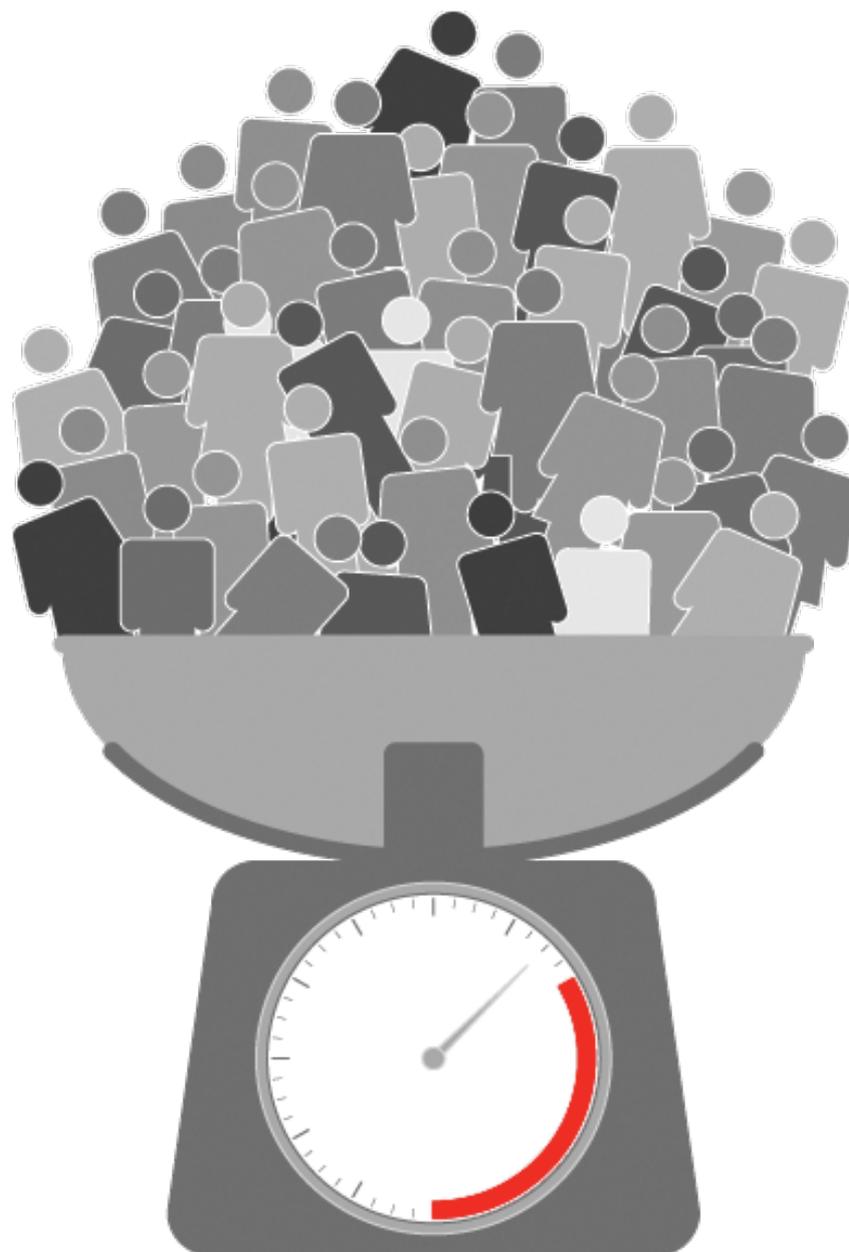


## More for Less?



**Independent Advocacy — More demand, less funding**

### **More For Less**

Advocacy organisations share their experiences.  
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### **Patient Opinion**

How your feedback can help make a difference.  
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### **New training pack**

Independent Advocacy and people with drug problems.  
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## Editorial

Thanks to everyone who responded to the Magazine survey. The results were very positive. There was not really a marked difference between the feedback from SIAA members and people from other organisations, although people from other organisations found the updates on SIAA research and projects of more

value than the respondents from members' organisations.

Members (74%) felt that there is a need for more articles about best practice in Independent Advocacy, which 50% of non members agreed with.

We found that 24% of members and 97% of non members keep at least some copies for reference. Copies of the magazine we send out are well used, as respondents said that they share them with colleagues, leave in public and staff spaces, share on the staff intranet and even flag up on Twitter and Facebook.

of all respondents said they prefer to read the magazine as a printed document while 33% said that they prefer the online version - this gives us some food for thought for the future.

Copies of the results have been sent to SIAA Members, if anyone would like a copy please contact me.

*Rhian*  
Editor

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### Next issue:

Please contact [rthompson@siaa.org.uk](mailto:rthompson@siaa.org.uk) if you have content for a future edition.

### Thank you:

The SIAA would like to thank all the individuals who have contributed to this magazine.

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### Disclaimer:

The views expressed in this magazine are those of the individual authors and should not be taken to represent those of the Scottish Independent Advocacy Alliance.

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## SIAA News

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### The publication of 'More for Less'

In January we published the latest SIAA research, 'More for Less' which provided a valuable insight into the impact of the recession on the advocacy movement in Scotland. The research shows that demand for Independent Advocacy continues to rise whilst most organisations reported either their funding being frozen or being reduced. The research also highlights the fact that more and more people know what Independent Advocacy is and what the benefits are. Over 60% of participants felt that demand had gone up because more professionals and service users know about Independent Advocacy.

Changes in legislation have also had an impact on the demand for Independent Advocacy most recently with the implementation of the Adult Support & Protection Act. The recession has had a huge impact on other services which has also contributed to the increased demand on advocacy organisations. Changes to Service Level Agreements and Contracts has meant that advocacy organisations are now seeing more people, covering larger geographical areas and broadening their access criteria. This has not always been matched with increases in funding.

Overall, the effects of the recession are no surprise but the worry is that it will take us a long time, as a movement to recover.

### The Local Elections

The forthcoming local elections scheduled for 3 May are likely to be an interesting time for all the major parties. It is also an important opportunity for advocacy organisations to forge relationships with prospective candidates and ensure that

awareness about Independent Advocacy is raised. These relationships have proved to be instrumental for some member organisations when they have needed elected officials to advocate on behalf of their organisation.

It is vital that advocacy organisations introduce themselves and the concept of Independent Advocacy to prospective candidates thus improving understanding about Independent Advocacy and also raising awareness about their own organisation.



### Inspire Project

We plan to make progress with the Inspire Project over the coming months as we have recruited a paid intern through Third Sector Internships Scotland. The internship will start in April and will last six months.

The aim of the Inspire project is to document the growth and development of the independent advocacy movement in Scotland over the last 20 years. We will be keeping all member organisations informed and involved as the project progresses.

*Shaben Begum, MBE*  
Director, SIAA

# Advocacy commissioning and procurement – Is competitive tendering appropriate?

Muriel Mowat, Research & Quality Officer, SIAA

*'It is hard to see how the major reduction in overall spending on independent advocacy services in Edinburgh, the result of a competitive tendering exercise, will be compensated by a claimed increase in availability of advocacy.'*

*The 'more for less' ethic which seemed to drive the process has certainly resulted in less funding for services, less choice for service users and less trust between advocacy providers. We are waiting for the evidence of what there will be more of.'*

–Keith Maloney, Co-ordinator, CAPS

At a recent Cross Party Group on Mental Health, group members discussed the suggestion that competitive tendering as a method of procurement of social care services is destroying local networks. The question was posed 'Is it in the best interests of the local community?'

The SIAA document 'Independent Advocacy: A Guide for Commissioners', published 2010, highlighted similar issues in relation to competitive tendering for advocacy organisations.

## **The Guide states that competitive tendering will have an impact on the advocacy commissioned because:**

- It forces advocacy organisations to compete with one another for funds, thereby potentially damaging relationships between organisations
- Larger, more established organisations may have the resources to fill out complicated tender forms potentially leaving smaller local organisations without funding therefore making it harder for advocacy to be truly rooted in the community.
- Routine retendering can destabilise advocacy provision causing anxiety among service users and their carers as well as staff and volunteers.

While updating advocacy plans NHS Boards and partner Local Authorities have been reviewing current provision. In some areas this has led to the reconfiguring of, and tendering for, local advocacy provision.

Historically the advocacy movement in Scotland was developed and driven by users of mental health services and learning disability services. Collective advocacy both in the form of Patients' Councils and in community based groups, have been instrumental in shaping the way that many health and social care services look today. Along with the change and improvement in services achieved through collective

advocacy service users campaigned for and supported the wider development and availability of one-to-one Independent Advocacy. Different models of advocacy were established in different areas and circumstances in response to the specific needs of client groups and communities.

The community development approach, led by those who use the service, is driven by the needs and wishes of the members of that community. This allows members of communities to have a sense of control over their lives and circumstances.

In the Annual Report of the Chief Medical Officer 2010 Dr Harry Burns quotes 'A glass half-full: how an asset approach can improve community health and wellbeing' Foot and Hopkins (2010) which suggests that assets which enhance health and wellbeing include:

- the passions and interests of local residents that give them the energy for change
- the networks and connections in a community
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community.

Competitive tendering will not fully allow members of communities to be involved in the process. It can create potential competitors from agencies formerly accustomed to joint working thus damaging local networks and connections. The significant investment in time and resources required in preparing and submitting a bid can, for a small local community organisation, reduce effectiveness.

While local authorities and NHS Boards have a responsibility to ensure best value in the services they commission it is important to recognise that best value does not necessarily equate to the lowest cost. Quality is a vital factor in commissioning any service and should be the greatest factor when considering any bid.

To ensure that, while considering best value and quality, local people have the opportunity to have control over their lives and circumstances it is vital that residents of the community are fully involved in the planning and commissioning of services. This is particularly important for advocacy services. The aim of advocacy is to help individuals have as much control as possible over their own lives and the decisions made about them. That should also involve any decisions over what advocacy is available to them.

In some areas where advocacy has been commissioned by competitive tender service users have reported that they have not been listened to and that they do not feel that they have had any say over decisions that have been made. They also report concerns that, with the loss of the community connections, they will have less and less opportunity to influence the ongoing development and delivery of advocacy.

The Christie Commission report on the future delivery of public services in Scotland recognises the need for 'public services that are built around people and communities...'. To ensure that independent advocacy provision is built around people and communities it is vital that members of communities are listened to and that their views are taken fully into account in the commissioning process.



## **More For Less? Independent Advocacy – More Demand, Less Funding**

**Muriel Mowat, Research & Quality Officer, SIAA**

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*Recently the SIAA has received reports from member organisations about static or reducing levels of funding alongside increasing demand for advocacy from greater numbers of people. While it was clear that the economic downturn was having an impact on funding for advocacy organisations, the extent of this was not clear.*

Advocacy organisations were aware too that in many instances the increase in referrals was due in some degree to the recession. To help us understand more about this reported impact the SIAA conducted research with member organisations and, in January, published 'More for Less? Independent Advocacy – More

Demand, Less Funding' reporting on their experiences of this impact.

The importance of Independent Advocacy for vulnerable individuals has been recognised for many years. Scottish Governments, past and present, understand the role and the importance of Independent Advocacy and since the late 1990s have supported wider development and availability. This understanding led to the inclusion of Independent Advocacy in Scottish legislation. The Mental Health (Care & Treatment) (Scotland) Act 2003 places a duty on Health Boards and Local Authorities to ensure access to Independent Advocacy for those with a mental

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disorder. The Adults With Incapacity (Scotland) Act 2000 and the Adult Support and Protection (Scotland) Act 2007 place a duty on statutory bodies to consider Independent Advocacy. Further reference to Independent Advocacy can be found in other legislation including the Patient Rights (Scotland) Act 2011 and also is included in many Government policies.

## The research

There are currently over 50 advocacy organisations in existence throughout Scotland and the majority, over 90%, were established prior to the implementation, in 2005, of the 2003 Mental Health Act.

For this research SIAA member organisations were invited to fill in a survey. In this we aimed to capture information on changes in demand for advocacy, changes to resources and the impact of this on service delivery and on staff and volunteers.

The themes running through all the responses are around increased and increasing demand and reduced and reducing resources – more for less.

### Increased demand

95% of participants reported an increased demand for their service over the last two years. When asked to consider possible future demand over three quarters of respondents stated that, based on current experience, they expect to see a continuing increase in demand over the next 12 to 18 months.

Participants reported on new and emerging issues for which service users are seeking advocacy support. These include increased numbers raising concerns about the reduction of support services and issues associated with the withdrawal of such services. Respondents specified the reduction of support hours, the loss of community support programmes and the loss of other Local Authority services. Service users

were also concerned where there was the potential for the withdrawal of services. These concerns stemmed from spending cuts and the tendering of social care and advocacy services where there was a perception that the primary driver for change was to cut costs. This has led to anxiety over future levels and quality of provision of a range of support services.

Reports were received of increasing difficulties in accessing a carer's assessment and in accessing respite care. Participants also reported increasing numbers of issues around housing and homelessness. Changes to housing benefits are reported to be a source of many more referrals.

Changes to the benefits systems have caused particular concern and uncertainty amongst service users. Many more service users are reported to be seeking advocacy when appealing decisions on benefits awards including advocacy support for attendance at medicals and interviews.

*'Other voluntary organisations are losing funding and indeed local authority cutbacks result in people being placed in a more vulnerable position, requiring more support.'*

In addition to direct advocacy support for issues around benefits and changes there are reports of increasing levels of anxiety amongst service users arising from anticipated cuts to benefits. Service users report that this contributes to deterioration in their mental health.

This echoes the findings of research conducted by Voices of eXperience (VOX). Their report 'Real People Real Cuts' states that 'Almost 60% of people felt that the changes they were experiencing had a negative impact on their mental health and recovery particularly in relation to access to support.'

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These many issues along with widening of access criteria for advocacy organisations as required by funders, without accompanying increases to resources, have led to increasing demand on advocacy organisations.

## Funding

In relation to questions about funding, half of the participating organisations reported no increase in statutory funding since 2009, in real terms a cut in funding. One in three organisations reported a decrease in statutory funding, primarily as a result of a decrease to their core funding. 18% reported some increase in statutory funding mainly to support the addition of new projects or to support additional responsibilities following the introduction of Adult Support and Protection legislation. No participants reported any annual uplift to funding.

Reducing budgets for trusts and foundations combined with no possibility of accessing funding for work where a statutory duty applies have had a major impact on non-statutory funding sources for advocacy organisations. In order to supplement resources 34% of participants reported using their organisational reserves over the past two years. This practice can be problematic as it can lead to organisations finding themselves in increasingly precarious financial positions.

Most participants reported uncertainty about future funding with expectations of cuts in funding both actual and in real terms with no uplift to current levels.

*'If our tendering bid is successful we would expect to take on more staff. If unsuccessful, we may be obliged to shed staff, transfer them away, or close altogether.'*

## Impact

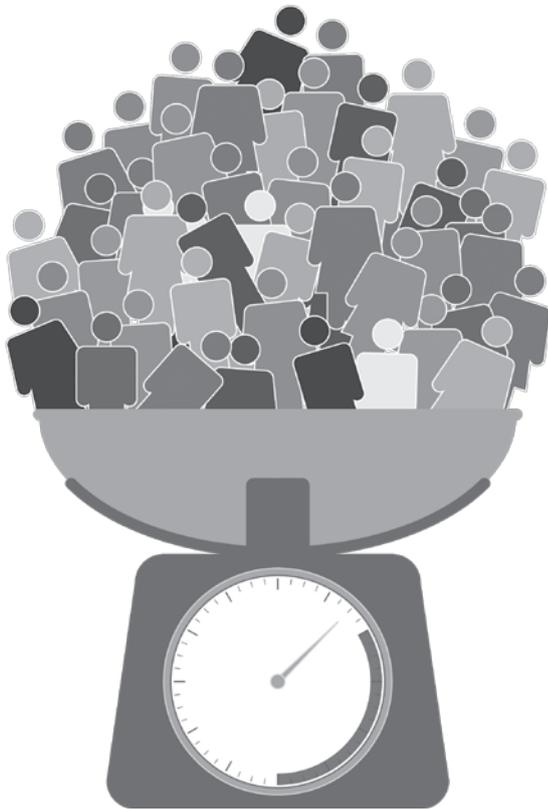
Increased demand combined with reduced and reducing resources have resulted in impacts on service delivery with participants reporting increased waiting times and in some cases reprioritising the service. Organisations are forced to prioritise service users with a statutory right of access, particularly those subject to Mental Health Tribunals and people in a crisis situation. Some reported as a result reduced access to Independent Advocacy for those not meeting these criteria. Organisations report that they expect to have to continue tightening access criteria and reprioritising services. They also may have to consider reducing operational hours and reducing the amount of time spent with service users.

Decreasing resources have also had impacts on staff and volunteers. 37% of participants no longer award cost of living rises to staff, 5% have made staff redundant, 15% report not filling vacancies, 12% have reduced staff hours and 25% report reducing or cutting staff training. Many organisations also reported increasing difficulties in recruiting and retaining volunteers. This is particularly difficult where there are insufficient resources to ensure appropriate levels of training and supervision for volunteers.

The Scottish Independent Advocacy Alliance

## More for Less?

Independent Advocacy — More demand, less funding  
SIAA research into delivering advocacy in the recession



The results of this research highlight the importance of local advocacy planning and of consulting those who use and those who provide Independent Advocacy in assessing advocacy need and planning to meet that need. Robust local advocacy plans will help ensure appropriate levels of provision.

Action 4 Advocacy, the resource and support agency for the advocacy sector in England and Wales, have also conducted research into the impact of the recession on advocacy. Their report, 'Advocacy in a Cold Climate', was published in 2011. The findings in Scotland echo that of A4A's research which showed that demand for advocacy in England and Wales had risen significantly but that the ability of advocacy services to respond had decreased due to cuts in funding. In responding to the survey 74% of advocacy organisations in England and Wales stated that current funding is insufficient to cover demand.

*'We circulate our information cards and take part in appropriate awareness raising activities but can't do too much or we would not be able to service demand.'*

In the current economic climate the need to deliver more for less is by no means an unusual picture stretching throughout the private, public and voluntary sector. However it is important, while recognising current financial constraints, that the needs of those people who may be vulnerable and in need of support are recognised and addressed.

When an individual needs to have someone standing alongside them, listening to them and making sure their voice is heard it is vital that they have access to the best possible quality of Independent Advocacy.

# More for Less: Challenging decisions

*The Consultation & Advocacy Promotion Service*



*We have noticed what appears to be a hardening of the DWP's stance on DLA in addition to the well-documented problems around ESA. We know of cases and one in particular, in which a DLA recipient has experienced a clear deterioration in their mental and physical health and yet was reduced to the minimum level of DLA when their claim was reassessed after five years.*

In one case, the person is 62 years old and has lived with anxiety, depression and alcohol issues for many years, in addition to physical difficulties related to arthritis in the spine and a recent A&E admission for pulmonary embolism. In 2006 they were awarded DLA at middle-rate care and low-rate mobility for five years. Their claim ran out in August 2011 and they re-applied. Although their health had actually deteriorated over those five years, they were told that their DLA application had been unsuccessful and they were awarded nothing.

With help from the local authority Welfare Rights team, and supportive letters from their Consultant Psychiatrist and other medical professionals, the person appealed the decision and was told by the DWP that they would be awarded low-rate care and no mobility component and twice stating that 'your appeal will not continue'. Tucked away on page 4 of 6 the person is informed that they have the right to appeal to an Independent Tribunal.

As you would imagine, his decision came as a shock, particularly since the circumstances that had previously qualified the person for middle-rate care and low-rate mobility were now no longer sufficient for anything more than the most basic level of DLA, while at the same time their medical situation was worse than when

they first claimed. The decision also removed their Disability Premium so their Pension Credit was reduced by about £50 per week (£1,260 in total) which the DWP considers as an overpayment and is now trying to recover.

This decision has had a detrimental effect on the person's mental health and they have experienced an increase in depression and anxiety. They feel that the DWP was attempting to negotiate with them by guaranteeing a minimum level of DLA in return for waiving their right to appeal. This made them angry as they believed that the DWP was being cynical and uncaring when dealing with what for them was an extremely important issue.

They are continuing with their appeal and hope to attend an Independent Tribunal in the near future (despite the DWP's apparent wish to deter them from doing so).

The role of advocacy in this case has primarily been to enable the person to access and engage with the Welfare Rights team for support and guidance through their complicated DLA application and appeal processes. Apart from the inherent complexities of the process itself, the person's mental health was affected by both the uncertainty of the situation and by the real possibility of being left in serious financial difficulties, the advocacy role also offered reassurance that further options were possible, supporting the person to explain their situation to their consultant psychiatrist and to ask for supporting evidence.



## More for Less: Jack's story

Michelle Hay, *The Advocacy Project*

*Jack was in hospital following a fall, when his father referred him to the Advocacy Project. Jack has a physical disability and prior to moving to a new local authority area, had a care package which met his needs adequately.*

Jack had only been in his new home less than a week when he was admitted to hospital. While in hospital he was advised by his social worker that he now needed 24 hour care and as there was not enough funding for this level of care package, he would have to move into a nursing home. Jack was extremely distressed by this and it was at this point his father contacted us.



The advocacy worker contacted the social worker who said her assessment was that Jack needed nursing care as the risks involved in Jack being alone were too great and she indicated that there was not adequate funding for the level of care package required to keep him at home.

The advocacy worker contacted the hospital consultant who felt Jack did not need nursing care or 24 hour care and this was fed back to the social worker. Following the advocacy worker's involvement, the social worker explored other options for Jack, including the Independent Living Fund (ILF) and direct payments, as social work funding alone was not adequate to meet his needs.

A few weeks later Jack was back at home with a care package in place and assistive technology and Occupational Therapy adaptations to keep him safe. Although Jack is happy being at home, the contribution he has to pay towards the ILF is impacting on him financially and he has to budget carefully. However, his independence is more important to him and he is happy that advocacy involvement ensured he was not placed in a nursing home simply due to local authority funding constraints.

**The Consultation and Advocacy Promotion Service (CAPS)** works with mental health service users as individuals or as members of a group to set their own agenda, to find a stronger voice, to get their point across and influence decisions which affect their lives.

Contact them on 0131 538 7177 or email [contact@capsadvocacy.org](mailto:contact@capsadvocacy.org)

[www.capsadvocacy.org](http://www.capsadvocacy.org)

**The Advocacy Project** provide Independent Advocacy across Glasgow, North Lanarkshire, South Lanarkshire and East Renfrewshire.

Contact them on 0141 420 0961 or email [enquiry@theadvocacyproject.org.uk](mailto:enquiry@theadvocacyproject.org.uk)

[www.theadvocacyproject.org.uk](http://www.theadvocacyproject.org.uk)

# Gearing Up: Independent Advocacy and the Local Elections

*Erin Townhill, Policy and Parliamentary Officer*

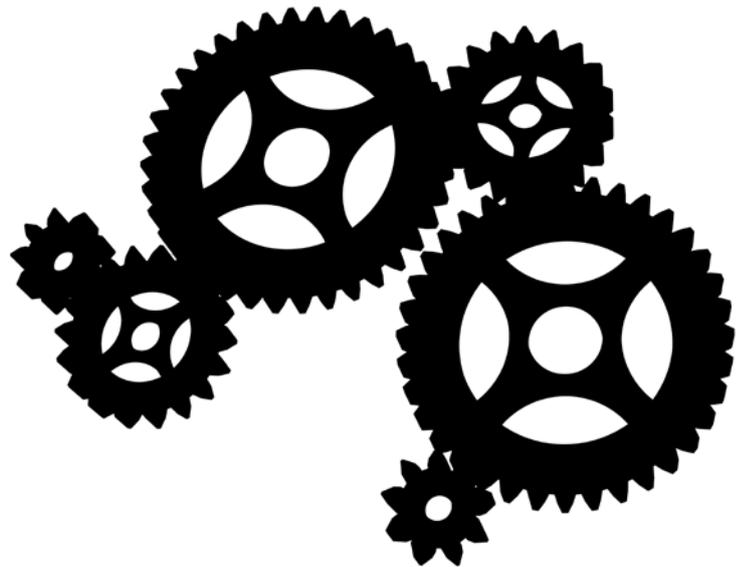
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*On Thursday 3 May Scotland will return to the ballot box - this time for the Scottish Local Elections. These elections will determine which political parties will be leading Scotland's 32 Local Authorities over the next few years.*

The Scottish Local Elections will have a significant impact on the future of Independent Advocacy organisations across Scotland. Local authorities have a statutory obligation under the Mental Health (Care and Treatment) (Scotland) Act 2003 to secure the availability of Independent Advocacy in their area. Because of this, Local Authorities are key funders of Independent Advocacy and, according to data from the SIAA Map of Advocacy, invested £6.3million in Advocacy in 2009-10.

Ensuring that Independent Advocacy is supported in all Local Authority areas has never been more important. As difficult funding decisions are made, many people in Scotland are finding that their services are changing or stopping altogether. In this environment it is more important than ever that Independent Advocates are there to support people facing change to voice their opinions and ensure that their rights and quality of life are not compromised.

The changes to services that have already occurred have led to increased demand for Independent Advocacy in Scotland. According to the SIAA research report, 'More for Less?', 95% of Independent Advocacy organisations had experienced increased demand for their services over the past two years and 79% of Independent Advocacy organisations expect demand to increase over the next year. Yet 55% of Independent Advocacy organisations in the



research stated that their current level of funding is not sufficient to meet demand for their services.

The 2012 Scottish Local Elections are a key opportunity to raise awareness amongst decision makers of the importance of Independent Advocacy. Independent Advocates have a vital role in supporting vulnerable people during these difficult financial times. This must be recognised and Independent Advocacy supported and promoted in all Local Authority areas.

## Taking Action

The SIAA's manifesto for Independent Advocacy sets out 12 demands under 4 themes which, if taken forward, will make a real difference to lives of the most vulnerable people in Scotland. We are calling for independent advocacy to be:

- Accessible: Resources, education and training for and about advocacy must be widely available to ensure that Independent Advocacy is accessible to all
- Diverse: Scotland’s decision makers must protect the diversity of Independent Advocacy so that they can cater for all needs
- Sustainable: Independent Advocacy should be available to a person for as long as they need it
- Engaged: Local and national policies, legislation and strategies should reflect the right of everyone in Scotland to access Independent Advocacy.

To make best use of the opportunity that the Local Elections provides, we need Independent Advocates, Advocacy Partners, and supporters of the Independent Advocacy movement to promote the SIAA manifesto in your local area.

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**Preparation:**

- Find out who your local election candidates are and how to contact them
- Take some time to familiarise yourself with the four key demands of the SIAA manifesto. For each of the demands think about why they are important to your organisation and the people you work with
- There is a box on the back of the manifesto where you can stick an address label, so that when you hand copies to local election candidates they will know where it came from

and have contact details of their local organisation as well as those of the SIAA.

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**Actions:**

- Write a letter or email to your election candidates. Politicians are often concerned about local media coverage; get a letter published in your local paper
- Make an appointment to see your local election candidates to give them the manifesto in person and talk about your own work or interest in the field
- Take along the manifesto, SIAA documents such as ‘A Voice Through Choice’ and leaflets about your organisation to leave with your local candidates to read
- If you already have a good relationship with your local councillors, organise a local event and invite your local election candidates and the local press.

Candidates are looking for your votes, let them know what’s important to you.

For more information or for copies of the SIAA manifesto or other SIAA documents, contact Erin Townhill, Policy and Parliamentary Officer, at [etownhill@siaa.org.uk](mailto:etownhill@siaa.org.uk), or telephone 0131 260 5380.

# Advocacy and Patient Opinion

Gina Alexander, Patient Opinion Scotland

*'O wad some Pow'r the giftie gie us  
Tae see oursels as others see us'*

These words, from the Scottish Bard, really express the potentially transformative nature of feedback. When someone shares what they think, perceive and feel, it provides insight, but more than that, it creates an opportunity for change should we choose to embrace it.

The rapidly increasing use of social media means that people can share their thoughts, perceptions and feelings even more quickly and are using it to give feedback about a myriad of things, including the public services they receive.

At Patient Opinion people are encouraged to tell their story and share their experience about health services to make a difference. People offer a fantastic perspective which can enable services to review and improve what they do.

## What is Patient Opinion?

Patient Opinion is an independent social enterprise which, for the past seven years, has run a website where people can safely share their experiences of health services, good and bad. People can also read about what others are saying about health services and how services are responding.

All stories are shared anonymously and are moderated before being published on the website. Patient Opinion then aims to pass the stories to the right people in health services. By registering or subscribing with Patient Opinion, services have the opportunity to receive automatic alerts to any stories shared about their service and crucially, to respond online, saying what impact the story has had and what they will do with the feedback.

People who use Patient Opinion, say that they appreciate the chance to communicate with

Your story  
can make a  
difference

"This period of time was so stressful and upsetting, somehow, their support made it bearable."



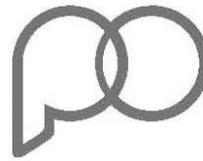
© Patient Opinion

services in an open and transparent way while maintaining their anonymity.

In 2011, Patient Opinion established a Scottish base and has been working more actively with various health boards and in partnership with the Better Together National Patient Experience Programme.

## Forth Valley Advocacy and Patient Opinion

Gina Alexander, the Patient Opinion lead in Scotland, has been supporting services in getting to grips with this exciting, new, and sometimes daunting, method of communicating with patients, service users and carers. In undertaking the immense task of raising awareness of the platform across Scotland, she has been speaking with a range of voluntary and third sector organisations in the health and social care settings.



**Patient  
Opinion**  
Every voice matters



During a briefing session for Forth Valley Advocacy, Manager, Wendy Sharp realised the potential the Patient Opinion 'way' presented for them and have, as a result, now embarked on a project to use this platform to gather opinions about their own organisation.

Wendy and Bob Hoolachan, Forth Valley Advocacy Treasurer, share some of their opinions about what they hope to get out of working with Patient Opinion.

Wendy explains the reasons she found the platform appealing, 'Patient Opinion allows us to be completely open and transparent and shows we want suggestions for improvement. It shows we've nothing to hide and if someone has something to say we want to hear it.

'We know it doesn't mean what people have to say is always good, but if your friends were saying something about you you'd rather know, I know I would.

'It's also a way of safeguarding our organisation and making ourselves more accountable to those who use our services and those who fund

our services. 'She adds emphatically, 'I want people to see that we are listening to what they say and doing something about it!'

Bob adds, 'We want to know if we are doing the right thing, this can tell us if we're not. We're quite confident about what we do and it's good to be public about that too.

'We feel that the more routes people have to give feedback the more feedback you are likely to get. We might get some critical feedback but that gives us something to work on.'

'We have always welcomed feedback from our clients,' says Wendy, 'but I think this is different because it's not about whether we are reaching our targets it's really helping us to measure the quality of the service we deliver.

'Patient Opinion are not an advocacy organisation but they do provide a safe, trusted channel where people can make their voice heard, and have an impact on the way services are delivered.'

That sounds familiar!

If you would like to know more about **Patient Opinion** or are interested in registering or subscribing contact Gina Alexander, Engagement and Support Officer, Scotland at [gina.alexander@patientopinion.org.uk](mailto:gina.alexander@patientopinion.org.uk)

Patient Opinion, the independent site where you can share your health care experiences, good and bad. Tell your story, make a difference.

[www.patientopinion.org.uk](http://www.patientopinion.org.uk)

**Forth Valley Advocacy** provide a free Independent Advocacy service supporting people of any age experiencing mental ill health and older people in Forth Valley.

Find out more on the website:  
[www.forthvalleyadvocacy.com](http://www.forthvalleyadvocacy.com)

# Independent Advocacy for people with drug problems – A training pack

*Muriel Mowat, Research & Quality Officer, SIAA*

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Whilst developing 'The Road to Recovery' strategy in 2008 the Scottish Government identified the important role that Independent Advocacy could play in supporting recovery within Scotland.

The report produced by the SIAA, 'Available for All', provided a picture of best practice in relation to Independent Advocacy for those affected by drug problems. It also identified ways to support building the capacity of Independent Advocacy organisations in Scotland to provide advocacy for this client group.

In surveying provision for those with drug problems many advocacy organisations identified lack of relevant knowledge as a barrier to providing advocacy in this situation. It was in response to this need that the training pack has been developed.

A study published by the Information Services Division Scotland in November 2011 showed an estimate of around 59,000 people in Scotland between the ages of 15 and 64 experience drug problems. A significant proportion of these individuals will have a right of access to Independent Advocacy in terms of the Mental Health (Care & Treatment) (Scotland) Act 2003 and many are likely to need advocacy support at some time.

The aim of the training pack is to help advocacy organisations and advocates to consider issues that may arise for those with drug problems. A major issue shown to affect most individuals at some time is that of stigma and discrimination.

'Getting Serious about Stigma: The problem with stigmatising drug users', published by the UK Drug Policy Commission in December 2010,



*Recovery Through the Lens © 2011 Scottish Drugs Recovery Consortium*

showed that such stigma often delays people seeking help. They fear that once they do, they will be stuck with the label 'hopeless addict' for life. It also states that professional attitudes can at times reinforce stigma and lower expectations of recovery. Stigma puts barriers in the way of recovery and reintegration, for example by making it difficult to find a job.

Training will help increase the confidence of advocates in this work, reduce barriers to access and also increase the confidence of those individuals seeking advocacy support.

Many agencies have helped in the production of this training pack. The SIAA in particular is grateful for the help of Simpson House Edinburgh, the Scottish Drug Recovery Consortium and the Scottish Drugs Forum for their time and expertise which has been invaluable in producing this resource.



The pack will be available by the end of March 2012 both in hard copy and on the SIAA website.