Speaking as Others: A Qualification in Practice

Introducing Accredited Training to an Independent Advocacy Organisation in Scotland

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Declaration of authenticity and author's rights

This thesis is the result of the author's original research. It has been composed by the author and has not been previously submitted for examination that has led to the award of a degree.

Signed: Morag McClurg

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List of Abbreviations

A4A	Action for Advocacy
AGM	Annual General Meeting
ANNI	Advocacy Network Northern Ireland
APHA	Alliance of Professional Health Care Advocates
ASA	Advocacy Safeguards Agency
BILD	British Institute for Learning Disabilities
CAPE	Citizen Advocacy Program Evaluation
CIB	Citizens Information Board (Ireland)
CoPI	Community of Philosophical Inquiry
DANA	Disability Advocacy Network of Australia
GTCS	General Teaching Council for Scotland
HASCP	Health and Social Care Partnership
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
NDRN	National Disability Rights Network (USA)
NDTi	National Development Team for Inclusion
NHS	National Health Service
NMC	Nursing and Midwifery Council
NVQ	National Vocational Qualification
OSCR	Office of the Scottish Charities Regulator
PAIMI	Protection and Advocacy for Individuals with Mental Illness (USA)
QPM	Quality Performance Mark

REACH	Recovery, Empowerment, Aspiration, Choice, Hope
SAMHSA	Substance Abuse and Mental Health Service Administration (USA)
SCLD	Scottish Commission for Learning Disability
SCQF	Scottish Curriculum and Qualifications Framework
SHC	Scottish Health Council
SIAA	Scottish Independent Advocacy Alliance
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council

Abstract

This study takes an ethnographic approach to examine what happened when an independent advocacy organisation in Scotland introduced an accredited training programme for the first time. Accessing accredited training is unusual for such organisations in Scotland, as there is no nationally agreed framework for training of advocacy workers nor regulation of their practice. Available literature shows a range of models of practice across Scotland, and a lack of agreement on the best way to prepare advocates for their role. A short summary of how independent advocacy has developed in Scotland is given to suggest how this situation may have arisen. How the Scottish situation differs from that in the other parts of the UK is explored, where advocates can access National Vocational Qualifications (NVQ) approved by City and Guilds, a national accreditation and examination body for vocational qualifications. It is these NVQ qualifications that have been accessed by the organisation that is the focus of this study, hereafter referred to as 'the Organisation'. Alternative approaches by other Scottish advocacy organisations and from outside the UK are considered.

Data was collected from pre-existing documentation from within the Organisation, from semi-structured interviews with individual advocacy workers and from the transcript of a conversation held during a staff meeting. My own role as an insider researcher and line manager for the staff is considered, along with how I mitigated any potential influence this may have had on participants. The findings indicate that the NVQ qualifications can be accessed by advocacy workers in Scotland without contradicting the principles and standards of the Scottish Independent Advocacy Alliance and were considered by the people interviewed to have enhanced their practice. These findings are compared with the arguments for and against accredited training found in the literature. In conclusion, the study highlights the paucity of existing research into independent advocacy in Scotland and its theoretical underpinnings and makes suggestions as to directions such research could take.

Chapter One Introduction

1.1 Background

In 1997, I was recruited by a local authority in the West of Scotland to conduct a six-month research exercise into the need to establish an independent advocacy organization for people affected by mental health problems and learning difficulties within their area. For the three years prior to this, I had been a volunteer trustee with a similar organization in a neighbouring area for whom I had been engaged initially to design and deliver an introductory training programme for their advocacy workers. This was in the early days of the growth of independent advocacy in Scotland, with few established organisations, and no national bodies to approach for support or guidance (Scottish Independent Advocacy Alliance (SIAA) (SIAA, 2010a)). Much was left to the individuals and agencies that set them up, many of whom had backgrounds in social care, in nursing or in advice work. As people working in the advocacy field at the time were keen for independent advocacy to develop, they were very generous in sharing their knowledge and experience, so most of the preparatory research was carried out by having conversations with people already involved in managing and providing advocacy. Visiting a range of them to glean their views allowed me to appreciate the multiple viewpoints on advocacy, including how it was best delivered, and to synthesize the common elements, of which there were three:

- supporting people to formulate their views and express these to other people or other agencies;
- enabling people to access their rights; and
- helping people become more active participants in the decisions that affect their lives.

The above elements continue to form the basis of the principles that guide independent advocacy in Scotland today (SIAA, 2019).

My own background was as a secondary school teacher, latterly as Principal Teacher of Mathematics. As well as an interest in teaching my subject, I was interested in how the subject could be introduced to the students in a way that reinforced their curiosity to find out more. I wanted them to be able to use their learning in different contexts, both in terms of the content but also of the thinking strategies needed to solve mathematical problems. This led to my moving away from a more instruction-based approach to engaging with the students in dialogue about both what and how they were learning, as well as carrying out the calculations. Having my own learning enhanced through participation in an extended in-service programme, *Transforming Learning Through Leadership in Schools*, I moved away from mainstream teaching to return to university on a part-time basis to study for the degree of Master of Philosophy in Philosophical Inquiry. This degree focused on a practical approach to using philosophy in everyday life, now called McCall's Community of Philosophical Inquiry method (CoPI) (McCall, 1991), which is described more fully later. I supported myself through the course by working on a self-employed basis, undertaking a variety of short-term projects such as teaching in a local Further Education college on a sessional basis, delivering in-service workshops for teachers, supporting community-based groups to design and deliver their in-house training programmes for their staff and volunteers, and facilitating CoPI groups in a range of settings. During a project I worked on with my local community learning team, I was introduced to the work of Paulo Freire, which has had an influence on my practice since and was a lens through which I saw independent advocacy when first introduced to it. How this manifested itself in the work of the independent advocacy organisation I manage will be considered later, in Chapter Six.

I am sharing this now, as that initial six-month contract was extended, and some twenty or so years later I am still working within the Organisation, having seen it grow from its initial roots of one worker to a well-established Scottish Charity with a staff of fifteen people. My responsibilities are the day-to-day management of the staff and ensuring the quality of the service provided. I have also been a member of the Board of Directors of the Scottish Independent Advocacy Alliance (SIAA), a membership organisation for advocacy organisations in Scotland, and its working group on evaluation. My advocacy experience also includes acting as a sessional evaluator for the former agencies, the Advocacy Safeguards Agency (ASA) and Citizen Advocacy Information and Training (CAIT). Due to my own health limitations, I am also eligible to use independent advocacy services. It is therefore difficult for me to take myself completely out of this study, as I am very much a well-embedded insider researcher with a range of differing perspectives (Coghlan & Brannick, 2010). However, a fundamental principle of independent advocacy is minimizing conflicts of interest (SIAA, 2008a, p.28) and I have striven to uphold this by adopting an ethnographic case study approach.

The use of such an approach allows me to be an embedded participant, to share my own part in the planning and delivery of the programme and to be explicit about the theoretical influences that have impacted on my own views, while simultaneously striving to ensure that the viewpoints of participants are accurately recorded and interpreted (Bryman, 2012). I have overtly observed the practice of the participants in this research over a long period of time and conducted interviews with them as the study took place. Being embedded in the Organisation gave me access to people and documents that could add to the data being examined. Consideration will also be given in the thesis to the managerial role I hold within the Organisation and how this could have influenced participants. Within this research, I have tried to minimize my potential influence by overtly stating my position and reasoning, and by allowing participants to have as much say as possible in how the research was conducted without prejudice to its aims or ethical framework. Being able to acknowledge one's own views and recognise when they may be impacting on one's acceptance of the perspectives of other people is a further key part of the role of the independent advocate (SIAA,2019). As far as possible, this is the role in which I cast myself when carrying out this research, as the advocate for the advocates. Their viewpoint on how successful I was in doing so will be explored later. A short, but unpublished, study I conducted in collaboration with a colleague from a neighbouring advocacy organisation gave me some experience of minimising influence. In that study (McClurg & McGlone, 2008), we explored the costs of performing the role of an independent advocate on the advocates within our organisations. This was predicated on Wolfensberger's view that 'the essence of advocacy implies a distinct cost to the advocate' (1977, p.20). The findings on what independent advocates require both in terms of training for their role and the range of support required when carrying it out will be returned to later in Chapters Six and Eight of this thesis.

1.2 The aim of this study

Although there is now a set of agreed principles to which all independent advocacy services in Scotland are expected to adhere, there is no regulating body, nor required qualification for those practising as advocates. It is left to individual advocacy organisations to decide the knowledge, skills and competencies required for their advocates to carry out their role.

This study aims to explore the training available for advocacy workers outside of Scotland, in the other parts of the United Kingdom (UK) and further afield. It also looks at options open to Scottish advocacy services that wish to offer accredited training to their staff. In particular, the study will explore how the Scottish advocacy provider I work with accessed accredited training for its staff in the shape of National Vocational Qualifications (NVQ). As this was done initially in 2013, the study will look at the extent to which gaining the qualification has affected participants' advocacy practice since it was achieved and how the experience of doing so reflects the arguments for and against such accreditation put forward by SIAA members. As the Organisation is the first in Scotland to have accessed the NVQ, the perspectives of staff on how their practice has been impacted upon brings new insight within the field of independent advocacy in Scotland. The thesis considers, too, the learning theories that influenced how the programme was designed and delivered, and how they have congruence with the underpinning foundations of independent advocacy.

This viewpoint was not found in the literature that is reviewed in Chapters Two and Three that follow. In addition to existing literature, and data collected from participants, additional sources were accessed from within the Organisation, all with appropriate ethical permissions and consents. These include procedural documentation and materials used in the delivery of the programme. No details of the people using the services of the Organisation will be disclosed.

This is not a thesis about independent advocacy or its effectiveness, although some information about the provision of independent advocacy in Scotland is given to provide a context. Nor is it a handbook of how it should be done. The focus of the study, rather, is the extent to which accessing the NVQ course influenced the advocates' practice, how perceptions of their role changed (if at all) when they achieved a nationally accredited award and how their experience reflected the arguments in favour of and against accredited training put forward by SIAA members at their Annual General Meeting in 2016. It also demonstrates how independent advocacy can be viewed as an educative practice, with the advocates supporting the learning of the people for whom they advocate. At the same time, each advocacy issue presents learning opportunities for the advocates. The questions to be answered in the study are as follows:

1. What training for independent advocacy workers is provided for people in this role who work outside Scotland?
2. How might Scottish advocacy organisations access accredited training for their staff?
3. a. To what extent has access to a nationally recognised qualification within one advocacy organisation affected the advocates' attitudes towards their practice since achieving the qualification?
   b. What accounted for this?
4. What can be learned from the case that may be useful within the wider advocacy movement?

To answer the first two questions, I conducted a literature search regarding the provision of training for advocates in the other parts of the UK before looking at provision in other English-speaking nations. For the third and fourth questions, I adopted an interpretive approach as being most appropriate as data was collected from the advocacy workers themselves and was determined by their experiences. Existing organisational documentation pertinent to the questions was used along with that collected from interviews with individual staff members and a transcription of a staff meeting. The Organisation studied is unique in Scotland as it was the first independent advocacy organisation in Scotland to access for its staff the National Vocational Qualifications (NVQ) available elsewhere in the UK. A case study approach was chosen as it allows a detailed exploration of one defined case and the exploration of different types of data pertinent to the case but compiled at different points in time (Yin, 2014). The rationale for deciding that the approach chosen was suited for this purpose will be explored further in Chapter Four, before the case study and its findings are presented.

1.3 A map through the thesis

To place the study within the wider context of independent advocacy in more general terms, I have set out in Chapter Two what advocacy is and what makes advocacy independent in relation to existing literature. As there is a paucity of such literature from Scotland, I have looked in Chapters Three and Four to that from other parts of the UK and to other English-speaking countries along with considering what can be learned from advocacy that is not independent. In particular , I have considered research into what advocacy workers find helpful in their training and support, thus providing an answer to the first of my research questions. The remainder of the thesis adopts an integrated approach to discussing the methodology, findings, discussions and conclusions as this resonates with the way that the Organisation works in synthesising influences from different sources to develop its practice. My rationale for deciding on the suitability of an ethnographic case study forms the basis for Chapter Five including further consideration of the ethics involved in being an insider researcher with the inherent power imbalance of having line- management responsibility for participants. This chapter also clarifies the methods of data collection used, both in terms of pre-existing documentation and that collected during the study itself. Note is also taken of the preparatory sessions that were held to ensure participants knew what was being asked of them and to reinforce the voluntary nature of their participation. The case study itself is introduced in Chapter Six and Seven in a description of the Organization, the participants and the organisational rationale for deciding to offer its workers accredited qualifications. The other qualification options that were considered are also explored, along with the reasons for deciding not to pursue them. A description of the training programme is outlined along with the assessment criteria.

The last two chapters provide a description, analysis and discussion of the findings using framework analysis (Ritchie & Lewis, 1994), a method considered to be suitable for analysing data from a range of sources and collected at different time periods, as was the data here. Having done so, I conclude by indicating possible implications for the future of independent advocacy in Scotland and possibilities for areas of further study as a response to the fourth of the questions to be addressed within this study.

1.4 Exemplifying vignettes

As independent advocacy has the voices of the people it supports at its heart, I have attempted to reflect this within the thesis. At various points throughout I have introduced vignettes that demonstrate the typical situations that advocacy workers may encounter as part of their work, each based around how a general point under consideration may affect an individual. These are typical but hypothetical examples. Where names are used for the characters, they do not refer to a real person, but as an identifier for the example, as no service users were participants in this study.

I have also included examples of images and work generated by participants as part of the activities presented to them in the training under discussion and as part of the briefing sessions for this research. All were included after seeking participants' consent to do so as part of the ethical permissions for this research.

Chapter Two

The context for independent advocacy in Scotland

2.1 How independent advocacy has developed in Scotland

Advocacy is not a new phenomenon. It happens every day when a person speaks up about what is important to them, supports the views of a friend or family member, or gets together with like-minded people to support a cause. Where a person is unable to do this for themselves and has no-one else to speak for them without conflicts of interest, then independent advocacy organisations connect people needing advocacy with people who will provide it. The Scottish Government (2014) sees independent advocacy as a key component in working towards a socially just Scotland and has been supportive of its development in Scotland since the instigation of the Scottish Parliament in 1999 when powers over the provision of health and social care services were devolved from Westminster. In a guidance document for public agencies charged with commissioning independent advocacy across Scotland, the Government describes advocacy as having five strands through which it enables people to:

- be involved in decisions that affect their lives;
- express their views and wishes;
- access information;
- make informed choices; and
- have control of as many aspects of their lives as possible (Scottish Government, 2014, p.5).

A comprehensive history of advocacy in Scotland is provided by Donnison (2009) and by the Scottish Independent Advocacy Alliance (SIAA) (SIAA, 2013a), the national body which aims to support, protect and defend independent advocacy in Scotland. Both trace the roots of independent advocacy to the 1960s civil rights movement in the USA, before it spread to the UK in the 1970s and 80s, with the first service in Scotland starting in 1987. A range of advocacy services then developed across the country, mainly provided by small independent charitable organisations, rooted in the communities in which they work. They were regulated mainly through their own values and voluntary adherence to the good practice literature existent at the time of their operation, such as the Citizen Advocacy

Program Evaluation (O'Brien & Wolfensberger, 1980). In more recent years, there has been a shift in the shape of delivery, with some of the smaller organisations being subsumed through competitive tendering processes by larger organisations taking over their management. Evidence of this can be gleaned from the submissions on provision across Scotland contained in the 'maps' of advocacy produced every two years by the SIAA which can be accessed on its website (www.siaa.org.uk). For example, the 2013-14 Advocacy Map (SIAA, 2015) shows two established local organisations, CASS and Voice, providing independent advocacy in South Ayrshire, while the later published 2015-16 Map (SIAA, 2017) shows they had been replaced by Circles Network, new to the area, and additionally operating advocacy services in Fife, Inverclyde, Glasgow and Moray. As a wider illustration, there were fifty-nine individual organisations across the country included in the Advocacy map for 2011/12 (SIAA, 2012a) with an estimated 25,000 people accessing their services in that same period. By 2015/16 (SIAA, 2017a) the number of organisations had reduced to forty-nine, while the number of people accessing advocacy had increased to 30,500.

It was not until 1999 that organisations in Scotland came together to establish some cohesion in terms of what type of provision independent advocacy organisations offered. This was led by a group of the longer-established services that successfully collaborated to secure grant funding for a networking agency, Advocacy 2000, which set about the task of identifying linking features of the advocacy organisations existent across Scotland, such as the type of structure they had and the principles that lay at the heart of their practice. This job was not simple. As each organisation had developed its practice in its own way there was a range of differing views on the right way to deliver advocacy. Scott (2001) describes the approach taken as a pluralistic one, as it involved a range of organisations and attempted to take existing variations into account. The output of that exercise was the publication of a key ideas kit and the first Scottish advocacy principles and standards (Advocacy 2000, 2002). These form the basis for the sets of guidance documents that apply today. Yet, despite successive iterations of guidance documents, the position is still not a straightforward one. Independent advocacy straddles legislation for a range of client groups, wherein multiple layers of definitions and descriptions are accorded the same term, even regarding the meaning of 'independent'. This lack of clarity is acknowledged by writers such as Gammack (2011), MacIntyre and Stewart (2013), and Newbigging and Ridley

(2018), all of whom consider that confusion exists regarding both the underpinning ideologies on which independent advocacy is based as well as the ways in which it is practised. Such confusion and its implications for practice is explored later in this thesis. As one example, within Scotland, there is confusion even regarding the definition of whether an organisation is considered an independent provider of advocacy or not, as different definitions are used by the Scottish Government and by the SIAA.

In the latter's Guide for Commissioners (SIAA, 2010b) adherence to three types of independence is considered a necessary characteristic of organisations purporting to provide independent advocacy, with only those who can demonstrate all three being eligible for full membership. The three types of independence are described as:

- **Structural,** whereby the organisation can be seen to have its own management structure and not provide any service other than advocacy;
- **Financial**, whereby the organisation tries to generate funds from a range of sources; and
- **Psychological**, whereby it has independence of mind, standing beside its service users even when this may bring it into conflict with other people or agencies, including those who fund it. Examples of the issues that can arise from advocates putting their psychological independence into practice are given in the case study that forms the later part of this thesis.

The Scottish Government takes a less rigid view of independence, however, and makes this clear in its update to the SIAA Guide for Commissioners (Scottish Government, 2014).
Published some nine years after independent advocacy was granted as a right to those affected by the Mental Health (Care and Treatment) (Scotland) Act 2003, and ensuring its provision was delegated as a statutory duty to health boards and their local authority planning partners (known as the commissioning agencies), this guide attempted to clarify for them what was to be considered independent advocacy in terms of the above Act. The published definition, however, is somewhat different from that of the SIAA stated above and gives a broader description in terms of the independence of the organisations providing advocacy for people affected by Scottish mental health legislation. Due to the complexity of the syntax, this is reproduced verbatim, below:

For the purposes of the Act, independent advocacy is advocacy provided by persons other than a local authority or a Health Board responsible for providing services in the area where a person is to receive care or treatment, or a member of these bodies or any other person involved in their care or treatment or in providing services to them (Scottish Government, 2014, p.11).

The implications that come from this would allow, for example, any organisation that does not provide services to the person being advocated for to be considered an independent advocacy provider for them, despite their not being eligible for membership of the SIAA, and for local authorities and health boards to be seen as being able to provide independent advocacy for people outside their area. The Social Security (Scotland) Act 2018 goes even further, in considering ‘advocacy services are independent if they are provided by a person other than the Scottish Ministers’ (Scottish Government, 2018, p.4) when they are providing advocacy for people with a disability who gain a right to access independent advocacy when applying for a welfare benefit. In other words, in comparison with the three criteria used by the SIAA, the definition used by the Scottish Government widens out the field considerably in relation to the individuals and agencies who would be considered as providing ‘independent advocacy’. For example, local authorities are not considered independent advocacy services for their own constituents in terms of the mental health legislation but would be under that relating to social security. The implications of such variance in who is considered an independent advocacy provider can lead to confusion also for those wishing to access it, as different organisations may be able to provide support within differing contexts. This may be particularly unhelpful if the person has multiple issues that cross contextual boundaries, compounded by their need for support to engage with the services open to them, which is their core need for advocacy. For example, the person may have both physical and mental health concerns requiring access to a range of medical interventions carried out across different hospitals or clinics. Their medical concerns may affect their ability to carry out day-to-day tasks within their home requiring support from other individuals or agencies. The advocacy role would be to help the person keep track of which agency does what, to prepare for different types of meeting, to support understanding of the outcomes and ensure any agreed follow-up actions are carried out. For clarity, the remainder of this thesis will use the term ‘independent advocacy’ when applying the SIAA definition, where advocacy is carried out by organisations with structural, financial and psychological independence (SIAA, 2008c) and ‘advocacy’ for wider applications of the term, where it is carried out by individuals or organisations that do not fulfil the SIAA criteria.

Elements of confusion and vagueness are also found to apply in how the term ‘advocacy’ is used in differing contexts and on the underpinning values and beliefs inherent in its practice. For some advocacy organisations, the basis of their advocacy work is clearly stated as centring around the work done by Wolfensberger (1972) on normalisation. He proposed an alternative approach to institutional care for people with disabilities in which the usual patterns of everyday life, including relationships, were encouraged. With the move towards more community-based care for people with disabilities, Wolfensberger later revised his viewpoint to encompass the importance of valued social roles such as community presence, social integration and valued participation as being necessary for a person to be seen as a valued citizen, the viewpoint becoming known as ‘social role valorisation’ with the valued citizen described as a ‘citizen advocate’ (Wolfensberger, 1983, p.234). The influence of Wolfensberger’s ideas on social care, including on the growth of citizen advocacy in the USA and UK, is explored further by Mann and van Kraayenoord (2011). They clarify Wolfensberger’s description of a citizen advocate as a volunteer already considered to be a valued citizen who is paired with someone who requires support to access these social roles. The main purpose of the citizen advocate is to assist their advocacy partner to become a valued citizen themselves, by virtue of their connection to the advocate. It therefore implies changes for the individual and makes assumptions that those who are not socially integrated and actively participating in their community have less value as a citizen than those who are.

Mann and van Kraayenoord (2011) reinforce in their writing the concerns expressed by Jackson (1995), that the success of citizen advocacy is dependent on the availability of sufficient volunteers who are both able to commit to such a long-term responsibility and be available when the people they are advocating for require their support. They acknowledge this is not always possible where the volunteer needs to balance full-time employment elsewhere and family commitments with their advocacy availability. Those supporters of a more social model of disability, such as Brandon (2005), challenge Wolfensberger's view, claiming that it is society and social environments that need to change. They consider that advocacy organisations should challenge the culture where human service organisations are led by the practice of the professionals working within them. Instead, followers of the social model consider such organisations should be led by the needs of their users, as those individuals using services will be experts in what needs to change through their personal experiences of using them. The middle ground is taken up by writers such as Kendrick (2008) who accepts that advocacy is effective in achieving outcomes for individuals but considers that to be effective in the longer term it must also have an impact on communities and on wider society. He considers examples such as people with a learning disability being paid less than others to do the same job, which highlights the need of 'bringing attention to crucial issues affecting devalued and disadvantaged people' (p. 65), and 'forcing into play questions of right and wrong in terms of how people are treated' (p. 68).

Later writers have taken more of an operational view, writing about specific client groups or specific models of advocacy delivery without considering the underpinning philosophy or assuming a shared understanding of it. Where authors have an interest in a specific client group then the specific aspects of advocacy pertinent to that group appear highlighted in their work. Bowes and Sim (2006) exemplify this with their interest in advocacy for black and minority ethnic communities, as does Miles (2009) who writes about advocacy for older people, and Simpson (2007) who considers that advocacy for people who have experienced mental health systems needs to be developed as a specialism.

In recent years, there have been attempts to provide some synthesis of the areas of difference outlined above. Two notable examples are the works of Donnison (2009) which is based around the work done within one independent advocacy organisation in Scotland, and Gammack (2011) who, in *Advocacy to Exodus*, writes within the context 'of a Christian and spiritual understanding of advocacy' (p. xi). Both authors attempt to look at the wider picture of what makes independent advocacy different from other types of helping such as counselling or befriending and aim to illustrate this with examples from practice. It is difficult, however, to read these texts without potentially being affected by the lack of consistency in terminology used in the former, such as interchanging the terms Scottish

Mental Health Act and Mental Health (Care and Treatment) (Scotland) Act 2003 to denote the same piece of legislation. In the latter, Gammack makes links between independent advocacy and his own theological beliefs, such as describing 'God Almighty himself' as the first commissioner of advocacy services (Gammack, 2010, p.81). This could distract from what he says about advocacy itself for those who may not share his religious views, or who erroneously take from them that all advocacy is based within a Christian belief system.

MacIntyre and Stewart (2013), writing for the Institute for Research and Innovation in Social Services, unify definitions and add clarity for readers as to what advocacy is and what advocates do. In doing so, they compare the situation in Scotland with the Charter for Advocacy (NDTi,2018), which contains a short definition of advocacy along with ten underlying principles, as shown in summary form in Table A, below (NDTi, 2018):

Table A

Advocacy Charter 2018
Clarity of Purpose – an independent advocacy organisation will have key aims that fit with the Charter and will be able to evidence these in its practice
Independence – the organisation will have structural independence and will work to minimise any conflicts of interest
Putting People First – the views and wishes of the people advocated for will come first
Empowerment – people will be supported to self-advocate as far as possible
Equal Opportunity – the organisation will be proactive in tackling inequality, and ensure equity in its service provision
Accountability – there will be systems for monitoring and evaluating practice
Accessibility – advocacy will be free for those using the service
Supporting Advocates – the advocates will be prepared, trained and supported in their role
Confidentiality – the organisation will be clear about any limits to when confidentiality may be breached
Complaints – it will be clear to people using the service what they should do if they are unhappy with the service

However, MacIntyre and Stewart do not make clear that the charter and its accompanying quality performance mark (QPM) are not considered to apply to advocacy organisations in Scotland. Instead, Scottish advocacy providers are signposted to the SIAA despite their not having a regulatory responsibility nor evaluation function leaving them without access to a nationally recognised quality assurance process. Why this is so is unclear as there is little conflict between the elements of the Charter and the Scottish Principles and Standards (SIAA, 2008a), as shown in Table B below.

Table B

Advocacy Charter 2018	**SIAA Principles and Standards for Independent Advocacy in Scotland 2008**
Clarity of Purpose – an independent advocacy organisation will have key aims that fit with the Charter and will be able to evidence these in its practice	Principle 1: Independent advocacy puts the people who use it first Standard 1.1: Independent advocacy is directed by the needs, interests, views and wishes of the people who use it Standard 1.3 Independent advocacy tries to make sure people's rights are protected Standard 3.2: Independent advocacy and promoting independent advocacy are the only things that independent advocacy organisations do
Independence – the organisation will have structural independence and will work to minimise any conflicts of interest	Principle 3: Independent advocacy is as free as it can be from conflicts of interest Standard 3.1: Independent advocacy cannot be controlled by a service provider Standard 3.3: Independent advocacy looks out for and minimises conflicts of interest
Putting People First – the views and wishes of the people advocated for will come first	Principle 1: Independent advocacy puts the people who use it first 1.2 Independent advocacy helps people to have control over their lives and to be fully involved in decisions which affect them

	Standard 1.3: Independent advocacy tries to make sure people's rights are protected Standard 2.1: Independent advocacy is accountable to the people who use it
Empowerment – people will be supported to self-advocate as far as possible	No alignment with SIAA Principles & Standards
Equal Opportunity – the organisation will be proactive in tackling inequality, and ensure equity in its service provision	Principle 4: Independent advocacy is accessible Standard 4.1: Independent advocacy reaches out to the widest possible range of people, regardless of ability or life circumstances
Accountability – there will be systems for monitoring and evaluating practice	Principle 2: Independent advocacy is accountable Standard 2.2: Independent advocacy is accountable under the law Standard 2.3: Independent advocacy is effectively managed
Accessibility – advocacy will be free for those using the service	Principle 4: Independent advocacy is accessible Standard 4.1: Independent advocacy reaches out to the widest possible range of people, regardless of ability or life circumstances
Supporting Advocates – the advocates will be prepared, trained and supported in their role	No alignment with SIAA Principles and Standards
Confidentiality – the organisation will be clear about any limits to when confidentiality may be breached	Principle 2: Independent advocacy is accountable Standard 1.3: Independent advocacy tries to make sure people's rights are protected Standard 1.4: Independent advocacy values the people that use it and always treats people with dignity and respect Standard 2.2: Independent advocacy is accountable under the law

Complaints – it will be clear to people using the service what they should do if they are unhappy with the service	Standard 2.3: Independent advocacy is effectively managed

There are two main areas of divergence in the two sets of descriptors. These are regarding reinforcing the importance of supporting the development of self-advocacy skills in the person receiving advocacy, and the associated importance of providing training and support for the advocate. I think about these as relating to learning, in the former case for the person receiving advocacy and in the latter for the advocate. It is notable, too, that for those who guide their practice by the elements in the Charter, there is accompanying scrutiny through the Quality Performance Mark (QPM), where such scrutiny is absent in Scotland. While frameworks for evaluating advocacy practice (SIAA,2010) and the impact of advocacy (SIAA,2019) have been published by SIAA, their use is voluntary with organisations left to find individuals or agencies who would fulfil the role as external evaluators. As the major aspects of the Charter and SIAA Principles and Standards are not in conflict with each other it would be helpful if each advocacy organisation could access the resources that fit best for itself and the people it advocates for. This would allow organisations who wish to access nationally accredited training and external evaluation to work to the Charter and the QPM, and those who do not could follow the Scottish documentation. Both the Charter for Advocacy and the QPM are considered in further detail in Chapter Two (p.22) below.

Looking to literature regarding advocacy outside Scotland, there has been a similar move away from writing about a particular type of advocacy or focussing on one client group. The focus has shifted to establishing common principles and considering the philosophical principles of what advocacy is and what advocacy offers that is different to other types of helping or support. This may be a response to the development of a wider range of human support services that are similar to aspects of the advocacy relationship, such as counselling, advice giving or befriending. Goddard (2007), writing as a representative of the British Institute of Human Rights, puts forward a human rights approach, acknowledging that people do not always fit neatly into one client group or have singular issues. Such an approach would look at every person as an individual and how they are being treated and would use human rights principles, such as participation or non-discrimination (Scottish

Human Rights Commission, 2017), to measure whether people were being treated equitably. This more holistic approach would therefore address the needs for advocacy of those individuals who experience multiple disadvantage or who fall through gaps in compartmentalised service delivery, such as in the examples given at the beginning of this thesis. The more generalised view taken by Goddard appears also to fit more closely to the multifaceted reality of people's lives, as does the approach taken by Miles (2007) who suggests a citizenship-based view, wherein people are actively engaged in the decision- making processes that affect their own lives and the communities in which they live. Miles considers that advocacy organisations need to retain their independence and loyalty to people who need advocacy, rather than staying within the boundaries of advocating within a given context or to a defined client group. He stresses that the need for advocacy may arise for anybody at any given time and be due to unexpected circumstances. He gives an example of older adults who may never have had to deal with support services and who find themselves in a situation where they are faced with choices about moving into residential care or remaining in their own home. Unaware of the options open to them, they go along with the recommendation of their local social services department, without asking about alternatives. Their "Disempowerment is therefore associated with experiencing the totally unfamiliar, as much as with the directly oppressive misuse of power" (Miles, 2007, p.6).

While the literature cited above focuses on an individual at the centre of their life and acknowledges that their needs for advocacy may change depending on circumstance, the SIAA moved in a different direction. By taking their set of Principles and Standards (SIAA, 2008a) as the base knowledge of what independent advocacy is and the standards that evidence its practice, their range of guidance documents published between 2008 and 2019, became more context specific, as shown in Figure C below. These are intended to contextualise the general Principles and Standards (SIAA, 2008, 2019) that apply to all models of advocacy in Scotland, and to give examples of how they work in practice.

Table C: List of SIAA Guidance Documents

SIAA Guidance Document	**Date of Publication**
Principles and Standards for Independent Advocacy in Scotland	2008
Code of Practice for Independent Advocacy in Scotland	2008
Non-Instructed Advocacy Guidelines	2009
Elder Abuse Guidelines	2009
Guide for Commissioners	2010
Evaluation Framework	2010
Mental Health Tribunal Guidelines	2012
Guidelines for Advocates Working in Prisons	2014
Families at Risk Guidance	2014
Advocacy and Self-directed Support Guidelines	2015
Advocacy for Children and Young People: Guidance for Advocates	2016
Advocating for Human Rights	2017
Self-Directed Support and Independent Advocacy	2018
Principles, Standards and Code of Best Practice for Independent Advocacy in Scotland	2019

By concentrating on such specific contexts, however, it could become confusing when advocates support people who fall into more than one of the categories above or who are affected by multiple pieces of legislation. Neither are criteria given as to which category takes priority if conflict arises between different sets of guidance. For example, consider the vignette where Marion, a parent involved in child protection proceedings had also, at times, been detained in hospital due to periods of mental ill health. The choices she makes both for herself and her child are not thought to be the best option by others in her life. She feels that her right to a family life of her choosing is not being respected and looks for

support to consider her options and put forward her views. During all these situations, the same advocate could support Marion to ensure she understood what was happening to her, had information about the choices she could make and that her views were taken account of in decisions that were being made about her future. The advocate's practice would involve the general set of Principles and Standards listed in Figure A, but also the guidance for advocating for families at risk, self-directed support, children and young people and human rights (Table C, above). It was not until 2019, however, that this
complexity was recognised by the SIAA in what was described as a 'refresh' of the 2008 documents and resulted in the publication of a single document intended to "provide important foundational statements on practice" (SIAA, 2019a, p.7). These were encompassed within three statements that clarified that:

- Independent advocacy is loyal to the people it supports and stands by their views and wishes
- Independent advocacy ensures that people's voices are listened to and their views taken into account
- Independent advocacy stands up to injustice, discrimination and disempowerment (SIAA, 2019).

The refreshed document is mentioned here for completeness and to recognise the change of focus of the SIAA's publications, away from the range of contextual guidelines to a single code of practice. However, as the data collection for this thesis was carried out before the 2019 documents were published, the comments made by advocacy workers in individual and group sessions relate to the previous documents.

The need for both operational and theoretical literature is highlighted by Simpson (2007),

Articles on advocacy often tend to be about the technology of it, the nuts and bolts and day to day workings. This is important, but the politics and philosophy of advocacy are important too, or we have no context for our work (p.7).

This viewpoint is observable within the SIAA refreshed document which firmly places independent advocacy within the wider sphere of protecting human rights both for the individual, and in affecting positive changes in the systems and processes with which people interact. At the same time, it sets out a set of standards and code of practice that should be observable in how independent advocacy is provided across the country and within all models of advocacy practice. Where the document can be seen to fall short, however, is in taking away the need for accountability as a key principle. Instead, it positions the responsibility for ensuring adherence to the guidelines to individual advocacy organisations, commissioners and funders, rather than providing a cohesive process or framework for carrying this out. Some guidance on how to approach this is found in the *Toolkit for Demonstrating the Impact of Independent Advocacy* (SIAA, 2019b) which offers a range of methods that can be useful in evidencing the impact of independent advocacy for individuals and within communities but, again, leaves the choice of methods to individual organisations, and those who fund them. While this document gives some indication of how to look critically at the practice of an organisation and the impact it has, it is not accompanied by guidance as to what can be done where an organisation is found to be non-compliant with the Principles and Standards, nor which external body could be involved in the process. Without such scrutiny, there is no guarantee that SIAA membership is confirmation that the practice of its members adheres to its Principles and Standards.

2.2 The legislative standing of independent advocacy in Scotland

The pivotal legislation for independent advocacy in Scotland is the Mental Health (Care and Treatment) (Scotland) Act 2003. Since it was implemented in October 2005, people with a mental disorder, as defined in the Act, have been accorded the right to access independent advocacy. The right extends to all people with a mental disorder, that is, people experiencing mental ill health, learning disability or personality disorder, regardless of their age or the need to have had a formal diagnosis. As the right is accorded to all those with mental disorder and not only to those detained under the powers of the Act the SIAA estimates that 21% of the population in Scotland have this legal right (SIAA, 2012a). That the right was included at all in this Act was partially due to the involvement of service users and representatives of the collective advocacy movement who had membership of the Millan Committee (2001) whose report informed the reforms made by the Act. These reforms also fitted well with the Scottish Government of the time, which were led by a coalition government of Labour and Liberal Democrat Parties. As part of a move to be more inclusive in drafting legislation, the involvement of citizens was encouraged from the initial stages of major legislative reforms, including a shift of focus from welfare-based to rights-based mental health law. This is more fully discussed by Donnison (2009) who describes the collaborative nature of the Millan Committee's work, treating the input of the service user representatives with equal weight to that of the members with a medical background.

There were two stings in the tail, however, of the right being included. The first was the accompanying duty placed on National Health Service (NHS) Boards and their local authority planning partners to ensure the availability within their areas of a sufficient provision of advocacy services for those who gained the right. With no guidance as to how this need was to be assessed, and no ring fencing of funds to support it, the compliance with this duty is inconsistent across Scotland. This can be seen clearly in the Map of Advocacy Provision published every two years by the SIAA (SIAA, 2014c) and accessible on their website (www.siaa.org.uk). This lack of parity is exemplified by looking at the difference in spending on advocacy per head of population in different health board areas, ranging from £1.55 in Grampian to £3.78 in Orkney (SIAA, 2014c). Despite the guidance given in the Guide for Commissioners (Scottish Government, 2014) that it is not an appropriate way to commission independent advocacy services, there has been an increase in using competitive tendering in order that they comply with national procurement directives. Small local service providers have seen their contracts amalgamated into one larger one, and open to any advocacy provider to bid for, as the illustrations in Chapter One show. This has been seen by some of the SIAA's members (SIAA, 2013c) to affect the previous collaboration between organisations that are now in competition with each other. There has also been a reduction in the additional funding sources that are open to services that are seen to be a statutory duty, thus restricting the opportunities for independent advocacy organisations to achieve the financial independence required for SIAA membership.

The second sting was the differing definition of what constitutes an independent advocacy service. As discussed earlier, within the Guide for Commissioners (SIAA, 2010b), advocacy is seen to be independent if the organisations providing it have structural, financial and psychological independence, the latter being the ability to act as an independent organisation while receiving funding from public sources they may have to advocate against. Within the context of the 2003 Act, however, an organisation can provide independent advocacy within a given locality, such as a local authority or health board area so long as it is not providing another service like housing support or personal care to people within that area. The result has been that independent advocacy, in some local authority areas, is being carried out by organisations that provide a range of services such as welfare rights advice and so cannot have full membership of SIAA. This creates a somewhat contradictory situation as the same organisation can be considered an independent advocacy service in one area but not in the neighbouring one. Since the 2003 Act, the standing of access to independent advocacy has varied in subsequent legislation relating to people who may benefit from accessing it. For example, the Adult Support and Protection (Scotland) Act 2007 (Section 6) gives local authorities the requirement 'to have regard to the importance of the provision of appropriate services (including in particular independent advocacy services)' when conducting investigations into the need for support by adults considered at risk. There is little guidance given, however, as to what criteria should be considered. Nor is it made clear that should the person have a mental disorder, then the right included in the 2003 Act applies and thus 'in cases involving people with a mental disorder the duty on local authorities goes beyond simply having regard to importance of advocacy services' (Smith, Young & Patrick, 2016, p.119).

Yet another somewhat contradictory position has been created in the Social Care (Self Directed Support) (Scotland) Act 2014 (see below), whereby an individual's access to an independent service to support them to put forward their views will be subject to gatekeeping by a third party with whom they may have a conflict of interest. However, should the person have a mental disorder, then the priority of their right to access independent advocacy would have priority as stated above. This is particularly important where the person has opposing views to the other people or agencies involved in their care but may require support to communicate these. For example, Steven is a young man who lives with his parents. He has physical disabilities which limit his independence regarding his mobility and speech. He also suffers from anxiety and depression. He has been assessed by the local social work team as requiring help with his personal care, which they will fund for three visits a week. Steven is unhappy with this as he wants to become less dependent on his parents and access his own support to get him out and about to engage in more activities. He wants an advocate to help him challenge the social work decision and to ensure his views are taken amount of in discussions about him. The social worker with whom he has a disagreement needs only to have given Steven information about advocacy if they thought it appropriate. They may not have done so if they considered his disagreement was not merited. However, having knowledge of his mental health conditions changes their responsibilities to both informing him about independent advocacy and also helping him to access advocacy services if he so wished.

In extreme cases, as support to access advocacy is based on a third party's opinion, this may result in people who require advocacy most, and who are not able to communicate this, being unable to access it. It was not until the introduction of the Social Security (Scotland) Act 2018 that it regained the status of a right once more, this time for people with a disability who need advocacy support to access their welfare benefits entitlements.

Table D below summarises the standing accorded to independent advocacy in Scottish legislation and the responsibilities associated with it.

Table D

Statute	Section	Wording
Adults with Incapacity (Scotland) Act 2000 (as amended by the Adult Support and Protection (Scotland) Act 2007)	5A 5B	In determining an application or any other proceedings under this Act, the sheriff shall, ... take account of the wishes and feelings of the adult who is the subject of the application or proceedings so far as they are expressed by a person providing independent advocacy services. In subsection (5A), "independent advocacy services" has the same meaning as it has in section 259(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) and is stated below.
Mental Health (Care and Treatment) (Scotland) Act 2003	259	) Every person with a mental disorder shall have a right of access to independent advocacy; and, accordingly, it is the duty of) each local authority, in collaboration with the (or each) relevant Health Board; and each Health Board, in collaboration with the (or each) relevant local authority, to secure the availability, to persons in its area who have a mental disorder, of independent advocacy

		services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services. (4) In subsection (1) above, “advocacy services” are services of support and representation made available for the purpose of enabling the person to whom they are available to have as much control of, or capacity to influence, that person’s care and welfare as is, in the circumstances, appropriate.
Adults Support and Protection (Scotland) Act 2007	6	) This section applies where, after making inquiries under section 4, a council considers that it needs to intervene in order to protect an adult at risk from harm.) Where this section applies, the council must have regard to the importance of the provision of appropriate services (including, in particular, independent advocacy services) to the adult concerned.) “Independent advocacy services” has the same meaning in subsection (2) as it has in section 259(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13).
Social Care (Self Directed Support) (Scotland) Act 2014	9.2.d	In any case where the authority considers it appropriate to do so, the authority must give the person information about persons who provide independent advocacy services (within the meaning of section 259(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13)).
Social Security (Scotland) Act 2018	10	Right to advocacy) Every individual to whom subsection (3) applies has a right of access to independent advocacy in connection with the determination of the individual’s entitlement to be given assistance through the Scottish social security system.) It is the duty of the Scottish Ministers to ensure that independent advocacy services are available to the extent necessary for that right to be exercised by the individuals who have it.) This subsection applies to an individual if, owing to a disability, the individual requires an advocate’s help to engage effectively with the process for determining entitlement to be

		given assistance through the Scottish social security system. (4) For the purposes of this section—) "advocacy services" means services of support and representation that are made available for the purpose of enabling an individual to whom they are provided to have as much control of, or capacity to influence, the decisions that determine the individual's entitlement to be given assistance through the Scottish social security system as is, in the circumstances, appropriate,) advocacy services are independent if they are provided by a person other than the Scottish Ministers.

As can be seen in Table D, between 2003 and 2014 power shifted from the individual having a right to access independent advocacy and be assisted to access it by health and local authority staff where required, to those same staff being able to decide to whom they give information. For those applying for welfare benefits, however, the power has shifted back to a legal right with the activation of the Scottish Social Security legislation in 2018, although the right applies only to those people with a disability who require support to access the benefits system. The situation is further complicated by the introduction of a third definition of an 'independent' advocate, to that of 'a person other than the Scottish ministers' (Scottish Government, 2018, S10 (4b)). For many people, more than one of these situations will apply. They will, therefore, be subject to a mixture of rights and advisory conditions, with three possible descriptions of who their independent advocate can be. Consider, for example, some further detail about the hypothetical case of Marion, introduced earlier (p.30), where a social worker carrying out an investigation regarding Marion's children could see that the parent herself, Marion, was an adult requiring protection. Under the adult protection legislation, the social worker only had to consider if independent advocacy would assist Marion and inform her about this if they thought it necessary. When they found that Marion had a mental disorder, however, under mental health legislation, they would have a duty to inform her about advocacy and assist Marion to access it if she wished, regardless of the social worker's opinion as to whether advocacy could help. The choice would be Marion's as to whether she accessed the service; it is not the social worker's decision. In short, the legal rights of the individual will always have precedence (Patrick, 2009), but this is not always clear to either the individual who may require advocacy or those responsible for their care, highlighting another area that lacks clarity. The need to recognise that there are differing responsibilities that go along with advocacy across legislation highlights a training need for other parties such as social workers or health staff as well as for the advocacy workers to ensure that there is a shared understanding of each other's role, across the different sectors.

So far, three simple ideas have been considered:

- what advocacy is;
- what makes advocacy independent; and
- the standing of independent advocacy within Scottish legislation.

In all three cases, the reality seems more complicated than may have been envisaged. I will now turn to consider what independent advocates do and examine if more clarity and consistency can be found in the documentation and literature there.

2.3 What independent advocates do

Helpfully, the SIAA provides a compact list of what independent advocates do and do not do, albeit this is only found as an appendix to the main text of the Principles and Standards document (SIAA, 2008d, p.36-37). The list generalises the content of the suite of context documents and can be used as a straightforward guide for people accessing advocacy or directing people towards it. The list is reproduced here, with its original grammar and punctuation.

'Advocacy is...

- about standing alongside people who are in danger of being pushed to the margins of society.
- about standing up for and sticking with a person or group and taking their side.
- a process of working towards natural justice.
- listening to someone and trying to understand their point of view.
- finding out what makes them feel good and valued.
- understanding their situation and what may be stopping them from getting what they want.

- offering the person support to tell other people what they want or introducing them to others who may be able to help.
- helping someone to know what choices they have and what the consequences of these choices might be.
- enabling a person to have control over their life but taking up issues on their behalf if they want you to.

Advocacy is not...

- making decisions for someone.
- mediation.
- counselling.
- befriending.
- care and support work.
- consultation.
- telling or advising someone what you think they should do.
- solving all someone's problems for them.
- speaking for people when they are able to express a view.
- filling all the gaps in someone's life.
- acting in a way which benefits other people more than the person you are advocating for.
- agreeing with everything a person says and doing anything a person asks you to do. '

While this may have the appearance of clarity, the list needs to be read within the context that each of the elements may be practised in accordance with one or a combination of differing models of provision. The most common models of advocacy provision in Scotland are found described uniformly throughout the literature and listed at the beginning of each of the SIAA publications (see, for example, SIAA (2008a, p.10-11). The key features are summarised and considered below.

<u>Citizen Advocacy</u>: This is advocacy provided by one citizen for another on a one-to-one basis. From the outset, the relationship is intended to be long term in nature and is supported by the advocacy organisation which brings together a citizen willing to act as an advocate on an unpaid basis with a person in their community who requires such support.

Group or Collective Advocacy: In this case, a group of people who have a similar issue are supported to address it on a collective basis, supported by an advocate for the group.

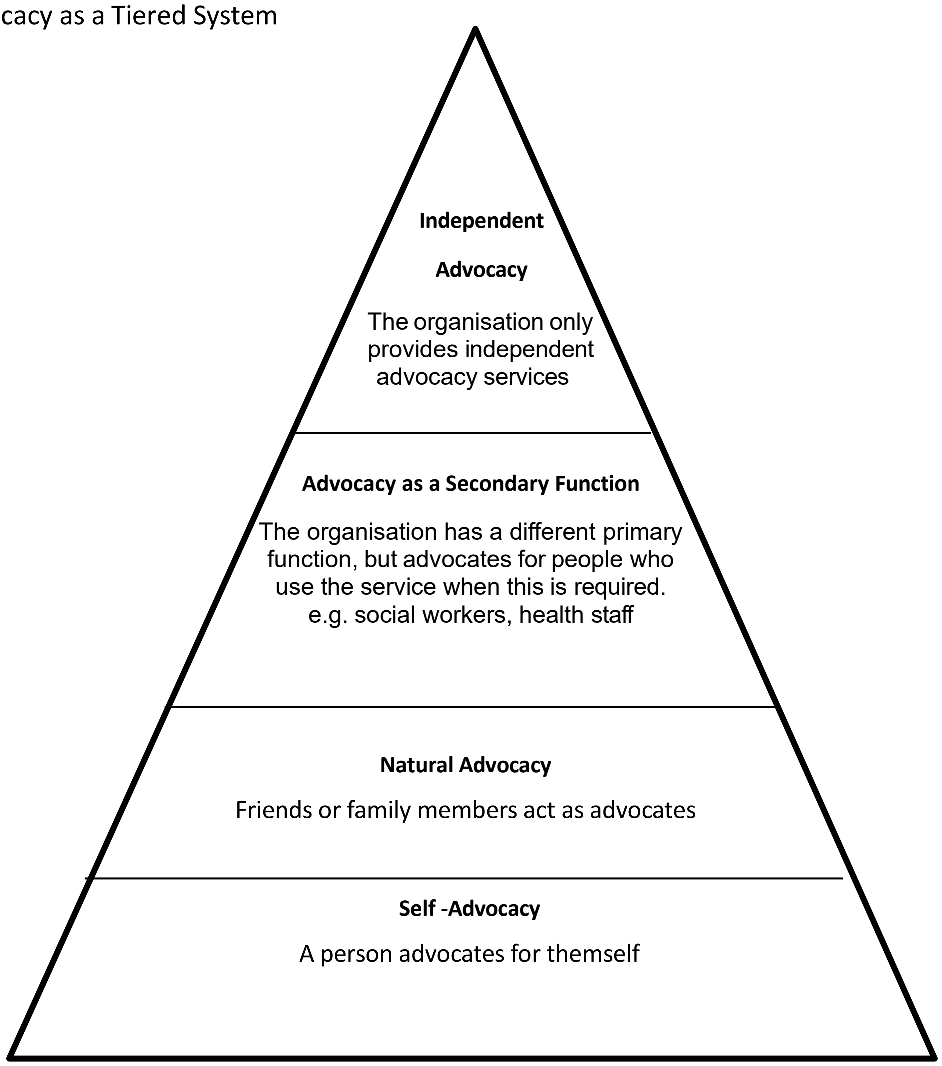
Peer Advocacy: This is when the advocate has something in common with the person they are advocating for.

Professional Advocacy: At times this can be described as issue-based or individual advocacy. Unlike citizen advocacy where the advocate supports only one person at a time, professional advocacy workers will have a case load. In some organisations, the advocacy workers will be volunteers, in others they will be paid members of staff.

Uninstructed: Some people may have no-one else in their life who can speak up for them and may have such complex needs that they are unable to speak for themselves. In this case the role of the advocate is to ensure that the person’s rights are being upheld in decisions being made about them, and through piecing together what is known about the person’s preferences, to make sure their views are being considered in decision-making processes.

Independent: In the following diagram (Figure A) I have illustrated how independent advocacy can be seen as part of a tiered system, most relevant only in situations where a person who requires advocacy has no other supporters in their life or has only those with conflicting interests. It is depicted in this way not to be hierarchical, but to indicate that the number of people who require this type of advocacy decreases, as the level of independence increases.

Figure A: Advocacy as a Tiered System



2.4 Assuring consistency and evaluating effectiveness

All the above is not to say, however, that there are no unifying factors across organisations providing independent advocacy in Scotland. The Principles, Standards and Code of Best Practice for Independent Advocacy (SIAA, 2019a) should be evident across all models of provision in Scotland, as should the list of ‘is and is nots’ cited above (p.38-9).

However, it is worthy of note that organisations providing independent advocacy are also unified in their lack of compulsory regulation, a worrying situation as the recipients of advocacy services are those who would be least likely or able to speak-up if something was amiss. Again, this is not to say that no models of evaluation exist; rather, that their use is voluntary, dependent on the contractual agreements agreed between the governing bodies of individual organisations and those who commission the services.

One such model of evaluation is the Citizen Advocacy Program Evaluation (CAPE) (O'Brien, 1979) which focuses on three aspects of the practice of a citizen advocacy organisation, summarised by Eliuk and Wheeler (1993, p.13) as:

- Adherence to citizen advocacy principles;
- Citizen advocacy office effectiveness – by looking at how advocates and protégés (the term used by O'Brien to describe those receiving advocacy) are recruited, how the advocates are prepared for their role, how advocates and protégés are matched and how the relationship is supported; and
- Program continuity and stability - how the program is governed and led by members of the community and the potential for it to be sustained by long-term funding.

It is something of a juxtaposition with one of the key aspects of citizen advocacy where the locus of control rests with the people involved in each advocacy partnership rather than the organization that it is this form of advocacy that has the most robust, tried and tested regulation of the organisations that provide it. Although initially developed some forty years ago, CAPE can still be used by citizen advocacy organisations today, as it is their adherence to the initial principles of citizen advocacy that gives them their distinct identity. That being said, the most recent documented example I could find was the mention in the 2004 Map of independent advocacy (SIAA, 2005) of the CAPE method being used in 2000 by the Dunfermline Advocacy Initiative. The CAPE exercise is carried out by a panel of evaluators brought together by the organisation that has been engaged to carry out the evaluation. They spend time within the organisation, speaking to a broad range of people connected with its work, before giving a report on their findings. It is seen as a 'valuable learning experience for both the program being evaluated and those who participate in the evaluation process' (Eliuk & Wheeler, 1993, p.14). For other types of advocacy in Scotland,

the regulation of practice lies mainly within the control of each organisation's own managers and commissioners, who are free to choose the methods and frequency of scrutiny, or not to be scrutinised at all.

The lack of evaluation for Scottish advocacy services has not always been the case. Between 2002 and 2006 a second national body for independent advocacy in Scotland existed, set- up by the Scottish Government with a specific remit to evaluate independent advocacy organisations and to provide a research function on its effectiveness. The Advocacy Safeguards Agency (ASA), as it was known, was set up at arm's length from Scottish Government departments within the Scottish Human Services Trust, a well-established voluntary sector organisation with a key aim of working towards a more inclusive nation that embraces diversity (Avante, 2004, p.18). It was set up in this way to reinforce its impartiality and independence from Government departments that advocates may come into conflict with in undertaking their work. To carry out the evaluation aspect of its role, the ASA recruited two evaluation workers who, in turn, were responsible for coordinating sessional evaluation teams made-up of volunteers from across the country with a range of interests in independent advocacy. Each team consisted of members with experience of commissioning advocacy, of providing it and, where possible, of using advocacy services.
The ASA staff were also responsible for ensuring the teams were prepared for the task in- hand and had knowledge and understanding of the process to be used. The process included a desk-based examination of key organisational policies that was carried out prior to the evaluation team visiting the organisation to conduct a comprehensive selection of interviews with advocacy partners, commissioners, staff, trustees and others who come into contact with the organisation.

Although being given the role of an evaluation body, the ASA was not given any accompanying authority to ensure compliance with any of its recommendations. The difficulties this lack of authority brought with it, along with the setting of ASA within a voluntary sector organisation were explored in an evaluation carried out in 2004 at the behest of the Scottish Government that considered the work of both the ASA and the SIAA, and whether these could be amalgamated in a single Government-funded agency for independent advocacy (Avante, 2004). Although suggestions were made in that report for how the ASA's function could be more effectively carried out, the organisation ceased to operate in 2006, with only some of its functions being taken over by SIAA, and which excluded the evaluation function. This left the network of advocacy agencies with no compulsory external scrutiny, with any monitoring or evaluation of their work being left to the organisations themselves and/or their funders. As there is little known of how this is being done in each area, it is difficult to learn the impact of independent advocacy nationally, or as to the methods of evaluation that are most effective.

It was not until 2008 that the SIAA reconvened discussions on evaluation by bringing together a working group to consider a new framework that built on the strengths of the ASA model, including impartiality, inclusion of advocacy service users and practitioners on evaluation teams, and consideration of commissioning arrangements as well as advocacy practice. The framework would also match with the Principles and Standards for Independent Advocacy which were then in place (SIAA, 2008d). These had been published by the SIAA with support from the Scottish Government. Although the framework was published in 2010 (SIAA, 2010c), it was not trialled in practice until 2014, when a pilot exercise took place with support provided by the Scottish Government. In turn, the pilot exercise was evaluated by the Scottish Health Council (2015). Their report describes the process used as being 'based on *Independent Advocacy: An Evaluation Framework*' (p.7), rather than using the framework in its entirety. It is not clear how the process used in the pilot differs as no detail is publicly available. As the pilot's focus was on evaluating the practice of advocates and the effectiveness of advocacy organisations, it is somewhat surprising, however, that the Scottish Health Council (p.24) remarks that the reports provided to participant organisations did not state whether the organisation's practices 'met, exceeded or fall short' of the Principles and Standards for Advocacy in Scotland, and, instead, focused on the organisation's internal policies and procedures.

Since the cessation of the pilot, there has been no wider access to a SIAA organised evaluation process with a return to the need for advocacy organisations to make their own arrangements for measuring the compliance of their practice to the national standards. The lack of consistency that follows from this has implications not only for individual advocacy practice, but also where people from different organisations are involved in evaluation teams. Each of them potentially may have a differing understanding of what they are evaluating, which, in turn, may lead to a further lack of clarity as to whether the organisation is providing good advocacy or not. This general lack of clarity was highlighted as a concern by the Scottish Health Council in their evaluation of the pilot evaluation process (2015) and by MacIntyre and Stewart (2013) in their report for the Institute for Research and Innovation in Social Services. Where individual organisations or the SIAA

Board may have discussed the implications of these reports among their own members, there has been no organised national discussion of the findings nor actions taken to address potential areas of concern.

In a similar vein, there is no regulation of required training for independent advocates in Scotland, nor any national guidance on qualifications or experience that may be advisable for those undertaking the role. Where the SIAA has offered training to its member organisations, it has focused on specific contexts such as the introduction of a new piece of legislation, or how a specific condition affects a group of people rather than on the generic skills and knowledge needed to carry out the advocate’s role. Yet again, determination of the skills, knowledge and attitudes necessary to carry out the role is left to the integrity of individual organisations. As will be seen later in this thesis, the outcome has been that divergent approaches have been adopted, with some organisations offering their own internally designed and assessed programmes while others have developed their own accredited qualifications, each with their own set of learning outcomes and success criteria. The latter qualifications, although given credit ratings in line with the Scottish Credit and Qualifications Framework (SCQF), are owned by the organisations who designed them, and are accessible only in restricted circumstances, such as the Domestic Abuse Advocacy Qualification which is open only to those advocacy workers supporting people who have experienced domestic abuse. The organisation that forms the basis of the present research took a different path and found a pathway to access the NVQ qualifications available in the other parts of the UK. This is discussed further in subsequent chapters of this thesis.

2.5 Supporting independent advocates in their role

Debate within the advocacy movement in Scotland about the need or desirability of an accredited qualification which would set out the required skills and knowledge required to carry out the role is a long-running one. It was discussed by Henderson and Pochin in 1991, while records from the SIAA AGM of 2016 show it was still being discussed some twenty- five years later. Throughout the debate, as with other aspects of the provision of independent advocacy in Scotland, there is a diversity of views. These range from Jackson (2002), who considers that ‘training may impart knowledge of a highly prescriptive nature which can discourage advocates from exercising common sense, initiative and flexibility, the essential qualities sought in the ideal advocate' (p.26) through to MacIntyre and Stewart's (2013) suggestion that advocates require specialist training to work in specific contexts. What may be required is to see advocacy itself as a specialism, rather than considering a specialism to be the subject matter of each advocacy issue. This would require the advocate having the level of understanding of their role and its boundaries to have confidence to exercise flexibility in carrying out their role within these bounds depending on the needs of the person for whom they are advocating, and to seek out the information they need for the cases they are working on at the time.

Existing research which explores advocates' views from Scotland is thin on the ground. The literature tends to consist mainly of examples from within individual organisations, such as those used within Donnison's work (2009) or in the previously cited unpublished paper by McClurg and McGlone (2008). The latter paper highlights advocates' views that there is a need for both training in the advocacy role, but also for effective ongoing professional supervision and emotional support, a view echoed by Donnison. This was found to be most important in situations that advocates had found morally or emotionally challenging, such as putting forward a person's justification for an action the advocate may feel is inadvisable or in opposition to their own personal values or beliefs. Other illustrative examples from advocates' perspectives can be found on the SIAA website (www.siaa.org.uk) or in their collations of advocacy stories (SIAA, 2008b). However, the advocates' experiences are scattered throughout the documents, with no attempt to draw generalities from the individual stories, or to offer guidance as a response. Doing so would have highlighted examples of what contributes to effective practice while also offering suggestions of actions to avoid.

2.6 Implications for independent advocates in Scotland

This, then, is the somewhat muddled arena in which independent advocates work on a day- to-day basis across Scotland and where they are expected to put the national principles (SIAA, 2019) into practice.

The advocacy they offer can be provided by advocates who can be paid or unpaid and they may or may not share lived experiences with those for whom they advocate as individuals or groups for a long or short term. It can focus on specific issues or expressive matters on an either instructed or uninstructed basis. One individual may access different types of advocacy simultaneously or at different times with differing levels of legislative potency, as exemplified below.

After being discharged from hospital, Grace starts to attend a peer support group in her local community centre. People meet weekly to share what they have found helps them manage their shared health conditions. They also regularly share their views with the local health board (peer advocacy/collective advocacy). Two people at the group keep asking Grace for a loan of money, which she gives them as she is scared not to. She mentions this to her social worker, who assesses it as a situation where an adult requires legal protection. As part of her role, she considers whether Grace would benefit from independent advocacy and concludes that she would.
She also recognises that Grace has a right to access advocacy as she has mental health problems. She puts this to Grace who is happy to meet with an advocacy worker she met while in hospital.

Forbat and Atkinson (2005) describe the position as a 'troubled one' and that 'Advocates work in what is often felt to be a hostile environment' (p.36). Although Forbat and Atkinson are considering the position of advocacy workers in England, the points they raise are equally relevant to the situation in Scotland. It is unsurprising that the advocate is sometimes considered unwelcome, as they at times challenge those who see themselves as experts or put forward points of view that are sometimes perceived not to be in the best interests of those whose views they are. MacIntyre and Stewart (2013) also consider the role of the advocate to be a confusing one, adding that 'conflicting definitions and a lack of understanding about the role of advocacy' (p.2) impede any clear evidence of its impact.
Their view is supported by Newbigging and Ridley (2018), who note that 'Although appreciated for contributing to greater democratic sensibility in mental health, the theoretical foundations for individual advocacy are under-developed and how to evaluate its impact poorly conceptualised' (2018, p.36). The need to evidence impact has only recently been addressed by the SIAA in 2017 with the establishment of a working group, which published its toolkit in 2019 (SIAA, 2019). However, there was, and remains, no compulsion for SIAA members to utilise it.

It is concerning that the lack of scrutiny remains the case regardless of the amount of public money that has been invested in the provision of independent advocacy, the support given to the SIAA by successive Scottish administrations and the publication by the SIAA of its suite of guidance documents that are listed in Table C (page29). As an illustration, the amount invested in advocacy in 2015-16 by the Scottish Government itself or by local authorities and NHS boards was just over £12.4m. This is the most recent figure collated by SIAA and is recorded in its map of advocacy for that year (SIAA, 2017). Yet little central consideration seems to have been taken within Scotland of how advocates can be best prepared for a role that has such an apparent positive impact on the lives of individuals, as the consistently positive narrative accounts cited by the SIAA demonstrate (SIAA, 2008a), and despite the diversity in practice and provision across the country. It is noted here, and explored later, that there are few accounts available of where advocacy has not had a positive outcome for people. Like other aspects of their work, any training activities or resources provided by the SIAA centre on context rather than advocacy, examples being the stroke training pack produced in 2011 (SIAA, 2011) and the problem drug use training pack produced in 2012 (SIAA, 2012). Both these packs provide detailed information about drug use and stroke that would benefit advocates preparing to work with individuals in these categories. Neither, however, spends much time considering what advocacy is in general terms and assumes that people undertaking the training already have that knowledge. No training materials from the SIAA are available regarding the role of an independent advocate in a general sense.

Records of the SIAA’s Annual General Meeting of 2016 show that the need for an accredited qualification for independent advocacy in Scotland was discussed in a workshop setting, facilitated by one of its member organisations. It is noteworthy that the facilitating organisation, The Advocacy Project (TAP), was, at the time, in the process of developing its own in-house accredited training and could therefore be thought of as being in favour of accreditation. This preference in favour of training is not noticeable in the feedback report that TAP compiled from the workshop which records a balance of views that were expressed both for and against the development of a qualification (SIAA, 2016). The arguments in favour of the qualification were that it would provide an element of standardisation of practice so that service users would know what to expect. It would recognise that there was a knowledge and skill set unique to the role; and that having a qualification would provide a framework for a workforce development programme which might encourage more people to work in the sector. It also recognises that if the advocacy movement did not act on this internally, then others, such as colleges or universities may, and thus the movement would lose control.

As a counterpoint to the arguments in favour of developing a qualification, arguments were put forward against it by organisations that felt it was neither ‘required, nor desirable’ (SIAA, 2016). Their reasons included that the advocates need values not qualifications and these would be lost, diluted or undermined if a professional development route was prescribed; that service users did not care if their advocate had a qualification, as no-one had asked about it; and that some competent staff may leave advocacy if they had to work towards a qualification. These reasons echo those cited by Henderson and Pochin (2001) who added their own concerns regarding the development of accreditation that put emphasis on the professional status of the advocate rather than the interests of the advocacy partners. However, no counterpoint to this was considered by looking at the professional standards for comparable professions such as teaching (GTCS, 2021), nursing (NMC, 2018) or social work (SSSC, 2016), which harmoniously reconcile requirements in terms of values, knowledge, skills and competencies in their codes of practice and professional standards. The General Teaching Council for Scotland (GTCS), for example, defines the three inter-related categories of Professional Values and Professional Commitment; Professional Knowledge and Understanding; and Professional Skills and Abilities. The GTCS reinforces that it is the inter-relationship of the three that “enables the professionalism of the teacher and leads to appropriate professional action and growth” (GTCS, 2021, p.3).

Taking account of all the arguments, no action on developing a qualification was proposed by the SIAA, leaving the status quo of individual organisations taking responsibility for the content and mode of delivery of their staff training. For some organisations who supported the development of an accredited programme, the way forward was to design their own qualification. Here too, there are examples of this being tried before, when in the early 2000s, a distance learning course for advocates was developed and accredited by the University of St. Andrews (Campbell & McConkey, 2001) along with a non-accredited course centring around assertiveness for self-advocates (Campbell, 2002). Neither is now available and no information regarding the uptake can be found. More recently, evidence on the database of the Scottish Qualifications Authority (SQA) (www.sqa.org.uk) shows advocacy qualifications offered by REACH, an addictions recovery organisation, and by Women's Aid. Both qualifications focus on either the specific context of their work or on a particular approach to advocacy practice. An approach portrayed as suited to more generalist advocacy models has been developed in the Professional Practice Award being offered by The Advocacy Project in Glasgow. The entry on the SQA database for this award (as of 6th May 2022) notes that it had been previously credit-rated by Napier University in 2015 but had since been archived. Further discussion of these qualifications follows in Chapter Nine.

Before turning to look at the methodology used and presentation of the case study, relevant literature from outside Scotland and from outside advocacy will be considered. This will add context to explain why the case study organisation made the decision to adopt an existing qualification rather than design its own.

Chapter Three The View from Elsewhere

As independent advocacy is not exclusive to Scotland, I have turned in this Chapter to consider how independent advocacy is practised in other parts of the UK and, wider, in other English-speaking nations. I have also considered what could be learned from advocacy that is not independent. In particular I have looked at the training offered to advocacy workers nationally and internationally to prepare them for their role.

3.1 The independent advocacy landscape in other parts of the United Kingdom

As in Scotland, elements of cohesion among agencies providing independent advocacy in the other nations of the UK emerged from the mesh of individual organisations at the beginning of the 21st Century. As responsibility for health care in each nation is a devolved matter, the timing of this, and the shape taken in each nation differs. Like Scotland, the intention in England, Wales and Northern Ireland was to unify the areas of commonality evident in all types of independent advocacy, but there the similarity starts to diverge. As seen in the previous chapter, within Scotland the first steps in doing this came from advocacy organisations themselves, firstly through the setting up of the networking organisation, named Advocacy 2000, to co-ordinate the opportunity to work together to compile the generalised key ideas kit (Advocacy 2000, 2000). The kit was followed by the first set of Principles and Standards (Advocacy 2000, 2002) which have provided the foundation for the comprehensive suite of guidance documents produced by the SIAA since 2008, the most recent being published in 2019 (SIAA, 2019a). In other parts of the UK, networking followed different paths with the umbrella organisations in Wales and Northern Ireland being organised by the respective devolved governments rather than the advocacy organisations themselves. In England, networking was initially led by a non-profit making, but independent body, Action for Advocacy, before becoming part of the work of the National Development Team for Inclusion (NDTi), a national organisation that works to ensure that people using health and social care services are at the heart of service improvements. Details of each of the nations are given below.

England

The initial networking body in England, open also to advocacy organisations in Wales and Northern Ireland, Action for Advocacy (A4A), was set up in 2002, but ceased to exist in 2013. A4A received no core funds from United Kingdom Government sources but was financed through memberships and purchases of specific services. During its lifespan, A4A developed a set of key principles in partnership with its member organisations (Action for Advocacy, 2002). These are set within what is called the Advocacy Charter, which was produced alongside an accompanying code of practice. From the outset, and unlike the Scottish guidance documents, all A4A's work centred around a clear statement of what advocacy is:

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice (Action for Advocacy, 2002, p.2).

The Advocacy Charter (A4A, 2002) sets out the ten principles considered by A4A and its members as key to putting this statement into practice. These principles are summarised below:

- Clarity of Purpose – an independent advocacy organisation will have key aims that fit with the Charter and will be able to evidence these in its practice;
- Independence – the organisation will have structural independence, as described in the previous chapter and will work to minimise any conflicts of interest;
- Putting People First – the views and wishes of the people advocated for will come first;
- Empowerment – people will be supported to self-advocate as far as possible;
- Equal Opportunity – the organisation will be proactive in tackling inequality, and ensure equity in its service provision;
- Accountability – there will be systems for monitoring and evaluating practice;
- Accessibility – advocacy will be free for those using the service;

- Supporting Advocates – the advocates will be prepared, trained and supported in their role;
- Confidentiality – the organisation will be clear about any limits to when confidentiality may be breached; and
- Complaints – it will be clear to people using the service what they should do if they are unhappy with the service.

Within the Charter, there is no mention of specific contexts or models of advocacy practice. It can be applied to any model of advocacy delivery, such as citizen or professional advocacy, provided to individuals or in a group setting. Similarly, a single code of practice supports how independent advocates should put these elements into practice, thus minimising the confusion that is considered to exist in Scotland (MacIntyre & Stewart, 2013). In 2006, in a further attempt to verify that good practice was being carried out by advocates and within their organisations, A4A developed a Quality Performance Mark (QPM) for independent advocacy organisations. This included self and externally assessed elements geared to evidence that organisations holding the mark had proven that their practice was in line with the Charter. After the closing of A4A, the responsibility for the administration of the QPM passed to the NDTi and continues there to the present day.

A4A was also involved with other stakeholders in developing a curricular framework for independent advocacy training, accredited as a National Vocational Qualification through City and Guilds, which is a national examination and accreditation body for vocational training in the UK. The qualifications are delivered by a network of training providers with both knowledge and expertise in the subject matter and tutors qualified to assess the practice of others. While content of the courses must comply with the unit descriptors, the methods of delivery are left to the creativity and experience of those delivering them. Thus, they can be tailored to suit different types of advocacy practice. To ensure consistency in the criteria used to assess candidates for the qualification, providers have their policies and practices externally scrutinised by City and Guilds on a regular basis. An outline of the framework within which the advocacy qualifications are set is given in Table E, below.

Table E: NVQ Advocacy Qualifications – Learning Outcomes

Level of Qualification	**Name of Qualification**	**No of Units**	**Unit Titles**
NVQ Level 2	Award in Independent Advocacy	Unit 201	Understand the Purpose and Role of an Independent Advocate
NVQ Level 3	Certificate in Independent Advocacy	Compulsory	
		Unit 301	Purpose and Principles of Independent Advocacy
		Unit 302	Providing Independent Advocacy Support
		Unit 303	Maintaining the Independent Advocacy Relationship
		Unit 304	Understand the social context of Independent Advocacy
		+ 1 Optional	Chosen from a range to suit the candidate's experience. Examples are:
		Unit 307	Managing Independent Advocacy Services
		Unit 308	Providing Independent Advocacy for Adults
		Unit 309	Providing Independent Advocacy for Children and Young People
		Unit 310	Providing Independent Mental Capacity Advocacy

(www.cityandguilds.com)

In a similar review of legislation relating to mental health and capacity to that in Scotland, the legal status of independent advocacy in England changed with implementation of the Mental Capacity Act 2005, which introduced the post of Independent Mental Capacity Advocates (IMCAs), who are specially trained independent advocates appointed to people who lack capacity to make decisions for themselves. Unlike the situation in Scotland where the need for advocacy is subject to some interpretation, IMCAs are appointed by local authority social work officers or by a medical practitioner involved in a person's care in situations set out in statute, leaving little room for ambiguity. The review of English health legislation in 2007, established the complementary posts of IMHAs, who were specially trained independent advocates appointed to people detained under mental health law. Subsequent legislative revision in 2009 extended the IMHA service to those more widely affected by mental health legislation, not only those who are detained. For both types of statutory post there is a determination in legislation also, that they are provided with specialist training for this role, the requirements for which form specialist elective units in the City and Guilds framework but build on the common elements of generalist advocacy training. Again, this differs from the situation in Scotland where there are no defined statutory posts nor specialist training for advocates working with people who have their rights restricted under mental health or incapacity laws.

After Action for Advocacy closed in 2013, due to lack of funding, its functions were relocated in national, UK Government-supported agencies such as the National Development Team for Inclusion (NDTi). The NDTi has ensured the continual development of the work started by A4A, assuring that the Charter, Code of Practice and Quality Performance Mark reflect changes to legislation, while retaining the essence of their original definition of what independent advocacy is and how it should be practised. It can be argued that such a relocation of responsibility has also happened in Scotland, but that Scottish Government sponsorship here has gone directly to SIAA, rather than absorbing the functions into less autonomous bodies. As a counter to this, however, it can also be argued that in England, it is testament to the status accorded to independent advocacy that it is considered part of mainstream health and social care provision. It is also perhaps in recognition of the clarity regarding what advocacy is and what advocates do that there is more evidence available as to what they require in terms of training and support to carry out their role, elements missing for those providing advocacy in Scotland.

Northern Ireland

Like Scotland, advocacy services In Northern Ireland are undertaken by a range of community-based non-profit organisations, usually serving members of a specific client group. The corresponding networking body, the Advocacy Network Northern Ireland (ANNI) was set up in 2012 to provide opportunities for independent advocacy organisations to share experiences and good practice and published its Code of Practice for Independent Advocates in 2014 (ANNI, 2014). This was commissioned by the Northern Irish

Government's Health and Social Care Board and written with input from a range of the Network's members. The code aimed to clarify the role of independent advocates across Northern Ireland so that there would be consistency in practice across the country.

Elements in the Code are written as statements to which individual advocates agree, with accompanying indicators of practice for each. The main headings that independent advocates agree to are summarised here:

- Be open, fair and trustworthy;
- Put the views of people for whom they advocate first;
- Help people with whom they work to participate as fully as possible when decisions are made about their lives;
- Work with the agreement of the people for whom they advocate;
- Respect boundaries of confidentiality;
- Be accountable and seek support;
- Challenge others;
- Respect and promote the Human Rights of those with whom they work;
- Show respect for others;
- Practise self-care;
- Continue their professional development (ANNI, 2014, p.3).

In expansion of the last of these, the expectation is that advocacy organisations will ensure that individual advocates have the preparation and training they need to carry out their role. This may include access to the City and Guilds Level 2 and 3 courses detailed above which are eligible for use in Northern Ireland. The National Advice Service for Northern Ireland provides this course across the country (www.adviceNi.net) and has localised its content where necessary to fit with Northern Ireland's legislation.

Wales

Since 2016, the Welsh Government has taken a regulatory approach to the provision of independent, professional advocacy services for people with mental health issues with the activation of the Social Services and Well-being (Wales) Act 2014. Section 10 of this Act allows the Welsh Government to determine regulations that define for whom local authorities must ensure advocacy is provided. It also allows the Welsh Government to determine the standards to which the advocacy must be conducted. In preparation for the activation of the Act, the Welsh Government produced a guidance document for Advocacy Service Providers and the Local Authority planners who would be tasked with commissioning appropriate services for their area (Welsh Government, 2011). This guidance also sets out that the NVQ qualifications are deemed necessary for advocacy workers carrying out functions under the Act and recommends that advocacy organisations look to the Advocacy Quality Mark detailed above as an indicator of good practice.

In 2018, the Welsh Government became the first of the UK's parliaments to instigate a compulsory registration and inspection scheme for independent advocacy services, to be carried out by the Care and Social Services Inspectorate Wales (Welsh Government, 2016).

3.2 Independent advocacy outside the UK

In looking at advocacy outside the UK, there is a divergence in what was being described in certain sources of literature from advocating for individuals, to advocating for a cause. The latter is more akin to campaigning or lobbying than providing support for individuals (Coates & David, 2002). Moving outside the UK, I considered how support from government was provided for advocacy in other English-speaking countries, along with the accompanying regulatory frameworks. Support from central government in other countries can be found in the Republic of Ireland, Australia, New Zealand and the USA. In Canada, however, advocacy is seen to be the responsibility of the community and not the Government (Goodbody, 2004). There, a wide network of local and national agencies has developed, mainly advocating for a cause or interest group rather than for individuals.

Where individual advocacy is required and no advocate can be found from a person's own social circle or from a community-based agency open to them, a growing number of individual self-employed health advocates can be contracted to fulfil the function. This started out as an unregulated role which is, according to the representative body, the Alliance of Professional Health Care Advocates (APHA), one of the 'fastest growing professions of the upcoming decade' (www.aphadvocates.org/profession-overview). APHA describes its function as providing professional accreditation for the profession through a Patient Advocate Certification Board drawn from its members who worked together to draw up a code of practice for advocates that also clarifies what service users can expect from them. This was published in 2018 (www.pacboard.org/code-of-ethics) and is complemented with a certification process involving a written examination and post- certification continuing professional development. Successful completion is a requirement for membership of APHA and acts as an assurance to people using their service that the advocate has the knowledge and skills to carry out their role.

The growth of self-employed health care advocates is also evident in the USA, where APHA acknowledges that most of its members operate. Advocacy is also practised there by a long-established network of community-based organisations. Indeed, the USA is credited with having the first recognisable, organised approach to the provision of independent advocacy through the citizen advocacy organisations arising from the work of Wolf Wolfensberger and John O'Brien in the 1960s (Wolfensberger & O'Brien, 1979). Since 1975, these community-based organisations have been supplemented by a range of agencies set up by State governments in response to directives from the Federal Government's Substance Abuse and Mental Health Service Administration (SAMHSA). The state-funded programmes target groups of people considered to be particularly vulnerable and requiring additional protections, such as people with learning disabilities or those requiring detention due to mental illness or incapacity. The current programme, Protection and Advocacy for Individuals with Mental Illness (PAIMI) was set up in 1986 in response to complaints of abuse regarding individuals residing in institutions (SAMHSA, 1986). It was extended to those receiving care in the community in 2000. Organisations receiving grant funding from Federal Government to support PAIMI schemes must comply with the review process set out in the regulations (SAMHSA, 1986) which include financial and statistical reviews and a peer review visit on an annual basis. They must also ensure that their staff receive training appropriate to their role, and opportunities to network with advocates from other agencies. These opportunities and training are organised on a national basis, with local delivery, by the National Disability Rights Network that also offers 'technical assistance' (www.ndrn.org/membership/membership-services/), such as legal assistance to non-legally qualified advocates through partnering with local law centres, or access to a web-based data management system. To reinforce the independence of individual advocacy providers, SAMHSA guidance encourages them to seek additional funds from external sources to supplement the Federal Government's contribution.

In Australia, the Disability Advocacy Network Australia ‘supports and strengthens independent disability advocacy services’ (www.dana.org.au). As such, it has aims similar with those of the SIAA in Scotland. Each year DANA conducts a survey of advocacy organisations, collecting statistical information on service usage, a separate survey of the advocacy workforce, highlighting the issues facing advocates, including what helps and hinders them in doing their job. Membership of DANA is open to organisations providing independent advocacy across Australia, some of whom are directly funded through the Australian Government to provide advocacy for people who are entitled to receive help from the National Disability Insurance Scheme through the National Disability Advocacy Programme; that is, anyone who has ‘any limitation, restriction or impairment that restricts everyday
activities and has lasted, or is likely to last, more than six months’ (www.disabilityaustraliahub.com.au/disability-a-z). Organisations receiving funding through this programme must demonstrate the following standards in their practice through key performance indicators associated with the standards (Australian Government, 2012), summarised below:

Standard 1: Accessing Advocacy

Each person with disability (as defined above) has opportunities to access advocacy on the basis of relative need and available resources.

Standard 2: Individual Needs

Each person with disability receives advocacy that is designed to meet their individual needs and interests.

Standard 3: Decision Making and Choice

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the advocacy activities undertaken.

Standard 4: Privacy, Dignity and Confidentiality

The right of each person with disability to privacy, dignity and confidentiality is recognised and respected.

Standard 5: Participation and Integration

Each person with disability is supported and encouraged to participate and be involved in the community.

Standard 6: Valued Status

The intrinsic value of each person with disability is recognised and each person is supported and encouraged to enhance their valued status in the community.

Standard 7: Complaints and Disputes Each person with disability, who has a complaint or dispute with the advocacy agency, is encouraged to raise it, and have it resolved without threat of retribution.

Standard 8: Agency Management

Each advocacy agency adopts quality management systems and practices that optimise the effectiveness of advocacy for each person with disability and facilitates continuous improvement.

Standard 9: Staff, Recruitment, Employment and Training

Each person who has an employment or volunteer relationship with the advocacy agency has appropriate skills and competencies.

Standard 10: Protection of Human Rights and Freedom from Abuse

The advocacy agency acts to prevent abuse and neglect and to uphold the legal and human rights of each person with disability.

Within New Zealand, there has been a publicly-funded health and disability advocacy service since 1996 established under the legislative authority of the Health and Disability Commissioners Regulations of that year (Code of Health and Disability Services Consumers' Rights, 1996). As its title implies, the focus of the service is to support people to uphold their rights under the country's Code of Health and Disability Consumers' Rights. The service operates through a Government funded National Advocacy Trust that operates throughout the country and replaces the previous network of smaller organisations governed by locally negotiated arrangements with regional public authorities with a view to providing consistency in what consumers across the country can expect from the service. It is seen by Drage (2012) as a more successful model of providing advocacy than that which it succeeded, and which has clear guidelines for management and advocacy practice ensuring consistency across the country as to what people can expect in their advocacy provision.

These guidelines state the overall purpose and principles of the scheme and are supplemented by a code of practice with key performance indicators under the headings of:

- Purpose of Health and Disability Advocates;
- Independence and Accessibility;

- Confidential and Ethical Practice; and
- Quality Assurance and Professional Practice.

In addition to the guidance and codes of practice, a comprehensive list of competencies is provided. These have elements that advocates must achieve within three months of taking up their role, with an additional set that are to be achieved within fifteen months. These competencies are of three types – core, cultural (including Maori culture) and disability (Drage, 2012). There is also the expectation that advocates attend regional and national training events on an annual basis to further their professional development. In 2016, the National Disability Advocacy Service began to deliver the National Certificate in Health, Disability and Aged Support (Advocacy). This is set at Level 5 on New Zealand's qualifications framework, equivalent to a Higher National Certificate in the UK (www.onlineservices.immigration.gov.nz/opsmanual/45798.htm). This Certificate is only accessible to people who have worked as a health and disability advocate for at least twenty-four months and so will already have evidenced that they have achieved the required competencies. Those who have not achieved the competencies within the set timescale are precluded from advocating until they have achieved them.

While it can be seen in the examples above that in the USA, Australia and New Zealand their federal governments have supported the development of advocacy services for specific groups of people in specific circumstances, the statutory service in the Republic of Ireland has followed a different route by embedding it within a countrywide information service, the Citizens Information Board. Formed in 2007, the legislation that established it gives the Board responsibility for carrying out a generic advocacy function for all Irish citizens, in terms of providing information and support for them to be able to access their rights and entitlements (Irish Government, 2007). In addition, the Board was given responsibility for supporting the development of community-based advocacy services, which it did until 2010 when the services were consolidated within the Board itself, but which are still delivered on a local basis. The guiding principles for the delivery of advocacy services are clearly set out within operational documents that state the services must evidence:

- Respect for people's autonomy;
- Equity;

- Capacity to improve outcomes; and
- Avoidance of harm

(http://www.citizensinformationboard.ie/en/publications/advocacy/).

While there is no stipulation as to the qualification advocates need to hold, there is a recommendation that they are 'educated to graduate level' and have at least three years' experience in a relevant discipline such as nursing or social care (CIB, 2008, p.37). The guidelines also list a range of competencies under the seven headings:

- Personal Effectiveness in Terms of Sound Judgement;
- Interpersonal Effectiveness;
- Customer Service Skills;
- Analytical Thinking;
- Knowledge of Social Services/Disability area; and
- Work Management Skills.

The evaluation of the national advocacy service that was carried out in 2010 (Round Table, 2010) acknowledges that the full proposals, as set out in the 2007 Act, have not been fully enacted, due to a lack of funds. The evaluation envisaged that in addition to the service as it is now, there would be an enhanced service for more complex individual cases, referred to as the Personal Advocacy Service. This purpose has been integrated instead into the national service.

In all the countries considered above, common elements for advocacy services can be seen across the individual national guidelines. These centre round supporting people to access rights and provide opportunities for them to improve their own capacity to consider choices and make decisions. Common elements can also be found in the practice guidance relating to the organisations in which the advocacy is set, citing the need for these to be accessible to those who need to use them, equitable in their service delivery, and proactive in assuring the competence and quality of the advocates who provide the service. These also have echoes in the four Scottish principles of putting people who use the service first, being accessible, accountable and minimising conflicts of interest (SIAA, 2008c), although in the other countries (above), the quality assurance function and training requirements are not left to the individual organisation to determine.

3.3 Advocacy that is not statutory

With the exception of Scotland, where the above-mentioned Governments have intervened to assure the entitlement to aspects of independent advocacy provision to prescribed groups of people, they have also directly provided access to funds to ensure its provision.
This does not preclude individual, state, or more local governments supporting the development of additional advocacy, nor groups of interested individuals taking steps to access additional support for advocacy that they see as necessary or desirable from non- government sources. In the countries above, this is evidenced in the network of interest groups that operate mainly in the community and voluntary sectors to promote the views of their members. As is also seen in the section above, and again, except for Scotland, codes of practice in each country clearly define the boundaries of the statutory responsibilities and what is expected in the agencies carrying out the statutory function. Within the codes of practice, there are also clearly stated expectations that the agencies will function independently and challenge their statutory funders on behalf of their advocacy partners when required.

However, this is far from the case in Scotland, which does not have such clearly defined guidance, and where there is an inherent conflict of interest built into the commissioning of independent advocacy within a local authority area for those who have a legal right of access to it. This arises as the assessment of the need within the area has been put in the hands of the health and social care partnerships that will be responsible for its funding, with little guidance available for how this should be done, and no additional funds available for its provision. The result has been the inequitable provision of advocacy across Scotland that is exemplified in the data collected every two years by the SIAA and published in their Maps of Advocacy, the most recent being for 2015-16 (SIAA, 2017). As shown earlier, in Chapter One, the data collected indicates variance in the models of advocacy available in different areas along with funding per capita dedicated to its provision. The localised impact of this conflict of interest on the organisation forming the focus of this case study will be further considered later.

3.4 Training and support for advocates

As seen in the previous chapter, there is little guidance for advocates in Scotland as to what is required in terms of the knowledge and skills that independent advocates need in order to prepare them for their role or to support them as they carry it out. In the countries discussed from outside Scotland in which independent advocacy workers were asked for their views, there is more consistency in the findings, although not that envisaged by Gray and Jackson (2002) nor MacIntyre and Stewart (2013). Rather, there appears to be general agreement on the need for support which recognises the integral emotional and personal challenge of the advocate's role as well as the 'nuts and bolts' of the issue they are working on at the time. This reinforces the findings of the study carried out by McClurg and McGlone (2008) within their own organisations and is also seen in wider studies carried out by Carver and Morrison (2005), Action for Advocacy (2008), Forbat and Atkinson (2005), Lee (2010), and Newbigging et al. (2012). The findings of these studies are considered in more detail in the next chapter.

A balancing position between context specific and more generalist training is seen in the content of the NVQ courses outlined above. This reinforces the need for learners to evidence understanding of a clear definition of what independent advocacy is before moving on to learn about the general skills and knowledge needed to carry out the role. Only then is course content related to specific contexts or client groups encountered, once the responsibilities and boundaries of the role are clear. It is also recognised within the qualification that knowledge and understanding of the theoretical foundations of why advocacy is needed is a requisite focus of study as well as evidence of competent practice.

3.5 Looking outside advocacy

Looking at elements of the role of the independent advocate alongside comparable roles from other sectors yields useful insights. One such example is the growing body of evidence of the need for roles that span boundaries within public service organisations, such as are found in the integrated health and social work partnerships formed across Scotland (Scottish Government, 2014). This requirement of the Scottish Government brings together local authorities and health boards to work in partnership for the benefit of those who receive services from them. Instead of working in separate teams, one health-based, the other from social services, each with its own management structure, practitioners from both organisations form into partnership teams, under one line-manager with responsibility spanning across both structures. The recognition is also growing for the need of such roles to be at all levels of the organisation from front-line staff to strategic management, as there is an expectation from people using these services of consistency and continuity rather than the more disjointed and compartmentalised approach that integrated roles are intended to replace. It seems timely, therefore, to consider how the role of the independent advocate corresponds with the essential features of the ‘boundary spanner’. This is a term used by Williams (2011, p.27) to describe roles within groups of public, private and third sector organisations but which are set across the boundaries of each, rather than operating within one of them. Such roles are designed to act as a bridge between the organisations or to guide people through cross-cutting systems or processes. Williams considers that the issues forming the mainstay of a boundary spanner’s role can be complex and interconnected and ‘cut across the conventional boundaries of organisation, profession, sector, levels of governance, geographical area, time and policy’ (p. 27). He goes on to identify four aspects of the boundary spanner’s role, which are identifiable in the day-to-day activities of an independent advocate, illustrated here in the case of Grace.

Grace has been detained under mental health legislation in a hospital on the other side of the country from where she usually lives. Grace’s case is to be discussed at a mental health tribunal within the next few days. An advocacy worker (Lorna) visits Grace in hospital and helps her find a local solicitor to provide legal representation at the tribunal and helps her liaise with her family and supporters from her home area. Lorna explores options with Grace as to how she can present her views at the tribunal, either by attending or by submitting these in writing if she did not want to attend. Lorna also lets Grace know that she can attend some of the tribunal and leave when she wants to. In this case, Lorna can stay in attendance to ensure Grace’s views are taken into account. This is an idea that had not been suggested to Grace before.

In their support of Grace, Lorna adopts each of the roles defines by Williams (2011):

Reticulist – requiring understanding of relationships, communications and how these can best be managed. We can see this aspect in Lorna's activities in building links with Grace's support team at home and in hospital, with her family and linking her with services local to the hospital, such as a solicitor.

Entrepreneurial – developing new solutions or bringing new ideas to the decision-making process such as suggesting she can attend the tribunal if Grace does not want to attend or stay for the whole time.

Interpreting/communicating – appreciating the need to respect individuals' and organisations' cultures and being able to communicate with a wide range of people. In Grace's case, Lorna ensures Grace has seen all relevant paperwork and understands what it means.

Co-ordinating – bringing together different groups of people and ensuring everyone does what they say they will. Lorna ensures that each individual or agency is carrying out their responsibilities with regards to Grace and keeping Grace informed of the actions undertaken.

As can be seen here, all four aspects of the boundary-spanning role can be found in the advocate's work. We can also see that the actions to be taken by the advocate cross boundaries of organisation, status, geography and interest, all reinforcing the work of the independent advocate as a role of this type. As such, there are considerations from the wider context of boundary-spanning that can be informative for independent advocacy, such as the findings of Ashill, Meadows and Stewart (2011) into the stressors that affect those in boundary-spanning roles within public sector agencies such as local authorities or health boards. Ashill et al's (2011) study found that, in addition to the stressors found in single role positions, boundary-spanners face additional stressors attributed to the unique demands of the role and the uncertainty faced in their everyday work, such as having to deal with problems from a range of disciplines, accommodating geographical or cultural differences, and having to adapt to a wide range of contexts within one day. They therefore require support and supervision strategies that take this into account. These findings mirror the comments made by Forbat and Atkinson (2005) regarding the hostility of the environment in which advocates work and the need for this to be taken into account in the support provided to them. The need to take account of the stressors' impact on those involved in boundary-spanning roles permeates all the studies considered above.

Additional considerations are made by Williams (2011) who proposes that there is a need to balance training, support and getting the right people as key to success in a boundary- spanning role. In a later article, he describes the need for a 'competency approach' as a way of articulating necessary criteria for each aspect, with competencies described as, 'a combination of both technical and human skills, knowledge of particular areas of expertise and accumulated experience' (Williams, 2012, p. 20). In relation to the nature of people thought effective in this type of role, he adds that they 'also possess personal attributes that, although not competencies as such, influence the manner in which competencies are undertaken in practice' (p.20). These include skills in negotiation and diplomacy and the ability to maintain working relationships with a wide range of people. Putting this within an advocacy context, the need to consider the personal qualities of a good advocate as well as their training requirements is highlighted by MacIntyre and Stewart (2013) who list the following attributes:

- A calm thoughtful and sensitive disposition;
- The ability to raise relevant issues on behalf of the person in an appropriate and fair manner;
- Good at building relationships with people;
- Provision of support to individual when upset;
- Ensure the person's views are discussed and incorporated;
- The ability to be succinct, articulate, thorough and offer alternative ways of thinking; and
- Facilitate understanding among other professionals of the person's situation (p.7).

All the above attributes can be seen to correlate with the four aspects of a boundary- spanner's role identified by Williams (2011). Like the views of the independent and non- independent advocates, the training needs expressed here focus on self-reflection and intrinsic human values, rather than the knowledge and information required in individual advocacy contexts. Similarly, throughout the literature, few responses have related to knowledge of legislation or procedures. Moreover, they have been about personal attributes such as: confidence or assertiveness; personal values such as fairness, justice and being the right thing to do; and personal robustness in dealing with the somewhat unfriendly environment in which they sometimes need to do their job. This seems at odds with the viewpoint taken by the SIAA and those such as MacIntyre and Stewart (2013) who focus on the need for specialist knowledge of specific contexts or conditions along with the favourable personal attributes listed above. Such lack of cohesion in views regarding the training needs of advocacy workers ties in with the confusing definitions of independent advocacy in Scotland discussed earlier and could be attributed to the delegation of detailing practice to individual organisations and the agencies that fund them.

The middle-ground has been taken in the guidelines drawn up by the governments of the other countries that centrally-fund aspects of advocacy provision that were considered earlier. Not only do the centrally-funded schemes limit the groups who have access to the advocacy provided under statutory guidance, they also limit the contexts for which it is available. For example, Australia's National Disability Advocacy Programme is funded by the Australian Government to provide advocacy for people who are entitled to receive help from the National Disability Insurance Scheme only within the context of ensuring that they are able to access their entitlements. Such nationally funded schemes blend generalist and specialist aspects of advocates' training. In the former case, they address the need for a general exploration of advocates' values and attributes, understanding of their role and competency in carrying it out. In the latter, they acknowledge that this requires a complementary consideration of the specific skills and knowledge of issues affecting a set group of people within a given context. The above approach varies from the situation in Scotland where advocacy is defined differently within different pieces of legislation and allows an unrestricted approach to the contexts in which it is practised. Such an open approach can be seen to require a different perspective to the advocates' training, concentrating on the core assumptions and competencies underpinning the differing models of practice and applicable to a range of contexts.

So far, I have shown that available literature about independent advocacy presents the practice from a range of perspectives. In the next chapter, I will address the literature that focuses on the training and preparation needs of advocates from the advocates' point of view and also the views of those seeking advocacy support.

Chapter Four The View from Inside Advocacy

In the previous two chapters, I set out how independent advocacy is described in a range of legislation and sets of guidelines. I have also acknowledged the viewpoints of a range of third parties as to what constitutes good advocacy and that highlights deficiencies in evidencing its effectiveness. Third party views of the training and support that advocates require has also been considered. In this chapter, I turn to focus on literature that takes the perspective of the people involved in an advocacy relationship, that is, the advocates and the people they are advocating for.

There is a paucity of academic and policy literature from Scotland, particularly regarding the effect of the advocacy role on the advocate. That which does exist, tends to be made up of guidance documents from the SIAA or of illustrative stories of individual experience such as the compilation *A Voice Through Choice* (SIAA, 2008b). I therefore widened the search to include literature on advocacy from outside Scotland and to literature that covered the advocacy role within other disciplines, concentrating on the period from 2005 to the present day. This date was chosen to reflect the major change to independent advocacy in Scotland whereby persons with mental disorder were given the legal right to access independent advocacy. However, where relevant, or where no later research has been found I have considered work published before that time.

4.1 Experiences of people using independent advocacy

The SIAA, in recent years, has used short-term intern positions to give university students from a range of disciplines the opportunity to act as researchers to explore the experiences of using advocacy by people in different client groups (SIAA, 2010a, 2014a, 2014b). Their reports all take a similar approach, collecting stories from people using advocacy services about how it has been of benefit to them. The stories are, in the main, positive, with the most commonly mentioned negative aspects being that the interviewees did not know about advocacy early enough and about the lack of capacity in local advocacy services. The advocacy organisations self-selected to take part in the research and chose which of their stories to share. The stories, therefore, may be biased towards those with a positive viewpoint of the service they had received. This is recognised in the research reports where it is acknowledged that the topics and scale of the studies are not representative of the totality of people using advocacy services, yet no change to an almost standard approach is made in subsequent studies, each report giving more examples of how advocacy works well for different groups of people.

While recognising that each of the reports was completed in a short timescale, leaving little time for finding people for whom advocacy has not worked, or who have less than positive experiences to share, it is difficult not to see the reports as skewed, with evidence being sought to affirm the hypothesis being put forward, rather than a more balanced
consideration of people's experiences. The balance was partially addressed in a report compiled by the Scottish Commission for Learning Disability (SCLD) (SCLD, 2018). This report sought the views of people who commission, provide and use advocacy services. Although acknowledging that participants self-selected to engage with the SCLD on this project, the scope for people to choose to take part was wider than that of the SIAA's reports. Among the positive experiences of service users, others emerged which suggested that the benefits of engaging with an independent advocate may not be as universal as previous documents may have suggested or, indeed, that every advocate was adhering in their practice to the published principles. There were also comments to suggest that the role of an independent advocate and the limits to it were not clearly understood by people using advocacy services. Here are examples of what was said:

"I just felt I needed someone to talk on my behalf … but [Name] was there when I needed her…" (p.20)

"Without advocacy I'd be stuck in the same old pattern, stuck in meetings, not getting my say." (p.24)

"But if there's one thing I would say it's that (advocate) talks over me sometimes as if she's arguing with me …" (p.23)

"And if you go to an advocate they will give you advice" (p.24).

"You know the guy was really helpful… I mean he phoned social work and all that but his hands were kind of tied, there wasnae much he could do" (SCLD, 2018, p.25)

The positive outlook portrayed in advocacy literature is not a new phenomenon and was highlighted as a mark of concern by Forbat and Atkinson (2005) in their study of advocacy services in Nottingham. While acknowledging the difficulties of gaining access to people for whom advocacy had been a less positive experience, they considered that a more rounded view of advocacy would be achieved if research identified when advocacy did not work or what advocates do that impedes rather than develops an effective working relationship with the people they advocate for. They also note this would act as a protective factor for users of advocacy services who would be less able to speak-up if they had concerns about their advocate. As a national organisation which is set up to 'promote, support and defend' independent advocacy in Scotland (SIAA, 2008c, p.6), it is important for the SIAA to pick up such concerns and look more critically at how independent advocacy is delivered across Scotland, thus presenting a more balanced view of the findings rather than only publishing good news stories. The work to do so started in 2016 with the creation of a working group of SIAA members and consultant advisers to look critically at how the impact of advocacy could be measured by establishing clear outcomes for individuals using advocacy and the indicators that can be used to measure progress towards their fulfilment. This work was completed in 2019 (SIAA, 2019a), produced as a framework for looking at how advocacy can impact on the individual, on wider social care systems and on the advocacy organisations themselves. It also gives a toolkit of options as to how evidence of impact can be collected, with organisations having flexibility to choose the methods that fit best with their model of delivery. Such is the case in England and Wales too, with the publication of the NDTi's Framework for Outcome Measuring of Advocacy (NDTi, 2016).

4.2 The voice of the advocate

The reports explored below are those found in the literature studied as giving voice to the views of people working as advocates. One such report, *Here for Good? A Snapshot of the Advocacy Workforce* (Action for Advocacy, 2008) records the findings of a study involving independent advocacy workers in England and Wales in 2007. Data collection was done via

an online survey, telephone interviews and focus groups, involving advocacy workers from a range of organisations. In all, over five hundred advocacy workers were involved, all of whom self-selected to participate. From the data collected, a range of themes was identified. Rather than showing a rigorous analysis of the relationships between the identified themes, however, the authors acknowledge the possible bias in responses from those motivated to take part voluntarily but consider them still of use to 'make some educated guesses about the nature and make-up of the advocacy sector in England and
Wales' (p.1). This leads to the authors reaching conclusions in their findings regarding the need to have good supervision and support in the advocacy role, both in terms of the work advocates were doing for their advocacy partners, but also emotional support for advocacy workers themselves.

The Right to be Heard (Newbigging et al, 2012) is a report of research carried out by the University of Central Lancashire to review Independent Mental Health Advocacy (IMHA) Services in England. In Scotland, the right exists for people with mental disorder to access independent advocacy and to be assisted in accessing the service if they wish (Scottish Government, 2003, §289). In England and Wales, however, an IMHA advocate is appointed at certain points in the patient's journey through mental health services if there is no-one other than paid carers to speak for the patient. Newbigging and her fellow researchers (2012) considered the effectiveness of the IMHA Service in England, but the project also yielded findings pertinent to the role of the advocate in more general terms. The latter findings have the potential to be transferable to those undertaking the role in Scotland. A mixed methods approach was taken to the research, the findings being summarised as a list of issues considered to improve the experience of people using the IMHA Service and of those providing it. It also acknowledges the differing power dynamics at play, including those between the advocate and the mental health services. This is highlighted as problematic as to have too positive a relationship may cause the service user to question the independence of the advocate. On the other hand, where the relationship completely breaks down, this can also inhibit the service user from engaging with advocacy services. In arguing that a shift in such relationships can bring a more positive outcome for the service user, it can be argued that this report is approaching its work through the critical research paradigm by noting the power imbalances that exist and indicating that actions and how they are carried out can redress this.

The delicate nature of the interface between the independent advocate and other services is explored also in the study conducted by Forbat and Atkinson (2005) investigating five organisations providing advocacy in Nottinghamshire. Along with findings related to the effectiveness of different models of advocacy, they identified ‘a downside to being an advocate, in particular the stresses of working in an isolated role, sometimes in a hostile environment’ (p.329). This mirrors the concerns highlighted by Action for Advocacy above. They describe the tensions in the role of the advocate when challenging other service providers on behalf of their advocacy partner and where advocacy is included in the role of another agency. In response to this, they conclude that ‘provision of support should be mindful of the troubled position that advocates hold’ (p.333) and that the support provided to them should be both managerial and counselling in nature. Forbat and Atkinson also recognise that there are responsibilities incumbent on other agencies to ensure that staff are clear about the independent advocate’s role.

The need for general support in the role of the advocacy worker as well as specific training in particular aspects of it is found, too, in work by Sense, *Capacity to Communicate* (Lee, 2010). The mixed methods study tried to ascertain the training needs of people acting as advocates for those who were born deafblind and to design a training package to support the advocates to effectively support the people for whom they were advocating. Despite the focus of the survey concentrating on the advocates, few responses indicated that the training needs were specific to this particular client group, identifying that a more general approach was thought preferable by the advocate participants. The training needs identified included:

- develop more confidence in advocating for those who lack capacity or have no formal communication;
- gain a wider view of possible communication methods that could be utilised in different circumstances;
- raise awareness of different approaches to decision-making and guidelines for using them; and
- explore moral and ethical issues inherent in the advocate’s role.

Building on the responses, Lee concludes that there are three fundamental parts to the advocate's role, regardless of the client group or context. These are identified as the ability to be a:

- good communicator – able to adapt communication methods to the situation;
- confident investigator – able to ask the right questions of the right people at the right time; and
- confident evaluator – with the ability to assess and analyse information from a range of sources, some of which may conflict with others.

Lee (2010) also concludes that the skills required to carry out the role were not enough on their own, but that the role also requires 'integrity, rigour and accountability' (p.37) on behalf of the advocate. Lee expands on her use of these terms by reinforcing that she considers it crucial that advocates adopt a systematic and thorough approach to their work, especially when acting in a non-instructed manner for those who have complicated communication difficulties and/or lack the capacity to express their wishes, such as people living with an advanced stage of dementia. Such an approach is outlined in the advocacy wheel that is described in the Advocacy Outcomes Framework produced in 2016 by the National Development Team for Inclusion (NDTi) in England and Wales (NDTi, 2016, p.7).

The NDTi framework will be examined in more detail later in this thesis within the context of the case study.

In a more localised and unpublished study (McClurg & McGlone, 2008), the authors conducted a study of costs experienced by workers in the two advocacy organisations in which they worked. The study was intended to test Wolfensberger's assertion that, 'the essence of advocacy implies a distinct cost to the advocate' (Wolfensberger, 1977, p.20).

Both organisations recognised that workers were finding their work increasingly stressful. This was manifest in higher rates of absenteeism and presenteeism, with presenteeism being evidenced by people not utilising their annual leave. A qualitative study was carried out to ascertain what had changed and what could be done by individuals and their organisations to alleviate the situation. Similar themes emerged in both organisations with all advocates identifying at least one type of cost to themselves resulting from their work. Costs identified included monetary costs such as buying the advocacy partner refreshments or something to eat, emotional costs in how the advocate had responded to issues they were advocating about, and organisational costs such as the provision of additional support services for the advocates like access to an external counselling service or additional management support. As in the previous studies described above, there was overall agreement on the need for support which recognised the integral emotional and personal challenge of the advocate’s role as well as the ‘nuts and bolts’ of the issue they are working on at the time.

Another small-scale qualitative study, conducted by Carver and Morrison (2005), explores the experience of independent advocates providing advocacy for people in psychiatric hospitals in England. Semi-structured interviews were undertaken on the telephone with ten individuals working as independent advocates. Questions were asked regarding their motivation for doing the job, about the training and support they received or desired and their perception of the value of their work. Once again, the participants highlighted the need for continuous support for the emotional stress of the job and felt that training provided should bring this aspect of the job to the surface, ensuring that individual advocates were equipped with strategies to help alleviate this as well as providing training directly related to carrying out the role. Again, too, the additional stress of having to fight for recognition by clinicians and other professionals in a person’s life was found to detract from the effectiveness of the advocacy provided. Training for those professionals as to the nature of an advocate’s role, therefore, is also seen as necessary by participants in Carver and Morrison’s study.

In all the studies cited above, the focus has been on the role of the independent advocate, that is, where this role is the only one the person holds, unlike when advocacy is embedded into another functional role such as nursing or social work. It is the embedded role that forms the focus of the studies explored below.

4.3 What can be learnt from non-independent advocacy?

Although the writing above has concentrated on research regarding the role of the independent advocate, it is acknowledged that people in roles such as nursing and social work may consider that among their other responsibilities is the role of advocating for those to whom they provide services. The Nursing and Midwifery Council (NMC), for example, in its code of professional standards for nurses and midwives (NMC, 2016) states in its section on prioritising people that nurses and midwives 'act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care' (NMC, 2016, 3.4). Similarly, the code published by Scottish Social Services Council (SSSC) for social service workers includes a range of statements that, while not overtly using the word 'advocacy', seem synonymous with what an advocate does. Examples include those stated below:

> 1.2 Respect and, where appropriate, promote the views and wishes of people who use services and carers.
>
> 1.3 Support the rights of people who use services to control their lives and make informed choices about the services they use (SSSC, 2016, p.17).

It is only when there is an unresolvable conflict of interest or where a person has nobody else to speak for them, that independent advocacy has a place. The following literature provides illustrations of reports of research into the advocacy role in other professions, in this case, nursing. They are explored here in reference to their transferability to the realm of independent advocacy.

A study carried out by Llewellyn and Northway (2007) set out to investigate the view of learning disability nurses in Wales regarding their advocacy education. Use of focus groups, interviews and a questionnaire allowed the participation of a mixed sample of nurses from across the country. A distinction was made by the nurses between 'learning about advocacy' and 'learning to advocate' (p.961). Several nurses commented that learning how to advocate is 'much harder' than simply learning the theory. Others pointed out that nurse advocates need to be aware that they might 'open up a variety of issues, both ethical and professional' when they attempt to put theory into practice (p.961), not least of which would be the potential to challenge the views of their employer when representing the views of their patient. Like the views of the independent advocates summarised in the previous section, the training needs expressed here are in relation to the self-reflection and intrinsic values of advocacy, rather than the knowledge and information required in individual advocacy situations.

Foley, Minick and Kee (2002) presented similar findings in their research involving American military nurses. Once again, there were overlying themes with similarities to those identified above that the nurses identified as key components of necessary advocacy training. As can be seen below, these themes are again transferable to other contexts, being described in Foley et al's study in the following ways:

- Who I am – it was recognised by respondents that advocating was part of their own character. If nurses were used to speaking-up for others elsewhere in their lives, they did this in their nursing role as well.
- Watching other nurses– some nurses had begun advocating for patients as they had seen other nurses doing so. Their learning how to interact with patients as an advocate, therefore, was through observation and asking reflective questions. They had found this invaluable.
- Gaining confidence – this was felt to be acquired through having a supportive environment to advocating for patients and the freedom to do so even when the desired outcome may not have been achieved.

A different approach to researching the advocacy role of nurses was carried out by Kubsch et al.(2004), defining the role of the advocate as where the nurse is 'obligated to guard patient rights to competent and holistic care, preserve their values in decision making, and protect self-determination' (p.37). The study considers the different ways that advocacy is described in nursing literature and examples of how nurses advocate for their patients, in what circumstances and what would hinder them from doing so. The findings result in what Kubsch et al. (2004) term an 'Holistic Advocacy Model (HAM)' (p.37). The model proposes that all advocating can be fitted in to one of five categories: 'moral-ethical, legal, political,
spiritual and substitutive' (p.37). The research questions were designed not only to show which elements of the HAM were being used by the nurses, but also to identify if there was a relationship between these and the nurses' stage of moral development. Attempts were also made to discover relationships between aspects of the nurses' career progression, job security and personal assertiveness, and the number of advocacy interventions made.

While responses to the survey, and case study analysis found nurses engaged in all five types of advocacy activity, the most prevalent was in moral-ethical advocacy. In these cases, nurses ensured that the patients' values were considered when decisions were being made about their care, especially where the values of the patient differed from those of the professionals involved in the decision-making. This reinforces that the nurses were working in line with their code of practice (NMC, 2016) by speaking-up for their patients. This also reinforces that advocacy does not always need to be independent to be effective as discussed in Chapter 1.

4.4 Summary

As can be seen in the summaries of research explored above, most of the findings from the service users' perspective have been positive. Stories abound of how advocacy has made things better for individuals, some compiled in anthologies presented as proof of its efficacy such as the suite of documents produced by the SIAA since 2008. Few examples come to the surface, however, of the damage done where things do not work out, or where disappointment lurks unaddressed as the person who experiences it has no support to let people know that the advocate has caused the problem. Such situations must exist, though they are difficult to track down (Forbat & Atkinson, 2005) and unpleasant to acknowledge. As those who access independent advocacy do so because of their difficulties in articulating their views and having no-one else to support them in making them known, the extent to which people may have come to harm through their contact with less competent advocates is unknown. Ensuring that such events occur as rarely as possible remains the responsibility of individual organisations, but with no supervision nationally to regulate their practice. Examination of the causes when advocacy goes wrong, however, would give a more balanced picture of how to maximise the positive impact of advocacy in a person's life, while providing illumination on what to avoid or minimise.

The findings of the research on advocates' training needs from outside Scotland and from non-independent advocacy is divergent from the SIAA's chosen approach, with few responses relating to knowledge of legislation or procedures. Moreover, they have been about understanding what independent advocacy is as well as the skills required of its practitioners. These are seen to apply across models of advocacy provision and contexts in which the advocacy is being carried out. Also highlighted are personal attributes such as confidence or assertiveness; personal values such as fairness, justice and being the right thing to do, along with personal robustness on behalf of the advocate in dealing with the somewhat unfriendly environment in which they sometimes need to do their job. Unlike assessing an advocate’s understanding or knowledge of legislation or specific processes, such personal attributes are more difficult to quantify, which has implications for the recruitment and supervision processes of advocacy organisations as well as for the ongoing training of the advocates, as recognised in the research studies above.

Having addressed the first of my research questions, regarding accredited training courses that are available for independent advocacy workers from outside Scotland, I will now turn to look at how Scottish advocacy organisations could access accredited training for their staff and how staff in the Organisation featured in the present study considered this had influenced their practice, thus addressing the second and third of my research questions. I will approach this in the next part of this thesis, by presenting a case study of how the organisation in which I work took steps to access accredited training for its staff, how the programme of learning was structured and how the experience of the advocates taking part reflected the arguments put forward by SIAA members regarding the introduction of accredited training for advocacy workers in Scotland. Before doing so, however, I will present my rationale for choosing this as an appropriate methodology for the task and for selecting methods that provide rigour in the collection and analysis of the data.

Chapter Five Methodology and Methods

5.1. Research and its defining features

In the previous four chapters, a range of literature has been considered. The common theme in each chapter is that a range of views are expressed about what advocacy is, what makes it independent along with how people can be prepared for carrying out the role and be supported within it. In all the countries considered, except Scotland, when independent advocacy becomes enshrined in law, some agreement is reached regarding its definition and the expectation of the training provided to advocacy workers. There is also some regulation of the organisations funded to carry it out, again, excepting Scotland, where much is left to individual local public bodies and advocacy organisations to decide. In this chapter, I turn to look towards a case study that sets out the rationale of one advocacy provider (the Organisation) for making decisions about the model of advocacy it will follow, how it maintains its independence and ensures the consistency of its practice is in line with the national guidance provided by the SIAA. In particular, the case study will concentrate on looking at the decision within the Organisation to introduce the NVQ training as a development framework for its staff. Before doing so, I will set out below the options I considered in ensuring that case study was an appropriate way to conduct the research, and, indeed, the considerations taken to ensure that the study could fulfil the criteria to be a piece of research and not just a setting down of my opinions. This was one of a range of checks and balances to the embedded position I hold within the Organisation.

Punch (2006) sees research as ‘an organised, systematic and logical process of inquiry, using empirical information to answer questions (or test hypotheses)’ (p.7). He later links it to the everyday way that people find things out, referring to ‘organised common sense’ (p.7).
Helpfully, Punch also expands on what he means by this by listing four sequential main features that he considers should be found in any research documentation (p.7):

- Questions to be answered;
- Data that is needed to answer the questions;
- Design which fits data collection and analysis; and
- Answers that come from the data.

Before considering existing literature on advocacy that would be considered as research in accordance with Punch's description, I first want to explore the four features in more depth. This exploration will clarify the criteria I used to determine which literature to consider.

5.2 Originality in the questions to be answered

Punch's (ibid.) first essential feature of research, questions to be answered, reinforces that research is seen to bring something new to what is known or understood about the subject under examination. There will therefore be questions that have not previously been answered, or where the answers provide differing perspectives on existing propositions. It is therefore important for researchers to review what has already been done, to avoid repetition, but also to identify where the gaps are. Such a review would also find aspects of existing research that could be considered from different perspectives. Conducting a review of the relevant literature is therefore a key part of the rigour with which research is conducted and recording the findings of the review an important part of the effective sharing of the research's conclusions. In this thesis, the review of existing literature is found in the three preceding chapters to this one, which has given context to the study that follows. The review addressed the first of the questions set out in Chapter One of this thesis, namely, to identify training for independent advocacy workers that is provided for people in this role who work outside Scotland. This left the following gaps in knowledge regarding:

1. How might Scottish advocacy organisations access accredited training for their staff?
2. a. To what extent has access to a nationally recognised qualification within one advocacy organisation influenced the advocates' practice since achieving the qualification?
   b. What accounted for any change?
3. What can be learned from the case that may be useful within the wider advocacy movement?

It is these three questions that are considered within this case study.

5.3 Identifying data needed to answer the questions

It is key to the success of a research study that the sources of data collected have the potential to answer the questions that form the basis of the research. The type and source of the data to be collected need to synchronise with the researcher's views on how knowledge about the issue under exploration is discovered and understood, and readers' views that this has been satisfactorily achieved.

To reach an answer regarding the questions set out above, I first considered two possible perspectives, the objective and subjective.

Objective: The objectivist view is that reality can exist outside of human perception and thus knowledge can be discovered through the testing and application of theories and scientific methods (Bryman, 2012). For the objectivist, knowledge is gained deductively from facts and measurements that test the researcher's original hypothesis. These tend to be quantitative in nature, focusing on measurable data, which can be analysed to prove or disprove the hypothesis. The findings are also thought to be generalisable to other similar situations, and to be static as to their position. This implies that the rules that generate them will not change over time, the same result being gained from the input of the same data each time it is calculated.

Subjective: The subjectivist viewpoint considers that reality is grounded in the human experience and denies that such objectivity as described above has a place in research involving human beings, who, it is believed, construct knowledge through socially making sense of the world either individually or through sharing their thinking with others (Bryman, 2012).Subjectivist researchers consider that knowledge is derived inductively, theories being derived from the evidence generated through interacting with the subjects of their research. The methods chosen, therefore, tend to be qualitative in nature, yielding findings pertinent to the group who are the subject of the research with no guarantee of generalisation. Denzin and Lincoln (2011) refer to this type of research as making visible the world as experienced by the research participants.

This is not to say that the two perspectives are mutually exclusive. Depending on the questions to be answered, data sources from each viewpoint may contribute. However, within this thesis, the subjective viewpoint is a better fit as the data is based on the views of the participants, with no intention to generate from this a solution to fit all other situations.

5.4 Research paradigms

Each of the two standpoints above can influence the methodologies and methods used within a piece of research as described below. This is the 'design' element of Punch's (2006) definition, where the researcher needs to ensure that the methods to be used will generate the appropriate data to answer the research questions. The need for congruence between the underpinning assumptions in the thinking of the researcher and the methods used to collect and analyse the data is highlighted by Creswell (2013), and which congruence forms the paradigm for the research, two of which are described below.

a. Positivist

The positivist paradigm of research takes the objective view on how knowledge is both created and understood by human beings. It takes the view that the scientific method can be used to explain social phenomena in a similar way to naturally occurring events; that is, to link a given effect with its cause, if not universally, then within a measurable probability. Bryman (2012) describes the role of the positivist researcher as being 'to test theories and provide materials for the development of laws' (ibid, p.27). Using deductive reasoning, the positivist researcher attempts to find generalisable causes for the effects under consideration. In doing so, positivist researchers tend to adopt methodologies chosen to favour the quantitative realm, though not to the exclusion of appropriate qualitative sources.

To find any positivist approach in the existing research about advocacy in Scotland, we need to go back firstly to 2002 and the project *From Patchwork to Blanket* conducted on behalf of the, then, Scottish Executive by Scottish Human Services Trust (2002). With its aim to assist NHS and local authorities to assess the need for independent advocacy, this project looked at hypothetically constructed health board areas and constructed formulae which could be used to calculate advocacy need in an objective manner based on demographic information. The intention was to provide a fair and equitable way to assess the need for independent advocacy in different areas of Scotland. The findings of the report were not universally used, although I have been unable to source any reasons why, so can only hypothesise that this was symptomatic of the delegation of advocacy planning to NHS Boards and local authorities that resulted in each adopting its own method of doing so. Since its publication, there have been major changes to legislation and local populations, thus requiring adjustments to the formulae if the findings were to be used today.

Nonetheless, the project gives a theoretical framework on which to base local estimates of potential advocacy use and, to date, is the only work that has attempted to do so.

Attempts at objectivity have also been made by the SIAA in the data collection exercise carried out every two years to map current provision of independent advocacy in Scotland. In recent iterations of the mapping exercise, the most current being completed in 2016 (SIAA, 2017), it has become more descriptive of service availability rather than a guide for action. These maps have been produced since 2000 and, when compared one with the other over time, provide a useful data set of advocacy activity over that time along with the changing shape of the organisations that provide it. However, it is difficult to draw accurate conclusions from such a comparison as the data is presented in different formats in each cycle, with inconsistency also found in the data being collected each time. The impact on advocacy of its inclusion in legislation is also measurable from these documents, although this impact may not have been what had been envisaged by the legislators in their attempt to widen access by imposing statutory duties on local authorities and health boards to provide the funding. The constrictions placed on some advocacy organisations by the contractual obligations placed upon them as a condition of their funding has in some areas closed off rather than opened-up access, as is seen in the decrease in the number of advocacy organisations and staff shown in subsequent maps. As the Director of the SIAA states in her introduction to the 2013-14 map, ‘It is evident that the theory of legislation does not always match the reality that people face’ (SIAA, 2014, p.1).

b. Interpretivist

Unlike the positivist researcher, the interpretivist focuses on understanding the social world rather than explaining it. This paradigm accepts that human experience is unique to the individual and is concerned with exploring and uncovering how individuals make sense of the social world (Bryman, 2012). It therefore has resonance with the constructivist nature of how advocates have experienced learning to advocate and how they have built their knowledge of what advocacy is and the principles that underpin it. As the scientific method is unsuited to such a way of thinking, exponents of interpretivist research have developed different methods to those used in a positivist setting, such as interviews and focus groups, which generate data that is then analysed for themes and generalisations, through inductive rather than deductive reasoning (Punch, 2006).

Bryman (2012) reinforces that interpretivist researchers not only 'grasp the subjective meaning of human action' (p.712), but also accept that, unlike their positivist counterparts who act as "disinterested scientists", their own values and the role they take in the research will have an influence on the data collected and how it is interpreted. There are parallels here with the role of the advocate who, in supporting their advocacy partner to consider options and make choices, must ensure their own views on how the world works do not have undue influence (SIAA, 2019). It is within this paradigm that most of the research in the previous chapters has been set, as the researchers collect data regarding the experiences of people using advocacy services as well as providing them. It is also within this paradigm that this current study fits best.

In the sections that follow, I will consider, in more detail than in previous chapters, the research previously carried out within the field of independent advocacy to exemplify each of these paradigms, and, where gaps are found, to consider where that paradigm may have value to contribute in terms of new knowledge or new understanding. Having done so, I will reinforce the significance of this thesis. I will also identify where some documents which describe themselves as research into advocacy fall short in some aspects of the criteria being looked for.

5.5 Gaps in research about independent advocacy in Scotland

I have distinguished research articles about advocacy from other writing by looking for one or a mix of Punch's four essential ingredients. Thus, those considered research, and detailed below, show evidence of the following criteria:

- Questions that have not been previously answered regarding independent advocacy in Scotland, or those which look at advocacy from a different perspective;
- Data that was collected to answer the questions or a clear logical argument where the question is being answered theoretically or through simulation;
- Methodology that is appropriate in terms of its paradigm with methods suited to the subjects of the research and the type of data being sought;
- Answers to the questions that are communicated in a manner that attempts to make the researcher's assumptions clear.

As can be seen from the literature explored above, no research literature has been found that considers independent advocacy in Scotland from the advocate's point of view. With no external scrutiny, and no recognised formal qualification to underpin their competence, the only protection for service users and supports for the working advocate at present are their personal integrity and the integrity of their organisation to ensure voluntarily that what they are doing is in line with the organisation's policies and procedures. The resources produced by the SIAA are increasingly context-bound, giving guidance on providing advocacy in specific settings or anecdotal evidence of how advocacy supports specific groups of people. Although described by the SIAA as research, the reports have fallen into an apparently routine template and bring nothing new to the field, only repeating what is already known, but varying the context. For example, the reports on advocacy and self- directed support (SIAA, 2015), advocacy and mental health tribunals (SIAA, 2012), advocacy in prisons (2014) expand the Principles and Standards for Independent Advocacy (SIAA, 2008c) with contextual examples in the relevant topic. In recognition of this, the SIAA website (www.siaa.og.uk, accessed in February 2022) describes these as "Companion Documents". The report on the evaluation pilot exercise carried out by the Scottish Health Council (2015), however, does adhere to Punch's four identifying questions for research stated earlier. The report brings new knowledge to the field regarding the shift of the evaluation framework from policy document into practice. It clearly states its parameters and the methods that were used to reach its conclusions. The methods chosen fit the nature of the data they are designed to collect. The report indicates both positive elements and deficiencies in the evaluation model and highlights issues of concern that can be learnt from before the evaluation model is rolled-out across the country. The main concerns are the potential costs of the external evaluation to organisations and that the reports generated for organisations do not identify areas where advocacy practice provides evidence of compliance/non-compliance with the national principles and standards.

From a wider perspective, in acknowledging that the responsibility for ensuring there is sufficient advocacy provision for those people who have the legal right to access it has been delegated to local health and social care partnerships (HSCPs), no evidence exists, outside the SIAA maps, to determine how successful they have been in doing so. Similarly, as the HSCPs increasingly use competitive tendering to determine who provides the local advocacy services, no research exists that considers how the inbuilt conflicts of interest in such an enterprise are managed. This lack of research also means that there is no indication of how to protect the ability of advocacy services to be able to challenge those who fund them where these same funders have the power to determine the future of the service.

The same conflict applies with the legislation relating to adult protection and self-directed support where the involvement of independent advocacy can be judged as appropriate by the very local authority officers whose practice may be challenged by it. As with the provision of advocacy itself, guidance is given in written form for commissioners as to how the work of advocacy services should be monitored, but with no formal scrutiny as to how they put this into practice. Gaps in research also exist in exploring the power dynamic between the Scottish Government and the SIAA and, indeed, between the SIAA and its membership. Established to promote, support and defend independent advocacy in Scotland, no measures are required to determine how successful it has been in doing so. I will return to this issue in the final chapter of this thesis.

There is, therefore, much scope for seeking new knowledge and understanding of advocacy from the Scottish perspective – too much scope for one thesis. For the remainder of this thesis, I will therefore concentrate on one aspect of study which is unique to Scotland; that is, to look at the effects on practice of introducing a nationally recognised qualification to the training provided within one independent advocacy service in Scotland, specifically, the organisation that I have managed since its inception. Firstly, having decided that this fits best within the interpretive paradigm, I will share my reasoning for choosing the ethnographic case study as an appropriate approach.

5.6 Taking an appropriate approach for this study

The following research questions were posed at the beginning of this study:

1. How might Scottish advocacy organisations access accredited training for their staff?
2. a. To what extent has access to a nationally recognised qualification within one advocacy organisation influenced the advocates' attitudes towards their practice since achieving the qualification?
   b. What accounted for any change?
3. What can be learned from the case that may be useful within the wider advocacy movement?

In consideration of an appropriate approach to take, I took account of the following points:

1. This research would be about the advocates' experience, not the impact of practice on the service user.
2. The research would be carried out in a 'real life' situation, in this case the workplace and day-to-day work of the advocates.
3. There were existing sources of data available within the Organisation that could be utilised as evidence. These included documentary evidence about advocate satisfaction with the NVQ course and its delivery and artifacts that had been created as part of the coursework.
4. It would be difficult to extract myself from the research as I had been an integral part of the project to access the accredited training and in the wider development of the Organisation. I also was the tutor for certain aspects of the training and assessed some of the assignments.
5. There were only eight independent advocates (including myself) who had experience of gaining this qualification while working within a Scottish independent advocacy organisation.
6. All worked within the Organisation of which I am the manager and were therefore accessible to me.

7. I was also mindful of my role as their manager and would endeavour to ensure as far as possible that they did not feel obliged to take part. I would also be prepared to listen to suggestions they may make, and, where this did not stray from the focus of the research or its ethical permissions, be responsive to making small changes or adaptations to my initial plans.
8. The assertions given here would be formalised in an application to the University of Strathclyde's School of Education's Ethics Committee (see Appendix One).
9. There was no intention to generalise the findings. Rather, the aim was to explore in some depth the impact working towards an accredited qualification had on the practice of the advocates within this one organisation. This is not to say that other organisations could not learn from the findings, but there was no intention that they would apply to all other organisations in the same way, as there are many permutations in the advocacy model used within organisations providing advocacy across Scotland. However, the NVQ qualifications were intended to be accessible to different types and sizes of advocacy organisations and so could accommodate such permutations.

All the above indicated to me that an ethnographic approach would be an appropriate way to move forward. This is an approach which focuses on accurately describing what the advocates would tell me, as would exploration of the organisational data generated by them. Indeed, Atkinson and Hammersley (2008) consider that ethnographers "seek ways of representing insider accounts in ways that preserve their authenticity. Here, often, the ethnographer's role approaches advocacy" (p.97). Akin to the descriptions of advocacy given in the earlier chapters of this thesis, ethnography itself is often defined in a variety of ways across a range of disciplines and is described by considering what ethnographers do that is identifiable in different contexts. These features include carrying out the research in a real-life situation with a small number or single case, collecting data from a variety of sources, identifying categories from the data rather than being pre-determined, and having a focus on describing the story the data tells rather than statistical analysis (Atkinson & Hammersley, 2007). Gewirtz and Cribb (2006) go further than a focus on description, however, and consider that ethnography should, through its description and understanding of the world of its subjects, give the possibility of bringing about change in its area of interest. Through bringing to the fore the experiences of the advocates over a period of three years after they completed the NVQ qualification, this thesis has a contribution to make to the development of training for independent advocates in Scotland. In sharing their experiences of gaining the qualification, the results will offer a platform of lived experience to add to the arguments surrounding the introduction of formal qualifications for independent advocacy in Scotland.

5.7 Defining the case to study

Like independent advocacy, case study itself can be difficult to tie down in one definition. Indeed, Cohen et al. (2018, p.375) describe a single definition as “elusive and unnecessary”, before giving examples of case studies as “a method, a process, a methodology, a research design, a research strategy, a focus”. For the case that forms the focus of this study, I have considered the boundary as being around one organisation (the Organisation), then, in turn, as being around one sub-set of the workers within it. The Organisation is the only one in Scotland to have accessed NVQ qualifications for its staff, while the eight workers who participated in the study are those who had experience of achieving the NVQ Level 3 award, thus forming a bounded unit. While separate in perspective, the Organisation and group of staff were linked in their experience of offering and achieving the NVQ award. I therefore considered that their experience of doing so along with the influence it had on the advocates’ practice could be seen as a bounded, but nested, unit, which had the potential to form the focus of a case study. This, I decided, was the most suitable method to adopt.

This approach also fulfilled the key elements of case study research (Hamilton & Corbett-Whittier, 2013) in that the individual unit was located within a community of interest, namely, the group of Scottish independent advocacy providers. It also had interactions and relationships with the wider world of its geographical community and the health and social care organisations within it. There could be a range of rich data collected which demonstrated the complexity of the case, with data collected over a set period. The researcher, me, would have spent time within the Organisation being researched, and a variety of data collection methods would be used to gather data from a range of perspectives. As I was firmly embedded within the Organisation, with regular contact with participants where I could observe their practice, conduct interviews with them, and had open access to organisational documentation, the study could also be considered ethnographic (Bryman, 2012). Having reached the decision to use a case study, the work of three theorists was considered in more detail, aspects of which fit with the situation under exploration.

Stake's (1995) description of a case study as one which considers the complexity of a single case to get a better understanding of, and insight into, its activities is pertinent to this study. By acknowledging that a single case can be complex, it allows me to look at the Organisation from a range of perspectives to get a better understanding of how the training offered to advocacy workers was developed, and to provide insight into how gaining a nationally recognised qualification has affected their practice and perception of the advocate's role. It also fits with Yin's (2014) view that case study can be an appropriate methodology when it focuses around 'how' or 'why' questions, such as the question in this study about how the advocates' attitudes were influenced by their work towards an accredited qualification and what they thought accounted for this. Further, the method does not require the researcher to control aspects of participants' behaviours, such as would be necessary in an experimental situation, as case study is set in a real-life context. Using Yin's terminology, this study would be considered a single, embedded, revelatory study which considers how holding a nationally recognised qualification has affected advocacy workers' practice and which is set within the work participants do within the Organisation. By focusing on the personal perspectives of the people who undertook the qualification, it maximises their control over what they share and how much they contribute to the research, although I cannot completely eradicate the effect of my position within the Organisation. From a third perspective, that of Bassey (1999), the study would be considered a story telling or picture drawing study, which reveals aspects from which other organisations may learn , and which will allow hypotheses for future considerations to be made. In addition, Bryman (2012) would describe it as 'exemplifying' (p.70), as it takes what has been done within one organisation and considers it in some depth, not to identify generalisable features but those factors particular to the Organisation and the activity under examination that can then act as examples for others to consider.

Taking account of the above, I therefore considered case study to be an appropriate way to move forward, drawing up a plan of the relevant groups who had to be consulted and from whom permission needed to be sought. These included the prospective participants, the

Trustees of the Organisation and the appropriate Ethics Committee at the University of Strathclyde.

In presenting the case study, below, I have adopted what Yin (2009) refers to as a narrative style of report, setting out the case from the viewpoint of the Organisation, including its rationale for choosing to offer the NVQ qualification and the options considered, before turning to consider the experiences of the participants who achieved it and the effects on their practice since they achieved it. The narrative will be threaded with relevant figures, tables or illustrations from the data along with exploration of the issues raised. Before setting out the case study itself, I will explore below the permissions that had to be obtained before embarking on the study and how this was done.

5.8 Gaining necessary permissions

As gatekeepers to the Organisation, I contacted its Trustees to seek their approval in general terms and to seek permission to use relevant organisational data, such as the questionnaires completed by participants at the end of the NVQ training, should the study go ahead. I also spoke with them about what should be done if any concerning practices came to light as the study unfolded. As had happened previously within the Organisation, when such a matter had arisen, it was decided that two of the Trustees would take responsibility for any necessary action in line with the Organisation's policies for practice improvement. Copies of the letter sent to the Trustees and their response can be found in Appendix 1. Having obtained the Trustees' agreement, approval for the study was sought from the University of Strathclyde's School of Education Ethics Committee and was granted in May 2015 (see Appendix 1). I then met with the potential participants in two briefing meetings held in July 2015. I wanted no-one to feel obligated to take part, and for prospective participants to be re-assured that this was an open exploration of the impact on practice of undertaking the NVQ course, with no preconceived idea of the findings. I also wanted to explain to them how organisational documents they had previously contributed to could provide useful data for the study, and how their personal details would be anonymised. Details of these briefing meetings are found below.

5.9 Pre-study briefings

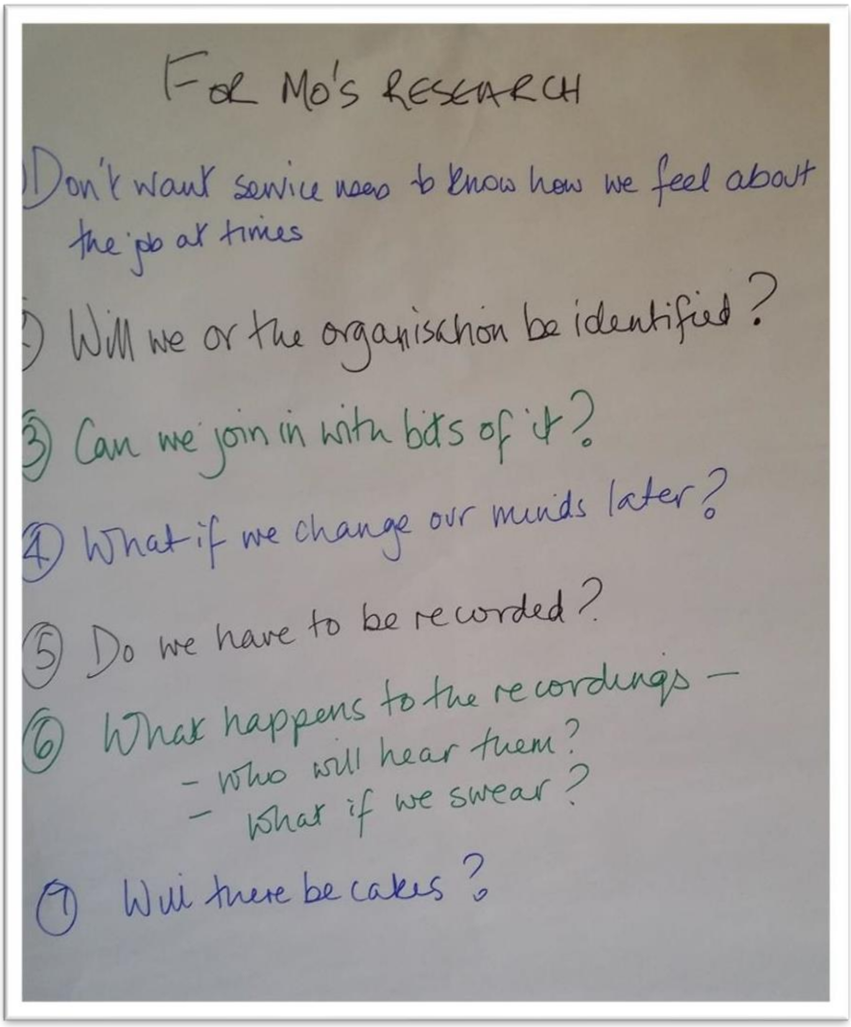
The pre-study briefings focused on explaining the purpose of the study to participants and to allow them to share ideas and concerns. Two meetings were held at different times to allow for participants' diary commitments, with five participants attending the first, and six attending the second. Three participants who attended the first meeting also attended the second. The same agenda ran in both meetings, and to reflect the conventions of the Organisation, each meeting was preceded with tea and cakes. The meetings were scheduled to run for one hour, the first lasting fifty minutes, the second, just over one hour.

Agenda

1. Welcome and introduction
2. Explanation of the research
4. Peer-led discussion – without my presence
5. Summary of discussion – with me present
6. Answers to questions raised in discussion
7. Negotiation on any areas of disagreement
8. Agreement of ways forward.

Information letters and consent forms were distributed to individuals a week before the briefings. Copies of these documents are included as an appendix to this thesis (see Appendix 1). The briefings also provided the opportunity for participants to be reassured about confidentiality issues and that no negative implications would result from their not wanting to take part. It was made clear that should their collective, agreed view be that they did not want to take part, then the study would not take place. People were reassured that this did not mean that my studies would stop – just that a different direction would be followed, there being much scope for this to happen. Similarly, if there was partial agreement, then discussion would take place around possible variations to the initial plan. The meetings also provided participants with space to share their views on the methodology and contribute ideas for changes or options as I wanted participants to feel involved in the research as more than objects to be studied or the subjects of pre-planned events (Fox et al. 2007).This part of the meeting was peer-supported without my presence to help minimise the potential perceived power imbalance inherent in my organisational role. To allow for uninhibited and free discussion, no audio recordings were made. Instead, summary points and questions resulting from the peer-led discussion were listed on a flipchart (Figure B), and once this was done, I was invited to re-join the meeting to respond to any unresolved issues or questions.

Figure B



FOR MO'S RESEARCH

1) Don't want service users to know how we feel about the job at times

2) Will we or the organisation be identified?

③ Can we join in with bits of it?

④ What if we change our minds later?

⑤ Do we have to be recorded?

⑥ What happens to the recordings –
- who will hear them?
- what if we swear?

⑦ Will there be cakes?

As can be seen from the photograph above, the discussion highlighted the difficulty advocacy workers foresaw in speaking about themselves and their own feelings. There was concern expressed about what would happen if they were honest about their feelings about their role and service users knew about this. I was able at this point to give reassurances that only me, my supervisors and my examiners would see any raw data collected and that the identities of individuals would be anonymised. As the Organisation was unique in offering staff access to the NVQ, however, I reinforced, that it may be possible to identify the Organisation, though not the individual advocates. Concern was also expressed about the security of any recordings that would be made and, again, reassurances were given that these would be kept secure, only accessed by the same people as above, and deleted at the end of the doctoral process, i.e. on successful completion of my studies.

Options for partial involvement were also discussed, and later withdrawal from the process was also explored. It was accepted that it would be difficult to remove contributions from group dialogue that had been developed by others, but with this exception, all other contributions could be withdrawn at any time before the final analysis. People could also choose to participate in either individual interviews, a group session, or both. Individuals were then asked to take time to consider all the information they had been given and, if they wanted to participate further, to complete the consent form and place it in a sealed envelope in a box provided for the purpose in the reception office. They were encouraged to come and speak with me about any further clarification they needed and were reassured again that there was no compulsion to take part. As a personal reflection, at this point I felt that the power balance had firmly shifted in the direction of the potential participants.

After the briefing sessions, potential participants were given a week in which to think over their participation and, if they were willing to take part, to complete their consent forms. Two participants asked for further clarification regarding the recording of individual interviews. They felt this would put them off giving full answers and would prefer not to be recorded. We agreed that their answers would be noted down by myself and accuracy checked with the participant. With this agreement, they consented to take part. As they spoke to other participants about the alternative arrangement for recording that they had made, other participants made the same request, and so interview notes became the norm rather than the exception and no audio recordings were made of the individual interviews. Transcripts of the notes were given to each participant for approval or correction before the content was included in the data analysed in this study and compiled within the table in Appendix 3.

5.10 Addressing concerns

In what Punch (2006) describes as an 'unfolding' as opposed to 'pre-structured' research design (p.36), an additional preparatory session was arranged. This was prompted by comments made during the briefing sessions and in response to conversations with two staff members who sought clarification on aspects of their participation. These were not the same two people who had asked not to be recorded. This resonates with Creswell's (2013) description of qualitative research as 'emergent' (p.47) and subject to possible adaptation as more about the issue under study is learned from interacting with the subjects. While each of them had spoken to me individually, both wished clarification

about whether the research was about the work they did with their advocacy partners, or about how they personally experienced the work and the training. Both also spoke of how hard they found it to speak about themselves regarding how they carried out their role and the effect it had on them. I listened carefully to what they had to say and asked them if they had ideas of what might make that easier for them. They suggested an opportunity to consider this aspect of their work in a group setting or through a group activity. I therefore introduced an extra step before embarking on the study. This utilised visual methods and was designed to give the advocacy workers space to focus on their own experiences as advocates and in expressing their own thinking.

5.11 Providing an orientation activity

As had emerged in discussion in the briefing sessions, advocacy workers express the views of other people so often in their working role that it can lead to a need for orientation when they are asked to represent their own views. Echoes of this viewpoint can be found in *Here for Good? A Snapshot of the Advocacy Workforce* (Action for Advocacy, 2008) where advocates expressed the need for a separate type of supervision for their work as an advocate on behalf of others and for the effects of advocating on themselves, the latter requiring a safe space to share such personal experience. As the current study depended on advocates sharing their own reflections on their practice as individuals and in a group setting, it would not be beneficial if they were struggling to do so. An activity was designed that would help the advocates focus on how they see their role and give them the chance to describe this to their peers, thus acting as a bridge into the individual interviews and group dialogue aspects of the study. The purpose of the activity was to focus participants on themselves rather than the people for whom they provide advocacy. As most participants had worked with the Organisation for some time, the task required them to consider the role in a different way from that which they were accustomed to, described by Erikson as “making the familiar strange and interesting again” (1986, p.121).

With support from two artists employed as interns by the Organisation during the summer of 2015, advocates were supported to make handmade pinhole cameras. After being trained in their use, participants were asked to take photographic images that expressed a snapshot of their experience as advocates at that time, a process that can be described as ‘photo elicitation’ (Thomas, 2009). The photographs, once developed, along with short reflective statements from the advocates, were used later in the study as a stimulus for group dialogue. To prepare for this, the Arts interns led a workshop in which the advocates engaged in a printing activity to create a background for their images. This activity took place in August 2015. A month later, after the images were developed, the interns ran a second workshop wherein participants used the images to make a collage, creating a visual image of how they individually saw their role as an independent advocate. This was produced as a handmade booklet. It has contributions from all participants. Quotes from their reflections are also used in the image. The workshops ran without my presence. The handmade booklet produced in the second workshop became linked into the study itself, as the comments included in the book form a data source for analysis, the findings from which are included later. I was also able to refer to the images in the individual interviews providing the opportunity for participants to engage in deeper conversation about the thinking behind their choice of what to photograph rather than merely give factual answers to interview questions (Harper, 2002). As comments are unattributed to individuals within the book, each comment is referenced by numerical order in the analysis. A copy of the book itself is not available in electronic form.

5.12 The research participants

When the Organisation embarked on this initiative, the NVQ at Level 3 was the entry level qualification, and was the qualification offered to staff who had worked for the Organisation for three years or more. This length of time would have provided them with sufficient diversity in the types of issues they had supported people through and in the advocacy needs of people they had supported. Eight members of staff completed the qualification. In addition, I completed one unit that focused on Managing Independent Advocacy. The other units were not open to me as I did not spend enough time in providing advocacy to individuals. Seven of the participants, three male and four female, still work for the organisation and all seven of them consented to participate in this research. Their experience of working in their advocacy role ranged from 3 years to 12 years. The prior experience of formal learning of the staff members who participated in this study ranged from one person who had gained O Grades and one who achieved Higher qualifications at school; three who had achieved HND qualifications at college and two holding university degree qualifications, one of these having been achieved as a mature student. I have not included myself in the list, as my experience of the course was limited to one Unit, rather than the five completed by the other participants.

5.13 Data collection from pre-existing documentation

In addition to staff members achieving the qualification, it was important that the programme had outcomes for people using the service and for the Organisation itself. Due to the investment of time and money that had gone into the programme, its impact on the Organisation was monitored by me and the Trustees in the longer term as well as just after it ended. The following potential sources of data were identified from this monitoring process that were considered as to whether they would contribute to this thesis.

A post-course evaluation questionnaire was completed by the advocates shortly after the completion of the NVQ programme. This questionnaire sought information on aspects of the programme that were new to participants, that verified their current practice, or that they thought were missing. A copy of the questionnaire is included in Appendix 3.

One year on, a practice verification exercise was carried out within the Organisation to look at the longer-term impact of the programme. This involved the internal assessor who had carried out the observations revisiting the advocacy service users he had met before and seeking their views on elements of their advocate's practice. The assessor was able to record that service users' comments demonstrated that advocates were working in line with the Principles and Standards and that service users continued to be satisfied with the service they were receiving. On completion of the exercise, while it was heartening for the Organisation to know that its staff were well thought of by the people who used it, it was acknowledged that the findings of the verification exercise had not provided concrete evidence of the continued efficacy of the NVQ training programme, nor had it evidenced that the training had not continued to be effective. The impact on advocates' practice that could be directly related to the training programme had also not been established by the exercise. It became clear, therefore, after reflection, that there was no data in the verification report that would contribute to this research.

The book produced by the advocates from their photographs, discussed above, was also included as a data source.

5.14 Data collected during the study

Having established where gaps lay in the available pre-existing data listed in Section 5.13 above, I established a schedule of individual interviews and a group activity to be held after all the individual interviews had taken place. Before collating all data for analysis, a period of one week for reflection after the group activity was given for participants to share any thoughts on the process, or to allow them to edit or reframe their remarks. This was to ensure that participants felt included and involved throughout the study. The data generated from the transcript of the group activity, notes from the interviews, along with the post-course questionnaire and comments from the booklet produced during the art- based activity were collated and analysed using the framework analysis described in Chapter Eight.

5.15 Interviews with individual participants

I initially intended to conduct semi-structured individual interviews with participants that would be recorded and then transcribed. This would allow me to concentrate on listening to each person's point of view, without having to remember the details (Bryman, 2012). To be consistent, I prepared a schedule or 'running order' for the conversations that covered four main aspects of each advocate's experience:

- Undertaking the course of study;
- Learning with others;
- Impact on practice of holding the qualification; and
- Any other comments they wished to contribute.

In addition, I ensured as far as possible that each interview had three distinguishable stages (Charmaz, 2002), which included an initial settling period of open questions, an intermediate section of follow-up or clarifying questions, and a concluding section of more closed questions to bring things to a close. My hope was that I would record the interviews so that I could concentrate on what people were saying at the time. However, as noted previously, this proved uncomfortable for the interviewees, so the responses given by participants were noted down by me and the accuracy checked with the participant. It also became clear that trying to stick to the schedule was not going to work, as advocates deviated from answering the question asked to cover some of the other topics. Where each participant did not naturally cover the four aspects identified above I gave prompts to allow this to happen. In the notes of each conversation, I recorded when this had happened. For each participant, I noted their response under the headings given above. The interviews also gave me the opportunity to check the accuracy of the person's contribution to any of the existing organisational documents, such as the post-course questionnaire.

Interviews were conducted at a time suitable to individuals. A comfortable room in the Organisation's office was available or an alternative venue was offered if preferred by the individual. Two hours were allocated for each interview to give time for participants to settle and engage in general conversation before entering the interview itself.

Depending on how much each participant had to say, interviews lasted from 45 minutes to an hour and a half. Notes were taken of the responses and given to the participant to check if there was any aspect they wished to be removed or added. As a reminder of what had been agreed previously, people were reassured again that all data would be anonymised, with each participant being allocated a pseudonym chosen by them. It was explained to participants that, wherever possible, any identifying feature of participants would also be anonymised, but as the Organisation is identifiable, being the only advocacy organisation in Scotland to access the NVQ, and relatively small, it may not be possible to completely anonymise participants.

5.16 Group discussion session

Regular practice in the Organisation was for staff to come together to discuss matters they may have experienced as individuals or as small groups of staff. In accordance with this convention and after all the interviews had been completed and notes checked for accuracy, it was intended that participants would come together to take part in a one-off conversation, focusing on the impact of holding the qualification on the individual advocates and the Organisation. This would also give me the opportunity to get a clearer picture of the cohesion or disagreement of the viewpoints of group members as they would be able to share these with each other during the group session (Bryman, 2014). As participants had felt uncomfortable about being recorded in the one-to-one interviews, I found a less intrusive way of doing this that participants agreed to, using a microphone that could pick up sound from multi directions and which looked like a tablemat. To give the participants an opportunity to think differently about their experiences of advocating and to engage in conversation with others about their thinking (Erikson, 1986), an activity in small groups was run using Lego modelling bricks to build a model participants felt depicted independent advocacy. The conversations that took place as the models were being made were recorded using the device described above.

The recording was completed as the participants were engaged in model-making. After an initial period, when participants seemed inhibited by the recording, which can be heard in some of their comments, they settled into the activity. As with the notes from the interviews, the recording and transcript were made available to participants and reassurances given that individual identities would be anonymised as before. The resultant models are shown below (Figure C), along with a short summary of what the makers were intending to represent. The transcript of the conversation that accompanied the building is contained in Appendix 4.

Figure C: Lego models of advocacy

The first model was described by its makers as indicative of the advocate assisting the service user to overcome barriers. The second, how they sometimes act as an 'outrigger' that provides a balance to other influences in a person's life, and the third, that as an organisation we need to have a range of gears that we can engage to support and accomplish the other two functions.

Having carried out the orientation above to help prepare the participants for speaking about themselves and their experiences instead of representing the views of others, I will turn to reporting on the case study itself. As stated earlier, this will be completed in a narrative format, first looking at the Organisation itself and how its work has developed, before considering the experience of the group of advocates who completed the NVQ Level 3 qualification.

Chapter Six The Case for Study

6.1 Structure of the Organisation

The Organisation in this case study provides independent advocacy for adults with disabilities in one local authority area in Scotland. The area has urban, rural and island communities. Since it was initially set up in 1998, the Organisation has undergone two transfers of governance, firstly from the local authority that commissioned the service and employed the first staff members, including me, through the Scottish Association for Mental Health, and from there to its current state as an independent organisation recognised as a charity in Scotland. During its lifetime, it has grown from an organisation with two members of staff and four volunteers to its current complement of fifteen members of staff and seven Trustees who are the volunteers responsible for the overall governance of the Organisation in line with the guidance of the Office of the Scottish Charities Regulator (OSCR).

While overall governance of the Organisation rests with the Trustees, operational management is delegated to me. The current Trustees all have a personal interest in the issues that affect the lives of the people advocated for, and a commitment to the principles of independent advocacy. Balancing this commitment with their duties as Trustees has encouraged them throughout the lifespan of the Organisation to assure themselves that the advocacy being practised is in line with recognised good practice guidance, so that they can have confidence that where practice is challenged that they can stand firmly in support of the advocates. To do so, they have ensured that practice is measured against principles (SIAA, 2008a,2019) both internally, through observation and staff supervision, and externally though accessing recognised evaluation frameworks where these are available. They have also ensured that advocates and new Trustees have access to a comprehensive training and preparation programme to ready them for their role. Before looking at the training in more detail, I will consider here the underpinning influences on how advocacy is practised within the Organisation.

6.2 Advocacy within the Organisation - Underpinning Influences

In considering my previous experience, I could see that there were aspects from education that could contribute to how advocates might support people to access their rights, make informed decisions and express their views to others. In particular, my thinking was influenced by the work of Brazilian educationalist Paulo Freire (1996). I was first introduced to his work while involved as a tutor for a community education project after I left my full- time teaching job. I was also influenced by McCall's Community of Philosophical Inquiry (CoPI) approach (McCall, 1991), which I studied for an MPhil degree. Using both approaches with groups of marginalised people within my local community, I could see how people could gain confidence in forming and expressing their own points of view and could also develop positive ways of coping with disagreement.

When, in 1998, I was tasked with designing the model of practice to be used within the Organisation, I was able to use this experience, by building into the role of the advocate awareness that they were supporting the person to learn. In particular, the influences of the problem-solving pedagogy of Freire (1996) and Community of Philosophical Inquiry methodology (McCall, 1991) permeated the development of the advocacy process used in the Organisation under study. I do not claim these to be definitive in the way advocacy is practised, but indicative of how practice developed within the Organisation. I also recognise that there is an historical element to the rationale, but this is contemporaneous with the lifespan of the Organisation. What is presented here is not a critique of the approaches in full, but rather, as they have contributed to the development of the Organisation under study when it was happening. How each of these influences contributed is explored more fully below.

1. The problem posing aspects of the work of Paulo Freire

As we have seen earlier, the key function of independent advocacy is to ensure that the voice and opinions of a person or group, supported by an advocate, are listened to in decisions that affect the person's life. It is also hoped that, through continued contact with advocacy, a person would develop, as far as possible, their own capacity to speak for themselves or that the group could decide to launch a campaign on an issue that affects them all (SIAA, 2008d, p.11). This is done within a relationship whereby the advocate does not advise or make recommendations, but supports a person or group, through explorative conversation, to be able to consider options, make choices and express these choices to other parties. In doing so, the advocate is actively involved as a partner in the dialogue, and endeavours not to be seen as a person with the answers.

This is akin to the work carried out by Freire with groups of adults in disadvantaged communities who lacked or had limited literacy skills (Freire, 1996). As Freire's work was set within an educational context, he uses the term 'teacher' to define the person acting in a supporter role and 'student' to define the person receiving support. Within the context of advocacy, the term 'teacher' would denote the advocate, with the 'student' being an indicator of the person being advocated for. This is not to say that the same two terms would always be descriptive of the advocacy relationship, but in Freire's approach, now termed 'critical pedagogy', he sets out a process of learning seen as mutual between the teacher and the student. In this respect, it can be viewed as similar to the relationship between the independent advocate and their advocacy partner.

At the outset of their working together, the advocate has little or no knowledge of the issues with which each person requires advocacy support. They start by building a relationship that encourages the advocacy partner to be open about the difficulties they are facing and their views on what they would like to change. This may involve the advocate in working within contexts they have not encountered before, and which require research to be done to elicit the information required for the advocacy partner to make an informed choice about how to proceed. This can be learning for the advocate as well as for their partner. By being involved in the process as far as possible, the advocacy partner sees that the advocate does not have all the answers and can learn alongside them. This allows the advocacy partner to build skills that are transferable to other areas of their life, such as finding accurate information. By suggesting to the advocacy partner options of ways to proceed or alternative interpretations of information found, the advocate is engaging, along with their advocacy partner, in the type of problem posing approach that Freire would encourage. This view of learning is somewhat different to a more traditional view wherein the teacher is seen as the person with the answers to the students' questions.

Freire likens this traditional view to the teacher depositing knowledge and opinions to their recipient students, which he refers to as ‘banking education’ (Freire, 1996, p.53). Rather than people being such passive recipients of information delivered to them by the teacher, the focus for Freire is on people seeing difficult aspects of their lives as posing problems for which they are capable to find solutions, rather than obstacles which are permanent, or which rely on others to remove them. To achieve this, he emphasises the importance for the teacher to accept that each student will have differing life experiences from each other and from the teacher, and that such past experiences will have tempered how they experience the world now:

“It is not our role to speak to the people about our own view of the world, nor to attempt to impose that view on them, but rather to dialogue with the people about their view and ours. We must realise that their view of the world, manifested variously in their action, reflects their situation in the world” (Freire, 1996, p.77).

The term dialogue is used here by Freire to describe interactions among individuals that bring to the surface their underlying assumptions of how they make sense of their world. As each person will have done so by relating current events to their past experiences, it is only through sharing their views with others that these assumptions are visible to others and where people have opportunities to appreciate differing interpretations of the same event. This provides the potential for people to change their views and behaviours in response to what they hear from others. The type of interaction that provides such opportunity is defined by Freire as dialogue to differentiate it from other types of interaction, such as a debate that would end with one side of the argument being deemed the winning one, or where there is a move to reach agreement or consensus. It also differs from more general interaction such as discussion where there is no requirement to include diversity in the viewpoints contributed. For dialogue to occur, diversity in viewpoints is key (Bohm, 1996).

By engaging in dialogue, individuals have opportunities to find common ground or to experience other people’s differing understanding of the same situation. Such participation in dialogue allows individuals either to verify their current view of their situation or to see that there may be alternatives that they have not previously considered, just as in independent advocacy. Without such exposure to a range of perspectives, participants may come away with the idea that they have the ‘right answer’ or that no other solutions are possible to resolve the issue with which they are struggling. In only hearing views that agree with their own, the participant may also not recognise this as an agreement from another individual, but only their own words being echoed back to them. Instead of constant reinforcement, the goal of such a dialogical approach is to allow the student to become more critically active, being able to weigh-up areas of agreement and disagreement with different viewpoints. They will also see that they have the power to actualise change within their world by acting on their chosen way forward, a process Freire describes as 'conscientization' (Freire, 1996, p.17).

For Freire, it is not possible to separate the personal from the political aspects of learning as he considers learning incomplete until this considered action follows a person's changed thinking, a process he termed 'praxis' (Freire, 1996, p.126). This would include the option to do nothing, but after reaching the reasoned decision that 'no action' is the best action to take under the circumstances, rather than due to feeling any action to be futile. Over time, and when replicated by a range of individuals, such praxis can be seen to affect not just each person as an individual, but it can also effect change in their community as a whole (Ledwith, 2016). Similarly, advocacy can be seen to have both impact on the individual in terms of achieving the outcome for which they receive support, as well as, over time, as more people gain confidence to speak-up for their own views, having impact on systems with which they interact and on their communities. One example of the latter is where local people are involved in participatory budgeting approaches in which they come together to discuss and make decisions about aspects of local authority spending (www.gov.scot/policies/community-empowerment/participatory-budgeting). The potential for advocacy to have impact at different levels is acknowledged in the resources provided by the National Development Team for Inclusion for England and Wales which sets out a framework for measuring impact of advocacy for individuals, communities and for the advocacy organisations that provide it (NDTi, 2016) and in a similar framework produced by the SIAA (SIAA, 2019b).

The problem posing approach Freire (1996) used to provide opportunities for groups of people to learn together in this way can be seen to adhere to the following staged process.

1. Listening: This involves the teacher in creating a non-judgemental environment in which the student can describe their everyday life and the issues that affect them.

This requires the teacher to suspend their own opinions and viewpoints and to be genuinely interested in learning how the student perceives their own life and their place in the community along with the words and phrases they use to describe it. This can be done on a one-to-one basis, in an organised group setting, or by being embedded in the community and engaging in informal conversation as part of everyday life.

2. Naming: Being embedded in the community gives time and common ground for relationships between the teacher and the students to develop and allows the teacher to recognise common issues, or generative themes, that impact on the people who live there, along with the underpinning power structures that govern them. At times, these themes go unspoken or accepted as unchallengeable and so to bring them to the surface and identifying them by name provides the opportunity for dialogue to take place around them, thus allowing the potential for change to occur both in people's thinking and in their actions.
3. Codifying: Once the general themes are identified, the teacher can summarise them in images or pieces of writing which are used to generate dialogue with people by posing questions, 'codification' in Freire's terminology (Freire, 1996, p.86). This part of the process goes under the surface of the generative themes, teasing out the individual assumptions that people have for why things are the way they are and leading into the dialogue.
4. Dialogue: Through participating in dialogue, people learn that others may have viewpoints that differ from their own, or that there are areas in which individuals share similar views. As in all cases when the term dialogue is used in this thesis, it refers to a sharing of differing points of view, of allowing people to air differences, and identify areas of tension and disagreement. When conducted in this way, people have the chance to learn from others that there is more than one possible way to interpret a given situation.
5. Reflection: This is a key stage in Freire's process, whereby students are encouraged to think about their situation and what can be done to change it. They are also encouraged at this point to think about what has stopped or hindered them from previously making changes. Having reflected in this way, the students are supported to make choices about the action they can take if they want to have a different outcome. When seen as a problem to be solved, rather than an

insurmountable obstacle, individuals can see there is the potential for solutions to be found and for things to change.

6. Taking Action : Unless action is taken based on the outcome of reflection, Freire (1996) considered the learning to be incomplete. He considered the reflective process to be an opportunity for the supporter of a person to engage with them in dialogue about how their past actions can be learned from to make choices about the actions they take in the present or future. Where a different outcome is desired then the person may choose a different action from that they would habitually have chosen in the past. When this occurs, Freire refers to it as ‘praxis’ which he described as “reflection and action upon the world in order to change it” (Freire, 1996, p.33). This is not to say that the student necessarily needs to do something different to what they would have done before, but that the chosen action or maintenance of the status quo will be the result of reasoning. By this, I mean the using the results of their reflections on past situations to inform the choices they make in the future would be the ‘taking action’, rather than merely repeating what they know or taking some random action.

Like Freire’s view that people can take an active part in finding solutions to barriers in their lives and taking steps to overcome them, independent advocacy workers support their advocacy partners to do likewise. In not presenting their partners with solutions to problems or advice on the best way forward, advocacy partners are encouraged to think things through for themselves and to find and take the direction that they consider is best for them. Indeed, echoes of Freire’s methodology can be found in the ‘advocacy cycle’ used by the National Development Team for Inclusion for England and Wales in its framework for measuring the impact of advocacy (NDTi, 2016, p.7). The cycle’s seven stages of listening, accessing information, exploring choices, deciding on a goal, agreeing an action plan, taking action and reviewing it reinforce the importance of taking considered action in order for things to change. The cyclical nature of the description also stresses the importance of seeing advocacy as a potentially ongoing process with no expectation that the process will reach a definitive resolution after one rotation. There will also be occasions when the cycle stalls or goes into reverse for a time. Throughout, the advocate’s role is to encourage, through dialogue, their advocacy partner to move through the different stages, demonstrating that the partner has the capability of finding a solution for themselves, rather than building up a dependence on the advocate as the person with the answers. As the issue requiring advocacy support may not be known in advance, the possibility always exists for the advocate to meet a situation they have no previous knowledge of and, in accessing information related to the issue, to have opportunities to learn for themselves. The same can be said of widening their experiences of working with an ever more diverse range of people, providing opportunities to learn more about different ways to build good working relationships and positive ways to open-up communication, thus, at times, being in the role of learner rather than teacher, again echoing Freire's notion of a mutual relationship between the student-teacher/teacher-student. From the outset, the intention should be to avoid dependence on the advocate and focus on shifting the balance of power to the advocacy partner as far as possible.

Guidance on what independent advocates should and should not do in carrying out their role is found within the SIAA Principles and Standards (2008a, p.36-37). In comparing this list of preferable advocacy actions with the stages of Freire's problem posing approach as it is described by Matthews (2014), certain parallels can be drawn, as I have summarised in the Table G below. The groupings in the left-hand column reflect Matthews' description, while those in the right-hand column are from the SIAA Document (SIAA, 2008a).

Table F: Advocacy and Freire's Critical Pedagogy

Stages of Freire's Critical Pedagogy	**Purpose of this Stage (Matthews, 2014)**	**Relation to independent advocate actions (SIAA, 2008a, p.36-37)**
Listening, Naming and Codifying	• Find out the issues that affect a person's life • Discover the words they use to describe the issues • Empower people by using the issues they identify as a stimulus for discussion	• Listen to someone and try to understand their point of view • Find out what makes them feel good and valued
Dialogue and Reflection	• Engaging in dialogue allows people to hear other views • People can challenge ideas that may differ from their own • People can revise their own opinions if they hear something that they may not have thought of • Try to make sense of what is happening and consider what can be done about it	• Understand the person's situation and what may be stopping them from getting what they want • Helping someone to know what choices they have and what the consequences of these choices might be • Not speaking for people when they are able to express a view • Not making decisions for someone • Not solving someone's problems for them
Prioritisation of transformative action	• People put things into an order of importance • People realise they can take action themselves to make a change • Individuals and/or group decide on action to be taken • Take steps to act	• Not telling or advising someone what you think they should do • Enabling someone to have control over their life but taking up issues on their behalf if they want you to • Offering the person/group support to tell other people what they want and/or introducing them to others who may be able to help • Not making decisions for someone • Not solving someone's problems for them

A precedent for extending Freire's model from education to social care is discussed by Oh and Solomon (2013) when considering how social workers relate to the people they support. Their view highlights the need to deliver services in a way that actively encourages people to be involved in their own recovery, in this instance from mental ill health, rather than to be recipients of what other agencies consider they need. They align this with
Freire's exposure of the power dynamics between the teacher and student, reinforcing the need for the service provider to move away from being considered the solution to the empowerment of the recipient as being able to resolve their own situation. In social work, as well as in advocacy, there is acknowledgement that for some people it is difficult to see the provider of support as an equal in the process of finding solutions, preferring to see them, rather, as an authority or knowledge-bearer who will tell them what to do (Oh & Solomon, 2013). This is akin to what Freire refers to as 'banking education' where the choice a person should make is prescribed to them by a person seen to have the right answers and this recommendation is accepted without question (Freire, 1996, p.29). This may be due to the individual's experience of previous interactions with support agencies or their assumptions of the role of an outsider intervening in their life where they have no such experience. It may also be the case that they have no experience of having control over areas of their life, and don't know where to start, such as when an older carer is no longer able to care for an adult family member for whom they have taken responsibility from childhood. Alternatively, at times, the power imbalance may be due to the attitude of an individual worker or agency. In some cases, the reticence to allow a person to take responsibilities for their life choices may be borne out of a wish to protect them from risk. In other cases, however, there needs to be acknowledgement of the possibility of it being borne out of a wish to control aspects of the person's life to the benefit of the carer. One example may be a carer who drives having full access to the car that is financed through the welfare benefits of the person being cared for. There is, therefore, the necessity for the support provider to be watchful for this and to reflect the responsibility for decision-making back to the person, again a central tenet of independent advocacy.

One of the keys to the person gaining/regaining responsibility for decision-making is the engagement of the person in constructive dialogue about their situation and the outcomes that they want to achieve both in their life and from the involvement of an advocate. For some individuals, they wish advocacy support with a single issue, while for others, it is more general support to make their views known across a range of issues. As stated earlier, such engagement of individuals in determining these outcomes forms a key focus of the Scottish Government's strategy for health and social care, with guidance through a Joint Improvement Team being provided to statutory services (Cook & Miller, 2012). This sets out engagement with individuals as the first of a three-stage approach to ensure that the individual and what is important to them is the focus of any intervention in their lives. The other two stages involve ensuring that their views are recorded accurately, and that the information is used when decisions are being made regarding the individual's care. Here, too, are echoes of Freire's approach in encouraging the individual to think of what they would like their life to be like, identifying the barriers that stop them from achieving this, and looking at possible ways these barriers could be overcome. The latter stage involves looking at what the individual can do independently, in addition to the resources available to them among their friends, family, local community or those provided by support agencies.

I found the elements of Freire's thinking outlined above to be useful in the early stages of the development of the Organisation when considering the process that would be used to deliver the services offered and made the following assumptions:

- The process had to be led by people using the advocacy service;
- The advocate did not have the answers;
- The advocacy partner was considered as having the capability to change their situation;
- To do so they may have to make changes to how they had done things in the past;
- New action would be informed by reasoning; and
- There would be a cumulative effect within communities of more people being able to articulate their views and be involved in decision-making.

How Freire's ideas manifested in the work of the Organisation will be explored later, after consideration of the other key influence considered below.

2. Catherine McCall's Community of Philosophical Inquiry

In the early stages of my work with the Organisation, I was completing my studies at the University of Glasgow for the degree of M.Phil. in Philosophical Inquiry, now called Community of Philosophical Inquiry (CoPI) (McCall, 1991) and was putting what I had learned into practice with groups of adults within the community. Since the Organisation began, CoPI (McCall, 1991) has been used both by staff groups and with groups of service users within the Organisation. It is a practice that encourages people to question the deep philosophical assumptions by which they shape their lives. As no specialist knowledge is required by participants, it is a process that is accessible to a wide range of people regardless of their age or level of formal education, and most effective when practised over an extended period of time. The practice makes five main assumptions (McCall, 2009):

1. Every human being has the capacity to reason. We each make sense of our world based on our individual experiences of it, with later experiences building on those of the past;
2. Reality exists outside the senses or an individual's perception, so we may all have made mistaken interpretations of it.
3. We are, therefore, all fallible;
4. Everything is open to question, and
5. Every human being has creative potential, so we all have the capacity to make changes to our previous understandings when we access new information or experiences.

Regardless of the age of participants, the practice involves a group of people engaging in a structured dialogue, under the guidance of a trained facilitator, which produces philosophising – the forming and questioning of propositions which are thought to be true. Known as the 'Chair' (McCall & Weijers, 2017), the facilitator will have sufficient knowledge of philosophy, both in terms of content and process, to recognise when philosophising is happening, along with knowledge and experience of using the CoPI structure. The Chair's role will begin before the dialogue session starts, as they are also responsible for creating an environment in which such philosophising is likely to occur. This involves practical preparation of the physical environment, by arranging the seating in a circle with no

obvious imbalance in the importance of any one seat over the others to reinforce that all participants are of equal status within the inquiry. The Chair will not be a member of the circle and will move around its outside to ensure that participants direct their contributions to each other and not to the Chair. Being outside the circle in this way both allows the Chair to see all the participants and the interactions, both verbal and non-verbal, among them.
This is essential once the dialogue gets started, as is discussed below.

The Chair's preparation will also involve the choosing of a stimulus for participants to share. This is usually an extract from a piece of writing but may also be some music or a piece of artwork. The stimulus chosen will have the potential to provoke questions that would encourage exploration from a philosophical perspective as opposed to those which could be answered from the text, have a factual answer or by concentrated attention to an individual discipline such as psychology. Once the stimulus has been studied for some time, the Chair will ask members of the group to share with the others any questions they have that have been generated by the stimulus. At this point, the Chair will list the questions so that everyone can see them. This will be done exactly as they are stated, to respect the intention of the person who asked them. The ownership of the questions will be further reinforced by the Chair noting the name of the originator of each question beside it. As the questions are listed they are considered by the Chair as to their philosophical potential.
Listing all questions indicates to the participants that what is to form the dialogue is under the control of those who will take part in it, as their interests will be interpretable from the questions. Cassidy (2012) distinguishes the importance placed in CoPI of ensuring that the locus of control over the direction of the dialogue remains with the participants from other forms of philosophical dialogue which give lists of pre-generated questions to fit with set stimuli, for example, Philosophy for Children (Lipman, 1980) or where structured exercises are given, such as in Guided Socratic Discussion (McCall, 2006). The participants' control over the direction of the dialogue will be further discussed later.

Once the questions are listed along with their originators, the Chair reads them aloud, acknowledging who had asked them. This reinforces again that the ownership of the areas of interest sits with group members, not with the Chair. While reading through the questions, the Chair will also be considering which of the questions hold more potential than others to provoke philosophical thinking and dialogue, rather than be answerable by

fact or reference to the stimulus. Having deliberated on the list of questions in this way, the Chair chooses the question they think has the most potential to provoke such thinking and dialogue and passes it back to the person who asked it for their perspective on it. It can be argued that in choosing the starting question the Chair has control over the direction of the inquiry rather than the participants (McCall & Weijers, 2017). However, it can be counter-argued that the Chair's priority is to create an environment in which philosophising is most likely to develop and that their choice of question will be based with that in mind, rather than the favoured topic of individual group members or of themselves (Cassidy, 2012).
Cassidy also notes that the Chair has the philosophical background that participants may not have, and therefore can choose a question that has philosophical potential. However, the direction that the inquiry takes will be determined by the interactions of its participants.

The development of CoPI does not depend solely on the choosing of an appropriate question, but also on the underpinning structure (McCall, 1991) that is enforced throughout the session. This structure has been designed to support the development of sound reasoning by participants as the inquiry proceeds with subsequent contributions being logically linked to those which have gone before. It requires participants to indicate to the Chair that they wish to contribute by raising their hand. The Chair will then call on participants to speak but not necessarily in the order in which they raise their hand, thereby allowing the Chair to juxtapose potential perspectives. To introduce their contribution, participants are asked to agree or disagree with a comment that has been made before and to state their reasons for their agreement or disagreement. The reasons must be stated in language that is accessible to everyone in the group, so no technical language or jargon is allowed, nor citing the views of a person considered to be an authority. There is no need, however, for the views expressed to be the personally held views of the person expressing them. They may be considered as reasonable to express based on comments made earlier in the inquiry. This format of contribution brings to the attention of all participants the contributor's reasoning for what they are saying and encourages further agreement or disagreement. It also gives the Chair the opportunity to intervene when required to bring to the surface a possible underpinning assumption that may require further clarification or illumination. These two restrictions to the Chair's role, of keeping to the structure and interjecting only to bring to the surface any implied or underlying philosophical assumptions ensure that the lines of inquiry and direction of the dialogue are determined by the actual interactions of the participants and are not controlled by the Chair. It is therefore important that the Chair has knowledge and experience of using the CoPI structure as well as sufficient knowledge of philosophy to be able to analyse the contributions of participants as they are happening and juxtapose the differing viewpoints expressed.

As a practice, the occurrence of philosophically-based dialogue is more likely to occur when, over time, CoPI is undertaken by the same group of people over a series of sessions (McCall, 1991) as participants lose their adherence to their original viewpoints as they hear alternative perspectives being shared by other participants. Once they can lose their sense of ownership and the need to defend their original view, participants become more open to change or adaptation of how they think and are more focused on the progression in thinking that is observable within the dialogue. For this reason, the Chair will not intervene, unless absolutely necessary, where disagreement becomes heated, managing this instead through careful choice in the order of contributions elicited, or by reminding people that they are not required to give their own views; it is what is said that is being agreed with or disagreed with, not the person who said it. In having to give reasons, participants build up their experience in logical thinking and reasoned argument, finding out what moves the dialogue forward and what stalls it. They also see that everything may be open to question, regardless of who said it, and that no one person has “the answer”. Each session ends when the allotted time is up. A question under examination is rarely, if ever, resolved and many different lines of inquiry may open-up. This gives individuals scope for further progress by continuing to reflect on the question on their own. Through repeated practice in CoPI, participants develop skills in listening, forming opinions, logical reasoning and the ability to question (McCall, 1991). Individual differences become of less importance and interest is shown in disagreement rather than it being an irritation. These are all skills that are useful to those using advocacy services and their advocates.

I felt it important that for advocacy to be successful the underlying assumptions on which people base their thinking need to be brought to the surface so that they can be explored more fully. Unless this is done, these underlying assumptions remain hidden, and people are denied the opportunity to discover that there may be more than one interpretation of the same concept or event. This is the case for those using and providing advocacy. For people using advocacy services, it is often in such exploration that the root causes are found of why, for example, they have not been able previously to access their rights and entitlements. This may have been because they do not see themselves as having rights or have tried to access what they think they should have, rather than what they are entitled to. For advocacy staff it is important to be aware of their own underlying assumptions so that these are not having an influence in how they provide advocacy, especially when they are being asked to represent a view that may not be their own, and which may be in opposition to it. It is important in such situations for the advocate to recognise when they are not able to set aside their own deeply held views, as in such cases they would not be the most effective advocate.

The CoPI process has a valuable part to play here by allowing groups of advocacy workers to take part in inquiry sessions where their underlying assumptions and deeply held beliefs can be explored in a safer environment than if they come to the surface unexpectedly in carrying out their advocacy role. A range of stimuli can be used to accustom the advocates to being in a position where they need to respond to the unexpected. This also gives them the opportunity to gain experience in being able to spot areas lacking logical coherence or where multiple interpretations may be possible. The process is also used within the Organisation to open-up work-related situations arising within it that would benefit from the views of a range of people. By focusing on the philosophical assumptions that underpin individual opinions, differing ideological perspectives can be considered, not just those held by one person. In situations where all may be in agreeing from the outset, it can be useful for one or more participants to adopt a different standpoint, colloquially acting as ‘devil’s advocate’, to allow the reasoning underpinning the area of agreement to be subjected to examination. One example of the CoPI being used for a functional purpose within the Organisation can be found in Appendix 2, with one line of the inquiry being relevant here. This is regarding the distinction between conversations that happen within the advocates’ work context and outside of work. Here, there was agreement among the Organisation’s staff that within a work context the advocate was in a position of responsibility towards their service user and had to recognise that the service user’s experience of having conversations may differ from the advocate’s. It was acknowledged that there was a need to establish a trusting relationship with the service user to be able to have a level of conversation with them where the advocate can introduce difficult issues. At this point, a comment made by one advocate likened a work-based conversation to CoPI without the rules. This resulted in further exploration of how participating in CoPI sessions and facilitating sessions had been helpful to carrying out the advocate's role. The comments collected by the Chair in this regard are summarised in the middle and right- hand columns of Table H below, mapped against the elements of what advocates do and do not do, which are found within the Principles and Standards for Independent Advocacy in Scotland (SIAA, 2008d, p.36).

Table G: Advocacy and Community of Philosophical Inquiry

What advocates do	**How participating in CoPI helps the advocate**	**How facilitating CoPI helps the advocate**
Stand up for and stick with a person or group and taking their side	Practise putting forward a point of view that is not your own	Learn to stand back from your own views of the situation. Concentrate on the structure of the dialogue as well as its content
Listen to someone and trying to understand their point of view	Get used to listening to someone talking about a topic of which you may have little/no knowledge	See where there is the potential for doubt or uncertainty and to practise asking for clarification
Find out what makes the advocacy partner feel good and valued	Practise building on comments made by others. Builds respect for the other parties to hear that their comments have been considered seriously – whether or not they are agreed with	Probe for underlying philosophical standpoints
Understand their situation and what may be stopping them from getting what they want	Hear people explaining their reasoning	Can interject questions to seek clarification or examples if reasoning is not sound – this is useful in meetings with third parties
Help someone to know what choices they have and what the consequences of these choices might be	See how disagreement can open-up new options for people	Reflect back for person's own thinking, for example, "What do you think would happen if you did that?"
Offer the person support to tell other people what they want or introduce them to others who may be able to help	Practise putting forward a point of view that is not your own and being open to having this agreed or disagreed with	Build experience of facilitating the dialogue of others rather than being a contributor to it – this can be useful in meetings
Enable a person to have control over their life but take up issues on their behalf if they want you to Not speaking for people when they are able to express a view	Person hears their own point of view being put forward in a reasoned/reasonable manner Person can learn to mirror this approach when putting forward their own views	Need to keep their own contributions out of the discussion Not interjecting every time there is a silence
Not agreeing with everything a person says	Build experience in agreeing/disagreeing with reasons	Not answering questions from group members, but

and doing anything a person asks you to do	Engage with what is said rather than who said it can be useful in de-fusing difficult situations	reflecting them back to the questioner – what do you think about that?
Not telling or advising someone what you think they should do	Having to wait to be called on to speak	Reflect back for the person's own thinking
Not solving all someone's problems for them	Get used to there not always being a tidy ending and that issues can remain unresolved Experience in being questioned by facilitator and use this as an opportunity to increase clarity of contributions	Facilitating dialogue can show up where there are more clarifying questions to ask Get used to there not always being a tidy ending and that issues can remain unresolved

6.3 Linking these influences

In Freire's problem-solving approach and McCall's CoPI, the following similarities can be found:

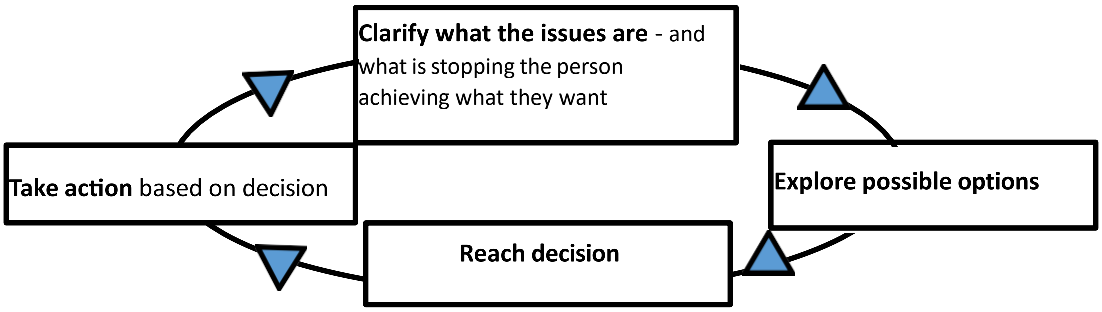
a. They both assume that individuals have the capacity to reason;
b. Individuals choose actions based on their unique life experiences and which shape issues that matter to them. This would include the decision not to act;
c. Dialogue plays a valuable role in making each person's thinking accessible to others, whereby they can recognise other possibilities;
d. Reflection is key to transforming experience;
e. Action is taken based on the outcome of reflection; and
f. In taking this action the person becomes more actively involved in the decision-making processes that affect their individual life and the lives of their communities.

It is the synthesis of these that forms the basis of the approach taken to the advocacy provided in the Organisation. At its foundation is the use of dialogue, either one-to-one between the advocate and their advocacy partner, as an underpinning process of individual or group advocacy sessions, or in staff development activities. Advocates as individuals are also encouraged to reflect on their own actions as part of their regular support and supervision sessions with their line manager. They are encouraged to prepare for this by considering their actions as if they were engaging in dialogue and to envision any challenges they may face or any alternative options they could have chosen, thus considering a variety of viewpoints. This dialogical approach, whereby an individual considers possible challenges by others of their views, is considered useful by Bohm (1996) as a way that people can check their own views and opinions to see if they stand up to possible reinterpretation or reformulation when potential challenges to them are made. In all cases, the dialogue will show up a range of options from which choices can be made and action taken, the result of which will form the basis for subsequent dialogue.

The advocacy process used within the Organisation can be summarised in Figure D below:

Figure D: Advocacy Process

▲ Opportunity for dialogue (with another person or in reflection with self)



Although reduced to four stages, the seven steps of the ‘advocacy cycle’ (NDTi, 2016, p.7) can be found here too, with the three missing steps (accessing information, planning, and reflection) being included in the dialogue undertaken by the advocate and their advocacy partner as they work round the cycle. Throughout the process, the emphasis is on encouraging the advocacy partner to think things out for themselves, rather than the advocate providing them with the answers. There will also be encouragement from the advocate that, over time, the advocacy partner undertakes more of the actions agreed, and that gradually the advocacy support reduces and the partner’s self-advocacy takes over. This could progress from being comfortable to self-advocate in straightforward and non- confrontational situations to those which are more complex or less familiar or where diverse views may be expressed. The hope is that by becoming used to such an approach, the person requiring advocacy support will come to experience the gradual reduction in the support as part of the process, thus minimising the risk of becoming dependent on the advocate. In turn, the advocate will be taken through the same process at support and supervision sessions where they will have the opportunity to subject their own actions to the same scrutiny, and to experience the taking on of more complex and challenging cases, with support from their manager or peers. The strategies adopted by the line manager carrying out the supervision are chosen to encourage different types of thinking in the advocate, opening-up differing options or alternative perspectives of a situation, just as the advocate encourages alternative ways of thinking in their advocacy partners. This approach to mirroring the advocacy process in the support and supervision of advocates sits as an alternative to the viewpoints of those who propose a more ‘banking’ (Freire, 1996, p.53) base to advocacy training and practice, presupposing that an in-depth knowledge of systems, laws and processes need to be mastered by the advocate before they start to advocate.

As well as assuring that the model of advocacy to be adopted within the Organisation had a firm foundation, there was a need to adopt a structure that would support its practice,
taking account of the inherent conflict of interest where the Organisation’s main funder may well be a public body that advocates may be making representation against on behalf of their advocacy partners. The following chapter gives a short precis of the in-house training developed within the Organisation to reflect the underpinning influences on its practice and its decision to offer accredited training to its staff.

Chapter Seven: In-house training and its accreditation

As part of a strategic planning processes within the Organisation conducted in 2012, a decision was reached to consider how the training provided could in some way be accredited like the qualifications available to advocates in other parts of the UK. It is how this was done and the impact it has had on the Organisation's staff that forms the basis of this case study. The methods used to deliver the qualification will also be considered in terms of how they contributed to its impact.

7.1 Catalyst for action

The decision to do so became time sensitive when, in 2012, the Organisation was given notice from its core funders that the service it had provided for fifteen years would be put out for competitive tender. This was no reflection on the work of the Organisation; rather, this was due to the need to comply with European Tendering Directives. There was no agreed timetable for this to happen, but until that time, only short-term contracts would be given. Thus, the Organisation could only guarantee its continued future three months at a time. This meant that staff had to be given notice of potential redundancy. The news was broken to them at a staff meeting held in April 2012, along with a promise from the Trustees to do all they could to sustain the future of the Organisation, and an acknowledgement that staff may choose to find alternative employment. The decision was also reached that service users should not be told of the precarious nature of the Organisation's future until absolutely necessary so as not to cause any unnecessary worry that their support was going to end.

Later in 2012, a further meeting was organised to share ideas on how the Organisation could best plan strategically for its future. Both staff members and Trustees took part in the meeting, the minutes of which record that it was decided to concentrate on the strengths of the Organisation rather than worry about what other potential competitors could do better. It was also decided that the current service should continue on its regular basis until there was clear information about what was going to happen in the future. There was an acknowledgement that the key strengths were the quality of practice and the team of people involved within the Organisation, both in terms of service delivery and those responsible for its governance. Evidence of this is found from the internal monitoring documentation routinely generated and from two external evaluation exercises that the Organisation had accessed at two previous key points in its development. These evaluation

exercises had been conducted by the Advocacy Safeguards Agency in 2003 when the Organisation's statutory funders had taken issue with an advocate's actions, and again in 2009 when the SIAA was looking for a willing organisation to pilot its embryonic quality assurance framework. On both occasions, the practice of the Organisation's staff and management was found to fall well within the good practice guidance available at the time and the training provided to staff was recognised as being comprehensive in its content.
The quotations below, extracted from the reports of the external evaluations with permission from the Organisation's Trustees, give examples of the comments made by the evaluators.

"It is apparent from the evaluation process that [the Organisation's] staff have a huge commitment to advocacy, to the organisation and to the people they support. The staff are very experienced with a broad range of skills and experience. The evaluation team gathered evidence of the organisation's adherence to these (SIAA) principles throughout the evaluation process" (SIAA, 2009, p.11).

"All the paid and volunteer advocates we met said the training they had received was really good, really informative, interesting and challenging at the same time. All the advocates clearly knew what advocacy was about by the end of the training and were able to apply it to their work. We think this is a very effective training programme for advocates and could be shared with other independent advocacy organisations" (ASA, 2003, p.27).

The training programme in operation had been developed over time by staff members and Trustees with experience of working within formal and informal education as well as within advocacy. Among them, in addition to me, were a college lecturer, principal teacher in a secondary school and a tutor for the Open University who also tutored on informal classes in the community. Throughout the programme, learning outcomes were clearly stated, with tasks integrated throughout that allowed learning to be assessed. Participative approaches to the learning involving group activities and dialogue were used both within the advocates' training, but also within the advocacy process practised across the Organisation which were considered in previous chapters.

7.2 The In-house training programme

The in-house programme mentioned above is structured in three stages:

Stage 1 is carried out at the beginning of the recruitment process when potential applicants for a post are invited along to an awareness raising session that outlines what advocacy is, what makes it independent, and gives examples of the types of situation advocacy workers face. There is the opportunity to hear from advocacy workers and from people who use the service. The purpose of the session is to ensure that people applying to work with the Organisation know what the role entails. It also allows the Organisation to clarify any misunderstandings as well as observing, in an informal environment, how applicants communicate and relate to the others in attendance.

Stage 2 comes at the beginning of a person's employment and takes the form of four half- day workshop sessions, along with four shadowing visits with an experienced advocate. This is completed before the end of the probationary period. The workshops focus on what independent advocacy is and how it developed in Scotland, the Principles and Standards to which the Organisation is compliant and the skills required of an independent advocacy worker. There are also two additional half-day sessions on reflecting on practice and using supervision effectively.

Stage 3 consists of monthly ongoing practice development sessions that are open to all staff. Each of these is a half-day session. A programme of sessions is organised to provide updates on legislation and procedures relevant to the Organisation's work, to consider dilemmas that have arisen or to try out new ideas.

The question was raised by one staff member whether there was a way that the Organisation's training programme could be accredited in some way, so that the advocates could work towards a qualification, as was available to advocacy workers in other parts of the UK. There was general agreement that this was a good idea, and a small working group was established with the delegated task of finding out if and how this could be done and what the financial implications might be.

7.3 Accreditation - The Options Considered

Three options were considered as to how an accredited qualification could be accessed:

- Work with a local college to offer an accredited unit in advocacy;
- Seek advice from Scottish Qualifications Authority (SQA) as to how to have the in-house programme accredited; and
- Find out if the qualification available in England and Wales could also be offered in Scotland.

These three options are explored in more detail below.

1. Work with a local college or university to offer an accredited unit in advocacy

The Organisation had existing links with a local Further Education college for whom it hosted placements for health and social care students, so this was a possibility. At the time, however, it was decided that this would be giving away some of the Organisation's autonomy as the college-accredited unit would be open for others to participate in, and the college would be able to offer this as a course without involving the Organisation in determining the content or criteria for success. This option seems to support one of the arguments put forward by SIAA members against having a qualification (SIAA, 2016), that it would take control away from advocacy providers by allowing other agencies, without experience of providing advocacy, to offer advocacy training and qualifications. Such was the case with the courses offered by the University of St. Andrews noted earlier (p.49), but which are no longer active.

It was also acknowledged at the time that a contractual arrangement could be reached that would protect the intellectual property of the partners along with possible future financial interests. However, the costs of both accreditation and necessary legal advice regarding intellectual property rights were prohibitive and beyond the capacity of the Organisation.

2. Seek advice from Scottish Qualifications Authority (SQA) as to how to have the in- house programme accredited

This highlighted two possibilities open at the time regarding the development of a customised award (www.sqa/customised). Firstly, gaining a Credit Rating for the existing training programme, which would allocate the course to a level on the Scottish Credit and

Qualifications Framework (SCQF) in recognition of the complexity of the learning outcomes, and a points allocation related to the nominal study time required. To apply for SCQF credit rating, qualifications or learning, programmes must meet these four broad criteria:

- they must be based on learning outcomes;
- the outcomes must be formally assessed, by an assessor with qualifications to do so, and the results must be recorded;
- there must be a documented process of internal and external quality assurance; and
- the learning in the programme must have, as a minimum, a notional ten hours of learning time for the average candidate, including, as appropriate, attendance at taught sessions and self-study time.

The rating allocated would be usable, in some cases, by participants as transferable prior learning points if participants later went on to study for other formal qualifications. In this option, the qualification would be both owned and awarded by the Organisation, not by the SQA. It would be open to the Organisation's staff, or to external candidates, under criteria determined by the Organisation as the awarding body. This also did not seem to offer the elements of external validation being sought, as the awarding body would be the Organisation itself.

Alternatively, gaining accreditation of the Organisation's existing training programme would, as above, place it on the SCQF at a recognised level and points rating. It would also open the programme up for other agencies as the learning outcomes and success criteria for the programme would be published by SQA. Awards would be given for successful completion of the programme, associated with a level on the SCQF, but this time with the award coming from SQA, not the Organisation itself. In order to offer the programme, however, the Organisation would need to become an SQA accredited centre. This would involve the development of comprehensive in-house assessment and moderation procedures along with the costs associated with gaining and maintaining accredited status and entering candidates for the award. The qualification would, however, remain the property of the Organisation and, although listed on the SQA website, would only be accessible to be run by other organisations on payment of a fee. Potentially, therefore, it could, in the future, be open to other advocacy organisations in Scotland who had the capacity to design and deliver a programme that covered the learning outcomes and assessment criteria but could be tailored to match their own situations. This seemed to match more closely what the Organisation was looking for. However, for both options, the administration and costs involved were prohibitive for an organisation of its size, and the decision was reached that neither case proved a viable option for the Organisation.

3. Find out if the qualification available in England and Wales could be offered in Scotland

The entry level qualification in advocacy at the time the Organisation accessed it was the Certificate in Independent Advocacy, accredited by City and Guilds (cityandguilds.com/qualifications-and-appreticeships/3610-independent-advocacy) which consisted of four core units and one optional unit. Each unit had a nominal study time of twenty-five hours, which included self-study, attending any taught sessions and observed practice. Examination of the learning outcomes showed that there was little content that was geographically specific. Instead, the content of the four core units concentrated on generic advocacy practice and knowledge of foundation principles, such as what advocacy is, the values and principles that underpin it and the skills an advocacy worker needs to have to carry out their role effectively. Such core content already featured in the Organisation's in-house training programme. All content that was specific to a region's legislation or processes was found in specialist optional units, with some of these being equally as relevant in Scotland as elsewhere in the UK. The Certificate was rated as a Level 3 National Vocational Qualification (NVQ), with some of the elective units being rated at NVQ Levels 4 and 5. These equated to Levels 6 and 7 on the Scottish Curriculum and Qualifications Framework (www.scqf.org.uk). While the core content of the qualification was instantly transferable to Scotland, the qualification itself was not available in any establishment in Scotland. Researching how the qualification was offered elsewhere evidenced that both third sector organisations, colleges and private training companies acted as providers. It was while gathering information about the organisations who offered the qualification, that a possible solution came to light, and it became the preferred way forward.

7.4 BILD Becomes a Bridge

One major provider of the NVQ in Independent Advocacy is the British Institute for Learning Disability (BILD) that has offered the qualification since it became available. It does this by supporting a network of satellite centres as well as providing the training itself. Satellite centre status is only given to organisations that can prove that they have sufficient knowledge and experience of providing independent advocacy and have staff who are both experienced advocates and who are qualified to assess the work of others. Proof is obtained through a comprehensive application process involving a lengthy written submission. This included evidence of our experience and understanding of independent advocacy as we had no qualifications specifically related to advocacy.

Within the Organisation under study, there were four people who fulfilled these criteria. These were me and one of the Trustees who both hold PGCE secondary teaching qualifications, a second Trustee with a teaching qualification in Further Education, and a staff member who acts as an assessor for the Open University. All four had been involved since the early stages of the Organisation and therefore could evidence the criteria BILD was looking for. In return for an annual registration fee, BILD provides advice and assistance to tutors and assessors, a comprehensive internal moderation process, and acts as the link to City and Guilds. It also provides administrative support for registering candidates and access to an online assessment platform. The costs involved were also less prohibitive than either of the previous two options. This became the preferred option for the Organisation and contact was made with BILD to find out if satellite status would open-up the NVQ qualification to the Organisation’s staff.

BILD gained agreement from City and Guilds that there was nothing to preclude this, and they were encouraging and enthusiastic about supporting the Organisation to become its first Scottish satellite centre. They arranged an approval visit from the BILD qualification’s manager, who checked that our proposed course design fitted with the criteria defined by City and Guilds and that we understood the assessment and verification process. The approval visit had a positive outcome. From making the first approach to BILD through to gaining satellite centre status took less than six months, and work on the detail of the course design began in earnest. This did not require us to start from scratch, as we had been heartened at the approval visit that our existing in-house programme was considered to cover many of the required learning outcomes, with the main difference being regarding a more formal assessment of knowledge, understanding and competence against the City and Guilds success criteria. As an added incentive to move forward, the Organisation was successful in securing grant funding from a local trust fund to cover the costs of designing and delivering the programme, but as this was available for only a short time, the work had to be completed within a two-year period, and with no reduction to the level of service provision. This, therefore, necessitated staff members giving of their own time to complete parts of the programme, which they willingly agreed to do.

7.5 The structure of the Level 3 qualification

As stated previously, the NVQ Level 3 qualification at the time consisted of four core units that were compulsory plus one optional unit, chosen from a list of available units to suit the interests of the individual candidate (see below).Content of the units in terms of learning outcomes was defined by City and Guilds, with delivery designed by the provider organisation to meet the needs of their candidates. Some of the optional units were unsuitable for use in Scotland, as they are specific to English and Welsh legislation, others were unsuitable as they focused on aspects of advocacy outside the remit of the Organisation, such as advocating for children. The core units and other optional units were transferable with one adaptation of using the Principles and Standards for Independent Advocacy in Scotland (SIAA, 2008a) as the benchmark for good practice instead of the Charter for Advocacy (A4A, 2008). However, it was decided to offer only two optional units in this instance as being those that best reflected the responsibilities of those taking part.

Brief outlines of the units are given below:

Core Units

Unit 1: Purpose and Principles of Independent Advocacy : This unit provided an understanding of what Independent Advocacy is and the values and principles that underpin good practice. It defines the different models of advocacy, their history and why they exist.

Unit 2: Providing Independent Advocacy Support: This unit focused on developing the skills that enable the advocate to establish safe boundaries within an Independent Advocacy relationship.

Unit 3: Maintaining the Independent Advocacy Relationship: The unit examined the relationship between an Independent Advocate and the person receiving advocacy support in more depth than Unit 2. It looked at the skills required to maintain an independent and client-led relationship whilst developing an understanding of the limitations of the advocacy role.

Unit 4: Responding to the Advocacy Needs of Different Groups of People: The unit looked at how to respond to the specific advocacy needs of different people. It highlighted the additional considerations to be taken when advocating for someone who lacks the capacity to give the advocate instruction.

Optional Units

Unit 7: Providing Independent Advocacy Management (Level 4 Unit): The unit develops practical skills in how to manage an independent advocacy organisation. It is suitable for those in management positions or who wish to be so in the future.

Unit 8: Providing Independent Advocacy for Adults: The unit provided learners with a detailed understanding and the practical skills needed to provide independent advocacy to adults in a range of settings.

7.6 The Programme Design – practical considerations

In designing the programme of activities to support advocacy workers to achieve the qualifications the following overarching issues were considered.

The programme of learning had to be built around advocates’ day-to-day work. It was acknowledged that there had to be flexibility in the opportunities offered as advocates often had to accompany their advocacy partners to meetings at times that were predetermined by others. Knowledge-based tutorials with input from one of the assessors and study support sessions co-facilitated by two of the more experienced advocacy workers were offered twice each week to allow staff additional opportunities to attend. Study time was also given to all staff members as a proportion (10%) of the hours they worked each week. This could be taken flexibly to suit individual needs. In all, twenty-four tutorial and twenty-four study support sessions were held.

As seen in Table F (p.112) staff members had wide-ranging experiences of prior learning. Some held university degrees while others had few formal qualifications, but relevant life and work experience. All had been recruited for their suitability to advocate for other people, through the Organisation's recruitment process, which required attention to be given to their personal qualities and life experiences, as well as their educational attainment and work experiences. All had at least three years' experience of working as advocates within the organisation. Some staff were reticent about embarking on this training programme, the idea of formal assessment being frightening for them as they had no previous experience or only negative experiences of having their studies or work formally assessed. Reassurance and support were given throughout the programme along with reinforcement that the focus was on verifying that practice was in line with the principles and standards to which they were accustomed (SIAA, 2008a).

Assessment took a range of forms, and, where possible, was built into the activities of the programme or regular work practices of the advocates. Examples were the completion of reflective diaries, consideration of work products such as evidence from anonymised case notes, direct observation of practice by one of the tutors and witness statements by others who had experience of specific elements of an advocate's practice. In the event, a variety of expert witnesses took part including some of the Organisation's service users and staff from other agencies. In order to maintain consistency, one of the tutors undertook all direct observations after he had completed trial assessments using the SIAA videos *A Voice To Trust* and *Opening Doors* (www.siaa.org.uk/publications-category/video-resources) which were cross-marked against my own assessments. He also attended assessors' meetings held by BILD, which brought together assessors from all their satellite centres to ensure consistency in their assessment judgements.

A series of study skills sessions led by one of the tutors was also offered before the programme began. These reinforced to participants that the assessment was based on evidencing that their practice met the given descriptors. It was clarified that should their practice not fulfil the required descriptors then the tutor would give clear reasons for why they had reached their decision and would provide helpful guidance on how the criteria could be fulfilled in the future. Two resubmissions of any unsuccessful assessment could be made, with additional remediation support being provided by the tutors as required. The hope was that by doing so, the opportunities for people to succeed would be maximised, although, as participation was voluntary, no adverse consequences in terms of their employment would follow a person's lack of completion. Where two resubmissions did not meet the criteria for success, the Organisation's practice management procedures would be accessed to provide the person with a structured practice improvement plan to review their knowledge and understanding of their role. Once this improvement plan was successfully completed, another resubmission of the assessment task could be made. For written evidence, it was stressed that assessment required each advocate to make explicit their rationale about what they were doing and why they were doing it, by linking action taken to specific aspects of the good practice guidance produced by the SIAA (SIAA 2008a). The study skills sessions also opened conversations about the types of support people were looking for to help them succeed in the qualification, reinforcing that not everyone would be approaching the qualification in the same way. This was likened by some participants to advocacy, where a different approach was needed for each person they advocated for.

The use of the online learning platform, Ecordia, proved challenging for everybody, both candidates and tutors. This was the website where all assessment would be entered, assessed and progress recorded, and was used by all the BILD centres. Each participant was allocated their own file on Ecordia, accessible only to them and their assessors. Each file included a summary list of the outcomes that had been achieved, linked to the evidence that had been used to do so. Assessment feedback was also recorded by the tutor in each file. Participant records were also accessible to the BILD training team who acted as verifiers to ensure consistency in the assessors' judgements. As the use of Ecordia was unfamiliar to the Organisation, the BILD training manager held a workshop for staff and assessors and was available on the phone for help when required. As it turned out in practice, much mutual support between students and tutors was required in navigating Ecordia throughout the programme, due to the technical restrictions of the system. To support the assessors in its satellite centres, BILD held two development days in each year when they brought together assessors from all satellite centres. These days were useful in terms of sharing experiences of using the online learning platform as well as in giving opportunities to learn from assessors with more experience of supporting learners through the qualification.

The content of the units and where they intersected was also unfamiliar to everyone involved within the Organisation. It was accepted that for the first time the programme was run, learning outcomes would be explored in tutorials in unit order. This did not preclude advocates from submitting items for assessment that covered learning outcomes from more than one unit at a time. Some people were undertaking both the qualification and holding other roles within the programme, such as facilitating the study support sessions.

Due to my teaching experience, the design of the programme was delegated to me by the Trustees, with support from the other assessor. This gave continuity to the assessment as well as mitigating any potential conflicting interest in the direct line management responsibility that I had towards the advocacy workers. I also undertook one of the elective units for which I was assessed by staff members and my fellow assessor, who was one of my own line managers.

In each week, two half-day sessions were held, the same content being covered in each. This offered two opportunities for people to attend one of the sessions, depending on their interest in the session and on their diary commitments. As the same topic was covered in each session, candidates were asked to attend one or other of the sessions, or both if they were unsure of a topic. These sessions followed a fortnightly rotation with tutor-led tutorials and peer-led study sessions being held on alternate weeks. An extended induction session was held at the beginning of the programme that reinforced the requirements of the course and introduced people to the Ecordia learning platform. As the training manager from BILD attended the induction session also, it gave participants the opportunity to meet her and ask any questions they had of BILD’s involvement with the programme, as well as question the tutors and assessors from within the Organisation. In recognition of the differences in advocates’ prior experience of education, this session also reinforced the differences in embarking on a course that sought evidence of practice from one based on theoretical considerations, highlighting the range of assessment methods detailed above.

Throughout the programme, the two assessors were also available to provide one-to-one support on request.

7.7 Tutorials

The fortnightly, two-hour long tutorial sessions focused on a topic from the Unit under study. These were either widely held theory, such as medical or social models of disability, or more locally held, such as specific organisational procedures. The tutorials were intended to stimulate thinking rather than give ‘the answers’, and to give participants the opportunity to engage openly in talking about the topic under study, thus sharing the thinking of others. This was an approach that staff members were accustomed to, as, from its inception, the use of such engagement to explore issues was encouraged within the Organisation. Bridges (2014) highlights the difficulty in distinguishing different terms for such engagement, including his own previous distinction between ‘conversation’ and ‘discussion’, the latter being considered more serious than the more ‘playful’ nature of the former (p.462). Here he identifies their common features as requiring a topic or issue to talk about; two or more participants to share their thoughts on the topic; some acknowledgement of how different contributions may interact; and a shared understanding of the structure and rules of how the conversation will take place. He acknowledges that much can be gained from conversations that include both playful and more serious elements, as insight can often be gained from what, on the surface, can seem flippant. This accurately describes the interaction between participants here, both within the tutorials and in the more informal conversations that often spontaneously occurred outside them, which could on occasion move from the flippant to the more serious. One example was a conversation about the amount of tea that is drunk in the Organisation’s office over the course of a day which developed into a discussion of the underpinning relevance of making someone a cup of tea as a leveller of a possible power imbalance between the advocate and the service user.

Within the tutorials, a specific format was adopted. Each session started with the shared viewing of a piece of film or consideration of a written text. In responding to the stimulus, questions from participants highlighted the issues that were important or of interest to them, framed as a question. From a starting point of one of the questions, the dialogue built by linking subsequent comments to those that came before using McCall’s Community of Philosophical Inquiry (CoPI) (McCall, 1991). This was a method that was commonly in use within the Organisation, and so was familiar to participants. Those leading the tutorials had much experience of the method and had previously received additional training to facilitate sessions for others. The general direction of the dialogue was determined by the comments of participants and could address issues not identified at the outset. Further study sessions and tutorials followed-up on identified issues with more structured discussion or teaching input when required. One example of teaching input was differentiating between medical and social models of disability (Brandon, 1995), and additional input on non-instructed advocacy (SIAA, 2011). Speakers from external agencies were invited to provide input into areas of their specialism, such as adult protection procedures. Advocates then worked independently, or, at times, in small groups to generate evidence to submit for assessment, such as the preparation of materials and running of an awareness session for an identified group of people. When such evidence had been generated from group work, each participant had to make their own contribution clear through, for example, an entry in their reflective diary, or as a written statement, as assessment was only completed on an individual basis.

7.8 What was expected of the advocates

It was acknowledged that not all the advocates would be able to attend all the group sessions, as their commitment to their advocacy partners had to take precedence at times. For each of the five Units undertaken, however, there was an expectation that each advocate would attend at least one of the taught sessions plus one of the peer-led tutorials. In addition, they could use up to 10% of their usual working hours to prepare written evidence for assessment. For each Unit they would also be accompanied by the assessor on one visit with an advocacy partner, which would require permission from the partner to be given in advance. Access to one of the tutors would also be open to those who needed support on a one-to-one basis. This was available at set times in the week, when a one-to- one session could be arranged. These were also arranged when additional feedback or support for the assessments was required. It was through following this indicative timetable that the eight advocacy workers successfully achieved the award.

In the next Chapter, I will turn to look in a more structured way at the documentary data existent within the Organisation that informs this study regarding the experience of the advocates who undertook the course. This existing data, together with that obtained through individual interviews and a transcript of group dialogue will be analysed using the method of framework analysis developed by Ritchie and Stewart (1994) and explained in the following Chapter.

Chapter Eight: What the advocates said: a framework analysis

In this chapter, I will look at the data found in the organisational sources generated since the programme of learning finished, in addition to the transcript of a group session and individual interview notes generated as part of this research. I will then follow the framework analysis approach developed by Ritchie and Lewis (1994) described below to identify emerging themes to provide a response to my second and third research questions. Along with the responses to the first question that are found in Chapters Three and Four of this thesis, the themes and their implications will be discussed further in Chapter Nine.

8.1 Introduction to framework analysis

To provide rigour in how the data was analysed, and, in particular to ensure as far as possible that my own immersion in the Organisation did not influence the analysis, I decided to utilise the method of framework analysis developed by Ritchie and Stewart (1994) for use within applied social research situations such as this one. The framework analysis process is well-suited to the available data in this case study for three main reasons. Firstly, it allows for different sources of qualitative data to be analysed in a systematic way, either as they are collected or altogether. Secondly, as the case under study is unique in being the only organisation to offer this qualification, the framework is suitable due to its focus to 'describe and interpret what is happening in a particular setting' (Srivastara & Thomson, 2009, p.73) rather than generating theories. Thirdly, it is considered by Ritchie and Lewis (1994) to suit research where questions are: contextual, about what exists; diagnostic, finding reasons for what exists; evaluative, to determine the effectiveness of what exists; or strategic, to identify new theories, policies, plans or actions. The questions explored in this chapter can be seen to fit these categories in the following ways:

Research Question 2: a. To what extent has access to a nationally recognised qualification within one Scottish advocacy organisation influenced the advocates' attitude towards their practice since they have achieved it? b. What accounted for any change?

This question looks at what is happening within the Organisation regarding the provision of accredited training (contextual), why it is being provided in this way (diagnostic) and looking at how effective it was (evaluative). It also provides data that can be used to make plans within the Organisation for its future.

Research Question 3: What can be learned from the case that may be useful within the wider advocacy movement? As the first Scottish advocacy service to offer this accredited training there would also be the opportunity to share experiences with others or to contribute to wider discussions about the training for independent advocates in Scotland (strategic).

The framework process is described by Ritchie and Lewis (1994) as having five steps. The steps are considered by Smith and Firth (2011) to be set within three main stages of data management as shown in the diagram below. Table I, below, illustrates how Ritchie and Lewis' 'steps' are positioned within Smith and Firth's 'stages'. By carrying out these steps in a sequential manner, the approach is intended to increase the robustness of interpreting qualitative data by making the process of analysis transparent at each stage. As an insider researcher, well-embedded in the Organisation I was studying, I tried to keep my views outside of the data being collected. I was mindful of Smith and Firth's (2011) distinction of descriptive and explanatory accounts, being careful to describe as accurately as possible what people were saying and not jump too quickly to try to explain why they were saying it. I reinforced this in the step Ritchie and Lewis describe as 'indexing', by going back to participants to seek further detail for comments that could be included in more than one theme, rather than make this interpretation myself.

Table H: Stages of Framework Analysis

Stage (Smith & Firth, 2011)	Step (Ritchie & Lewis, 1994)	Purpose
Data Management	Familiarisation	The researcher gets to know the data well (immersion) and becomes initially aware of recurrent ideas or themes
	Identify thematic framework	Themes emerge from the data rather than being predetermined by the researcher. This can be revised as new data is analysed
	Indexing	Individual items of data are linked to the identified themes. Where an item could fit more than one theme, the researcher can interpret what a participant means and link to one theme or can cross-link to more than one
	Charting	Comments are taken from their original source and collected by theme, with a code that identifies their original source
Descriptive Accounts	Mapping	Give an analysis of what the charts show by refining themes and finding connections between them
Explanatory Accounts	Interpretation	Suggesting wider applications or explaining concepts

8.2 Familiarisation with the data

To familiarise myself with the data available, I collated the data from the following sources which I reviewed multiple times:

Table I: Sources of Data

Source of data	**Date of collection**	**Type of data**
End of course questionnaire	July 2013	Scored questions Written comments
Booklet created at workshop	July 2015	Written comments
Individual interviews	February/March 2016	Written notes
Group dialogue	June 2016	Recording and transcript

Before embarking on this thesis, the questionnaire had already taken place. I ensured that participants gave consent for their collated responses to be included as can be seen in the consent form illustrated in Appendix 1. However, all had been completed before I conducted this analysis. Bringing all sources of data together allowed me to re-familiarise myself with their content. By reading all data through again after each subsequent source was added to the collection, I started to get a sense of emerging patterns or themes. These are listed in Section 8.3 below.

8.3 Identifying a thematic framework

Immersion in the data assisted me in recognising similar ideas being expressed by different participants and across the range of data sources (Ritchie & Lewis, 1994). The immersion had started as I transcribed notes from the individual interviews and in transcribing the group session. To allow me to look at each comment separately I transcribed each of them onto a small sticky note, which I then sorted in turn using the following procedure. I firstly identified the subject of each comment, asking myself, “What is this comment about?” noting what I considered was its focus. Eventually, five main themes emerged, which I named as:

- People – these comments were about the personal qualities of people working as advocates;
- Role – what advocates do and do not do;
- NVQ course – its contents, method of delivery and assessment;
- Organisation – structure, policy and practice within the Organisation; and
- Wider issues - such as the role of the SIAA and how the political landscape in Scotland has shaped the development of independent advocacy.

Each of the themes will be discussed in more detail in Chapter Nine.

I then looked at the comments I had allocated to each theme to look more closely at what was said about the subject and again similarities emerged. In all, twelve, 'clusters' were identified. For example, in the theme of 'Role' there was a cluster of comments about activities that were part of the role and another about activities that were not. Engaging in an iterative process, having allocated each comment to one of the clusters, I went through them again, looking closely at the object of each comment in a cluster, finding thirty-six identifiable 'strands'. These are all listed in Table K, below. I then moved to the indexing stage, detailed below, which would also give me the opportunity to revise the themes if, after reflection and revisiting the data, any changes were felt necessary.

8.4 Indexing the data

Having identified these five themes, I re-examined all comments expressed by participants with the intention of allocating each comment to one of the themes, using the filtering system detailed below. I soon found, however, that some of the comments could fit with more than one of the themes. As participants were easily accessible to me, I was able to clarify with individuals what they had meant by a specific comment and thereafter allocate the comment to the relevant theme. In some cases, however, the participant felt that their comment related equally to more than one aspect and in those cases the comment was included in each relevant theme.

Table J: Thematic Framework

Strand	**Cluster**	**Emerging theme**
Shared values	Right people	People
No self-validation through role		
Different values	Wrong people	
Self-validation through role		
What advocates do	Theory	Role
Why we need advocacy	Politics	
How it's done	Practice	
Impact on self	Impact	
Impact on service users		
Wider impact		
Qualification for self	Certification	Course
Qualification for other people		
Focus on advocacy	Content	
Focus on advocating		
Mirror advocacy process	Delivery	
Builds on experience		
Participating in CoPI	CoPI	
Facilitating CoPI		
Wish for more CoPI		
Dissenting voices		
Evidence-based	Assessment	
Ecordia		
Peer support	Support	
Tutor/assessor		
Commitment throughout org		
Practice verified	Confidence	Impact on Practice
Increased confidence		
Reflective about own practice	More reflective practitioner	
Reflective about the practice of others		
Reflect with service users		
Other impacts	Other impacts	
Funders	Support for organisation	Organisation
SIAA support		
Political support		
True to its aims	Integrity	
SIAA		Wider issues
Government Support		
Other external issues		

8.5 Charting the data

Having indexed each source of data according to its main theme, I then constructed a chart which organised comments both thematically and according to the advocate who had made them. Each comment was also given a code which tracked them to the data source in which they can be found. This would allow the data to be considered from a range of perspectives to identify, for example, if there were patterns in the comments made by each individual or in each of the sources of data as well as being taken as a whole.

Where examples from the chart are used to illustrate and exemplify aspects of the analysis, they are given a four-part identifier which denotes who made the comment, the data source, theme, where in the source it can be found. For example, (Philip, S, P, Q3) would denote a response to question 3 made on the theme of 'People' by Philip in the questionnaire. The identifiers are listed in Table L below.

Table K: Identifiers of data sources

Source	**Theme**	**Order**
Post-Course Questionnaire (S)	People (P)	Question (Qx)
Interview (I)	Role (R)	Line Number (Lx)
Group Session (D)	Course (C)	Line Number (Lx)
Booklet (B)	Organisation (O)	
	Wider Issues (W)	

8.6 Mapping and interpretation

Before moving on to consider what the overall findings demonstrate and what may be learned from them, I will present the findings from each of the data sources in turn.

<u>Post-course Questionnaire</u>

The Assessor administered the questionnaire three months after the cessation of the programme. It consisted of three questions. A copy is included in Appendix 3. At the time it was administered, a six-point Likert scale was used for the first two questions, along with space for additional comments. The scores corresponded to a 1 for 'not at all' to a 6 for 'completely'. The remaining question allowed for comments only. Both scores given and the additional comments have been used as data for this research. All eight participants had responded at the time and have given permission for their comments to be used here. The questions, and examples of the responses, were as follows:

1. To what extent do you feel you have learned new things from the programme? Participants commented that the content was mainly familiar to them as they had worked as advocates for some time. The responses here showed scores ranging from two (few new things) to six (everything was new). The comments expanded on why the score had been chosen, such as the following examples:

"Think more now about why things are done as they are." (Liam, S, C, Q1b)

"New ways of looking at issues introduced." (Simon, S, C, Q1a)

Participants also reflected on new insights they had had about themselves:

"Learned a lot about myself, especially about how I make things hard for myself."
(Kath, S, P,Q1a)

"Realised how complex the role of an advocate is." (Liam, S, R, Q1a)

2. To what extent do you feel you have had previous learning confirmed?

Here all participants gave the same score of five, corresponding to a response of ‘very much so’, the comments made by participants reflecting that much of the course content was familiar to them, as they had been in post for a minimum of three years and had prior knowledge of the topics under study. This can be seen in the examples from two participants below:

“Existing knowledge of legislation confirmed and enhanced” (Liam, S, R, Q2)

“Boundaries [of the role]re-emphasised.” (Kath, S, R, Q2)

3. What have you not learned that you needed to and/or expected to learn during the programme?

Here, some suggestions were made regarding expanding some areas of content, such as non-instructed advocacy, more information on the differences between the independent advocacy in Scotland from how it is practised in England and clarifying the expectations of some of the written assessments.

“Non-instructed advocacy probably warrants a Unit on its own.” (Kath, S, C, Q3)

(In the management Unit) *“More emphasis could have been put on wider management styles and principles. Some aspects were considered too specific e.g. negotiating a service level agreement.”* (Philip, S, C, Q3)

“More information on the difference between English and Scottish ‘scenes’ would have been interesting and may have provided some new thinking.” (Liam, S, C, Q3)

The comments from all respondents were recorded at the time the questionnaire was administered and were considered again as part of the data set for this research, this time subjected to analysis using the thematic framework shown in above.

Comments in relation to the category “people” were those that centred around what participants considered important about the people carrying out the role of the advocate, both in terms of who would be suitable for the role and the type of person who would not.

“importance of honesty/openness emphasised” (Liam, S,P, Q2a)

“We have to have and see no difference between us and the people [who use the service].” (Simon, D,111)

“We’re not here to blow our own trumpets, we’re here for the people.” (Susan, D, P,799)

The role-based comments referred to the ‘doing’ of the role, along with a realisation of the complexity of the role itself. Participants also recorded what they had learned about themselves from participating in the course, for example,

“… prioritising demands more constructively” (Lillian, S, P, Q2).

“ This is not an easy job.” (Kath, S, R, Q1a)

A recurrent aspect to the comments was that participants were reflecting on their own practice more so than they previously did, for instance,

“I think more about what I am doing now – I have become a more ‘reflective practitioner” (Anne, S, P, Q4).

Only one of the comments about the course was directly regarding achieving the qualification.

“Award [is] not as important as overall experience and learning involved” (Anne, S, C, Q4).

In the main, comments confirmed that the content and mode of delivery of the course were considered appropriate by participants, in particular the reinforcement of the links between the theoretical issues regarding why independent advocacy is needed and how it is practised, as below,

"Fuller understanding of history of advocacy – put in historical context" (Liam, S, C, Q1a)

"More aware of why things are done as they are." (Susan, S, C, Q1a)

"Some new information gained e.g. medical and social models etc" (Lillian, S, C, Q1a)

It was recognised that the programme could not have been successful without commitment across the Organisation. Comments related to the support given from peers, tutors and the directors, such as,

"How supportive this workplace is was well demonstrated" (Liam, S, O, Q2)

"Brilliant support provided – including that received from colleagues" (Susan, S, O, Q4).

The wider issues raised in the questionnaire were in relation to the national landscape of independent advocacy in Scotland, and how this is supported.

"Learned more about the SIAA and what it is supposed to do" (Kath, S, W, Q1).

The comments from the questionnaire, once categorised, including comments in each category, more prevalently, were about the role and the course itself. This is likely to reflect the focus of the questionnaire which related to the course and its impact on participants' practice shortly after the end of the course.

Booklet

A booklet was compiled from comments made by the advocacy workers as part of an arts- based activity organised by an art student taking part in an internship who was working temporarily with the Organisation. The activity involved the workers in creating images that they felt illustrated the impact on them of carrying out their role. The comments made by participants in the conversations that took place during the activity were used to annotate the images. The distribution of comments, when filtered using the framework above, reflected the specific focus of the activity, with only three of the fifty-one comments made being about issues other than the impact on the advocates of carrying out the role. Two of these were around concern for the disrespect shown to people using services by those providing the services, the third being about the wider politics of those in Government. All comments in the booklet were a cause of concern for the Organisation as they reinforced the difficulties inherent in the role that were not directly related to advocating, and the impact of these difficulties not only on the individual advocate's practice but also on their family life. The comments in the booklet were not attributed to any one advocate, so have been identified by the numerical order in which they appeared.

"You get home and you feel like you've used up all your sympathy juice for the day, you can't do anything and you're less inclined to try" (B, R, 50).

"Your working day is so full of stuff and your head is so busy that home demands become over-whelming and you tend to block them out and say nothing" (B, R, 52).

As a balance, comments were expressed regarding the more positive aspects of the advocate role, again both in terms of their work setting and at home:

"I am an advocate during work hours, the rest of the time, I am me. I have found, though, since becoming an advocate, I have been more assertive in my own life; I speak up for myself now, whereas previously I might not have done so" (B, R, 55).

The wider issues considered in this exercise were regarding advocates' feelings of frustration that the people they were advocating for were being treated unfairly, sometimes by the agencies who were expected to help, for instance,

"It grates me that so much of what we do should already be being done by others; others are often too judgemental and impatient to give people the time of day that they deserve" (B, W, 24).

"Frustrations aren't with advocacy users, but with how often people are treated like an idiot - you could have all the rights in the world but if people are going to treat you like you're an idiot, you're never going to engage with them or try to access what you're entitled to" (B, W, 20).

"We're here to help people find out what they need to about situations, not tell them what to do. We don't advise, we just help people get the right support and get answers from people who, for some reason or other, don't give them directly" (B, W, 32).

Individual Interviews

As stated earlier, interviews were held on a one-to-one basis with seven advocacy workers. The eighth candidate for the qualification was me, who conducted the interviews. Each interview was arranged at a suitable time and place for each person and consisted of them being asked about the impact on their practice of undertaking the qualification in the three years after completing the course. Thereafter, each interview followed a loosely structured conversational format, building on the initial response to ascertain what it was about the qualification that had or had not led to the identified impact. The interviews generated comments distributed across the five themes of people, role, course, organisation and wider issues as described in the framework above.

There were many areas of agreement in the comments made by advocacy workers in this category, although each had been interviewed individually. All workers recorded the view that no matter how good the training was, it did not stand on its own, such as,

"The bit of paper itself didn't make a difference – what we went through to get it did. Not just the learning sessions, but the support, the management, the whole thing" (Liam, I, 11).

"The job is more important than that [passing an assignment]. You always have to be doing the right thing whether someone's looking or not. It's other people's lives that are affected if we don't do the right thing" (Lillian, I, 26).

Each of the interviewees commented that it was having the right people carrying out the right role with the right support that made the difference, rather than one of these conditions on their own. They acknowledged that their feelings in this regard had been highlighted by two critical incidents that had arisen within the Organisation in the year since they had gained their qualification. Both had been in relation to members of staff who had left the Organisation for different reasons. I have made the pronouns in each case neutral to protect their identities. Five of the interviewees emphasised feelings about one of the leavers being 'wrong for the job' and that successfully achieving the NVQ qualification had served to amplify this rather than ameliorate it, for example,

"I think some people think this job is all about them and that's what caused the problem last year. They thought the NVQ was more important than it was and that it made them better than the folk we advocate for. For me it wasn't like that. It just gave you evidence that what you were doing at the time the assessor was there was the right thing. This job is more important than that. You always have to be doing the right thing regardless of whether someone's looking or not. It's other people's lives that are affected if we don't do the right thing. We can walk away, but they're left with the lasting effects - and they couldn't speak up if anyone was doing bad things to them" (Lilian, I, 31).

That this incident had a major effect throughout the Organisation permeated the responses in the interviews, with five interviewees highlighting the impact it had on the Organisation as a whole:

"It was like a family, a community. We were all there for each other, watching each other's backs. We all shared our experiences – good and bad. There was always good-natured banter, but we've always been a support for each other. Attitudes have changed now – hardened a bit" (Anne, I, 21).

Regarding the comments made about the course, they subdivided into three comments about the certificate itself, two of these being about the certificate being verification for people from outside, rather than for themselves, the third comment being about the potentially detrimental effects of certification as mentioned in the paragraph above. The other forty-nine comments in this theme related to the content of the course and its method of delivery, which all interviewees felt had contributed to the course's success, for example, *"It was beneficial to have dedicated time to spend on the discussion/tutorial sessions and to do the assessments – having to explain why you had done things and how it met the principles – a good reinforcement of what these were. Discussions allowed us to focus on independent advocacy in depth and at what makes it different. Good to keep linking this to people's practice"* (Philip, I, 37).

"I think we've got much better at this since we did the qualification – maybe because we spent so much time discussing the fundamentals" (Lillian, C, I, 12),

In addition, three comments were made about additional support made available when interviewees were unsure of what was expected of them and nineteen comments related to the impact on the advocates' practice, such as being more confident that what they were doing was the right thing to do. A recurring thread here was through comments about the importance of reflecting critically on one's practice, being both self-reflective and seeking out reflections from others. As seen above, there was also recognition that reflection on the practice of others was not easy, especially where it was seen not to be following the accepted indicators of good practice, for example,

*"I think I'm a more reflective person altogether, not just in my work. I think more about how I contribute to situations, not just the other people. In my advocacy work I am more reflective too about what I do and how it matches the principles and standards. I notice more about other people's practice too and wonder sometimes why some people do what they do" (*Anne, P, I, 9).

"(I'm) acting with more confidence, especially where legislation is concerned" (Liam, P, S, Q1b)

"I now ask more questions. I do this in meetings with people but I also ask questions about my own practice and think more about why I do things and how it fits with what we're supposed to do" (Susan, P, S, Q1b)

In the interviews, comments relating to the last two themes – organisation and wider issues – were few, the latter only being raised by one person. Many more comments on these themes were recorded during the dialogue session. These can be found in Appendix 4 (p. 209) and exemplified below. The comments made were regarding the organisational structure needed to support the advocates to carry out their role and that, in turn, the SIAA required to ensure it provided political weight to support the advocacy organisations to operate effectively.

"They [the SIAA] seem to have lost sight of what they're there for." (Philip, W, I, 30)

"[The course] showed how far away we are from the SIAA and their multitude of guidance documents. These are more about the context than the advocacy" (Philip, W, I, 31)

Dialogue

In this session, the distribution of the comments considered in the framework analysis from the transcript of this session differed from those collated from the other forms of data collection, being more about the Organisation and Wider Issues than in the other sources. This may have been due to the session being conducted as a group rather than individual written responses or interviews.

That the dialogue started with the question "What is the culture of the organisation?" did not preclude participants in the dialogue from taking the content of the dialogue in the direction of their choosing, however, as the session was self-facilitated. The transcripts of the session, included as Appendix 4, show a focus on concern regarding the wider aspects of how independent advocacy is provided across Scotland. In particular, comments were made regarding how this may theoretically be supported by the Scottish Government in legislation, but not in practice by their delegation of the funding of its provision to local authorities and NHS Boards.

"It's like people are trying to tidy it all up into a particular box and I think that the inclusion of advocacy in the Mental Health Act was both a blessing and a curse. It cemented us in (to legislation) so we could get funding but brought in control from the outside and since that

has happened a lot of our energy has been put into maintaining the definition of what advocacy really is. Steering that course and resisting the outside control" (Liam, D, 32 Mins*)*

There is also evidence of a range of viewpoints on how much of the politics of advocacy should be the business of individual advocacy workers or of the Directors of the advocacy organisations. The view expressed was that the Directors of the Organisation should see the wider areas of concern as matters of their responsibility to allow the advocates to concentrate on advocating, for example,

"Our priority as practising advocates is to the people we work with, so we can't get distracted by the wider stuff. We need some kind of political wing to take up the challenge on behalf of the Organisation" (Simon, D,391).

However, after speaking with Simon about what he meant by this, he clarified that he did not mean that advocates should not be involved in forming any response, but that the Directors should take the response forward. As in the other data, there is evidence here of the advocates acknowledging the interconnectedness of the overall themes identified by me from the data, rather than seeing them in isolation.

"Anne – here's the money (rolls a plastic ball filled with toy coins)
Simon – and yet we could have 10 times as much of that and still not have a good advocacy service. Still not provide a good service
Anne – no, that's true, need the quality and all the rest – the right folk, the management to support us and the national bit to back it all up.
Simon – But the money doesn't guarantee quality. Look at all the money that's wasted on stuff, on services that don't work with people in any kind of meaningful way. So the money has to be there, but it's not enough on its own, is it?
Anne – no
Philip – is the difference between money and value. Is it what we value that makes the difference?
Anne – Us – what we value as an organisation as well as individuals?" (D, 21 mins)

In summary, none of the participants commented on only one of the themes. All made comment on the need to have different aspects of the Organisation working together to best fulfil its aims. This did not necessitate everyone being able to advocate, but for everybody involved to have a shared understanding of what advocacy was and their part in supporting its practice. There was also acknowledgement of the need for this shared understanding to extend outside the organisation itself to its commissioning bodies and to the SIAA. In the next chapter, I will look in more depth at how the advocates considered their practice in advocating had been impacted by working for the qualification and at what the Organisation learned that may be useful to others.

Chapter Nine

Areas of Influence: What the framework analysis illustrated

9.1 Influence on the Advocates' Practice

Taking all the results from the framework analysis into account yielded two main areas in which the qualification had influenced the advocates' practice. These were commented on by every participant.

All reported that, following the training, they were more confident that they were carrying out their role in adherence with the Principles and Standards for Independent Advocacy in Scotland (SIAA, 2008d). They recorded that this stemmed from having spent time crystallising their understanding of the role and assuring themselves that they had a shared understanding with the other advocates. They had also gained in confidence from the Assessor observing that their understanding of the theory behind the role also transferred into their practice. Although he was one of the Organisation's Trustees, he did not have regular contact with people using the service nor had he previously observed the advocates' practice. In his Assessor's role he also had access to the assessor forum meetings held by BILD, which was part of their assessor standardisation process. His assessments were also checked by BILD's internal verifier. That the assessment was based on the satisfaction of set criteria was also noted as important as participants reported that holding a vocational qualification reinforced that they were working to a nationally recognised standard, the criteria for which they could share with professionals in other disciplines if required.

Participants also reported that they had become more reflective about their practice in two separate ways. Firstly, they reported using their regular support and supervision sessions to reflect on their actions. In particular they were prepared to justify their choice of actions with reference to the Principles and Standards (SIAA, 2008d) and were less reticent about being challenged about their choice of action by their supervisor or by their peers. This type of reflection is what Schon (1983) would describe as 'reflection on action' (p.26) to distinguish it from 'reflection in action' (ibid, p.68), whereby practitioners would weigh-up potential actions from a range of possibilities as situations arose. Participants gave examples of such ‘reflection in action’ from their own practice of situations they had found themselves in where a range of options for action were open to them, some of which may have helped, and others hindered, positive outcomes. Examples of responses given were whether to intervene or not when their advocacy partner was becoming upset in a meeting, knowing when humour could help diffuse difficult situations, gauging when to bring conversations to a conclusion, or when it would be best to re-arrange meetings. It was acknowledged that the choice of response was based on how well they knew the advocacy partner, along with the advocate’s past-experience of similar situations and knowledge of the limitations of their role. I consider the opportunity to discuss examples from practice along with questioning around the advocate’s rationale for choosing the course of action to be an important part of their training, support and supervision. It provides opportunities for each of them to share their understanding of the principles and practice guidelines that underpin what they do and links their ‘reflection in action’ with further reflection ‘on action’ taken to consider after the fact, if they could have chosen to proceed any differently to achieve a preferable outcome.

Regarding their ‘reflection on action’, several participants noted that this not only involved their own practice, but the practice of other advocates. This was acknowledged as not being easy, especially where another advocate may not be working in line with the accepted practice guidelines. As the Principles and Standards (SIAA, 2008d) apply to all SIAA members across Scotland, such reflection extended to advocates working in other organisations, with the resultant dilemma as to whether to pass on such concern to the organisation responsible. Participants in this research regularly found themselves expressing concern in supervision sessions about practice in other independent advocacy organisations which seemed to be outside the boundaries of what they should be doing, for example, providing money advice services. This was thought to be confusing for people who were being offered different services under the same name and could lead to dissatisfaction with services who were keeping to the restrictions of their role and not deviating to provide whatever support a person wanted from them.

The less positive aspects of reflection on the actions of other advocates were not restricted to those working with other agencies, but also to other advocates within the Organisation itself. While informal challenge of practice was not unusual and more formal challenge a regular part of supervision sessions, a serious incident had occurred within the Organisation during the course of this research but after the qualification had been achieved, when one of the participants had spoken out concerning the practice of another advocate. They had felt strongly that the advocate was acting in contravention of the Principles and Standards and had approached them to share their concerns and encourage the allegedly contravening advocate to speak-up about what they had done. When they had not done so, the matter was reported to me, as the manager of the service, requiring the instigation of formal disciplinary proceedings that ultimately resulted in the dismissal of one advocate and the resignation of a second. The impact of this event on the other advocates, and on the Organisation as a whole, was commented upon in several of the contributions to this research, particularly within the individual interviews, for example,

"I'm glad they're gone – even if it's the rest of us who are still trying to sort the mess out - they nearly wasted this for all of us and for all of the people who use the service – all for their egos" (Liam, P, I 63).

There was also acknowledgement that action taken in consequence of reflection on another's practice was not always easy, especially in response to concerns about it. Becoming more reflective in their own practice now had caused some of the advocates to question decisions they had reached previously. Again, this related to the same incident as above, such as,

"Most of the time I just keep my thoughts to myself. Don't think it's my place to say, they should think it out for themselves. I couldn't have done what [Name] did. I thought she overstepped her place and I blamed her for X losing her job. I can see now that [Name] was right. X's practice reflected badly on us all" (Anne, P, I, 14).

While being able to identify clearly the areas of impact on their practice as becoming more confident and reflective, participants had found it difficult to isolate what it was that had contributed most to this impact. Instead, there was general agreement that it was a combination of factors that had to be considered, not just the programme of learning on its own. The contributing factors identified are explored in further detail in the section below.

9.2 Contributing Factors

Participants identified that their practice had been influenced by factors related to the five themes of people, role, course, organisation and wider issues, all of which are considered in further detail below.

People

There were three main strands to the theme of people:

1. The right people for doing the job

The comments made here may have been influenced by the incident noted above which had highlighted for participants that some people may not be suited to carrying out the advocate's role as they may, for example, not being able to set aside their own deeply held beliefs and fairly represent views that differ from their own. This is an important part of the advocate's role as they are often asked to put forward a point of view that they do not share, or that they think would not be the optimal course of action. Outside the main training activities, in an attempt to distinguish who would be the right people to do the job, an exercise was organised by two of the Organisation's staff to determine if there were shared values among all staff. From what the staff members told them, they constructed the following word-cloud (Figure E), which illustrates the frequency of responses in proportion to the size of the word in the cloud.

Figure E: Word Cloud of Personal Values

Some of the responses, such as being able to foster good working relationships, being able to be non-judgemental and open-minded, having respect for the people advocated for and being transparent regarding the use of power, all seem to resonate with the list given by Macintyre and Stewart (2013) of the preferable attributes of a good advocate which is detailed earlier in this thesis. They also reflect the professional values of other professions such as teaching (GTCS, 2021,p.3) or social work (SSSC, 2016) along with the commitment to these values being demonstrated in practice. Comments were made by participants as to whether these attributes could be learned or developed in people who wished to be advocates. There was agreement that the recruitment strategy for the Organisation, which had been honed over time, was relatively successful in bringing to the surface which of these values were respected by potential new employees. This process involved requiring applicants to successfully complete an introductory training programme before being offered a formal interview. This introductory programme included activities designed to present applicants with the types of dilemmas advocates regularly face to find out how they would respond. Scenarios are presented to applicants along with descriptions of a range of potential advocacy responses. It is conducted with the applicants as a series of sessions of dialogue to bring to the surface people's views and understanding of advocacy as well as testing out how they would deal with situations where group members made contributions that could be considered inappropriate. It was also acknowledged that this type of activity had not always been included at the recruitment stage, and that before the development of the current induction programme there had been people employed within the Organisation who had proven in the longer term to be unsuitable as the situation described above had illustrated. These experiences had been included in developments to the support, supervision and training processes within the Organisation.

2. The right people for undertaking this qualification.

It was considered by participants that the people embarking on the accredited training were particularly suited for doing so as all had been acting as independent advocates for a period of at least three years. They, therefore, had much experience to draw from and a range of examples from practice to call on as evidence. They also had good working relationships with the people they were advocating for and could explain to them about the need to have their practice observed as part of the training. This was only done with the advocacy partner’s permission. In the event this was not suitable, the advocacy partner themself had acted as expert witness.

The two managers, including me, who were undertaking the unit on managing independent advocacy, were required to submit as evidence a portfolio of management tasks we had completed as part of our work, for example, the preparation and submission of funding applications or dealing with complaints to the service. We both had enough experience to be able to bring together evidence to fulfil most of the requirements. We were able to work towards generating the evidence for the remainder of the learning outcomes as the course progressed. It was also considered helpful by the managers that one of the assessors, while not actively involved in the day-to-day activities of the Organisation, was one of the Organisation’s Trustees. As such, he was able to balance his knowledge of the Organisation and of advocacy with his previous experience of managing a social work department before lecturing in the health and social care department of a Further Education college. While I was accustomed to providing reports on the Organisation’s work to the Board of Trustees, and discussing the outcomes with them, it was a different experience to presenting written assignments to the assessor for scrutiny. Having to do so reminded me what it was like to be on the receiving end of assessment and supervision. I spent much time reflecting on my practice of providing supervision to the advocates, ensuring I was being supportive of the personally challenging aspects of the role as well as ensuring adherence to practice guidelines.

3. The wrong people for the job

As stated above, a disciplinary situation had arisen in the Organisation during this research. This was in response to one of the advocates bringing to my attention actions on behalf of two of their colleagues that amounted to a material breach in their responsibilities and which in no way resembled action in accordance with the SIAA’s Principles and Standards. As a result, a person contravening the Principles and Standards was asked to leave the Organisation. Where this situation was mentioned in comments by participants, there was agreement among them with the Organisation’s response and acknowledgement that where people do not actively exercise the shared values illustrated in the diagram above (Figure E) and are unwilling to change their practice to work in line with the established procedures and codes of practice, then they are unsuited to work of this nature, in general terms as well as within the Organisation. Responses included, for example,

"You should never get too much up-yourself in this job …. You're here to help folk help themselves – and the minute they can do that, we're off. It's not about knowing what you think is best for them – it's what they want for themselves. That was the problem with X and Y. They thought they knew best for folk and breenged into folks' lives. I'm glad they're away" (Liam, P, I59).

Role

Comments, here, were in relation to clarification of the role of an independent advocate along with its boundaries and limitations – what advocates should and should not do.
Participants recorded higher levels of confidence in describing the role to others and in pointing out when what they were asked to do was outside their remit, for example the provision of advice on social security matters. They attributed the higher level of confidence to having had opportunities throughout the course to explain different aspects of the role in discussion and in written tasks. There were also tasks that involved explaining their chosen courses of action to their peers and responding to questions about the choices made. Concern was expressed about the number of staff members in other agencies who seemed to misunderstand or misinterpret the role. This seemed to be compounded by the lack of consistency in practice observed across different advocacy organisations. It was acknowledged that this may be due to the differing ways advocacy organisations had developed, but that the accepted Principles and Standards (SIAA, 2019) should be observable in practice. Participants also noted their heightened awareness of how difficult and complex the role was, attributing this to having had opportunities to hear other people speaking about how they carried out their role and the effect it had, at times, on them personally. It was important for me and the Trustees of the Organisation to know this, so we could ensure that the advocates were being appropriately supported in their role.

Comments related both to the remit of accurately representing the views of another person, and to dealing with the emotional stress that this sometimes brought with it. The participants also spoke of the hostility which they sometimes met from workers in other agencies to whom they were making representation on behalf of their advocacy partner.

This was felt to be especially true of those in other agencies who were unused to having their judgement questioned. This latter point was reinforced in some of the previous research into independent advocacy, including that conducted by Forbat and Atkinson (2005), which reinforced the need for ongoing support for advocates that recognises the hostile climate in which they sometimes work, as well as training to carry out their role, and that of Williams (2011) who acknowledged the need for both training and support for those engaged in what he termed 'boundary spanning' roles. Within the Organisation, the support and supervision procedures take account of the possibility that an advocate's experience may be affected by the context of the case they are advocating about, so
'hostility' may be a response the person they are advocating to may have to being challenged. The advocate is asked to reflect on this possibility during an individual support and supervision session with the case manager held on a monthly basis .

Course

In their interview responses a number of participants recorded their reticence to embark on the qualification. Some felt that they lacked the ability needed to complete what they saw as an academic qualification, while one person who had only recently completed college study considered they had had enough of formal study. It was recognised by all participants, however, that they had felt involved in the decision to take part in the qualification from the outset, that they had been reassured that they did not need to take part, and that their views had been taken account of in how the course was presented to them. This had included the setting up of peer-led tutorials and allowing them time as part of their working week for study. During the one-to-one interviews, two of the participants who had been reticent to take part expressed how glad they were to have done so, and how much they had gained from participating in the tutorials. Also highlighted positively was the focus on advocacy in general terms, rather than on individual contexts in which advocacy took place such as child protection or on the detail of a range of legislation, as it was rare for an advocacy partner to experience difficulties in a single situation. It was acknowledged that the documents and training provided by the SIAA were useful for specific contexts or when new legislation was introduced. The SIAA training, however, had been seen more as information giving rather than discursive, with the distinction being made with how this NVQ course had been presented as a mirror of how advocacy within the Organisation was carried out. As such it had involved opportunities to speak about practice with others and hear their views on the principles that underpin the advocacy. There had also been opportunities to respond to questions from peers and tutors about chosen courses of action and to reflect on how a different choice could have led to a better outcome.

In this regard, the use of dialogue across the Organisation was thought to be useful to the role of the advocate although acknowledged by some participants as being uncomfortable at times, especially where it brought up issues that impacted on them personally. There was recognition, however, that such discomfort was part of the advocacy process as well. Some of the comments made by participants were in relation to sessions that had run using the method of Community of Philosophical Inquiry (CoPI). As previously described, this is a practice that explores the juxtaposition of differing views on questions raised in response to a stimulus, under the direction of a trained facilitator. The discomfort felt by these participants extended to their participation in CoPI sessions when they were not called on to speak when they had something they wanted to contribute. Again, this was recognised as being common to advocating. Alternatively, CoPI was seen to be beneficial as it gave opportunities for advocates to practise presenting points of view that were not their own, and to spot gaps in the reasoning of those engaged in the dialogues. These were skills that were considered crucial when advocating for people. As that had been my hope when building CoPI into the practice of the organisation, I was indeed glad to hear these views.

"Bring the [Co]PI back – makes you think – can't prepare for what's coming. It does you good to have to think in the moment and back up your reasoning. We should be able to do that for everything we do in this job" (Liam, P, I,31)

"It (CoPI) encourages people to think about what they're hearing and if they agree or disagree with what's being said rather than who is saying it" (Philip, C, I46)

Linking with the comments made about being the right people to embark on the qualification, comments were made that the course would be unsuitable for people who were less-experienced advocates, as they would have less evidence from experience to call on. It was suggested, however, that it could be used as a training framework through which people could progress at a slower pace, evidencing the required criteria as they met suitable opportunities in carrying out their role. Alternatively, some participants asked if it would be possible to continue their studies by undertaking additional units to support their continuous development and to prepare themselves for widening their advocacy experiences into areas they had not had access to before, such as facilitating group advocacy or preparing to chair CoPI sessions as well as participating in them. It is encouraging to know that, despite some reservations before embarking on the course, that people felt enthusiasm for continuing the development of their practice. In the time that has elapsed since this group of advocacy workers completed their qualification, the NVQ framework has extended in both directions, now having a shorter course available at NVQ 2 level and units at level 4.

Organisation

The ethos permeating the Organisation was seen to be key to the success of the qualification and to the retention of its staff, most of whom had worked for the Organisation for much longer than they had initially envisaged or intended. Key factors regarding the internal workings of the Organisation were seen to be the integrity with which it conducted its business, the encouragement for people to openly share their views without being personally judged and knowing that they would be supported by the managers and trustees so long as they were working within the good practice guidance for independent advocacy. As relationships between advocacy organisations and other agencies can sometimes be adversarial and conflicting, advocates felt it crucial to know they would be supported by the Organisation if carrying out their role appropriately. It was hoped by participants and the Trustees that confidence in a shared understanding of the role and its difficulties had been strengthened by having representatives from across the Organisation involved in the development and implementation of the qualification.

The comments made under the heading of “organisation” seem to encompass the factors that contribute to a community of educational enquiry identified by Cassidy, Christie, Coutts, Dunn, Sinclair and Wilson (2008). They clarify that they take a community to be ‘individuals coming together in some sense and for some common purpose or goal’ (p.219) and identify seven factors that would be evident where such a group of individuals would be functioning as a community of educational enquiry. These factors are, “(1) dialogue and participation; (2) relationships; (3) perspectives; (4) structure and context; (5) climate; (6) purpose; and (7) control. While there is not the space within this thesis to consider the functioning of the case study Organisation against these factors in great depth, there is evidence in the comments made by participants to illustrate the factors and to indicate that such a community would be an appropriate structure for an independent advocacy organisation.

External influences

In addition to the comments made that related to the Organisation itself, others were made regarding wider, external concerns including that of the commitment of the Scottish Government to ensuring independent advocacy is available for its most vulnerable citizens. This concern considers the anomalous status that independent advocacy is accorded in differing pieces of legislation as were detailed in Chapter Two of this thesis. From being granted as a right in 2003, albeit with funding for its provision left in the hands of regional health boards and local authorities, to being viewed as a matter for ‘consideration’ in 2007, its status was gradually eroded, along with the differing levels of independence sought.

This makes the question ‘do you provide independent advocacy?’ difficult to give a straightforward answer to as many organisations who would not fulfil the membership criteria for the Scottish Independent Advocacy Alliance are considered as independent advocacy providers with the threshold being differently applied across the country. The exploration of the situation in other parts of the UK and in other countries shows Scotland remains alone in devolving responsibility for ensuring the provision of independent advocacy in this way. In all other countries considered in this thesis, where independent advocacy is accorded as an entitlement to defined groups of people, the national governments back this up with equitable distribution of funds to assure its availability to them, and an expectation on the consistency of practice and training for advocates across their respective countries. The situation in Scotland became more complex with the devolution of welfare benefits to the Scottish Government in 2018. In that context, responsibility for funding independent advocacy was retained by the Scottish Government. With the aim of ensuring consistency across the country, one agency has been contracted to provide the service nationally, with local delivery. In contradiction to the position regarding advocacy for other groups and contexts, the Scottish Government awarded the contract to a provider with its main office based in England, with access to the QPM and training framework available there. As an additional contradictory position, the Scottish Government by-passed the SIAA Principles and Standards (SIAA, 2019), instead publishing its own service standards (Scottish Government, 2021) for advocacy being provided in relation to the Social Security (Scotland) Act 2018. While the Organisation that forms the basis of this case study works only with adults, it is worthy of note here that the Scottish Government similarly published separate service standards for advocacy being provided within the context of children's hearings (Scottish Government, 2020) which it describes as a 'National Practice Model' for advocacy within that system. Within the 2020 document, mention is made of two formal qualifications 'that explore advocacy' (p.46). These are the SQA Qualification for members of children's panels and the REACH advocacy qualification mentioned earlier in this thesis. Note is also taken of the Level 3 Certificate in Advocacy from Northern Ireland. A suggestion is made that elements of all of these could form the basis of a new qualification for advocacy in more general terms. It is puzzling why no mention is made within the document's discussion of training of the City and Guilds NVQ advocacy qualifications framework which already offers a tried and tested curriculum transferable to a range of contexts and which this case study shows can be transferable to Scotland.

This study's participants also singled out the position of the SIAA as a matter of confusion and concern. The SIAA was viewed as distant and disconnected from frontline advocacy, with little known about the advocacy experience of the SIAA staff members. The resources offered to members increasingly concentrate on contexts of advocacy rather than advocacy itself, and in the myriad sets of guidelines produced since 2008 and listed in the References list for this thesis. Instead, participants valued the focus on what was essential to the provision of advocacy in general terms and why this was the case. What was being looked for was an agency who could be referred to for expertise and experience in independent advocacy along with the inherent dilemmas faced by those who provide it. Concerns were also expressed about the contradictory position of an 'alliance' of independent advocacy organisations being made-up of those who will be actively involved in competing against each other for contracts to provide local advocacy services. One example of the areas of competition can be seen within the area of focus of this thesis; that is, the access to an accredited qualifications framework for independent advocates, where the database of the Scottish Qualifications Authority (SQA) when accessed in June 2022 (www.sqa.org.uk) yields two active qualifications which claim to be "the first" accredited Scottish independent advocacy qualification, one of which claims to be transferable outside their originating organisations and offering access to external candidates on an income generating basis. The listings for both organisations make clear that ownership of the qualifications lies with these two organisations, and that they are the respective awarding bodies, rather than the SQA. This means that they can only be offered by other agencies with permission from the organisations, and which may involve a fee and compliance with the owning organisation's delivery and assessment requirements. There are also no publicly available sets of content or learning outcomes for the qualifications that would allow organisations to assess suitability for preparing people to advocate within a different model of practice. I therefore suggest that while these qualifications may be well-suited to developing the practice of their own staff, it would only be with further study of how the learning outcomes relate to the national codes of practice that they could be seen as national qualifications.

A third 'first' qualification has been developed by The Advocacy Project in Glasgow (TAP) who wrote about the preparatory work it had embarked on for its own qualification in the Summer 2016 edition of the SIAA magazine. TAP described its Professional Practice Award, as being the first Scottish qualification for independent advocacy. The article reinforced the 'Scottishness' of the qualification and its accreditation by Edinburgh Napier University (SIAA, 2016, p.4-5) although little detail of the course content was made available. A workshop facilitated by TAP at the SIAA AGM in November 2016 had two strands as noted earlier, in Chapter Two. The first strand focused on the general advisability of having a qualification for advocacy at all with a range of views being expressed (see p.21) by participants. The second strand of the workshop focussed on the qualification being developed by TAP and how it had been credit-rated, placing each of the units at Level 7 on the SCQF and reinforced that the qualification was owned by their organisation with certification by them rather than by the SQA or Edinburgh Napier University who had acted as the credit-rating agency. Little detail of the course content was made available for people to take away, other than that it consisted of four units, each containing three learning outcomes. The units were themed around Effective Communication in Advocacy Support, Engaging Individuals in Advocacy Support, Individual Rights and Safeguards, and

Casework Management and Review. These Units are no longer listed on the SCQF Database (www.scqf.org.uk) as checked in September 2022, nor is any detail of the qualification's current status found on TAP's own website (www.theadvocacy project.org.uk). However, the executive summary is shared on the site of an external evaluation carried out on the impact of the qualification after it had been accessed by members of TAP's staff and candidates from three other advocacy agencies who had piloted one of the units. It is somewhat confusing, however, to read in the evaluation that its author notes that the NVQ is not accessible for advocacy organisations in Scotland when the Organisation in this study has been accessing it since 2012.

It is noteworthy that the findings of that evaluation highlight the value to the participants of having the opportunity to devote time to discuss the nature of advocacy with their peers, both inside their organisation and with the workers from the other agencies who had taken part. This was also found valuable by the workers in the Organisation that forms the focus of this study. It was through taking part in such discussion that individuals were able to share their understanding of aspects of their role and find if these agreed or were at odds with the understanding of others, thus giving opportunities for misinterpretations to be corrected. This exemplifies the value of a continual development approach to learning within a professional role and the need to be mindful of the risk of reinforcing misinterpretation when there is limited opportunity to discuss personal understanding of concepts with others. The findings also note how advocates had become more confident in their role and appreciated how complex it could be at times. Comments had also been made about the realisation of how important reflecting on practice was and that the impact of undertaking such an investment of time and effort into the training was to the benefit of the service users as well as to the individual advocates and to the organisation. In short, the findings of TAP's evaluation were similar with those of the Organisation considered in this study and support the arguments put forward for having a formal accredited training framework for advocacy in Scotland. I would take this further, however, to state that the experience of the advocates in the Organisation also benefited from having access to reflecting on their practice in a wider context, especially when considering the principles on which it is built, by knowing that the learning outcomes they were achieving were shared with those carrying out the role in other parts of the UK, with success being assessed through a common framework. This approach has parallels with other roles such as social

work or teaching where codes of practice are nationally recognised but are locally aligned. It is also, I suggest, reflective of the nature of advocacy development in Scotland, where so much is left to the interpretation of individual organisations, that TAP think their qualification should be the foundation of the Scottish framework while comments
demonstrate surprise from TAP's staff regarding the differing interpretations of independent advocacy in the practice of the candidates from other agencies. These seem to imply that the practice of their own organisation should be replicated in others rather than each organisation interpreting the guidance differently to meet their own model of practice (Thomson, 2019). It is difficult to be definitive about this without knowledge of the course content. If the opportunity exists within the learning outcomes for dialogue around interpretation of the good practice guidance, while retaining their integrity, then this could be seen as beneficial. Less so, however, if what is being presented is one organisation's way of doing things as the only way.

The second of the "first Scottish advocacy qualifications" (www.reachadvocacy.net, accessed July 2019) is the Award belonging to REACH Advocacy Service in Lanarkshire which offers human rights-based advocacy for people recovering from addiction to drugs or alcohol misuse. The organisation has developed the qualification, REACH Advocacy Practice Award (RAPA), and established itself as an SQA centre to be able to offer it to its own service users and other people in similar recovery programmes from across the country. The award has been accredited by SQA as a level 7 qualification and is designed to give participants the opportunity to 'grow in confidence and self-esteem, to learn how to engage with their client group and to help the professional worker in supporting the individual's road to recovery'. When further accessed in January 2022, the descriptor of this qualification had evolved into the "first human-rights based advocacy award accredited at Level 7 by SCQF".

An independent evaluation of the qualification was carried out by University of West of Scotland in 2018 (McPhee, Sheridan & O'Rawe, 2018). Candidates who had successfully completed the RAPA qualification recorded higher levels of confidence in carrying out their role, acknowledgements of its boundaries and a need for support for themselves to carry it out. There was also felt to be a requirement for the working environment to acknowledge and actively provide that form of support. Yet again, congruence can be found among the findings in the REACH evaluation with that from TAP and with the Organisation in this study. This highlights the benefits for service users of having consistency in how advocacy is practised across different areas, but also the need for workers who are trained to carry out this type of role with the right type of support. Such support must take account of the wellbeing of the advocacy worker as well as the efficacy of their support for their advocacy partners.

The third of the advocacy awards listed by SQA is set within the more specialised context of domestic abuse in Scotland and is the only one of the three where the awarding body is the SQA itself. The Professional Development Award in Domestic Abuse Advocacy is, like the two awards described above, accredited at Level 7 on the SCQF. It is focused on providing the 'range of knowledge, specialist skills and values' which enables domestic abuse practitioners to improve their practice and engage in continuous professional development (SQA, 2017). The development of the award was supported and funded by the Scottish Government and was undertaken by a partnership made-up of three charities established to tackle domestic abuse in Scotland: Scottish Women's Aid (SWA); SafeLives; and ASSIST (Advocacy, Support, Safety, Information Services Together). Validated by SQA in 2012, the Award comprises four mandatory units. These are:

- Role and Skills of a Domestic Abuse Advocate;
- Risk and Case Management in a Multi-Agency Context;
- Diversity, Health and Sexual Abuse; and
- The Law in Relation to Domestic Abuse.

Due to its context specific nature, the award handbook (SQA, GG2C 47) defines the entry criteria for the qualification as requiring candidates to work in the domestic abuse sector in 'a capacity that allows them to demonstrate the evidence requirements for the role' (p.5). The assessment of the award utilises a range of methods including written assignments, reflective accounts and participation in group activities. The focus of this award is very much on the understanding of domestic abuse and its effect on its victims; it is about maximising the effect of the practitioner's support to minimise further risk to the people being supported. In this regard, the content of the programme is specialist in nature with minimal content transferable to other contexts for advocacy and access restricted to those already working within the specific sector. Unlike the other qualifications, no record can be found regarding an evaluation of candidates' experiences of it.

At the beginning of the work for this thesis, the Organisation that informed the case study was the only independent advocacy organisation in Scotland to provide access to the NVQ independent Advocacy qualifications. In 2022, at the cessation of the case study, the Organisation was no longer able to do so, as BILD no longer offer the advocacy qualifications. That is not to say, however, that there have been no developments over the intervening times. With the introduction of a Level 2 NVQ by City and Guilds in 2013, the Organisation was able to offer a shorter qualification for staff in the earlier stages of their advocacy career. The NVQ Level 2 Award in Understanding the Purpose and Role of the Independent Advocate (www.cityandguilds.com) is a single unit award with one assessed written assignment, and no requirement for candidates to be working as independent advocates. It is therefore also suited to people who have an interest in advocacy but are not employed as an advocacy worker. In the spring of 2016, the Organisation provided the opportunity for other independent advocacy services across Scotland to access the entry-level qualification (NVQ Level 2) on a distance learning and fee-paying basis. A notification to this effect was placed in the weekly electronic bulletin circulated by the SIAA. Only one other advocacy agency has taken up this opportunity. However, in 2018, the Organisation was asked to pilot the course with three social work assistants from the local authority's mental health team, all of whom gained the NVQ Level 2 qualification. They came into contact with advocacy workers in the course of their work and wanted to gain a more in-depth understanding of the advocacy role, which they felt would be beneficial to their practice. All three successfully achieved the award and acknowledged that taking part had given them a deeper understanding of the advocate's role. The Organisation had plans to offer the Level 2 course to other groups outside of advocacy, including groups of service users in the years ahead. Unfortunately, this is not able to move forward at present, both because of the interruptions caused by the pandemic restrictions in place since March 2020 and until an alternative way of accessing the qualification can be found. Making such a programme open to a wider audience may be beneficial to strengthen understanding of the role of advocacy and the recognition of the skills needed to carry it out, along with when there is a need for it to be independent.

It is worrying that the voice of the SIAA remains silent regarding its view on the need to develop a framework for advocacy practice that focuses on the skills, knowledge and attributes required to ensure competency and integrity in its delivery. The Principles and Standards and Code of Practice (SIAA, 2008d) and the document that succeeded it (SIAA,2019a) make clear that independent advocacy differs from the giving of advice and information. It seems contradictory that so much of their effort goes into the production of guidance documents or training events that focus on in-depth knowledge of specific contexts. Looking at these from the social constructivist perspective mentioned earlier in this thesis, there is little evidence of opportunity for independent advocacy organisations or individual practitioners to come together to engage in dialogue about what they do and how they do it. No forum exists to explore contrasting views and to challenge inconsistencies. The distribution of guidance documents, often with little evidence of who had contributed to their formulation seems more akin to 'banking' education (Freire, 1996, p.53) than to the constructivist approach in which advocacy organisations in Scotland have developed, and which has contributed to the multiple understandings and interpretations of what independent advocacy is and what independent advocates do. It seems anomalous to have such limited scope for participation in a field that exists to ensure people can participate as much as possible in the decisions that affect them and where people are supported to formulate their views and share these with others. Perhaps there is a need for an alliance for advocacy that respects that there is not always a need for it to be carried out by an independent person and that it is possible to have differing approaches to exercising common principles, depending on local and contextual needs.

The expanding use of competitive tendering across the country has also impacted here, as members of an 'alliance' find themselves as competitors for the provision of advocacy within a given area or establishment, with ever more of the smaller organisations, rooted in communities, being unable to compete on an equal footing with those large enough to have staff with expertise in the formulation of bids and which benefit from economies of scale in the calculation of the associated costs. This also causes disadvantage to the people using services as a tendering process takes place, with a lack of certainty about the sustainability of the service they are receiving. As these larger organisations continue to grow and their ways of working become the more dominant practice across the country, there is little opportunity for this to be challenged and alternative views explored.

Hopefully, this thesis will provide one such alternative, by demonstrating that a relatively small organisation can access a national framework of training which has commonality with the other countries of the UK, and which balances common understanding of underlying principles with evidence from local practice.

Chapter 10 Conclusions

10.1 Looking Back to Where We Started

At the beginning of this thesis I posed four questions:

1. What training for independent advocacy workers is provided for people in this role who work outside Scotland?
2. How might Scottish advocacy organisations access accredited training for their staff?
3. a. To what extent has access to a nationally recognised qualification within one advocacy organisation influenced the advocates' attitudes towards their practice since achieving the qualification?
   b. What accounted for this?
4. What can be learned from the case that may be useful within the wider advocacy movement?

By looking at training provided for those carrying out equivalent roles in other parts of the United Kingdom and in other English-speaking nations, I identified that Scotland was an outlier in not having access to a nationally accredited programme of training for advocacy workers in organisations that were receiving public monies to carry out their work (Question 1). This is not to say that no accredited training was available at all (Question 2). Where this was available, two types of course could be identified which were specifically linked to advocating in Scotland:

1. The qualification was owned by individual organisations that had accessed funding to go through the Scottish Qualification Authority's (SQA's) Credit Rating or Accreditation Processes, in some cases with support from a locally-situated university. This gave each course an equivalent level to other courses available in a range of educational and training establishments across Scotland and placed them on the Scottish Credit and Qualifications Framework. Although the universities had been involved in the credit-rating of the courses, it was not clear that the universities were actively involved in their delivery.

2. The qualification was owned by the SQA but had been designed for advocates working within a particular context, in this case advocating for people who had experienced domestic abuse.

The Organisation involved in this thesis found that an alternative was available as it was found possible to provide access for its staff to the advocacy training framework offered through City and Guilds in the other parts of the UK by acting as a satellite centre for the British Institute for Learning Disability (BILD). This approach gave advocates access to the units that best suited their role within the Organisation but also gave assessors access to support and verification of their assessment judgements. The advocates were able to provide evidence for the learning outcomes from their practice, without compromising their adherence to the SIAA principles and standards for good practice.

All participants in this research acknowledged that their practice had been influenced positively by taking part in the NVQ training programme (Question 3). The impact, however, had not been due to receiving the paper certificate itself which was mentioned by only two of the participants. Even then, it was to see the certificate as being more of value to other people as a guarantee that their practice had reached a certain level of competence. Much more so, it had been their experience of undertaking the programme of learning itself that had made the difference to their practice, being able to concentrate on what independent advocacy is, and the assumptions that underpin their role. This aspect of the programme had led to firmer understanding of where the SIAA's set of Principles and Standards had come from. The combination of taught sessions, peer-led workshops and observed practice had led to their increased confidence in doing their jobs and a greater awareness of how to recognise and respect their boundaries, as only then could the integrity of the role be maintained. There was also recognition that the role was a difficult one at times, with added tensions from a range of internal and external factors, and that having access to a rigorous training programme as this one, in their view, had been, was not the only guarantor of good quality independent advocacy. Good quality independent advocacy also required assuring that the people who were doing the job understood and kept to their role, ensuring that the personal viewpoints of the advocates do not influence the choices presented to the person they are advocating for. As the people who use independent advocacy services are those who are least able to speak up for themselves, there was also acknowledgement that it was the duty of everyone to speak up when there is evidence that an advocate is acting outside their role. That this is difficult to do without upset was evidenced during the time that this research was being carried out, as detailed above, but was seen by the participants to be unquestionably necessary.

It was also seen as crucial, and evident in this case, that the Organisation in which the advocates worked is governed by those who fully understand the nature of the advocate's role. This included the, sometimes unavoidable, tensions that can arise when, on behalf of their advocacy partner, an advocate needs to challenge the organisation that is providing its main source of funding. The expectation from the advocates is that where this is done in accordance with the Principles and Standards, they will be supported by their management in their actions, regardless of the possible consequences. The corollary of this, however, is that those same managers must be expected to intervene fairly but decisively where concerns raised about an advocate's practice are found to be valid. All these relationships are difficult ones to balance, especially when legislation from outside curtails the openness with which difficult situations within the Organisation are usually handled.

In such situations, it would be useful for the management body of individual organisations to have an independent body to go to for advice and support that understands the tensions inherent in the provision of independent advocacy, and that can offer the managers some level of support and guidance. This used to be the Advocacy Safeguards Agency, but since it ceased operating in 2006, the duties it held regarding compliance and quality assurance have not been taken on by the SIAA. Responsibility for the lack of scrutiny of independent advocacy also needs to extend to the Scottish Government who, though giving people the right of access to it in 2005, have done little to ensure that there is sufficient provision across the country and to ensure that what people are receiving is independent advocacy and not some other type of support provision, such as advice giving, being carried out in its name.
The lack of scrutiny of advocacy providers and the lack of equity in its provision across Scotland has been recognised in the review of mental health law being carried out on behalf of the Scottish Government which published its final report in the autumn of 2022 (https://www.mentalhealthlawreview.scot). Among the recommendations is the setting up of a new organisation or extending the remit of an existing one to monitor advocacy for

individuals (Recommendation 4.11) and for collective advocacy groups (Recommendation 11.24). In short, the achievement of the NVQ Level 3 in Independent Advocacy had a positive influence on the advocates who achieved it. The certificate itself, however, was not the sole factor impacting on the advocates’ practice. It was recognised, also, that there were some aspects of a person that would not change through training, and that, as writers such as Macintyre and Stewart (2013) state, there are personal attributes inherent in a person that make them suitable for the role, or not. It was seen as crucial that wherever possible the right people were recruited at the outset, while acknowledging how difficult this would be. Here parallels with the GTCS’s (GTCS, 2021) Professional Standards for teachers are useful as they set out personal values that teachers are expected to have as well as standards for how the role is carried out. The use of a probationary period for teachers before they are granted fully registered status may also be worthy of consideration by advocacy providers in Scotland and the Scottish Government when implementing Recommendation 4.9 of the Mental Health Law Review regarding the setting up a register of independent individual advocates. There are also similar parallels to be found in the codes of practice for social services workers and their employers published by the Scottish Social Services Council (SSSC,2016).

The second contributing factor to the positive influence of the NVQ training on the advocates was clarity regarding the role, both in theoretical terms to understand why it is the way it is, but also in practical terms in how it is carried out. The understanding of the boundaries and how to explain these to different groups of people, including those who could direct people towards advocacy, as well as those who would use the service, was felt to be an important part of the job.

Although not the only factor impacting on good advocacy, the training programme itself was seen to be key. The tutorial sessions were considered to mirror the advocacy process, opening-up discussion, looking at options and forming conclusions. Another element that the participants felt was valuable was the way in which content of the course matched the theory of advocacy with practice and reinforced the enabling role of the advocate in supporting their advocacy partner to develop new knowledge and skills. The opportunity to engage in dialogue themselves as the course progressed was an important factor in the impact the programme had on the advocates' practice. It was also noted that that participation was not always comfortable, and that some of the advocates preferred to take a less active role, but that they did not see this as non-participation in the dialogue as they were thinking about what they were hearing as others were speaking. As the table in Chapter Seven indicates, some of the advocates drew parallels between participating in CoPI and their role as advocates, especially as it offered practice in putting forward a logical argument for a point of view that was not their own.

Comments made by participants reflected, too, that they required to know that they were supported in doing their job by those who managed the Organisation in which they worked. In this case, those forming the Board of Directors, acting as its Trustees, and responsible for overall governance, were all volunteers, giving the Organisation the status of a charity in Scotland. The selection of the Directors was outside the control of the advocates, as they were elected from those putting themselves forward from the Organisation's membership at its annual general meeting. It was felt that this was a potential point of vulnerability for the integrity with which the Organisation operated. It was considered fortunate that the Board of Directors had been, like the staff team, substantially consistent throughout the Organisation's lifespan and most had a thorough understanding of independent advocacy and the inherent conflicts that could arise in its provision, especially when the main funder was the agency being challenged on behalf of advocacy partners. This understanding had built up through their previous experiences in managing and using services and in having the opportunity to undertake the training offered within the Organisation.

Where situations had arisen when this relationship had been tested, it was recognised that the Board members had been supportive of the actions of the advocates where these had been evidenced as being in line with the accepted Principles and Standards (SIAA, 2008d). However, it was also recognised that they could at times have been 'too fair', for example, by giving people too many chances to redress aspects of practice which were non- compliant. This was seen in cases where a staff member had recurrent disciplinary interviews before finally being dismissed, as well as where a member of the Board had acted inappropriately. In keeping with the usual ways of working within the Organisation, Board Members and staff had lengthy discussions of how the learning from these situations could be used to benefit the Organisation in the future. The outcome has been the introduction of a “raising concerns” policy to the Organisation’s handbook along with an adaptation to its constitution to detail procedures to be followed should a Director be acting against the best interests of the Organisation. In recognition of the value of the staff’s work in the functioning of the Organisation, two new directorial posts were created for the service manager and an advocate representative, each with the same level of responsibility as the other Board members. These developments can be traced back to contributions made by the advocacy workers both within the tutorials and study sessions, but also in regular staff meetings held since the programme ended. A comprehensive development programme for staff has also been instigated to provide opportunities for staff to further develop areas of their practice.

The positive aspects of working within an organisation where values are shared and people are supported in their roles was not extended, however, to those who were seen to be there to support the advocacy organisations. The main sources of concern here were regarding the functioning of the SIAA and the lack of practical support from the Scottish Government to assure the provision of independent advocacy to those to whom it had accorded a right of access in 2005. In terms of the former, the advocates separated what the SIAA was considered to do from what they thought it could do to support the delivery of advocacy across the country. Why the SIAA was not providing training on advocacy, especially when they were producing documentation on how it was to be practised confused the advocates. It was also noted that membership of the SIAA did not require organisations to evidence competent practice, the membership criteria being linked only to the independent structure of the organisation and its focus on advocacy. Where complaints or concerns about practice arose, it was also recognised that there was no agency other than local funders with responsibility for investigating it. Where the SIAA had attempted to pilot a process of external scrutiny through its quality assurance framework, it was also noted that this had been shown to be disjointed from the Principles and Standards it purported to assure (Scottish Health Council, 2015). That this situation was allowed to continue was seen by the participants in the current study to be condoned by the Scottish Government, who had provided substantial funding for the SIAA to carry out its role of supporting, protecting and defending independent advocacy in Scotland, but without any attempt to consider how well it had carried out this function. That the Scottish Government had no scrutiny of how well the local NHS Boards and their local authority planning partners were in carrying out the statutory duty given to them in 2005 with the implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003 was also an area of concern. It was not until 2016 that the Mental Welfare Commission for Scotland was given the role of gathering information on how this was being done across the country, but without sanction where statutory duties were unfulfilled. A key factor was seen to be the lack of opportunity for advocates and representatives of their managing organisations to come together to talk about shared areas of interest and concern, and to engage in dialogue on the best path to sustain the provision of good quality advocacy in the future for the people who need it to have their voices heard. The lack of opportunity to engage in dialogue across organisations has been somewhat ameliorated over the last two years with the introduction of peer support online conversations being set up by the SIAA for advocacy workers and advocacy managers which arose as a response to the lockdown requirements of the Covid-19 pandemic. The SIAA has also taken responsibility for arranging training opportunities on specific topics that have been accessible to its members. The sessions have included elements of legislation relating to incapacity and human rights-based approaches. What remains missing is an agreed framework of the knowledge and skills needed to carry out the role of an independent advocacy in Scotland, and how their adherence to the principles and standards that underpin the role can be evidenced in practice.

In reflection of the arguments put forward at the SIAA AGM of 2016 (see p.21), both for and against having an accredited qualification, the experience of advocates in the case study who undertook the NVQs and participated in this research added personal evidence to the views previously generated hypothetically. Their views seem to be echoed in the evaluation reports published regarding the REACH Advocacy Practice Award and The Advocacy Project's Professional Practice Award considered earlier in Chapter 9.

The NVQ framework is well-established in the other countries of the UK. As demonstrated in Chapter 3, it concentrates on the core skills and knowledge necessary in the provision of independent advocacy; the content can be easily tailored to different models of advocacy practice. The Organisation in this case study assessed practice against the SIAA Principles and Standards (SIAA, 2008c): the advocates did not have to change to the Charter for Advocacy (A4A, 2002). Those undertaking the Level 3 Course required to be working as independent advocates, as observed practice formed the major method of assessment. The

Level 2 Course, however, was more knowledge-based, being assessed through a written assignment and was felt to be a good introduction, both to the subject matter, but also to the online learning platform used, and to being assessed. The outcomes for all participants were positive. They acknowledge their heightened awareness of the history behind the role and the skills and knowledge required to practise it. Being assessed as competent in these led to increased levels of confidence that they were working in line with the SIAA's good practice guidance documents. There was recognition by the advocates, too, that the qualifications were not enough on their own and that recruiting the 'right people' was crucial, as seen in the comments collated under the theme of "People". The importance of this had been highlighted in discussions throughout the course rather than being 'diluted', as had been argued at the SIAA's 2016 AGM. It is worthy of note, too, that no competent member of staff left the Organisation because they were asked to work towards the qualification. This is not to say that participants did not find aspects of the course challenging at times, nor that no-one left the Organisation. Rather, that where practice was being assessed, deficits were found that had previously been unrecognised, such as advocates working outside their role by providing advice, and, where the need for remediation was not accepted then two people left. This had been seen by the advocates to strengthen the Organisation rather than being seen as a weakness.

As to the argument that the advocacy movement would lose control if it did not act on this lack of a qualification internally, it seems that this has already happened. Two separate agencies are claiming to have ownership of the first Scottish advocacy qualification, with no detail of the learning outcomes of each qualification being publicly available. This brings into question, too, where power lies regarding the orthodoxy of independent advocacy practice, with the good practice guidance documents being published by the SIAA, but criteria for and assessment of competent practice being carried out by individual organisations with ownership of the qualifications.

Potential loss of control is also inherent in the conditions regarding training and standards for advocacy that are being developed by the Scottish Government for inclusion in the 2018 Social Security legislation. As this Act was not fully operational in 2022 as the work on this thesis was concluding, it is not possible to assess its impact. However, as the case study demonstrates, the NVQ framework that already exists is applicable to independent advocacy practice in Scotland and access to it is possible by any or all organisations that wish to provide an accredited qualification for its staff. The same could be said of the Charter for Advocacy and its associated Quality Performance Mark (NDTi, 2018). I, therefore, raise questions as to why recognition of this has not been made by the SIAA, who instead seem to have abrogated responsibility for any assurance that its guidance documents move from paper to the practice of its members, making clear on their website that they are not 'a regulatory body' (www.siaa.org.uk/us/). This is made more intriguing when the SIAA's constitutional documents list both the provision of an evaluation function for advocacy and the design of a framework for training as two of its key functions (https://www.siaa.org.uk/information-hub/siaa-constitution), and where SIAA membership is seen by many of the commissioning bodies for advocacy across Scotland as a benchmark of quality in their criteria for entering into a tendering process. All of this leads to more confusion rather than clarity. I suggest that the time is right for a new look at the support required by advocacy organisations from their national body, and to consider whether it would be beneficial for the support that is being offered by the NDTi to be open to advocacy organisations in Scotland as a possible alternative to SIAA membership, while ensuring adherence to established good practice guidelines in terms of the Advocacy Charter though the Quality Performance Mark. The need for a national training programme and quality assurance process (recommendations 4.10 and 4.11) has also been recognised by the Scottish Mental Health Law Review (https://www.mentalhealthlawreview.scot). I hope that the case study presented in this thesis will offer evidence that it is possible to work within the framework of qualifications and evaluation already available in other parts of the United Kingdom and that there is no need to start again from scratch, thus addressing my fourth research question.

10.2 Limitations of this study

It is recognised that this is a small-scale study that has taken a long time to conclude. However, the landscape of accredited training for independent advocacy workers in Scotland has not substantially changed. The independent advocacy qualifications listed in Section 10.1 (above) remain the only ones listed on the SCQF as at the end of September 2023.

As this study progressed, it became clear that there were many additional avenues for investigation that opened-up. For example, it was not until 2021, when the Organisation at the heart of this study did so, that the possibility of accessing the Quality Performance Mark (QPM) co-ordinated by NDTi, been tested in practice. As there was no contradiction in the content of the Charter for Advocacy and the SIAA Principles and Standards (see Table B, p.26), there was no barrier to applying when NDTi was approached by the Organisation to try it out. I am therefore aware that the data generated in this study is from one advocacy organisation that has chosen a differing path from others in Scotland, while maintaining their membership of SIAA and following its principles. The hope is to show that the principles that underpin the provision of independent advocacy cross geographical as well as contextual borders and that what is done to assure quality in its provision can cross boundaries as well.

10.3 Organisational Learning

Along with the learning experienced by the individual advocates there were also implications for the Organisation as a whole. The need to devote time for advocates to engage in learning opportunities as part of their working week was seen as key and that would be built into proposals for future service development. There was also a wish from directors of the Organisation to have access to elements of the NVQ programme as development for themselves and to act as induction for new board members. As the original way of accessing the NVQ through BILD is no longer available, an alternative access route has been found, as the Organisation feels it valuable to continue to access nationally accredited training for its staff and no programme is available in Scotland other that those owned by individual organisations or set within one single context. It is also hoped that should work on a Scottish qualification be embarked upon, as recommended by the Review of Mental Health Law, that the Organisation be involved in its development.

10.4 Personal Learning

In embarking on this course of study and carrying out the research project documented here I have learned much throughout. For most of my working week I am in a position of responsibility for managing the day-to-day work of the Organisation along with ensuring that it is functioning within the law. As I supervise the work of the staff team, it was refreshing to be a learner for a change and to have responsibility only for myself. I also had the opportunity to access one of the NVQ Units – Managing Independent Advocacy – and having my understanding and practice assessed (successfully, I am pleased to say). Having done so, I was encouraged to enrol on the EdD course to take my own education a step further and to explore areas I had not considered before. In doing so, I experienced how much can be gained from engaging in dialogue with people from a range of disciplines about a common issue. That aspect continued throughout my studies for this qualification.

10.5 Closing Comments

The title of this thesis is Speaking as Others, A Qualification in Practice: Introducing Accredited Training to an Independent Advocacy Organisation in Scotland. Much of the learning of the advocates who were participants in the case study came from taking part in what was, at times, challenging dialogue. What made the difference for them was hearing the multiple viewpoints on shared topics of individual contributions to the dialogues and building shared meaning from them. My hope is that by making this thesis available in the public domain, those involved in independent advocacy will see the importance of learning from others, listening genuinely to what people have to say and being willing to set to the side previously held beliefs and opinions in reflection on what they may hear. This will only be achieved when the opportunity exists to engage in extended dialogue, where people have opportunities to build relationships that allow them to put forward differing viewpoints without fear of personal judgement. While undertaking the qualification, advocacy workers had the opportunity to write about what they were doing, and their rationale for choosing to take specific actions. They also experienced having their practice assessed against the same set of criteria that were used in other areas of the UK, thus reinforcing that good advocacy practice can cross borders and contexts. Opportunities were open to take part in peer support sessions and to discuss feedback given by the assessor. This was carried out in an open and encouraging way, to find out why things were being done in the way that they were, and to check understanding of how the actions exemplified the good practice guidance. In such an environment, the possibility exists for advocacy workers to be learning from others by speaking as themselves, rather than presenting the views of other people, thus highlighting areas of common agreement and challenging inconsistencies. Within the field of independent advocacy this can only be advantageous both for the people being advocated for and for the advocates themselves. It is my challenge to the Scottish Government, the SIAA and all individual advocates to foster such an opportunity in the years ahead and to work together to ensure that a competent and committed workforce is supported by a qualifications framework that focuses on the unique role that independent advocates ply in the lives of some of Scotland’s most vulnerable citizens.

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Appendix 1

Information and Consents

Letter to Directors

Dear Directors of AIMS Advocacy

As you know, I am currently undertaking study towards a Doctorate in Education at the University of Strathclyde. My area of study focuses on the role of independent advocates in Scotland. In particular, I am interested in the impact, if any, when, instead of working in a practice that is unregulated, the advocates can access a nationally recognised qualification. Our own organisation has much to add to knowledge in this field, being the only advocacy service in Scotland where staff have been able to do so, albeit the qualification is usually available only elsewhere in the UK.

I would therefore like to seek your permission to invite staff members to participate in the research on a voluntary basis. Their participation would involve a one-to-one interview and a group dialogue session. The content of both would focus on their personal experiences of advocating, along with the impact on their practice of having gained their nationally recognised qualification. All resulting data would be anonymised in terms of the input of individuals, but would identify the organisation, due to the uniqueness of our situation.
None of our advocacy partners will be identifiable in what is discussed or written about in the study. Staff members will be sent an invitation to participate, along with an information sheet to inform their decision. They would also be asked to complete a consent form if they choose to participate. I have enclosed copies of these documents with this letter.

I am also seeking permission to use documentation produced within the organisation as part of the course materials for the qualification. This would be used for illustrative purposes only. No commercially sensitive materials would be used, although background information about the organisation would be given. This would only be information already publicly available.

I am aware that I am in a position of managerial responsibility for the staff. Please be assured that I am sensitive of this and have sought to ensure that staff members understand that their participation is completely voluntary and that they know that they can withdraw or participate partially in the study.

Once complete the study will form part of my thesis as well as providing the basis for articles to be published in peer- reviewed professional journals and conference presentations. Copies will also be given to yourselves and made available on our internal website.

If there is any further information you require before reaching your decision, please let me know and I will endeavour to answer any questions. I would be grateful if you would give your response in writing to my university e-mail address which is morag.mcclurg@strath.ac.uk.

Yours sincerely

Morag McClurg

Invitation to take part

Dear

As you may know, I am currently undertaking a Doctorate in Education at the University of Strathclyde. As part of my course I would like to invite you to take part in a research project about the experiences of independent advocacy workers in Scotland who have had access to a nationally recognised qualification. At this time our organisation is the only one in Scotland to have offered this. I've called the

project Speaking as Others as that's what we spend most of our time doing. Its subtitle is Learning as Self, as that's what we all did in undertaking the NVQ qualification.

So that you can make an informed decision about whether you take part, I have enclosed some further information about the study and what would be involved. Please take time to read the enclosed information carefully and to discuss it with other people if you wish. If you need further clarification or have any questions, please don't hesitate to ask me, either in person or by email at morag.mcclurg@strath.ac.uk.

Please do not feel under any obligation to participate. It is entirely up to you. I am asking you as a student and not as your manager and will not be offended if you do not want to take part.

If you wish to participate, please complete the enclosed consent form and return it to the box placed in reception. If not, I would like to thank you for your time in considering this invitation.

Regards

Speaking As Others

Information Sheet

I am currently undertaking study towards a Doctorate in Education at the University of Strathclyde. As part of my studies I am conducting research into the role of independent advocates in Scotland. In particular I am looking at how having access to a nationally recognised qualification may influence their practice. As you have gained such a qualification, I would like to invite you to take part in the research. More detail of what would be involved is given below. Please get in touch with me if you have any questions.

What is the purpose of the research?

At present, there is no recognised qualification for independent advocacy in Scotland. As a member of an organisation which has accessed National Vocational Qualifications for its staff, I am interested in finding out if and how this has influenced your practice.

Do you have to participate?

Not at all. Your participation is voluntary. If you change your mind after agreeing to take part, you are free to withdraw from the written task and the interview at any time and the information you provided will not be used. If you choose to withdraw after taking part in the dialogue, your comments will not be used, but if they are developed on by other participants, the resulting developments will be included.

What would be involved?

You would be asked to do two things:

1. Take part in a group dialogue session with other participants. This would last about an hour and will be like other dialogue sessions you have previously taken part in.
2. Participate in a one-to-one interview lasting about 30 minutes. The interview would be arranged at a time and place convenient to you.

Both the dialogue session and interview will be audio-recorded to allow for an accurate transcription. You may choose not to be recorded in the interview, in which case the accuracy of the notes taken would be checked with you. Your identity throughout the study will be anonymised in the transcription in a manner agreed with you.

What are the risks of taking part?

I do not envisage any risks to you of taking part.

What happens to the information collected?

Your information will be kept confidential. You will be allocated a different name and any identifying features anonymised in agreement with yourself. However, it will not be possible to anonymise the organisation, as it is unique in Scotland in offering access to the qualification. You will be able to see the transcription of the dialogue and your interview and agree the content with me before I begin to analyse it.

The information you provide will be used only for the purposes of this study. It will be kept in a secure location and in line with the University's protocols. Only the supervisors, my examiners, and myself will have access to the original information. After the study is complete, the transcriptions from the interviews and the dialogue will be destroyed. The findings of the study will be used in conference papers and published articles as well as in the final thesis. All findings will be anonymised as stated above.

Next Steps

If you would like to take part in the research, please complete the enclosed consent form and return it to me in the envelope provided. I will then get back in touch to arrange a suitable time for interview and for the group dialogue session. If you have any questions, concerns or require further clarification, please get in touch with myself or my supervisor. Both of our contact details are given below

Researcher details:

Morag McClurg
morag.mcclurg@strath.ac.uk

Chief Investigator details

Dr. Claire Cassidy
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School of Education
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Glasgow
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Speaking as Others

Consent Form

I confirm that I have read and understood the information sheet for the study. The researcher has satisfactorily answered any questions I had regarding my participation.

I understand that my identity and any identifying features will be anonymised and that no information that identifies me will be made available publically. I accept that the organisation will be recognisable.

I understand that my participation is voluntary and that I may withdraw at any time without having to give reasons. No consequences would result from my withdrawal.

I understand that I may withdraw my interview data from the study at any time. I agree to respecting the confidentiality of the group dialogue sessions.

I understand that I may withdraw transcripts of my contribution to the dialogue session but that the ideas expressed by me may be developed by other participants later in the dialogue. Such developments cannot be withdrawn by me.

Yes/ No I agree to being audio-recorded in the interview to allow for accurate transcription.

Yes/ No I agree to being audio-recorded in the dialogue session to allow for accurate transcription.

I understand that my data will be kept securely until the study and final thesis is complete. Thereafter it will be destroyed.

I consent to being a participant in the research.

Signed : …………………………………………………………………… Date: ……………………………

Name : ……………………………………………………………………

Preferred Contact Number : …………………………………….

Appendix 2

Talking Points Summary, Questions and Issues

Extracts from Talking Points : Personal Outcomes Approach Joint Improvement Team Scotland 2012

“What is Talking Points: Personal Outcomes Approach?

Talking Points: Personal Outcomes Approach is an evidence-based, organisational approach that puts people using services and their carers at the heart of their support. At the centre of the approach is a conversation with an individual using services or unpaid carer that seeks to understand the extent to which they are achieving the outcomes important to them in life. These conversations form a core part of relationship building between practitioners, people who use services and their families. This engagement about outcomes is the essential first step in implementing outcomes-based working. Secondly, there is the recording of relevant outcomes identified through the conversation in the support plan, to enable the person to work towards their outcomes. At a later point it is essential that the outcomes be reviewed with the individual to assess progress and to find out if any changes to the plan are required. Thirdly, information recorded from these conversations should be collated, analysed and used to inform decisions at an organisational level in relation to the planning and commissioning of services. This use of information puts outcomes for individuals at the centre of decision making processes and ensures that improvements are driven by the priorities of service users and carers. These three key elements form the cornerstones of the approach; engagement, recording and use of information. The way in which these elements are implemented in practice is informed by evidence as to the outcomes that matter most to people.

Central to the Talking Points approach are three frameworks that summarise the outcomes important to people using services, unpaid carers and people living in care homes. Before looking at these frameworks it is important to be clear by what is meant by an outcome.” P 7

“Defining outcomes

Outcomes are commonly defined as the impact of activity or support and services. While this is a key component of defining outcomes, experience has shown that an exclusive focus on evidencing the results achieved by services can limit the benefits of an outcomes approach. To maximise the person-centred and enabling potential, personal outcomes should primarily be understood as what matters to the person. So the starting point is to work with the individual to define what is important to them, and to plan activities and support from there. At a later stage it is possible to review whether outcomes have been achieved, to measure progress, and to amend the plan. Outcomes are often characterised as being the result of a chain events that include an input (resource), process (activity), output (service) and outcome (impact on person’s life) (see box 1).Therefore at an organisational level, focusing on personal outcomes involves moving the primary focus from service priorities to what matters to the person and the difference made to people (outcomes).

Getting to grips with what is meant by the term outcomes can be challenging for everybody involved. Organisations taking forward Talking Points have used analogies to help develop the understanding required. The most popular has proven to be the ‘cake analogy’.” P 7

“Not only do the correct ingredients need to be in place, but in the right quantities and quality. The mixing and baking of the cake are the processes in the system, and attention needs to be paid to temperature and allowing sufficient time in order to get the quality of output required, the cake. The desired outcome of these events is the happy child on their birthday.
However, we can’t be sure we have got it right unless we go back and check
with the child. Hopefully the child was happy but it could be that they were

disappointed because their parent spent all day making the cake instead of spending time with them!" p8

"By approaching the provision of services and supports in this way, outcomes focussed organisations put people at the centre. This goes some way to address the challenges of activists, researchers, people using services, unpaid carers and practitioners who, drawing on the social model of disability, highlight the need for services to include people in making choices, living a normal life and building on their own strengths. Thus outcomes focussed approaches are inherently 'person centred,' continuing the work carried out in this area, particularly in the fields of learning
disability and dementia." P9

Questions asked by participants

- Is this just another way to save money?
- Why do social workers need to be told to speak to people?
- How can we get everybody speaking about outcomes in the same way?
- What if the service users don't have experience in speaking in this way?
- **What is a good conversation?**
- What if a person doesn't want to do any of this, but just be told what to do?
- Where will the time come from?
- What about the impact on other services when we're all short of time and money?
- Who wrote this, have they actual experience of working with people?

What is a good conversation? – Issues explored

People taking turns to speak
Listening to different views
Doesn't become a defence of your own views – willing to take other people's views into account
Could be feisty – no need to all agree Differences
not personal
Can go through a number of topics – one leads to another
My good may not be the same as yours – need to have respect for others involved Include
some levity – not always serious
Stops without having to come to a decision or agreement No
cliques within people taking part
Makes you think about things in a different way

Some of the questions are answerable by finding out information, such as the career history of the authors in the case of the last question on the list. Others, such as the third one, are answerable, at least in part, from the text which gives a clear definition of how the term 'outcomes' is being used. It is the questions that are less easy to answer and that give the potential to be approached from different directions that are of more interest, such as,
"What is a good conversation?". This seemed to have no clear answer and be partially dependent on what individuals consider to be 'good' and what constitutes a 'conversation'. In other words, it was a sound philosophical question that led to sharing and consideration of the underlying principles and values that people felt important to their lives and which often remain unspoken.

Appendix 3

Post Course Questionnaire

Post -Course Questionnaire

1. **To what extent do you feel you have learned new things from the programme?**

1 2 3 4 5 6

Why you gave it this score

2. **To what extent do you feel you have had previous learning (perhaps some you had forgotten) confirmed?**

1 2 3 4 5 6

Why you gave it this rating

3. **What have you not learned that you needed to and/or expected to learn during the programme?**

4. **Other Comments**