

Discuss whether Advocacy can be truly independent when a service is commissioned by a statutory body.

Advocacy work is intricately influenced by the legislative rules, professional standards, and ethical values that govern interactions and behaviours within the field (Advocacy Quality Performance Mark (QPM), 2014). This introduction emphasises the importance of upholding professional ideals while critically examining how these foundational elements impact advocacy behaviour on a personal level (Health Education England, 2017). It explores the effect of legislation on maintaining professional boundaries, delivering efficient advocacy services, and addressing potential conflict within care models (National Institutes of Health and Care Excellence (NICE), 2022). By highlighting the significance of adhering to standards and ethical principles, this essay aims to demonstrate the integrity and efficacy of advocacy work across diverse interest groups and care settings (Devaney, 2016).

This essay will draw on materials containing theory, policy, and practice, as well as academic journals, databases, publications, online resources, and educational institutions that may be relevant, to conduct a comprehensive examination of advocacy practices. The objective is to investigate, interpret, and assess the title of this essay through a multidimensional exploration of the topic.

A critical study is essential in analysing the various forms of advocacy and evaluating their effectiveness in different service settings and with diverse clientele groups (National Institutes of Health and Care Excellence (NICE), 2022). This examination will also involve a thoughtful assessment of the advocate's responsibilities in supporting those in need, acknowledging the complexities encountered by individuals seeking advocacy (Chapman, 2001). Furthermore, advancing diversity, empowerment, and inclusion in social care settings hinges upon understanding the role of person-centred approaches in fostering inclusive practices (Coulter and Oldham, 2016). By critically analysing these interconnected components, this essay aims to illuminate the complexities of advocacy, the importance of person-centred care, and the transformative potential of inclusive practices in social welfare (Byrne, Baldwin, and Harvey, 2020).

In the UK, advocacy has been practised for over 30 years, leading to the development of diverse methods and programs tailored to different populations in need (Stewart and MacIntyre, 2013). Advocates are crucial in ensuring that individuals facing challenges such as social attitudes, financial difficulties, or health issues have their needs and opinions acknowledged (Action for Advocacy, 2006; Advocacy Quality Performance Mark (QPM), 2014). Advocacy aims to support individuals by addressing their views and concerns, helping them explore their options and rights without pressure, and facilitating connections with relevant individuals or making decisions on their behalf (Advocacy QPM, 2014). Maintaining each service user's autonomy and self-determination is paramount, as highlighted by Dalton and Carlin (2022). By collaborating with those who use the service, advocacy promotes social inclusion, equality, and justice (National Development Team for Inclusion (NDTi), 2016). To create an empowering relationship, advocates place a high value on listening to the person's instructions and, whenever possible, giving them the freedom to speak for themselves (NDTi, 2016; Henderson, Pochin, 2001). Advocates uphold transparency by disclosing all pertinent facts, continuously assisting the individual, and honouring their permission in actions and communication (Henderson, Pochin, 2001).

Additionally, advocates offer support and companionship during meetings and appointments (Mind, 2018b; Advocacy Quality Performance Mark (QPM), 2014). It is crucial to differentiate advocacy from other forms of support, such as counselling, befriending, mediation, and advice-giving (Stewart and MacIntyre, 2013). As emphasised by Dalton and Carlin (2022), advocates refrain from passing judgment on a service user's speech or opinion.

Individuals may experience limitations in their freedom of choice or ability to articulate their needs in certain instances (Advocacy QPM, 2014). In such circumstances, independent advocates step in to protect individual rights and acknowledge their needs, desires, and opinions.

The Advocacy Quality Performance Mark (QPM) (2014), offered by the National Development Team for Inclusion (NDTi) (n.d), is recognised as the sole Quality Mark approved for companies providing independent advocacy services (NDTi, n.d). This quality assurance evaluation targets independent advocacy providers in England, Wales, and Northern Ireland, enabling them to highlight compliance with various standards based on the values outlined in the Advocacy Code of Practice and Advocacy Charter (NDTi, n.d). Although the QPM is accessible to statutory and non-statutory independent advocacy providers in England,

Wales, and Northern Ireland, it does not extend to Scotland. This distinction emphasises the regional focus on the QPM evaluation (NDTi, n.d). The principles of the Advocacy Charter and the Code of Practice were updated in 2014 to consider modifications to the law and advancements in the field of advocacy (Advocacy QPM, 2014). The Code of Practice provides direction to carers of persons who might not be able to make certain decisions for themselves (Department for Constitutional Affairs, 2007). It describes what is expected of those making decisions for those who cannot do it for themselves.

The Code emphasises and specifies the responsibilities of those who have a responsibility of care to those incapable of giving permission (Advocacy QPM, 2014). A person who lacks capacity is one of the Code's terms, which means an individual incapable of deciding or acting on their behalf when necessary (Department for Constitutional Affairs, 2007). Advocacy is beneficial in situations where people do not have a network of friends or contacts they can turn to in times of need, Forbat and Atkinson (2005) state. The National Development Team for Inclusion (2016), in their framework 'Measuring the impact of independent Advocacy' explains the framework's goal of quantifying and illustrating the effects of independent advocacy on people, the health and social care industry, the public, and the advocacy industry itself (NDTi, 2016). It draws attention to the framework's goal of offering a uniform framework for evaluating the impact areas and related results to gain a deeper understanding of the influence and efficacy of independent advocacy services on a local and national scale (NDTi, 2016).

Furthermore, the tool is intended to be used by commissioners and advocacy services to assess the effectiveness and impact of their offerings. It outlines the four effect regions: the lives of those who use them are affected, the way health and social care are provided is changed, the community's support for inclusion and participation is strengthened, and the advocacy services themselves are encouraged to grow and develop (NDTi (National Development Team for Inclusion), 2016)). However, as Dalton and Carlin (2002) argue for advocates to express their clients' opinions accurately, their independence is essential. Professionals in mental health can advocate, but there are restrictions since they might have conflicts of interest as treatment providers (Henderson, Pochin, 2001). Advocates must stay impartial and devoted only to the person they are standing in for (Townesley, Marriott and Ward, 2009). Funding and administrative concerns must be addressed to guarantee advocates can fully carry out their duties without sacrificing their independence, as Dalton and Carlin (2002) state. Potential conflicts of interest may prevent advocates from effectively fighting for their customers if advocacy services are under the authority of service providers (Dalton, Carlin, 2002).

Moreover, as Henderson and Pochin (2001) argue, in care institutions, mental hospitals, and children's homes, among other service settings, vulnerable people frequently endure several types of abuse (Henderson and Pochin, 2001). Advocacy programmes need to be impartial towards users, free from conflicts of interest, and able to accurately question authority to represent these people (Advocacy QPM, 2014). Programme design and execution, including ownership, selection and support of advocates, organisational structure, and advocate selection, are impacted by advocacy programmes' independence (Henderson and Pochin, 2001). Companies or recognised organisations with elected committees run numerous advocacy programmes independently. This paradigm protects the schemes' guiding principles from outside interference and corruption while fostering autonomy (Henderson and Pochin, 2001).

There are many forms of advocacy, such as professional advocacy and self-advocacy, in which people acquire training to voice their opinions (Mind, 2018a). Certain independent advocates have received training in helping people with mental health conditions and dementia (Mind, 2018a). Advocacy services should run separately from the NHS or social services to preserve their independence and may enlist volunteers (Independent Age, n.d). Moreover, as Forbat and Atkinson (2005) state, advocates might need to help maintain complete independence in larger voluntary organisations since they may have to confront their bosses or handle difficulties inside their industry (Forbat and Atkinson, 2005). Since advocates' efficacy depends on their capacity to act independently on behalf of the people they represent, the literature also stresses the significance of advocates being independent individuals (Forbat and Atkinson, 2005). Organisations can take part in actions that impact and add to the discourse surrounding the creation of public policy (Mind, 2018c). A person's circumstances and the support they seek will determine which advocacy services can be helpful (Mind, 2018b). The Charity Commission commissioned research emphasising the charity sector's contributions to people and society (Charity Commission for England and Wales, 2019). The sector's impact and success in serving the community are influenced by its capacity to create local relationships, advocate for the most vulnerable, provide knowledge, and foster a culture of trust (Charity Commission for England and Wales, 2019).

As Peachey (2019) states, not-for-profit organisations engage in advocacy. They accomplish various functions vital to a country's economy and are established to bring about constructive changes in the community (Peachey, 2019).

The exclusive goals of an independent advocacy organisation are to provide, advance, uphold, and promote independent advocacy (Townesley, Marriott and Ward, 2009). It maintains its structural, monetary, and psychological independence from other things and pursuits (Scottish

Independent Advocacy Alliance, n.d). Advocacy workers, or independent advocates, help people make decisions based on their knowledge, communicate their preferences to others, and speak up for those unable to speak for themselves (Scottish Independent Advocacy Alliance, n.d).

Not-for-profit organisations can participate in activities that affect and add to public policy formulation as part of a social change agenda (Peachey, 2019). However, as Ward *et al.*, (2022) argue over the past 20 years, nonprofit advocacy studies have changed dramatically. However, there still needs to be more in people's knowledge of the procedures and functions of nonprofit organisations in creating and modifying public policy (Ward *et al.*, 2022). Moreover, as Casey (2014) declares, efforts to influence public policy and decisions are included in advocacy, whether through direct interaction with decision-makers or indirect manipulation of public opinion. Nonprofits that want to participate in policymaking must know their strategic alternatives and potential obstacles (Casey, 2014).

Social care advocates remain independent of both the NHS and the local government. They have received training to help people communicate their opinions and desires, understand their rights, and make sure their voices are heard.

References:

Forbat, L. and Atkinson, D., (2005) *Advocacy in practice: The troubled position of advocates in adult services*. British Journal of Social Work, 35(3), pp.321-335.

Henderson, R. and Pochin, M., (2001) *A right result? Advocacy, justice, and empowerment*. Policy Press.

Tilley, E., Strnadová, I., Danker, J., Walmsley, J. and Loblinzk, J., (2020) *The impact of self-advocacy organizations on the subjective well-being of people with intellectual disabilities: A systematic review of the literature*. Journal of Applied Research in Intellectual Disabilities, 33(6), pp.1151-1165.

Peachey, A., (2019) *Advocacy and dissent: Can the not-for-profit organisation afford to have them?* (Doctoral dissertation, Murdoch University).

Stewart, A. and MacIntyre, G., (2013) *Advocacy: Models and Effectiveness: Insight 20*. IRISS. <https://www.iriss.org.uk/sites/default/files/iriss-insight-20.pdf>.