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Demonstrate a critical understanding of the drivers of advocacy provision in Wales, UK and beyond

This essay will focus on the concept of advocacy, the role of independent professional advocacy, service users with mental health issues and their point of view on social injustice. Current critical thinking (Lipsky, 2010) and analysis of advocacy drivers in England, Wales, and beyond, and its impact on service users, advocacy services, local authorities, and governments/non-governmental organisations. It implements political strategies, especially on The Care Act 2014, Social Services and Well-being (Wales) Act 2014, and beyond. Furthermore, it explains which barriers it may meet on both sides- independent professional advocate and service user, along with challenges, perspectives, expectations, and experience and how they can overcome and combat; it also describes how independent advocates promote service users' equality, independence, quality of life, by giving them a voice, empowerment, and power to speak up (Thompson, 2018).

This study will include and visualise how society is perceiving service users with mental health issues by using jargon, stereotypes, stigma, and exclusion, together with research on how that affects this group (World Health Organisation, 2003).

Moreover, to support and resolve the knowledge of the above information, this essay is going to use resources like; journals, Legislations, theories, policies, and practices to understand, integrate and establish the circumstances of the advocacy actions, practices, and approaches to build up a professional relationship with the potential clients.

Advocacy can be understood as standing up and speaking out for those that need it. To voice out concerns of the service users in mental health to make their rights and concerns be heard.

There have been many debates into what the clear meaning of advocacy and independent advocacy is, and because of the lack of universal agreement, which has started from the debate into the history of advocacy in the social health care section and the role that the advocate plays in that field (Bateman, 2020).

Advocacy is important in making sure the advocate is safeguarding the individuals who are unable to talk for themselves and voice their needs. Empowering individuals and helping them express their concerns and needs. Making sure the advocate makes an informed decision making sure they express the service users' options on what exactly they need.

Costello and Durfee (2020) note that being advocates not only is there to support the user, but also deals with improving their safety for themselves and their families, if there is any abuse happening to hold the perpetrator accountable and advocate on the behalf of the client. Mention everything to the user on what is happening by letting them know their rights and giving them their confidence and promoting them and knowing their rights.

Furthermore, communication with service users is defined by Sibiya 2018 as trading information between two people which can be achieved with words, writing, and even through gestures.

Advocacy within the UK keeps expanding. The firmly embedded policies of advocacy include the Mental Health Act 2007, Mental Capacity Act 2005 for countries like Wales, England and Ireland, the Citizens Information Act 2007 states that it will and should provide advocacy to those who deal with any type of disability (Ireland Government 2007).

Furthermore, advocacy has been recognised as being important for being there to achieve social justice, equality, and the service users' rights. Everyone has the right to their own opinions, views and wishes. This, in other words, is self-advocacy which is 'the gold standard in being a citizen' (Beresford 2014).

Sometimes, self-advocacy lacks knowledge about rights and the consequences of expressing views without knowing their rights. In a mental health understanding, it is made by distress and difficulty grasping the compulsion under the Mental Health Act.

Advocacy, when trying to define the word is a complex thing to do but understanding the meaning and definition of the word is essential as there is a potential of confusing the roles of independent advocacy, advocacy in general as opposed to the claims of social working professionals (Dalrymple and Boylan 2013; Jugessur and Iles 2009).

The definition of advocacy is to ensure the users either speak for themselves, which is self-advocacy or are heard through intercession for another person. (Hagman 1991).

When it comes to independent advocacy, it is a partnership between a citizen advocate, which is a member of a community, or it could be a professional advocate and a client who might be feeling vulnerable and wants to be represented by an advocate to express their needs and wishes. (Macadam, et all.)

In the past 10 years, the term 'service user' and 'carer' has become a part of everyday vocabulary for social work/care. Most universities across the UK have worked towards developing and understanding individuals called by these terms. Swift (2002) stated that the term 'service users' are the ones who are eligible for social work services, also those who identify themselves as service users of social work services. There could be several reasons why these people name themselves, it could be because they know they might need services in the future, or they do not want to use the services that are or might be unavailable to them at the given time.

In 2003, a service user organisation led by Shaping Our Lives National User Network suggested that the meaning of these words like 'service user' is that that person's main characteristic is of a passive recipient of service. As the organisation sees these people to always be self-identifying and seen as a person before a 'service user.' They see it as people using the service as part of their everyday basic needs. (Swift 2002) A 'service user' would be someone who needs services which might include needing help in the past or they might need to receive them in the present or future for many varied reasons. Being a service user for example could be for young people, who have been receiving care, people with learning problems, mental health service users, could be people with sensory impairment, old people, could even be people with alcohol or drug problems, and the list goes on of who might be able to use these types of services.

As service users, who struggle with mental health, which affect thousands of people in the UK, there is a huge stigma and negative attitude towards mental health. It is common for these people to experience discrimination. Which can make people's lives and problems

worse. These discriminations can come from the workplace, school, media and even family and friends (WHO, 2003). They can also experience internalised stigma, where the people that deal with mental health start to believe all the negative messages, they hear about themselves. Nine out of ten people that deal with mental health say that these negative comments affect their everyday life as mentioned in the Mental Health Foundation. People with mental health or long-term health conditions or even disabilities can have a challenging time being able to find a job, living in good condition housing or being socially included within society because of these discriminations. Stigma and discrimination can cause people to stay in a cycle of mental health problems and because of the social isolation it could be harder for people to get the help they may need. The stigmatisation can also come in things like their race, sex, or disability. Because of the stereotypes, views of mental illness people believe these people are dangerous, in social media, mental health is portrayed as violent, criminal or that they can live fulfilled lives. (Mental Health Foundation, 2022).

As stated before, advocacy is rooted in beliefs and norms that service users who use services should have a decent quality of life and advocacy services must be determined to represent their wishes, beliefs, and needs (College of Social Science, 2017). As Social Care Wales (2012) claims ‘the Social Services and Well-being (Wales) Act 2014, which came into force 6 April 2016, refers to services being provided by independent professional advocates in relation to adults and children’s care and support.’ However, Clements (2018) argues that the advocacy part of the Social Services and Well-being (Wales) Act 2014 Part 10 Code of Practice is failing ‘to explain what forms of advocacy authorities must commit to satisfy their obligations’ (Clements, 2018, p.32), points out that the part of the meaning of independent professional advocacy is not exactly explained. It also does not make it clear whether the independent advocate can participate in the case. Furthermore, this act purely talks about services, who helps and support, but Organization Croner-i (2020) sympathises and explains that the mentioned above act has similar reforms to local authorities in The Care Act 2014 (England), which are;

‘Local authorities must arrange for the provision of an IPA when a person can only overcome the barrier(s) to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available’ (Welsh Government, 2016), Seeing the two acts, England and Wales have a large number of similarities, but the Welsh act expands even further, explaining and including children’s services. The other difference is that the act influences the local

authorities' functions and strategies, however the study that was created by the Welsh Government (2022), partnered up with four different universities across Wales to deliver the evaluation of what the Social Service and Well-being (Wales) Act 2014 is, and what service users and carers perspective is on the topic- SSaWWA 2014. The study was led by Professor Mark Llewellyn, Director of the Welsh Institute for Health and Social Care, alongside Professor Fiona Verity.

As the Act itself was created to produce 'transformative changes' across Wales, to meet the people or organisations of whom the act will have the most impact on, which are the individuals in need of care and support, communities in which they live and many more. The study was created to analyse the participants' expectations and experiences of the service given to them under the act. As the act is there to give guiding directions, the input it has and the principles.

As stated in the study, it is important for the participants to be aware and informed as that is the key to knowing what to expect with social services etc.

For some participants, (mostly carers) accessing the information and understanding the act was incredibly challenging and they have spoken about how they feel uninformed and having to go seek the information for themselves. Some have emphasised how the information about the act needs to be placed somewhere easy to locate (e.g., signposting via professionals, online) using a range of formats, to make it easy for families, service users and carers to access.

Moreover, the research states that the lack of knowledge and responsibilities of the services given by carers to service users has been harder to understand as so many participating carers have stated the act was difficult to understand and access. One example given in the study is how people with sensory loss need interpreters, but because of the lack of understanding given in the act a lot of organisations believe, that the deaf person has the responsibility to find and book his own interpreter, even though it is stated in the act, but the message is just not understood of the responsibilities that they have. As Lipsky (2010) states 'public service goals also tend to have an idealised dimension that makes them difficult to achieve and confusing and complicated to approach.'

As the World Health Organisation (2010) states it is the key to empower people/service users with mental health problems, as the consequences of being disempowered can be a feeling of being excluded from the society.

Not only that, but service users need to feel like they belong and are part of the society. Individual service users have their own needs, which must be met every day as Maslow's hierarchy declares (Adams, 2007). Those needs involve food, health and safety, shelter, so agencies should be responsible for delivering all these to their clients. Furthermore Adams contends that care workers must recognise tokenism in empowerment in their practice, which should be changed by giving power to the service users to take charge of their choices, but to gain that it is important as the WHO (2010, p.2) saying remove 'of formal or informal barriers and the transformation of power relations between individuals, communities, services and governments' as the people with mental health disorder are in risk to lose a voice, discrimination, labelling and stigma. Because of that people with mental health issues, disabilities, etc. may occur barriers in their life (Clark, 2013) like poverty, unemployment, poor education, or homelessness, which can be omitted by putting in place policies, legislations like Human Rights Act 1998, The Equality Act 2010 to safeguards those in need (Royal College of Psychiatrist, 2012). Also, independent advocates should also be trained to ensure they do not discriminate; they should be skilled enough to meet the needs of the advocacy partner and recognise what they need to do or that they may need further assistance to appropriately support that person.

It is important that independent advocates are not 'close' with the people who are delivering care for a service user to omit conflict of interest. They are also not for making decisions for a service user that is in the best interest of the individual. (Royal College of Psychiatrist, 2012). Finally, it is important to give the explanation of need of the nongovernmental organisations (WHO, 2003), which are focusing on an individual with mental health issues, and their families by empowering them, however Lipsky (2010) argue that client seek for service and benefits, street-level bureaucrats look for control over the process to providing them.

Moreover, when it comes to how an advocate can promote independence and empower their clients, there are many roots that can be taken. Empowerment can be understood and applied as facilitating individuals or a group to exercise and personal autonomy and making decisions for users. There are many approaches and forms that can be taken to display empowerment, this can be done in many different disciplines. For independent advocates, to highlight empowerment for their users would be to have the user be an active participant in decision-making that is affecting the individual's life. The Advocacy Charter (2002) states that 'People will choose their own level of involvement and the style of advocacy they want.' But it does not leave enough room for empowerment if the advocate decides on most choices early on, that

leaves minimal involvement from the client which is then not very empowering. There should be an ongoing opportunity early in the planning so that the advocate and the clients can make their choices together as a partnership which can empower and encourage them more. SCIE notes that the support must be given for people who use self-advocacy and support for the client should be the main thing. (Irvine, 2020).

Summarize this essay, it must be said that many members of an advocacy groups are motivated to stop the discrimination and unequal treating in the society by giving individuals power over to speak up and show that those individuals are part of the rest society (Royal College of Psychiatrist, 2012). Advocacy is also 'a profession, like so many others, that is embedded in an entangled web of paradoxes. It contains three major ingredients: treatment, state agent and advocacy (Brandon, 2001, p.75). According to Lipsky's theory advocacy can only be done on behalf of the individuals or bigger group, however they should have a time, and attention to their client. Effective advocacy should have a structure, whatever if they must deal with big or modest problem (Bateman, 2002). Despite to them Gray and Jackson (2002, p.76) argued that advocacy is 'a political activity, in which the advocate needs to challenge power structures.'

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