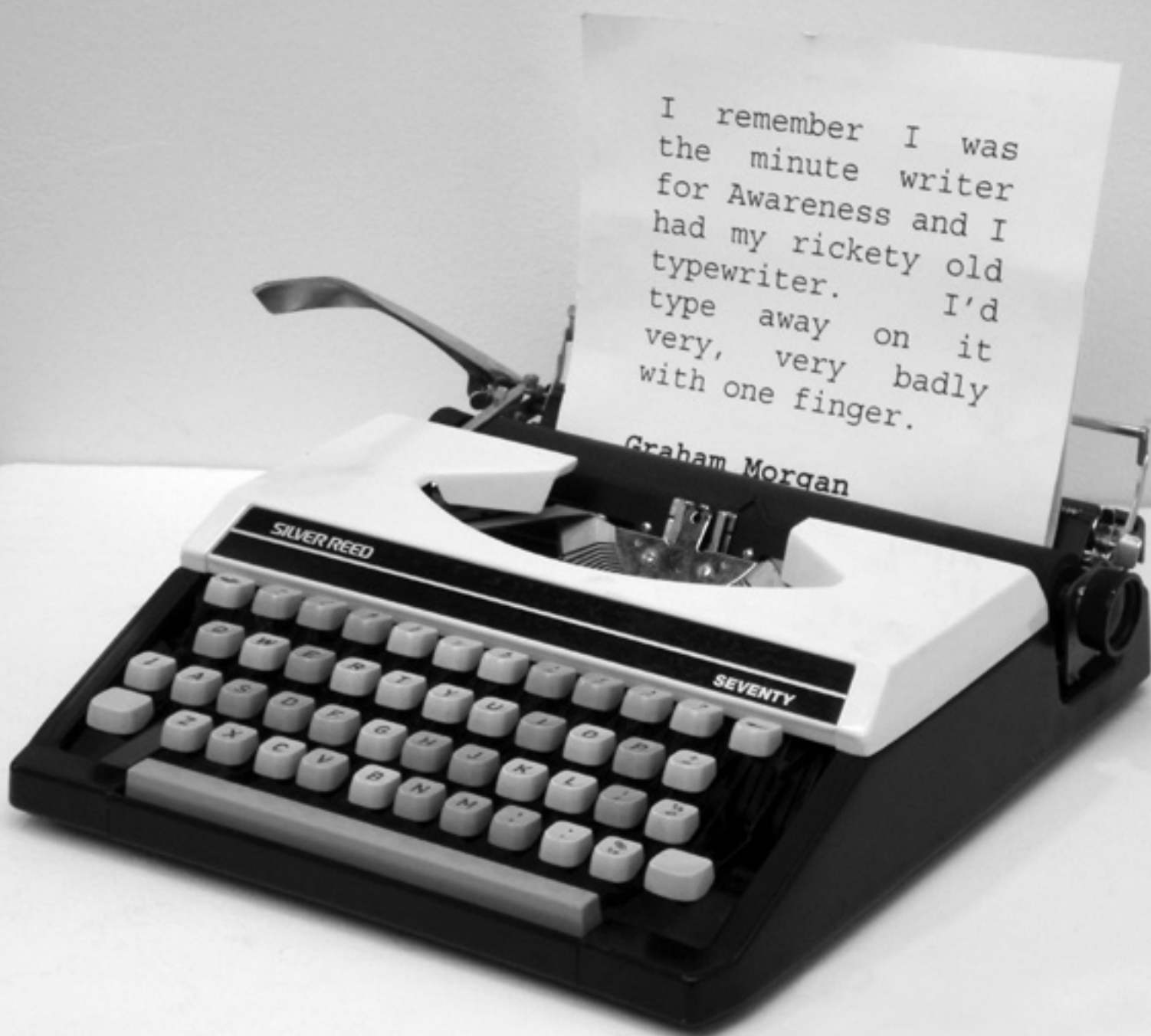


About Advocacy

The Scottish Independent Advocacy Alliance Magazine

Winter 2010



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Editorial

I am proud to welcome you to the first *About Advocacy* Magazine that I have been involved in producing. I have enjoyed been thrown in at the deep end since joining the SIAA in October and have been busy meeting many people at the AGM, *Oor Mad History* launch, the Advocacy and Stroke conference and various other meetings and events.

A big thank you to everyone who contributed to this issue and please contact me if you have any ideas or comments about what you would like to see in future editions, or even if you would like to contribute yourself.

I will be working to improve and update our communications so I look forward to using this as an excuse to visit more of our members and readers.

Rhian Thompson
Editor

Next issue:

Please submit information and articles for the next magazine by Monday 24th January 2011.

Thank you:

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

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Disclaimer:

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

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SIAA News

Recruitment

Since the last edition of the magazine we have welcomed Rhian Thompson as our new Information Officer, Erin Elvin as our Policy & Parliamentary Officer and Adelle Gardiner as our temporary Research & Quality Officer. Adelle will be covering for Muriel Mowat who is currently working with advocacy commissioners and providers to help each Health Board and Local Authority develop advocacy plans for the next three years which you can read more about on page 8.

Feedback from the Annual General Meeting

The AGM in September attracted an excellent turnout from members across the country and apart from it being an important opportunity to meet, network and discuss a range of issues relevant to Scottish advocacy it was also time to make decisions to take forward particular pieces of work.

Member organisations were asked to vote on two proposals; firstly for the Quality Assurance Working Group (QAWG) to continue its work looking into how best we ensure and measure the quality of advocacy taking place and to be tasked with constructing a business plan for the SIAA to develop a quality project to be taken to the next AGM. Secondly for the SIAA Board of Directors to review the structure of the board and consider how it might need to be changed especially in light of the work of the QAWG.

Both proposals received overwhelming support from member organisations and we will be reporting on progress through the year. At the

AGM we also got an update regarding advocacy in England and Wales from Rick Henderson, Director of Action for Advocacy. Rick raised some pertinent points regarding advocacy qualifications, measuring the quality of advocacy, the 'professionalisation' of advocacy and the 'regulation' of advocates.

Continuing with the theme of measuring impact, Anne O'Donnell and Keith Maloney talked about the '*Oor Mad History*' project that has been taking place across the Lothians. The group has produced an excellent book and CD recording the experiences of mental health service users, you can read more about this project on page 12.

We had a comprehensive presentation from Alastair Pringle from the Scottish Government on the latest developments regarding patient centred care, respect and dignity within the NHS. Alastair spoke in detail about the Patient Rights (Scotland) Bill which is currently going through the Scottish Parliament. The Bill will create new statutory rights for anyone using the NHS and has a set of principles that should underpin the care people receive. It is anticipated that there will be additional demands on advocacy organisations, to find out more go to page 4.

Finally we discussed the importance of advocacy organisations measuring their impact and the difference they make to the lives of the people they support. This was the final part of the day and although energy levels were running low the discussions around the tables were lively and full of ideas and we learnt how organisations are already creatively measuring their impact.

Shaben Begum, Director
Scottish Independent Advocacy Alliance



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Patient Rights (Scotland) Bill: *Improving the Patient Experience*

By Nicki Scammell, Scottish Government



The Patient Rights (Scotland) Bill was introduced in March 2010 and forms an important part of the NHS Scotland Healthcare Quality Strategy, published in May.

The Bill aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. The Bill means that when patients receive health care it should be patient focused, consider their needs, consider what would be of optimum

benefit to them, encourage them to take part in decisions about their health and wellbeing and give them appropriate information and support to do this.

The Bill also introduces a set of healthcare principles which all NHS staff, and those contracted by the NHS, must take into consideration. These principles concentrate on six key areas:

Patient focus Ensuring that patients' needs, circumstances, and abilities are taken into

account and that their privacy and confidentiality are respected. A duty is also placed on the NHS to consider any support that patients may require in order to access healthcare services.

Quality care and treatment Ensuring that medical practice is based on current clinical guidelines and standards.

Patient participation Places a duty on the NHS to encourage patients to take part in decisions about their health and wellbeing, and to ensure that they are given any information or support that they may need. This is also about encouraging patients to treat health care staff in an appropriate way.

Communication Patients should be communicated with in a way that they can understand, and that healthcare staff should make sure that the patient has understood the information given.

Complaints Ensuring that any concerns or complaints are dealt with according to the NHS complaints procedure.

Waste of resources Healthcare staff and patients making sure that resources are used as efficiently as possible.

The Bill also introduces a 12 week treatment time guarantee for eligible patients. It's intended that this guarantee will apply to planned treatment on an inpatient or day-case basis. The Bill establishes a legal right to make a complaint, raise a concern or give feedback on the service received, and ensures that NHS Boards give consideration to feedback with a view to improving services or sharing best practice within the NHS. If patients are unsure of how to go about making a complaint, or need additional support to do so, the new Patient Advice and Support Service, also established by the Bill, will be able to help them.

The Patient Advice and Support Service will be staffed by Patient Rights Officers, who will help patients and members of the public to understand their rights and responsibilities when using

health services. Where appropriate, Patient Rights Officers will also direct people to other services which may be of use to them, such as advocacy or communication services.

In recognition that this may lead to additional work for advocacy services, the Scottish Government is providing £500,000 of additional recurring funding to support advocacy provision from 2011.

In addition, the Scottish Independent Advocacy Alliance have, this year, been given funding to provide advice and assistance to NHS Boards in undertaking a needs assessment and to help in the development of advocacy plans to ensure that gaps in provision are addressed.

Scottish Government officials are now working with stakeholders to consider next steps. Initial implementation work has focussed mainly on the development of an NHS Education for Scotland (NES) led programme of work to support workforce education and development. However, consideration is also being given to the development of promotional materials and resources to support communication and awareness-raising of patients' rights across Scotland for both patients and staff. This will include work to ensure that patients understand what is happening to them when they use the health service; that they know what their rights are and that they know what to do if things go wrong or how to give feedback.

Officials are also developing draft regulations and directions, which build on the Bill and provide more detail. It's expected that these regulations and directions will be consulted on more widely in 2011.

If you have thoughts or comments on the implementation of the Bill, these would be welcomed. For details on how you can contact the Bill Team, or for further information on the Bill, you can visit the website: www.scotland.gov.uk/Topics/Health/PatientRightsBill.

Advocacy for people affected by stroke

By Muriel Mowat, SIAA

Over the past two years the SIAA has been working in partnership with the Stroke Association Scotland on developing independent advocacy for people affected by stroke.

This work led to the establishment of three advocacy pilots. These were delivered by Advocacy Highland across Highland Region, Lomond and Argyll Advocacy in West Dunbartonshire and Partners in Advocacy in their Edinburgh Physical Disability Service. The choice of these three projects ensured a range of advocacy models and rural and urban areas. The SIAA were involved with the Stroke Association in supporting the projects and will be disseminating the learning to the advocacy movement.

In addition to providing individual issue based advocacy, some work was done to explore collective and peer advocacy for both stroke survivors and carers. Advocacy Highland has also developed a training package designed around advocacy and stroke, about to be published, which will be available to the advocacy movement and more widely for information and awareness raising.

Advocacy Highland received 16 referrals from across the Highlands with a greater number from the more rural areas. They report that frequently referrals are made for people with other presenting illnesses or diagnoses for example Huntington's, Depression or Dementia who may have had strokes as part of their illness.

The Lomond & Argyll Advocacy Service (LAAS) pilot project operated across West Dunbartonshire. They received around 30 referrals for individual advocacy with some clients returning to the organisation with further issues. LAAS also did some work around the

development of a collective advocacy initiative. Their aim was to develop and support collective advocacy opportunities for people affected by stroke (including informal carers) within West Dunbartonshire however this is still a work in progress.

Partners in Advocacy reported providing advocacy for 24 people affected by stroke. Referrals came from a variety of sources. They were unable to provide advocacy for all those referred as they fell outwith the geographical area covered in the pilot.

Both LAAS and Partners in Advocacy reported that the ages of those referred ranged from 27 years to 90. This will be likely to limit access to advocacy for younger people affected by stroke. In most areas in Scotland there is access to independent advocacy for older people but for those younger people access to advocacy will be very much dependent on the area in which they live. A few Scottish independent advocacy organisations provide a generic advocacy service but many have very specific referral criteria which would be likely to exclude stroke survivors.

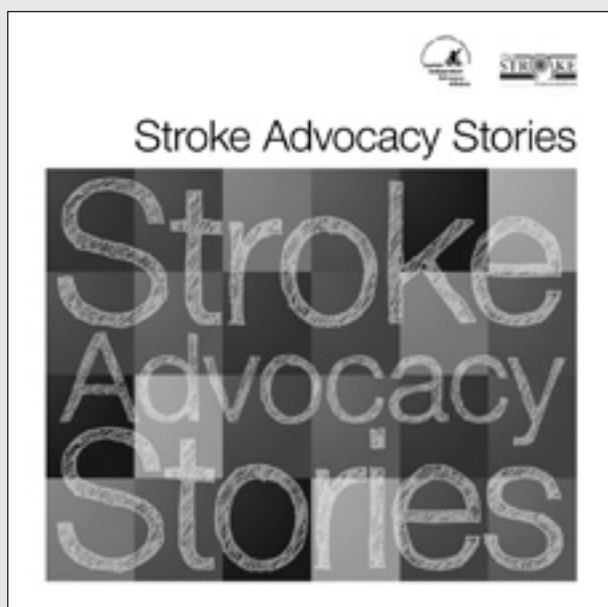
LAAS also reported that a number of referrals were for people who would have already been able to access advocacy for other reasons such as mental health problems, older people or specific vulnerability criteria however they wouldn't have known without the awareness raising for stroke service providers and agencies as part of the pilots. There is a big job to do in raising awareness amongst people affected by stroke so they know about advocacy and how to access it.

The SIAA and the Stroke Association know how effective advocacy can be in promoting positive changes for individuals and the wider community.

These pilots clearly demonstrate this and the real need for advocacy to be available for people affected by stroke. In the short time available and the relatively limited scope of these pilots, demand for independent advocacy continued to grow.

To help capture some of the learning from these pilots a small book of stroke advocacy stories has been published. This includes snapshots of the advocacy delivered by all three pilots. The stories show that advocacy can and does make a difference.

The Book was launched at a well attended conference in Perth which grabbed attention of both BBC and ITV and made the Scottish Television evening news.



For a copy of the book contact **enquiry**
[@siaa.org.uk](mailto:siaa.org.uk), karen.irvine@stroke.org.uk or
charlotte.lee@stroke.org.uk.

Madeleine's Story

Madeleine had a stroke several years ago affecting her mobility, speech and emotions. She is now in a power driven wheelchair in a new house that has been made fully accessible to her needs.

Madeleine contacted Advocacy when the Housing Association arranged a meeting with her about some issues including having too many cats. As Madeleine adores her two cats she was terribly anxious and upset that she would be required to part with one and she thought she may lose her home as she was not prepared to give up her cats. Madeleine was concerned that she would cry and find it difficult to put her point across at the meeting. An advocate spent some time with Madeleine as her stroke had affected her ability to understand language and express herself in the way she wanted to. Madeleine did become upset during the meeting but her advocate was able to stand up for her and explain her views. The outcome was that Madeleine was allowed to keep both her beloved cats.

Safeguarding Independent Advocacy

— Working with Commissioners

By Muriel Mowat, SIAA

For over a decade now the Scottish Government has been committed to ensuring that there is appropriate provision of independent advocacy across Scotland for people who need it. Since 2001 all NHS Boards and Local Authorities have been required to produce ongoing plans for the development of independent advocacy and the Advocacy Safeguards Agency (ASA) were tasked with assisting with the planning and implementation process. In the years since the ASA folded there has been no central direction for advocacy planning and the continuation of the advocacy planning process has varied throughout Scotland.

It is anticipated that the enactment of the Patient Rights Bill will have some impact on the demand for independent advocacy. In preparation for this, and to ensure that all NHS Boards have up to date advocacy plans in place, the Scottish Government asked the SIAA to work with NHS Boards and Local Authorities on the future planning for independent advocacy.

The aim of the project is that, by the end date all NHS Boards and Local Authorities will have a minimum three year advocacy plan in place.

To achieve this we will encourage advocacy commissioners towards

- a clear understanding of independent advocacy.
- effective user involvement in the planning process.
- involvement of advocacy providers in planning.
- following the guidance in the SIAA *Guide for Commissioners*.

I have been seconded to this task and have been meeting with NHS and Local Authority officers with responsibility for independent advocacy provision. By early next year I hope to have met with representatives from all areas. Meetings and discussion held so far have shown a great range on the progress of advocacy planning across the country. The current financial climate and uncertainty around future budgets is also having some impact on advocacy planning in some areas. We hope to be on track to produce the requested report by late spring/early summer of 2011.

All local advocacy planning groups will have a clear remit that will include

- production of local shared advocacy information.
- local advocacy service provider training to be made available to all relevant Health and Social Service provider staff.
- raising and addressing local issues identified by the group.
- local implementation of legislation and Government policy relating to advocacy provision.
- regular review of an advocacy action plan based on changing needs and in response to the local and national situation.
- In the third year of the plan producing the next three year advocacy plan.
- Submitting existing and future plans to the SIAA.

Quality and Evaluation in Independent Advocacy

By Muriel Mowat, SIAA



Considering effective methods to ensure quality and to report on level and quality of activity has been an issue for the advocacy movement for some time now. The SIAA has been working to help advocacy organisations ensure that the advocacy that is delivered is of the highest quality. The SIAA *Principles and Standards*, the *Code of Practice*, the *Evaluation Framework* and the *Guide for Commissioners* have helped advocacy organisations and commissioners/funders to think about how they can work together to ensure that people using advocacy services can be assured of the highest quality in independent advocacy.

Following the discussion at the 2009 AGM on achieving a consistent way of demonstrating quality in Scottish advocacy, the Quality Assurance Working Group consulted on different options. The favoured model emerging from this consultation was for the SIAA to develop a quality project that would carry out evaluations of advocacy organisations. A number of responders also stated that they felt this would be enhanced if SIAA worked with advocacy organisations to help implement the Evaluation Framework already published.

At their meeting on 19th August the working group considered all responses to the consultation that had been received and made recommendation to the Board of Directors to formulate a proposal for consideration at the AGM.

The Board submitted the following proposal to the membership for agreement in principle:

- That the role of the SIAA changes to include a remit for assuring the quality of independent advocacy in Scotland including the carrying out of evaluations against the *Principles and Standards*.

- That the structure of the SIAA may need to change in regard to membership and governance in light of the new role.
- That the Quality Assurance Working Group and Board of Directors are tasked with constructing a business plan for the SIAA to develop a quality project that would carry out evaluations of advocacy organisations, and which reflects the comments made in response to the consultation exercise. The plan will consider implications for governance and membership criteria, along with any implications in regards to company and charities legislation. A detailed costing will also be included with potential funding sources identified. The working group will be able to co-opt members from outwith the SIAA with specific skills to aid the work of the group. The group will communicate its draft plan to the membership by end March 2011 with the final version ready for presentation to the AGM of 2011.

Two votes were held:

Vote 1

The Quality Assurance Working Group should be tasked with constructing a business plan for the SIAA to develop a quality project.

Vote 2

The SIAA Board of Directors should be tasked with considering the proposed change.

The majority voted for this proposal. As a result of these votes, over the next few months, the Quality Assurance Working Group will be consulting with the movement in a draft model for a quality project.



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Social Return on Investment: Proving our Worth

By Simon Malzer and Duncan Wallace

What is Social Return on Investment (SROI)?

SROI is a framework for measuring and managing the outcomes of an organisation's activities and valuing those outcomes in a commonly understood way. SROI can encompass all types of outcomes — social, economic and environmental but it is based on involving stakeholders in determining which outcomes are relevant.

SROI was developed from social accounting and cost benefit analysis, and has a lot in common with other outcomes approaches. However, SROI is different from many approaches in that it places a monetary value on outcomes so that they can be added up and compared to the investment made. This results in a ratio of total benefits (a sum of all the outcomes) to total investments. For example, an organisation might have a ratio of £4 of social value created for every £1 spent on its activities.

This ratio is only one part of the SROI story, however. A good SROI presents a story of change in a compelling way, including both qualitative and quantitative findings, and provides information to help organisations maximise their outcomes.

The ratio should always be understood in the context of the whole analysis. There is understandable fear that funders may use the ratio, and this only, to guide funding decisions. However, it would be a very unwise funder who made funding decisions simply on the basis of one number. It is also not recommended that you use the ratio to compare different organisations. Even in the same sector they will be working with different users with different needs, and may have made different judgements in calculating their ratio. As with any approach, SROI does involve making judgements — but these should be well documented so as to be transparent.

SROI is not an economic evaluation. It uses money only as a universally understood unit of value when trying to measure outcomes that are not easily understood outside the work area being evaluated. Outcomes that are valuable to our society include improved mental health, social cohesion, independence of lifestyle, self-confidence; the list is virtually endless. But society has struggled to find a way to articulate this value in a universally understood way. We all know what

a £20,000 profit means in the private sector, but somehow describing the value of the outcomes mentioned above in a way that engages with the world 'out there' is much more difficult.

This is one reason so much interest has been generated recently around SROI. It tries to find commonly understood ways to both measure and explain areas of activity that have to some degree stubbornly resisted previous such attempts. SROI gives organisations a powerful language to communicate with funders and partners about the value of their work.

SROI Training by Muriel Mowat, SIAA

At the SIAA we were interested in looking further into SROI as a possible tool for use by independent advocacy organisations. Having gathered and considered more information on SROI, the Quality Assurance Working Group recommended to the SIAA Board that we investigate ways to make this available to our member organisations.

As a result we have commissioned Simon Malzer and Duncan Wallace to deliver a programme designed to enable organisations to use SROI techniques and principles.

The development programme is designed to lead participating organisations through a series of training workshops with homework and dedicated coaching time over a three month period so that participants can embed the learning. Alongside the programme, organisations will be expected to be working on a live evaluation using SROI methodology.

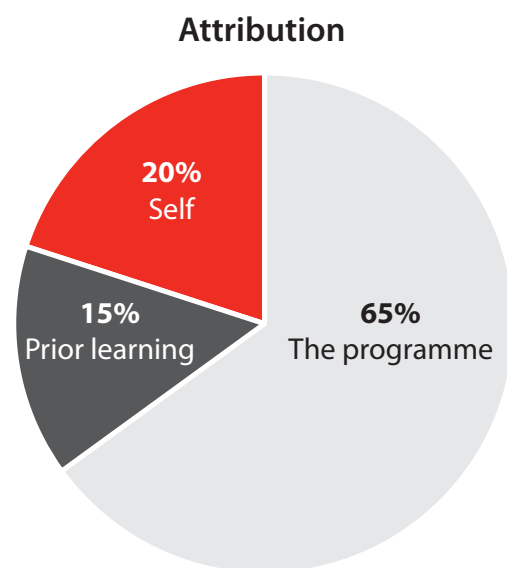
The programme is heavily subsidised and participating organisations will be expected to send two participants at management/development worker level who can work together in implementing the learning.

Advocacy organisations were invited to note their interest and from these notes of interest 10 were selected based on prioritising those who made the strongest argument for being ready and needing the programme, could send the two appropriate postholders with commitment to do the homework and were SIAA members, whilst

Simon and Duncan have delivered this programme to other organisations in the past. In the programme evaluation participants were asked:

“How much do you attribute any change to the programme and how much to previous learning, yourself or other factors?”

Responses are illustrated below



also trying to get a mixture of sizes of organisation and advocacy models/client groups.

The workshops cover the following topics:

- Overview of SROI — How does it fit your organisation? Introduction to the Impact Map
- Designing the SROI process — The story of change
- Measuring what matters — Monetary Value
- Calculating your SROI
- Using evaluation to demonstrate your worth

Due to the restricted number of places there were a number of organisations that expressed interest but could not be offered a place however we hope to be able to run the programme again.

Oor Mad History

By Kirsten Maclean, Community History Worker, CAPS

Oor Mad History is a service user led community history project reclaiming the history of the mental health service user movement in Lothian. We are based at CAPS Independent Advocacy and supported by the Mental Health and Wellbeing Programme, NHS Lothian.

We recruited service user volunteers and have now recorded over 70 oral history interviews with activists and supporters of the movement. We continue to build a vibrant oral history and paper based archive of t-shirts, photographs, and posters.

One of our most exciting highlights has been taking part in November 2009 in a research visit to Toronto, Canada. This was a fantastic opportunity to build on longstanding links and learn from the survivor movement there. We were hosted by David Reville and Kathryn Church of the School of Disability Studies at Ryerson University. During a packed itinerary we visited the Psychiatric Survivors Archives of Toronto who are a fully survivor run archive. There were many lessons for our archive, including issues around maintaining community ownership. We also attended a lecture by David Reville in *'Mad Peoples History'*, a history of mental health from the point of view of those who were or are deemed 'mad'. It was very inspiring to hear this knowledge being taught in a mainstream university classroom. Wouldn't it be fantastic to see a course like that here?

We visited several survivor run businesses, including The Raging Spoon Café and A-Way Express Couriers both which featured in the film *'Working Like Crazy'*. We also visited the 'Empowerment Council' which is the equivalent to our Patients' Councils, based at the local psychiatric hospital. They have peer support workers in all departments and have a worker whose remit it is

to employ survivors in the hospital. There is also a survivor run information centre and espresso bar right there in the hospital. We were also inspired to hear about a powerful exhibition called *'Out from Under—Disability, History and Things to Remember'* which involved activists choosing an object to represent their experience of disability or mental health. The exhibition ran at the Royal Ontario Museum and also toured to the Vancouver Paralympics. A full report on our Canadian visit is available from CAPS.

In 2010 we have been busy writing a book and putting together an exhibition celebrating our work and our history. Back in April we ran a book workshop where service users looked through transcripts of oral history interviews to choose material. We also had a small team of service users who worked on editing down material from the workshop and writing sections of the book. Our book outlines the background and process of *Oor Mad History* and why it is important to record this history, it also draws extensively on quotations and images from the archive.

Inspired by *'Out from Under'* in Canada, we were keen to use objects in our exhibition. Some quotes from the oral history archive were very vivid and we chose objects to bring them to life even more—for example dirty coffee cups to represent a quote about being too scared to put mugs on a boardroom table at early Patients' Council meetings, a telephone for a quote about the Crisis Centre campaign, a typewriter to represent a memory about typing the minutes for Awareness, an early Lothian campaigning service user group and also a Royal Mail sack full of postcards for a quote reminiscing about Edinburgh Users Forum bombarding politicians

with 'Resist ECT' postcards. The objects certainly got people talking!

We were proud to launch our book and exhibition in October as part of the Scottish Mental Health Arts and Film Festival. Malcolm Chisholm MSP opened our event:

"This is a very important history for both the people involved and the wider public. It shows how the experience of those using mental health services has been an agent of positive change and as such has wider lessons for mental health services and health services more generally."

We have lots of ideas for the future of *Oor Mad History* including taking the exhibition on tour and using the objects to stimulate discussion on mental health issues. We are a living archive, so we want to do more oral history interviews, encourage visitors to the archive and we always welcome new donations. We are always looking for volunteers to get involved with the archive and with all aspects of *Oor Mad History*. Please get in touch if you'd like to find out more or volunteer with us. Be part of the future of recording *Oor Mad History*!

If you want to find out more about *Oor Mad History*, get a copy of our book, visit the archive or volunteer, please contact Kirsten at CAPS on 0131 538 7177 or email kirsten@capsadvocacy.org. You can also follow on Facebook and on our blog: oormadhistory.blogspot.com.



Care about Rights?

By Kavita Chetty, Legal Officer — Human Rights Based Approach,
Scottish Human Rights Commission

The Scottish Human Rights Commission launches its work aimed at older people and care services.

Human rights sit at the very core of care service delivery and advocacy support. Care providers increasingly recognise that in order to ensure that individuals using their services are treated with dignity and respect those individuals must participate in the daily decisions which affect their lives. The empowerment of individuals to understand and be able to claim their rights is therefore critical.

We have launched an innovative training and awareness raising project, Care about Rights, relating to the care and support of older people. This project was developed in partnership with the Private Care Sector Workforce Initiative team at Scottish Care and with input from the Care Commission and Age Scotland.

Human rights belong to everyone. However some can struggle to have their voices heard and be more vulnerable to ill treatment and not having their rights fully respected, protected or fulfilled.

It is so important that there is a common understanding of human rights by everyone who comes into contact with, and has responsibility for, care services for older people. This includes people who are using services, their families and carers, care service providers and the commissioners and regulators of care services.

The Care about Rights material uses film scenarios and case studies to increase awareness and gives practical advice about how to apply human rights principles. We are hosting a series of outreach sessions, planned with Age Scotland regional groups, which will provide a basic introduction to

the connections between human rights and the issues affecting older people.

An extensive human rights training programme is being rolled out to care providers and care staff. Many providers have indicated their intention to share an increased human rights awareness with the older people using their services. Copies of Care about Rights on CD ROM and DVD have been sent to every registered care and housing support service for older people in Scotland and will be available online.

Age Scotland CEO David Manion said '*Care about Rights will go a long way to bringing human rights closer to the people and making them more understandable. The pack explains concepts like responsibilities and proportionality simply and effectively, mainstreaming human rights as an older people's issue. We believe Care about Rights will prove invaluable in nurturing a human rights based culture in care that can only improve service delivery.*'

This project aims to ensure that the experience and voice of the individual is at the centre of decision making by care workers, care providers, the regulator, local authorities and policy makers. A deepening understanding of human rights standards and principles by all of these parties, and critically of older people and their advocates, not only puts in place important safeguards against inadequate service provision but crucially can also drive up the standards of care.

If your advocacy organisation is interested in learning more about Care about Rights please email hello@scottishhumanrights.com to express interest.

Scottish Health Council sets standard for greater participation in the NHS

A groundbreaking national standard that will help to ensure that patients and the public have a real say in health services has been launched.

The **Participation Standard**, developed by the Scottish Health Council (SHC), sets out what NHS Boards have to do to ensure that people can influence the care they receive and shape how services are designed.

For the first time comparable information on how NHS Boards involve patients and the public can be collected and analysed. The Participation Standard will measure how NHS Boards involve people in improving the information and advice provided to patients about their healthcare, and how people are supported to be involved in health service planning and improvement.

NHS Boards will be required to complete a self assessment providing evidence against the Standard on how they have involved patients and the public in their care and in the design of services. These will be submitted to the SHC which will report on the level reached and provide a commentary on its findings, including recommendations for improvement.

The SHC will also continue to work with patients, carers and communities to verify that these self-assessments accurately reflect their experience and help agree the level of achievement for each NHS Board.

The self assessment will be considered alongside the SHC's commentary as part of the Scottish Government's annual review of each NHS Board. NHS Boards will be assessed against the Participation Standard each year, with the findings for how NHS Boards have performed in 2010–2011 due to be reported in the spring of 2011.

Not all of the areas covered by the Participation Standard will be appropriate for every NHS Special Board. The SHC is holding individual meetings with Special Boards to identify appropriate areas for them to report against the Standard in 2010–2011.

'The launch of the Participation Standard marks yet another significant milestone in our collective efforts towards a mutual NHS — a service that is truly owned by and accountable to the people who use and pay for it, which gives quality care to every patient, every time.'

'I am very grateful to all those involved in developing the Participation Standard and I look forward to seeing what I'm sure will be high standards of involvement practice across Scotland.'

— Health Secretary, Nicola Sturgeon.

'It is absolutely vital that NHS Boards listen and involve service users so that they continue to improve services and meet the needs of the communities they serve.'

'The Participation Standard literally sets the standard for improved participation in services, bringing a consistent, national measure to participation for the first time.'

'It not only gives us a baseline for how NHS Boards are performing in this important area, but will act as a driver for improvement, giving Boards the opportunity to demonstrate year-on-year progress.'

— SHC Director, Richard Norris

More information on the Scottish Health Council and the Participation Standard can be found at www.scottishhealthcouncil.org.



Moving Forward In Partnership

By Jude Clarke, Client-Director, Forth Valley Advocacy

My involvement with independent advocacy began when I was very scared. I was detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and I didn't have a clue what that was other than that it had allowed a whole load of folk I did not know, and who did not know me, to take away my liberty. For my own good. I did not require independent advocacy but I noted who the Independent Advocacy organisation was and what they did and filed the information away.

Once things were a little more on track I volunteered with the same service, Forth Valley Advocacy. Ill health caused me to put this to one side, it never really got going this time, but the seed was sown and my alliance with FVA forged.

I am articulate, educated and assertive. 'Feisty' in fact. Not a candidate for independent advocacy? How wrong such an assumption is. Though considerably more well today, I have occasions when I require Forth Valley Advocacy, still. I am a client at present and have been so for around three years — when I have not felt able to deal with issues relating to my mental health.

So convinced am I of the need for independent advocacy, and a service that is free, professional and without judgement that I give my time and experience to Forth Valley Advocacy. I sit on the Board of Directors as a client; an advocate for service users. I have been welcomed by all because the organisation sees the value in having a client work with them. I am privileged to be able to say, with confidence, that the Manager and staff are very positive about my role as a Director and see it as a chance to work in *partnership* with those they represent.

Presently, I am involved in establishing a Client Involvement Sub Group (CISG). The sole reason is to put the client, the service user, the *person*, in the centre of all Forth Valley Advocacy do. It has not been plain sailing; I have sometimes been too tired to chase things or too busy, but we will get there.

Independent advocacy matters to me because the individual matters. It is no more difficult or complicated than that and I am privileged to be able to work with those I do in a bid to have the voice of the individual heard: freely, professionally and without judgement.

