Inspire
Wellbeing Ability Recovery

INSPIRE'S RESPONSE:
PATIENT AND CLIENT COUNCIL'S *ADVOCACY: A CALL TO ACTION*

INTRODUCTION

Inspire welcomes the Patient and Client Council's Advocacy: A Call to Action and its contribution to an important discussion about the future of advocacy in Northern Ireland.

For Inspire, the central test of any future advocacy model must be whether it makes advocacy as independent as possible from the systems, organisations and decisions it may need to challenge. The paper rightly highlights concerns around fragmentation, variation in access and the difficulties that can arise when advocacy services are commissioned by the same organisations they may need to hold to account.

Inspire has been delivering advocacy services in Northern Ireland for more than 25 years, supporting people across mental health and addictions, intellectual disability, autism, supported living and community settings. Our perspective is informed by extensive experience delivering advocacy services across the Northern, Belfast and Southern Health and Social Care Trust areas, alongside regional initiatives including Advocacy for All and Right Support Right Time (RSRT). Through these commissioned and regionally delivered programmes, Inspire has delivered thousands of advocacy interventions across Northern Ireland, providing significant insight into the needs, barriers and experiences of those seeking support.

That experience has also informed the development of regional approaches to addressing unmet need. Advocacy for All was established to respond to gaps in advocacy provision and access across Northern Ireland, while Right Support Right Time, delivered through PEACEPLUS, continues to test how advocacy, navigation and early intervention support can be made more accessible to people who may otherwise struggle to access services.

Northern Ireland is not starting from scratch on advocacy. Significant activity, expertise and learning already exists. The challenge is to connect, support and sustain that activity within a coherent and independent framework.

In assessing future arrangements, Inspire believes reform should be explicitly benchmarked against recognised advocacy best practice, including the principles of independent advocacy, rights-based practice, accessibility, person-led support, confidentiality, safeguarding, clear governance, workforce competence and continuous quality improvement. These principles are reflected in established frameworks such as the Advocacy Charter, the Advocacy Code of Practice, the Advocacy Quality Performance Mark and NICE guidance on advocacy services for adults with health and social care needs.

It is from this practical perspective that Inspire welcomes the PCC's contribution and offers the following reflections.

INDEPENDENCE IS ESSENTIAL TO RIGHTS, SAFEGUARDING AND PUBLIC CONFIDENCE

At its heart, advocacy is about ensuring people have a voice in decisions that affect their lives. It supports people to understand and exercise their rights, make informed choices, identify the outcomes that matter to them and challenge decisions when they feel they are not being heard. For people facing ill-health, intellectual disability or challenging life circumstances, advocacy can help address power imbalances by providing the support needed to participate in decisions, maintain choice and control, and have their views, wishes and experiences heard and respected.

From Bamford to Bengoa, Northern Ireland has repeatedly recognised the importance of rights, participation and independent challenge in shaping services.

More recently, the Hyponatraemia Inquiry, Neurology Inquiry, Muckamore Inquiry, the findings arising from Dunmurry Manor, and wider adult safeguarding reforms have reinforced the need for independent advocacy and effective mechanisms through which people and families can raise concerns and be heard. While each examined different circumstances, they revealed a common challenge. Concerns raised by individuals and families were not always listened to, acted upon or translated into meaningful improvement. Together, these experiences demonstrate the value of independent advocacy as both a safeguard for individuals and a mechanism for accountability, learning and improvement across the wider system.

For this reason, Inspire believes independence must sit at the centre of any future advocacy arrangements. Advocacy should be as independent as possible in structure, funding, governance, practice and perception.

Status and independence are closely connected. If advocacy is to challenge systems, protect rights and support participation effectively, it must be recognised as an essential part of the health and social care system and supported accordingly through legislation, commissioning and funding.

The Department of Health should therefore explore placing advocacy on a statutory footing to ensure consistent access to independent advocacy. A stronger legal foundation is important not only because it protects access and promotes consistency, but because it recognises advocacy as a core part of a rights-based health and social care system. Without statutory recognition, advocacy risks remaining vulnerable to changing priorities, short-term funding arrangements and uneven provision. If advocacy is to fulfil its role in protecting rights, supporting participation and strengthening accountability, it must be recognised as essential infrastructure rather than a discretionary service.

BUILDING AN INDEPENDENT SYSTEM: WORK REGIONALLY, ACT LOCALLY

Inspire supports the PCC's view that addressing fragmentation, inconsistency and variation in advocacy provision requires a more systemic and regional approach. However, the primary purpose of reform should not simply be to create greater consistency. It should be to create a system in which people can access advocacy that is visibly, practically and confidently independent, regardless of where they live or which service they are using. The current landscape can be difficult for people to navigate, with differences in provision, access and expectations across Northern Ireland. Greater consistency, stronger standards and improved visibility would therefore be positive developments, but only if they strengthen rather than dilute the independence of advocacy.

A best practice advocacy model should also make access simple, timely and equitable. People should be able to understand what advocacy is, when they may benefit from it and how to access it before a situation escalates into crisis, complaint or safeguarding concern. This requires clear referral routes, accessible information, proactive signposting by health and social care professionals, and particular attention to people who may face additional barriers because of disability, mental ill health, addiction, communication needs, trauma, social isolation or lack of trust in services.

However, regional ambition alone will not deliver change. Through our advocacy services and regional initiatives, we have seen first-hand how fragmented provision, short-term funding and uneven access can limit impact. Northern Ireland's experience of implementing major reform programmes demonstrates that the challenge is rarely one of vision. It is one of delivery. Recent reviews of the Mental Health Strategy have highlighted the consequences of attempting transformation without the level of investment originally envisaged. Advocacy reform should learn from those lessons. Without sustained funding, workforce capacity, clear governance and long-term commitment, aspirations for advocacy reform

risk remaining ambitions rather than becoming realities for the people who rely on advocacy support.

If advocacy is to become a core part of Northern Ireland's health and social care infrastructure, clear strategic leadership is required. Inspire believes the Department of Health should lead the next phase of advocacy reform, bringing together the PCC, PHA, advocacy providers, the voluntary and community sector and people with lived experience.

At the same time, regionalisation should not be confused with centralisation. The opportunity is not to build a new advocacy system from the ground up but to strengthen and better connect what already exists. As a first step, the Department of Health should undertake a comprehensive mapping exercise of advocacy provision across Northern Ireland to establish current provision, identify specialist expertise, referral pathways, gaps in access and unmet need. Future reform should build upon existing strengths and focus on improving outcomes for the people who rely on advocacy support.

Whatever model is ultimately adopted, public confidence will depend on transparent governance arrangements, sustainable investment and a clear separation between commissioning, delivery, oversight and scrutiny functions. Independence must be designed into the model from the outset, with explicit safeguards for managing conflicts of interest, protecting advocacy judgement and ensuring that people using advocacy services understand who the advocate is accountable to. Success should be measured not by the structures that are created but by the difference they make to people's lives. This means ensuring people can access high-quality, independent advocacy regardless of where they live, and are supported to exercise their rights, influence decisions that affect them, and achieve better wellbeing, independence and quality of life.

LIVED EXPERIENCE AND PEER ADVOCACY MUST BE PART OF THE FUTURE MODEL

While discussions about advocacy often focus on structures, commissioning and governance, the value of lived experience should not be overlooked.

One of the strongest lessons from Inspire's advocacy work is the importance of people being supported by those who understand challenges because they have experienced them themselves. Through Advocacy for All, we saw how peer advocacy, self-advocacy and community leadership can build confidence, participation and resilience within communities.

A future advocacy framework should therefore recognise professional advocacy, peer advocacy and self-advocacy as complementary approaches rather than competing models. There is a unique power in being heard by someone who has walked a similar path, and lived experience should continue to inform the design, delivery and development of advocacy services. The framework should also recognise that some people will need non-instructed advocacy,

where advocates take additional steps to understand and represent the person's likely wishes, feelings and desired outcomes when the person cannot instruct an advocate directly.

At the same time, peer advocacy is not a replacement for professional advocacy. Appropriate training, support, supervision and safeguards remain essential for all advocacy roles. The challenge is to create a system that values lived experience alongside professional expertise, recognising that both have an important contribution to make.

WORKFORCE, STANDARDS AND QUALITY

The PCC rightly highlights the importance of a skilled and sustainable advocacy workforce. While future reform should consider training, supervision, accreditation and continuing professional development, Northern Ireland is not starting from a blank page. Significant work has already been undertaken to develop advocacy competencies, standards and workforce development.

Inspire brings direct experience of this work. In 2022, Inspire participated in a Department of Health regional working group, led by Phil Hughes, which was tasked with developing the pilot Independent Mental Capacity Advocate (IMCA) training programme. This work explored legal and policy interfaces, supervision models, skills development and assessment approaches, creating valuable learning that should inform future workforce development.

The learning from this work should inform future workforce development, ensuring Northern Ireland builds on existing expertise rather than developing new frameworks in isolation.

Future arrangements should recognise the diversity of advocacy roles. Advocacy is not a single discipline and different forms of advocacy

require different skills and competencies. Some specialist roles, such as Independent Mental Capacity Advocacy, require specific legal and statutory knowledge, while other forms of advocacy may be grounded more heavily in values-based practice, communication skills, relationship building and lived experience. Any future framework should therefore avoid a one-size-fits-all approach and instead recognise the breadth of advocacy practice while maintaining quality, public confidence and independence.

Alongside workforce development, there is merit in adopting a recognised quality framework or quality mark for advocacy services, supporting consistency, learning and quality improvement across the sector. Any such framework should test not only policies, training and supervision, but also whether advocacy practice remains person-led, rights-based, confidential, accessible, evidence-informed and independent in day-to-day delivery.

TURNING INDIVIDUAL VOICES INTO SYSTEM LEARNING

One of the most significant opportunities identified by the PCC is the potential for advocacy to contribute to wider system learning. Inspire strongly supports this ambition.

Through advocacy delivery, we repeatedly encounter common themes that extend beyond individual circumstances. Issues relating to housing insecurity, financial hardship, loneliness, social isolation, access to services and navigating complex systems frequently emerge alongside mental health concerns. While these experiences are personal, they often point to wider systemic challenges that require a collective response.

Advocacy therefore has value beyond supporting individuals to resolve immediate issues. It provides a unique insight into how people experience services, where barriers exist and where systems may not be working as intended. Used effectively, this intelligence can inform service improvement, safeguarding, commissioning and policy development.

However, if advocacy is to fulfil this role, we need a broader understanding of where advocacy insight comes from. Independent advocacy services, community organisations, peer support programmes, self-advocacy initiatives and carers all capture valuable information about unmet need and lived experience.

Future reform should include a clear approach to monitoring quality and outcomes. This should combine activity data with evidence of whether advocacy has helped people understand their rights, express their wishes, participate in decisions, resolve issues, access services, feel safer or influence change. Outcome monitoring should be proportionate and should protect confidentiality, but it should be strong enough to support learning, accountability and continuous improvement across the advocacy system.

Too often these insights remain disconnected from one another. Future reform should focus on how advocacy intelligence is brought together and used to inform service improvement, safeguarding, commissioning and policy development. The goal should not be more data for its own sake, but better understanding and better decision-making.

KEY RECOMMENDATIONS FOR REFORM

Drawing on our experience of delivering advocacy services, supporting regional initiatives and contributing to workforce development, Inspire believes the following actions and supporting principles would help translate the ambitions set out in the PCC's paper into practical and sustainable reform.

CORE RECOMMENDATIONS

MAKE INDEPENDENCE THE ORGANISING PRINCIPLE FOR ADVOCACY REFORM

Future arrangements should be designed to maximise advocacy's independence from the systems, organisations and decisions that advocacy may need to challenge.

PLACE ADVOCACY ON A STATUTORY FOOTING

The Department of Health should place advocacy on a statutory footing, recognising advocacy as a core component of the health and social care system and supporting consistent access, stronger independence and sustainable investment.

PROVIDE STRATEGIC LEADERSHIP FOR ADVOCACY REFORM

The Department of Health should lead the next phase of advocacy reform, working with the PCC, PHA, advocacy providers, the voluntary and community sector, and people with lived experience to develop a coherent, independent and sustainable advocacy framework.

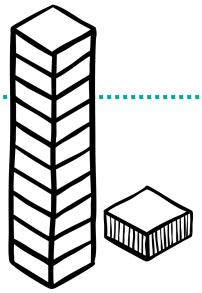
UNDERTAKE A COMPREHENSIVE REGIONAL MAPPING EXERCISE

A comprehensive mapping exercise should establish current provision, specialist expertise, workforce capacity, referral pathways, gaps in access and unmet need to inform future planning.

DEVELOP A REGIONAL WORKFORCE, STANDARDS AND QUALITY FRAMEWORK

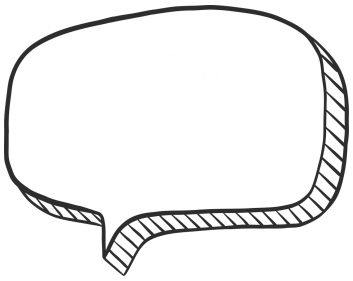
Future arrangements should build on existing work to establish a framework that recognises the diversity of advocacy roles, supports workforce development and promotes consistency and public confidence.

SUPPORTING PRINCIPLES FOR IMPLEMENTATION

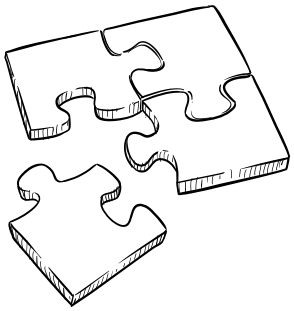


Build on existing advocacy infrastructure and expertise, rather than creating new structures in isolation.

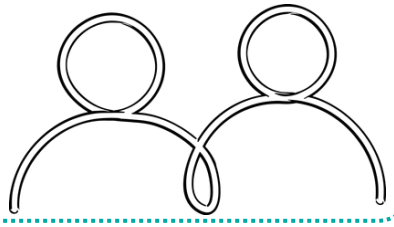
Make access to advocacy simple, timely and equitable through clear referral routes, accessible information, proactive signposting and targeted attention to people who may face barriers to self-referral or engagement.



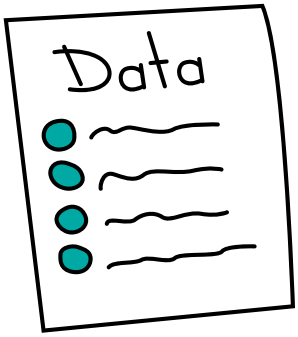
Embed conflict of interest safeguards in governance arrangements so that advocacy judgement is protected, accountability is clear, and people understand who their advocate is accountable to.



Adopt a recognised advocacy quality framework or quality mark that tests whether advocacy remains person-led, rights-based, confidential, accessible, evidence-informed and independent in day-to-day practice.



Recognise professional, peer, self-advocacy and non-instructed advocacy as complementary approaches, ensuring each is supported by appropriate training, supervision, safeguards and clear standards of practice.



Introduce proportionate monitoring of quality and outcomes that combines activity data with evidence of whether advocacy helps people understand their rights, express their wishes, participate in decisions, resolve issues, feel safer and influence change.

CONCLUSION

Inspire supports the PCC's ambition for a more independent, consistent and trusted advocacy system for Northern Ireland. We believe independence should remain the central organising principle of reform, supported by clear governance, sustainable funding, accessible referral routes, strong workforce standards, proportionate quality assurance and meaningful involvement of people with lived experience. Without independence, advocacy risks being seen as part of the system people may need help to question. With independence, supported by the right safeguards and standards, advocacy can give people confidence that their voice will be heard, their rights respected and their concerns taken seriously.

The PCC paper demonstrates that many of the building blocks for reform already exist. Northern Ireland should not need another inquiry or review to reinforce lessons we already understand. The opportunity now is to create an advocacy system that is independent by design, coordinated in delivery, accessible in practice and sustainable for the long term. Such a system should protect rights, strengthen accountability, support early access, value professional, peer, self-advocacy and non-instructed advocacy, and use advocacy insight to improve services. Ultimately, success will not be measured by structures or processes alone, but by whether people are genuinely heard, supported to exercise choice and control, and enabled to live with greater independence and dignity.

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WELLBEING, ABILITY AND RECOVERY FOR ALL

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