d review arrangements
		s only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition.
6		re the outcomes you are seeking to achieve for the children and young people and how monitor these?
7	people	describe the arrangements in place for monitoring the quality of children and young 's mental health, learning disability or related condition independent advocacy es, including independent evaluation?

	le with mental illness, learning disability or related condition accessing advocad ort from each organisation?
	Yes
	No
Yes	s, please provide the most up to date information provided by each organisation
	arrangements are in place to measure the satisfaction of children and young ponental illness, learning disability or related condition using advocacy services?
	do you monitor complaints about advocacy services for children and young peo al illness, learning disability or related conditions which you commission? Annual monitoring data from providers
	No monitoring
	Other (please specify)
w r	do you currently raise awareness and deliver public information about the availa
у а	dvocacy services for children and young people with mental illness, learning dis ed conditions in your area?
	a small number of children and young people we would ensure Advocacy is avail
se	by case basis.
-	

12	Have there been any specific actions to promote the use of advocacy among staff?								
	\boxtimes	Yes							
		No							
	Pleas	Please provide any further details below.							
	Socia	l Workers are aware to refer to Who Cares? Scotland for all Looked After Children							
Futur	e plans								
13		your integrated children services planning structure include an advocacy planning group ing your area?							
		Yes							
		No							
		Other (please describe)							
		This does not seem proportionate given the small volume.							
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?							
		Yes							
		No							
	If Yes	s, please describe							
	The L	ocal Authority receives a monthly report from Who Cares? Scotland							

15 If No, how do you plan to address any unmet need here?

We would do so on a case by case basis due to small volumes. Looked After Children allocated to independent advocacy are discussed in regular meetings and unmet needs are addressed.

16 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

No	

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Who Cares Scotland	Contract not yet awarded.			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	⊠ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
4	People with learning disability	☐ Yes ☐ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes
5	People with dementia	☐ Yes ☐ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	Yes	⊠Yes	☐ Yes	Yes	Yes
		☐ No	□No	□No	│	No
7	Mentally disordered offenders	Yes	⊠Yes	Yes	☐Yes	☐ Yes
		□No	□No	□No	□No	□No
8	Homeless people with mental illness,	☐Yes	⊠Yes	Yes	Yes	☐Yes
	learning disability, dementia	□No	□No	□No	□No	□No
9	Asylum seekers with mental illness, learning disability, dementia	☐Yes	⊠Yes	Yes	Yes	☐Yes
	disability, defileritia	□No	□No	□No	□No	□No
10	, ,	Yes	⊠ Yes □ No	Yes	Yes	☐Yes
	disability, dementia	□No		□No	□No	□No
11	Children & young people with a mental health problem	⊠Yes	⊠ Yes For 16	Yes	Yes	☐Yes
	problem	□No	years and above	□No	□No	□No
			□No			
12	Children & young people with a learning disability	Yes	⊠ Yes	Yes	Yes	Yes

		□No	For 16 years and above	□No	□No	□No
			□No			
13	Children & young people with ASD or ADHD	☐Yes	⊠ Yes For 16	☐ Yes	☐ Yes	Yes
		□No	years and above	□No	□No	□No
			□No			
14	Looked-after children & young people	⊠Yes	Yes	☐Yes	Yes	Yes
	including those who have mental illness, learning disability or related conditions	□No	⊠ No	□No	☐ No	□No
15	Looked-after children & young people but <u>not</u>	☐Yes	☐Yes	Yes	Yes	Yes
	including those who have mental illness, learning disability or related conditions	□No	□No	□No	☐ No	□No
16	Young asylum seekers with mental	⊠ Yes	⊠Yes	Yes	Yes	Yes
	illness/learning disability/dementia	□No	For 16 years and above	□No	□No	□No
			□No			
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range	Who Cares? Scotland	Contract not yet awarded.			
	 All ages 	☐Yes	☐Yes	☐Yes	Yes	Yes
		□No	□No	□No	□No	□No
	 Under 18 with mental health issues, learning disability 	⊠ Yes	⊠ Yes For 16	Yes	Yes	Yes
	learning disability	□No	years and above	□No	□No	□No
			□No			
	Adults up to 65	☐Yes	⊠Yes	☐Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	Adults over 65	□Yes	⊠Yes	☐Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy	Who Cares? Scotland	Contract not yet awarded.			
	Individual	⊠Yes	⊠Yes	☐Yes	☐Yes	Yes
		□No	□No	□No	□No	□No
	■ Collective	☐Yes	Yes	☐Yes	☐Yes	☐Yes
		□No	⊠No	□No	□No	□No
	Citizen	☐Yes	Yes	☐Yes	Yes	Yes
		□No	⊠No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed advocacy?	□Yes	☐Yes	☐Yes	☐Yes	☐Yes
	auvocacy:	⊠No	⊠No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
				organicanion o	organieanon .	
22	Budget Information: total annual amount allocated	Who Cares? Scotland	Contract not yet awarded.			
	Details total budget information split into the following categories (if possible):	IRO £50K annually Not possible to split out	Final value of contract still under negotiation. IRO £58K annually Not possible to split out			
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	1 2	☐ 1 year ☐ 2 years ☑ 3 years ☐ Other (please detail) 3+2basis	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail) 3+2 basis	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)		Not yet awarded			

Organisation:	Shetland Islands Council
Job Title:	Team Leader – Mental Health (Adult Social Work) /
	Senior Team Leader – Childrens Social Work
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	IJB / HSCP

Part One: Adult Survey

1-11-6			I a V a
		i ra i i i i i	
	ent P		ш.

2	At wh	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
3	the In	egic Plan and any funding for provision of independent advocacy services is considered by tegrated Joint Board and Shetland Islands Council re an advocacy planning group covering your area?
		Yes
	\boxtimes	No
4	Is the	re a current independent advocacy strategic plan for your area?
		Yes
		No
	If Yes	, can you please submit a copy along with your questionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	A new Advocacy Development Plan is at an early stage – we hope to complete this work next year.
	This Plan would only cover the statutory provision elements.
Cons	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	Consultation has not started yet. It would be our intention to consult widely including with local and national partners.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	Similar to above, it would be our intention to consult with advocacy service users past & present to help identify needs and priorities.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	⊠ No
	If Yes, can you please submit a copy along with your questionnaire?

Action Plan

9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?				
		Yes			
		No			
		See question 5			
	If Yes,	can you please submit a copy along with your questionnaire?			
10	If No, i	is an action plan in the process of being developed?			
		Yes			
		No			
		please provide details of when the action plan will be completed please can you kindly advise why this is not being developed?			
	develo before new co	e see note at Question 5. A new Business Justification Case is currently being oped and due to be considered by the Integrated Joint Board and Shetland Islands Council Christmas. This Business Justification Case is being prepared to support and justify contractual arrangements for the provision of independent advocacy services with effect April 2023			
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans				
	within	ion and availability of independent advocacy is captured in Shetland IJB Directions, the local CH\$SC Strategic plan and is part of the With You For You Assessment (local lent to the Single Shared Assessment).			
•					
Curre	nt Comi	missioned Services			
12	•	u specify that any organisations prioritise referrals for advocacy support, e.g. support ople subject to compulsory measures under the Mental Health Act?			
		Yes			
		No			
	If Yes,	please provide details			
	Our co	urrent provider does this through its triage process using trained and experienced			

	Do you specify that any organisations apply a limit to the amount of advocacy support per person?					
	Yes					
	⊠ No					
	If Yes, please provide details					
14	Do you currently commission advocacy health issues, learning disability or den you ensure they are supported?					
		Mental Health	Learning Disability	Dementia		
	ric service explicitly commissioned to ort homeless people with this condition					
	ric service open to homeless people with ition – no specific agreement relating to					
_	Specific homeless advocacy service (s)					
Pleas	se provide details					
	Advocacy in relation to homelessness is managed by SIC Housing Dept					
Advo	cacy in relation to homelessness is mana	ged by SIC Housing	Dept			
15	Do you currently commission advocacy health issues, learning disability or den you ensure they are supported?	services specifica	lly for <u>asylum seekers</u>			
	Do you currently commission advocacy health issues, learning disability or den	services specifica	lly for <u>asylum seekers</u>			
15 Gene	Do you currently commission advocacy health issues, learning disability or den	services specifica nentia? Please tick	lly for <u>asylum seekers</u> where appropriate. If	not, how do		
Genesuppo	Do you currently commission advocacy health issues, learning disability or den you ensure they are supported?	services specifica nentia? Please tick	lly for <u>asylum seekers</u> where appropriate. If	not, how do		
Gene supportion of this	Do you currently commission advocacy health issues, learning disability or den you ensure they are supported? Tric service explicitly commissioned to ort asylum seekers with this condition	services specificanentia? Please tick Mental Health	lly for <u>asylum seekers</u> where appropriate. If Learning Disability	Dementia		
Gene supportion of this Specific comments of the supportion of the support of the supportion of the supportion of the supportion of the su	Do you currently commission advocacy health issues, learning disability or den you ensure they are supported? Pric service explicitly commissioned to ort asylum seekers with this condition or service open to asylum seekers with ition – no specific agreement relating to ific asylum seeker advocacy service (s)	services specificanentia? Please tick Mental Health	lly for <u>asylum seekers</u> where appropriate. If Learning Disability	Dementia		

16	Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?				
		Mental Health	Learning Disability	Dementia	
Gene	ric service explicitly commissioned for s				
Speci carer	fic service explicitly commissioned for s				
No ca	rers' advocacy service				
Pleas	e provide details				
Gene	ric advocacy services are available to any e	eligible carer resid	ent in the local authorit	y area	
Comr	nissioning budget				
17	Has the commissioning budget for ment advocacy organisations changed over the		disability or dementia	independent	
	☐ Yes				
	No				
	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details				
	The Council has maintained a 'no growth therefore sustained funding for advocacy			and has	

Prisons and advocacy services 18 Do you have any prisons in your HSCP area? Yes \boxtimes No 19 If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)? Yes No If Yes, please provide details N/A 20 Can you please outline how prisoners are informed about independent advocacy services? (NEW question) N/A NHS patients placed in private healthcare facilities out with home health board area 21 Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support? \boxtimes From a local service where they are receiving care From home health board / local authority

Shetland Islands Council would retain lead professional responsibility and would ensure the provision of advocacy support, which may include using services in the relevant health board/local authority area. There are few instances where this situation arises, so we look at

Don't know

each on a case by case basis.

Any further details

Monitoring and review arrangements

22	What are the outcomes you are seeking to achieve and how do you monitor these?
	We monitor numerical data in terms of caseload – we seek confirmation of cases closed successfully and annually monitor service user satisfaction levels by way of an annual survey by the current service provider
23	Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?
	Shetland Islands Council has carried out two independent file reading exercises in the past 5 years to monitor quality and contract compliance alongside client satisfaction feedback
24	Do you get information from each organisation about the number of people accessing advocacy support?
	□ No
	If Yes, please provide the most up to date information provided by each organisation
	In 2021/22, 71 new service users (17 were repeat service users) In 2022/23, 8 new service users (1 repeat service user) *
	* this covers the period 1st April to 30th June inclusive
25	Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?
	□ No
	If Yes, please provide the most up to date information available
	There is no unmet need – no waiting lists exist. Current provision is meeting demand. We recently changed advocacy provider, and will monitor demand for advocacy services going forward.

26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?						
	⊠ Yes						
	□ No						
	If Yes, please provide details						
	Advocacy provision is prioritised to meet all statutory requirements. There are no waiting lists.						
	If someone is in hospital for treatment out with the local area, we work with advocacy providers in that area to ensure a service is available.						
27	What arrangements are in place to measure the satisfaction of people using advocacy services?						
	We will monitor caseload and check how many cases are successfully closed. The service provider will carry out a satisfaction survey on an annual basis and share the results						
28	How do you monitor complaints about advocacy services?						
	Annual monitoring data from providers						
	☐ No monitoring						
	Other (please specify)						
	The current contract includes a Complaints Procedure and the service provider is required to provide reports on any complaints received.						
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?						
	Information on Councils website and circulated through local media						
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?						
	⊠ Yes						
	□ No						

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	Shetland Islands Council publishes and promotes the independent advocacy service locally to ensure equal access across the community. Council staff and partners in the Public and Third Sector also help to raise awareness of the service in Shetland.
32	How do you measure this?
	It is monitored through the statistical data provided by the service provider.
Futur	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	□ No
	If Yes, please describe
	The Council is currently entered into a 6 month contractual arrangement to provide independent advocacy services and gathering data on current and future service needs. This information will be reviewed as part of the new Business Justification Case and Advocacy Development Plan that we hope will be finalised over the next year
34	If No, how do you plan to address any unmet need in future?
	N/A
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	Yes
	No
	If Yes, please describe

36		ny specific actions planned to do more to promote awareness of the availability of acy services locally over the next two years?
	\boxtimes	Yes
		No
		Other (please specify)
		New contract due to commence in April 2023 and the Council and partners will promote the arrangements for independent advocacy provision at that time using local media to assist
		Mental Health Officers offer advocacy where someone is subject to compulsory measures, and continue to remind the individual of the right to independent advocacy where this has not been taken up.

37 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

As Shetland is a small, remote island community there is a lack of dedicated advocacy providers available locally. This creates significantly difficulties when seeking to commission services.

At present Shetland Islands Council has a 6 month contract in place with The Advocacy People who are a UK mainland based service providing advocacy services remotely by telephone and/or online. We are closely monitoring service performance whilst also carrying out market engagement with potential local providers with a view to ensuring independent advocacy provision is place from April 2023 and going forward.

The previous Advocacy Development Plan 2011 – 2014 is attached. This needs to be revised and is something that the Council intends to take forward.

Part Two: Children & Young People Survey

Curre	Current Planning					
1	Do you have an	integrated children's service plan?				
	\boxtimes	Yes				
		No				
2	If Yes, does it i	nclude advocacy?				
		Yes				
	\boxtimes	No				
	If Yes, can you	please submit a copy along with your questionnaire?				
Comn	nissioning					
3		issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?				
	Yes					
	⊠ No					
4		as changed (either an increase or decrease) please say how. Have services consequence? Please provide details				
		s maintained a 'no growth' budget position for the past two years, and has ined funding for advocacy services at the same level.				

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?							
	From a local service where they are receiving care							
	From home health board / local authority							
	☐ Don't know							
	Any further details							
	It is rare that a child or young person would be placed out with the local authority area, and we would work with local advocacy providers, where required, to ensure the provision of independent advocacy on a case by case basis. If the young person had an existing relationship with a local advocate, we would consider how that relationship could be maintained.							
•								
Monit	oring and review arrangements							
	ection is only applicable if you commission independent advocacy services for children and people with mental illness, learning disability or related condition.							
6	What are the outcomes you are seeking to achieve for the children and young people and how							
[do you monitor these?							
7	Not applicable – we don't commission independent advocacy specifically for children and young people with mental illness, learning disability or related conditions. We have a contract with Who Cares? Scotland to provide an advocacy and participation service for care experienced children and young people, and those on the edges of care. If specialist advocacy support were required for individuals with particular needs, we would consider how this could							

8	peopl	ou get information from each organisation about the number of children and young e with mental illness, learning disability or related condition accessing advocacy ort from each organisation?
		Yes
		No
	If Yes	s, please provide the most up to date information provided by each organisation
		on't currently ask specifically for this information. There is sensitivity regarding low ers of individuals and information being identifiable.
9		arrangements are in place to measure the satisfaction of children and young people nental illness, learning disability or related condition using advocacy services?
	The p	rovider is asked to submit regular monitoring reports.
10		do you monitor complaints about advocacy services for children and young people with al illness, learning disability or related conditions which you commission?
		Annual monitoring data from providers
		No monitoring
		Other (please specify)
		The current contract includes a Complaints Procedure and the service provider is required to provide reports on any complaints received.
11	any a	do you currently raise awareness and deliver public information about the availability of dvocacy services for children and young people with mental illness, learning disability or ed conditions in your area?
	advo	Cares? Scotland support broader 'participation' work, and young people are invited to be

12	Have	there been any specific actions to promote the use of advocacy among staff?					
	\boxtimes	Yes					
		No					
	Pleas	e provide any further details below.					
	We did a file reading exercise, and based on the findings form this added a section to our Child's Plan document to record discussion about the provision of independent advocacy as a prompt for staff. The right to independent advocacy is also discussed at child protection and looked after children meetings.						
Future	e plans						
13		your integrated children services planning structure include an advocacy planning group ing your area?					
		Yes					
		No					
		Other (please describe)					
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?					
		Yes					
		No					
	If Yes	, please describe					
		Il continue to monitor the need for specialist independent advocacy provision for children bung people with mental health and/or learning disabilities.					

If No, now do you plan to address any unmet need here?
Not applicable.

Any Other Comments?For example, are there other local advocacy services which are not commissioned but receive funding from other services?

See our response to Q32 above (adults survey).



Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	The Advocacy People , Town Hall, Queens Square, Hastings, England, TN34 1TL	Who Cares? Scotland, 5 Oswald Street, Glasgow, G1 4QR			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
4	People with learning disability	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
5	People with dementia	⊠ Yes	Yes	Yes	Yes	Yes

		□No	⊠ No	□No	□No	□No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
7	Mentally disordered offenders	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes	☐ Yes ☐ No	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes
12		Yes	⊠ Yes	Yes	Yes	Yes

	Children & young people with a learning disability	⊠ No	□No	□ No	□No	□ No
13	Children & young people with ASD or ADHD	☐ Yes ⊠ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ⊠ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
17	Children/young people with any other condition (specify)	N/A				
18	People with any other condition (specify)	N/A				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	■ All ages	Yes	☐Yes	☐Yes	☐Yes	☐Yes
		⊠ No	⊠ No	□No	□No	□No
	Under 18 with mental health issues,	Yes	⊠ Yes	Yes	Yes	Yes
	learning disability	⊠ No	□No	□No	□No	□No
	 Adults up to 65 	⊠Yes	Yes	Yes	Yes	Yes
		□No	⊠ No	□No	□No	□No
	Adults over 65	⊠Yes	☐Yes	Yes	Yes	Yes
		□No	⊠ No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	⊠ Yes	⊠Yes	Yes	Yes	☐Yes
		□No	□No	□No	□No	□No
	Collective	Yes	⊠Yes	Yes	Yes	☐ Yes
		⊠ No	□No	□No	□No	□No
	Citizen	Yes	⊠Yes	Yes	Yes	Yes
		⊠ No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠ Yes	☐ Yes	Yes	Yes	Yes
	advocacy?	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£48,156 p.a. (pro rata)	£30,327 (per annum)			
	Details total budget information split into the following categories (if possible):		Split of funding is not defined in contract			
	People with mental health problems	£18,042 p.a. (pro rata)				
	People with learning disability	£30,114 p.a. (shared with carers) (pro rata)				
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia	£30,114 p.a. (shared with learning disability) (pro rata)				
	Children & young people with a mental health problem	W. T. S. S.				
•	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Looked-after children & young people including those who have mental illness, learning disability or related conditions					
Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
Young asylum seekers with mental illness, learning disability, dementia					
Children * young people with any					

	other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	1 year 2 years 3 years Other (please detail) 6 month contract in place	∑ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	1 advocate	1 Advocacy and Participation Worker post			

Organisation:	Angus Health and Social Care Partnership
Job Title:	Planning Officer
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	Angus Health and Social Care Partnership

Part One:	Adult	Survey
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Curren		
('iirran	 ıann	
Cullell		111.

At w	nat level is advocacy strategic planning carried out in your area?
	NHS board-wide
X	HSCP
Χ	Local Authority (*)
	Other (please specify)
X	ere an advocacy planning group covering your area?
^	ere an advocacy planning group covering your area? Yes
	Yes
	Yes No
	Yes No ere a current independent advocacy strategic plan for your area?

5	If No, is an advocacy strategic plan in the process of being developed?							
	X Yes							
	□ No							
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?							
	A draft Advocacy Plan is currently being prepared jointly between Angus Council and Angus HSCP using the Advocacy Planning template provided by MWC. Once drafted, it will require to be presented for approval to each of the relevant executive groups. An Equality Impact Assessment is being completed during the development of our draft plan.							
Const	ultation & Involvement							
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan							
	One of our commissioned advocacy providers, Angus Independent Advocacy (AIA) were consulted on our draft plan. This included consultation with advocacy users, partners and the AIA Board.							
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan							
	Approximately fifteen (see 6).							
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?							
	☐ Yes							
	x No							
	If Yes, can you please submit a copy along with your questionnaire?							

Action Plan

9		re an action plan for the development of mental health, learning disability or dementia endent advocacy services in your area?			
		Yes			
	X	No			
	If Yes,	, can you please submit a copy along with your questionnaire?			
10	If No, i	is an action plan in the process of being developed?			
	X	Yes			
		No			
		, please provide details of when the action plan will be completed please can you kindly advise why this is not being developed?			
	Angus	it Advocacy Action Plan is currently being prepared jointly between Angus Council and BHSCP using the Advocacy Planning template provided by MWC. Once drafted, it will be to be presented for approval to each of the relevant executive groups.			
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans				
		are actions for mental health, dementia and learning disability services within Angus' Life Well Implementation Plan.			
1					
Curre	nt Com	missioned Services			
12		u specify that any organisations prioritise referrals for advocacy support, e.g. support ople subject to compulsory measures under the Mental Health Act?			
	X	Yes			
		No			
	If Yes,	, please provide details			
	therea	ve priority to detentions under the Mental Health Act (i.e. response within 3 days) after AIA respond to all referrals within 10 days. Priority is always given by AIA to those ed by statutory processes - ASP, AWI, etc.			

13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?					
	Yes					
	x No					
	If Yes, please provide details					
14	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?	entia? Please tick				
		Mental Health	Learning Disability	Dementia		
	ric service explicitly commissioned to ort homeless people with this condition					
	ric service open to homeless people with tion – no specific agreement relating to	X	х	х		
	ific homeless advocacy service (s)					
Pleas	e provide details					
If a ho	omeless person is referred and has one of el of referrals at the time, specific issues, e		ons, they will be suppor	ted (subject		
15	Do you currently commission advocacy shealth issues, learning disability or demoyou ensure they are supported?					
		Mental Health	Learning Disability	Dementia		
	ric service explicitly commissioned to ort asylum seekers with this condition					
	ric service open to asylum seekers with tion – no specific agreement relating to	X	Х	х		
	ific asylum seeker advocacy service (s) nissioned					
Pleas	e provide details					
If an a	esylum seeker is referred and has one of the of referrals at the time, specific issues, etc)		s, they will be supporte	d (subject to		
i						

you ensure they are supp	orted?					
		Mental Health	Learning Disability	Dementia		
Generic service explicitly commi	issioned for	X	x	x		
Specific service explicitly comm carers	issioned for					
No carers' advocacy service						
Please provide details						
AHSCP provide a grant to "Support in Mind Scotland" to provide support to adults (16+) living in Angus who experience problems with their mental health and who care for someone of any age with a mental illness. Advocacy is also available to carers via the Angus Carers Centre. In addition, AIA will provide support to carers who meet the wider criteria set-out above.						
Commissioning budget						
17 Has the commissioning b advocacy organisations c	_		disability or dementia	independent		
x Yes						
□ No						
If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details						
The AIA budget was incre requirements remained th		2021/22 and by 3	.85% in 2022/23. Serv	ice level		
Short-term funding was m year which supported the			ies to support a test-of	-change for 1-		

Do you currently commission advocacy services specifically for <u>carers</u> of people with mental

health issues, learning disability or dementia? Please tick where appropriate. If not, how do

Prisons and advocacy services Do you have any prisons in your HSCP area? 18 Yes No Χ 19 If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)? Yes No If Yes, please provide details 20 Can you please outline how prisoners are informed about independent advocacy services? (NEW question) NHS patients placed in private healthcare facilities out with home health board area 21 Please specify how NHS patients from your area, who have been placed in private healthcare facilities out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority Don't know

We do not currently collate this data, but processes are in place for all Care Managers to consider the requirement of advocacy as part of their role. This would not be different for people accessing private health care.

Any further details

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

As part of the commissioning agreement AHSCP has in place, AIA are asked to work towards achieving the National Advocacy Outcomes, as described by Scottish Independent Advocacy Alliance (SIAA). These outcomes are monitored through the annual reporting arrangements AHSCP has in place with AIA.

23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

AlA's annual return includes a report on the quality of their advocacy provision. AlA's most recent report from April 2022 includes qualitative information such as feedback from advocacy users and fellow professionals. The report also includes the use of advocacy stories to highlight specific examples of good practice.

External evaluation of AIA was undertaken during Summer 2021which highlighted that AIA has "systems in place to routinely gather feedback from Advocacy Partners to measure the impact the Citizen (and Direct) Advocacy is having and using the information gathered to reflect on and, as necessary, make changes to the way they operate".

A copy of AIA's current report is attached here:



AlA Our Impact 2021-2022.pdf

24	Do you get information from each organisation about the number of people accessing
	advocacy support?

x Yes

l No

If Yes, please provide the most up to date information provided by each organisation



Copy of AIA Stats 2021-2022.xlsx



SiMS angus Carers Report for 2021.docx

Do you ask services to provide information about unmet needs, e.g. about people waiting to access advocacy support?

x Yes

□ No

If Yes, please provide the most up to date information available

	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?					
Х	Yes					
	No					
If Ye	es, please provide details					
This	forms part of the Service Level Agreement in place between AHSCP and AIA.					
	What arrangements are in place to measure the satisfaction of people using advocacy services?					
serv						
As c	ices? an be seen from AIA's Annual Report (attached at 23), AIA use a variety of means to measure					
As c satis advo A S Com Pack peop	an be seen from AIA's Annual Report (attached at 23), AIA use a variety of means to measure sfaction amongst their users. For example, AIA are currently using a feedback app, collecting ocacy stories and compiling quotes from users. ervice User involvement strategy was developed in 2021 by Angus Adult Protection mittee and Angus Independent Advocacy are in the process of developing an Engagement on behalf of the committee. This will support multi-agency practitioners to engage with					
As c satis advo A S Com Pack peop impr	an be seen from AIA's Annual Report (attached at 23), AIA use a variety of means to measure sfaction amongst their users. For example, AIA are currently using a feedback app, collecting ocacy stories and compiling quotes from users. ervice User involvement strategy was developed in 2021 by Angus Adult Protection amittee and Angus Independent Advocacy are in the process of developing an Engagement on behalf of the committee. This will support multi-agency practitioners to engage with ole with lived experience in adult protection processes in Angus, to gain their views for					
As c satis advo A S Com Pack peop impr	an be seen from AIA's Annual Report (attached at 23), AIA use a variety of means to measure sfaction amongst their users. For example, AIA are currently using a feedback app, collecting ocacy stories and compiling quotes from users. ervice User involvement strategy was developed in 2021 by Angus Adult Protection amittee and Angus Independent Advocacy are in the process of developing an Engagement on behalf of the committee. This will support multi-agency practitioners to engage with a ble with lived experience in adult protection processes in Angus, to gain their views for rovement.					
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Advocacy awareness is raised through AIA's website, information leaflets, AIA's community presence and through training. AIA have also carried out targeted work with specific

Adult Protection Advocacy sessions were held on MS Teams by the Angus Adult Protection

professional teams where referrals have been particularly low in the past.

Committee during covid.

Unmet need is a standard agenda item for quarterly contract monitoring meetings. Information for Support in Mind Scotland is contained within the report in question 24, and AIA's report in

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30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?
	x Yes
	□ No
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	AIA are commissioned to provide advocacy services to people in Angus which includes those with protected characteristics. AIA also Links to existing equality groups in Angus, and targets promotion with translation as required.
32	How do you measure this?
	This is measured through existing equalities monitoring processes.
Eutur	e plans
i utui	
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	x Yes
	□ No
	If Yes, please describe
	Advocacy forms part of the AHSCP Strategic Needs Assessment.
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	x Yes
	□ No
	If Yes, please describe
	Information gathered as part of the quarterly contract review meetings inform future planning.

	ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
x	Yes
	No
	Other (please specify)
	A film has been commissioned by the Angus Adult Protection Committee on the topic of Human Rights and advocacy. This is being taken forward by AIA and those who use their service. The first edit is complete and will be signed off in the coming weeks.
For ex	Other Comments? xample, are there other local advocacy services which are not commissioned but receive ng from other services?
	re a key stakeholder in any public engagement within the Partnership to ensure that cacy support is available for anyone who requires it.

Part Two: Children & Young People Survey

Curre	nt Planning						
1	Do you have an	integrated children's service plan?					
	□x	Yes					
		No					
2	If Yes, does it include advocacy?						
		Yes					
	□x	No					
	If Yes, can you	please submit a copy along with your questionnaire?					
	The Tayside Children's Plan is Rights based – this means that there is evidence that children's rights are considered in everything we do and that rights are promoted or enhanced by everything we are doing.						
	Tayside Children's Plan.pdf						
Comn	nissioning						
3		ssioning budget for children and young people's mental health/learning endent-advocacy organisations changed over the past two years?					
	X Yes						
	☐ No						
If the budget has changed (either an increase or decrease) please say how. Have s changed as a consequence? Please provide details In 2021/22 the budget was increased by 2.2%. No uplift for 2022/23							

NHS patients placed in healthcare facilities out with home health board area

5	relate	lease specify how many children or young people with a mental illness, learning disability or elated condition and in a placement out with their home local authority would receive dvocacy support?				
		From a local service where they are receiving care				
		From home health board / local authority				
	$\square X$	Don't know				
	Any lo	urther details boked after child would be able to access advocacy support through Who s? Scotland either from Angus or through arrangement from services where the was placed.				

Monitoring and review arrangements

This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?

Who Cares? Scotland provided advocacy for any care experienced child up to the age of 25. Any care experienced child, young person with a mental illness, learning disability or related condition would be supported.

Angus Independent Advocacy's (AIA) Children & Young Persons Advocacy worker provided advocacy support for Children & young people up to 18 years – wherever advocacy is required and 19-25 years old referrals are considered on an individual basis.

AIA have the national contract for advocacy for CYP detained under the MH care and treatment act they are notified via NHS/MHO when a child is detained.

AIA are also commissioned to provide a Families Project working with parents or kinship carers who may have long term health conditions, additional support needs, literacy issues, parents who are in recovery or feeling socially isolated.

Parent to Parent provide advocacy within the wider service they provide to children with disabilities and complex needs. This is monitored through Education officer.

Who Cares? Scotland and Angus Independent Advocacy provide activity reports capturing the data and information on quantity, quality and outcomes of the service related to the service specification. Valuable feedback from children and families regarding impact of the service alongside case studies is also provided at contract monitoring meetings.

7	Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?				
	As above contract monitoring meetings are held and reports on the delivery of the service are provided. Independent advocacy is not restricted to children and young people with mental health, learning disability or related conditions.				
8	Do you get information from each organisation about the number of children and young people with mental illness, learning disability or related condition accessing advocacy support from each organisation?				
	☐ Yes				
	□X No				
	If Yes, please provide the most up to date information provided by each organisation				
9	What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?				
	All children, young people and families accessing advocacy services are given opportunities to provide feedback on the quality and impact of the service.				
10	How do you monitor complaints about advocacy services for children and young people with mental illness, learning disability or related conditions which you commission?				
	X Annual monitoring data from providers				
	☐ No monitoring				
	Other (please specify)				
	Providers are required to provide information on any complaints made to them.				
11	How do you currently raise awareness and deliver public information about the availability of any advocacy services for children and young people with mental illness, learning disability or related conditions in your area?				
	Information is provided to children and families through leaflets and staff promotion of the service working with children and families. Both services have a strong community presence and actively promote the service for example visiting children in residential homes. Information sessions for staff have been held and advocacy is promoted through training. New guidance for staff on assessments highlights the need to advise children and young people of advocacy and support referrals.				

12	Have	there been any specific actions to promote the use of advocacy among staff?
	ПХ	Yes
		No
	Pleas	e provide any further details below.
	As ab	oove
Futur	e plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
	□X	No
		Other (please describe)
		Whilst we don't have a planning group for children's services our advocacy partners are key members of Leading the Promise group where advocacy development and themes are a standing agenda item.
14	•	ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
	ПХ	Yes
		No
	If Yes	s, please describe
		coring of unmet need, and any delays in provision of service from point of referral and data ction on numbers of children accessing the service and projections of future needs.

•	Comments? e, are there other local advocacy services which are not commissioned but rece m other services?
provide to o	oove (Number 6) Parent to Parent provide advocacy within the wider service the hildren with disabilities and complex needs. Angus Council specifically as a Young Person's Advocacy Worker to provide advocacy for school aged chil nal support needs although Advocacy is not Parent to Parent's sole remit.
young pers	ervice commission two providers who work closely together to ensure any child on referred for advocacy receives a service, offering continuity of advocacy works s well as choice.

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Adult: Angus Independent Advocacy, 69 High Street, Arbroath, Angus. DD11 1AN	Children & Young People: Who Cares Scotland 11 Castle Street, Dundee. DD1 3AA	Children & Young People: Angus independent Advocacy		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	□Yes x No	☐ Yes x No	☐ Yes x No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	x Yes	☐ Yes x No	☐ Yes x No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	x Yes	Yes	Yes	Yes	Yes

		□No	x No	x No	□No	□ No
5	People with dementia	x Yes	☐ Yes x No	☐ Yes x No	☐ Yes	☐ Yes
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	x Yes	x Yes	X Yes No	☐ Yes	☐ Yes
7	Mentally disordered offenders	x Yes	☐ Yes x No	☐ Yes x No	☐ Yes ☐ No	☐ Yes ☐ No
8	Homeless people with mental illness, learning disability, dementia	x Yes	☐ Yes x No	☐ Yes x No	☐ Yes	☐ Yes ☐ No
9	Asylum seekers with mental illness, learning disability, dementia	x Yes	☐ Yes x No	☐ Yes x No	☐ Yes ☐ No	☐ Yes ☐ No
10	Carers of people with mental illness, learning disability, dementia	x Yes	☐ Yes x No	☐ Yes x No	☐ Yes ☐ No	☐ Yes ☐ No

11	Children & young people with a mental health problem	☐ Yes x No	x Yes	X Yes No	☐ Yes	☐ Yes
12	Children & young people with a learning disability	☐ Yes x No	x Yes	x Yes	☐ Yes	☐ Yes
13	Children & young people with ASD or ADHD	☐ Yes x No	x Yes	x Yes	☐ Yes	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes X No	x Yes	x Yes	☐ Yes	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes X No	☐ Yes x No	☐ Yes x No	☐ Yes	☐ Yes ☐ No
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes X No	X Yes	X Yes No	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)	Includes children (14yrs+) where they are part of formal Transitions arrangements.	All care experienced young person whatever the condition	No child excluded from the service based on a condition		
18	People with any other condition (specify)					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	Yes	☐Yes	☐Yes	☐Yes	Yes
		X No	X No	X No	□No	□No
	 Under 18 with mental health issues, learning disability 	☐Yes	x Yes	x Yes	☐Yes	☐Yes
		X No	□No	□No	□No	□No
	 Adults up to 65 	X Yes	Yes	☐Yes	☐Yes	☐Yes
		□No	X No	X No	□No	□No
	Adults over 65	X Yes	☐Yes	☐Yes	☐Yes	☐Yes
		□No	X No	X No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	X Yes	X Yes	X Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	Yes	X Yes	☐Yes	☐Yes	☐Yes
		X No	□No	X No	□No	□No
	Citizen	X Yes	Yes	Yes	Yes	☐ Yes
		□No	X No	X No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	X Yes	X Yes	X Yes	☐Yes	☐Yes
	advocacy?	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£180,300 general grant, plus £52,000 from the Alcohol and Drugs Partnership (ADP), plus £20,000 from AHSCP for Citizen Advocacy.	£31,500			
	Details total budget information split into the following categories (if possible):					
	People with mental health problems	Includes people with mental health problems.	Includes young people with MH problems	Includes young people with MH problems		
	People with learning disability	Includes people with learning disability.	Includes young people with learning disability.	Includes young people with learning disability.		
	People with dementia	Includes people with dementia				
	People with autistic spectrum disorder	Includes people with autistic spectrum disorder	Includes people with learning disability.	Includes people with learning disability.		
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia	Includes homeless people where they meet the general criteria above.	Includes homeless people where they meet the general criteria above.	Includes homeless people where they meet the general criteria above.		
	Asylum seekers with mental illness, learning disability, dementia	Includes Asylum seekers where they meet the	Includes Asylum seekers where they meet the	Includes Asylum seekers where they meet the		

	general criteria	general criteria	general criteria	
	above.	above.	above.	
	Includes carers		Includes parent	
Carers of people with mental illness, learning	where they meet		and carers	
disability, dementia	the general			
	criteria above.			
		Includes children	Includes children	
Children & young people with a mental health		& young people	& young people	
problem		with a mental	with a mental	
		health problem	health problem	
		Includes children	Includes children	
Children & young people with a learning		& young people	& young people	
disability		with LD	with LD	
		Includes children	Includes children	
Children & Young people with ASD or ADHD		& young people	& young people	
5. .		with ASD/ADHD	with ASD/ADHD	
		Includes LAC	Includes children	
Looked-after children & young people		children & young	& young people	
including those who have mental illness,		people with	with conditions	
learning disability or related conditions		conditions		
Looked-after children & young people but not				
including those who have mental illness,				
learning disability or related conditions				
y ,				
Young asylum seekers with mental illness,				
learning disability, dementia				
3 · January, administration	Includes children	Includes LAC	Includes children	
Children * young people with any other	(14yrs+) where	children & young	& young people	
condition (specify)	they are part of	people with any	with with any	
(Specif)	formal	condition	condition	
	Transitions	33114111111		
	arrangements.			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years X Other (please detail) General grant, ADP and Citizen Advocacy funding is on a rolling annual basis. However, £9k of ADP funding is only for the next 3-years.	X 1 year 2 years 3 years X Other (please detail) Rolling annual grant.	☐ X 1 year ☐ 2 years ☐ 3 years X Other (please detail) Rolling annual grant.	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	☐ 1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	Four, including ADP monies (Peer Advocacy Worker/Families Worker). Money for Citizen Advocacy pays towards one development worker.	One full-time advocacy worker	One full-time one part-time advocacy worker		

Orga	nisati	ion:	Dundee Health and Social Care Partnership
Job T	itle:		Locality Manager
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)			Dundee Health and Social Care Partnership
		Part (One: Adult Survey
Curre	nt Plan	ning	
2	At wh	at level is advocacy strateg	ic planning carried out in your area?
		NHS board-wide	
		HSCP	
		Local Authority	
		Other (please specify)	
	Leade	ership Group that has a broa	ssions services locally there is a Tayside Integrated der overview. There is a strong collaboration in place with all together to make best use of available resources e.g. training.
3	Is the	re an advocacy planning gro	oup covering your area?
		Yes	
		No	
4	Is the	re a current independent ad	vocacy strategic plan for your area?
		Yes	

If Yes, can you please submit a copy along with your questionnaire?

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No

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5	If No, is an advocacy strategic plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Following discussions within Children and Families services, it has been agreed to develop a strategic plan. Our intention is to broaden this discussion with an aim to produce an overall Advocacy Strategic Plan. There is also plans to establish a strategic lead post for Advocacy which will have a City wide focus with linkage to the Tayside wide agenda. This will be codeveloped with local advocacy providers.
Consi	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	The development of the Dundee Plan will be co-produced with advocacy providers and other stakeholders.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	In addition to those mentioned above, the aim would be to co-produce the Dundee Plan.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	⊠ No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	⊠ No

10	If No, is an action plan in the process of being developed?
	☐ Yes
	No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	The Advocacy needs of Dundee citizens are outlined within a range of local plans. However, we do see the merit of developing distinct Advocacy Plans and this is an area we shall give further consideration.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Carers Strategy 2021-24
	 consideration to be given by Carers Partnership of possible need for additional/enhanced Advocacy support for Carers and what form this additional support needs to be in form of e.g. Independent Advocacy; Collective advocacy; Peer support; etc.
	Dundee City Plan 2017– 2026
	Ensure all Looked After Children have access to advocacy support
Curre	nt Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	□ No
	If Yes, please provide details
	Formal contracts are in place for each commissioned service. Priority groups and/or overall aims have been agreed – see attached supporting information.

If Yes, can you please submit a copy along with your questionnaire?

13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?				pport per	
		Yes				
		No				
	If Ye	s, please provide details				
14	healt	ou currently commission advocacy s th issues, learning disability or deme ensure they are supported?	=			
			Mental Health	Learning Disability	Dementia	
		vice explicitly commissioned to neless people with this condition				
		vice open to homeless people with no specific agreement relating to				
	ific hor	neless advocacy service (s) ned				
Pleas	Please provide details					
not s antici	pecific pated t	s are commissioned to support adult ally commissioned for homelessness that our generic commissioned servic als up and report back via formal mo	s rather than for p ce for Adults provi	eople in need – It would ded by DIAS would pic	d be k most of	
15						
			Mental Health	Learning Disability	Dementia	
		vice explicitly commissioned to lum seekers with this condition				
		vice open to asylum seekers with no specific agreement relating to				
	Specific asylum seeker advocacy service (s)					
	•	ide details				
		s are commissioned to support adults commissioned for asylum seekers ra				

that our generic commissioned service for Adults provided by DIAS would pick most of these referrals up and report back via formal monitoring any gaps/unmet need and/or capacity issues. We have commissioned a specific Humanitarian Protection Support Service for Refugees (and their families), who are seeking Humanitarian Protection in the Dundee area. The service provided complements the work of the Council and The Home Office ensuring that Refugees have the best possible introduction to life in Dundee. It is acknowledged that advocacy support forms part of this service.

Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?

	, , , , , ,	Mental Health	Learning Disability	Dementia
Gener	ic service explicitly commissioned for			
Specificarers	fic service explicitly commissioned for			
	rers' advocacy service			
the Cilistene Partner and sudelive been who powhat stressear between the control of the control	tundee Carers Partnership provides local Coty work together to develop plans and to med to and heard by key agencies across Duership. The IJB, through the Health and Soupporting the plans and developments that ry of relevant legislation including The Cardeveloped in partnership with Carers acrosslay a crucial role in supporting and advocaservices are currently available for carers in the planning and experience of the properties of the properties of the planning and experience approach to supporting carers.	nake them a reality undee with the supportance with the supportance Carers Pers (Scotland) Act as the City. DHSC atting for carers. The Dundee, where the ling to employ and lore the potential for the significance with the significance of the sign	c. Carers are involved, opport of the Dundee Caship, have a pivotal role Partnership makes and (2016). A local stratego Prind the Dundee Cashere is work underway the gaps are, and what external consultant to cor building a carers par	consulted, arers a in endorsing ensuring gic plan has arers Centre to scope out carers say conduct this artnership
17	Has the commissioning budget for menta advocacy organisations changed over the		disability or dementia	independent
	No			
	If the budget has changed (either an incr changed as a consequence? Please prov	•	please say how. Have	e services
	Increased funding has allowed local provi funding to support those with substance particular area of provision.		. ,	

18	Do yo	u have any prisons in your HSCP area?
		Yes
		No
19	If Yes prisor	, do any of the services currently commissioned provide advocacy support in the n(s)?
		Yes
		No
	If Yes	, please provide details
20	•	ou please outline how prisoners are informed about independent advocacy services? question)
NHS	patients	s placed in private healthcare facilities out with home health board area
21		e specify how NHS patients from your area, who have been placed in private healthcare ies out with their home health board areas, receive advocacy support?
		From a local service where they are receiving care
	\boxtimes	From home health board / local authority
		Don't know
	Any f	urther details
	addre	support Dundee patients when they are in Murray Royal. If they have a Dundee postal ess, DIAS will travel through and support. There are the odd Dundee patients that Perth endent Advocate takes on.

For those further afield, such as the State Hospital, Ayr Clinic, then the local independent

advocacy services provide the service.

Prisons and advocacy services

Monitoring and review arrangements

Organ	pications are required to report on the following:				
Orgai	nisations are required to report on the following: New Referrals				
•	Active Clients				
•	Adult Support and Protection cases				
•	Mental Health Tribunals				
•	Advocacy Issues				
•	Volunteer Hours (where applicable)				
We a	We also consider:				
•	Capacity				
•	Pressure Points				
•	Compliments/Complaints				
•	3				
•	Anonymised case studies to get a "real life" view of the difference the services are				
	making				
learni evalu	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent ation?				
Monit agree	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent ation? oring meetings are scheduled every 6 months with providers. A monitoring report in				
Monit agree and e	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent ation? oring meetings are scheduled every 6 months with providers. A monitoring report in add format is submitted in advance of each meeting. Financial audits are also carried				
Monit agree and e	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent ation? oring meetings are scheduled every 6 months with providers. A monitoring report in ad format is submitted in advance of each meeting. Financial audits are also carried ach provider submits a financial return each quarter.				
Monit agree and e	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent ation? oring meetings are scheduled every 6 months with providers. A monitoring report in ad format is submitted in advance of each meeting. Financial audits are also carried ach provider submits a financial return each quarter. ou get information from each organisation about the number of people accessing eacy support?				
Monit agree and e	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent ation? oring meetings are scheduled every 6 months with providers. A monitoring report in a format is submitted in advance of each meeting. Financial audits are also carried ach provider submits a financial return each quarter. ou get information from each organisation about the number of people accessing eacy support? Yes				
Monit agree and e	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent action? oring meetings are scheduled every 6 months with providers. A monitoring report in ad format is submitted in advance of each meeting. Financial audits are also carried ach provider submits a financial return each quarter. ou get information from each organisation about the number of people accessing eacy support? Yes No				

If Yes, please provide the most up to date information available

see attached supporting monitoring information.

No

26	Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?				
		Yes			
		No			
	If Yes	please provide details			
	see at	tached supporting monitoring information.			
27	What a	arrangements are in place to measure the satisfaction of people using advocacy es?			
	see at	tached supporting information.			
28	How d	lo you monitor complaints about advocacy services?			
		Annual monitoring data from providers			
		No monitoring			
		Other (please specify)			
		6 monthly monitoring meetings.			
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?				
	setting	nation about independent advocacy organisations is readily available within inpatient gs. Each organisation has their own website which gives a comprehensive summary of ocal services with clear referral information.			
30		there been any specific actions to promote the use of advocacy among health and social social work staff?			
	\boxtimes	Yes			
		No			

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?
	We seek to ensure services are inclusive and enable access which is person centred. We measure some, but not all, equality characteristics through monitoring reports.
32	How do you measure this?
	We seek to ensure services are inclusive and enable access which is person centred. We measure some, but not all, equality characteristics through monitoring reports.
Futur	e plans
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?
	□ No
	If Yes, please describe
	Close working and monitoring discussions provide a "real time" mechanism for continuous assessment of need/demand and pressure points.
34	If No, how do you plan to address any unmet need in future?
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?
	□ No
	If Yes, please describe
	Discussions are taking place within the carers and substance use service areas. Recent investment has ensured additional capacity/support available for those experiencing substance use issues.
	DIAS have highlighted the pressure on their Families at Risk strand which will be discussed via the agreed strategic approach to consider City wide needs alongside Children and Families colleagues.

	Yes
	No
	Other (please specify)
	Following discussions within Children and Families services, it has been agreed to develop a strategic plan. Our intention is to broaden this discussion with an aim to produce an overall Advocacy Strategic Plan. There is also plans to establish a strateg lead post for Advocacy which will have a City wide focus with linkage to the Tayside wide agenda. This will be co-developed with local advocacy providers.
For e	Other Comments? xample, are there other local advocacy services which are not commissioned but receive ng from other services?

Part Two: Children & Young People Survey

Curre	rent Planning					
1	Do you have an	integrated children's service plan?				
	\boxtimes	Yes				
		No				
2	If Yes, does it in	nclude advocacy?				
	\boxtimes	Yes (Children's Rights more broadly)				
		No				
	If Yes, can you information)	please submit a copy along with your questionnaire? (see attached supporting				
Comn	nissioning					
3		issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?				
	Yes					
	☐ No					
4		as changed (either an increase or decrease) please say how. Have services consequence? Please provide details				
	Inflationary Inc	rease of 1.25% applied 20-21 and 2% for 22-23				

NHS patients placed in healthcare facilities out with home health board area

5	-	ecify how many children or young people with a mental illness, learning disability or ndition and in a placement out with their home local authority would receive advocacy
		From a local service where they are receiving care
		From home health board / local authority
	\boxtimes	Don't know
	Any furthe	r details
	PiA report	they have not supported any CYP out of area in the period April 2020 – March 2022
Mo	onitoring an	d review arrangements
	ung people What are t you monite	s only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition. the outcomes you are seeking to achieve for the children and young people and how do for these? SHANARRI indicators for ER HSCP commissioned work.
		Informed of rights under MHCTA, NHS GGC commissioned work.
7	people's m	scribe the arrangements in place for monitoring the quality of children and young nental health, learning disability or related condition independent advocacy services, ndependent evaluation?
	•	nonitoring provided to HSCP and NHS commissioners – captures demographic n, referral source, presenting issues, brief summary of closed cases.
	No indepe	ndent evaluation carried out by HSCP or NHS.
	Advocacy	satisfaction survey carried out in Skye House by PiA.

8	Do you get information from each organisation about the number of children and young people with mental illness, learning disability or related condition accessing advocacy support from each organisation?
	⊠ Yes
	□ No
	If Yes, please provide the most up to date information provided by each organisation
	Figures below April 2020 – March 2022
	ER HSCP commissioned work – 1 referral from CAMHS (community) NHS GGC commissioned work – 4 MHO referrals for ER young people (hospital based)
9	What arrangements are in place to measure the satisfaction of children and young people with mental illness, learning disability or related condition using advocacy services?
	PiA conducts end of advocacy partnership feedback surveys to rate levels of satisfaction with the service, what could be improved, etc. Very low return rates, hampered by the fact that often children and young people are discharged from hospital and mailouts of our survey receives little or no response. Sent out via mail, email and available on Survey Monkey.
10	How do you monitor complaints about advocacy services for children and young people with mental illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	☐ No monitoring
	Other (please specify)
	6 monthly monitoring meetings. No complaints received between April 2020 – March 2022
11	How do you currently raise awareness and deliver public information about the availability of any advocacy services for children and young people with mental illness, learning disability or related conditions in your area?
	PiA website and social media. Attendance at HSCP buildings and ASN sub-group meetings.
	Weekly inpatient meetings in Skye House and Ward 4, Child Inpatient Unit (NHS)

12	Have there been any specific actions to promote the use of advocacy among staff?
	⊠ Yes
	□ No
	Please provide any further details below.
	Focused discussions are held within supervision re LAC and high risk cases to ensure workers and managers promote/use advocacy. There is also a focus around case conferences to ensure parents and children have advocacy if required. Promotion carried out by Review Officers and Who Cares also does proactive work with fostering and residential services. PIA operates in Dundee for Children's Hearing cases, with flyers being circulated and service promoted via range of communication channels. More broadly Dundee has in place an online referral tracking system (FORT) which includes
	orgs that provide advocacy. Information and contact details held and publicised.
Future	e plans
13	Does your integrated children services planning structure include an advocacy planning group covering your area?
	☐ Yes
	No
	Other (please describe)
14	Are you assessing the projected need for children and young people's mental health, learning disability or related condition independent advocacy supports in the future?
	□ No
	If Yes, please describe
	Following discussions within Children and Families services, it has been agreed to develop a strategic plan. Our intention is to broaden this discussion with an aim to produce an overall Advocacy Strategic Plan. There is also plans to establish a strategic lead post for Advocacy which will have a City wide focus with linkage to the Tayside wide agenda. This will be codeveloped with local advocacy providers.

15	If No, how do you plan to address any unmet need here?				
	As above.				
16	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?				

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		DIAS	Partners in Advocacy	Advocating Together (Dundee)	Who Cares	Dundee Woman's Aid
1	Organisation name and address	Dundee Independent Advocacy Support Technology Park Gemini Crescent DUNDEE, DD2 ITY	Partners in Advocacy 2nd Floor Beaverhall House Beaverhall Road Edinburgh EH7 4JE	Advocating Together (Dundee) SCIO 13 Ryehill Lane DD1 4DD	Who Cares Scotland 1st Floor 5 Oswald Street Glasgow G1 4QR (Looked After/and or Accommodated Children only)	DUNDEE WOMEN'S AID 61 Reform Street, Dundee DD1 1SP
2	Is it a generic service (ie, it covers all the categories below)?	⊠Yes	☐Yes	☐Yes	☐ Yes	☐Yes
	(If not generic, the service will be targeted at supporting specific groups)	□No	⊠ No	⊠ No	⊠ No	⊠N
3	Does the organisation support? People with a mental health/illness	⊠ Yes	⊠Yes	Yes	⊠ Yes	
	related condition.	□No	□No	⊠No	□No	
4	People with learning disability	⊠Yes	⊠Yes	⊠Yes	☐ Yes	

		□No	□No	□No	⊠ No	
5	People with dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	
6	People with autistic spectrum disorder	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	
11	Children & young people with a mental health problem	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	

12	Children & young people with a learning disability	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	
13	Children & young people with ASD or ADHD	☐ Yes ☑ No	⊠ Yes	☐ Yes ☑ No	⊠ Yes □ No	
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	
15	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	⊠ Yes □ No	
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes	☐ Yes ☑ No	
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)	Substance Use				Specialist domestic abuse advocacy service in Partnership with Barnardo's Scotland

		DIAS	Partnership in Advocacy	Advocating Together (Dundee)	Who Cares	Dundee Woman's Aid
19	Age range					
	All ages	Yes	☐Yes	☐ Yes	Yes	⊠ Yes
		⊠ No	⊠ No	⊠ No	⊠ No	□No
	 Under 18 with mental health issues, learning disability 	Yes	⊠ Yes	Yes	⊠ Yes	Yes
		No	□No	⊠ No	□No	□No
	 Adults up to 65 	⊠ Yes	☐ Yes	⊠ Yes	Yes	Yes
		□No	⊠ No	□No	⊠ No	□No
	Adults over 65	⊠Yes	Yes	⊠Yes	Yes	Yes
		□No	⊠ No	□No	⊠ No	□No

		DIAS	Partnership in Advocacy	Advocating Together (Dundee)	Who Cares	Dundee Woman's Aid
20	Type of advocacy					
	■ Individual	⊠Yes	⊠Yes	⊠Yes	⊠Yes	⊠Yes
		□No	□No	□No	□No	□No
	Collective	⊠ Yes	☐ Yes	⊠ Yes	⊠ Yes	☐ Yes
		□No	⊠No	□No	□No	□No
	Citizen	⊠ Yes	Yes	Yes	☐Yes	Yes
		□No	⊠ No	⊠ No	⊠ No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠Yes	⊠Yes	⊠Yes	Yes	☐Yes
	advocacy?	□No	□No	□No	⊠ No	□No

		DIAS	Partnership in Advocacy	Advocating Together (Dundee)	Who Cares	Dundee Woman's Aid
	get Information: total annual amount cated	£228,342 (commissioned via formal contract)	£66,311	£117,846	£32,051	£467,906.00
		£27,537 funded from Covid Financial Sustainability Fund.				
	ails total budget information split into the owing categories (if possible):					
Peop	ple with mental health problems					
Peor	ple with learning disability					
Peop	ple with dementia					
Peor	ple with autistic spectrum disorder					
Men	ntal disordered offenders					
	neless people with mental illness, ning disability, dementia)			
	lum seekers with mental illness, learning ability, dementia					
	ers of people with mental illness, learning ibility, dementia					

Children & young people with a mental health problem			
Children & young people with a learning disability			
Children & Young people with ASD or ADHD			



		DIAS	Partnership in Advocacy	Advocating Together (Dundee)	Who Cares	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions				√ may involve joint working with PIA or direct referral to PIA. LAC status would likely mean a referral to WC's in the first instance	
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions				√	
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	□ 1 year □ 2 years □ 3 years □ Other (please detail)	□ 1 year □ 2 years □ 3 years □ Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area?	14hrs per week	21hrs per week	2 FTE		

(NEW question)	Substance Use Adv worker • 35hrs per week Substance Use Adv worker • 133 hours per week Advocacy Workers x 5 workers • 21hrs per week - Additional Adv worker post funded via Covid Financial Sustainability Fund	Still to be clarified following reduction in 22/23 funding.
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Organisation:	Perth and Kinross Council / Perth and Kinross Health and Social Care Partnership
Job Title:	Chief Officer
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP & Local Authority

Part One: Adult Survey

Curre	nt Planr	ning
2	At wha	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
3	Is ther	e an advocacy planning group covering your area?
		Yes
	\boxtimes	No
4	Is ther	re a current independent advocacy strategic plan for your area?
		Yes
	\boxtimes	No
	If Yes,	can you please submit a copy along with your questionnaire?
5	If No,	is an advocacy strategic plan in the process of being developed?
		Yes
	\boxtimes	No

If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?

Active planning took place in 2018 / 19 but due to covid pandemic and staffing changes as well as other competing priorities this work was paused. A strategic plan for advocacy will be prepared during 2023.

Cons	ultation & Involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	n/a
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	n/a
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	□ No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	on Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	□ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
10	If No, is an action plan in the process of being developed?
	☐ Yes
	⊠ No

	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	As outlined in question 5 above.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	Current local plans as listed above do not include specific actions relating to independent advocacy.
Curre	ent Commissioned Services
12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	□ No
	If Yes, please provide details
	Within Service Level Agreement areas of priority identified are: - Adults subject to The Mental Health (Care & Treatment) (Scotland) Act 2003 included under the term 'Mental Disorder' - Mental Health issue - Personality Disorder - Dementia - Learning Disability - Autism
	 Children & Young People subject to The Mental Health (Care & Treatment) (Scotland) Act 2003 Mental Health issue Autism Learning Disability
	 People under the Adult Support & Protection Act People under the Adults with Incapacity Act Carers with highest assessed need – e.g. where their caring role is impacting on their own mental health. Adults who reside in HM Perth Prison and HM Open Estate - Castle Huntly who are also subject to the Mental Health (Care and Treatment) (Scotland) Act 2003. People affected by problematic substance use (in line with the Scottish Government attack with Page 2004).
13	strategy: Rights, Respect and Recovery). Do you specify that any organisations apply a limit to the amount of advocacy support per person? Yes

	No			
	If Yes, please provide details			
14	Do you currently commission advocacy s health issues, learning disability or deme you ensure they are supported?			
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort homeless people with this condition			
	ric service open to homeless people with tion – no specific agreement relating to			
	fic homeless advocacy service (s) issioned			
Pleas	e provide details			
15	Do you currently commission advocacy s health issues, learning disability or deme you ensure they are supported?		-	
		Mental Health	Learning Disability	Dementia
	ric service explicitly commissioned to ort asylum seekers with this condition			
	ic service open to asylum seekers with tion – no specific agreement relating to			
-	fic asylum seeker advocacy service (s) nissioned			
Pleas	e provide details			

16	Do you currently commission advocacy health issues, learning disability or demyou ensure they are supported?	-		
		Mental Health	Learning Disability	Dementia
Gener	ric service explicitly commissioned for s	X	X	X
Speci carers	fic service explicitly commissioned for			
No ca	rers' advocacy service			
Pleas	e provide details			
	ric service open to carers with highest assertion of the care of t	essed need – e.g. v	where their caring role	is impacting
Comn	nissioning budget			
17	Has the commissioning budget for ment advocacy organisations changed over the		disability or dementia	independent
	□ No			
	If the budget has changed (either an including changed as a consequence? Please provided in the changed as a consequence?	·	please say how. Have	e services
	Annual uplifts have been applied for FY 2	20-21 (2.2%) and F	Y 21-22 (2.2%)	

Prisons and advocacy services

	Do yo	ou have any prisons in your HSCP area?
		Yes
		No
	If Yes	s, do any of the services currently commissioned provide advocacy support in the n(s)?
		Yes
		No
	If Yes	s, please provide details
	There cover advoc	s the only local authority in Scotland with two prisons in its geographical boundaries. is independent advocacy provision amounting to 21 hours per week to cover both prisons ing a total of 800 prisoners. The vast majority of individuals seeking independent cacy support within the prison establishments have a mental disorder as defined by the al Health (Care & Treatment) (Scotland) Act 2003.
	•	ou please outline how prisoners are informed about independent advocacy services? (question)
	priso	rals can be made by Scottish Prison Staff, NHS staff, family friends or self-referrals. The n advocacy provision is well established in both prisons and word of mouth is often best of recommendation to the service.
IS _I	oatient	s placed in private healthcare facilities out with home health board area
IS _I	Pleas	s placed in private healthcare facilities out with home health board area se specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support?
	Pleas	se specify how NHS patients from your area, who have been placed in private healthcare
S	Pleas facili	se specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support?
	Pleas facili	se specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support? From a local service where they are receiving care
	Pleas facili	se specify how NHS patients from your area, who have been placed in private healthcare ties out with their home health board areas, receive advocacy support? From a local service where they are receiving care From home health board / local authority

22 What are the outcomes you are seeking to achieve and how do you monitor these?

Based on logic model approach:

Situation / need: Provision of independent advocacy to help people by supporting them to express their own needs and make their own informed decisions.

Short Term Outcomes/ Quality of Life Outcomes: Supporting partners to:

- Feel more confident
- Be more involved in decisions that affect them
- Feel more listened to
- Feel more in control of their situation
- Have information to make informed decisions
- Understand their rights

Service Outcomes:

- 1. Enabling people to have a voice.
- 2. Informing people of their rights.
- 3. People have the opportunity to participate more in situations that affect their life.
- 4. Safeguarding people's rights when they have more limited capacity, by providing non-instructed advocacy.
- 23 Briefly describe the arrangements in place for monitoring the quality of mental health, learning disability or dementia independent advocacy services, including independent evaluation?

Monitored through annual reports, quarterly monitoring returns, quarterly monitoring meetings. Annual reports on the provision and impact of advocacy are provided to the IJB and Council via a number of key reports.

24 Do you get information from each organisation about the number of people accessing advocacy support?

\boxtimes	Yes
	No

If Yes, please provide the most up to date information provided by each organisation

Summary of IAPK annual report for 21-22 (based on 11 months - Apr - Feb 22):

Please note referral numbers and areas of support are reflective of the pandemic period.

Table 1 below shows an increase of 135 referrals in 2021-22 compared to 2020-21.

Table 2 details the referral category with Mental Health (community) being the highest at 396.

Table 1 - 2020 -	1 (11 mths) 2021 – 22 (11 mths)
New Referrals 760	895

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Carer	2	1	0	2	4	1	6	2	6	4	1		29
Children's Hearings Children & Young	4	5	4	4	9	2	2	0	5	3	5		43
eople (MH) (<18)	1	3	7	4	3	9	3	11	2	4	8		55
lder People (ASP)	1	3	2	1		2	2	2	2				15
earning Disabilities	12	5	5	1	7	5	2	2	6	8	5		58
ental Health	43	42	47	16	30	36	29	29	48	40	36		396
ementia	11	9	11	5	11	6	3	3	6	3	6		74
AAC at home	2	5	2	0	1	1	1	2	4	1	1		20
rug & Alcohol	3	2	4	2	0	5	0	1	2	4	2		25
ohallion	0	1	4	1	0	0	4	2	1	2	2		17
rison Mental Health	10	8	2	24	12 5	6 3	30	5	3	7 2	6		68
Criteria Unknown Total	95	91	92	64	82	76	91	65	86	78	75		95 895
nere were a v		of issu		out w	hich p	eople		gh inc	deper		t suppo	ort as f	ollows:
-		Staten	nent/Na	amed P	erson								
AWI		Care Package				Case	Case Conference/Review				Child Protection		
Children's Hearings		Complaints				Con	Contribution Charges				Court		
Criminal Justice		Debt				Dom	Domestic Abuse				Education		
Deportation		Employment				End	End of Life				Hospital Discharge		
Housing	Homelessness				Neig	Neighbour Disputes				Parole Hearings			
Prison Issues	Probation				Rese	Resettlement				Residential Care			
Respite		School Meetings			Social Work Assessments					Social Care Issues			
Solicitors		Tribun	als – M	lental F	lealth	Trib	unals	– Bene	efits		Welfare Assessr		
													•••
Yes No Yes, please p	orovid	oport?	nost ι	ıp to c	late ir	nforma	ation	avail	able				
Yes No f Yes, please p	orovid	oport?	nost ι	ıp to c	late ir	nforma	ation	avail	able				
Yes Yes No Yes, please put 15 December vaiting list.	orovider 2022	e the r	most u	ip to c	late ir	dvoca	ation acy p	avail	able rs aw	raitin	g alloca	ation f	rom IAF
Yes Yes No Yes, please part 15 December vaiting list. Are you aware compulsory means and the compulsory means are years.	orovider 2022	e the r	most u	ip to c	late ir	dvoca	ation acy p	avail	able rs aw	raitin	g alloca	ation f	rom IAF
Yes Yes No Yes, please pat 15 December vaiting list. Are you aware compulsory meaning mean	orovider 2022	e the r	most u	ip to c	late ir	dvoca	ation acy p	avail	able rs aw	raitin	g alloca	ation f	rom IAF

servic							
IAPK							
IAPK use an advocacy outcomes tool at end of advocacy.							
How	do you monitor complaints about advocacy services?						
	Annual monitoring data from providers						
	No monitoring						
Χ	Other (please specify)						
	IAPK are requested through the quarterly monitoring process to report on complaints received and outcome of complaint.						
	do you currently raise awareness and deliver public information about the availability all health, learning disability or dementia advocacy services in your area?						
	distribute leaflets to various groups, hospital settings, social work departments, solicit rgeries etc to promote independent advocacy.						
Aware	eness sessions are delivered by IAPK to social work teams.						
Links	to IAPK on / NHS Tayside and PKC website.						
	there been any specific actions to promote the use of advocacy among health and so social work staff?						
\bowtie	Yes						
	No						
How	No do you ensure services are available to equality groups (e.g. LGBT people, ethnic ity groups)?						

Adults subject to The Mental Health (Care & Treatment) (Scotland) Act 2003 included

32	How	do you measure this?
	Throu	ugh the equalities returns as part of quarterly monitoring information.
Futur	e plans	
33	-	ou assessing the projected need for mental health, learning disability or dementia endent advocacy supports in the future?
	\boxtimes	Yes
		No
	If Yes	s, please describe
	The ii	ntention will be to include in P&K H&SCP Market Facilitation Plan
34	If No,	how do you plan to address any unmet need in future?
35		ou have information about current identified gaps in provision / unmet need which you sing for future planning purposes?
	\boxtimes	Yes
		No
	If Yes	s, please describe
	1	ase in LSI's particularly in the care home sector and as result this impacts on the workload dependent advocacy capacity.
36		ny specific actions planned to do more to promote awareness of the availability of cacy services locally over the next two years?
		Yes
	\boxtimes	No
		Other (please specify)
		Our strategic plan which will be prepared during 2023 for independent advocacy will include communications and promoting awareness. The APC improvement plan will ensure that all adults who are involved in adult support and protection processes will be offered and encouraged to take up the support of independent advocacy as a matter of routine.

37 Any Other Comments?

For example, are there other local advocacy services which are not commissioned but receive funding from other services?

As part of the APC Improvement Plan for 2022/23, improving the uptake of advocacy for adults and their unpaid carers where the ASP Act is used to safeguard is a key priority.



Part Two: Children & Young People Survey

	-		
Current	בוע	nn	na
Current I	ГС	шш	шч

1	Do you have an integ	rated children's service plan?		
	X	Yes		
		No		

2 If Yes, does it include advocacy?

X	Yes
	No

If Yes, can you please submit a copy along with your questionnaire?

Commissioning

3 Has the commissioning budget for children and young people's mental health/learning disability independent-advocacy organisations changed over the past two years?

4 If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details

The service level agreement with IAPK for the provision of advocacy services for children and young people has been revised and a tendering exercise carried out. A new contract now runs for 3 years with IAPK. Within the period there is clear evidence of an increase in both the quantity and quality of independent advocacy support.

The annual report to Council due in December 2022 evidences a continually improving position in terms of listening to, engaging with and providing children and young people with access to independent advocacy. The work of the Children and Youths Right Officer (CYRO) and in particular, the services being commissioned via Independent Advocacy Perth and Kinross (IAPK) continue to ensure that all children and young people, involved in child protection processes and the Hearings systems are provided with good quality independent advocacy. The level of support is being sustained at a level commensurate with need and numbers of children for Perth and Kinross. The data for 2021/22 compared to 2020/21 as follows:

• 136 (155 in 2020 / 2021) children and young people's views presented at a Child Protection Case Conference (CPCC) by their social worker, carer, advocate or other professional

- 263 (265 in 2020 / 2021) looked-after children and young people's views presented at a Looked-After Conference (LAC) by their social worker, carer, advocate or other professional
- 96 (92 in 2020 / 2021) children and young people helped to submit an All About Me Form to CPCCs and LAC

NHS patients placed in healthcare facilities out with home health board area

- 5 Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?
 - X From a local service where they are receiving care
 - X From home health board / local authority

Don't know

Any further details

All, 100%, children and young people in out of authority placements receive advocacy support.

Monitoring and review arrangements

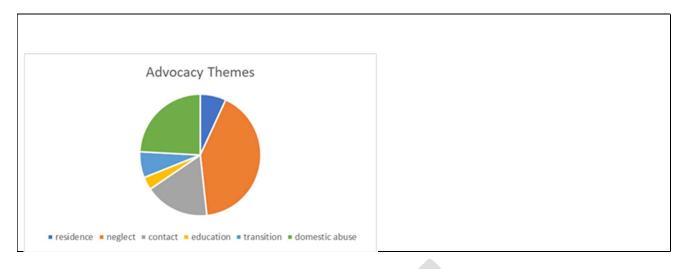
This section is only applicable if you commission independent advocacy services for children and young people with mental illness, learning disability or related condition.

6 What are the outcomes you are seeking to achieve for the children and young people and how do you monitor these?

CAMHS Clinicians will discuss advocacy on the first assessment appointment with children, young people and their families. Signposting will also be shared at this first appointment. If further down the patients journey it is thought Advocacy would be beneficial clinicians will again discuss with children and families.

CAMHS have included future partnership working with Adult Advocacy services for older children and Parents. This is included in CAMHS Plan for Continuous Improvement. CAMHS currently do not keep referral data, but it has been requested as part of our electronic patient record. Data will be gathered as part of our Record Keeping Audit process. This will only provide us with our referral to Advocacy and not inform us if the patient or family attended.

The following themes were raised by children and young people in 2021/22



7 Briefly describe the arrangements in place for monitoring the quality of children and young people's mental health, learning disability or related condition independent advocacy services, including independent evaluation?

Perth and Kinross Education and Children's Services have commissioned Independent Advocacy PK to do all the advocacy for children who are open to Social Work.

During 2021 – 2022 IAPK received 151 new children and young people referrals and supported a total of 162 children and young people to hear their views and promote their voices at meetings about them.

In addition to the provision of independent advocacy for children and young people identified as Looked-After at Home, IAPK are the primary provider of Children's Hearing Advocacy in Perth & Kinross, funded nationally by the Scottish Government, and under The Mental Health Care & Treatment Act (Scotland) Act 2003, IAPK advocate for children and young people on an ongoing basis. Collectively the independent advocacy provision goes some way to follow the child or young person through the various key decision-making processes which affects their lives and this is seen as a strength.

Due to the nature of child protection processes, systems and practices, children and young people frequently have Care Plans and Placements changed, affecting where they live and their access to education; e.g. 16 children and young people children and young people were moved out of the Perth and Kinross area at some point during 2021-2022.

IAPK were able to follow these children and young people out-of-area and were able remotely to maintain communication with them, meaning independent advocates helped the advocacy partner to have the support best suited to them. In some cases, IAPK tried to refer onwards to an independent advocacy organisation in the new area, however other independent advocacy organisations were not always able to support the child or young person out with their locality, so in these cases, IAPK continued to advocate for them.

The conversion from the referrals received, to advocacy take-up, in 2021 - 2022 indicate that there has been an 86% uptake of the advocacy service offered. Those children and young people who have, or are declining advocacy, are either sharing their views themselves, or they do not wish to share their views.



Meetings for Children and Young People's Advocacy:

The following figures are for the distinct and different types of meetings, where the views of children and young people were gathered by IAPK. Thereafter, the Independent Advocate shared these views at professional multi-agency meetings (both virtual and face-to-face).

IAPK's capacity to work with children and young people has increased again by 100% in the last year. This has enabled IAPK to increase the provision of Independent Advocacy to children and young people.

Evidence of the impact of the commissioned services by the local authority, Perth & Kinross Council, and changes in legislation are reflected in the referral numbers and the number of meetings recorded in the last year.

These figures do not include staff meetings, training courses, meetings held to promote and discuss advocacy with other agencies; it also does not include letters written to children during lockdown when phone calls were not possible:

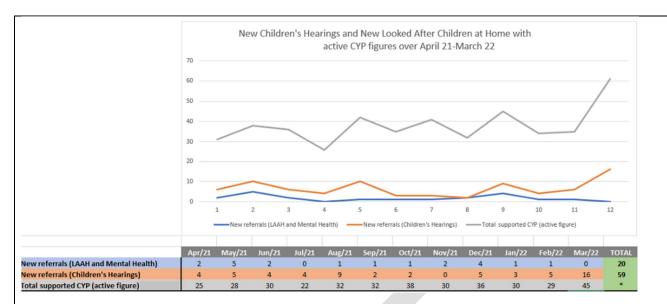
Year	Partner Meetings and Calls	Hearings	LAC Reviews	Case Conferences	Core Groups	Others
Apr-Dec 2021	376	60	35	23	23	52
Jan-Mar 2022	308	51	28	12	14	39

During the period 2021 – 2022, when the COVID-19 pandemic restrictions fluctuated, Independent Advocates continued to meet with children and young people children regularly, and as permitted, in schools, at home, virtually or at the IAPK office.

The virtual experience expanded our capacity to engage with children and young people in some ways, and advocates found that because IAPK was not the only service children and young people were expected to access, or who were supporting them remotely, that the majority of children and young people were more proficient and familiar with virtual meetings.

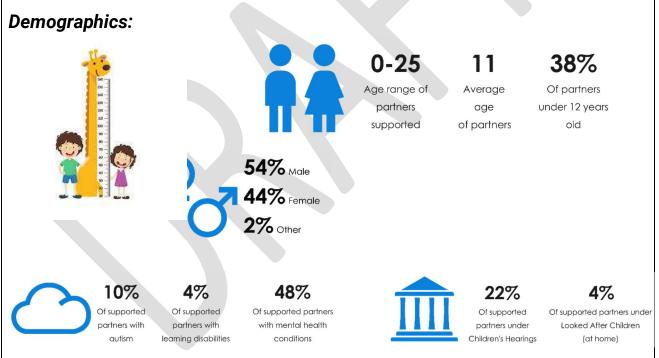
This however did not convert to more children and young people wishing to attend meetings about their lives, even with their Independent Advocate.

IAPK views this as an area to develop, through our attendance and participation in strategic meetings around the delivery of The Independent Care Review and The Promise and UNCRC and we will continue to promote and work in collaboration with education, social work, Children's Rights Officers and health providers, to increase children and young people awareness of their rights to participation.



Some of these referrals could be attributed to the concerns around aspects of COVID-19, with a trend noticed in S1-S3 female pupils experiencing problematic anxiety levels. Child and Young Peron's Planning Meetings were held accordingly, interestingly this theme was seen across Perth and Kinross and was not specific to one school or area.

The following graphics illustrate some key statistical information in relation to advocacy over the past year:



In terms of impact, the following is a snapshot of this year's feedback from Advocacy Partners:

IAPK - Key Comments / Feedback 2021 / 2022	
"you are approachable, and I feel I can talk to you, and I'm always heard" - advocacy partner	"it made me feel more at ease and you said t stuff that I couldn't at meetings" - advocacy partner

	d to speak up and you helped me do that" - advocacy partner	"thanks so much for all your help I rea appreciate everything that you have done and my son" - Parent of an advocacy par
peop	ou get information from each organisation ab le with mental illness, learning disability or r ort from each organisation?	
\boxtimes	Yes	
	No	
If Ye	s, please provide the most up to date informa	ation provided by each organisation
Pleas See (se refer to Part 1 Adult Survey Q. 24 on behalf Q 7.	of Independent Advocacy Perth and Kinros
14/1 -	ouvengements are in place to messure the s	
		atisfaction of children and young people condition using advocacy services?
	mental illness, learning disability or related o	
	mental illness, learning disability or related o	
See of	mental illness, learning disability or related o	services for children and young people with
See of	mental illness, learning disability or related o	services for children and young people with
See of	mental illness, learning disability or related of the state of the sta	services for children and young people with
See of	mental illness, learning disability or related of the second of the seco	services for children and young people with
See of	mental illness, learning disability or related of the second of the seco	services for children and young people with
See of	mental illness, learning disability or related of the second of the seco	services for children and young people with
How ment	mental illness, learning disability or related of the second of the seco	services for children and young people with tions which you commission?
How ment	do you monitor complaints about advocacy stal illness, learning disability or related conditated illness, learning disability or related conditated monitoring data from providers No monitoring Other (please specify) do you currently raise awareness and delivered vocacy services for children and young per	services for children and young people with tions which you commission? T public information about the availability opple with mental illness, learning disability

12	Have	there been any specific actions to promote the use of advocacy among staff?
	Χ	Yes
		No
	Pleas	se provide any further details below.
		above – a suite of materials is used including films and publicity across all staff working in ren's services.
Future	e plans	
13		your integrated children services planning structure include an advocacy planning group ring your area?
		Yes
	Χ	No
		Other (please describe)
	with o	CSP is Tayside-wide and there are opportunities to consider Tayside-wide commissioning certain organisations. This has been explored but not taken forward due to the rtance of having local connections. We see relationships as key.
14		ou assessing the projected need for children and young people's mental health, learning bility or related condition independent advocacy supports in the future?
	х	Yes
		No
	If Yes	s, please describe
	in wh	nonitor uptake and the impact of advocacy annually – see above as an example of the way ich this is disseminated and considered in terms of the key strategic planning gements.
15	If No,	how do you plan to address any unmet need here?
16	For ex	Other Comments? xample, are there other local advocacy services which are not commissioned but receive ng from other services?

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Independent Advocacy Perth and Kinross, 90 Tay Street, Perth PH2 8NP				
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
4	People with learning disability	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes	☐ Yes
5	People with dementia	Yes	Yes	Yes	Yes	Yes

		☐ No	☐ No	No	No	☐ No
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7	Mentally disordered offenders	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No
8	Homeless people with mental illness, learning disability, dementia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	☐ Yes☐ No	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☐ No				
12	Children & young people with a learning disability	Yes	Yes	☐ Yes	Yes	Yes

		No	□No	No	☐ No	☐ No
13	Children & young people with ASD or ADHD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes	☐ Yes ☐ No	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☐ No	☐ Yes	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
17	Children/young people with any other condition (specify)					
18	People with any other condition (specify)	People affected by problematic substance use (in line with the Scottish Government strategy: Rights, Respect and Recovery) funded via National Recovery Advocacy Network.				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	⊠Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Under 18 with mental health issues,	☐Yes	Yes	☐Yes	Yes	Yes
	learning disability	□No	□No	□No	□No	□No
	 Adults up to 65 	☐Yes	Yes	☐Yes	☐Yes	Yes
		□No	□No	□No	□No	□No
	Adults over 65	☐Yes	☐Yes	Yes	☐Yes	Yes
		□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	⊠Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	☐Yes	☐Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	Citizen	Yes	Yes	Yes	Yes	Yes
		⊠No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	⊠Yes	☐ Yes	Yes	Yes	☐Yes
	advocacy?	□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	Funding provided via P&K H&SCP.				
	anocateu	(FY 20-21 £336,856)				
		FY21-22 £344,267)				
		Funding provided by P&K Education and Children's Services – New contract from December 2022				
		(£75,000)				
		generic needs- based assessment rather than specific criteria				
		(with the exception of Rohallion SCC, which is ring				
		fenced funding). IAPK operate a				
		'Waiting List' as necessitated by the level of				

	referrals and will monitor this through a 'Duty' system, based on urgency and advocacy need. At times when high levels of referrals and capacity results in a lengthy waiting list, those people who cannot be supported will be informed as promptly as possible.		
Details total budget information split into the following categories (if possible):			
People with mental health problems			
People with learning disability			
People with dementia			
People with autistic spectrum disorder			
Mental disordered offenders			
Homeless people with mental illness, learning disability, dementia			

	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					
		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ √1 year ☐ 2 years ☐ 3 years ☐ Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)

24	How many Independent Advocacy Officers	FY 21-22 at 31.3.22 – 8.4 wte		
	are supported by this funding in your area? (NEW question)			



Organisation:	Comhairle nan Eilean Siar
Job Title:	Strategic Commissioning and Partnership Service Manager
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	HSCP

Part One: Adult Survey

Current Planning

2	At wh	at level is advocacy strategic planning carried out in your area?
		NHS board-wide
		HSCP
		Local Authority
		Other (please specify)
3	Is the	re an advocacy planning group covering your area?
•		Yes
	<u> </u>	No
4	Is the	re a current independent advocacy strategic plan for your area?
		Yes
		No
	If Yes	s, can you please submit a copy along with your questionnaire?

5	If No, is an advocacy strategic plan in the process of being developed?
	⊠ Yes
	□ No
	If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?
	Independent Advocacy Plan was for years 2018-2021 so requires updating and refreshed.
Conci	ultation & Involvement
Const	intation & involvement
6	Please describe how advocacy provider organisations were consulted or involved in the development of the plan
	The Advocacy Planning Group has developed the Advocacy Plan and the membership includes 2 representatives from Advocacy services along with 16 other representatives from various organisations.
7	Please describe how people who use advocacy services were consulted or involved in the development of the plan
	A Consultation exercise took place so that the local population could comment and share ideas in relation to the Advocacy Plan.
8	Was there an Equality Impact Assessment completed with the development of your Advocacy Strategic Plan?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?
Actio	n Plan
9	Is there an action plan for the development of mental health, learning disability or dementia independent advocacy services in your area?
	☐ Yes
	No
	If Yes, can you please submit a copy along with your questionnaire?

10	If No, is an action plan in the process of being developed?
	☐ Yes
	No
	If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?
	The Advocacy Action Planning Group has not been meeting regularly since the start of the Pandemic but there is a plan to begin regular meetings and update the plan and add additional actions.
11	Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans
	This will be included in the wider plan.
Curr	ent Commissioned Services
12	
-	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	for people subject to compulsory measures under the Mental Health Act?
-	for people subject to compulsory measures under the Mental Health Act? Yes
-	for people subject to compulsory measures under the Mental Health Act? Yes
13	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details Advocacy Western Isles do prioritise referrals for people subject to compulsory measures
	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details Advocacy Western Isles do prioritise referrals for people subject to compulsory measures and as well as an advocate they ensure that people have access to legal representation. Do you specify that any organisations apply a limit to the amount of advocacy support per
	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details Advocacy Western Isles do prioritise referrals for people subject to compulsory measures and as well as an advocate they ensure that people have access to legal representation. Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	for people subject to compulsory measures under the Mental Health Act? Yes No If Yes, please provide details Advocacy Western Isles do prioritise referrals for people subject to compulsory measures and as well as an advocate they ensure that people have access to legal representation. Do you specify that any organisations apply a limit to the amount of advocacy support per person? Yes

you ensure they are supported?			
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support homeless people with this condition			
Generic service open to homeless people with condition – no specific agreement relating to this			
Specific homeless advocacy service (s) commissioned			
Please provide details			
While we don't specifically commission services Advocates have a specific interest and knowled dementia.	_		
Do you currently commission advocacy health issues, learning disability or demoyou ensure they are supported?	-	-	
	Mental Health	Learning Disability	Dementia
Generic service explicitly commissioned to support asylum seekers with this condition	Mental Health	Learning Disability	Dementia
	Mental Health	Learning Disability	Dementia
support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to	Mental Health	Learning Disability	Dementia
support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s)	Mental Health	Learning Disability	Dementia
support asylum seekers with this condition Generic service open to asylum seekers with condition – no specific agreement relating to this Specific asylum seeker advocacy service (s) commissioned			Dementia

Do you currently commission advocacy services specifically for <u>homeless people</u> with mental

health issues, learning disability or dementia? Please tick where appropriate. If not, how do

14

16	Do you currently commission advocacy health issues, learning disability or dem you ensure they are supported?	_		
		Mental Health	Learning Disability	Dementia
Gene	ric service explicitly commissioned for s			
Speci carer	ific service explicitly commissioned for s			
No ca	rers' advocacy service			
Pleas	e provide details			
We do	on't specifically commission a service for o	carers but are supp	oorted by the generic a	dvocacy
Comr	nissioning budget			
17	Has the commissioning budget for mentadvocacy organisations changed over the			independent
	☐ Yes			
	No			
	If the budget has changed (either an inc changed as a consequence? Please prov		please say how. Have	e services
	The budget remains the same. It is my to	understanding that	services have not cha	nged.

Prisons and advocacy services 18 Do you have any prisons in your HSCP area? Yes \boxtimes No 19 If Yes, do any of the services currently commissioned provide advocacy support in the prison(s)? Yes No If Yes, please provide details 20 Can you please outline how prisoners are informed about independent advocacy services? (NEW question) NHS patients placed in private healthcare facilities out with home health board area Please specify how NHS patients from your area, who have been placed in private healthcare 21 facilities out with their home health board areas, receive advocacy support? \boxtimes From a local service where they are receiving care From home health board / local authority Don't know Any further details

Monitoring and review arrangements

	are the outcomes you are seeking to achieve and how do you monitor these?
Outco	omes monitored through monitoring meetings
learn	y describe the arrangements in place for monitoring the quality of mental health, ing disability or dementia independent advocacy services, including independent ation?
A ser	vice specification has been developed and monitoring is part of the process.
	ou get information from each organisation about the number of people accessing cacy support?
\boxtimes	Yes
	No
If Yes	s, please provide the most up to date information provided by each organisation
The n	umber in the last report states 2375, however I think that that is 1 individual having ole meetings. Will clarify at our next meeting.
The n	umber in the last report states 2375, however I think that that is 1individual having ole meetings. Will clarify at our next meeting.
The n	umber in the last report states 2375, however I think that that is 1 individual having ole meetings. Will clarify at our next meeting.
The n	umber in the last report states 2375, however I think that that is 1 individual having ole meetings. Will clarify at our next meeting. ou ask services to provide information about unmet needs, e.g. about people waiting advocacy support?
Do you access	umber in the last report states 2375, however I think that that is 1 individual having ole meetings. Will clarify at our next meeting. but ask services to provide information about unmet needs, e.g. about people waiting ask advocacy support? Yes
Do you access	umber in the last report states 2375, however I think that that is 1 individual having ole meetings. Will clarify at our next meeting. The ask services to provide information about unmet needs, e.g. about people waiting is advocacy support? Yes No
Do you access	umber in the last report states 2375, however I think that that is 1 individual having ole meetings. Will clarify at our next meeting. The ask services to provide information about unmet needs, e.g. about people waiting is advocacy support? Yes No

26		aware of providers prioritising provision of advocacy support to people subject to sory measures?				
	\boxtimes	Yes				
		No				
	If Yes	s, please provide details				
		Mental Health Officer will contact advocacy and they will meet with the person as soon ssible due to their rights in relation to their detention.				
27	What service	arrangements are in place to measure the satisfaction of people using advocacy ces?				
28	How	do you monitor complaints about advocacy services?				
		Annual monitoring data from providers				
		No monitoring				
		Other (please specify)				
29		do you currently raise awareness and deliver public information about the availability of al health, learning disability or dementia advocacy services in your area?				
	Electr	ronic media and stakeholders websites promote independent advocacy services.				
30		there been any specific actions to promote the use of advocacy among health and social social work staff?				
		Yes				
		No				

31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?				
	The Advocacy service is generic and will support people from all groups. We have included this in our service specification.				
32	How do you measure this?				
	Annual monitoring				
Future	e plans				
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?				
	☐ Yes				
	No				
	If Yes, please describe				
34	If No, how do you plan to address any unmet need in future?				
	When we begin to update our advocacy plan this is information that we will look at.				
35	Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?				
	Yes				
	⊠ No				
	If Yes, please describe				

36		ny specific actions planned to do more to promote awareness of the availability of acy services locally over the next two years?						
		Yes						
		No						
		Other (please specify)						
	Will be included in the Strategic Advocacy Plan							
37	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?							

Part Two: Children & Young People Survey

Current Planning					
1	Do you have ar	n integrated children's service plan?			
	\boxtimes	Yes			
		No			
2	If Yes, does it i	include advocacy?			
		Yes			
		No			
	If Yes, can you	please submit a copy along with your questionnaire?			
Comr	nissioning				
3		issioning budget for children and young people's mental health/learning pendent-advocacy organisations changed over the past two years?			
	Yes				
	☐ No				
4		as changed (either an increase or decrease) please say how. Have services consequence? Please provide details			
	The budget ha	s increased. There is an increased service provided in schools.			

NHS patients placed in healthcare facilities out with home health board area

Please specify how many children or young people with a mental illness, learning disa related condition and in a placement out with their home local authority would receive advocacy support?							
		From a local service where they are receiving care					
		From home health board / local authority					
		Don't know					
	Any fu	urther details					
Monit	oring a	nd review arrangements					
		is only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition.					
6		are the outcomes you are seeking to achieve for the children and young people and how u monitor these?					
7	peopl	y describe the arrangements in place for monitoring the quality of children and young e's mental health, learning disability or related condition independent advocacy ses, including independent evaluation?					

supp	ou get information from each organisation about the number of children and young ble with mental illness, learning disability or related condition accessing advocacy port from each organisation?
	Yes
	No
f Ye	s, please provide the most up to date information provided by each organisation
	t arrangements are in place to measure the satisfaction of children and young peop mental illness, learning disability or related condition using advocacy services?
	do you monitor complaints about advocacy services for children and young people tal illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	Annual monitoring data from providers
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring
	Annual monitoring data from providers No monitoring Other (please specify)
ny a	Annual monitoring data from providers No monitoring Other (please specify) do you currently raise awareness and deliver public information about the available
any a	Annual monitoring Other (please specify) do you currently raise awareness and deliver public information about the available advocacy services for children and young people with mental illness, learning disalerations.
any a	Annual monitoring Other (please specify) do you currently raise awareness and deliver public information about the available advocacy services for children and young people with mental illness, learning disale

12	Have	there been any specific actions to promote the use of advocacy among staff?
		Yes
		No
	Pleas	e provide any further details below.
Future	e plans	
13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
		No
		Other (please describe)
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
		Yes
	\boxtimes	No
	If Yes	, please describe
	<u> </u>	

5	If No, how do you plan to address any unmet need here?					
	The Childrens Integrated Plan has a mental health sub group.					
6	Any Other Comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?					

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
1	Organisation name and address	Advocacy Western Isles Adults	Who Carers Scotland Children	Advocacy Western Isles Children		
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	⊠ Yes □ No	☐ Yes ☑ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
4	People with learning disability	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes
5	People with dementia	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ⊠ No	☐ Yes	☐ Yes

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
6	People with autistic spectrum disorder	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
7	Mentally disordered offenders	⊠ Yes □ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes	☐ Yes
8	Homeless people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes	⊠ Yes	☐ Yes ☐ No	☐ Yes
9	Asylum seekers with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
10	Carers of people with mental illness, learning disability, dementia	⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
11	Children & young people with a mental health problem	☐ Yes ☐ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes
12	Children & young people with a learning disability	☐ Yes ☐ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes ☐ No

13	Children & young people with ASD or ADHD	☐ Yes	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes
14	Looked-after children & young people including those who have mental illness, learning disability or related conditions	☐ Yes ☐ No	⊠ Yes □ No	⊠ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	☐ Yes	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes
16	Young asylum seekers with mental illness/learning disability/dementia	☐ Yes	⊠ Yes □ No	⊠ Yes □ No	☐ Yes	☐ Yes
17	Children/young people with any other condition (specify)		Advocacy Service is generic and will support children with any condition.	Advocacy Service is generic and will support children with any condition.		
18	People with any other condition (specify)	Advocacy Service is generic and will support Adults with any conditions. I have not included the services for children as they are commissioned separately. (Section 3)				

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
19	Age range					
	 All ages 	⊠Yes	Yes	Yes	Yes	Yes
		□No	□No	No	□No	□No
•	 Under 18 with mental health issues, learning disability 	Yes	⊠Yes	⊠Yes	☐Yes	Yes
	learning disability	□No	□No	□No	□No	□No
	 Adults up to 65 	⊠Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
	 Adults over 65 	⊠Yes	☐Yes	Yes	☐Yes	Yes
		□No	□No	□No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
20	Type of advocacy					
	Individual	⊠Yes	⊠Yes	⊠Yes	Yes	Yes
		□No	□No	□No	□No	□No
	Collective	⊠Yes	⊠Yes	⊠Yes	☐Yes	☐Yes
		□No	□No	□No	□No	□No
	■ Citizen	⊠ Yes	Yes	Yes	Yes	Yes
		□No	□No	□No	□No	□No
21	Non-instructed advocacy					
	Does the service provide non-instructed	☐Yes	☐ Yes	Yes	Yes	☐ Yes
	advocacy?	⊠ No	⊠ No	⊠ No	□No	□No

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
22	Budget Information: total annual amount allocated	£60,374 allocated. They also receive grant funding from other organisations.	£39,000	External funding for childrens advocacy service.		
	Details total budget information split into the following categories (if possible):	Budget is not split Into categories.	Budget is not split Into categories.	Budget is not split Into categories.		
	People with mental health problems					
	People with learning disability					
	People with dementia					
	People with autistic spectrum disorder					
	Mental disordered offenders					
	Homeless people with mental illness, learning disability, dementia					
	Asylum seekers with mental illness, learning disability, dementia					
	Carers of people with mental illness, learning disability, dementia					
	Children & young people with a mental health problem					
	Children & young people with a learning disability					
	Children & Young people with ASD or ADHD					

		Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
	Looked-after children & young people including those who have mental illness, learning disability or related conditions					
	Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
	Young asylum seekers with mental illness, learning disability, dementia					
	Children * young people with any other condition (specify)					
23	What is the term of funding allocated to this organisation? (NEW question)	☐ 1 year ☐ 2 years ☐ 3 years ☑ Other (please detail)No end date	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
24	How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	8)	8		

Organisation:	The State Hospital
Job Title:	Director of Nursing and Operations
On whose behalf are you responding? (NHS Board, HSCP, Local Authority)	NHS Board

Part One:	Adult Survey
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Curre	nt Planı	ning
2	At wh	at level is advocacy strategic planning carried out in your area?
	*	NHS board-wide
	_*	HSCP
	_*	Local Authority
		Other (please specify)
3	Is the	re an advocacy planning group covering your area?
		Yes – As part of Person Centred Improvement Steering Group
		No
4	Is the	re a current independent advocacy strategic plan for your area?
		Yes
		No
	If Yes	can you please submit a copy along with your questionnaire?
5	If No,	
		is an advocacy strategic plan in the process of being developed?
		Yes

If Yes please provide details of when the advocacy strategic plan will be completed If No please can you kindly advise why this is not being developed?

Not required as covered within SLA / tendering process, which is robust in terms of provision and potential needs of the service.

Cons	ultation & Inv	olvement
6		cribe how advocacy provider organisations were consulted or involved in the nt of the plan
	Via SLA ter	ndering processes.
7		cribe how people who use advocacy services were consulted or involved in the nt of the plan
	Patient Part developmer	tnership Group were involved in tendering process and service specification nt.
8	Was there a Strategic Pl	an Equality Impact Assessment completed with the development of your Advocacy lan?
	Yes	
	⊠ No	
	If Yes, can y	you please submit a copy along with your questionnaire?
Actio	n Plan	
9		action plan for the development of mental health, learning disability or dementia at advocacy services in your area?
	⊠ No	
	If Yes, can y	you please submit a copy along with your questionnaire?
10	If No, is an	action plan in the process of being developed?
	☐ Yes	
	⊠ No	

If Yes, please provide details of when the action plan will be completed If No please can you kindly advise why this is not being developed?

Due to the nature of the service, size of population and the needs of the patients, the Service Level Agreement can be tailored to adapt to the changing patient population.

Future tendering and EQIA development will support development of an action plan related to above groups.

11 Please detail actions in relation to the development of mental health, dementia, learning disability services which may be in other local plans

Within TSH, the entire patient population has services geared towards their individual needs. We recognise an ageing population and the potential for additional issues related to e.g. dementia.

Current Commissioned Services

12	Do you specify that any organisations prioritise referrals for advocacy support, e.g. support for people subject to compulsory measures under the Mental Health Act?
	⊠ Yes
	If Yes, please provide details
	The Patient Advocacy Service is provided via a Service Level Agreement with the purpose of providing advocacy services to patients within The State Hospital, all of whom are subject to compulsory measures within the Mental Health (Care and Treatment) Scotland Act 2003 or the Criminal Procedures (Scotland) Act 1995. The SLA stipulates that patients must be offered advocacy input within 7 working days of admission.
	The Service Level Agreement recognises the statutory duty arising from Section 259 of the Mental Health (Care and treatment) (Scotland) Act 2003 to secure the availability of independent advocacy services for persons who have a mental disorder and to ensure that those persons have the opportunity to make use of those services.
13	Do you specify that any organisations apply a limit to the amount of advocacy support per person?
	⊠ No
	If Yes, please provide details

you ensure they are supported?						
	Mental Health	Learning Disability	Dementia			
Generic service explicitly commissioned to support homeless people with this condition						
Generic service open to homeless people with condition – no specific agreement relating to this						
Specific homeless advocacy service (s) commissioned						
Please provide details						
Advocacy services are available to all patients.						
Whilst a number of our patients will have lived experience of homelessness prior to admission to The State Hospital there is no specifically commissioned service for homeless persons with mental health issues, learning disability or dementia. The Patient Advocacy Service serves the entire patient population irrespective of their living arrangements pre-admission. Where housing needs are identified, this is addressed via the CPA processes and in conjunction with the responsible local authority. The Patient Advocacy Service support the patient's involvement in these processes and can link with external advocacy partners as necessary.						
Do you currently commission advocacy services specifically for <u>asylum seekers</u> with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?						
	Mental Health	Learning Disability	Dementia			
Generic service explicitly commissioned to support asylum seekers with this condition						
Generic service open to asylum seekers with condition – no specific agreement relating to this						
Specific asylum seeker advocacy service (s) commissioned						
Please provide details						
Advocacy services are available to all patients. There is no specific service for asylum seekers. However, Clinical Teams and Patient Advocacy Service liaise when there are identified issues in this respect and are able to access specialist legal advice and support from external agencies where appropriate. We have access to translation and interpreting services to support meaningful engagement with advocacy.						

Do you currently commission advocacy services specifically for <u>homeless people</u> with mental

health issues, learning disability or dementia? Please tick where appropriate. If not, how do

14

16	Do you currently commission advocacy services specifically for <u>carers</u> of people with mental health issues, learning disability or dementia? Please tick where appropriate. If not, how do you ensure they are supported?							
		Mental Health	Learning Disability	Dementia				
Gene	ric service explicitly commissioned for s							
Speci carer	ific service explicitly commissioned for s							
No ca	arers' advocacy service							
Pleas	e provide details							
disab carers Work the pa Asses service	There is no commissioned advocacy service for carers of people with mental health issues, learning disability or dementia. However, the Person Centred Improvement Team provide significant support to carers and have supported the development and operation of a Carer's Support Group. The Social Work service within the hospital will routinely liaise with carers following admission and at key points in the patient's recovery to support their involvement in the care and treatment plan. Carer's Assessments are offered in line with annual CPA meetings. Carers are signposted to advocacy services in their home area. Information is also contained within the visitors' information pack. We have implemented the Triangle of Care approach within TSH.							
Comr	nissioning budget							
Has the commissioning budget for mental health, learning disability or dementia independent advocacy organisations changed over the past two years? Yes No If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details								

Prisor	sons and advocacy services					
18	8 Do you have any prisons in your HSCP area?					
	Yes					
	⊠ No					
19	If Yes, do any of the services currently coprison(s)?	ommissioned provide advocacy support in the				
	Yes					
	⊠ No					
	If Yes, please provide details					
20	Can you please outline how prisoners are (NEW question)	Can you please outline how prisoners are informed about independent advocacy services? (NEW question)				
NHS p	S patients placed in private healthcare facilit	ies out with home health board area				
21	Please specify how NHS patients from ye facilities out with their home health boar	our area, who have been placed in private healthcare d areas, receive advocacy support?				
	From a local service where they a	re receiving care				
	From home health board / local a	uthority				
	☐ Don't know					
	Any further details					
	N/A					

Monitoring and review arrangements

22 What are the outcomes you are seeking to achieve and how do you monitor these?

Independent Advocacy National Outcomes:

- 1. Independent advocacy enables people to be better informed about their rights, as well as understanding their needs and wishes and the choices they have. It increases their agency and power to choose their own actions freely, as much as possible.
- Independent advocacy supports people to recognise, understand and challenge
 power imbalances that influence their lives. It enables them to challenge these
 imbalances, in order to try and realise their rights, needs, and wishes. When
 someone is unable to take personal action, their advocacy worker will ensure
 that their rights are upheld
- 3. Independent advocacy supports people to know that their voices have been heard and their needs and wishes understood

Further outcomes are reflected within the service specification and SLA:

Provide informed input and information to support all patients to participate meaningfully in Care Programme Approach (CPA) reviews and Mental Health Tribunals and develop Advance Statements.

Ensure all patients are informed of their legislative rights.

Engage in State Hospital meetings where Advocacy is a significant stakeholder to ensure the views of patients are heard and understood.

Support patients to share feedback /raise complaints.

 \boxtimes

Ves

Support patients to engage in stakeholder forums relating to service design

The Patient Advocacy Service reports regularly to the Clinical Governance Group within The State Hospital and provides annual reporting via it's AGM process in which it demonstrates its accountability to the purchaser and to its own Board. KPIs within The State Hospital monitor the involvement of advocacy services at key stages of the patient's recovery.

23	Briefly describe the arrangements in place for monitoring the quality of mental health,
	learning disability or dementia independent advocacy services, including independent
	evaluation?

Annual Reports to Clinical Governance, Patient Satisfaction Questionnaires, Self-Assessment, Person Centred Improvement Steering Group, State Hospital Board.

24 Do you get information from each organisation about the number of people accessing advocacy support?

☐ If Yes,	please provide the most up to date information provided by each organisation

CPA review meetings. Do you ask services to provide information about unmet needs, e.g. about people waiting to 25 access advocacy support? \square Yes If Yes, please provide the most up to date information available This is provided via regular reporting mechanisms. However, there is no evidence of unmet need at this stage within The State Hospital. Are you aware of providers prioritising provision of advocacy support to people subject to 26 compulsory measures? Yes If Yes, please provide details All patients are subject to compulsory measures. Patient Advocacy Service based within The State Hospital. Detailed as per monitoring reports and within SLA. 27 What arrangements are in place to measure the satisfaction of people using advocacy services? PAS incorporate patient feedback within their reporting arrangements. Annual Patients' Advocacy Service satisfaction questionnaire. Monitored through wider patient feedback processes and Patient Partnership Group. 28 How do you monitor complaints about advocacy services? Annual monitoring data from providers No monitoring Other (please specify) As part of service specification, provider would notify us of any complaints. The Complaints Procedure is open to all.

As of 28/09/22, 111 patients in the Hospital. PAS engage with 100% of patients as a minimum twice a year. Currently 108 patients have regular advocacy input, 3 request input limited to

	TSH Board monitoring via the quarterly Complaints Report.					
29	How do you currently raise awareness and deliver public information about the availability of mental health, learning disability or dementia advocacy services in your area?					
	All patients are provided with access to advocacy services within the first 7 days of admission and provided with an information leaflet.					
	Patient Welcome Pack and Carers' Information Pack includes this information.					
	Additional information on rights to access advocacy is available within patient areas, is conveyed to patients via Social Work in the first week of admission and is also a key element of the role of the Designated Mental Health Officer.					
30	Have there been any specific actions to promote the use of advocacy among health and social care/social work staff?					
31	How do you ensure services are available to equality groups (e.g. LGBT people, ethnic minority groups)?					
	Advocacy services are available to all patients.					
32	How do you measure this?					
	Monitoring and governance mechanisms.					
	All patients' needs and characteristics are recorded.					
Future	e plans					
33	Are you assessing the projected need for mental health, learning disability or dementia independent advocacy supports in the future?					
	⊠ Yes					
	If Yes, please describe					

Do you have are using for the second of the	do you plan to address any unmet need in future? e information about current identified gaps in provision / unmet need which you or future planning purposes? se describe contained in monitoring reports assist with future planning.
Information No unmet r	se describe
If Yes, plea Information No unmet r	
Information No unmet r	
Information No unmet r	
No unmet r	contained in monitoring reports assist with future planning.
	needs reported. Were this to change then this would inform future service in development and tendering process. ecific actions planned to do more to promote awareness of the availability of services locally over the next two years?
Yes	
⊠ No	
For exampl	Comments? e, are there other local advocacy services which are not commissioned but receive other services?

Pre-Admission Specific Needs Form completed which assesses the needs of protected characteristic groups prior to admission to support a fully inclusive approach to enabling

patients to engage with PAS from the outset.

Part Two: Children & Young People Survey

Currer	Current Planning				
1	Do you have an integrated children's service plan?				
2					
	Yes				
	□ No				
	If Yes, can you please submit a copy along with your questionnaire?				
Comm	issioning				
3	Has the commissioning budget for children and young people's mental health/learning disability independent-advocacy organisations changed over the past two years?				
4	If the budget has changed (either an increase or decrease) please say how. Have services changed as a consequence? Please provide details				
	N/A – The State Hospital does not routinely provide care for children or young people.				
	Any admissions of a young person aged 16 – 18 would be by exception only. In these circumstances there would be extensive liaison with community partner agencies to ensure the needs of the young person are protected. The Patient Advocacy Service would provide services to young people and specialist advocacy could be referred to were this necessary in the event of these rare occurrences.				
	The existing budget covers these exceptional admissions.				

NHS patients placed in healthcare facilities out with home health board area

5	Please specify how many children or young people with a mental illness, learning disability or related condition and in a placement out with their home local authority would receive advocacy support?					
	\boxtimes	From a local service where they are receiving care				
		From home health board / local authority				
		Don't know				
F	Any fu	rther details				
	Ireland	ational board, we provide services to patients from across Scotland and Northern I, all of whom have access to advocacy. The number of patients is so low as to lead to identification.				
_						
Monito	oring ar	nd review arrangements				
This se	ection i	s only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition.				
This se	ection i people What a	s only applicable if you commission independent advocacy services for children and				
This so	ection i people What a do you	s only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition. are the outcomes you are seeking to achieve for the children and young people and how				
This so	ection i people What a do you Servic Briefly people	s only applicable if you commission independent advocacy services for children and with mental illness, learning disability or related condition. are the outcomes you are seeking to achieve for the children and young people and how monitor these?				

\bowtie	Yes
If Ye	s, please provide the most up to date information provided by each organisation
See	above.
	arrangements are in place to measure the satisfaction of children and young people mental illness, learning disability or related condition using advocacy services?
Sam	e reporting mechanisms as for adult patients.
	do you monitor complaints about advocacy services for children and young people val illness, learning disability or related conditions which you commission?
	Annual monitoring data from providers
	No monitoring
	Other (please specify)
	Same reporting mechanisms as for adult patients.
any a	do you currently raise awareness and deliver public information about the availabilit dvocacy services for children and young people with mental illness, learning disabilied conditions in your area?
Sam	e reporting mechanisms as for adult patients.
Have	there been any specific actions to promote the use of advocacy among staff?
	Yes
\boxtimes	
	No se provide any further details below.

13		your integrated children services planning structure include an advocacy planning group ing your area?
		Yes
		No
		Other (please describe)
		N/A
14		ou assessing the projected need for children and young people's mental health, learning ility or related condition independent advocacy supports in the future?
	\boxtimes	Yes
		No
	If Yes	s, please describe
		dmission work and Child Referral Management Group would be aware of any potential in this respect.
15	If No,	how do you plan to address any unmet need here?
16	For ex	Other Comments? Kample, are there other local advocacy services which are not commissioned but receive any from other services?

Future plans

Part Three: Independent Advocacy Services Commissioned for Adults, Children & Young People

Please complete for all organisations you currently commission services from in your area. <u>Please use additional copies of this form for additional organisations.</u>

		Organisation 1	Organisation 2	Organisation 3	Organisation 4
1	Organisation name and address	Patient Advocacy Service, The State Hospital			
2	Is it a generic service (ie, it covers all the categories below)? (If not generic, the service will be targeted at supporting specific groups)	□ ⊠ No			
3	Does the organisation support? People with a mental health/illness related condition.	⊠ Yes			
4	People with learning disability	⊠ Yes			
5	People with dementia	⊠ Yes			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4
6	People with autistic spectrum disorder	⊠Yes			
7	Mentally disordered offenders	⊠Yes			
8	Homeless people with mental illness,	⊠Yes			
	learning disability, dementia				
9	Asylum seekers with mental illness, learning	⊠Yes			
	disability, dementia				
10	Carers of people with mental illness, learning				
	disability, dementia	⊠No			
11	Children & young people with a mental health	⊠Yes			
	problem				
12	Children & young people with a learning	⊠Yes			
	disability				

13	Children & young people with ASD or ADHD	⊠ Yes		
14	Looked-after children & young people	⊠Yes		
	including those who have mental illness, learning disability or related conditions			
15	Looked-after children & young people but <u>not</u> including those who have mental illness, learning disability or related conditions	□ ⊠ No		
16	Young asylum seekers with mental illness/learning disability/dementia	⊠ Yes		
17	Children/young people with any other condition (specify)	N/A		_
18	People with any other condition (specify)	N/A		

		Organisation 1	Organisation 2	Organisation 3	Organisation 4
19	Age range				
	 All ages 				
		⊠ No			
	 Under 18 with mental health issues, learning disability – NO UNDER 16s 	⊠ Yes			
	 Adults up to 65 	⊠ Yes			
	Adults over 65	⊠ Yes			

		Organisation 1	Organisation 2	Organisation 3	Organisation 4
20	Type of advocacy				
	Individual	⊠Yes			
	Collective				
		⊠No			
	Citizen	⊠Yes			
21	Non-instructed advocacy				
	Does the service provide non-instructed	⊠Yes			
	advocacy?				

		Organisation 1 £146,282	Organisation 2	Organisation 3	Organisation 4
22	Budget Information: total annual amount allocated	1140,202			
	Details total budget information split into the following categories (if possible):				
	People with mental health problems				
	People with learning disability				
	People with dementia				
	People with autistic spectrum disorder				
	Mental disordered offenders				
	Homeless people with mental illness, learning disability, dementia				
	Asylum seekers with mental illness, learning disability, dementia				
	Carers of people with mental illness, learning disability, dementia				
	Children & young people with a mental health problem				
	Children & young people with a learning disability				
	Children & Young people with ASD or ADHD				

	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Looked-after children & young people including those who have mental illness, learning disability or related conditions					
Looked-after children & young people but not including those who have mental illness, learning disability or related conditions					
Young asylum seekers with mental illness, learning disability, dementia					
Children * young people with any other condition (specify)					
What is the term of funding allocated to this organisation? (NEW question)	1 year 2 years 3 years Other (please detail)5 years	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)	1 year 2 years 3 years Other (please detail)
How many Independent Advocacy Officers are supported by this funding in your area? (NEW question)	1 x Full Time 3 x Part Time (28 hours)				