

FIFE FORUM ADVOCACY

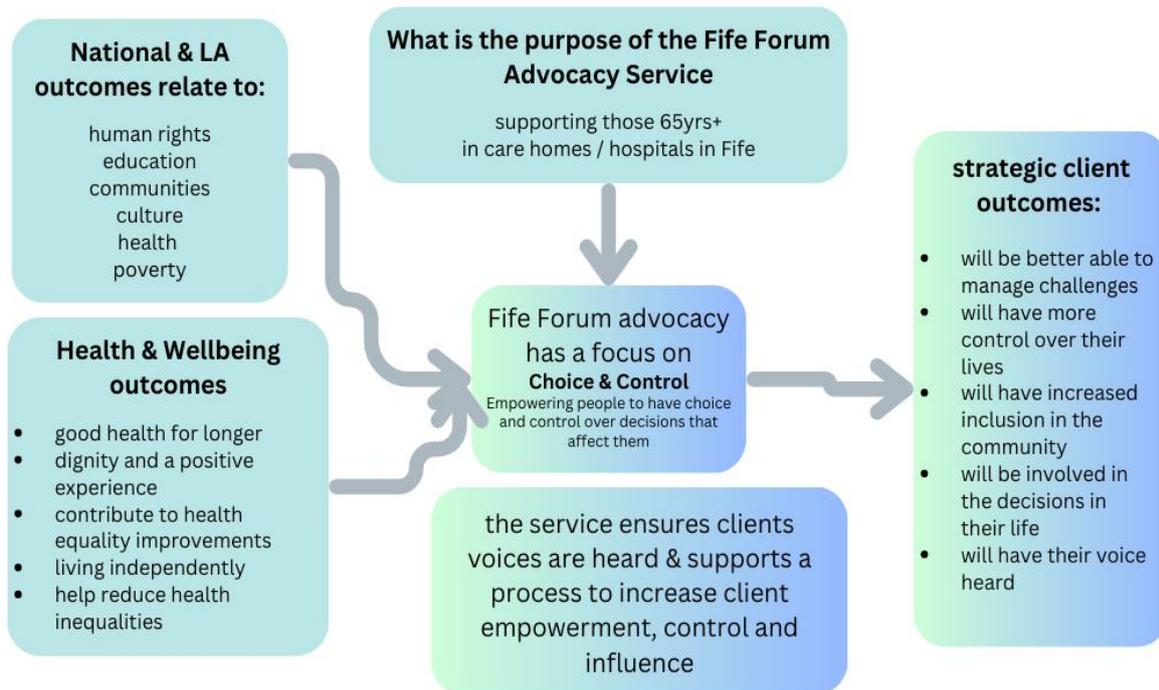
ANNUAL REPORT 2025



Fife Forum

Making Community Connections

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The above diagram maps out the links to the strategic outcomes at a National and Local Authority level, including the Health & Wellbeing outcomes. The focus for advocacy provided by Fife Forum, in line with our Service Level Agreement (Fife Health & Social Care Partnership), aims to emphasise 'choice and control' with the primary objective of helping clients achieve longer term outcomes. This report aims to demonstrate how Fife Forum Advocacy achieves this through outputs and outcomes to help meet the objectives set.

Executive Summary

During 2025 the Advocacy Service continued to deliver impactful and dedicated support to older people in hospital and care settings.

Key achievements of note are:

- An increase in formal referrals from a wider range of services which included Community hospitals, The Well and Chaplaincy Service demonstrating increasing recognition for this service type - in particular, collaboration with a Social Work Team (North East Fife) in relation to financial and welfare/guardian processes helped to demonstrate the benefit of advocacy and provided a potential model of working with others.
- The facilitation of meaningful support for individuals in relation to medical discharges where advocacy helped to ensure there was transitional support during and immediately after the process of discharge whilst alongside side this advocating for essential financial and healthcare support which helps sustain this. All of this, in a holistic way, supported these clients to maintain their independence at home and within their community, rather than moving into a care / nursing home.

Despite challenges, such as limited resources, the project continues to achieve notable outcomes which included enabling clients to regain their independence whilst enhancing their overall sense of well-being.

Moving forward the project aims to continue to expand its reach and deepen its collaboration with healthcare and community partners with a view to raising awareness of advocacy, its key role in supporting people in hospital and care settings and the value this brings to the individual and the outcome of supporting choice and control.

Project Reach/Promotional Outputs

During the reporting year continued awareness raising activities and promotional events were undertaken. This included the continuation of reaching out to other potential referral sources which engage or are associated with those who might be impacted by care or hospital stays where advocacy might be needed. Activity included:

- **Direct engagement with the Wells** (Fife Health & Social Care Partnership Information Points) within hospital settings (Queen Margaret Hospital Dunfermline and Victoria Hospital Kirkcaldy) – The benefits of this included direct access to potential clients within primary care settings and the advantage of facilitating a visible presence for both the public and professionals within these environs. This regular engagement continues to be a useful part of the service.
- **Direct distribution of promotional literature** – Whilst visiting clients within care and hospital settings the opportunity to promote the service to staff whilst in situ presented and was utilised. This year promotional stalls were facilitated at a local large ASDA store and there is a plan for this to continue in 2026 alongside wider Advocacy events.
- **Awareness-raising with future health care practitioners** – This help to future-proof and raise awareness of the role of advocacy with those training to deliver health services via direct meetings with, for example, student mental health nurses.
- **Awareness-raising with the hospital Chaplaincy Hospital Service** – Developing this relationship has helped facilitate direct referrals and dual benefits within primary health settings.
- **Participation and engagement with the Fife Advocacy Forum** – This not only offered a peer network and opportunity for information sharing, it also allowed access to promotional events (for example: the facilitation of a pop-up stall during Advocacy Awareness Week).
- **Awareness-raising with FVA Carers events** – This presents a promotional opportunity by allowing the project to raise awareness of the advocacy service amongst other stall holders and the visiting public. This activity will continue into 2026.
- **Increased networking with different support spheres** - By supporting pathways to less mainstream or familiar services this allowed the advocate to work and communicate with a deeper range of organisations which facilitated awareness raising for advocacy alike.

Supporting Outcomes

The Advocacy Worker regularly attends monthly meetings of the Fife Advocacy Forum, which helps to ensure ongoing adherence to expected quality service standards. These meetings also provide opportunities to consult with organisations such as the Scottish Mental Health Commission on specific clinical questions. This supports ensuring best practice and quality assurance as the service is delivered.

Service Impact

The project seeks to measure the impact of service provision and to support this in a qualitative manner undertakes a case study for reporting purposes. Feedback questionnaires and interviews are conducted upon case closures. Responses may come directly from clients or from referrers where there is either capacity issues or the person requests this (this might include both professionals or family members). A Case Study is presented in this report.

Service Data in Brief

- Number of formal referrals accepted increased from 15 (2024) to 21 (71% male/29% female)
- 14 additional individuals did not meet the criteria for advocacy, however, received general guidance with their enquiries
- Total number of individuals supported by the service increased from 21 (2024) to 35
- Referrals to other services to support additional needs including transitional needs included the following services: Deaf Blind Scotland; Disability Housing; SeeScape; Sight Scotland Veterans; Fife Shopping & Support Services; Fife One Stop Shop; and, Hospital Chaplaincy Service
- The service facilitated applications for the Blue Badge scheme, the Pension Age Disability Payment, Pension Credit, sheltered housing and the Community fund
- Formal referrals were received from all 7 geographical localities in Fife with North East Fife and Kirkcaldy both accounting for the highest proportion (24% per area)
- 90% of individuals reported a positive outcome in relation to 'Having their Voice Heard'
- 86% of individuals reported a positive outcome in relation to being 'Involved in the Decisions in their Life'
- 67% of individuals reported a positive outcome in relation to being more in 'control' of their journey
- 13% of those supported directly supported to access disability-linked benefits and the Blue Badge both of which help to sustain community living

Quantitative & Qualitative Evidence

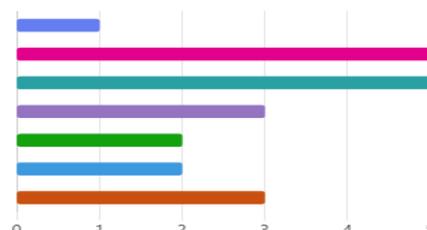
Evidence was extrapolated from the following and is presented within the report:

- Data Set
- Case Study (see Case Study)
- Feedback and evidence gathered via observations, one-to-one discussion, SMS and emails (see Appendix)

Data Set (Source: formal referrals meeting the criteria for advocacy)

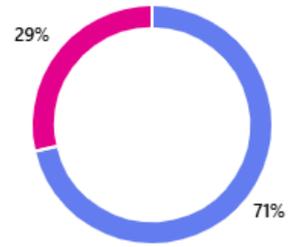
Localities – Geographical Source

Glenrothes	1
NE Fife	5
Kirkcaldy	5
Dunfermline	3
SW Fife	2
Cowdenbeath	2
Levenmouth	3



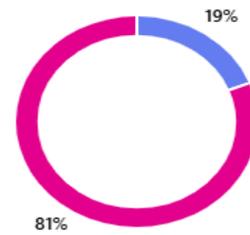
Gender

● Male	15
● Female	6



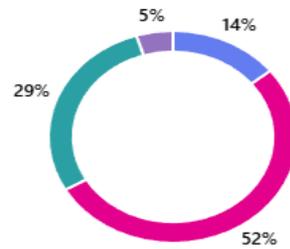
Marital Status

● Married	4
● Single	17



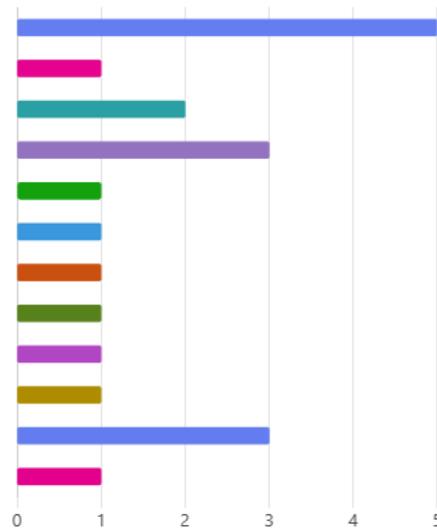
Age

● 60s	3
● 70s	11
● 80s	6
● 90s	1



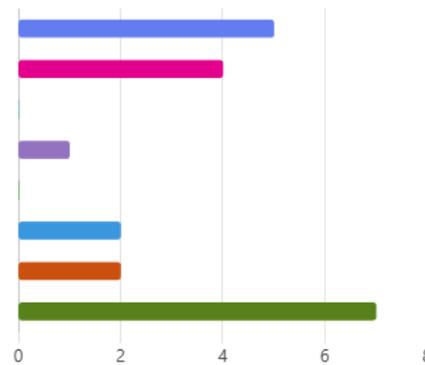
Referring Agent

● Social Work	5
● Fife Forum	1
● Family Member	2
● Chaplaincy	3
● Next of Kin	1
● Advocacy Organisation	1
● MSP	1
● The Well	1
● Hospital Staff	1
● CARF	1
● Care Home	3
● Client	1



Length of Support Provided

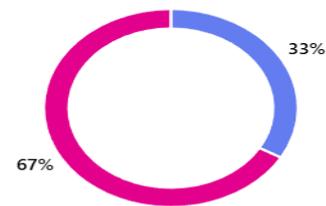
● 1 month	5
● 2 months	4
● 3 months	0
● 4 months	1
● 5 months	0
● 6 months	2
● 7 months	2
● 8 months plus	7



Note: Fife Forum offers a single-issue advocacy service; however, whilst clients are often referred for support with one issue some request additional support for other concerns/needs as their progression evolves. The clients who have been supported for 8 months plus have over the period presented with additional needs and have required the support of the service intermittently with a view to supporting each to access provisions appropriate to their longer-term positive outcomes which enhances their health and well-being (for example: befriending service upon returning to their community).

Transitional Support Required

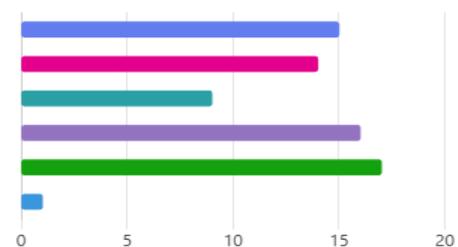
● Yes	7
● No	14



Note: Some clients transition between hospital, care home or their own home and support is provided during these critical phases to help them resettle into their new or previous environment. This support ensures they are comfortable and well-adjusted, whether moving to a care home or returning to their own home. In some cases, preparation for an individual's transition unfold in a non-holistic manner as different layers of service provision do not always seamlessly link and this does not always account for or assist the individual's circumstances. Advocacy plays a crucial role in addressing/bridging this gap, particularly for those that are living alone and without a good support network and who risk becoming 'lost' upon the end of their care and/or health involvement.

Type of Advocacy Support: Number reporting positive outcomes that meet the National Outcomes

● having voice heard	15
● better able to manage challenges	14
● inclusion in the community	9
● involved in the decisions in their life	16
● more control over their lives	17
● chose not to engage with service	1



Case Study

Male – Lindsay House Care home

Referrer – Social Work and Dunfermline Advocacy

Background & Issue

The client is male 70+ and was prior to admission living independently in unsafe conditions - his property had significant structural damage (two collapsed ceilings, no heating or hot water, and suspected black mould). In addition to this, he was deemed to have poor personal hygiene. The client is a hoarder and the house is classed as 9 on the clutter rate scale which is the highest hoarding rate. The client was considered to have full capacity and declined support from the Fire Service in 2023. Following a seizure in January 2025, he was placed in a STAR bed, for safety concerns, by social work. The client has epilepsy and there are other possible undiagnosed/undisclosed health/behavioural issues which might relevance.

At the time of the referral, the entire contents of the ground floor of the client's home had been cleared and removed. The client expressed he had only agreed to having items 'moved' to allow space for works to be carried out. This made the client very mistrusting of anyone appearing to offer help.

Advocacy commenced working with the client in April 2025, and over time was able to build a trusting relationship that has enabled him to engage with services at his own pace. Social Work closed his case in June, having assumed he would be offered emergency temporary accommodation. Housing, however, would not provide emergency support due to his level of savings and because he owned his own home. It was estimated the client would be charged £1k per week, following the first 6 weeks stay which were free.

At the end of October there was a new Social Work assessment. This assessment confirmed his ongoing needs in terms of getting some form of housing support and a complex housing case referral was made.

Initial Outputs

- The Advocacy Worker clarified the context of the client's living situation with the client and the options presenting – he could either stay at Lindsay House, likely paying £1000 per week after the first 6 weeks or find private rented accommodation.
- Additionally, to be considered was the state and future of his house and residency, alongside how his hoarding situation could be better managed; exploring this safely assisted the client to consider how to commence this process (it was agreed to initially seek advice from an estate agent as to the condition of his home – they confirmed suspicions that the home had a black mould issue).

Practical Outputs of the Advocacy Worker

- The advocate supported resolving practical matters which included applications for sheltered housing and the Pension Aged Disability Payment to combat longer term needs. These initial steps helped the client to regain a sense of control. This was reflected by him maintaining engagement which included his participation

independently in a Social Work assessment and willingly visiting his GP to request a referral for a neuro diversity assessment.

- The advocate helped to facilitate a plan to have his Will drawn up.
- The advocate prepared a case study for the Fife Council hoarding working group which will be held in January 2026. This working group is a multi-disciplinary team and it is hoped their input will offer advice and signposting, particularly as there is a risk of the client returning to hoarding behaviour once he has been resettled into sheltered housing.
- The advocate has contacted the Fife Council long-term finance team to request that the STAR bed fees are either waived or reduced.
- The advocate assisted the client to review and explain the client's correspondence as he has failing eye sight – this included contacting HMRC regrading tax codes, raising queries with Social Security Scotland and health.

Outcomes

- A case study has been produced to assist learning (internally and externally) as highlighted, which is also hoped can be used to assist the client longer term as he progresses his journey.
- Social Worker is actively completing at complex housing case referral.
- The GP is referring the client's case to psychiatry to assist longer term needs.
- HSPC are currently reviewing the request to either waive my client's STAR bed fees or see a reduction.
- The client feels more he has more control of his personal circumstances moving forward and is assuming a role in the decision making in relation to his own needs.

Gaps in Provision

- It is suspected the client might be neurodivergent. Whilst the client presents with skills in terms of managing finances, there are aspects to other approaches he takes to tasks/circumstances which might be suggestive of this. This had not previously been explored by services with him and without a diagnosis, should this be relevant, this could have resulted in past gaps in preventative work, services and provisions. Moving forward, should a diagnosis prove relevant this could help to ensure the client receives an appropriate level of housing support once he has moved to sheltered housing.
- There is very little support for those defined as hoarders which was highlighted by efforts seeking to source this.
- Information sharing pathways and/or intelligence gathering presents as a hinderance to care which makes a holistic approach to needs more disjointed or difficult which can be a barrier to preventative work (for example: a behavioural issue which contributed to the hospital admission was known to some partners but not others and the sharing of this could have been helpful). This highlights the need for all partners to work more closely to gather and share information, particularly in complex cases.

Feedback/Communications from Social Work and the manager responsible for the client:

- **Social work** - *I'm aware that you have built a trusting relationship with him and it may be beneficial if you were present during my visit".*
- **Ward manager, Care Home** – *"All good news, thank you so much again for all your hard work with X, I know he appreciates it, and we do too."*

Impact in Relation to National Outcomes, Health & Well Being, Strategic Client Outcomes and Choice & Control

- The client has engaged with SeeScape who are supporting him to develop his skills in using aids when out within the community due with failing eyesight – *Health & Wellbeing all aspects (see diagram p1); better able to manage challenges; increased inclusion*
- Advocacy has offered a level of engagement with the client to support him to work on aspects of his life that he wishes to change (for example: housing needs) whilst acknowledging he is entitled to hold on to other aspects he would prefer not to change, providing him with the platform to express and share this – *Health & Wellbeing dignity and a positive experience; choice & control; will have their voice heard*
- The client has exerted control over his health needs by seeking a specific health assessment which might assist/influence positively his future pathways - *Health & Wellbeing – good health for longer, help reduce health inequalities; choice & control; will be involved in the decisions in their life; will have their voice heard*

Key Challenges for the Service

- Low referral rates from care homes and hospital settings despite heavily promoting the service
- Limited understanding of the service's role in crisis prevention
- Perceived low awareness of advocacy services among the general public and within primary health and care home settings
- Limited resources (service remains part time with one dedicated staff member)
- Gaps in preventative and transitional supports post-care (for example: capacity issues and waiting periods with befriending services, housing and benefit/assessment decisions)

The challenges faced by advocacy can in part be attributed to its niche role, however fundamental the need for this service type might be. Low referral rates have to be measured against available resources and whilst the number of referrals received might at first glance appear low they are within prescribed targets and have increased from the previous year. Not unlike other service areas, a continuous programme of promotional activity is required.

Training & Learning

During the reporting year the Advocacy Worker engaged in the following training:

- Multiple Sclerosis
- Pension Age Disability Payment
- Fife Council Safeguarding

In addition to this, learning is facilitated via Fife Forum's externally hosted HR learning platform and membership of the Advocacy Network; the latter of which provides invaluable peer support and knowledge sharing which is crucial to ongoing learning.

The Future

The continued promotion of the service and profile raising of advocacy remains essential. This is particularly vital within health and care settings where there is often a turnover in staff.

In the coming year, the service will continue to:

- Engage in advocacy networks, local forums and multi-partner meetings
- Develop connections with community groups through events with the like of the Alzheimer Carer's Lunch and other third-sector events
- Increase visibility with health and care home partners, strengthening relationships with these stakeholders
- Develop training/learning bites which aid raising awareness of the role of advocacy to hospital and care home staff
- Enhance our on-site presence which can be supported by maintaining a regular presence at the Well in Queen Margaret and Victoria Hospitals

By focussing and emphasising the benefits of advocacy for individuals and services alike the project aims to consolidate and potentially expand its reach and, with this, its impact during 2026.

Summary

Advocacy, and with this the service provided by Fife Forum, is driven by a person-centred approach which offers marginalised individuals, in often busy service environments, a clear and effective voice. The provision of this helps other stakeholders to effectively listen which in turn can significantly improve well-being and outcomes (individual, organisational and national). This crucial support for older people in care and health settings supports both individual outcomes alongside the wider goals of NHS Fife and the Fife Health & Social Care Partnership.

Whilst the resource provided by Fife Forum is small in nature, its impact can be greater than the sum and it is apparent that those with whom the service has contact the provision of advocacy clearly assists individual 'choice and control'.

Surveys/Questionnaires/Feedback for 2025

Surveys issued to partners/recipients and case studies undertaken. Detail and data utilised to inform the Annual Report and outcomes.

A client who was in hospital and required support with the discharge process and then once at home. The client had been in hospital for 8 months and was suffering from a series of serious infections. They had severe osteoporosis and had very poor mobility. The client's sister's husband was seriously ill and had less time to support her sister. The client was recently widowed and at the start was reluctant to take any help.

Observations: Over the time of the advocacy referral, the client was able to move towards being able to accept help. Initially the client did not wish to apply for any benefits despite experiencing financial hardship. Over time the client was enabled to trust the service. We were able to apply for the Pension Age Disability Payment and after the success of this application, we applied for Pension Credit. The client facilitated referrals into the befriending service from Fife Shopping and Support which has been critical to maintaining the continuing independence of this client allowing for successful case closure.

- A comment in a conversation: *"I wish there were more people like you & [REDACTED]"*
- The client agreed to the befriending service: This service has been encouraging the client to consider going back to sleeping in their bed. The bedroom was where their husband died. She had been using it as a storage area. The befriender has been working with the client to begin to tidy the room and update it so that it didn't remind the client of her husband. With the outcome being that the client will eventually move to sleeping in their bed again.
Note: the client was never forced to apply for benefits, nor sleep in their room. The work has been in making the client feel comfortable in their decisions making, with the eventuality of the client making their own choice to apply for benefits and essentially accept help more readily.

How the observations, interview and feedback relate to indicators for national outcomes:

We live longer, healthier lives

- *Maintaining Independence:* By advocating for and enabling the client to remain in her home, the observation directly supports the outcome of promoting healthier lives. Remaining at home can improve physical and mental wellbeing compared to institutional care, which is often associated with a loss of autonomy and potential deterioration of health.
- *Enhanced Confidence:* The client's growing confidence in expressing her preferences shows improved mental health and empowerment, both of which contribute to a healthier and more fulfilling life.
- *Empowered Decision-Making:* The client was able to exercise her right to choose her living arrangements, showcasing respect for her autonomy and personal preferences. This aligns with the principle of person-centred care, which is a core component of human rights-based approaches in health and social care.
- *Avoiding Institutionalisation:* Advocacy enabled the client to avoid the questioning of whether the client would be able to live at home in a safe way.

A Client initially placed in a dementia ward of a care home, eventually moving to sheltered housing. The client had been very ill in hospital, had lost his mobility and was placed in a care home to recover. It was suggested at the time of the move to the care home that it was unlikely he would walk again. The client regained his mobility over time and was no longer happy living on a locked dementia ward. We successfully applied for sheltered housing and the client left the care home. 7 months after moving into sheltered housing the client was told that he would no longer be liable for the care home fees (2 years).

Observations: On the initial visit the client was content with staying on the ward. On my second visit, the client had changed his mind and wanted to move from the home. After moving to sheltered housing the client and his next of kin felt better placed to handle the services directly and were able to manage a direct relationship with SAFFA after my initial referral.

Response from the referrer: "We appreciate all the support you gave. You were easy to reach out to and contact. Always quick to respond. You were polite and lovely to chat with. Helped [REDACTED] with things that I had no clue about".

How This Indicator Meets National Outcomes:

We live longer, healthier lives

- *Reduction of Anxiety and Stress:* Resolving the client's anxiety and reducing stress contributes directly to improved mental health, which is a key component of living a healthier life. [He was increasingly unhappy at the care home, evolving into a difficult relationship with the care home manager.]
- *Preventative Impact:* Effective mental health support through advocacy may prevent further deterioration of the client's wellbeing, reducing the need for clinical interventions or hospitalisation.

We tackle poverty by sharing opportunities, wealth, and power more equally

- *Empowerment Through Advocacy:* Advocacy can help individuals access resources, make informed decisions, and have their voices heard, reducing the power imbalance that can exacerbate stress and anxiety, particularly for vulnerable individuals (the client became increasingly confident in getting his voice heard).
- *Support in Accessing Services:* Advocacy helped the client navigate systems (e.g. healthcare, housing and benefits) and this addresses inequalities in access to opportunities and support systems. We applied for the Community Fund and referred into SAFFA to support the set-up of his sheltered housing.

We respect, protect, and fulfil human rights and live free from discrimination

- *Restoring Dignity and Autonomy:* By resolving anxiety and empowering the client to feel more relaxed and in control, advocacy supported their right to dignity and mental wellbeing. As we proceeded to support the client to be moved as per his wants, there did not seem to be an urgency for this – the client had full capacity and his room was within a locked dementia ward – yet this was crucial to his rights.

Appendix: Fife Forum 'Advocacy Project' Annual Report 2025 (Data/Findings Extrapolation Sources)

- *Person-Centred Approach:* Advocacy ensured the client's individual needs and preferences were prioritised, reflecting respect for their human rights and freedom from discrimination in accessing services.

A client at had been discharged from hospital into a care home. They had initially undergone cancer treatment and on recovering from the treatment, the client was keen to move to Sheltered Housing. Fife Council classed the client as homeless. After an initial discussion, the client decided they would like to apply for housing in Perth rather than Fife.

Response from the Client: *"I would like to thank Fife advocacy for helping me out. Their input was invaluable for me. They continue to be available for questions I may need to be answered".*

We live longer, healthier lives

- *Reduction of Anxiety and Stress:* Resolving the client's anxiety and reducing stress contributes directly to improved mental health, which is a key component of living a healthier life. The client has recently finished their cancer treatment. The client had severe anxiety prior to their cancer diagnosis.
- *Preventative Impact:* Effective mental health support through advocacy may prevent further deterioration of the client's wellbeing, reducing the need for clinical interventions or hospitalisation. The client's mental health was beginning to deteriorate.

We tackle poverty by sharing opportunities, wealth, and power more equally

- *Support in Accessing Services:* Advocacy helped the client navigate systems (e.g. healthcare, housing, or benefits) and this addresses inequalities in access to opportunities and support systems. The client was able to explore the option of moving to Perth to be nearer her family and an housing application was submitted.