

About Advocacy

The Scottish Independent Advocacy Alliance Magazine

Autumn 2011

COMPLAINT DEPT.



Difficult times new research highlights increasing demand for advocacy
Page 8

Where was the Advocacy in cases of neglect and abuse of vulnerable members of our society, Page 12

CAPS PiP Award
Personality disorder project — a winning resource
Page 7

Contents

- 3 SIAA News
- 4 Independent Advocacy and Scottish Parliament Committees
- 6 Everyone's chance to reward exceptional services
- 7 Personality disorder project: A winning resource
- 8 Difficult times demand advocacy
- 10 Decoding the Detectives
- 12 Abuse in Care: Where was the Advocacy?
- 14 Complaint SOS
- 16 Engaging Partners: 'Having your Say' reaps rewards

Editorial

This autumn edition looks at the publicity surrounding the recent abuses in care suffered by older people and those with learning disabilities and Muriel asks where was the advocacy in these situations? We also look at how and where to make complaints to protect vulnerable people in care.

We celebrate the success of CAPS Principles into Practice (PiP) award and find out more about the PiP network and how it's not all about awards, but about promoting and publicising good practice on an ongoing basis and enabling members to share practical tools, resources and their experiences of what works in practice.

Adelle gives us a sneak preview of the findings from our Sustaining Advocacy research which highlights an increasing demand for advocacy in the shadows of the economic downturn and recent policy changes.

Rhian, Editor

Next issue:

Please contact Rhian Thompson if you would like to submit articles for the next magazine.

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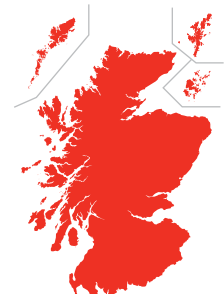
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An electronic copy of this magazine can be downloaded from our website: www.siaa.org.uk.



SIAA News



Parliament and council elections

Following the hard work around the Scottish Elections we followed up by sending all MSPs an Independent Advocacy Welcome Pack which included details about what Independent Advocacy is, how it can help people have a voice and the difference it has made to the lives of many people.

We are now in the process of planning for the local elections next May. We intend to work closely with members again to increase the profile of Independent Advocacy locally so that elected officials who are involved in decisions about commissioning, tendering and funding services have a sound understanding of the value of Independent Advocacy.

The motion supporting the SIAA submitted by Kenneth Gibson MSP has attracted a great deal of interest and has been useful to raise the profile of Independent Advocacy and the SIAA in the Scottish Parliament. As of August it has secured the support of 26 MSPs across all political parties.

'That the Parliament recognises the work of the Scottish Independent Advocacy Alliance; notes the importance of its hard work in enabling people with individual needs to live independent and healthier lives by helping to provide a strong and active voice for them; further recognises the research that is carried out by the Alliance; considers that there is a need for further research in this area, and further considers that there is a need to work to ensure that there is greater availability of advocacy groups for people with individual needs in order to live more full and independent lives.'



Our History

Members will have received information about the Inspiring our Future Project (the Inspire Project) which is a unique piece of research documenting the growth and development of Independent Advocacy over the last 20 years. We hope all advocacy organisations will participate. Adelle Gardiner will be in touch with further details over the coming weeks.

Quality assurance and safeguarding

The Quality Assurance project has continued to make progress and we plan to use the forthcoming AGM for further discussion. The coming months will require the advocacy movement to give serious consideration on how best to pursue the broader agenda of quality assurance.

The Advocacy Safeguarding post continues in the meantime to gather advocacy plans from Health Boards across Scotland. We will be publishing a report later this year.

Shaben Begum, MBE
Director, SIAA



Photo © Scottish Parliamentary Corporate Body, 2011

Independent Advocacy and Scottish Parliament Committees

Erin Townhill, Policy and Parliamentary Officer, SIAA

Scottish Parliament Committees have an important role in the Scottish Parliament and engaging with Committees is a key part of the work of the SIAA. It is important that we build up good working arrangements with Committees so that we can better highlight the work of advocates and raise issues affecting the Independent Advocacy movement.

Committees are small groups of Members of the Scottish Parliament (MSPs) who meet on a regular basis — usually weekly or fortnightly. They have a number of responsibilities including:

- Holding the Scottish Ministers to account for their actions
- Considering policy proposals and legislation
- Initiating Bills
- Conducting inquiries
- Considering financial matters.

Nearly all the committees, to a greater or lesser extent, will have an impact on Independent Advocacy. The ones that the SIAA has engaged with most recently are: the Equal Opportunities Committee, the Health and Sport Committee, and the Justice Committee.

The Equal Opportunities Committee

This Committee considers matters relating to equal opportunities including the prevention, elimination or regulation of discrimination.

A large part of the committees' work involves taking evidence and gathering views. On 16 March 2010, SIAA Director, Shaben Begum was invited to attend a meeting of the Committee and gave evidence following the Limited Review of the Mental Health (Care and Treatment) (Scotland) Act 2003. Shaben's evidence informed a series of Committee recommendations relating to advocacy including:

'...The difficulties some specific groups are currently facing in accessing advocacy services suggest equality is not being achieved. The Committee believes this inequality must be addressed.'

The Committee's support of Independent Advocacy gives significant weight to the work of the advocacy movement and the SIAA will be able to build on this in future work with the Scottish Parliament and Government.

The Health and Sport Committee

The Health and Sport Committee considers Health and Sport issues that fall under the responsibility of Scottish Ministers. The SIAA's most recent engagement with the Committee was around the development of the Patients' Rights (Scotland) Act 2011.

The SIAA gave written evidence which was supported by others who recognised the unique benefits and nature of Independent Advocacy. The Long Term Conditions Alliance said:

'It is about individuals having rights, but it is also about the expectation on staff working in the NHS not just to tell people about their rights but to do things proactively such as providing information in accessible formats, supporting people's right to access advocacy, communicating with them and so on.'

As a result of evidence to the Committee and work with the Scottish Government, the new Act acknowledges people's right to advocacy by providing for patients to be given information about where to access advocacy services.

The Justice Committee

The Justice Committee considers the administration of criminal and civil justice, community safety and other matters falling within the responsibility of the Cabinet Secretary for Justice. It also considers some of the work of the Lord Advocate.

The SIAA have been engaging with the Committee on the impact of changes to travel fees for legal aid cases for solicitors and the impact this may have on access to legal support. In addition to writing to the Committee on the issue, the SIAA has been researching the issue further so that, if there has been a negative effect on vulnerable people the Committee and Government can be informed and action taken.

In the Committee meeting on 1 March 2011 James Kelly MSP said:

'...we have seen in written submissions to the Committee, firms that are involved in that area of law are required to travel substantial distances and the introduction of the new fees could result in their withdrawal from current or future cases, so I suggest that there is an access to justice issue... The proposals could undermine [that] support and legal representation.'

The SIAA will continue to work with all Committees in the Parliament. We will provide evidence and raise issues to ensure that Independent Advocacy is promoted, supported and defended at a national level.

If you would like more information about the SIAA's work with Committees please contact **Erin Townhill**, Policy and Parliamentary Officer, at etownhill@siaa.org.uk.

Everyone's chance to reward exceptional services

Mary Hattie, Commission Officer, Mental Welfare Commission for Scotland

The Principles into Practice network was set up in 2006 to promote the principles of mental health law. The principles are all about providing care and treatment that respects the individual. They challenge us to keep the whole person at the heart of policies, decisions and everyday practice.

Hosted by the Mental Welfare Commission, the Principles into Practice website was set up to promote and publicise good practice on an ongoing basis and to enable members to share practical tools, resources and their experiences of what works in practice.



The network is primarily known for its bi-annual awards for good practice in mental health.

Details of all the submissions which were shortlisted for this year's awards along with video clips of the winning entries can be found on the Principles into Practice website www.principlesintopractice.net

We are always looking for new case studies, articles, and examples of good practice for inclusion on the website. We are also keen to include service users and carers stories about their experience of services, particularly where they have had a

positive experience of principle based care, or where they have constructive suggestions for how to improve services.

Independent Advocates and Advocacy Partners come into contact with a wide range of users, carers and services. We would ask you to encourage and assist service users to submit their stories and, where you come across examples of good practice which others could learn from, talk to the service or let us know. After all, an SIAA member came away a winner this year (See CAPS Personality Disorder Project article on page 7).

It doesn't have to be a large scale project or innovation. As we all know often it is the small things which make a real difference to the experience or outcome for a service user; meaningful user and carer involvement, a care plan which meets complex needs in an innovative way, or a well written policy or information leaflet which addresses a particularly challenging issue. We would also be interested in hearing about developments within your service which you would like to share.

Any service user or carer stories will be fully anonymised before publication. We can provide advice and assistance with preparing stories and submissions for publishing on the site.

Submissions should be sent to mary.hattie@mwscot.org.uk, or you can contact me on 0131 313 8777.

Find out more about 2011 winners, CAPS (page 7) at www.capsadvocacy.org or contact Naomi at naomi@capsadvocacy.org.

Personality disorder project: A winning resource

Naomi Salisbury, Development Worker, CAPS

CAPS
independent
advocacy
The Consultation & Advocacy

CAPS Personality Disorder Project was joint winner of the Service User Participation and Influence Award at the 2011 Principles into Practice Awards. This was awarded because the values and principles of the Mental Health Act underpin all of their work and user involvement and direction are central to the projects

On 1 July CAPS Personality Disorder Project Resource, 'Much More Than a Label', was finally launched at NHS Lothian headquarters. This collective advocacy project was set up to consult with people who have a diagnosis of personality disorder in Lothian, with the aim of promoting better support and understanding for people who have been given this diagnosis giving them a voice, such as a film, training materials and conference workshops.

Initially the project was funded for six months from April 2009, but it was so successful that it has continued and recently attracted another three years of funding from NHS Lothian. In the two years since the project began over 50 people have been in touch with the project to share their views and contribute to a resource about personality disorder written for staff by people with lived experience.

The resource combines quotes from personal experiences, artwork and poetry with analysis of over 30 interviews and questionnaires from service users, reflective exercises and discussion points. All of the material has been written from the results of consultation with service users with a diagnosis of personality disorder, either through face to face interviews or online surveys.

One service user gave their views on taking part in the personality disorder project and contributing to the resource.



CAPS and the REH Self Harm Service receive their award

'The validation this gave me was immense. The feeling that I could be involved in the production of the PD resource was nothing short of immense. My opinions, thoughts and experiences were all shown to matter. I was part of the production of a tool that would help others when they were first plunged into the strange world of the PD diagnosis.'

The CAPS Personality Disorder Project is very pleased to have won the award along with the REH Self Harm Project and to have recognition for all the time and effort people who use our services put into working with the projects to make sure they offer what they need.

Winning this award also makes it clear that services for people who are given a diagnosis of personality disorder or who use self harm are important and needed, and the NHS funding we receive shows that NHS Lothian is committed to this too. People with these issues can too easily be written off or pigeonholed and the CAPS PD Project and REH Self Harm Service give them a much needed space to find mutual support and have a voice.

Difficult times demand advocacy

Adelle Gardiner, Research and Quality Officer, SIAA

A new piece of research has highlighted an increasing demand for advocacy in the shadow of the economic downturn and recent policy changes.

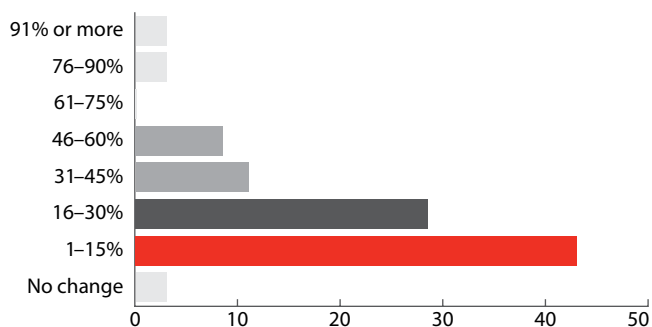
The SIAA's most recent survey of members aimed to develop an understanding of the impact, if any, of the economic recession on Scottish advocacy organisations. Our members' experience of demand for advocacy was just one of the survey's key themes. Preliminary findings give us an insight into the quantity of demand, possible reasons for demand and organisations' capacity to meet demand.

Growing demand

It will come as no surprise to many that the demand for advocacy has increased over the last two years. Nearly all (95%, n=36) survey participants had experienced an increase in demand over this period, with the remaining 5% (n=2) reporting no change. No participants reported a decrease in demand.

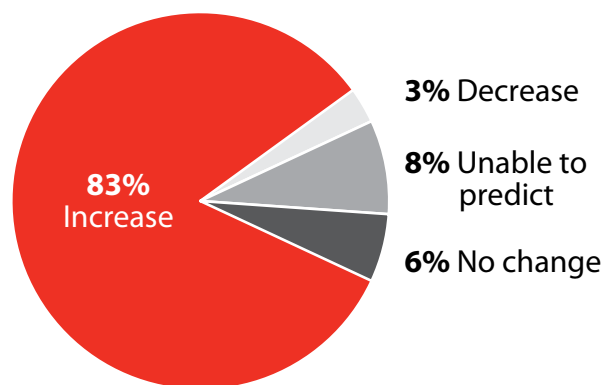
There was wide variation in the amount that demand had increased with one organisation even reporting an increase of 91% or more! However most (72%, n=25) experienced an increase between 1 and 30% (see chart below).

Percentage increase in demand experienced by participants since April 2009



For many of our members, demand seems set to continue its upward trend. The majority (83%, n=30) of participants anticipated that demand would continue to increase over the next year (see chart below).

Anticipated change to demand over the next financial year (to March 2012)



Reasons for growing demand

So, why are more people turning to advocacy? Survey participants were asked why, in their opinion, there had been an increase in demand for advocacy.

Our survey participants offered several possible reasons:

- An increased awareness of advocacy either because of the organisation's own promotional activity, word of mouth by service users, or because of greater recognition of advocacy by other professionals
- Changes to legislation and policy. Many participant organisations are approached by service users with issues regarding the Adult Support and Protection Act, the Adults with Incapacity Act, changes to benefits, concerns regarding care charges, and concerns regarding

the personalisation agenda and self-directed support

- Cuts or changes to other services. Service users were increasingly approaching participant organisations with concerns about other services including the loss or restriction of other local authority services, difficulty accessing services, and dissatisfaction with other services particularly in the care and mental health services
- The emotional impact of the recession, through its contribution to financial hardship, increasing stress and negative impact on mental health.

Capacity to meet demand

Participants were asked to indicate how accurate the following statement was for their organisation *'My organisation's current level of funding is sufficient to meet demand for our services.'* Responses indicated a significant mismatch between funding levels and demand with the majority of participants disagreeing or strongly disagreeing with the statement. No participants strongly agreed with the statement.

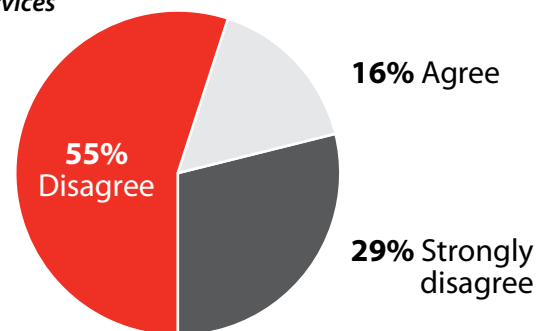
Indeed the vast majority of participants flagged the discrepancy between demand and funding as a key challenge for their organisation over the next year:

'The demand for our service has grown but the service has been unable to grow with this demand because of lack of funding.'

'We are already overstretched in relation to the number of available staff hours compared with the vast number of hours of advocacy intervention required.'

'Dealing with the demand for the service without compromising quality. Independent advocacy takes time. It can be tempting to cut corners and not spend as much time with people especially when there is a waiting list.'

Agreement with the statement: "My organisation's current level of funding is sufficient to meet demand for our services"



The need for more evidence

Preliminary findings from this research suggest that the need for advocacy is increasingly widespread and that this need stems, at least in part, from recent policy and service changes implemented in response to the economic downturn. It is also clear that organisations are struggling to maintain the delivery of quality advocacy to these growing numbers at their current level of resourcing. Perhaps our research focus now needs to turn to the impact of advocacy and demonstrating to funders and commissioners the value of strengthening their investment in advocacy.

The full report of findings will be available on the SIAA website in the late autumn. For further information please contact Adelle Gardiner, Research and Quality Officer on **0131 260 5380** or agardiner@siaa.org.uk.

Decoding the Detectives

What does police speak really mean?

Sergeant Martin White, Safer Communities Department of Lothian and Borders Police

Every day we are overwhelmed by media images of the police, from Rebus to Rastamouse, Sherlock Homes to The Wire.

But for all our familiarity with police procedures, how much does the average person know about the legal processes used by the police?

Probably very little, and therefore if someone you care for becomes involved with the police, it can be confusing and frustrating, adding to what's already a distressing situation.

Generally, if an incident occurs where a crime is committed, the police view the people involved in the incident as being either witnesses or suspects.

Witness statements

A witness statement can be taken from anyone the police think has information or evidence. This is often done by appointment, although in some cases statements need to be taken immediately.

If it looks like someone needs help during an

interview, the police will ask for help from an Appropriate Adult, an independent person with specialist training who will support the person and make sure they understand what is happening.

Detention

If a person is suspected of being involved in or having committed a crime, the process is more complicated.

If there is 'reasonable cause' to suspect that someone has been involved in a criminal act, they may be detained by the police under section 14 of the Criminal Procedure (Scotland) Act 1995. This means they will be taken to a police station where:

- the reasons they have been detained will be noted
- fingerprints and possible DNA samples (usually from saliva) may be taken
- the person will be interviewed by the police.

Before being interviewed the person is given the chance to speak privately with a solicitor.

A carer's experience...

'My introduction to the criminal justice system and forensic mental health services was a frightening journey into the unknown. I had only a very vague idea of what would happen if my son was involved in any criminal activity and like most carers, had hoped that this kind of situation would not have arisen if adequate care and support was in place.

'Had I been better prepared with even some basic knowledge of the procedures involved, I might have been better able to support my son, and perhaps even help to prevent an unnecessary stay in prison. It was like being in a maze and taking all the wrong turns before making any progress... I would advise all carers to be armed with knowledge of how the system works, as we need to be strong and confident to help our loved ones.'

Contact Edinburgh Carers Council, www.edinburghcarerscouncil.co.uk

People can be detained by the police for up to twelve hours after which the person must either be arrested and charged with an offence or released without charge.



Police custody

During the custody process, people are asked questions about their health and whether they would like a solicitor or any other person to be told that they are in custody. This other person can be a relative, carer or friend.

Again, if the person seems to need extra support in an interview, the police will arrange for an Appropriate Adult to be present.

If the police are concerned about a person's physical or mental health while they are in custody, they can ask medical staff to assess the person's needs.

Arrest

If a person is arrested and charged with a criminal offence, there are three options that the police can take:

Released on undertaking—the person will be released on bail and given a date to appear at court, sometimes with conditions attached. If these conditions are broken, the person will be arrested and may be dealt with as a custody case.

Released on summons—the person will be released and told that they will be reported to the Procurator Fiscal who will then consider what action should be taken. The Procurator Fiscal has several options, ranging from taking the person to court to prosecute them, to taking no further action. The Procurator Fiscal will write to the person to tell them their decision.

Dealt with as custody case—the person will be held at a police station until they appear in court the next working day. This is usually what happens in serious cases or where there is a real risk of the person re-offending, harming others or interfering with the witnesses in a case.



The criminal justice system is complex and many different agencies are involved, from the police and the Crown Office and Procurator Fiscal Service, to the Scottish Court Services and the Scottish Prison Service.

Find out more about the different agencies and their policies, including contact details by visiting the following websites:

- | | |
|--|--|
| www.lbp.police.uk | www.sps.gov.uk |
| www.copfs.gov.uk | www.scotcourts.gov.uk |

Abuse in Care: Where was the Advocacy?

Muriel Mowat, Advocacy Safeguarding Officer, SIAA

In recent months we have seen what has felt like a never ending stream of news reports on the alleged neglect and abuse of some of the most vulnerable members of our society, this happening in the very environments where they should be properly cared for and safe.

The Panorama programme, 'Undercover Care' screened on 31 May, told the tale of horrific violence, bullying and abuse visited on people with learning disabilities and autism, resident in a care home in Bristol, by the very people who were employed to care for them. More stories of abuse and misconduct emerged from another care home run by the same organisation in July.

Around the same time as the Panorama programme there was news in the Scottish press of the closure of a care home in Edinburgh where there were allegations of abuse and neglect; there has also been a police investigation into the death of one of the former residents.

Shortly before these headlines, the Mental Welfare Commission for Scotland published a report on their investigation into the experiences of an elderly woman with dementia in a Scottish hospital. The report told the story of neglect and abuse she suffered in the days before her death while a patient in a general medical ward.

Following the screening of the Panorama programme the SIAA received several calls from people asking where they would go to report concerns about abuse in a care setting. This is of grave concern suggesting as it does that there are a number of other, as yet undiscovered, instances of abuse in care settings.

In all of the cases reported there was no mention of access to Independent Advocates.

An Independent Advocate will support a person to gather information, explore and understand options, make their own informed decisions and express their own views, wishes and opinions or speak up on their behalf if that is what the person wishes. Independent Advocacy can provide a safeguarding role complementing the roles of those bodies responsible for the regulation and scrutiny of care and health services.



In Scotland, in the case of someone who lacked the capacity to give instructions, the Independent Advocate could act in a non-instructed way. The sole purpose of an Independent Advocate in that situation would be to ask questions of the health or care staff, encourage staff to consider the reasons behind any obvious distress and raise issues of concern with the appropriate authorities.

It can be difficult for someone who is employed by the organisation in which any abuse might be occurring to report any concerns. The Panorama

report showed the experience of the staff member who had consistently reported his concerns without success. Independent Advocacy is as free as possible from any conflicts of interest and our experience has shown that, with the involvement of Independent Advocacy, complaints and expressed concerns may be acted upon with a degree of urgency.

We believe that these reports clearly demonstrate how important access to Independent Advocacy can be for people in situations where they are vulnerable. To allow for access Local Authorities and NHS Boards must ensure that there are appropriate levels of Independent Advocacy in their areas.

It can be difficult for someone who is employed by the organisation in which any abuse might be occurring to report any concerns.

Social Care and Social Work Improvement Scotland (SCSWIS) regulate and inspect care services in Scotland. Care services in Scotland are not allowed to operate unless they are registered with SCSWIS. As well as registering care services, they inspect and grade them. They can also deal with complaints and take action to force services to improve. They can even close services down if necessary. They can be contacted on **0845 600 9527**. www.scswis.com

Mental Welfare Commission for Scotland provide advice and information on rights in relation to the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. They monitor the legislation and the care and treatment of individuals and can investigate when there may be a cause for concern. They can be contacted on **0800 389 6809**. www.mwscot.org.uk

Part of the Citizens Advice Bureau, the **Independent Advice and Support Service (IASS)** is available for anyone who uses the NHS and aims to support patients, their carers and families in complaints against the NHS and in other matters affecting their health. They can be contacted on **0131 550 1046 / 1058**. www.cas.org.uk/Projects/iass-healthcare-concerns

Find out about the role of the **Scottish Public Services Ombudsman (SPSO)** on page 14.

Complaint SOS

Gráinne Byrne, Scottish Public Services Ombudsman

Following recent publicity about abuse in care, Grainne Byrne updates us about making complaints to the Scottish Public Services Ombudsman (SPSO).

Consumers normally react in one of two ways when they are dissatisfied with a service they have received. They can deal with it privately, for example by personally boycotting the business concerned, or telling their friends about it. They can also take action and speak up by complaining to the organisation that has let them down.

Complaining can be especially intimidating when the complaint is against a large organisation that is providing an essential public service such as the NHS or a council. The ordinary 'man on the street' can feel like David against huge Goliath-sized organisations and may feel that his voice will not be listened to or that a complaint won't make any difference at all.

Independent Advocates play a key role in helping a person sort out a problem. Finding support from someone who can help them to complain is invaluable and sometimes vital, in serious cases.

In Scotland, the Government has been trying to simplify the complaints system so that it is easier for people to access services and raise their concerns when things go wrong. The introduction of the Public Services Reform (Scotland) Act 2010, a law which aimed to simplify the complaints landscape, gave the SPSO more responsibility.

The SPSO is the last resort for complaints about a wide range of organisations that provide public services such as councils, health boards, housing associations, the Scottish Government and other public bodies including Scottish prisons. It may come as no surprise that our office is sometimes referred to as a 'one-stop shop' for public service complaints.



Helping someone complain

If a person has a complaint about a public service provider they must first raise the complaint with that organisation. After following their complaints process, the last route to remedy may be our office.

Last year, 4,244 people contacted the SPSO Advice Team. 755 of these enquiries involved giving advice on complaining and signposting to other organisations that can help.

Adam McNinch, Advice and Outreach Officer at SPSO, offers some tips for advocates helping clients with complaints.

At the SPSO, we are always grateful for the work of Independent Advocates in supporting people with complaints. If you are handling a complaint for someone and need advice, please call us on freephone **0800 377 7330**. We can help identify who a complaint should go to and tell you if it's one that we can look into.

Please note that the SPSO only handles complaints about public service providers.

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Track down a copy of the organisation's complaints procedure.

This will give you an idea of who to complain to, what the timescales for a response are and how many stages there are in the complaints procedure. Call the organisation to ask for a copy or have a look for it on their website.

Write — don't telephone!

Writing a letter or an email is much better than telephoning an organisation because you'll have a copy for your file which can be sent again if there is a delay or if the original is mislaid.

Be explicit!

Start your letter or email with the heading 'Formal complaint.' End it by requesting an acknowledgement and a guaranteed response date. Consider breaking down the letter under headings like:

- What has happened to your client
- How your client has suffered
- What you've done so far to try and resolve the matter
- What your client would like the organisation to do.

Keep your client up-to-date

Sometimes organisations miss their timescales due to illness, leave or just poor complaint handling! To help you manage your own caseload, you could pop a reminder in your calendar to make 'update' calls to clients — to let them know you're on the case — even if there's not much to say. This will also help you to manage their calls or unexpected visits to the office. Be pro-active in asking for updates from the organisation too if you can.

Take the matter further!

If the organisation does not resolve the complaint to your client's satisfaction find out where to take it next. It could be to a Commission, or an Ombudsman, such as the SPSO. At times, there might be another alternative right of appeal with that organisation. Always ask them what the next stage is.

If taking the complaint to a Commissioner or Ombudsman, call them before you put anything in writing to ask for their complaint form, this will make it easier for you to submit a complaint. You might be able to print a form from their website. Once completed, send the form along with photocopies of all the relevant documents including the first letter you sent and the organisation's final reply. If you have time, you can put these in order to help the complaints reviewer.

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Engaging Partners: 'Having your Say' reaps rewards

Wendy Sharp, Manager, Forth Valley Advocacy



Forth Valley Advocacy was pleased to host its first ever conference on 14 July 2011 at the Iris Murdoch Centre in Stirling. The aim of our 'Having your Say' conference was to ensure people:

- fully understood the scope, variety and benefits of all our advocacy services, not just the ones they had used
- had their say in how we can make our service more efficient, effective and flexible to their needs
- helped us identify the next steps in our journey.



We are grateful to clients from all our services who stood up and gave personal accounts of their experiences of our advocacy service. Jill Smith, our Younger Peoples Advocacy Worker, also explained her role and evidenced this with anonymous case studies.

The conference was packed out with people from referring agents, statutory organisations, other voluntary organisations, health, clients, care homes and other interested parties. All our hard work was very positively received and this was

reflected in the feedback from attendees. Plus all felt that having service users giving presentations emphasised the importance of advocacy and would give them confidence to access/refer to the service.

We followed the presentations with a set of questions to help identify gaps, the current good practice we can build on and areas for improvement. Finally we asked that attendees identify three priorities for each of our advocacy services. Above all though we wanted suggestions on how we could go about building on and improving our service. And boy did we get them!

We were so overwhelmed by the response to our 'Having your Say' section that we are still going through it. We have already started to make changes to reflect the comments from people who access our services. Our next step will be to report back to all attendees with 'You said, We did'.

Without doubt this has been an extremely worthwhile and positive exercise for our service. It has allowed us to clear up misconceptions about advocacy, raise awareness and identify priority areas for improvement. Already we are seeing the benefit through improved relations and understanding of our work.

Forth Valley Advocacy provides a free Independent Advocacy service.

We support people of any age experiencing mental ill health and older people in Forth Valley.

Find out more on our website
www.forthvalleyadvocacy.com