Advocacy Outcomes Framework

Measuring the impact of independent advocacy

NDTi

National Development Team for Inclusion

Foreword

Independent advocacy is an essential component of local services and supports for people who are at risk of exclusion from our society. Having access to support will be important to many people in order to help them say what they want, secure their rights, represent their interests and obtain services they need – in relation to the health, social care and education systems and beyond. Advocacy can and should often be that support.

However, in these changing times, what used to be widely understood as being a 'given' i.e. that independent advocacy should be available, is increasingly open to challenge. A number of advocacy services have ceased to exist as they have lost funding whilst, for others, there has been a move towards just being contracted to delivery statutory advocacy functions rather than providing wider advocacy support. There are several reasons for this, but a central one is that advocacy services are being expected to justify in new ways the funding they receive and a method of doing this has not been readily available. Advocacy is effectively in competition with other aspects of the health and social care system for limited resources.

The advocacy sector needs to have an effective and evidence based way to argue for funding. Whilst, in part, this should be driven by the moral and values based arguments for advocacy, it also needs to be about demonstrating outcomes and value for money. This framework has been designed, in partnership with the advocacy sector, to help achieve that.   Our hope and aim is that these resources will be used by the sector, not only to help it make the case for continued funding and support, but also as an internal developmental 'toolkit' that will ensure continual improvement and better advocacy outcomes for people.

We would particularly like to thank the Esmee Fairbairn Foundation for their foresight and generous financial support in providing the funding to enable us to produce these materials.

The continuing strength of independent advocacy is vitally important to many people in our society, and indeed to those responsible for services, as it will assist services to hear the voices of people more effectively. We hope that these resources will make a contribution towards ensuring advocacy's continued vitality.

Rob Greig
NDTi Chief Executive

> an internal developmental 'toolkit' that will ensure continual improvement and better advocacy outcomes for people

Introduction

to measure
and
understand
the power
and effect of
independent
advocacy
provision

This framework has been produced for providers and commissioners of independent advocacy to use to measure and demonstrate the impact that independent advocacy has – for individuals, the health and social care sector, wider community, and on the advocacy sector itself. It sets out a standardised structure of areas of impact and associated outcomes to help us measure and understand the power and effect of independent advocacy provision, both locally and nationally. Its aim is to help advocacy providers evidence good practice, and commissioners and people who use advocacy to know if an organisation is delivering good outcomes for people. It will thus improve our understanding of the importance and impact of independent advocacy as well as supporting advocacy organisation improve their effectiveness.

The tool is designed so that advocacy services and commissioners can use it to measure the quality and impact of an advocacy service. **It sets out four areas of impact.** Organisations and commissioners can use the example outcomes provided or drop in the outcomes they already measure into the broader impact areas. It is designed to sit alongside current advocacy practices and support organisations to find ways of evidencing outcomes as a part of their day to day work.

The associated toolkit is a detailed resource and practical guide for advocacy organisations to develop their understanding of how to define, measure, analyse and report on impact and outcomes achieved. Those organisations that do not have an existing outcomes recording and measuring system will find this detailed toolkit particularly helpful.

Why this framework is important

The history of this framework and accompanying toolkit is based in research and a continued dialogue with providers of independent advocacy, people who have accessed advocacy support, commissioners and others.

Independent advocacy is a powerful tool in enabling people to:

- have a strong voice that is heard and responded to
- achieve equality and social inclusion
- have their rights upheld
- increase their resilience and independence
- live the life that they want in the way that they want

There continues to be a perception that advocacy, its practice and potential impact, is poorly understood, by commissioners, health and social care providers, the public at large, as well as by people who may potentially be able to access and benefit from good independent advocacy support. One of the reasons for this is that the advocacy sector has not consistently been very effective at demonstrating the impact that its work is having.

Not demonstrating impact can lead to a number of issues:

- Insufficient or poor commissioning of independent advocacy
- Lack of or inappropriate referrals to advocacy organisations
- Lack of respect for the role of advocacy
- Misunderstanding potential benefits to the individual
- Unrealistic expectations of advocacy providers
- Poor communication with advocates

These issues ultimately impact on people's ability to access good quality advocacy when they need it. Advocacy organisations work hard to engage with commissioners, providers and the wider community to redress this, however they face continued demands in terms of time and funding pressures.

> **In the absence of a common understanding about the transformative role that advocacy can play, there is a danger that we lose out on maximising the potential benefits that advocacy can have for people, the health and social care sector and the wider community.**

There is growing evidence of advocacy organisations losing funding. In addition, there is a trend towards public bodies only commissioning statutory advocacy services. These services are important and powerful safeguards for people who are eligible, but they do not meet the needs of all people who need and can benefit from independent advocacy.

Anecdotally, there are hundreds of positive stories of advocacy achievements, but no commonly accepted or used outcomes framework or methodology that enables advocacy organisations to demonstrate impact and thus make a case for continued existence. This framework and accompanying toolkit aims to bridge that gap and to provide a useable tool that advocacy services and commissioners can implement to commission independent advocacy and to measure the quality and impact of an advocacy service, as well as to inform decisions about how funding for advocacy and the design of advocacy is to be taken forward both locally and nationally.

During the co-production of the framework, we heard from many organisations that they were already striving to demonstrate their impact by recording and reporting outcomes. The framework is not intended to be a replacement where organisations have found effective ways of doing this. It can be used to enhance or supplement existing strategies with existing outcomes data being 'dropped into' this framework. For organisations where measuring impact and outcomes is new, it provides a structure to build on in partnership with commissioners and people who access the service.

How the toolkit has been produced

The toolkit has been co-produced with people who use advocacy, people who commission advocacy and people who deliver advocacy support. We reviewed the available literature about advocacy and measuring advocacy outcomes. We then worked with two self-advocacy groups to find out what people wanted from advocacy and what actions made a good advocate and advocacy service. This led to the development of the outcomes in this toolkit.

Advocacy services, manager and commissioners were asked to review draft versions of the toolkit and their experiences and views shaped its content. A small number of services then tested the questionnaires with different stakeholders and their subsequent feedback led to the final revision of the toolkit that you see here.

The Framework

The outcomes framework defines outcomes in **four impact areas**. These are where, anecdotally we hear stories of advocacy making a difference;

- in the lives of individuals who use the advocacy service

- in the way that the health and social care sector delivers services and responds to people

- in the way communities can support people to be included and enriched by peoples' full participation and involvement

- in the way that advocacy services learn, develop, listen and grow

The accompanying toolkit provides a detailed resource to support advocacy organisations to collect, analyse and report on impact and outcomes. It also provides information to support advocacy providers to develop their own outcome measures for specific programmes of work or projects.

The move to outcome focused commissioning and grant funding means that advocacy providers may also find this information helpful when applying for grant funding or submitting tender applications.

How it works

In simple terms, there is **a four-stage process** to using the framework:

1. The advocacy organisation (possibly with its funders/commissioners) considers the four areas and discusses the different types of outcomes it sees its services as particularly aiming to achieve within each domain.

2. (a) If the advocacy organisation already has a way of collecting and reporting on outcomes, then it uses that data and information to 'populate' each of the outcome domains.
(b) If it does not already have an outcomes system, then it can use the associated toolkit to think about and work through how to design its own detailed outcomes/data collection system – using this framework to steer the main headings.

    Many organisations will be a mix of (a) and (b) i.e. have some existing outcomes data but with gaps across some of the four areas. It is important to note that some of these gaps may be intentional for some organisations.

3. The organisation collects the information and adds it into the framework in order to show what it has achieved in relation to each of the domains.

4. The organisation reflects on what it has and has not achieved, (both internally and with its commissioners/funders), in order to identify what it should do differently and/or develop over the coming year in order to improve outcomes for people. It then repeats the cycle.

taking action to help people say what they want, secure their rights, represent their interests and obtain services they need

What is Independent Advocacy?

The provision of independent advocacy, in all its forms is based on a set of underpinning principles and values – these are set out in The Advocacy Charter which was developed by Action for Advocacy and published in July 2002. This was then updated in 2014.

Advocacy is commonly defined as

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 providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.

Advocates work in partnership with the people who access the service. They endeavour to be instructed or directed by the person at all times and to enable the person to 'self-advocate' as far as possible – it's an empowering relationship.

The advocate is always on the persons' side. Advocates don't do things or talk to people without their partners' consent and they don't withhold information that others have shared. They support people to get the information they need and to consider their options. And they support people to be listened to, respected and understood.

Non-instructed advocacy

Some people may lack the mental capacity to instruct their advocate in either some or all of the work that the advocate is undertaking with them. This is particularly the case in some forms of statutory advocacy, such as Independent Mental Capacity Advocacy. Advocates still work hard to understand what is important to the person, ensure they are able to be a part of and influence decisions being made and that their rights are upheld.

In such situations, this is known as 'non-instructed advocacy', i.e. where a person lacks the capacity to instruct an advocate. The non-instructed advocate will still seek to uphold the person's rights; ensure fair and equal treatment and access to services; and make sure that certain decisions are taken with due consideration for all relevant factors which must include the person's unique preferences and perspectives.
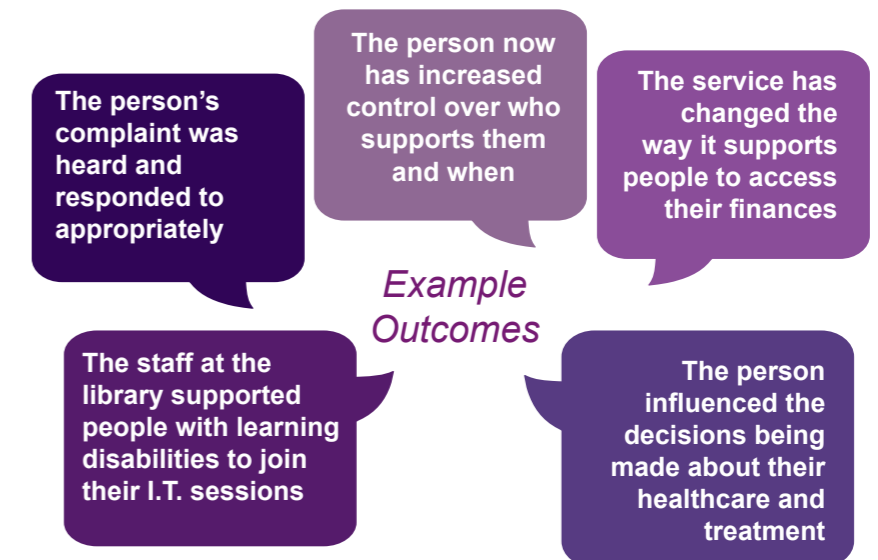
Statutory advocacy

Advocates providing statutory advocacy have clearly defined roles and functions. They support specific people in pre-defined circumstances with particular decisions or activities. People accessing statutory advocacy have a legal right to do so.

These founding principles tell us some of what makes for good independent advocacy provision and starts to shape the outcomes you see in this framework.

Understanding Outcomes
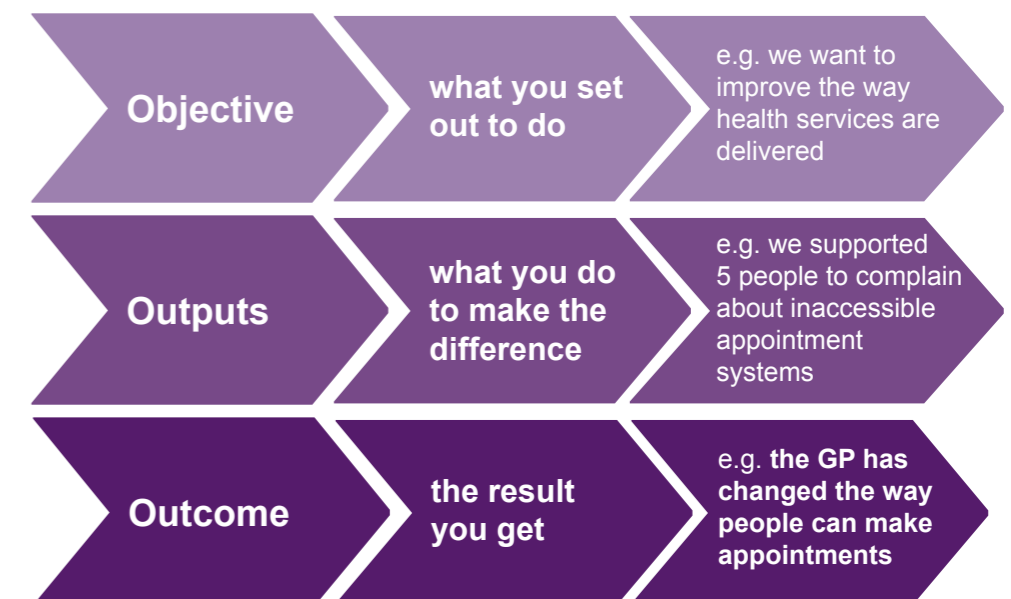
What is an outcome?

An outcome is the way things are as a consequence of an action, intervention or situation. It is the end result, the thing that has changed. For this framework this means the things that have changed as a result of an advocacy service working with an individual or group - through the provision of independent advocacy. Here are some examples;

The person's complaint was heard and responded to appropriately

The person now has increased control over who supports them and when

The service has changed the way it supports people to access their finances

Example Outcomes

The staff at the library supported people with learning disabilities to join their I.T. sessions

The person influenced the decisions being made about their healthcare and treatment

What an outcome is not!

Outcomes often get confused with aims, objectives and outputs. The acid test in defining outcomes is asking – "what has changed? What have I got? What is the end result?"

The diagram below helps explain the differences.

Objective	what you set out to do	e.g. we want to improve the way health services are delivered
Outputs	what you do to make the difference	e.g. we supported 5 people to complain about inaccessible appointment systems
Outcome	the result you get	e.g. **the GP has changed the way people can make appointments**

Defining Advocacy Outcomes

This framework outlines defined areas of impact along with examples of desired outcomes and potential indictors of success. The accompanying toolkit provides organisations with tools and information to support them to design their methodologies for collecting, analysing, reporting and presenting data.

The starting point – individual outcomes

Evidence about the outcomes achieved by an advocacy service can only be demonstrated if the service is clear about, and is recording, the outcomes that it is trying to achieve with and for the people who use their service. Understanding what you want to achieve (the desired outcome or goal) through the advocacy work and relationship is one of the fundamentals in being able to demonstrate effectiveness and impact.

Many people accessing independent advocacy will have a clear idea of the personal objectives or desired outcomes they want to achieve. *For example*
"I want my complaint to be listened and responded to and I want that Dr to be sacked!"
"I want to get leave from hospital to see my family"
"I want to move into my own flat"
"I want my staff to understand how to support me when I'm unwell"
"I want the bus company to tell the bus drivers to stop for me, even when the bus is full"
"I'm not happy – things need to change"

These personal outcomes are often the bedrock for the advocacy activity and are usually written down in an Advocacy Agreement or Advocacy Plan. They help keep the person and the advocate on track with the work that they are doing. Advocates will review what the person wants to achieve on a regular basis.

Advocacy may set out to do one thing but in the process achieve something quite different. These unplanned goals can quickly become the key objective but then it is the process rather than the stated outcome that becomes the objective of the advocacy support.

Sometimes people aren't clear on what they want to achieve or aren't able to tell the advocate what they would like to be different, as in some non-instructed advocacy or because the person just isn't sure yet.

Sometimes people who access the advocacy service may have expectations of advocacy that cannot be achieved.

Understanding what you want to achieve is one of the fundamentals in being able to demonstrate effectiveness and impact

Statutory advocacy, which has clearly defined parameters also means the advocacy activity is directed by the reason the advocate is involved for example, with an NHS complaint. Nevertheless clearly defined advocacy activity and desired outcomes are still important.

Regardless of the type of advocacy and level of instruction, advocates will usually still work using an advocacy plan and many organisations use the advocacy cycle as a way of structuring the advocacy work that is undertaken.

The Advocacy Cycle
- review
- Listen
- access information
- explore choices
- decide goal
- agree action plan
- take action

Organisations can and should record whether the person achieved their desired outcome as a result of the advocacy activity. However this should not be seen as the only indicator of successful advocacy activity.

There are times when, despite excellent advocacy work, the person isn't able to achieve their desired outcome. Regardless of this, people accessing independent advocacy may report other "process" outcomes.

For example
"I didn't get the outcome I wanted from my complaint, but I was heard and responded to in a way that I was satisfied with. I feel more confident to complain on my own in the future – now I know my rights!"

"I haven't got my own flat yet, but my advocate helped me talk to my social worker and now I'm volunteering at my local community garden and have got support to access a horticultural course at the college. I hope this will help me get a job in the future. I've made some great new friends and get out and about a lot more now."

Organisations should also record the 'process outcomes" that people report.

Non-instructed advocates may need to decide what the advocacy plan and desired outcomes should be if the person they are working with is unable to tell them. The various models for non-instructed advocacy can help advocates working without instruction define their advocacy plan and desired outcomes to ensure it is person centred and achieving what the person needs.

The information about individual outcomes supports advocacy providers to demonstrate their overall impact. We have included an outcome matrix in the toolkit for organisations to track individual outcomes against the broader outcomes in the Framework.

Using the Outcomes Framework

Planning for implementation

It can take time and effort to implement systems for demonstrating impact and outcomes. The accompanying toolkit provides lots of tools, information and practical guidance to help customise approaches to different organisations and the different types of advocacy provided.

As you go about implementing an outcomes reporting system, some things to bear in mind are:

- Take your time
- Work as an organisation – bring everyone along, managers, advocates, contact centre staff, business support, board

members, and people who access the service. It can also be helpful to involve commissioners/funders
- Embed processes in to current practice where possible
- Keep it as simple as possible whilst still ensuring you have a good, robust system
- Practice analysing and presenting data so that it's in a useful format for your organisation and commissioners and funders as well as the general public
- Don't worry if you don't get it right straight away
- Providers and funders/commissioners should work together where possible so there is an agreement on outcomes to be achieved and how they will be reported
- Make it as easy for advocates to complete as possible (some organisations design their database, casefiles or CRM systems to support the collection of outcome data)

The four impact areas

As we've already described, there continues to be an evidence gap in terms of the effectiveness of independent advocacy. This section contains the impact areas and example outcomes that were developed in co-production for this framework. They provide a standardised structure for advocacy organisations and commissioners to use to understand the impact that advocacy services have.

exploring
what these
outcomes
might mean
in practice
and how your
particular
organisation
might
achieve them
and evidence
them

Start by having discussions with people involved in your advocacy service, exploring what these outcomes might mean in practice and how your organisation might achieve and evidence them.

If you already collect information about outcomes you may be able to 'drop' these into this framework. Alternatively, you may not be collecting data in all domains and can use the others to support you to further demonstrate impact. If you are new to this – it gives you a structure to use and build upon. The toolkit can help you think through how you collect and measure the data to demonstrate the impact you are having.

These are broad advocacy areas of advocacy impact - they have been co-produced with advocates and people who have used advocacy. They are written using language that is relevant to many approaches to advocacy. No distinction is made between statutory, non-statutory, generic or different client groups.

This approach has been specifically selected as it relates to common themes and basic activities good advocacy services should be undertaking. They are designed for you to select what is most relevant. For example, if you're an organisation supporting Self Advocates, you may be more interested in different outcomes to an organisation that just provides statutory advocacy.

They are divided into four different domains of impact;

Changes for individuals

An effective advocacy service is one that delivers good outcomes for the person receiving the advocacy support and the most important objective of advocacy is supporting a person to achieve their goals. These goals can be related to a whole raft of outcomes including accessing services, influencing decisions, making a complaint or achieving change. People wanting advocacy support often have specific outcomes in mind. So, the first stage within the advocacy relationship (in both instructed and non-instructed advocacy) is to clearly identify what the advocate is working with the person to achieve. Advocacy can also lead to secondary gains: these are outcomes (changes and benefits) the individual experiences through the advocacy support but were not identified as specific issues to achieve. Such gains include increased confidence, choice and control or empowerment.

Changes to the health and social care sector

Effective advocacy will frequently lead to changes and improvements in how health and social care services are planned, delivered and evaluated. A good advocacy service can shine a spotlight on areas that are failing people by analysing themes and trends – and acting upon them, with the result that services change how they do things.

Change to the wider community

Advocacy promotes social inclusion, equality and social justice and has a critical role to play in changing how communities are experienced and accessed by its members.   From national political campaigns to local pressure groups, advocacy can reduce social exclusion, increase participation and represent groups who are at risk of being ignored. As a result, communities and 'non-service' organisations may change how they do things to become more inclusive.

Change to the advocacy service

Measuring what works (or otherwise) within advocacy provision is an important way of improving the impact of advocacy. By developing better ways of providing advocacy, the advocacy service can increase its reach and effectiveness.These require the service to gather evidence that can be measured and analysed to inform service improvement, performance management and business planning.

Through using the outcomes data for self-reflection, the advocacy provider itself will instigate positive changes in how it does things.

Populating the impact areas

Each of the four impact areas has a number of related outcomes. These are the outcomes that our consultation in developing this framework identified as being important. It is therefore likely that all advocacy services will want to be able to evidence what it is achieving against each of these outcomes.   However, it may be that, for local or funding reasons, there is agreement that some should be omitted. It is also possible for individual services to add further outcomes that they consider to be important - beyond those identified in this framework.

For each outcome, the organisation needs to decide **what** the indicators of success are and **how** it is going to evidence what has been achieved. The toolkit provides ideas about how to do this, but, in short, the decision is about the best was to evidence that particular type of outcome change. This might involve:

- Collection of hard facts and figures (for example, numbers of people who reported a particular outcome, or the proportion of people for whom a stated outcome was actually achieved)
- Survey data on (for example) satisfaction of the service provided or people's perception of whether the situation they were seeking help with has materially changed
- Examples or short 'case studies' describing what had changed or how it had changed

the potential to gain a national understanding of the impact and importance of advocacy

The important thing is to collect data that is able to demonstrate the outcomes achieved most effectively. For some outcomes, this will mean facts and figures and then showing improved 'performance' year on year – but for others it will be about being able to tell stories and thus evidence change.

Using the framework to improve outcomes

Whilst one purpose of this framework is to publicly evidence the impact of advocacy, so that advocacy funders can see what is being achieved for their money, and advocacy users know they are likely to get good support, it will also help continuous improvement by advocacy providers. By reviewing what is being achieved against each outcome, and particularly considering those where no evidence is available and/or where the evidence is weak, the advocacy provider can inform its own plans for service improvement and development. This might be through its own internal planning or through open work with peer organisations – learning for and with each other about their respective strengths and development areas.

In addition, if sufficient advocacy providers use this framework, there exists for the first time the potential to gain a national understanding of the impact and importance of advocacy in achieving change in the four overall impact areas.

Outcomes that result in changes for individuals

The following outcomes demonstrate changes for people accessing the advocacy service

As a result of receiving advocacy support a positive outcome for the person has been:	Indicators – How will we know we have achieved this outcome?	Data sources
1. Increased voice and personal control: The person... • has influenced the decision making processes • was supported to challenge decisions • achieved the outcome they were seeking • felt listened to (by the professionals/service providers) • was supported to make their own decisions • is supported to appeal, complain or raise concerns • accessed information to support decision making	e.g. 44 people influenced decisions as reported by the person, the advocate, others	e.g. surveys, case closure records, case notes, outcome star
2. Improved opportunities: The person... • has improved quality of life • has increased choice • achieved improved economic wellbeing • has improved health or treatment	e.g. people moved to more appropriate accommodation, people accessed appropriate health services, people accessed information about their health condition	e.g. surveys
3. Challenging injustice: The person... • has been protected from abuse or neglect • has increased access to community services • was supported to challenge discriminatory practice	e.g. people were supported to report a safeguarding concern	e.g. case files, safeguarding statistics
4. Increased independence: The person... • has increased personal dignity and respect • has reduced dependency on services • has increased independence • has increased confidence • has increased access to social and/or support networks	e.g. people report they are more confident, the person's support plan has been amended to be more person centred	e.g. outcomes star, surveys
5. Had rights upheld: The person... • has had their rights protected • has increased knowledge (or use) of their rights	e.g. decision making processes were successfully challenged	e.g.

Outcomes that change the health and care system

Alongside case (or issue based) advocacy that affects change for the individual, sits systemic advocacy: this is "where knowledge from individual cases contributes to collective advocacy for systemic change to legislation, policy or practice" .

Changes to the health and social care sector as a result of delivering advocacy have been:	Indicators – How will we know we have achieved this outcome?	Data sources
1. Improving the quality of service response and service experience by people who use it: • Local health and social care services have responded to people's feedback and experience • Services know when and how to refer to independent advocacy • People's experience of local health and care services has been improved	e.g. advocacy services experience a decrease in inappropriate referrals, advocacy services experience an increase in appropriate referrals	e.g. referral information
2. Service change and improvement: • Local health and social care have improved the way they deliver services • Serious flaws within the delivery of health and care services have been rectified and support improved • Improvements have been made to local or national policy • Trends and themes identified by the advocacy service have been acted upon by commissioners and service managers	e.g. changes in the way services are delivered 'the local G.P. surgery changed its appointment system	e.g. case studies
3. Person-led decision making has improved: • People have meaningfully participated within decision making processes • Services have been co-produced with people who use them • Decision making processes follow legislation and best practice	e.g. self-advocates are supported to be involved in co-producing a new service design	e.g. case studies

Changes to communities

Given advocacy's roots within service user movements and self-advocacy groups, it is desirable for the advocacy service to consider how its activities contribute to wider issues of equality, inclusion and power. By identifying outcomes that consider the wider impact of advocacy, you can evidence broader themes and benefits of commissioning advocacy

As a result of delivering an advocacy service, wider community benefits have been:	Indicators – How will we know we have achieved this outcome?	Data sources
1. **Increased social inclusion of people using the service:** • **Social exclusion has been reduced** • **Discrimination in community setting has been challenged** • **People have more friends, increased natural allies or networks**	e.g. changes to the delivery of community services	e.g. surveys, case studies
2. **Increased social contribution by people accessing the advocacy service:** • **People have been supported to contribute positively to their community** • **People have been supported to get involved in their community**	e.g. more people are contributing to community events	e.g. outcomes star, surveys
3. **People have improved access to community services:** • **Community services have responded to people positively** • **Access to Community services has been improved** • **More community organisations, groups and individuals know about the advocacy service and how to access it**	e.g. the advocacy services receives referrals from a broader range of community organisations	e.g. referral information
4. **Democratic participation has increased:** • **People have exercised their democratic rights**	e.g. more self-advocates felt confident to vote	e.g. surveys

Outcomes that change the way the advocacy service is run

A critical component of performance management is capturing how effectively and efficiently the advocacy service is run. These outcomes will help you to undertake performance management and consider key elements in future business planning and demonstrate that the organisation is a learning organisation.It is important to note that you will need to collect your data from different sources than yourself to demonstrate impact here.

As a result of evaluating advocacy, the advocacy service has used that information to:	Indicators – How will we know we have achieved this outcome?	Data sources (NB – these are likely to be quite different in this section)
1. **Improve accessibility to advocacy:** • **Progress towards providing a service to ALL eligible people** • **Increased the amount of advocacy provided to people from seldom heard groups (including but not limited to people with learning disabilities, from BME communities, young people)**	e.g. an increase in Serious Medical Treatment referrals from the local general hospital	e.g. referral information
2. **Increased social contribution by advocacy service users:** • **Improvements have been made to the way the organisation delivers advocacy** • **Increased effectiveness in meeting people's advocacy needs** • **Increased confidence that the person receiving support felt the advocate understood their issues**	e.g. changes to advocacy delivery	e.g. case studies
3. **Governance and Best Practice:** • **Meeting targets and operating within budget** • **Ensuring advocates are trained, supervised and supported** • **Responding to and learning from comments, suggestions and complaints** • **Maintaining structural independence** • **Potential conflicts of interest have been minimised**	e.g. all advocates received one to one supervision at least 10 times this year	e.g. supervision records
4. **Ensuring strong co-production:** • **People who access the services have increased opportunities to be involved in decision making and governance of the organisation** • **Service developments have been co-produced with people who access the service, commissioners and other stakeholders** • **People who access the service, influence advocacy policy and practice**	e.g. people who access the service have been supported to set up an involvement board that links to the board of trustees and to influence decisions	e.g. feedback from involvement board, meeting minutes

Conclusion

High quality independent advocacy continues to be one of the key mechanisms enabling people to have their voices heard and understood, their rights upheld, increased choice and control in their lives and ultimately better lives.

This framework provides a mechanism for advocacy organisations to use to demonstrate their impact and effectiveness, ensuring that those that commission, work alongside and access advocacy have a clear understanding of its benefits and importance.

Our hope is that advocacy organisations use these resources to continue to strengthen our collective understanding of the power and importance of independent advocacy, and by doing so, strengthen the advocacy sector and in turn, our communities, as a whole.

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