

About Advocacy

The Scottish Independent Advocacy Alliance Magazine

Spring 2013



SROI — Demonstrating the value of independent advocacy with The Advocacy Project.
Page 6

SHRC
Developing a National Action Plan for Human Rights.
Page 8

Forced marriage
Lisa Rigby of Shakti Women's Aid reporting on new guidance.
Page 14



Contents

- 3 Two Too Many — Raising Awareness of Suicide
- 4 Men and Suicide — Why it's a Social Issue
- 6 SROI — Demonstrating the Value of Independent Advocacy
- 8 Getting it Right? Developing a National Action Plan for Human Rights in Scotland
- 10 Social Care (Self-directed Support) (Scotland) Act 2013
- 12 Developing a Values Framework for Peer Working in Scotland
- 14 Forced Marriage — One Chance
- 16 Living Voices — Poetry and Stories in Care Homes across Scotland

Editorial

Welcome to the spring issue of *About Advocacy*... mmm...well by the time you read this we might have a few more glimpses of sun. Perhaps it should be the 'late winter' issue, as opposed to the 'early winter' issue of a few months ago...but I digress. That said, I was flicking through a copy of a rather glossy interiors magazine the other day — oh the glamour, the glossy paper, the shiny things — and the editor, in her editorial, was talking all about her spiritual quest and other such things. Now I'm not knocking it (after all, I've had one of those myself), but I was thinking, shouldn't you be telling me about the latest, unaffordable, "must have", that you've been paid loads of money to mention several times, as well as what's in your magazine this month? Anyway, I can't promise glamour or gloss, but I can promise lots of interesting articles, so do read on...

Vincent Finney
Editor

Next issue:

Please contact enquiry@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.

Printed in Scotland using FSC certified paper and vegetable-based inks. Cover image copyright Pawel Dozd.

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.

Editor:

Vincent Finney
vincent.finney@siaa.org.uk
0131 260 5380

SIAA
Melrose House,
69a George Street
Edinburgh, EH2 2JG

The Scottish Independent Advocacy Alliance
Scottish Charitable Incorporated Organisation
Scottish Charity No. SC033576

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



Two Too Many — Raising Awareness of Suicide

Rebecca Sibbett, External Communication Assistant, SAMH



Every day two people in Scotland will die by suicide. The Scottish Association for Mental Health (SAMH) believes this is Two Too Many. This shocking statistic is the very reason that SAMH launched its Two Too Many campaign in November 2012.

Four times as many people die by suicide than are killed in road traffic accidents each year, yet suicide is still considered a taboo subject, particularly among young men who are many times more likely to take their own lives than women. The *Two Too Many* campaign aims to raise awareness; challenge stigma; and promote SAMH's National Programme for Suicide Prevention, which helps people who are affected by suicide by providing information, services, resources, and training.

Suicide devastates communities and SAMH is confronted with this fact regularly. SAMH has already trained two thirds of its 700 staff in suicide intervention skills and in the last year alone its workers carried out 207 interventions, helping people to stay safe when they are feeling suicidal. Last year saw the first SAMH Community Support Network set up in Glasgow, an initiative to provide support and advice for people who have a friend or family member who is experiencing suicidal thoughts.

SAMH believes suicide can be prevented, and often one of the first steps to overcoming these feelings is being able to talk about it. That's why SAMH created hard hitting television adverts demonstrating the impact of suicide on two different families. But in order for this crucial message to reach as many people as possible the adverts had to be shown throughout the day.



A landmark decision for advertising regulators and the result of the tireless perseverance of SAMH marked the first time charity adverts about suicide have featured before the watershed.

The public support for the campaign has been overwhelming, with hundreds of donations, offers of support; and both heart-breaking and inspirational stories from people wanting to share their experience of being affected by suicide. Suicide can affect anyone, and figures show that one in twenty people in Scotland may be feeling suicidal at any time, yet there is still a stigma attached which often prevents people talking about how they feel. In order to challenge this stigma and raise awareness, the subject of suicide has to be brought into the open and talked about. We need to reassure people that they are not alone in these feelings and that it's ok to ask for help.

For more information visit www.samh.org.uk

Men and Suicide — Why it's a Social Issue

By Andy Sim, Executive Director for Scotland

In Scotland around 800 people die by suicide every year. Although we have made significant progress in reducing the incidence of suicide over the past decade, recent reports describe the importance of social class, gender and age as being key determinants of death by suicide in Scotland, reinforcing the stark link between social inequalities and suicide.

In the course of a five-year partnership with Network Rail to reduce suicides on the railways, Samaritans identified that men, from disadvantaged backgrounds, in their 30s, 40s, and 50s, are at highest risk of dying by suicide. These risk factors were also highlighted in the latest Scottish Suicide Information Database Report. The database contains the death records of all probable suicides occurring in Scotland from January 2009 and includes demographic information, contact with health services and related health data. The report tells us that in Scotland, between 2009 and 2011, almost three quarters of those who died were male, and almost half were aged between 35 and 54 years

Because these men are often not engaged by services, Samaritans developed a targeted campaign, across the UK and the Republic of Ireland, to encourage them to seek help and to raise awareness of the risk of suicide in this group. There are still many unanswered questions about the high risk of suicide among disadvantaged men in their mid-years. In particular, we do not understand enough about why they take their own lives. So, in the second phase of our campaign, Samaritans has attempted to answer this important question. Our report, *'Men and*

suicide: Why it's a social issue', available on the Samaritans website, is the result.

In explaining death by suicide, the focus has tended to be on factors such as a person's mental health, often overlooking the influence adverse socio-economic conditions might have on an individual. Although mental ill health, particularly depression, is an underlying factor in most suicides, the majority of people with psychiatric illness do not take their own lives. In brief, our report found that:

- Men compare themselves against a 'gold standard' which prizes power, control and invincibility. When they believe they aren't meeting this standard they feel a sense of shame, which can lead them to have suicidal thoughts
- Men in mid-life are now part of the 'buffer' generation, not sure whether to be like their older, more traditional, strong, silent, austere fathers or like their younger, more progressive, individualistic sons
- The changing nature of the labour market over the last 60 years has affected working class men. With the decline of traditional male industries, they have lost not only their jobs but also a source of masculine pride and identity
- Men in mid-life remain overwhelming dependent on a female partner for emotional support. But today men are less likely to have one life-long partner and more likely to live alone, without the social or emotional skills to fall back on.



“...in Scotland...almost three quarters of those who died were male, and almost half were ages between 35 and 54 years.”

“...it is time to look beyond the statistics, to the real lives of such men, so that we and others can find ways to reduce these unnecessary deaths.”

— Andy Sim, Executive Director for Scotland, Samaritans

Samaritans is calling on national governments, health services and local authorities, as well as the third sector, to recognise the heightened risk of suicide among disadvantaged men in mid-life, treating suicide as a health and social inequality. Our report makes six recommendations which we believe are necessary to support action:

- Take on the challenge of tackling the gender and socio-economic inequalities in suicide risk.
- Suicide prevention policy and practice must take account of men’s beliefs, concerns and context — in particular their views of what it is to ‘be a man’.
- Recognise that for men in mid-life, loneliness is a very significant cause of their high risk of suicide, and help men to strengthen their social relationships.
- There must be explicit links between alcohol reduction and suicide prevention strategies; both must address the relationships between

alcohol consumption, masculinity, deprivation and suicide.

- Support GPs to recognise signs of distress in men, and make sure that those from disadvantaged backgrounds have access to a range of support, not just medication alone.
- Provide leadership and accountability at local and national level.

We believe it is time to look beyond the statistics, to the real lives of such men, so that we and others can find ways to reduce these unnecessary deaths.

For more information visit the Samaritans website at www.samaritans.org or www.isdscotland.org for the Scottish Suicide Information Database Report.

You can contact Samaritans at any time, day or night. Phone 08457 90 90 90, e-mail Jo@samaritans.org or text 07725 90 90 90



SROI — Demonstrating the Value of Independent Advocacy

Jacqueline Cameron, Operations Manager, The Advocacy Project

Why did you want to work in advocacy? A common question often asked of advocates. The chances are the majority of you will reply, because I wanted to make a difference. We all know that advocacy changes people's lives for the better and that we do make a difference, but how do we evidence this?

This was the question we like many other organisations asked ourselves some years back. Anecdotally, we knew our case files were full of advocacy success stories and while we used these as case studies for our reports and literature, there was no means of actually evaluating methodically the outcomes achieved for our clients. We had already developed an evaluation working group to look at methods of capturing these outcomes when the opportunity arose via the SIAA to take part in the 'Social Return on Investment' (SROI) training.

SROI took us even further down the road of outcome based evaluation and we welcomed the opportunity to apply a scientific research method

to our outcomes based evaluation. SROI looks at the "story of change" and measures outcomes using financial proxies to gauge the benefit to society that your organisation makes in financial terms.

Our project works with various client groups across different local authorities, so we had to pick a particular service to base our SROI findings on. We opted for the Older People's service in Glasgow because we knew this service was going out to tender in the near future; and because with an aging population and dementia type illnesses on the increase, looking at this client group was current and topical.

One of the main principles of SROI is involving stakeholders in the evaluation process. So, after some work on identifying outcome indicators, our next task was to speak to the people we work with. This was more difficult than we anticipated. The majority of people in the Glasgow Older People's Service have capacity issues usually related to a dementia type illness, so in some cases it was not possible for them to communicate their views.



For those we did interview, memory problems made it difficult for them to be clear about the outcome achieved and, indeed, who was actually responsible for progressing the outcome.

It was decided that it would be appropriate to apply SIAA non-instructed advocacy guidelines to the process, and talk to the significant people in our client's lives to discuss the outcomes achieved on their behalf. We also used evidence from our case notes and interviews with advocacy workers to build up a clearer picture of what advocacy had actually achieved. Interviewing referring agencies proved much easier and we were pleased at how willing they were to take part.

After identifying a set of outcomes, the next stage was to look at the outcomes and apply a financial value to them; decide on which other agencies contributed to the outcomes; how long the effect of the outcome would last; and what would have happened anyway. This was a fairly complex process and as per SROI requirements, we set up a reference group. The group consisted of a retired social work manager, a senior researcher with NHS GGC, two advocacy workers, myself as Operations Manager and our Director. We faced the same difficulties in including clients in the reference group; capacity issues hampered this, and for others their health and the time commitment made inclusion in the group difficult. The group met several times over a year to draw up our conclusions and provide the raw material for the final report.

Our finished report revealed some surprising results. We had expected outcomes such as

“client's rights safeguarded” and “increased capacity for independence”, but the findings for other stakeholders demonstrated the unintended outcomes for advocacy. We were already aware of these, but it was refreshing to hear social workers agree that advocacy improves their practice and for carers to confirm that professional independent advocacy reduces anxiety and stress for them, as well as giving a voice to the people they care about.

It would be untrue to say that the process was an easy one. From start to finish our “SROI journey” was long, but illuminating and it has given us a completely different approach to other aspects of our work. We have now developed an in-house evaluation framework tool which links to the Talking Points national outcomes and all our written work is underpinned with an outcomes based focus.

We chose to go the whole way with SROI, but even undergoing the training will give you a fresh outlook on the work you already do and perhaps help you develop a new way of reporting. SROI speaks to funders and commissioners in a language they understand, so it's worthwhile doing. As to our final calculation, our report is at present with the SROI network for assurance, but the current forecast is that for every £1 invested in older people's advocacy in Glasgow, the social return on this investment is £8.

For more information on The Advocacy Project visit www.theadvocacyproject.org.uk

Getting it Right? Developing a National Action Plan for Human Rights in Scotland

Duncan Wilson, Head of Strategy and Legal, Scottish Human Rights Commission



Still from SHRC Disability Convention animation

Since the Scottish Human Rights Commission became operational in 2008, we have been working to promote and protect the human rights of everyone living in Scotland. The Commission is part of the United Nations system of national human rights institutions. We are an accountable public body in Scotland but fully independent of the Scottish and UK Governments and Parliaments.

Three years ago, the Commission began a large review of available research into the realisation of human rights in Scotland. The review is called *Getting it Right?*, and the Commission published this important report in October 2012. The overall picture found in *Getting it Right?* shows that Scotland already has some good legislation and strong high-level policies in place. But at a day to day level, human rights aren't always taken into account in decision making, and they aren't always recognised or acted upon.

In discussions with carers, campaigners and local authorities; with private providers of key services,

the legal profession and policy experts, it is obvious that human rights affect our everyday lives. Human rights are engaged when decisions are made about complaints; when resources are allocated through budgeting and procurement; when legislation is formed in the Scottish Parliament; or when designing new policies on rights for children, victims of crime, or older people. Human rights belong to all of us, and they should always be recognised and respected.

In Scotland, there have been significant steps already taken towards integrating human rights in our institutional and legal framework. The Scottish Parliament has enacted many pieces of legislation that have human rights as their bedrock, including legislation on mental health care and treatment and on decision making. Some other public authorities, including local authorities, are increasingly adopting a human rights based approach to policy and practice.

However, the evidence from *Getting it Right?* shows that this high-level recognition of human rights doesn't always result in human rights being respected in day to day life. Too often there is inconsistency in the experience of people on the ground: in hospital wards, police stations, those receiving care at home. Those campaigning for their rights to be recognised at work, or for the rights of vulnerable friends and relatives often find the process challenging and difficult. The result is that there are places where human rights should be taken into account, but aren't. That leaves vulnerable people at risk of ill-treatment and authorities at risk of legal action. Clearly this has to change.

Learning from the experience of countries including New Zealand, Australia, Sweden and Finland, the Commission has launched a broad discussion that will lead to Scotland's National Action Plan for Human Rights. The National Action Plan will be an evidence based roadmap for the progressive realisation of all human rights, developed with the inclusion of rights holders as well as duty bearers and that will set out realistic steps to address gaps and replicate good practices. It will be the first such plan anywhere in the UK. Essentially, we want to move to a situation where human rights are assured, rather than assumed, in day to day life. Making this process a success will require the involvement of a wide range of individuals as well as public and private bodies across Scotland.

Developing a National Action Plan is considered an example of international best practice in the realisation of human rights, and can result in real progress. In new Zealand, their National Action Plan led to guidelines to address inconsistencies in the use of restraint and an improved system for protecting those at risk of abuse.

Scotland's National Action Plan for Human Rights will spread a systematic approach to human rights into many different sectors, and we are sure that it can play an important role in embedding a human rights culture across different areas of life in Scotland, from courtrooms to hospitals, and classrooms to council offices.

We would welcome the participation of independent advocates and their advocacy partners in helping to shape Scotland's National

Action Plan for Human Rights — the participation phase is open until 29 March 2013. There will also be an online live discussion about the National Action Plan on 6 March 2013 that all readers of About Advocacy are invited to join in with. The National Action Plan will be stronger with the views, experience and expertise of a wide range of people from across the country and we would welcome your involvement.

"We would welcome the participation of independent advocates and their advocacy partners in helping to shape Scotland's National Action Plan for Human Rights..."

— Duncan Wilson, Head of Strategy and Legal,
Scottish Human Rights Commission

To read *Getting it Right?* and for more information about the National Action Plan visit www.scottishhumanrights.com

Social Care (Self-directed Support) (Scotland) Act 2013

Kenneth Pentland, Self-directed Support Team, Scottish Government

Nobody wants to be slotted into services that clash with their day-to-day lives or restrict their independence. Social care and support works best when people are given the opportunity to play an active role in planning and designing the support they receive.

The Social Care (Self-directed Support) (Scotland) Act 2013 will give many more people in Scotland choice over the social care they receive. Self-directed support is not new. In fact, one of the mechanisms which help to deliver self-directed support — direct payments — has been available in Scotland for years. However despite the clear benefits of direct payments the numbers have never risen above a very low level.

The Scottish Government committed to working with its stakeholders to drive self-directed support forward and a 10-year strategy was published in 2010. Those involved in developing the strategy were clear that for it to lead to real and meaningful change the strategy needed to be backed by statutory force. Two years on and the Social Care (Self-directed Support) (Scotland) Bill was passed by Parliament on 28 November 2012, followed shortly after by Royal Assent in January this year.

What will the Act and Strategy mean for people who receive social care? Perhaps the most significant change is that when a person is assessed as needing social care support (either for the first time or as part of the care review process) they will be offered 4 options for receiving that support. The support can be:

Option 1

Taken as a Direct Payment (a cash payment used to buy services from a provider of your choice or to employ individual care assistants)

Option 2

Allocated to a provider the person chooses (sometimes called an individual service fund, where the council holds the budget but the person is in charge of how it is spent)

Option 3

The council can arrange a service for the supported person

Option 4

The supported person can choose a mix of these options for different types of support.

What does this mean if you are eligible for care and support? It means that you can choose the option that is right for you. Perhaps you want more flexibility in the times at which your care is provided. In which case you might decide to choose Option 1 and use your direct payment to employ a care assistant who agrees to arrive at times of your choosing. Or maybe you don't want to handle the money but you would like to receive support from a provider that your council doesn't normally have a contract with? Then you could choose option 2 and ask the council to purchase that service on your behalf. Or maybe a service that the council provides meets your needs in the way you want in which case you would probably choose option 3. It's about choosing an option that fits best with your own circumstances.

We expect to see a shift from a culture where a person is allocated a service to one where they participate in a discussion about their support, agreeing their desired outcomes with the professional. The Act sets out the basis for a collaborative approach between the professional and the citizen. It imposes duties on councils to facilitate informed choice by providing information, advice and support. This includes a specific duty on local authorities, when they are conducting a social care assessment and offering the choices to individuals, to provide information on advocacy services to people where they think it is appropriate.

Independent advocates will help people to express their views and wishes at various stages on their 'SDS Journey'. For example many people will require the services of an advocate during the assessment and review process when they are communicating their needs and desired outcomes to a social worker. They might also need the assistance of an advocate to help them make an informed choice of the four options and during the care planning stage that follows.

There is still much to be done. Ministers have yet to announce the date that the SDS legislation will come into force (the Commencement date). Our working assumption is that it will fall in early 2014. Prior to commencement of the Act the Scottish Government will produce a framework of guidance to citizens, local authorities, social work practitioners and providers which will convey relevant information to each of those groups as simply and transparently as possible.

“Independent advocates will help people to express their views and wishes at various stages on their ‘SDS journey’”

— Kenneth Pentland, Self-directed Support Team, Scottish Government

We look forward to working with our partners in local authorities, providers and advocacy services to bring the benefits of self-directed support to as many people as possible.

For further information visit:
www.selfdirectedsupportscotland.org.uk.

To contact the team phone 0131 244 5455 or e-mail selfdirectedsupportscotland@scotland.gsi.gov.uk

Developing a Values Framework for Peer Working in Scotland

Lucy Mulvagh, Network Manager, Scottish Recovery Network

In October 2012 the Scottish Recovery Network (SRN) announced the development of a 'Values Framework for Peer Working', thereby marking another step in the journey to embed and mainstream peer support across the mental health sector in Scotland.

What is Peer Support?

International expert Shery Mead, in *'Peer Support: A Theoretical Perspective'* available on our website, has described peer support as: *"a system of giving and receiving help founded on the key principles of respect, shared responsibility, and a mutual agreement of what is helpful."*

SRN sees peer support as a way of sharing our common humanity. In the world of mental health recovery, people have always shared their lived experience as a way to offer mutual support and learning.

What is Peer Working?

Peer workers are individuals with lived experience of mental ill-health and recovery who are trained and then employed—either on a voluntary or paid basis—to support others with mental health problems on their journey of recovery. Peer working is intended to complement other, informal, types of peer support and the various (mental) health services delivered by the public, private and third sector.

Peer working consists of developing mutually empowering relationships; sharing personal experiences of recovery in a way that inspires hope; and offering help and support as an equal. Peer working within mental health is still in its infancy in Scotland, however SRN believe that

it forms a vital aspect of any recovery focused system. There are currently around 40 peer workers in paid employment, but many more involved in supporting and developing the role.

What is the Values Framework for Peer Working?

The Peer Learning Network (PLN) is a group of people actively engaged in supporting and developing the peer worker role in Scotland. Last year, SRN and the PLN developed a Values Framework for Peer Working, available on our website, as part of our work to promote and support the peer worker role.

The aims of the Values Framework are to: clarify the role and identity of peer workers; ensure the role remains true to the peer support ethos; create a basis for the further development of peer worker roles and services; and improve understanding of peer working.

Values, Beliefs and Behaviours

The Values Framework is comprised of 'values', 'beliefs' and 'behaviours' as defined in the image below.

We have identified six core values applicable to peer working: hope; experience; authenticity; responsibility; mutuality; and empowerment. Each of these is underpinned by an overarching statement:

Hope—We believe in the reality of recovery

Experience—We believe recovery is a unique and individual experience



Values

Ideals a person/group has about what is of worth and important in life which determines their behaviour

Behaviours

What you can see and hear

Beliefs

Principles or ideas accepted as true or real

Authenticity—We believe being authentic is about being true to ourselves

Responsibility—We believe wellness and recovery involves taking responsibility

Mutuality—We believe that mutuality is core to peer working

Empowerment—We believe empowerment means being in the driving seat

Every value is also underpinned by a set of core beliefs and demonstrated in practice by behaviours that peer workers are expected to exhibit towards the people they work alongside, themselves and within their teams.

Our goal is that the Values Framework will be used to inform and guide peer workers, their employers and those interested in developing

roles. It complements our other recent work around peer support, detailed on our website, including the Experts by Experience Guidelines and the national SQA award.

The Future of Peer Working in Scotland

SRN believe that the future is bright for peer working in Scotland. We are delighted, for example, to see the strong emphasis on peer to peer approaches in the Scottish Government's recently launched Mental Health Strategy for 2012–15. We fully intend continuing our work to support the development of peer worker roles in Scotland.

For more information visit
www.scottishrecoverynetwork.net, e-mail
info@scottishrecoverynetwork.net or call
0141 240 7790



Forced Marriage — One Chance

Lisa Rigby, Information & Education Officer, Shakti Women's Aid

When Rukhsana (not her real name) was 14, her mother casually told her that she was to be engaged to a cousin in India, with the wedding in 3 years time. It was not welcome news but Rukhsana chose to say nothing, hoping her mother would eventually forget. Of course, her mother didn't, and a couple of years later upon discovering Rukhsana's online relationship with a young man, she and her husband verbally and physically punished their daughter, bringing the trip to India forward to the end of term.

What Rukhsana experienced is now more recognised as one shared by many young women and men living in Scotland, with the recent addition of the Forced Marriage etc (*Protection and Jurisdiction*) (*Scotland*) Act 2011 providing some added protection for those wishing it; or those needing Child/Adult Protection by the

civil means of a Forced Marriage Protection Order (FMPO). Different to the law in England and Wales, the Scottish Act doesn't technically make forced marriage itself illegal (although acts like harassment, abduction and assault already are) but it does make breach of an order a criminal offence. The penalty for those breaching (being directly named on the order or *in any way* connected to a named person) includes imprisonment, a fine or both. It's a court order with teeth, yet initially a civil one, to address many people's anxiety around, and the real barrier of, criminalising your own family.

Issues surrounding forced marriage are complex, with many challenges sited in negative perceptions of 'Honour' (sometimes called Izzat, Namus, Face, 'tradition' etc), but many issues are



exacerbated by our lack of knowledge. Similarly to other forms of gender-based violence, it exploits pre-existing inequalities and employs coercive control, most effective when those around you have little knowledge of the issues, or are given to media-fuelled stereotypes and assumptions.

General understanding of multi-cultural life in Scotland and the differences between freely consensual arranged marriage and forced marriage, is still greatly lacking, significantly where people needing support may present. Also often missed are less obvious ways families can pressurise or condition daughters or sons into marriage. Unlike dramatic storylines in soap operas or films, young people at risk are more likely to experience a barrage of emotional pressures, particularly involving the towering 'catch-all' of Honour, to scare them into obedience (direct threat or violence might follow if that tactic fails).

A portion of young people are 'engaged' while young but with weddings set for when they reach legal age. Thus leaving time to condition young people into more readily accepting something they do not fully understand, sometimes by 'selling' them the fairy tale wedding (but never discussing the full realities of marriage); or by keeping them from places where relationships, sexual health and rights may be discussed e.g. SHARE or PSE classes.

Rukhsana was lucky. She got the right support and avoided the forced marriage, but while we're ignorant of many risks and indicators, others won't be so lucky. The Scottish Government has published new guidance to help change this:

"Issues surrounding forced marriage are complex... many issues are exacerbated by our lack of knowledge."

— Lisa Rigby, Information & Education Officer, Shakti Women's Aid

the 'Forced Marriage Statutory Guidance' and 'Responding to Forced Marriage: Multi-Agency Practice Guidelines' are both available on the Scottish Government website. It is expected that every agency has access to one or both of these guidelines and will appoint a lead person to ensure implementation of procedures and recommendations. As well as highlight the importance of knowing how to contact appropriate specialist organisations like Shakti for assistance, it illustrates links with Child & Adult Protection; the importance of confidentiality as a major consideration; and the 'One Chance Rule'. Why one chance? While not everyone challenging family or community pressure to marry risks serious harm, there are a number who do, even risking their lives.

For more information visit on forced marriage and the work of Shakti visit www.shaktiedinburgh.co.uk or www.scotland.gov.uk for the new guidance documents.

Living Voices — Poetry and Stories in Care Homes across Scotland

Emma Faragher, Living Voices Project Manager, Scottish Poetry Library

Living Voices is a partnership project between the Scottish Poetry Library (SPL) and the Scottish Storytelling Centre (SSC), taking poetry, stories and song into care homes. As our population ages there is a growing need for programmes and services with older people beyond the needs of medical and social care; and for artists skilled in working with older people. Storytelling, music and poetry all hold great potential to spark engagement and enjoyment.

In care homes participatory oral and literary arts and reminiscence can trigger extraordinary levels of engagement and enjoyment in audiences who may be experiencing dementia or other health problems, or simply isolation. This can bring benefits to wellbeing, and even build new and rewarding social connections. Living Voices is an evaluated pilot in which professional facilitators, paired with a volunteer, will make monthly visits to care homes to deliver highly participative sessions. Facilitators using a calendar of stories, poems and songs themed around traditions and changes over the year to shape conversation, share and celebrate life stories, and explore potential for creativity.

Facilitators will work with the same group each month, developing content and session format to suit the interests and needs of the individuals in their group. Group size is kept deliberately small, so facilitators and volunteers can build a relationship with participants. Volunteers and care home staff support delivery of sessions, developing their own skills and experience as they work with skilled artists. The facilitators have been given training focussed on the unique considerations for working with audiences in

residential care; and further training will be developed as the project progresses.

Living Voices extends work both organisations have already developed with older audiences. The SPL and Edinburgh City Libraries project, 'Read Aloud', saw volunteers work in care homes around Edinburgh delivering poetry and song sessions, and the project continues to be run by Edinburgh City Libraries. The 'Life Stories' group of storytellers at SSC visits older people's groups in Edinburgh, offering informal storytelling with time for participants to share stories and memories of everyday life. Such projects demonstrated the benefits of storytelling and poetry with older people in a care setting. Providing a creative space where staff, residents and facilitators can engage with each other meaningfully; in which life-stories can be shared and valued; and individuals can explore their own creativity and build their confidence.

We will be working in three pilot areas, South Ayrshire, Perth and Kinross and Aberdeen, between spring 2013 and summer 2014. Partners and supporters, including library services, councils, voluntary organisations, and care homes interested in bringing storytelling, poetry and song to their residents have enthusiastically supported development of the project in their local area. We are still recruiting volunteers to support session delivery and be a key element in the success of Living Voices.

For more information visit www.spl.org.uk or e-mail livingvoices@spl.org.uk