

ECED7008

“Critically analyse the implications for advocacy managers regarding the professionalisation of Independent Advocacy within a context of your choice.”

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Introduction

Independent advocacy has a vital role in adult social care, because it gives support to service users to have their voices and wishes heard, understand important decisions being made about their lives, and have fuller engagement in care and support processes (National Institute for Health and Care Excellence [hereafter NICE], 2022). Independent advocacy is especially significant for people facing barriers due to disabilities, communication or language difficulties, mental health and cognitive concerns, safeguarding issues, and unequal power relationships with professionals and institutions. Independent advocacy is not just an additional support service, but functions as a rights-based practice that aids the service user to remain as the centre of focus in decision making, which affects their wellbeing, autonomy and daily lives (Pulman, Sloan and Fenge, 2024).

With the creation of the Care Act 2014, independent advocacy has become more formalised and professionalised under statutory frameworks, especially when adults in social care experience substantial difficulty, and no appropriate person is available to support them (Care Act 2014, s.67). This has increased the importance of the role that independent advocacy plays, but has also created tensions about how it is managed in practice. Professionalisation can have positive impacts, such as improved accountability, consistency, safeguarding, and training and service quality. However, if the service becomes too bureaucratised, focusing on compliance and meeting target requirements, there is a risk of losing the person-centred focus of advocacy.

This discussion will examine how professionalisation under the Care Act 2014 impacts managers of independent advocacy services in adult social care. It will consider the implications for advocacy managers in relation to maintaining independence, quality, demand, provision, innovation, training, supervision, and leadership. This discussion will argue that advocacy managers must use professionalisation appropriately, in a way that strengthens independent advocacy, rather than weakening its rights-based, person-centred focus.

Independent Advocacy: Definitions, professionalisation, and service user voice

Independent advocacy is a form of support that helps people to feel more confident when voicing their wishes about decisions being made regarding their lives (Pulman, Sloan and Fenge, 2024). The role of independent advocates is not to make decisions for those they support, but to act as a rights-based service to enable individuals' voices to be heard within institutions and systems where they might be ignored or marginalised (NICE, 2022). This is important in adult social care because decisions made about assessments, support plans, safeguarding provision, and service delivery, can have major implications for an individual's personal wellbeing, independence, and daily life. Independent advocacy developed through various movements, such as disability, mental health, patients, and service user rights (Dalton and Carlin, 2002; Pulman, Sloan and Fenge, 2024). Advocacy was closely tied with people at risk of institutionalised marginalisation from health and social care systems. This background shows that independent advocacy did not originate as a professional service, but grew from people's concerns about the recognition of personal rights, voices being excluded, and power imbalances. However, as professionalisation increases in advocacy services, it takes form as training requirements, formal supervision, clear role boundaries, safeguarding procedures, and standards of quality (NICE, 2022). Professionalisation, therefore, is not only about how knowledgeable or skilled independent advocates are; it is also about how independent advocacy services are structured, managed, and monitored.

The Care Act 2014 is an important piece of statutory legislation enacted in England, outlining local authorities' duties around adult social care, including support, wellbeing, assessment, and safeguarding (Care Act 2014). Independent advocacy has a specific statutory role within this legislation. The goal of the legislation is to make adult social care more person-centred by requiring local authorities to focus on individuals' needs, wishes, and outcomes important to them (Department of Health & Social Care, 2016). This placed independent advocacy within a more formalised, rights-based process, creating implications for advocacy managers, who must balance the statutory requirements of professionalisation with the independence and person-centred purpose of advocacy.

The Care Act 2014 and impact on Independent Advocacy in adult social care

The Care Act 2014 provides a useful context in which to explore professionalisation in independent advocacy, because it shows how legislation and bureaucracy affect the personal approach of advocacy in adult social care, within a professional practice (NICE, 2022). Under the Care Act 2014, local authorities have duties of care to service users to provide independent advocacy when a person might be at risk of “substantial difficulty” (Care Act 2014, s.67) when engaging with support processes and has no appropriate individual to support them. Substantial difficulty refers to difficulty understanding, retaining, using or weighing relevant information, or communicating views, wishes and feelings during care and support processes (Care Act 2014, s.67). Specific relevant sections for independent advocacy includes Section 67 (Care Act 2014) which looks at assessments and support plans, and Section 68 (Care Act 2014), which focuses on safeguarding enquiries and reviews. Independent advocacy is relevant within this legislation as some adults may struggle to participate without reliable support, and professionalisation may help to ensure these adults are not ignored or excluded.

However, while the Care Act 2014 reinforces independent advocacy by professionalising it with a statutory foundation, this does not guarantee service users will be heard (Hayes, Johnson and Tarrant, 2019). Access to independent advocacy support in practice still relies on the recognition of substantial difficulty, timely referrals, and a clear understanding of an advocate’s role. Additionally, this creates a tension, as independent advocacy is supposed to support service user participation and challenge marginalisation of their voices, yet it is positioned within the adult social care system it may need to question (Newbigging, Ridley and Sadd, 2017). So, while professionalisation can have a positive effect on accountability and reliability by complying with legislation, it can also create a dependence on bureaucratic thresholds. This becomes more apparent in adult social care where access to independent advocacy can depend on procedural thresholds, even though the purpose of advocacy is to support the service user’s voice and meaningful involvement (Care Act 2014, s.67).

In adult social care, independent advocacy can be arranged when completing needs assessments, support and care plans, safeguarding enquiries and care reviews (Care Act 2014, ss.67–68). The independent advocate's role is not just to be present with the service user during appointments and meetings, but to also make certain that the person supported understands the process, has their voice heard, feels comfortable asking questions, and participates fully in decisions that impact their lives (NICE, 2022). These decisions should not be viewed as simply administrative procedures. A service user may fulfil an administrative requirement by attending a meeting, but may not fully understand the details being discussed or the real-world impact on their daily life. An instance of this could be when an adult with dementia is present during a care review, they might be unable to understand the care plan being arranged for them and would need an advocate to help clarify aspects such as support plan changes (Independent Age, n.d.). However, independent advocacy is not only relevant to this specific example; other adults with substantial difficulties within the care process may also require advocate support. The potential group diversity demonstrates why advocacy managers must consider the spectrum and complexity of support in adult social care advocacy, and that professionalisation must support advocacy services to respond to diverse and changing needs, while remaining independent in their roles (NICE, 2022).

Professionalisation in Independent Advocacy under the Care Act 2014

Professionalisation in independent advocacy under the requirements of the Care Act 2014, has expectations that advocacy is delivered in practice through skilled, accountable, and evidentiary means (Care Act 2014), which can position independent advocacy as more formal support. Formal quality frameworks, such as the Advocacy Quality Performance Mark, also show how independent advocacy has become professionalised through expectations around quality, accountability and independence (Advocacy QPM, 2021). Professionalisation is seen in advocacy training, where independent advocates complying with the Care Act 2014, need to be able to identify when advocacy is required, what qualifies as substantial difficulty, and the policies and procedures of adult social care. Independent advocates might also need broader knowledge about related legislation, such as the Mental Capacity Act 2005 and the Equality Act 2010 (City & Guilds, 2024), or, as independent advocates' roles in adult

social care are sometimes specialised, the Independent Mental Health Advocacy (IMHA), Independent Mental Capacity Advocacy (IMCA), and Independent Health Complaints Advocacy (IHCA) (Pulman, Sloan and Fenge, 2024). Professionalisation through training can help advocates better recognise when a service user's voice is being overlooked, identify legislation that could offer protection, and feel more confident in challenging decisions.

There are other areas where professionalisation is apparent. Supervision gives advocates guidance, a place to voice concerns, and assistance with difficult cases, as advocacy work can be emotionally overwhelming, distressing, and isolating (Pulman, Sloan and Fenge, 2024). The direct implication of this for advocacy managers, is that supervision goes beyond checking that bureaucratic and procedural requirements have been completed; it is also about supporting the independent advocate, who can then effectively support the service user. Supervision also reinforces to advocates that their job is about supporting the service user, helping advocates to resist outside pressure from other professionals and institutions (Forbat and Atkinson, 2005). This supervision is particularly relevant to safeguarding, where an advocate's concerns about professionalisation requirements might overshadow the service users wishes. Professionalisation in safeguarding can also help advocates with safer practice when dealing with serious issues in cases such as adults experiencing abuse, neglect, coercive control, or exploitation, and can clarify how to respond to situations like these, manage confidentiality, and when to divulge private information (Advocacy QPM, 2014). Advocacy managers need to ensure that independent advocates understand how to balance their roles of independent support with compliance with regulations in a way that does not weaken the advocates' responsibility to making sure the service user's voice is heard and respected.

Commissioning creates another potential area of tension because, under the Care Act 2014, local authorities are responsible for arranging independent advocacy but frequently fulfil this duty through contracts with external advocacy organisations (Newbigging, Ridley and Sadd, 2020). In this context, commissioners are the local authority teams or officers responsible for arranging, funding and monitoring advocacy

provision. This means that advocacy managers and independent advocates must fulfil their roles in alignment with legislative and contractual requirements, while protecting the independence of their supportive roles. While commissioning can bolster accountability, complications can arise when advocates must challenge decisions made by the adult social care system which funds the advocacy service itself (Equality and Human Rights Commission, 2023). Overall, professionalisation of independent advocacy under the Care Act 2014 can improve consistency, accountability, and quality of practice; however, professionalisation can also create bureaucracy and the risk of losing independence in advocate roles. Advocacy managers must endeavour to use professionalisation in a way that strengthens independent advocates' abilities to support service users' voices and wishes (Social Care Institute for Excellence [hereafter SCIE], 2022).

Implications of professionalisation under the Care Act 2014 for advocacy managers in adult social care

Professionalisation of independent advocacy in adult social care under the Care Act 2014 significantly impacts advocacy managers because it alters the way advocacy is delivered to service users, and changes how the quality of advocacy is measured (Local Government Association, 2014). Advocacy managers have a duty to balance the independent and person-centred nature of their service with meeting all statutory and regulatory requirements of the Care Act 2014. While increased professionalisation can help advocacy services to better understand how they can support service users, the risk of bureaucratisation (Newbigging, Ridley and Sadd, 2020) by judging successful advocacy under the lens of box-ticking, is a concern. Quality assurance in advocacy must be measured as more than administrative; advocacy managers must ensure that the people they support feel respected and considered.

Professionalisation under the Care Act 2014 also impacts the relationship between advocacy managers and independent advocates because managers must support the advocates they supervise, protecting the rights of their independent advocates to challenge and question local authorities' decisions, while maintaining positive professional relationships with these advocacy partners (VoiceAbility, 2015). This

independence is crucial as local authorities are responsible for arranging independent advocacy, but advocates may have to challenge and confront local authorities' decisions, support plans, and assessments. This balance is complex; if advocacy managers focus too much on maintaining positive relationships with these partner agencies, through bureaucratic compliance, the independent nature of their advocacy can be eroded (Newbigging, Ridley and Sadd, 2017). This suggests that if professional relationships with partner agencies degrade, the negative effects can be experienced by independent advocates, and in turn, the service users they support.

This balance between supporting advocates, preserving independence and maintaining effective partner relationships is important because it directly shapes how strongly the service user's voice is protected within adult social care processes. In theory, regulated standards of practice and training of independent advocates in adult social care should strengthen this voice and reduce the marginalisation or exclusion of service users' wishes. However, the service user's voice can be weakened if professionalisation moves focus from the person, towards bureaucratic compliance with the Care Act 2014 (Newbigging, Ridley and Sadd, 2017). Advocacy managers must ensure that administrative systems support, rather than displace, the purpose of independent advocacy (NICE, 2022). Advocacy managers must also ensure that partner agencies clearly understand the purpose of independent advocacy is to represent service users' wishes and voices, rather than to make adult social care processes more convenient for professionals (Cooper and Bruin, 2017). Therefore, the main implication for advocacy managers in adult social care under the Care Act 2014 is that professionalisation must strengthen, rather than displace, the rights-based centre of independent advocacy.

Demand, provision, and innovation in independent advocacy under the Care Act 2014

Under the Care Act 2014, the professionalisation of independent advocacy in adult social care has implications for demand and provision. Demand refers to the level of need for advocacy support, while provision refers to whether that support is available in practice (Care Quality Commission, 2026). Within adult social care, there is a wide spectrum of service users, including senior citizens, disabled individuals,

neurodivergent people, those experiencing mental health concerns, and people in safeguarding processes (NICE, 2022). These scenarios can increase the need for advocacy, as service users have different support needs. Advocacy managers must assess demand by more than just administrative indicators, such as the amount of received referrals, but also by the complexity of cases being supported and the time needed to provide meaningful and effective individual support. This reflects wider adult social care concerns that professionalisation and service quality depend not only on formal standards, but also on workforce capacity, resources and working conditions (Hayes, Johnson and Tarrant, 2019). The presence of statutory advocacy within the Care Act 2014 does not in itself guarantee that provision will be accessible or adequate. Access to independent advocacy still relies on professionals recognising substantial difficulty, timely made referrals, and advocacy services having enough resources, such as available independent advocates, to respond. Advocacy managers must decide how to assign possibly limited resources, without negatively impacting the service's quality, independence, and person-centred focus (NICE, 2022). If this strain on the service occurs, there is a risk for the service of advocacy delays, reduction in support time given per user, or available resources being used to meet statutory requirements, instead of building meaningful engagement with service users (Newbigging, Ridley and Sadd, 2017; Hayes, Johnson and Tarrant, 2019).

One innovative way independent advocacy services can respond to these service demands is through digital or hybrid advocacy. Digital and online systems can enable advocates to attend meetings more easily and possibly increase capacity by reducing travel times to physical locations (NICE, 2022). Digitisation or hybridisation of the service can also enable advocates to support service users who may be unable to physically travel, or feel uncomfortable leaving their homes or being in unfamiliar surroundings. Digital case management systems also help in advocacy to manage caseloads, and help advocacy managers to monitor aspects such as referrals, service wait times, outcomes, and address unmet needs (NICE, 2022). But, even with these positive aspects of digital innovation, there are areas of concern, such as digital exclusion. Digital exclusion can occur for reasons such as poverty and inability to afford equipment, devices, and internet access, lack of digital skills, language or communication barriers, lack of confidence in

using technology, or cognitive impairments (Good Things Foundation, 2024). This exclusion can impact the ability of service users to complete online referrals, forms, or information. Therefore, it is the duty of advocacy managers to ensure that digital approaches benefit service users by increasing their access to support, rather than reducing or removing in-person advocacy for organisational convenience.

However, innovation in independent advocacy should not be viewed through only a digital perspective. Another form of innovation is co-production which includes service users in shaping the planning of advocacy delivery, improving the service, and recognising that service users are not simply the recipients of support but active participants in its design (SCIE, 2022). Peer advocacy is another form which involves including support from an additional person with similar lived experiences to the service user, helping them to feel less alone and more confident in expressing their wishes (SCIE, 2022). This form of innovation can complement independent advocacy, but should not be considered a replacement for the formal independent advocate, and instead acts in a more supportive role. Finally, other forms of innovation include interpreters, accessible information, and flexible modes of communication to help service users in practice (NICE, 2022).

In summary, demand, provision, and innovation highlight that professionalisation should not be viewed as only the development of formal standards, but also by the manner in which advocacy managers address service delivery strains within adult social care (Hayes, Johnson and Tarrant, 2019). Innovation is an important strategy to increase access and consistency, but must remain person-centred in its aims of helping service users to be listened to, understood, and involved in the decision-making process that affects their lives (NICE, 2022).

Management theories for advocacy managers under the Care Act 2014

Management theories are important for demand, provision, and innovation, because it is the duty of advocacy managers to interpret policy requirements under the Care Act 2014 into person-centred, rights-based practice (SCIE, 2022). Professionalisation requires advocacy managers to design services that are ethical, reliable, and legally responsible,

while also ensuring that the service remains independent (NICE, 2022). Management theories are integral for managers to address the stresses created by professionalisation. Advocacy managers can use different management theories to respond to these tensions, including transformational leadership, systems theory, and ethical leadership (Brown, Treviño and Harrison, 2005).

Transformational leadership theory focuses on how leaders inspire and encourage followers through shared goals, values, and professional development. First introduced by James Burns as “transforming leadership” (Burns, 1978, p.20), it is the theory that leaders and followers interact in a way which raises both parties’ levels of “motivation and morality” (Burns, 1978, p.20). This theory was expanded on by Bernard Bass (1985), who created a more organised model called “transformational leadership” (Bass, 1985, p. 14). Later work by Bass and Avolio established the “Four I’s” (Bass and Avolio, 1994, p. 26); individualised consideration, intellectual stimulation, inspirational motivation, and idealised influence. These four attributes apply to a leader’s ability to support those they supervise as individuals, promote critical thinking, encourage staff commitment through common values, and lead by example as a trusted role model (Bass and Avolio, 1994). This is relevant to independent advocacy because managers must keep independent advocates motivated, supported, and values-led in a service that could become too bureaucratised.

Transformational leadership can assist advocacy managers in complying with the statutory requirements of the Care Act 2014. In practice, a transformational management style can aid in helping independent advocates identify professional obligations, such as training, safeguarding, quality assurance, and supervision, as methods to fortify the service user's voice, instead of as a solely bureaucratic commitment (Bass and Avolio, 1994; NICE, 2022). Individualised consideration could help in complex advocacy cases needing different types of support, with intellectual stimulation providing the critical thinking needed to understand this. Inspirational motivation and idealised influence could help advocacy managers to encourage independent advocates to remember the service’s objective is to help the supported

person's voice and reiterate the integrity of the service by modelling these actions (Bakker *et al.*, 2023).

However, the transformational leadership approach on its own is often not enough, as it does not resolve structural issues that exist in adult social care. Systems theory can address broader structural pressures, as this theory acknowledges that organisations and services are not isolated entities and are interconnected and impact each other (von Bertalanffy, 1968; Leighninger Jr., 1978). Independent advocacy under the Care Act 2014 operates within a network that includes service users and their families, commissioners, local authorities, social workers, care providers, and voluntary organisations (NICE, 2022). Complications in advocacy provision may not be caused solely by advocates or managers, but by external problems such as administrative issues, strained resources, or slow adult social care processes (Newbigging, Ridley and Sadd, 2017; Hayes, Johnson and Tarrant, 2019). Systems theory can aid advocacy managers to see beyond individual support cases and identify recurring themes in practice that need to be corrected. Repeating practice patterns such as late referrals may indicate professionals are unclear on when advocacy should be organised. If a service user demographic is underrepresented, this could indicate barriers around accessibility, digital skills, or communication (NICE, 2022). These patterns matter because professionalisation in advocacy under the Care Act 2014 depends on the wider adult social care system recognising need, making timely referrals, and communicating clearly with advocacy providers.

Ethical leadership theory is also relevant for managers of independent advocacy services, as managers must make decisions where conflicts of interest may arise between the service user's wishes and legal, organisational, and safeguarding requirements. Ethical leadership focuses on leaders behaving "normatively appropriate" (Brown, Treviño and Harrison, 2005, p. 120), and acting fairly, with integrity, and morality, and encouraging those they supervise to adopt the same ethical practice. Under the Care Act 2014, independent advocates may be supporting adults in complex social care situations, where the supported adult's wishes differ from the priorities of the professionals. Ethical leadership supports advocacy managers to prioritise the service user in decision making.

Reflective supervision can be used to give independent advocates space to discuss complicated cases and conflicts that may occur between the service user's wishes and professional expectations (Earle *et al.*, 2017). However, ethical leadership does not resolve these conflicts entirely. Independent advocacy remains a collaborative service with adult social care systems, as well as the need to challenge them when necessary (Advocacy QPM, 2014). Using ethical leadership, advocacy managers can respond to these tensions, instead of attempting to fully resolve them.

Conclusion

Professionalisation of independent advocacy under the Care Act 2014 has significant implications for advocacy managers in adult social care. It can strengthen quality and consistency in practice, by more clearly defining expectations for training, supervision, accountability, safeguarding, and service delivery standards. This matters because independent advocates may face complex support situations, where adults in social care might have their voices and wishes overlooked, and rights moved from centre-focus. Professionalisation, therefore, can improve independent advocacy by supplying advocates with the knowledge and confidence to effectively support service users within the adult social care system.

However, professionalisation can also create tensions if advocacy becomes too bureaucratised, and focuses on contractual requirements, meeting targets, or statutory or procedural compliance, which risks weakening of the intended purpose of independent advocacy. Independent advocacy must remain person-centred for service users, and not risk losing that focus while trying to efficiently comply with adult social care systems. This means advocacy managers must balance preserving the independence of their service, while working in collaboration with partner agencies like local authorities, commissioners, social workers, and care providers.

In conclusion, professionalisation must be managed appropriately as it is incorporated into independent advocacy service delivery. Advocacy managers need to use professional standards, training, supervision, innovation, and leadership in ways that are supportive and protective of service users' rights. The important role of advocacy

managers is to ensure that professionalisation supports, rather than weakens the purpose of independent advocacy, by giving advocates and managers clearer frameworks to protect service users' voices in adult social care.

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