

About Advocacy

The Scottish Independent Advocacy Alliance Magazine

Summer 2012



Damaging Grassroots Does tendering mean we are losing our community roots? Page 4

Making a difference Why are consultation responses so important and what do we aim to achieve? Page 8

Training and development We get an update from Advocacy Highland. Page 16

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Editorial

I am very pleased to have contributions from Peter Beresford and Anne O'Donnell about the harm that competitive tendering is doing to user led organisations.

Peter looks at the national picture and talks about how community and service user led organisations are losing funding, not just through the cuts, but also through the dominance of the big charities and their willingness to take on Government contracts.

Anne draws on recent experience as CAPS Convener and questions if small grassroots organisations can compete effectively in competitive tendering. She also talks about her fear of a future of the big, service providing charities taking over contracts with little or no consultation with the users of services, and the conflicts of interest arising.

We would welcome your views on these articles either on the SIAA web forum or by email.

Rhian, Editor

Next issue:

Please contact 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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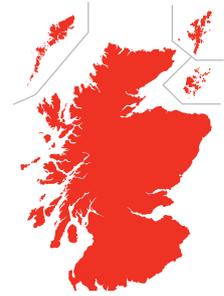
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An electronic copy of this magazine can be downloaded from our website: www.siaa.org.uk.



SIAA News



Mental Health Tribunal Guidance

After many months of development and consultation the SIAA Mental Health Tribunal Advocacy Guidance has been published and launched. Initially, we worked closely with staff from the Tribunal to ensure that the Guidance was legally accurate. This was then followed by holding focus groups with advocates who support people at Mental Health Tribunal hearings, Tribunal Panel members and mental health lawyers. The Guidance has been well received and we have had positive feedback from Commissioners, advocacy organisations and Tribunal panel members. The MHTS have distributed a copy to each panel member. We have distributed copies to all social work offices, NHS managers, user groups and the voluntary sector. We have also received many requests for additional copies from a variety of groups and organisations. The Guidance is available on our website but if you would like additional copies then please get in touch. You can also watch Ben Baldock from Advocard talk about his experience as an Advocacy Worker in Mental Health Tribunals on the SIAA website.

Drugs Pack

The training pack for advocates working with people with problem drug use is now ready for publication. It has been produced with vital input from Simpson House, Crossreach, who provided knowledge and expertise around the issues encountered by people with problem drug use. We are grateful for their help with the development of this important resource. The SIAA was commissioned to produce this resource by the Drug Policy Unit of the Scottish Government. Help in finalising the document

was provided by advocacy organisations, Scottish Recovery Consortium, The Scottish Drugs Forum, STRADA and others with an expertise in supporting this group.



Problem Drug Use—Training Pack

Inspire Project

Barbara Brown is our Inspire Project intern and has started to familiarise herself with the advocacy movement in Scotland and how it has evolved and developed over the years. Barbara has started to produce a timeline capturing the internal and external factors that have had an impact on the Scottish advocacy movement over the years. We will keep you informed of the progress of the Inspire Project and Barbara will be in touch with all advocacy organisations over the coming months. If you have any information you wish to share about your involvement or the development of your organisation then please don't hesitate to contact us. Contribute by posting links about your own history on the Inspire Facebook page.

Advocacy Map

Finally look out for Muriel's article on the latest edition of the Advocacy Map. We know that we ask members for lots of help and information but this vital tool helps to illustrate the value and impact of Independent Advocacy.

Shaben Begum, MBE
Director, SIAA



Damaging Grassroots

In the last edition of About Advocacy we discussed issues around competitive tendering for social care services in general and for advocacy provision in particular. There has been increasing concern expressed from many sources on the impact of such competitive tendering on communities and on those most vulnerable members of these communities who can be negatively affected by resultant changes in vital supports and services.

The question was posed 'Advocacy commissioning and procurement – is competitive tendering appropriate?' Many organisations have since been in touch to speak of their experiences and concerns on this issue.

One of the main concerns raised around the impact of competitive tendering has been the potential for the loss of smaller, community rooted Independent Advocacy organisations. Much of the early development, particularly of

Independent Advocacy, was user driven and many local organisations have retained the direct, local user involvement in their ongoing delivery and development. The belief is that large charities cannot have the direct local contact that makes these small organisations particularly responsive to local need.

Peter Beresford is Professor of Social Policy at Brunel University and Chair of Shaping Our Lives, the national service-user organisation and network. He has recently published a number of articles suggesting that the situation in the rest of the UK is very similar to that in Scotland with demand for advocacy increasing while funding decreases and ever greater pressure by commissioners to further reduce spending on advocacy often leading to competitive tendering. He details research, conducted around the UK, demonstrating the damage occurring within community and service user led organisations.

These findings support many of the concerns expressed by SIAA members. We asked him for his views on the situation in England and Wales as well as in the wider UK for About Advocacy.

Anne O'Donnell, Convenor of CAPS and a mental health service user has provided a response to Peter's article from a Scottish perspective and expresses her concerns over the impacts that reducing resources and increasing use of competitive tendering are having on grassroots organisations and advocacy service provision in Scotland.

Muriel Mowat, Quality and Assurance Officer



Peter Beresford OBE
Long term user of mental health services, Chair of Shaping Our Lives and Professor of Social Policy at Brunel University

Advocacy, particularly Independent Advocacy, seem to be dirty words to governments. They are happy to talk about information, guidance and advice, but when it comes to the 'advocacy' word we can expect a silence. It is at least a bridge too far, despite the fact that both the evidence and the message from service users and their organisations for many years has been that independent, expert advocacy, particularly peer and self advocacy, have a crucial role to play in safeguarding people's rights and meeting their needs. And now of course as demand increases, money and supply decreases.

A short time ago I wrote an article in the Guardian newspaper highlighting the frequent failure of

the big traditional charities, including the disability charities, to maintain their advocacy role effectively, pointing out how many had been compromised over the issue of workfare that was effectively compulsory. Since then an important new research report has been published by Disabled People Against Cuts (DPAC).

This not only lays bare the ideological attack on disabled people being made by government in the name of 'welfare reform' and the profiteering of international private corporations like Atos and Unum. It also highlights the negative and collusive behavior of many large disability charities in this disablist development. The report refers explicitly to:

'...the disability charities that continue to profit from disabled peoples' misery by sitting at the table with governments, Atos and Unum 'helping' the progress of the WCA (work capability assessment) and gaining from lucrative government contracts for work programmes - with their and other charity support disabled people don't need enemies.'

Meanwhile across the UK, in all four countries, the disabled people's organisations (DPOs), community and service user led organisations (ULO), which have long been shown to be service users' preferred suppliers of high quality independent and black and minority ethnic advocacy, are being destabilised and in some cases put in jeopardy and lost through unprecedented cuts in public services and public spending. These cuts are known and shown to be hitting the most disadvantaged groups and areas the worst.

The message for the future is a simple one, even if it is going to be a hard fight to achieve it. The many millions of pounds that are currently lodged with ineffectual and self-perpetuating large disability charities must be redistributed to those

small, committed user controlled organisations that represent the true spirit of modern voluntarism. First the Spartacus report and now the DPAC report gives power to this message and it must be key to alliance-building and campaigning for the future.



*Anne O'Donnell,
Convenor, CAPS*

Independent Advocacy puts the people who use it first, it is accountable to the people who use it, it is as free as it can be from conflicts of interest, and it is accessible. Over 20 years of developing advocacy in Scotland has resulted in a wide range of Independent Advocacy organisations who are united by these principles.

I've used advocacy, been a member of advocacy groups, and have been on the board of two Independent Advocacy organisations. I'm proud of what's been achieved by the advocacy movement. And I am very scared for the future.

Peter Beresford's article is a warning. He argues that in England, small and/or grassroots advocacy organisations are being crowded out by the larger disability charities.

In Scotland we are seeing more commissioners, especially in Local Authorities, putting advocacy contracts out to competitive tendering.

Can grassroots organisations, which are small compared to service providers, compete fairly with the larger organisations in competitive tendering? Peter says no and I agree.

In Edinburgh, we've been through a costly, painful and ideologically driven tendering process. Advocard and Partners in Advocacy, both Independent Advocacy organisations, won the two contracts but we are still feeling the effects a year later.

The drive towards cheaper provision is a huge threat to the independence and accountability of advocacy. The established advocacy organisations who are part of their communities and are accountable to them, as Peter points out, are the organisations service users trust most.

We now have to compete with larger, better resourced service providers in tendering processes which are better suited to procurement of equipment, not giving those of us who are most vulnerable what we need to have our voices heard - Independent Advocacy.

One NHS board has already commissioned a large service provider organisation to provide 'Independent' Advocacy under the Mental Health Act.

How much more vulnerable is advocacy for people who do not fall within the provisions of the Mental Health Act - children and young people, for instance?

It is increasingly hard to believe that these big organisations can manage any conflict of interest when we see them sitting down with government, ATOS etc. to get contracts for work programmes and ignoring what disabled people are saying.

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Find out more about CAPs at **www.capsadvocacy.org** and watch Anne talk about her experiences on the SIAA website.

Empowering individuals

Jess Wade, Manager, Self Directed Support Scotland

Self-Directed Support Scotland (SDSS) is a national organisation which actively promotes Independent Living for disabled people by supporting, working with and championing the aims of self-directed support organisations.

SDSS develop resources, material and training for their member organisations and regularly deliver presentations which show that the Social Model is at the heart of SDS and Independent Living. They also work with local authorities, voluntary sector organisations, NHS health boards, universities and colleges to influence and guide the implementation of the Social Model within their own policies and programs.

The upcoming Scottish Government Self-Directed Support Bill will lay the foundations for Self-Directed Support to become part of mainstream health and social care delivery. This will mean that anyone in receipt of social care services can choose and self-direct the support they receive.

The aim is to empower individuals to decide how much ongoing control and responsibility they want over their own support arrangements. Self-Directed Support puts the principles of



Independent Living into practice, and enables people to be active citizens in their communities.

SDSS have been working towards the implementation of the Self-Directed Support Bill through involvement on a range of sub-groups and have also submitted a consultation response which can be viewed on their website.

As the Self-Directed Support Bill is implemented, people will have more choice about the care and support services they receive. Independent Advocacy will play a crucial role for many in helping them find information, explore their options, and decide how to proceed as regards Self-Directed Support.

At SDSS, an enthusiastic new team of four has just started, the Manager is Jess Wade, the Capacity Building and Resource Co-ordinator is Rachel Walker, the new Personalisation & SDS Coordinator is James Blair and the new Administrator is Gemma Pettie. They would really like to hear from you so please get in touch via email info@sdsscotland.org.uk or phone **0131 516 4195**.

If you are interested in becoming an associated member or in receiving training on SDS, Independent Living or the Social Model and would like further information please get in touch with Rachel Walker.

www.sdsscotland.org.uk



SIAA Consultation Responses

Erin Townhill, Policy and Parliamentary Officer

Consultation responses by the SIAA and Independent Advocacy organisations have contributed to the inclusion of Independent Advocacy in key policies and legislation and promoted Independent Advocacy to decision makers in Scotland.

The past few months have seen several consultations which have the potential to have a significant impact on Independent Advocacy in Scotland, including the Mental Health Strategy 2011-15 and the Scottish Parliament Health and Sport Committee's call for evidence on the Social Care (Self-directed Support) (Scotland) Bill.

Consultations are one of the main ways that the Scottish Government, the Scottish Parliament, Local Government and other organisations find out what key stakeholders and the general public think about particular issues they are working on. While they are not the only way that organisations and individuals can make their views known, they are one of the most frequently used.

The SIAA responds to consultations that will have an impact on Independent Advocacy and equality and human rights.

By responding to consultations we aim to

- Help prevent a legislation or policy being introduced that will have a negative impact on advocacy and the people we support
- Ensure Independent Advocacy is referenced in key policies, strategies and legislation
- Lead to additional resources being allocated
- Promote and support the work being done by Independent Advocates.

What consultations do the SIAA respond to?

We have commented on issues as diverse as:

- Mental Health
- Children's Hearings
- Housing
- Welfare Reform
- Self-directed Support

Most have been responses to Scottish Government consultations, but we have also given evidence to Scottish Parliament

Making a Difference



Committees, commented on the work of key organisations such as the General Medical Council, and responded to UK Government consultations which are relevant to Scotland.

Whenever possible we engage with organisations with shared views and beliefs so that together we can develop better, more robust responses.

You can view over sixty SIAA consultation responses on the Policy and Parliamentary pages on the SIAA website.

Why should the SIAA and Independent Advocacy organisations respond to consultations?

The greater the number of consultation responses an organisation receives supporting a particular change, the more likely it is that the change will be considered. This is because most consultation response analyses will include a count of how many responses supported a particular position. It is therefore essential that as

many Independent Advocacy organisations as possible respond to consultations.

The SIAA will always endeavour to give a strong evidence based consultation response that reflects the experiences of the Independent Advocacy movement, but individual organisations are in a unique position to give an insight on what is happening on the frontline in their geographical area and field.

Independent Advocacy organisations have local knowledge and valuable first-hand experience that provides strong evidence on the impact of Independent Advocacy that sends a powerful message to decision makers. The SIAA strongly urges members to respond to consultations which have a particular relevance to Independent Advocacy.

To support our members we

- Highlight consultations which are of particular interest to members in our regular e-bulletins and special members e-bulletins
- Contact Independent Advocacy organisations with an interest in a subject to ask them to send us a brief overview of their thoughts for us to incorporate into the SIAA response
- Circulate our SIAA response to members to help inform their own
- Encourage members, if they see a consultation they would like to comment on, to contact us directly to see how we can help.

Contact Erin Townhill for more about consultations and the SIAA's policy and parliamentary work at etownhill@siaa.org.uk

Help in uncertain times

Janet Roberts, Cranfield Trust

The Cranfield Trust offers a free consultancy service to voluntary sector clients, placing highly skilled, commercial-sector volunteers as advisers and mentors to charities and social enterprises, to support strategic projects.

We support organisations involved in issues of poverty, disability or social exclusion. Projects that the Trust frequently supports include:

- Strategic & Business Planning
- Marketing & Communications
- Financial Management & Reporting
- Feasibility Studies
- Mentoring/Coaching for Managers

Leadership

Relevant board skills and board engagement have never been more important. In working with client organisations over the last year, Cranfield Trust volunteers have found that facilitating away days and board meetings to focus on strategy and ensure strong team working and high level support to Chief Executives is vital in helping prepare for change. In meeting challenges for the future, having the right skills available to the organisation and keeping board members well briefed on relevant issues is also critical.

Preparing for change

There's no question that all the organisations the Trust works with need to change rapidly to adapt to the new climate, but many of our clients find it difficult to envision different ways of working, especially as all is still far from clear in the operating and funding environment.

Working with an independent consultant can help charities increase their capacity to understand their own organisation as well as the

context they are working in, informing their approach and decisions as to what changes they should make.

Internally, consultant volunteers can be vital to help objectivity when an organisation is considering what is and isn't working, and making difficult decisions about costs.

Having a volunteer's professional guidance and feedback to carry out accurate market analysis and scenario planning can also prove invaluable, to help organisations identify opportunities and the viability of possible strategies such as mergers, collaboration and partnership working.

Accurate costing and timely decisions

Even when the research has been carried out and the findings considered there can still be the temptation to hang on to the status quo to the last minute. Having robust financial information is then often also very important to support timely and effective decision making.

While most organisations already have good financial management in place the Trust is still seeing a high level of demand for projects that will further improve processes to support strategic decisions, as well as ensure that charities have an accurate understanding of income, costs and cashflow. In an increasingly competitive environment this knowledge is important to develop strong, competitive tenders and social enterprise strategies.

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Contact Jane Whitworth, Programme Manager by email: jane.whitworth@cranfieldtrust.org, telephone 0844 800 3390 or go to our web site www.cranfieldtrust.org

Service Level Agreements

Muriel Mowat, Research and Quality Officer

Independent Advocacy: A Guide for Commissioners recommends that, when commissioning Independent Advocacy provision, a Service Level Agreement (SLA) or Contract should be drawn up to ensure that the commissioner and the advocacy organisation are absolutely clear from the beginning about what is expected from both parties.

NHS Boards and Local Authorities are likely to have an existing format for SLAs or Contracts for other services and some elements of these will also be relevant for advocacy organisations, however, there are issues that will be specific for the commissioning of Independent Advocacy that may not apply to other services. The SIAA has been working to produce a document that aims to provide a framework for consideration when commissioning Independent Advocacy.

Feedback on the first draft of this document was sought from advocacy providers and commissioners and has been incorporated into the final draft which we hope to publish in the near future.

Good practice suggests that an SLA should be written in partnership between the commissioner and advocacy organisation, thus ensuring clarity around expectations on both sides. Information gathered from the advocacy needs assessment and details from the strategic advocacy plan will inform the agreed content of the SLA.

The detail will vary across statutory agencies and from one area to another however commissioners should consider including the following information:

Background

- The value base – including the need for independence
- Aims and objectives of the provider

Operational Details

- Who the service is for
- The type/model of advocacy offered
- The location of the provider
- Duration of the Contract
- Funding arrangements.

Service Standards

- The quality of service expected
- The responsibilities of the provider towards the service users
- The expected outcomes for the provider
- How the provider intends to ensure full access across all service user groups.

Organisational Management

- The management of the organisation
- Involving service users
- The staffing complement, management, training and support
- The operational policy and practice of the provide
- The future development of the organisation.

Commissioner/Organisation Communication

- Appointment of a Link Officer
- Monitoring and evaluation
- Resolution of disputes.

The document provides further details on each of these points and gives examples for each point. We hope that this will be helpful for future advocacy commissioning.

A new map of Advocacy across Scotland

Muriel Mowat, Research and Quality Officer

It's that time again. Yes, very soon the SIAA Research and Quality Officer will begin harassing member organisations and NHS and Local Authority advocacy commissioners once more for data to be included in the planned Map of Advocacy across Scotland 2011/12 edition.

I am sure that, as I write this, I can hear sighs from hard pressed and overworked advocacy managers but we will try to make this as painless a process as possible.

The new Map will provide us with more information on the changing make up of advocacy provision right around the country. It will let us consider how much (or little) advocacy is available, who can access it and where. Analysis of this data against that contained in previous Maps will show the advocacy movement, advocacy commissioners and the Scottish Government what progress has been made towards increasing access to Independent Advocacy for all who need it.

As with the rest of the voluntary and the statutory sectors, advocacy has been experiencing major impacts from the financial downturn and ever shrinking budgets. If, as is suggested by other recent pieces of research, reduced and reducing resources continue to lead to reduced and reducing provision, the new Map will help demonstrate this.

An up to date picture of where we are in terms of resources and access will prove invaluable in providing evidence to support our call for support and funding for advocacy.

The call for support and funding, as seen in the SIAA Manifesto for Independent Advocacy, has been sent to all political parties both in the

general election in 2011 and, more recently, in the recent local elections.

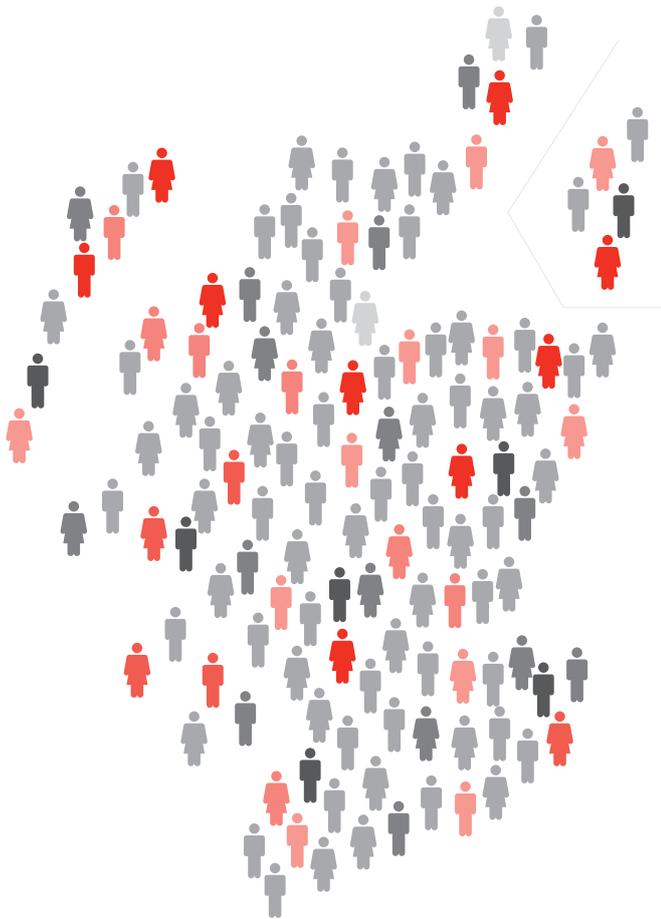
Much of the information contained in the last Map, 2009/10 edition, has been used in giving a picture of advocacy to NHS Boards, Local Authorities and national and local elected representatives.

From this data we have been able to show that, in that year

- around 25,000 people throughout Scotland accessed advocacy
- statutory spend on advocacy from NHS Boards and Local Authorities was around £10 million
- advocacy organisations attracted around £700,000 of funding from charitable trusts and foundations
- advocacy organisations provided 1,200 volunteer opportunities, as volunteer advocates and members of management committees or Boards of Directors
- there are around 450 paid staff working in advocacy organisations throughout Scotland.

Updates to this information for the 2011/12 year will allow us to compare with the 2009/10 year to get a real sense of the current position of Scottish Advocacy.

This new edition will actually be the fourth Map of Advocacy produced. The first was produced



in 2002 by the Scottish Human Service Trust and followed the production of the first advocacy plans drawn up in response to the Scottish Executive Guide for Commissioners (2000).

The second Map was published by the Advocacy Safeguards Agency in 2004. The 2007/08 and 2009/10 editions have been published by the SIAA.

It is a fascinating exercise comparing findings year on year contained in these maps, providing information on provision and funding from 2001 to 2010. The first Map, published in 2002, showed 71 advocacy organisations providing

advocacy throughout Scotland. Several of these organisations worked in a number of Local Authority or NHS Board areas. By 2004 this had risen to 78 organisations. Since then numbers have reduced with the last Map, in 2010, showing 62 organisations. This reduction, in many cases, is as a result of two or more organisations merging to form one larger organisation. Since then we are aware that numbers have reduced even further.

With the next edition we will have a full decade's worth of this data. Some of this will also be used for the Inspiring Our Future project.

As this magazine goes for publication the information requests are being drawn up. We are working to make the process as streamlined and simple as possible.

Organisations will be able to complete paper or electronic copies of the questionnaire or, if preferred, a member of SIAA staff will take the relevant information by telephone.

Please look out for your questionnaire coming in over the next few weeks. We will look forward to speaking to all members in the near future.

We plan to keep you posted on progress and when we have gathered all the necessary information we aim to publish the next edition of the Map of Advocacy across Scotland in the autumn.

Contact Muriel Mowat for more details at mmowat@siaa.org.uk or telephone her on 0131 260 5380.

Patient Advice and Support Service

Christine Lang, Patient Advice and Support Service National Co-ordinator

The Patient Rights (Scotland) Act 2011 was passed by the Scottish Government in February 2011. The Act created the Patient Advice and Support Service (PASS), an independent service which provides free, accessible and confidential advice and support to patients, their carers and families about NHS healthcare.

From 1 April 2012, the Patient Advice and Support Service will promote an awareness and understanding of the rights and responsibilities of patients and will advise and support people who wish to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland.

The Patient Advice and Support Service:

- Helps clients understand their rights and responsibilities as patients
- Provides information, advice and support for clients who wish to give feedback or comments, or raise concerns or complaints, about health care delivered by NHS Scotland
- Provides practical help with making a complaint, including preparing letters, making phone calls and supporting clients in preparing for and attending meetings
- Works with the NHS to use feedback to improve the patient experience and improve NHS service provision.
- Where appropriate, PASS has a duty to direct people to other types of support, such as advocacy or communication support services.

The Patient Advice and Support Service is

provided by the Scottish CAB Service and can be accessed from any Citizens Advice Bureau (CAB) in Scotland.

Case study

The client asked the bureau adviser to assist him with a complaint to the local hospital regarding the follow up care he received for his prostate cancer and, in particular, for what he considers the failure of the NHS to offer him important regular blood tests to check his Prostate-specific antigen (PSA) levels. It appeared that poor communications between the hospital and the GP meant neither service had followed this up.

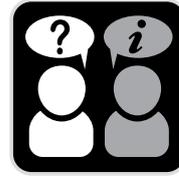
The client now has secondary prostate cancer. The client also expressed his concern about the waiting times for a Urology appointment at the hospital.

The bureau advised the client of his benefits rights and assisted him to complete Attendance Allowance (AA) forms. This was a difficult case as the client, and especially his wife, were in denial about his state of health and he was initially reluctant to consider AA, even though he clearly was eligible for this financial assistance.

The client was quickly awarded High Rate AA and is now very pleased to have this.

The Service provides general advice and help on a range of issues, such as housing, employment, benefits or money worries. Support with these issues can have a positive impact on the health of clients. Clients can also access information and advice on how to access health and community services that offer additional support with health care needs.

PASS enhances and replaces the Independent Advice and Support Service (IASS). IASS was



Patient Advice & Support Service

Use your rights
Know your responsibilities
Share your experience
Make a difference



© Citizens Advice Scotland

also a CAB based advice service for NHS Scotland patients and their representatives, which ensured clients across Scotland received support to engage effectively with the NHS.

Clients already receiving support from IASS will benefit from the continuity of service provision from IASS to PASS.

You can access this service from any Citizens Advice Bureau in Scotland.

Visit www.cas.org.uk or use the phone book to find your local CAB.

Case study

At his request the bureau assisted the client to write a formal letter of complaint. This was on behalf of a friend (with his written consent) who had some concerns with the contact he had with Mental Health Services over a number of years. One of these concerns was regarding a home assessment undertaken by a Mental Health Occupational Therapist.

The main issue was that he had not seen or agreed the assessment report before it was distributed to other areas of service. When asked for a copy he disagreed with a number of points on the report, but did not have the opportunity to have this amended.

As a result of this complaint a new standard was established for the Adult Occupational Therapy Mental Health Service that allows the therapist and patient to sign off the results of the home assessment.

Training & Professional Development for Advocacy Highland



Sheilis Mackay, Director

Training and continuous professional development are essential to the work of Advocacy Highland. All staff and volunteers are offered opportunities in a range of different ways.

All new advocates are required to complete an initial advocacy training course, which forms part of the advocate's assessment over eight half day sessions.

The training covers what Independent Advocacy is and why people may need advocacy support, the impact of social exclusion and why people become marginalised by society. Topics such as confidentiality, empowerment, safeguarding, advocacy dilemmas and human rights are all covered with debate and discussion encouraged. In addition the course devotes two sessions to communication with a further session using role play to experience being an advocate/advocacy partner. Particular emphasis is placed in the course on the advocate's code of practice and conduct.

This initial training is followed by a period of on the job training, 1:1 mentoring and shadowing with their advocacy supervisor.

Due to the geography in the Highlands it is important that staff and volunteers have the opportunity to meet up either locally in smaller groups or where possible as part of the whole organisation. Annually we aim to provide a training event in Inverness, to coincide with either Volunteers Week or with our AGM. We were delighted to have local and international speakers including Tom Kohler at our Advocacy Matters Conference in 2011.

Locally training is often provided either in-house by Advocacy Highland or externally by other organisations.

Advocacy Highland provides in-house training on the following,

Advocacy Training Courses

- Person Centred Planning and Essential Lifestyle Planning
- Adult Support & Protection Act
- Advocacy and Autism
- Lone Working
- Drug & Alcohol issues
- Advocacy & Stroke.

Advocacy Highland developed training which was the basis for the development, by the SIAA and the Stroke Association, of a training pack funded by SIAA and the Stroke Association. Training on this pack was also delivered in Aberdeen, Glasgow and Edinburgh by two of our staff.

External training is accessed through other agencies (often at no cost) e.g.

- Adult Support & Protection Act, Highland wide training through Highland Council
- Domestic abuse
- Mental Health 1st Aid
- Direct Payments – training held in Caithness and Inverness
- Care Programme Approach – NHS
- Child Protection Act training – GIRFEC

In addition we also provide training for other organisations to raise awareness on advocacy, such as the Northern Constabulary Police, NHS Highland and Stirling University - Nurse training in Inverness

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Find out more at:
www.advocacy-highland.org.uk