

INDEPENDENT ADVOCACY PLAN

2018 - 2021

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Annex

1.0 Introduction

Many of us find it difficult, at times, to get our voice heard about decisions or actions that affect our lives. Some people have family, friends or carers to help them to speak up. Some don't have anyone in their lives to help them. Sometimes a family member may have their own ideas about what would be best for the person, which might not be the same as what the person wants. Some children find themselves within the care system, with high levels of vulnerability and without the same networks of support that many of their peers benefit from. Carers and professionals have a 'duty of care' for the population, client groups and the clients they serve and this may conflict with the individual's expectations and wishes. Independent advocacy aims to help people by supporting them to express their own wishes and needs and make their own informed decisions; it supports people to gain access to information and explore and understand options. Advocates speak on behalf of people who may feel or who are unable to speak for themselves, or who choose not to do so. They safeguard people who are vulnerable or discriminated against or whom services find difficult to support. Collective advocacy helps people with a shared agenda come together and lobby and campaign to influence services, policy and legislation. They work to challenge stigma, discrimination and inequalities.¹

It is in this context that a range of public and third sector bodies in the Outer Hebrides have come together to develop a three-year Advocacy Plan for health and social care services, which intends to support and guide the development of independent advocacy services in the Western Isles. We aspire to a strong partnership between the statutory agencies, independent advocacy organisations and the people who rely on advocacy. We wish to create a local environment in which:

¹ For more on this, see https://www.siaa.org.uk/wp-content/uploads/2016/11/1516SIA05_Childrens_digital-isbn.pdf

- General advocacy, including the need to support patients and service users to articulate what matters to them, is recognised as a responsibility of all health and social care professionals;
- Independent advocacy is recognised as a specialist resource which offers assistance to people who need additional support to express their needs and preferences;
- Everyone who is in need of independent advocacy knows how to access it, and can access it, across all of the communities of the Outer Hebrides;
- That people have choice and control over how they access independent advocacy and who provides it to them.

By working towards the realisation of these principles, we will be able to ensure that people are better able to articulate what matters to them and health and care outcomes improve as a result. We consulted on this document during November 2018 but all involved in its production would like to deepen our engagement so that we continually improve our understanding of those who need support from independent advocacy.

2.0 The Role of Independent Advocacy

What is independent advocacy?

Independent Advocacy is about helping people of all ages to have a stronger voice and more control over their lives. According to the Scottish Independent Advocacy Alliance², effective advocacy:

- safeguards people who are vulnerable or discriminated against or whom services find difficult to serve;
- empowers people who need a stronger voice by enabling them to express their own needs and make their own decisions;
- enables people to gain access to information, explore and understand their options, and to make their views and wishes known;
- speaks up on behalf of people who are unable to do so for themselves.

Independent Advocacy plays a central role in ensuring that the rights of our more vulnerable children, young people and adults are upheld. There are many models of advocacy:

Independent Professional Advocacy or Issue-based Advocacy is undertaken by paid or volunteer advocates. Advocates usually support people in dealing with a specific issue or problem.

² https://www.siaa.org.uk/wp-content/uploads/2016/11/1516SIA05_Childrens_digital-isbn.pdf

Collective Advocacy is where a group of people with similar experiences meet together to put forward shared views. It offers a shared voice rather than singling out individuals. It can, however, present a range of views. Collective advocacy builds personal skills and confidence and supports individuals to represent issues of common concern and take action on them.

Citizen Advocacy aims to encourage ordinary citizens to become more involved with the welfare of those in their community who are at risk of marginalisation. This is usually a long-term relationship between individuals and aims to ensure that the person's interests are protected.

Non Instructed Advocacy aims to ensure people who are unable to communicate their views and desires are included in decisions that are made about them and that their rights are upheld. This may be because the person has complex communication needs or has a long term illness or disability that prevents them stating their wishes or desires. This usually takes place with people who have dementia or severe learning difficulties. It may also be because of age, in the case of a child. Non Instructed Advocacy involves taking time to get to know the person and significant others in their lives, look for alternative methods of communication, ensure rights are upheld and promote a person-centred independent approach

Peer Advocacy is about individuals who share significant life experience. The advocacy worker may share, age, gender, ethnicity, diagnosis or issues – having a shared experience of vulnerabilities/issues. By this model, the advocate not only applies professional advocacy skills but is able to draw on lived experience to offer insight and connection.

These advocacy models are not mutually exclusive and indeed can be used to reinforce positive outcomes. For example, collective advocacy can often offer a route in to other forms of advocacy that are specifically tailored

to individual need. Not all of these are available in the Western Isles – citizen advocacy and peer advocacy do not form part of the local service provision.

The Benefits of Independent Advocacy

Service Providers can learn from Independent Advocacy in many ways. It can lead to better decisions being made about a person's needs treatment and the services they require; it can provide valuable information and feedback as well as healthy challenges to those who provide and deliver services; it can help professionals redesign and refine systems so that they work better for everyone and it can ensure that service providers keep the focus on those who are most at risk. Most importantly, it supports agency, voice and empowerment for the individual receiving independent advocacy support, and a feeling of being heard. This builds resilience in the face of adversity with long term implications for improved outcomes.

Better outcomes for people. Advocacy makes a difference to what happens to people. It leads to better decisions about needs treatment and services and assists an individual in gaining in confidence and self-esteem, particularly when they are at their most vulnerable. People feel better about themselves and their situation. They feel heard. People get out of places where they are unhappy and get included in places where they want to be. It enables them to express their views, to access information, to make informed choices and to have control over their own lives and care. Independent advocacy can help individuals see the wider picture and form a longer term view of their own circumstances. It enables them to become active members of their own communities as well as active contributors to their own care.

Intelligence and feedback. Advocacy can provide valuable information and feedback as well as healthy challenge to those who commission and provide services. Advocacy organisations can provide an alternative

source of constructive intelligence and feedback about how well services are meeting the needs of the most vulnerable groups and inform future needs and priorities.

This assists and contributes to the systems of clinical and care governance within NHS Boards and Local Authorities. Independent advocacy concentrates on the most vulnerable people; it helps the statutory service systems to identify those who are difficult to reach and hardest to serve. This places service planners in a better position to plan services that are accessible to all, by designing innovative solutions in terms of location, timing, frequency and delivery.

Case Study: Collective Advocacy

Advocacy Western Isles has supported a number of adults with learning disabilities to form a network of mutual support. The group has input from professional advocacy workers but it is very much led by the group members. This collective approach has helped build personal skills and confidence and has supported individuals to represent issues of common concern and take action. For example, the group has recently contributed to local discussions about how Area Coordination should be supported and have developed a series of short presentations to highlight the importance of inclusive communication.

With a growing sense of togetherness and confidence, the group has also supported the process of developing a new strategy for supporting people with a learning disability in the Western Isles, and group members contributed to workshops in Lewis and in Benbecula, sharing their lived experience.

Case Study: Issue-based Advocacy

Joanne has experienced difficulties attending secondary school and her attendance is very low, consequently a Children's Hearing is to take place. The Child's Plan recommends that Joanne be placed in a residential house to provide her with the necessary support to attend her local secondary school. At first, Joanne is against the idea of living in a residential house with other young people. However, after a visit with her parents, she decides that it may be an option. In preparation for the Hearing, Joanne meets with her Advocacy Worker, three weeks before the Hearing. I describe the process, the role of panel members, how and why decisions are made and in some instances Measures put in place. I explain Joanne's rights, and how she can speak with panel members on her own or with support. I take time to explore carefully with Joanne what she feels about her current situation, and what she hopes for. From the discussion Joanne clearly articulates what she would like from the Hearing. First, Joanne would like the Panel to consider a shared care arrangement whereby she could live at the residential house during the week, to support her with school attendance, but then return home to the care of her father at weekends. Secondly, time alone with mum is important to Joanne and she feels that this needs to be discussed at the Hearing, otherwise it might not happen. We discuss the relevance of Measures and the way in which the Panel could include a Measure to stipulate contact arrangements between Joanne and her mother. Joanne feels that would be helpful. Joanne decides that we should write everything down on paper and ask to speak with the Panel Members alone, with support from me, so that she can clearly voice her views about the future.

I meet again with Joanne immediately prior to the Hearing. We find a quiet spot for a coffee, go over everything again and make sure nothing has changed since our last meeting. Joanne is feeling nervous and would like me to speak to the Panel about time alone and to set out her views about shared care. Joanne is nervous at the beginning of the Hearing and it is not until she has time alone with Panel Members that she is able to relax and articulate, with the support of her advocacy worker, how she sees the future in relation to a shared care arrangement, supports for attending secondary school and regular contact with her mother. Panel members thank Joanne for her contributions and make the decision for Joanne to reside at the residential house with flexibility between social work, the residential provider and father to make suitable arrangements for weekends. The panel also decides to include a Measure to ensure Joanne gets to spend time with her mother each week. Joanne is happy with the outcome. She feels she has been listened to.

Legislative Context

The **1968 Social Work (Scotland) Act** provides the legal foundation of all social work activity

The **Adults with Incapacity (Scotland) Act 2000** aims to provide a basic legal framework to support adults with cognitive impairment, to explain what the term ‘capacity’ means and how it should be assessed.

The **Mental Health (Care & Treatment) (Scotland) Act 2003** gives a statutory right of access to independent advocacy for adults and children and young people with a mental disorder. The Mental Health (Scotland) Act 2015 amends the 2003 Act and consolidates rights around access to advocacy.

The **Education (Additional Support for Learning) (Scotland) Act 2004** describes entitlement to advocacy in the context of Tribunal proceedings

The **Adult Support and Protection (Scotland) Act 2007** is designed to protect adults at risk of abuse. The Act places a duty on Council Officers to “consider the importance of providing advocacy and other services”.

The **United Nations Convention on the Rights of the Child**, within the context of the special attention required to uphold children’s rights given their vulnerabilities and reliance on adults, sets out under Article 12 a specific right to express a view and have that view taken into account.

The **Children’s Hearing (Scotland) Act 2011** establishes a right for the child to have a representative to support them in all Children’s Hearings proceedings and allows, in Section 122 subsection 4, for the provision of Children’s advocacy services.

The **Children and Young People (Scotland) Act 2014** and the broad Corporate Parenting duties and responsibilities held across the public sector in ensuring that care experienced children and young people benefit from the support they require.

The **Patient Rights (Scotland) Act 2011** applies to all Scottish residents regardless of age and requires Ministers to publish a Patients' Charter setting out a summary of the rights and responsibilities of patients and other people. The Patients' Charter states that you have the right to request support when making decisions about your health care.

Other relevant legislation includes the **Social Care (Self-directed Support) (Scotland) Act 2013** and the **Carers (Scotland) Act 2016**, all of which recognise the importance of supporting people to exercise their autonomy and their voice.

3.0 Population Needs Assessment

Summary

There are well established Advocacy services in across the Western Isles. However, we know that due to a combination of demographic factors, trends in service provision and the rise in the number of people without access to support from friends and family, we have an increasing number of people who could benefit from advocacy services.

Key demographic factors driving increased need for service are:

- An increase in the number of older people living in the Western Isles
- The number of children within care in the Western Isles, and continuing challenges in ensuring that care experienced children and young people, along with other children with additional support needs, benefit from the same life chances and outcomes as are enjoyed by their peers
- The proportion of the population who live with learning disabilities and physical disabilities will rise as more people with disabilities live longer lives
- A continued increase in the proportion of people living in single person households
- An increase in the proportion of people unable to access secure, affordable accommodation
- The continued presence of deprivation

Key service changes that reinforce the need for effective advocacy have emerged from prolonged public sector austerity, with public bodies having to find new ways of meeting core legal obligations within tightening

resources. We are also working through the impact of the reform of the social security system, the introduction of Universal Credit and a tightening of eligibility to receive legal aid.

It is also true that the Health Board, Comhairle and IJB is invested in a process of service change and transformation, with key changes to mental health services and residential care being proposed. While those parties believe that these reforms will improve their overall service offer, it is also important that the users of those services have an effective voice as part of the programme of change.

Changes in people's ability to access informal support will also drive increased need for advocacy services. Data here is less reliably predictive: a continued increase in single person households is expected; there is a high proportion of older people across the Western Isles living in rural locations with poor access to transport and local services. Older people also report greater loneliness and isolation than other age groups. It is to be expected that with the demographic trends above and the increased trend towards vulnerable people being supported within the wider community rather than within residential services that more people will be at risk of social isolation and weak informal support networks.

Key Findings

- There is evidence of a small increase in the age profile of the Stornoway and Broadbay population, whereas there is significant increase in the rural populations.
- In all areas, the over 85 population is expected to at least double within twenty years, of significant concern is that within rural areas it is projected that working age populations (18 – 64) are expected to drop between 40% and 50%.

- In the 2015 eSay survey, 61.7% of adults with a learning disability were living with a family carer; in the 2017 eSay survey, 31% of adults with a Learning Disability utilised Advocacy Services.
- The Western Isles show higher than Scottish average in Physical and Sensory disabilities.
- Like other parts of Scotland, the number of children who are vulnerable and within care in the Western Isles will require ongoing monitoring.

Implications for the Strategic Planning of Independent Advocacy Services

In view of these trends, we need to:

- Give thought to the additional uninstructed advocacy support that may need to be provided to the growing number of older people, many of whom are socially isolated or who have neurological conditions like dementia;
- Consider the additional support that may need to be provided to people with disabilities, as the welfare state is reformed and as local health and social care services begin to change in view of demographic and financial pressures;
- Consider how best to ensure equity of service across all of the islands of the Outer Hebrides, taking account of specific needs and trends at a locality level;
- Continue to monitor changes in demand over time, to ensure that we can provide a service to everyone who calls on independent advocacy.
- Ensure that appropriate opportunities to promote independent advocacy are taken, including by embedding referral routes within mainstream services.

4.0 Resources

There are three agencies which commission independent advocacy in the Western Isles: the Comhairle, which has responsibility for children's education and social work services; the Integration Joint Board (Cùram is Slàinte), which has responsibility for adult social work, adult mental health and wider community healthcare services; and NHS Western Isles, which has responsibility for children's mental health services, along with other secondary care and specialist healthcare provision.

These parties currently fund two providers of advocacy services in the Western Isles: Advocacy Western Isles and Who Cares Scotland. Both of these organisations also draw upon wider funding sources, including on charitable income. The total investment from statutory agencies for 2018/19 is circa £105,000, split between the two main providers of independent advocacy services.

Commissioning arrangements are administered via a Service Level Agreement, which defines:

- Staffing and volunteering requirements
- Regulatory, skills mix and professional conditions of service
- Resources made available in support of the service
- Expected Outcomes

5.0 Existing Service Provision

Advocacy Western Isles provides issue-based one-to-one, non-instructed and collective independent advocacy support to individuals in need throughout the Western Isles. Priority is given to those with mental health issues, people with a learning disability, older people, children and young people and parent/carers.

Advocacy Western Isles currently provides specialist advocacy for mental health which works closely with legal services for individuals who are subject to statutory measures. It also works with individuals with a diagnosis of mental illness and any other undiagnosed mental illnesses such as depression.

Advocacy Western Isles facilitates a Collective Self Advocacy Group (The Speak Out Group) for adults with learning disabilities, which was established in 2006. The group deals with issues nationally and in the community that are of interest to and/or affect people with a learning disability.

Advocacy Isles provides a specialist advocacy service for Self-Directed Support for any individuals who are cared for or who are carers.

Advocacy Western Isles' Children and Young Persons Independent Advocacy Project was established in 2006 and was the first independent advocacy service for children and young people in the Western Isles and has been instrumental in embedding the use of independent advocacy with children services in the Western Isles.

Advocacy Western Isles provides a confidential service at no cost to the client. The service supports residents of Lewis and Harris in its offices in Stornoway and also supports people in their homes if required. Advocacy in Uist and Barra operates on a home visit basis or meeting venue of choice due to dispersed communities in remote and rural areas and the challenges they present to access.

Who Cares? Scotland is a national third sector membership and advocacy organisation. Across Scotland it provides individual, independent advocacy services along with a broad range of membership, participation, engagement, empowerment and campaigning activity for and with children and young people with experience of care up to the age of 26. Who Cares? Scotland works with almost all of Scotland's Local Authorities and has a national network of experienced Advocacy and Participation Workers. Who Cares? Scotland has considerable expertise locally and nationally across the range of its services and provides independent advocacy and a broad range of participation opportunities to children and young people on and from Eilean Siar. On the basis of the service provision agreed in May 2016, Who Cares? Scotland offers service not only to those with experience of care, but also to other vulnerable children and young people who might benefit from it.

All of Who Cares? Scotland's activities are underpinned by a commitment to the UN Convention on the Rights of the Child (UNCRC), seeking to respect and promote the realisation of the human rights of children and young people. In all its work, the organisation aims to operate in ways that are caring, compassionate, committed and competent. The children and young people the organisation works with have a diverse range of social, economic, cultural, ethnic and educational backgrounds and experiences. They live in residential homes, at home, in secure care, foster care, kinship care and supported and independent accommodation. Who Cares? Scotland offers support to those currently in care and to care leavers. Who Cares? Scotland strives to deliver the best quality independent advocacy and participation/engagement service to children and young people, working with them to ensure their voices are heard, their rights are respected and upheld and their achievements recognised. They strive to enable children and young people to feel and be heard, come together, speak out, campaign for and create positive change, and to reach their potential.

Both Advocacy Western Isles and Who Cares? Scotland are members of the **Scottish Independent Advocacy Alliance** and aim to work within the 'Principles and Standards for Independent Advocacy' guidelines produced by the Scottish Independent Advocacy Alliance.

Although individual citizens are entitled to draw on advocacy from a variety of sources, statutory partners in the Western Isles require all partner independent advocacy providers to work within the guidelines produced by the Scottish Independent Advocacy Alliance.

Likewise, all independent advocates have to work within the overall legal framework supporting people with care and support needs. This means that while independent advocates will seek to enter into confidential and trusting relationships with the people they support, this confidence can and must be broken where issues of adult and child protection emerge.

6.0 Vision and Outcomes

Our vision is that all people of the Western Isles can access independent advocacy when they need it on order to live productive and healthy lives. We subscribe to a set of values based on the human rights of the people who require care and support, including:

- Respect for the inherent dignity and worth of all individuals.
- Promotion of individual autonomy including the freedom and support to make one's own choices, as far as possible.
- Support to ensure full and effective participation and inclusion in society.
- Respect for difference and a desire to respond to individual needs.

We will strive to ensure that our services are focused on improving personal outcomes and which are focused on the capacity of service users to make autonomous decisions and lead purposeful independent lives. Our role is to make best use of personal capabilities, assets, family, and community. We will work with people and communities to develop a framework of mutual responsibility for health and wellbeing.

We will promote the role of independent advocacy and embrace it as a core part of the health and care system. This means that independent advocates will be provided with space and opportunity to support service users to find their voice. Likewise, independent advocates will work constructively with health and care professionals, respecting their views about how best people who need care can be supported. This will create a trusting and collaborative environment in which independent advocates and health and care professionals work together with service users and families in support of improved outcomes.

Outcome	Action		Timeline
People across the Western Isles are able to access independent advocacy in the right place at the right time	1	People in need of advocacy are provided with a range of advocacy models and offered a range of local and national providers to ensure their needs are optimally supported. The Western Isles Advocacy Planning Group will therefore review the plurality of options and make subsequent recommendations to the commissioning parties	April 2020
	2	Benchmarking work is undertaken to ensure that advocacy services continue to be made available across all island communities in the Western Isles, measured against a 2018 baseline.	Annually
Independent advocacy is actively promoted as a means of supporting the service user voice	3	Relevant service leaflets and literature promotes the use of independent advocacy, where appropriate	April 2020
	4	Electronic media, including social networking media and stakeholders' websites, are used to promote the effective use of independent advocacy	April 2019
	5	Work is undertaken with different professional groups to define and disseminate referral routes into independent advocacy services	April 2020
	6	Awareness-raising within schools is undertaken to create opportunities for children and young people with significant needs to develop confidence, connections and voice at an early age. This will involve proactive engagement, group work and outreach work to develop relationships, create new opportunities and reveal true advocacy need.	Ongoing
Independent advocacy providers deliver a high quality service	7	All providers of independent advocacy ensure current membership of the Scottish Independent Advocacy Alliance	Ongoing
	8	All providers of independent advocacy ensure that organisational policies are in place, including, for example, in relation to adult and child protection and members of staff and volunteers are fully aware of these	April 2019
	9	The service expectations of the commissioning parties are clearly described in Service Level Agreements and relevant contracts with independent advocacy providers	Annually
Independent advocates and health & care professionals work together in a trusting and collaborative environment	10	The role of independent advocacy is embedded in core training of statutory providers of health and social care. The Western Isles Advocacy Planning Group reviews training plans for core statutory services to examine opportunities. The role and responsibilities of different health and care professionals is incorporated into the training of advocacy workers	April 2020
	11	Western Isles Advocacy Planning Group periodically reviews the quality of the advocacy/professional relationship, to ensure that a trusting and collaborative environment is continually promoted	Quarterly

	12	The Western Isles Advocacy Planning Group ensures that the recommendations of the Mental Welfare Commission's 2018 Report <i>The Right to Advocacy</i> are fully implemented.	April 2020
We better understand the impact of independent advocacy in improving the outcomes	13	Work is undertaken to better understand the impact of independent advocacy in improving outcomes for people who need care and support by examining referral rates and qualitative data around service user outcomes and satisfaction rates	April 2019
We make best use of the resources available to us to commission effective advocacy services	14	Providers of independent advocacy ensure that resources align with wider statutory duties, particularly in respect of non-instructed advocacy for people who lack capacity	April 2019
	15	The statutory commissioners work with the providers of advocacy services to ensure that core funding arrangements are able to support strategic objectives	Annually
We actively oversee the implementation of our local plan and build-in opportunities for review	16	The publication of the Advocacy Plan is highlighted in local media outlets, and is shared with working groups (such as the GIRFEC Implementation Group), voluntary groups and Locality Planning Groups. An Easy Read version will be commissioned.	December 2018
	17	The Western Isles Advocacy Planning Group reviews progress against actions within the plan	Quarterly
	18	A new plan is coproduced for the period 2021-24 based on ongoing discussion with those who use advocacy services.	April 2021

Annex 1 – Strategic Needs Assessment

This needs assessment report has been developed through the Western Isles Advocacy Planning Group, as part of the development of a strategic advocacy plan. This document is designed to support this process by:

- Enabling the planning group to consider their strategy and priorities for future service development
- Identifying opportunities for creating future partnerships to the group to deliver its objectives
- Establishing the need for advocacy services from demographic data

Need for advocacy support is about more than levels of deprivation, morbidity or the age profile of the population. Advocacy is needed when people, whatever their situation, need support to represent their interests to address an issue or problem that they would struggle to face alone. Many people with complex needs do not require advocacy services because they feel equipped to address the issues they face themselves or because of the support they are able to access from their friends and family, or other professionals. Other people who may not appear “vulnerable” will find themselves valuing the support of an advocate to help them address a specific situation.

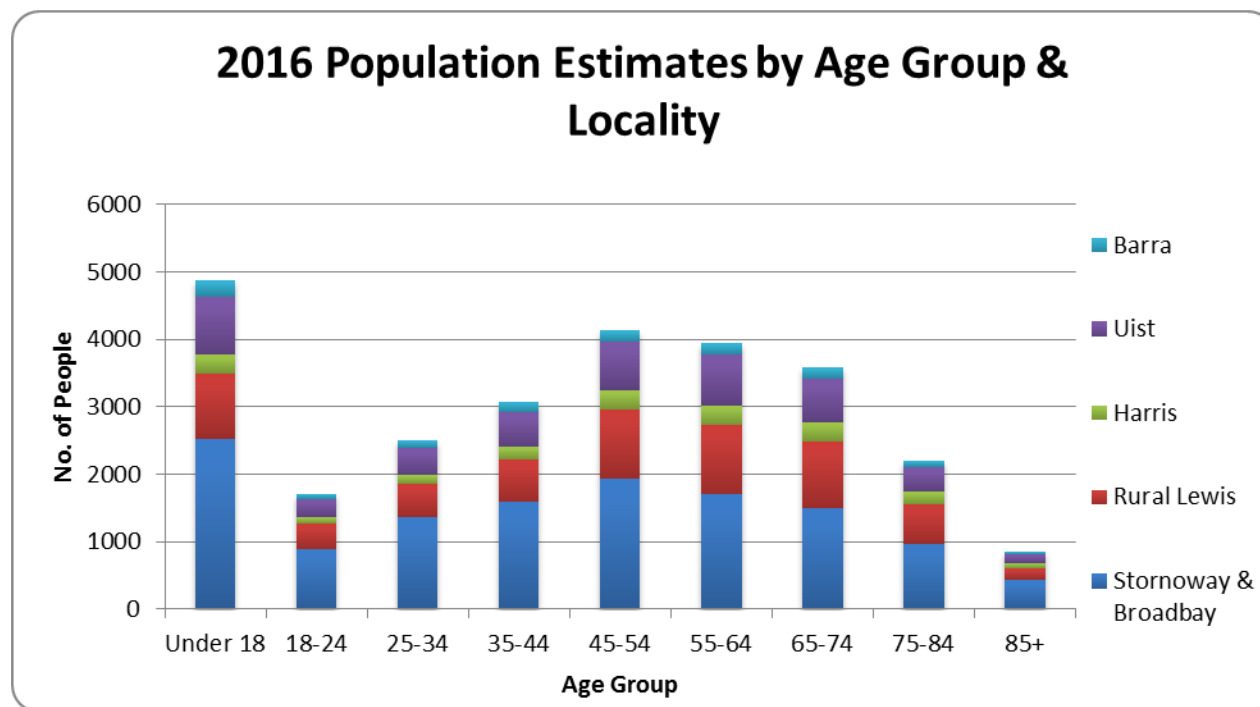
Whilst understanding the limitations of this approach, there are three factors that impact on need for advocacy services:

1. The number of people who may find it hard to represent themselves, and who may require support to cope with problems due to age, illness, disability, lack of skills or other vulnerabilities
2. The number of people facing the types of problems that typically result in people seeking the support of an advocate
3. The number of people lacking sufficient support from friends and family to enable them to cope with issues that they are facing

This first section of this report pulls together existing demographic data to enable an assessment of current need and likely future trends.

Population

Current Population estimates:

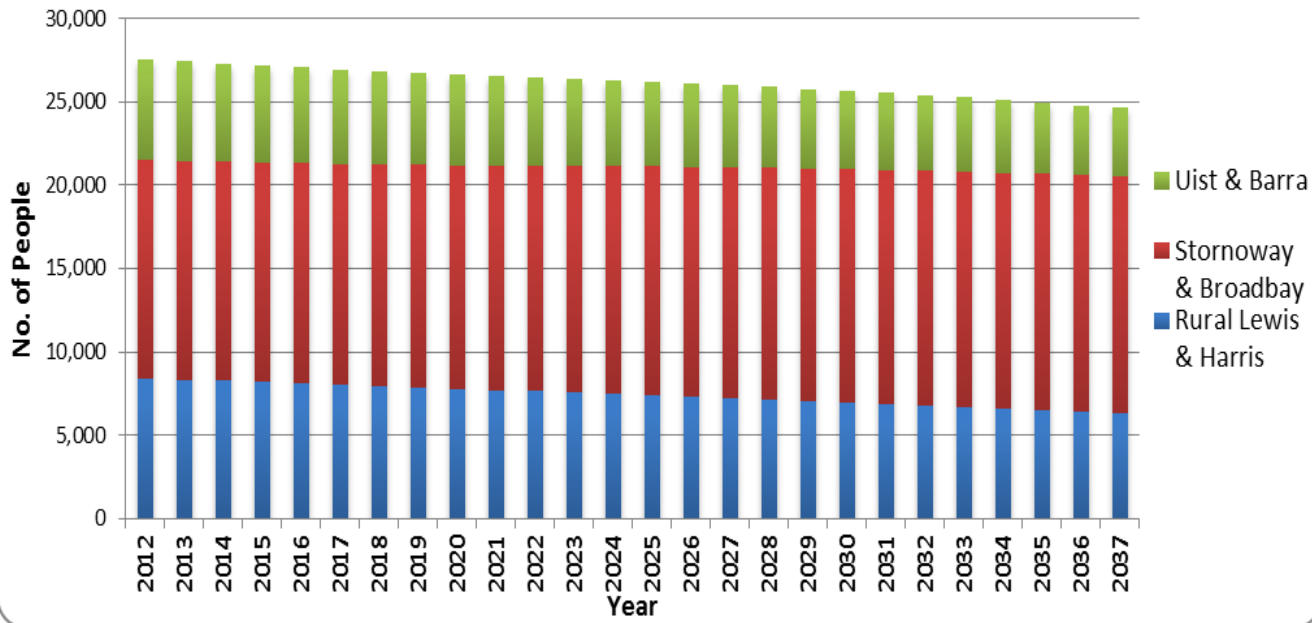


Source: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2016/list-of-tables>

The chart above provides a breakdown by age group and locality of the estimated population of the Western Isles. Information surrounding our current and projected population is necessary to establish the potential need for Advocacy services for clients and their carers, based on location, age group and need type.

The following projections were produced by National Records Scotland (NRS) based on 2012 population estimates and are the most recently available. Unfortunately, they are not available at locality level, but the following breakdowns are provided:

Population Projections 2012 to 2037 by Locality groupings

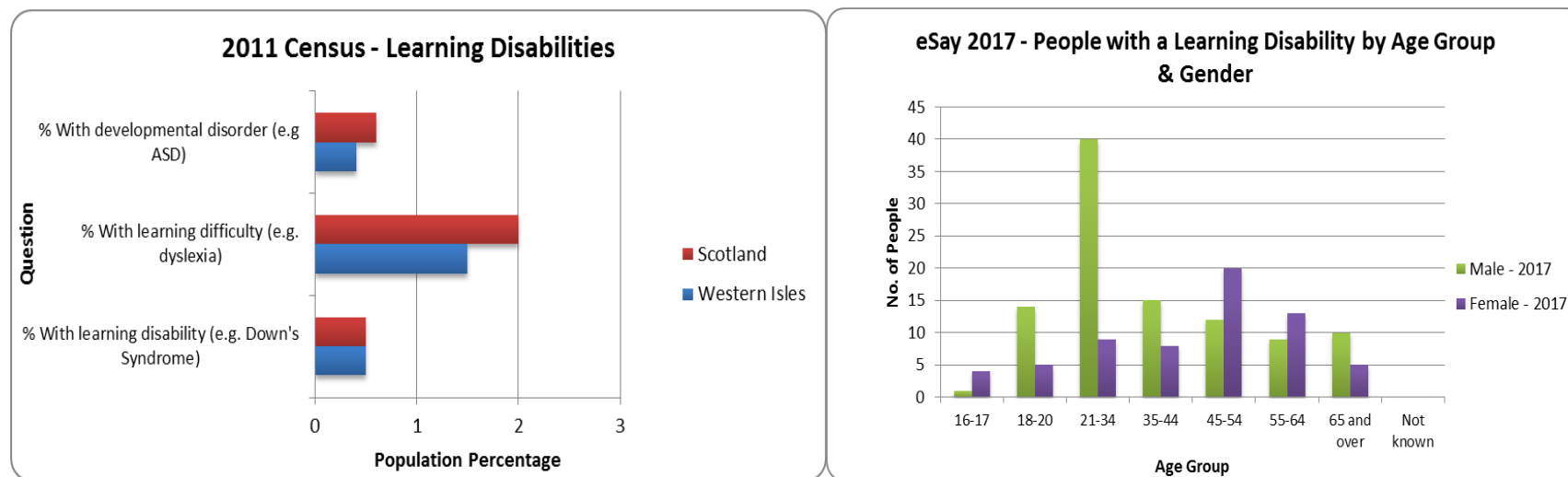


Source: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-and-household-sub-council-area-projections/2012-based-population-and-household-projections/list-of-detailed-tables>

People who might need support

Learning Disabilities

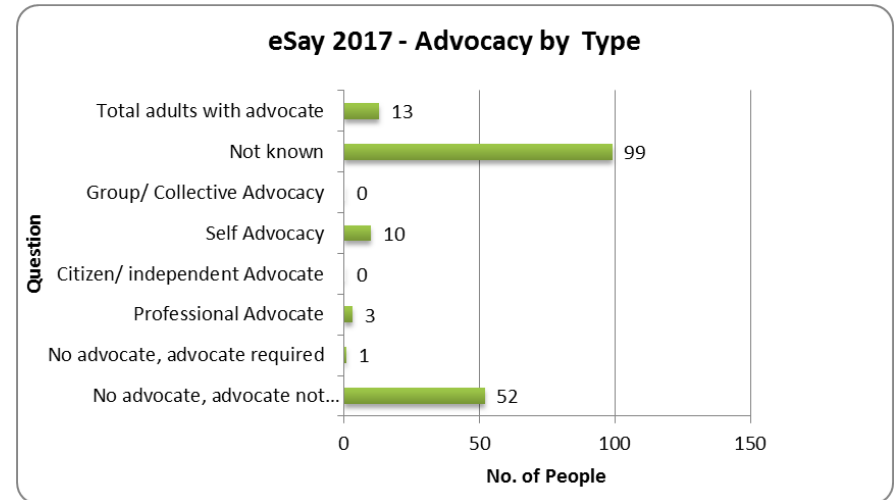
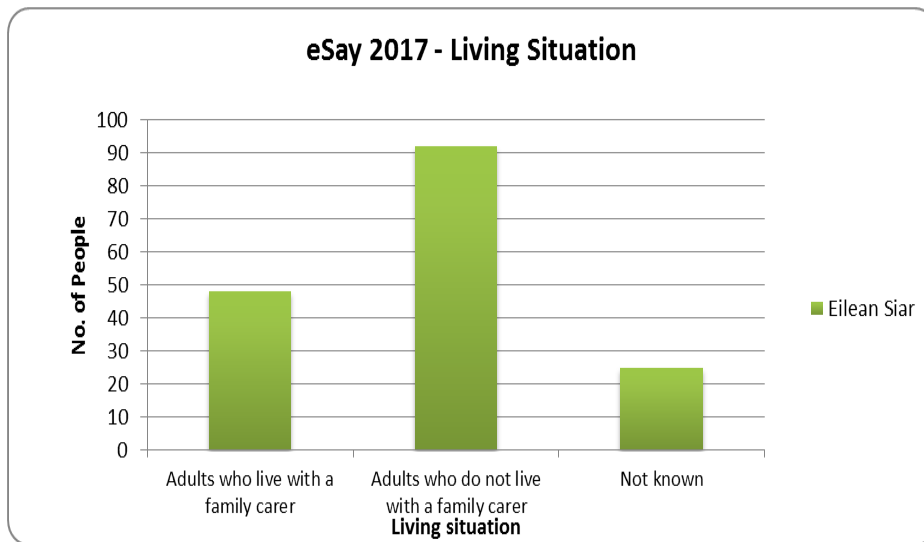
The 2011 Census included three questions specific to Learning Disabilities and development disorders. On this basis, Western Isles levels are on a par with Scotland in terms of Learning Disabilities but below Scotland levels for developmental disorders and learning difficulties.



Source: <http://www.scotlandscensus.gov.uk/ods-web/area.html>

Source: <https://www.sclid.org.uk/evidence-and-research/statistics-learning-disability-scotland/2017-report/>

The living situation of an individual with a Learning Disability can impact on their need for advocacy or for that of their family. In the 2015 eSay survey, 61.7% of adults with a learning disability were living with a family carer. As a comprehensive review of Learning Disabilities, eSay also captures information surrounding who with Learning Disabilities utilises Advocacy services and what type. At the time of survey, 31% of adults with a Learning Disability utilised Advocacy Services.



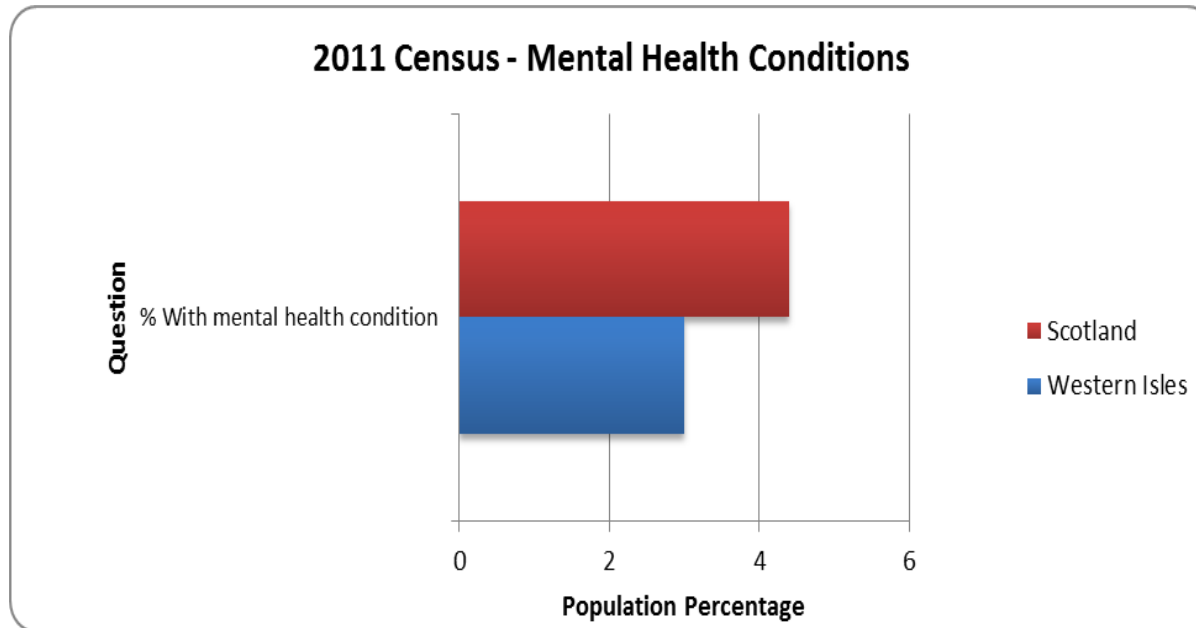
Source: <https://www.scd.org.uk/evidence-and-research/statistics-learning-disability-scotland/2017-report/>

Physical Disabilities

There is limited information surrounding physical disabilities available, unlike eSay which focuses on Learning Disabilities there isn't a single physical disabilities return. As such, the information surrounding physical disabilities has been compiled from Census data and Social Care Classifications. Without additional information / clarification on what constitutes a Physical disability it will not be possible to extract information from Primary Care systems. We do know however that the Western Isles shows higher than Scottish average in Physical and Sensory disabilities. While it cannot be concluded that all reports would require support or advocacy, it does signify that this is an area that requires further investigation.

Mental Health

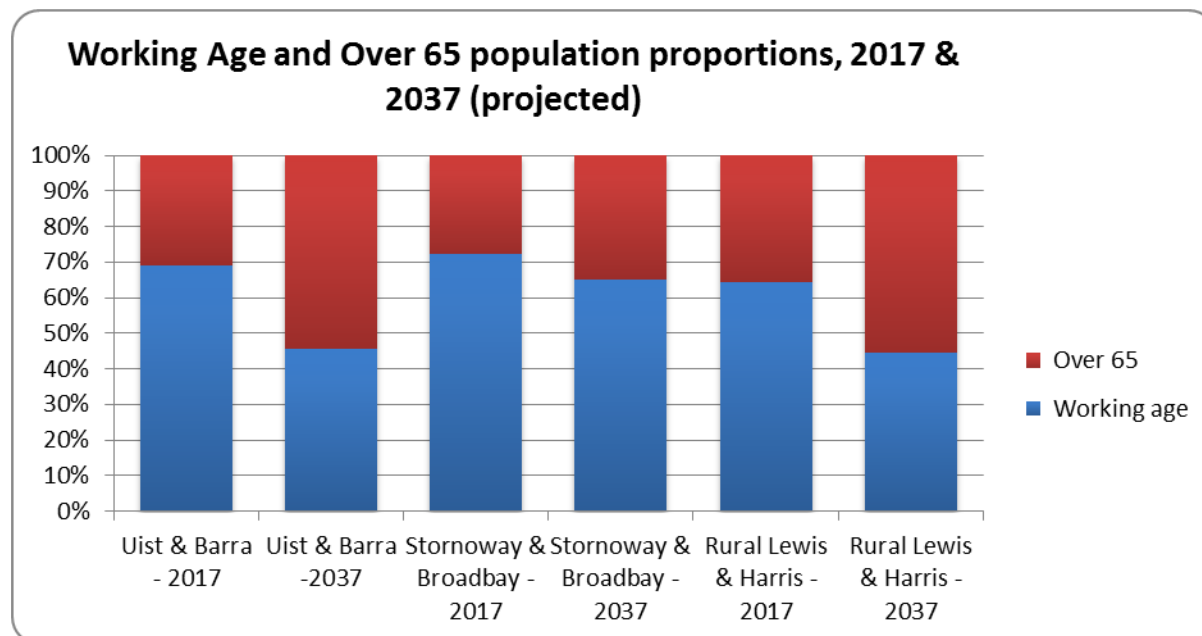
The Western Isles indicated a lower percentage reporting Mental Health conditions than the Scottish average.



Source: <http://www.scotlandscensus.gov.uk/ods-web/area.html>

Older People

The projected increase in the aging population shown in the earlier part of the document indicates that within all localities other than Stornoway and Broadbay, the proportion of over-65 to under-65 will change significantly over the next 20 years.

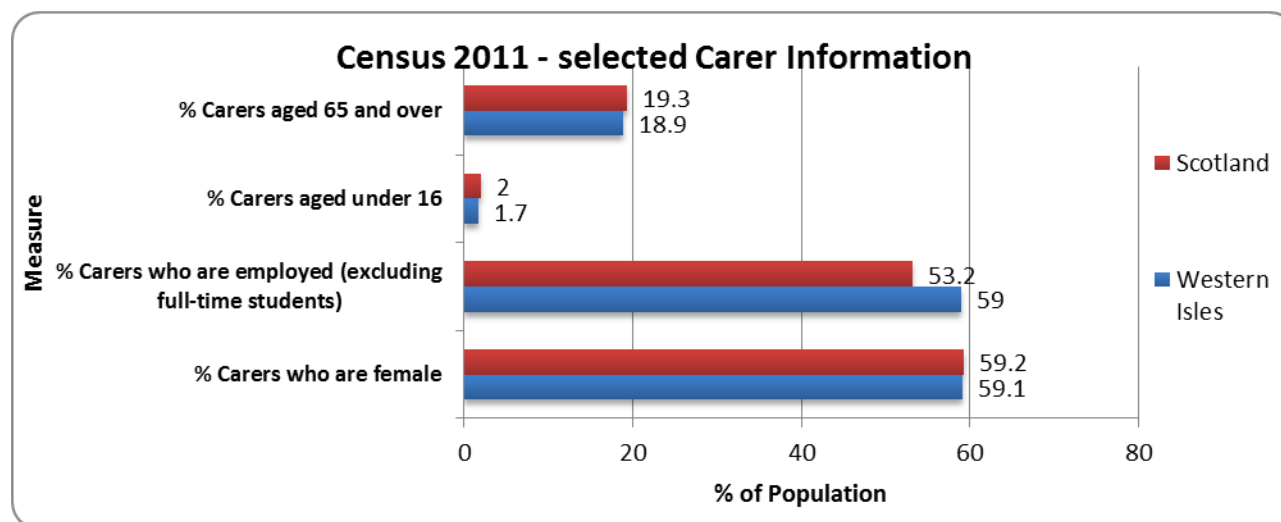


Source: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-and-household-sub-council-area-projections/2012-based-population-and-household-projections/list-of-detailed-tables>

While many older people will continue to live within the community, there will be an increasing need to review provision of Advocacy support not only to those who have Health & Social care needs but those within the wider community who have lower level needs that are currently met by friends, family and neighbours. As the demographic profiles, particularly in rural areas change, these informal networks may increasingly shrink. A particular group requiring additional support are those with Dementia. While Dementia is not exclusive to older people, the majority of those who are diagnosed are in the over 65 age group.

Carers

In 2011, more people in the Western Isles were provided up to 20 hrs unpaid care than the National average, and marginally more people overall were provide care in the Western Isles than the Scottish average overall.



Source: <http://www.scotlandscensus.gov.uk/ods-web/area.html>

The information from the Census shows that we have slightly lower rates of Young Carers and higher rates of Carers in employment against National averages.

Appendix 2 - The Western Isles Advocacy Planning Group

The Advocacy Planning Group is responsible for ensuring that advocacy services in the Western Isles are accessible and well-coordinated across all population groups.

Objectives

- To develop, oversee and implement a three-year joint strategic advocacy plan;
- Audit progress against the delivery of the objectives set out within the plan;
- Review the plan on an annual basis, to ensure that all objectives are relevant and current;
- To consider issues in respect of the delivery of advocacy services.

Members

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