



Independent Advocacy Service

Response to the Consultation on the Advocacy – Guide for Commissioners.

Question 1: Are you content with the level of detail given in relation to the statutory responsibilities and that the information is clear?

Yes No

If no, what additional information do you think should be included?

We at EARS are concerned about the rewording - in Section 3.7 of the consultation document - of one of the 'key factors which underpin good independent advocacy';

- 'advocacy groups can not be providers of other services' (original wording) to
- 'advocacy groups should not be involved in the care or provision of other services to the individual who requires advocacy' (suggested wording).

Statutory responsibility can only be understood properly where independence is clearly defined and this is not the case here. We feel this has the potential to dilute the meaning of 'independence', as set out in the Principles and Standards. We are also concerned that this could possibly undermine the concept of independence, opening up opportunities for potential conflicts of interest and encourage poor procurement and bad practice.

We would also like to express our support for the Scottish Independent Advocacy Alliance's view that reference should be made to the Participation Standard.

Question 2: Are you content that the level of detail given in Section 10 on the Commissioning of Independent Advocacy is appropriate?

Yes No

If not, why not?

It is the experience of EARS that commissioners often need more detailed information about commissioning of independent advocacy services than is set out in this section. It is scant on detail or references to other parts of the document, which would be helpful.

EARS feel that the wording in 10.5 does not fully reflect the intentions of the Equality Act. Guidance for Commissioners need to be clear about commissioning advocacy services which are fully accessible and inclusive, therefore a better reflecting the Act's intentions. E.g. protected characteristics.



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Question 3: Would you support a programme of evaluations based on the pilot model of evaluation set out in paragraph 5 of Part 2 of the consultation paper?

Yes No

If not, why not?

Advocacy organisations recognise the importance of monitoring and evaluating their services and use a variety of methods to ensure that their services are regularly scrutinized – this is explicit in the SIAA’s Principles and Standards. There is also the SIAA’s evaluation tool. Independent (external) evaluations can be an extreme drain on the resources of small organisations and this is not helped by commissioners not seeing this cost as part of their investment into an organisation – even less likely in the current financial climate? ***Advice to commissioners that this cost should be included in funding is necessary if these evaluations have to take place.***

Some examples of the innovative ways that EARS has monitored and evaluated its work over the last 14 years are:

- Developing good data collection systems for the monitoring of its services. This has met the requirements of our Service Level Agreements with commissioning bodies and we
- Continuing to develop systems, e.g. we are currently in the process of moving to an ‘outcome specific’ reporting system.
- Undertaking an audit of the service every year – using the Principles and Standards.
- Recent undertaking of an Social Return on Investment exercise on our services which spurred our change to outcomes based reporting and identified the excellent value of the services we provide.

These systems provide us with excellent data with which to monitor and evaluate our services. We also use feedback from our service users – acquired at the closing of a case. Like all independent advocacy providers we are fully aware of our accountability to our service users, our funders and the public and this promotes good practice in service monitoring and evaluation.



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Question 4. Do you think it is useful to highlight situations (such as those given in Appendix 2) that commissioners should be mindful of in order that consideration is given to how these would be avoided/handled/resolved?

Yes No

Are there any others you would add/remove?

We would welcome your thoughts on what the impact of each of these situations would be and also your views on what action should be taken to minimise conflict. We will consider the responses and add as part of the guidance.

We feel that it is extremely important to provide information that ensures people make informed decisions and commissioners are no different. The more information that can be given, to increase understanding and enhance decision making, the better.

We have set out some examples below of people who, we know have benefitted from the fact that EARS' services are independent and free from conflicts of interest:

- People in the community who are disconnected from services (statutory or otherwise) due to a lack of trust of authority,
- Where there has been a breakdown in communication between people and the services they use/used
- People who are at risk of harm but will not engage with statutory/other services

Case 1 Supporting a survivor of domestic abuse - this advocacy partner did not want to engage with social work because of their previous "interference". Was happy to engage with independent advocacy, because we would follow her wishes and support her to handle her issues as she saw fit. The complex nature of power imbalances, guilt, loss of confidence and other family circumstances could not be dealt with by other agencies whose remit demanded that they respond/act in certain ways.

Case 2 Advocating for a school leaver – a visually impaired 16 year old from a traditional muslim family who was being pressured by parents, his school and his college to make particular choices. Only the intervention of the independent advocate gave the advocacy partner the freedom to express openly his own wishes/needs.

Case 3 problems with a care provider - advocacy partner in the community, with complex personal care issues, emotional difficulties (due to previous abuse) and dealing with allegations of mistreating staff. The other professionals involved (care agency, social work, etc) had views about what care was needed, which contradicted those of the advocacy partner. By pursuing her rights with the social work manager it was agreed that a 'workaround' solution be put into place to keep her safe. This change was being blocked by the care providers/social worker because they were not hearing her and had other issues on their mind, i.e. resources/staff protection.



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Question 5. Do you find the information on additional reference material in Appendix 3 helpful?

Yes No

Are there any others you would add?

The Participation Standard for the NHS in Scotland.

Are there any you would remove?

General Comments:

We strongly believe that independent advocacy should be just that, independent. Scotland is unique in both the way that its advocacy services work and the documents that back up and support the work of independent advocacy organisations. The Scottish advocacy movement is known and applauded for those reasons.

EARS is a well known and well respected independent advocacy provider, we are also a member of the Scottish Independent Advocacy Alliance - of which the EARS Service Manager was a Board member for many years. We are somewhat perplexed by what could be perceived to be a move to, inadvertently or otherwise, influence independent advocacy or an attempt to dilute the Principles and Standards to which independent advocacy adheres. Our Service Manager played a part in the development of the Principles and Standards – along with the Scottish Government - and argued for robust Principles and Standards which would reflect the kind of rigorous and professional services that independent advocacy provision would become in Scotland. We feel changes to the Principles and Standards are not necessary and could be potentially harmful to independent advocacy.