

# About Advocacy

*The Scottish Independent Advocacy Alliance Magazine*

*Autumn 2010*



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## Editorial

Well, this is the last magazine I edit for the SIAA, as I have now left the organisation and am typing this on a beach in Barbados! I'll leave it to you to decide which part of that sentence is true and which is not. I've thoroughly enjoyed editing the past few editions of *About Advocacy*, reading about the variety of work taking place around the country and seeing people's enthusiasm for their work. I guess I've not really had time to put my mark on the magazine, as I've been more of a 'caretaker editor', but I look forward to seeing how the new Information Officer develops it. I hope you enjoy the articles in this issue and thanks to all of you who have contributed content.

*Vincent Finney*  
formerly Acting Information Officer

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### Thank you:

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

Printed in Scotland using FSC certified 100% recycled paper and vegetable-based inks.

### Disclaimer:

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

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Scottish Charity No. SC033576  
Company No. 236526

An electronic copy of this magazine can be downloaded from our website: [www.siaa.org.uk](http://www.siaa.org.uk).





# SIAA News

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## Recruitment news

By the time you read this the SIAA will be in the process of recruiting an Information Officer and a Policy & Parliamentary Officer. We will be delighted to welcome new staff members in the very near future.

We were fortunate to have Vincent Finney as our acting Information Officer until late July when he left us to return to his roots south of the border. Since then we have been stretched and were grateful to Vincent when he agreed to edit this edition of About Advocacy.

## Work with Commissioners

The SIAA has been asked by the Scottish Government to carry out work with NHS Board and Local Authority advocacy commissioners on the future planning for independent advocacy. This was the responsibility of the Advocacy Safeguards Agency and, since the ASA folded, there has been no central direction for advocacy planning.

It is anticipated that this will be a one year project and Muriel Mowat, our Research & Quality Officer, will be seconded to undertake the work. Letters are on their way to all NHS Board and Local Authority Commissioners and Muriel hopes to have met with all commissioners by early next year.

As a result of this work the SIAA are recruiting a Research & Quality Officer for a fixed term of one year to cover Muriel's work during the life of this project.

## Quality consultation

The Quality Assurance Working Group has been taking forward work on quality assurance for advocacy since the last AGM. A consultation paper was sent to all advocacy organisations seeking views on the range of options identified by the working group. Response to this consultation has been good. We plan to present the findings at the AGM on 29th September and hope to be working towards the conclusion of this lengthy debate.

## A Date for your Diary

This year, the SIAA's ever popular Annual General Meeting will be held on Wednesday 29th September at the Glasgow Royal Concert Hall, 2 Sauciehall Street, Glasgow. Following the official business we will be bringing everyone up to date on the wider picture of advocacy in Scotland today and, as mentioned, continuing the discussion on quality assurance for advocacy.

On the day there will be a brief members' only meeting to cover the business part of the AGM. Following this the event will be open to all and will begin with lunch and opportunities for networking.

This event is free and is a must for anyone interested in independent advocacy in Scotland and beyond. To book your place ring 0131 260 5380, email [enquiry@siaa.org.uk](mailto:enquiry@siaa.org.uk) or write to Scottish Independent Advocacy Alliance, Melrose House, 69a George Street, Edinburgh EH2 2JG.



## Elder Abuse And Older People's Advocacy Project Review *By Vincent Finney formerly Elder Abuse Development Officer*

*I joined the SIAA in 2007, from Age Concern Scotland, to coordinate the Comic Relief funded elder abuse project. Whilst we were initially funded for two years, in late 2008 I successfully applied to Comic Relief for continued funding. I was able to demonstrate the need for the SIAA to continue its elder abuse work, but also to widen the remit of the project to older people's advocacy in general. Between the two phases of the project, in early 2009, I also successfully secured funding from the Scottish Government to deliver training of the Adult Support and Protection (Scotland) Act 2007, to independent advocates throughout Scotland.*

The main outcomes of phase one of the elder abuse project was the delivery of training on elder abuse and the development of the *Elder Abuse*

*Advocacy Guidelines*. Whilst the main outcomes of phase two was the delivery of more training on elder abuse; awareness raising of independent advocacy to people working with older people; and the identification of gaps in independent advocacy for older people. I have delivered 25 training events on elder abuse to over 260 advocates from over 30 different organisations. Two specialist training events were also delivered by external trainers, one on the Human Rights Act and older people and the other on the misuse of anti-psychotic medication.

I produced *The SIAA Elder Abuse Advocacy Guidelines: a companion to the Code of Practice for Independent Advocacy*. This document is designed to be read with the *Code of Practice for Independent*



*Advocacy*, as both as a reference when dealing with difficult cases and also as a training tool. The guidelines were produced following widespread consultation with the advocacy movement in Scotland as well as other professionals and organisations working with older people. Feedback has been very positive and copies of the document have been mailed to all advocacy organisations as well as commissioners. It is available on the SIAA's website and hard copies are still available to order.

In order to raise awareness of independent advocacy amongst people working with older people I ensured the inclusion of SIAA material in delegate packs at national conferences and attended a number of events. For example the SIAA had a stall at the Gathering, the annual voluntary sector fair organised by the SCVO. Here we spoke to a large number of people about independent advocacy and distributed a vast number of our publications.

Using the SIAA's *Map of advocacy across Scotland* as a starting point, I also researched the availability of independent advocacy to older people in Scotland. This resulted in the publication of *Independent Advocacy for Older People in Scotland* which shows the work that is taking place throughout the country and identifies those areas where there is a gap in independent advocacy for older people. It was of interest to note that of all the local authority areas in Scotland, only three do not have generic independent advocacy for older people. I certainly hope they will follow the lead of the vast majority of local authorities in Scotland and ensure that independent advocacy is available to any older person who needs it. This document was also mailed to all advocacy organisations in Scotland as well as commissioners of advocacy.

Earlier this year an external evaluation was carried out of the elder abuse project by Infusion Co-operative. The feedback was overwhelmingly positive which is consistent with the feedback we have received throughout the project. The report of the external evaluation concluded: "There is clear evidence that training was effective for the large majority of organisations which made use

of it and that positive outcomes were achieved in all key outcome areas. The Guidelines were highly valued as a relevant and valuable resource. The Project's capacity to provide information and advice was also welcomed."

Whilst the Scottish Independent Advocacy Alliance no longer has an elder abuse project, we remain committed to doing all we can to ensure elder abuse doesn't happen, and supporting independent advocates to support those who experience elder abuse. Furthermore, we remain committed to the principle of independent advocacy being available to all older people in Scotland. We would like to take this opportunity to thank Comic Relief for funding this project, as well as all those involved with the project including the steering group and co-trainers.



The *Elder Abuse Advocacy Guidelines* can be viewed at [www.siaa.org.uk/images/books/elder-abuse-advocacy-guidelines.pdf](http://www.siaa.org.uk/images/books/elder-abuse-advocacy-guidelines.pdf)  
To request hard copies please e-mail [enquiry@siaa.org.uk](mailto:enquiry@siaa.org.uk).

# Available for all? A report on independent advocacy for individuals with problem drug use in Scotland

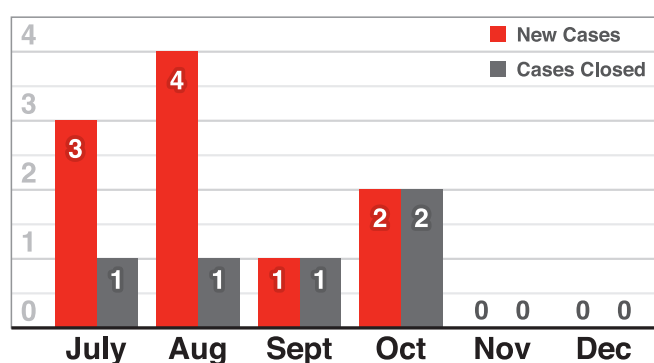
By Muriel Mowat, Research and Quality Officer, SIAA

*In May 2008 the Scottish Government published The Road to Recovery, the new strategy on tackling problem drug use. The report states that 'The Government will set in train a number of actions to achieve a shared understanding of how to promote and support recovery, including to '...build the capacity of advocacy services....' Following the publication of this report the Scottish Government Drug Policy Unit and the Scottish Independent Advocacy Alliance agreed a project to support this action point.*

The report 'Available for All?' on the results of this project has been published and can be found at [www.siaa.org.uk](http://www.siaa.org.uk). This article gives a brief summary of some of the findings included in the report. There are different models of advocacy available for individuals with problem drug use in different parts of England. Much of the advocacy provision has been developed as part of user led support organisations and is related only to problems around treatment issues. For much of this advocacy provision the preferred model is peer advocacy.

The SIAA conducted a survey of Scottish advocacy organisations to identify existing advocacy provision and any barriers to accessing advocacy for people with problem drug use. The results of the survey showed that several advocacy organisations throughout Scotland are already working with individuals with problem drug use. While no organisations are currently funded to work directly with this client group, access to advocacy has been made available through other referral criteria such as mental health.

The records of advocacy issues raised showed a wide range of issues with a few relating to drug treatment issues. While issues were recorded as relating to problem drug use these were mostly



related to the difficulties that this client group can experience in their lives as a direct result of the drug use, the chaotic lifestyles that can be a feature and of the associated stigma.

Following the initial survey four organisations collected data on referrals for people with problem drug use over a six month period. The four organisations collecting the data provided a good spread in relation to contrasts between rural and urban areas, population size and percentage share of areas of multiple deprivation.

At the beginning of the period on 1st July 2009 the participating organisations reported a total of 25 individuals in receipt of advocacy and by 31st December 2009 this had risen to 30 individuals. Over the 6 months there had been 10 new referrals and 5 cases closed. There were a range of issues that people sought advocacy support to deal with. These included housing, health, assessment for services, contact with Criminal Justice Services and issues around the Mental Health Act.

Despite the lack of funding for advocacy for individuals with problem drug use and the fact that organisations do not routinely offer information on advocacy to this client group these figures demonstrate a steady increase in requests for advocacy.

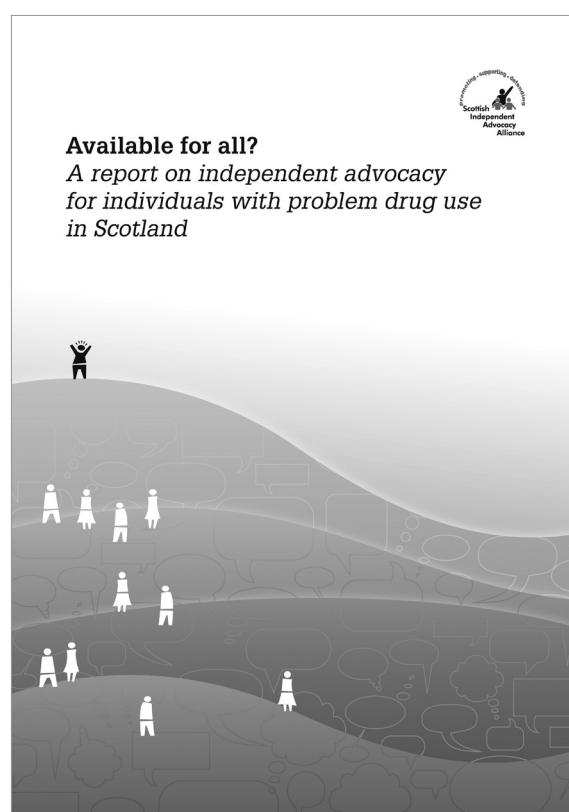
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'Available for All?' makes seven key recommendations:

- Independent advocacy—individual and collective—should be made available across Scotland for individuals with problem drug use.
- Problem drug use should be included in advocacy contracts and service level agreements as a referral criteria.
- Advocacy organisations working with individuals with problem drug use should work within the *Principles and Standards for Independent Advocacy*.
- Resources should be available for building links with relevant agencies and for assertive outreach to individuals with problem drug use.
- Creating opportunities for the development of specialist knowledge in this area for independent advocacy organisations will help improve access to advocacy for individuals with problem drug use.
- If considering development of a peer advocacy model, sufficient resources must be put in place to ensure that peer advocates are adequately supported.
- Individuals who are experiencing or have experienced problem drug use should be consulted and involved in the planning and development of independent advocacy for that group.

It is clear that independent advocacy can be important for individuals with problem drug use. There is much anecdotal evidence of the value that those with problem drug use place

on independent advocacy and of the difference it can make to their lives. There is also evidence of recognition amongst staff from voluntary and statutory sector agencies of the role advocacy plays in the lives of their clients and the positive impact it has had. Independent advocacy will have an important role in the work towards promoting and supporting recovery for individuals with problem drug use.



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*Available for All* can be viewed on the SIAA website. To request hard copies please e-mail [enquiry@siaa.org.uk](mailto:enquiry@siaa.org.uk).

# A map of advocacy across Scotland, 2009 – 2010

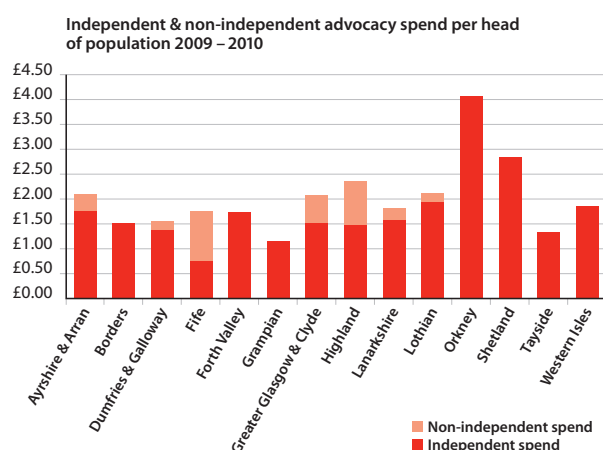
By Muriel Mowat, Research and Quality Officer, SIAA

The SIAA has recently published the 2009–2010 edition of 'A map of advocacy across Scotland'.

For this updated edition data on funding was requested from all NHS Boards and Local Authorities and on funding and activity levels from all advocacy organisations. Responses were received from 95% of advocacy organisations and from all NHS Boards and Local Authorities. This has given a fuller picture of advocacy funding than that of the 2007/08 edition. Not all advocacy organisations supplied the requested details which left some gaps in the information available for that year.

## Advocacy funding

As with the 2007–2008 edition of the map the statutory funding information was broken down to show a per person per annum spend in all NHS Board areas. The information was further broken down to show funding for independent and for non-independent advocacy organisations. This breakdown can be seen in the chart and shows similar patterns of spending to that of the 2007–2008 year.



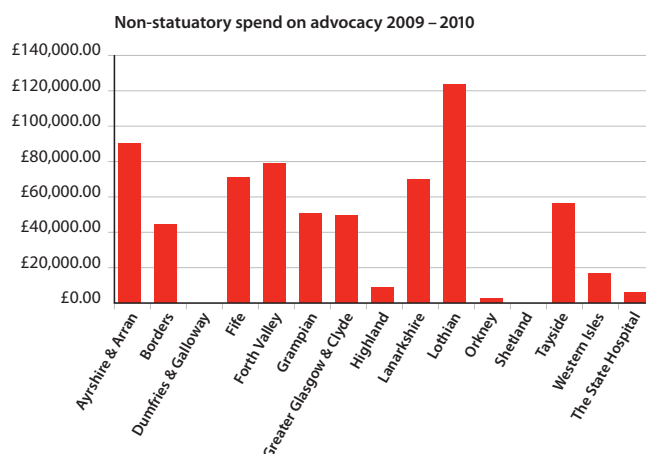
It is encouraging to note that, other than NHS Fife, for those areas which have some spend on non-independent as well as independent advocacy,

the proportion of non-independent advocacy in relation to the total spend has decreased.

Some areas show an increase in funding although account should be taken of the gaps in the information supplied for the 2007–2008 Map. Some areas show funding has remained the same for the 2009/10 as for the 2007/08 year, effectively a cut in real terms. Of particular concern is the fact that the NHS Shetland area shows an actual reduction in spend on advocacy of 50 pence per head of population for the 2009/10 year against the 2007/08.

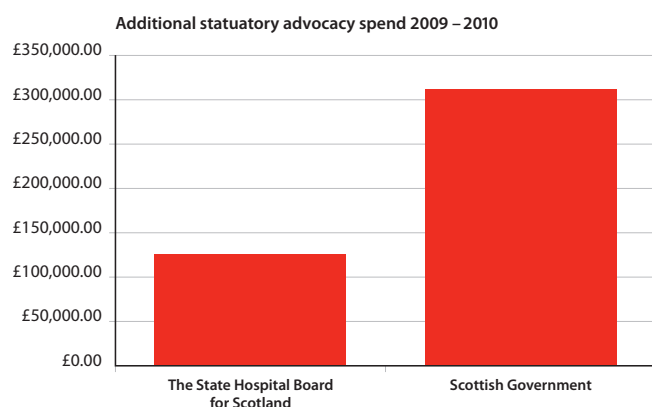
The amount of funding for advocacy from charitable trusts and grant awarding bodies has decreased since the 2007–2008 year. The total awarded from charitable trusts and other bodies to advocacy organisations in the 2007/08 year was £955,343, for the 2009/10 year that total reduced to £668,748. This may be due in part to the increasing inclusion of advocacy in legislation.

Despite the decrease in these awards this total shows the significant added value independent advocacy organisations can bring to NHS Board and Local Authority areas. The chart shows the non statutory spend on advocacy from charitable trusts and foundations and from fundraising from each NHS Board area.





In addition to funding from NHS Boards, Local Authorities and charitable trusts the Scottish Government provided some funding for advocacy. The chart showing the additional statutory spend details the amount of funding from the Scottish Government and the State Hospitals Board.



The total advocacy spend by NHS Boards, local authorities and the Scottish Government in the 2009–2010 year is £10,122,280. That figure equates to a total statutory spend, per head, per annum, of £1.95

The total spend, from all sources, statutory and non statutory, on advocacy from April 2009 to March 2010 was £10,791,028, a total per person per annum spend of £2.08.

### Gaps in advocacy provision

As in the 2007/08 edition, in addition to funding information, advocacy organisations were asked about any gaps in advocacy provision in their areas. One issue identified by many organisations in the last edition of the Map was the lack of access to independent advocacy in prisons.

It is concerning to note that there appears to have been no change to this situation since the publication of the last edition. In 2011 NHS Boards will take over responsibility for health care for all prisoners from the Scottish Prison Service. Unless additional funding is made available for advocacy

for prisoners this could have a negative impact on advocacy organisations if they are expected to deliver advocacy to an additional group without any increase in resources.

Advocacy organisations reported that there is limited or no advocacy provision for people in the following groups:

- Acquired brain injury
- Alcohol related brain damage
- Asylum seekers and refugees
- Black and minority ethnic communities
- Children and young people—particularly in relation to the Mental Health (Care & Treatment) (Scotland) Act 2003
- Homeless people
- People with problem drug/alcohol use
- Physical disabilities
- Sensory impairment—including deaf and deafened people

Most of these groups were identified in the last edition of the Map. There seems to have been no significant increase in advocacy provision. All members of these groups experiencing mental health problems already have a legal right of access to independent advocacy however it is not universally available.

While it is encouraging to see further development of independent advocacy in Scotland it is clear that we still have some way to go in the aim of ensuring that independent advocacy is available to all who need it. If expected local and national government cuts go ahead we will be closely observing any impact on spending and availability of advocacy by noting comparisons in future editions of the Advocacy Map.

The *Map of Independent Advocacy* can be viewed on the SIAA website. To request hard copies please e-mail [enquiry@siaa.org.uk](mailto:enquiry@siaa.org.uk).

# Case study: Highland Carers' Advocacy new web based case management system

*By Anita Evans, Carers' Advocacy Co-ordinator, Highland Carers' Advocacy*

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Highland encompasses a mix of both urban and vast rural areas—in reviewing the method of advocacy provision to Carers across the region led to the recruitment of a team of home based caseworkers in key areas. Finding a solution to provide the new team with the most efficient tools which would optimise their performance, give a strategic view of the service and provide accurate data for monitoring purposes became a priority.

The systems previously in place for recording casework and reporting, no doubt similar to other organisations, combined a mixture of an out of date database, paper casework files, spreadsheets etc all culminating in a very stressful time, and many hours, in the preparation of monitoring reports for our funders and Board.


Research suggested the best way forward would be commissioning a web based casework management system. This would be an investment for Highland Carers Advocacy, not only for the present, but in its future. A full accurate brief to the software development company was key in achieving a bespoke system, fit for purpose; with the flexibility for modification should requirements change in the future.

Going 'live' had become the mantra, finally happening at the beginning of April 2010 using secure encrypted access. The system captures all casework activity and has resulted in 30% time saving, which directly benefits advocacy activity. Being web based enables support and guidance to staff being available and based on up to date information.

From a management perspective the system offers a strategic view of the service through many key features including:

- Contact details for all carers and professionals
- Waiting list
- Accessible electronic library for policies and procedures
- QA systems
- Parallel staff diaries
- Outcomes monitoring
- GEO data
- Equality and evaluation returns
- Access to casework recording notes.

There is now a richness of accessible data available immediately, via one click—the last monitoring reports taking only minutes!



The SIAA does not recommend any specific company or designer for developing a case management system.

# Case management systems for independent advocacy organisations

*By Vincent Finney, formerly Acting Information Officer with the SIAA*

All organisations have a vast amount of information but our ability to utilize that information is limited by the efficacy of our information management systems. Another term for 'information management' is 'knowledge management'. Whilst this is, to some extent, just another buzzword, I think it helps bring home the value of the wealth of information organisations hold.

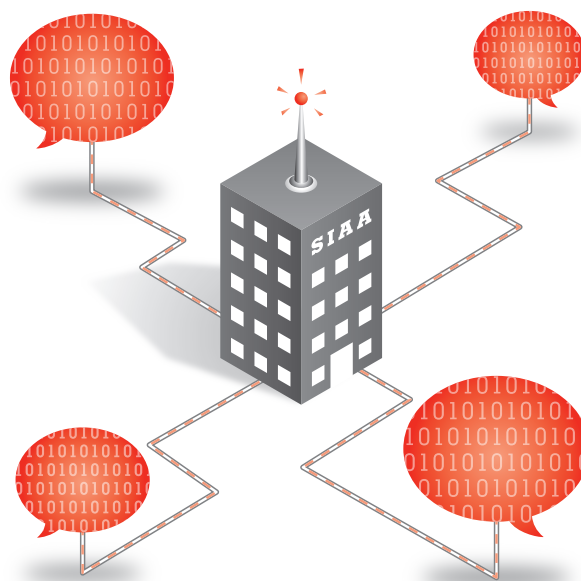
In addition to the usual information that an organisation holds, such as policies and procedures, personnel records, reports etc, independent advocacy organisations will also have case notes or files with information about their advocacy partner. Whilst being stored securely, these case notes need to be accessible and contain a wealth of statistical information of use not only to the organisation, but also to the advocacy movement as a whole and the SIAA.

Lets take the example of the Citizens' Advice Bureaux and their relationship with Citizens' Advice Scotland (CAS). When I was a volunteer, we would complete a very detailed form for every client we saw. As well as being a record of what we discussed with our client, that form contained detailed information about the issues with which they presented and equality monitoring information.

Whilst this information would be stored securely, and the personal information such as name and address remained within the bureau, the statistical information relating to the issues presented and equality data, would be extracted, entered onto a database, and whizzed off to CAS for analysis. These statistics would then be used to inform the policy and campaigning work of CAS.

An example of this in practice is the recent briefing paper by CAS on the Employment Support Allowance (ESA), the replacement to incapacity benefit and income support for those who are sick and/or disabled. Were it not for the statistical evidence from people who had visited their local CAB about the problems they were experiencing with ESA, CAS would not have had the hard evidence to support its case.

So what relevance does this have for the advocacy movement? Were every independent advocacy organisation to record statistical data about their work in the same way, and submit this to the SIAA on a monthly basis, the SIAA would have a large body of evidence when responding to Government consultations as well as hard evidence of the value of independent advocacy. If you want the SIAA to be a strong voice for independent advocacy, and you want the work you do with your advocacy partner to have a wider impact, there would seem to me, to be no better way to make that happen.



# New General Medical Council Guidance on End of Life Care for Doctors

*By Helen Champion, Media Relations Officer, General Medical Council*

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*Most doctors will, at some point in their career, be involved in caring for patients who are dying. End of life care raises emotional, practical and ethical challenges for the entire healthcare team.*

The new guidance, *Treatment and care towards the end of life: good practice in decision making*, provides help for doctors on areas such as advance care planning for patients nearing the end of life, including how to manage advance requests and refusals of treatment. It also explores:

- Decisions to withdraw, or not to start, clinically assisted nutrition and hydration
- Raising the possibility of organ and tissue donation
- Decisions involving neonates and infants
- Supporting family and others close to a patient while the patient is ill and after their death.

The guidance emphasises that a doctor must work as part of a multidisciplinary team and highlights the role of independent advocates. It was developed over two years and involved an extensive consultation with doctors and other healthcare professionals, patients, carers, employers and religious groups.

Dignity and respect for the individual are key themes in the guidance. Doctors must not discriminate or rely on preconceptions of what kind of care particular groups of patients—for example, people with disabilities, the elderly, or those from ethnic minority groups—might want towards the end of life.

Another important theme running through the guidance is that of good communication—with patients, their families and others close to them, and with the rest of the healthcare team. The guidance highlights that good communication lies at the heart of effective advance care planning, of assessing what is of overall benefit to patients who no longer have capacity to decide for themselves, and of co-ordinating treatment and care effectively where many teams, specialists and carers have to work together across a range of practice settings.

The guidance advises doctors on the approach to take when disagreements arise when deciding what treatment and care would be of overall benefit to a patient who lacks capacity. These disagreements can occur between doctors, between doctors and those close to the patient or within the healthcare team but can usually be resolved by involving an independent advocate, seeking advice from a more experienced colleague, obtaining a second opinion, holding a case conference, or using local mediation services. If, after following these steps, there is still significant disagreement, the guidance signposts doctors to seek legal advice on applying to the appropriate statutory body for review. Doctors should also inform all parties involved about such proceedings so that they have the opportunity to participate or be represented.

For patients, those close to them or members of the healthcare team who find a situation emotionally challenging, the guidance directs doctors to offer advice about any available support. This could include patient and carer support and advocacy services, counselling and chaplaincy services and ethics support networks.



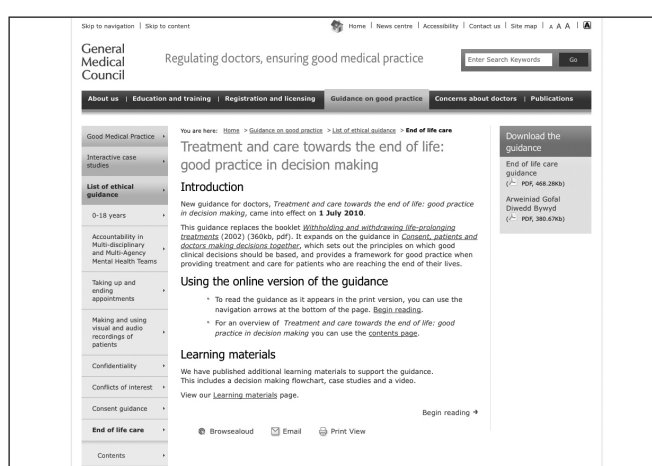
Dr Elizabeth Ireland, a GP, a member of the GMC's Working Group and National Clinical Lead for Palliative and End of Life Care for the Scottish Government Health Department, said:

"Providing treatment and care for people towards the end of their life almost always involves decisions that are clinically complex and emotionally distressing. Doctors need support and training to help them navigate the complex decisions and ethical dilemmas they regularly face, and to help them ensure that every patient is treated with the dignity and respect they deserve. This guidance will provide a useful framework for doctors to help them meet the needs of each individual and will also be useful for other health and social care professionals."

The guidance came into effect on 1 July 2010. As part of an ongoing programme of work to promote understanding and application of the guidance, the GMC has also developed vignettes, case studies and other materials to illustrate the principles in the guidance, and explore how they apply to situations that doctors face in practice.

*Treatment and care towards the end of life: good practice in decision making* is UK-wide and contains specific reference to Scottish Law where appropriate. The guidance and supporting resources may be useful reference for those working in some fields of advocacy and are available to read and download on the GMC website [www.gmc-uk.org/end\\_of\\_life\\_care](http://www.gmc-uk.org/end_of_life_care).

*"Dignity and respect for the individual are key themes in the guidance."*



The GMC 'end of life care' website

For queries or to order copies of the guidance contact

Jackie Bell, Scottish Projects Officer  
General Medical Council

**JBell@gmc-uk.org**  
0131 525 8704

# A Chance to Shine: the Principles into Practice Awards

*By Anita Wiseman, Communications Manager  
Mental Welfare Commission for Scotland*

Many of you may already be members of the Principles into Practice Network, SIAA certainly is, in fact they're on the steering group. For those of you who might not have come across it, the Principles into Practice Network is an 800 strong membership group, that works to promote best practice in applying the principles of mental health care and treatment. Supported and facilitated by the Mental Welfare Commission for Scotland, as part of its duty to promote the principles of mental health law, the Network brings together service users, professionals, carers and community members to exchange knowledge, share experiences, identify challenges and discuss solutions. This is done largely through the newly improved website: [www.principlesintopractice.net](http://www.principlesintopractice.net).

Another important part of the Networks programme to promote best practice is the Principles into Practice Awards programme and associated learning conference.

This year the Network has launched the second round of its Principles into Practice Awards. Services, projects and teams are being asked to reflect on the work they are doing that supports the principles of mental health law and to consider putting it in for an award in one (or more) of the following categories

- Service user participation and influence
- Carer involvement and support
- Care and treatment of older people
- Care and treatment of younger people
- Respect for diversity
- Long-term mental illness and recovery.

This year the service user participation and influence award is being sponsored by SIAA. We hope that their involvement will help raise the profile of the importance of advocacy, not just for supporting individuals to change the care and treatment they receive, but in helping to influence the shape of services so that they can better respond to individual needs. We know that advocacy organisations are essential to the principle of participation and involvement in mental health services so we want to see lots of applications coming in from this sector.

The awards deadline is the 3rd December 2010 and full details of category criteria and application forms can be found at:

[www.principlesintopractice.net](http://www.principlesintopractice.net). I facilitate the Principles into Practice Network as part of my MWC day job. We think the principles that are set out in mental health law are all about respect for the individual. They challenge us all to keep the whole person at the centre of policies, decisions and 'taken for granted' practice. We know that advocacy organisations and individual workers are out there every day attempting this and we want to find examples of where this has made a real difference to individuals and to the way services are being provided.

To find out more, visit  
[www.principlesintopractice.net](http://www.principlesintopractice.net).

To keep up to date with the latest news and views you can register with the site or, if you like to tweet, you can follow PIPNetwork at [twitter.com](https://twitter.com/PIPNetwork).

# Altrum Research Project

By Lucy Morgan, Thistle Foundation

A new project funded by the Big Lottery is aiming to increase knowledge of the decision-making skills required in risk assessment within the social care sector. The objective of the project, led by Altrum and delivered by Thistle Foundation and the University of Stirling, is that social policy will better reflect the views of disabled people who access services.

It is hoped that the project will result in approximately 17,500 disabled people becoming more involved in decisions about risk and protection; hopefully increasing their level of choice and giving them more control over their lives.

The research team itself will include several disabled people, and the team will consult with 40 participants with disabilities, all of whom are customers of Altrum member organisations. The team will use Forum Theatre, which involves an experienced theatre group introducing scenarios to audience members who are then invited to take part in and develop them. The audiences will be brought together at various locations. Their input into the development of storylines will be recorded. The video footage will then be studied in an effort to identify the key issues which these people believe involve risk and protection.

Those working on the research would like to hear the views of disabled people using the services of Altrum organisations. They would like to hear people's opinions about what professionals should be considering when they are making decisions about risks and protection. Their feedback will then be used to develop practice guidance which Altrum hope will lead to improved involvement of people who use services, when it comes to making decisions about risk.

As Diana Paton, Chief Executive of Thistle Foundation and Treasurer of Altrum, said:

*"A certain element of risk taking is essential to enrich all our lives, and this project will clarify what level of risk disabled people, who depend on support from others, want to have in theirs."*



If you would like to know more about this project, including how to take part, please contact Beth Cross or Fiona McConnell on 0131 656 9925.

## EARS Advocacy Service Internal Audit Using the SIAA *Principles & Standards for Independent Advocacy* and *Code of Practice for Independent Advocacy*

*By Will Massaro-Mallinson. Service Manager, EARS*

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*“...there was room  
for discussion and  
looking afresh at the  
service, its policies  
and procedures and  
its practices.”*

In late 2007 whilst looking at the then final drafts of both the SIAA's *Principles & Standards for Independent Advocacy* and the *Code of Practice for Independent Advocacy*, I decided to have a look at the documents against what we as a service were doing and what we needed to be doing to ensure that we were up to scratch. In effect this turned out to be a mini audit of EARS, which was later given to staff and the management Board for information, reference and a pointer to the issues we needed to take note of and do something about.

What I discovered in doing this 'mini audit' was that we were doing almost everything that was set out in the documents, but there was room for discussion and looking afresh at the service, its policies and procedures and its practices.

As a result it was decided to do the following:

- Discuss and review our advocacy agreement and the policy on advocacy agreements.
- Look again at other policies—many of which are reviewed, either annually or bi-annually—with a view to making changes and/or updating them.
- Speed up the work on two 'draft' procedures/protocols and put them into place.
- Review current user involvement in the organisation and its management and work towards ensuring a wider input by service users.
- Review and maintain the conflict of interest register.
- Review accessibility issues for EARS.

This 'mini audit' led to those issues outlined above being reviewed and decisions being made about changes and enhancements that would be more beneficial and ensure that EARS was working towards a best fit with the *Principles & Standards for Independent Advocacy*, which it fully supports. We are currently undergoing a second audit and look forward to the results.