

# About Advocacy

*The Scottish Independent Advocacy Alliance Magazine*

*Winter 2013*



**Celebrating 10 years of**  
the SIAA and Independent  
Advocacy at Holyrood  
Page 4

**Survivors of Historical  
Abuse:** why Independent  
Advocacy is so important  
Page 8

**Ensuring the Quality of  
Independent Advocacy**  
across Scotland  
Page 14

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## Contents

- 3 SIAA News
- 4 Independent advocacy and 10 years of the SIAA — a Celebration
- 6 Putting things right
- 8 Why independent advocacy is so important to Scottish victim-survivors of historical abuse
- 10 Families at risk
- 11 Scottish Families: Advocacy for families affected by alcohol and substance misuse
- 12 Independent advocacy for people with drug problems
- 14 Working to ensure the quality of independent advocacy across Scotland
- 16 SIAA's 2013 AGM and conference

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## Editorial

On November 15<sup>th</sup> we hosted our 2013 Annual General Meeting and conference. This year we were delighted to welcome Jim Martin, Scottish Public Services Ombudsman as our keynote speaker. The afternoon included a number of workshops providing opportunities for discussion on practice issues and to exchange and share experiences. Photos from the day can be found on the back page.

We continue to lobby for and support ever wider access to independent advocacy. One area of potential need is for participants in the proposed National Confidential Forum (NCF) for people who were victims of abuse in care. David Whelan, himself a victim of childhood abuse in care and author of *No More Silence*, is a member of the NCF reference group. In this edition he writes about the importance of access to independent advocacy for Scottish victim-survivors of historical abuse.

*Muriel Mowat*, Guest Editor

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### Next issue:

Please contact [enquiry@siaa.org.uk](mailto: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.

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



## SIAA News

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### Recruitment of new staff

Since publication of the last edition of About Advocacy we are delighted to have welcomed several new members to our staff team. Sonya Bewsher, Development Worker has been with us now for a few months and has been in touch with many member organisations and others. The Families at Risk project has now started with Anna Chrystal appointed as Project Co-ordinator and Rose McDonald, Project Administrator. See Anna's article for more details about the project and how it is progressing.

Charlotte Lee and Karen Irvine are helping us deliver key pieces of work around our Self-directed Support Project and will be developing guidance for advocacy organisations helping people navigate their way around the new legislation.

Charlotte and Karen are also coordinating the Quality Assurance Pilot Project which will be evaluating a number of advocacy organisations over the coming months. They have begun recruiting sessional evaluators and members for a reference group. For more details on the pilot turn to page 14.

### Parliamentary event

We were delighted with the turnout at our Parliamentary event on 26th September which was sponsored by Jim Eadie MSP. Representatives from many member organisations came along and joined MSPs and other guests from organisations such as the Law Society, the General Medical Council, Self-Directed Support Scotland, the Mental Welfare Commission and others. Michael Matheson, Minister for Public

Health, was the keynote speaker, acknowledging the need for independent advocacy.

### Public Bodies (Joint Working) (Scotland) Bill

Over the past few weeks we have been joining discussions with other interested organisations regarding lobbying and campaigning for the inclusion of a right to access independent advocacy in the upcoming Public Bodies Bill. We expect this work to continue over the coming months and will keep in touch with member organisations on progress.

### Developing guidance

Recently the Law Society of Scotland published guidance for solicitors working with vulnerable clients. Following that publication and discussions with the Law Society we are working on guidance for advocacy workers and organisations working with people who have instructed a solicitor. The Law Society will be assisting with this and we will shortly be recruiting members for a focus group to help with this piece of work.



### Updates to the logo and website

Sharp eyed readers may have already noticed the updated logo on the facing page and above. In the next few weeks look out for the new, improved website.





## Independent advocacy and 10 years of the SIAA — a Celebration

Sonya Bewsher, Development Worker, SIAA

*On Thursday 26<sup>th</sup> September, Jim Eadie MSP sponsored a lunchtime event in the Scottish Parliament to celebrate the remarkable growth and development of Scottish independent advocacy. A number of individuals, organisations and stakeholders came away from their projects to join in and pay tribute to the extraordinary achievements of those people who have laboured, struggled and battled for independent advocacy for over 25 years and mark the 10<sup>th</sup> anniversary of the work of the Scottish Independent Advocacy Alliance.*

In his keynote speech Michael Matheson, the Minister for Public Health, congratulated independent advocacy organisations on the important work being done throughout Scotland stating, 'there is still a lot more for us to do in this area.' He went on to say, 'we need to continue to make sure that those who would benefit from advocacy have the opportunity to get that benefit,' suggesting that there is a firm commitment to ensure that the most vulnerable people in Scotland continue to have their voices heard.

Mr. Matheson responded to comments and questions about information on the accessibility of advocacy, statutory engagement with advocacy and the addition of the right to independent advocacy in any new legislation and within the framework of the Integration of Health and Social Care. The Minister indicated that the *Mental Health (Care and Treatment) (Scotland) Act 2003* would not be replaced by new legislation, but changed through an amending Bill. He also suggested that previous points from the McManus report which proposed an increase in the availability of advocacy in some areas, the removal of the notion that it is prioritised for those subject to compulsory powers, suggestions on how to clarify the process for making a complaint and clarifying the role and functions of an independent advocate would be reconsidered in the Draft Bill. This is extremely important as advocacy services provide support and a means of representation for vulnerable individuals to retain as much control or influence over their care as possible. Currently, under the

2003 Act, advocacy is available to anyone with a mental disorder.

In addition to the Minister the SIAA was pleased to welcome Sue Lavery from the Health and Social Care Alliance who spoke about her and her family's experience of independent advocacy. She described the experience that her father, a retired GP, had when awaiting discharge from hospital and the associated challenges that her family had throughout the process. Sue believes that independent advocacy is a vital factor in supporting some of the most vulnerable people in our society to have a voice and be involved in decisions made about them and their lives. She also recognises, from her own experience, that for many of us there will be times when even the most articulate and assertive amongst us need the support of independent advocacy. This was eloquently supported by Gordon Thomson, Chairperson of the SIAA and Manager of Ceartas, with his words, *'people are the heart of what we do.'*

Perhaps the most enjoyable part of the event was the performance by Jo McFarlane, activist and performance poet who has used mental health services for many years. Jo has been involved in advocacy as a worker and campaigner for many years and has recently donated a collection of her poetry entitled *AWOL: Absent without Leave Invisible When Here* about independent advocacy to the SIAA in celebration of the achievements of the Scottish advocacy movement over the last 25 years.

The reception opportunely coincided with a Parliamentary Motion, lodged by Malcolm Chisholm MSP on 19<sup>th</sup> September which was well received with cross-party support from 35 MSPs. The Motion put forward:

*'That the Parliament welcomes the publication of the Scottish Independent Advocacy Alliance's report, Towards the Future: A brief history of advocacy in Scotland; notes that the report highlights*

## **AWOL** *Absent without Leave Invisible When Here*

*Power To The People  
We formed alliances,  
began to advocate for change.*

*It took forever, takes forever,  
sometimes we are angry  
by the obstacles we face.*

*But never will we let the dream  
we hold so dear become just that.*

*For we have fought so long,  
become so strong,  
voiced our vision clearly  
and they're listening now  
to what we want.*

*The ground is shifting slowly  
and the revolution's here to stay.*

*Power to the People is our song  
for in the struggle to be equal  
we belong.*

**Jo McFarlane**

*the growth and development of independent advocacy in Scotland; believes that best practice in the delivery of independent advocacy is steadily improving; affirms the importance of both NHS and local authorities following the guidance for commissioners; welcomes the increased availability of independent advocacy for the most vulnerable members of society, and considers that there is a need for wider availability of independent advocacy for all who need it in Edinburgh Northern and Leith and throughout Scotland so that they can lead fuller and more independent lives.'*





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*Jim Martin, Scottish Public Services Ombudsman, speaking at the recent SIAA AGM*

## Putting things right

*Emma Gray, Head of Policy and External Communications, SPSO*

*At times in our lives, we all come across poor service. We know it when we see it — a GP or a council housing officer who seems uncaring or unprofessional, a delay in receiving a benefit we're entitled to, a bureaucratic wall when we expect support.*

When a poor service is delivered by people working for a public service organisation, it can feel like there's no point complaining. We may feel that the organisation is too big and we won't be heard, or that the complaints process is too complicated to get into. Sometimes we can worry that making a complaint will make no difference or may even lead to a worse service.

At the SPSO, we believe that complaining can and should have positive results, both for the person making the complaint and for the organisation that is complained about. The person making the complaint always has the right to ask an organisation to look at what went wrong. Doing this gives the organisation an opportunity to look again at the issue and, if something has gone wrong, to try to put things right. If they are an organisation that handles complaints well then they will learn

from their mistakes and try to make sure that the same things will not happen to someone else. The SPSO can normally only look at complaints that have been through the complaints process of the organisation concerned first. We realise this can be off-putting, but giving the organisation the chance to put things right is a very important way of helping organisations improve. If someone is still unhappy after that, they can complain to us.

Our service is free and independent. We are an alternative to the courts, so if someone is already using a lawyer then they are unlikely to be able to use our service as well. It's also important not to wait a long time before complaining to us, as we can usually only deal with issues that the person complaining knew about less than 12 months ago.

We cover most public services in Scotland, including:

- Councils
- The NHS
- Housing associations
- Prisons

- Universities and colleges
- The Scottish Government
- Most regulators, inspectorates and commissioners.

When we take on a complaint, we take evidence from both sides and come to a conclusion, usually either upholding or not upholding the complaint. We can make recommendations to put the person back in the position they would have been in (where this is possible) if the service had been delivered properly in the first place. We can also make recommendations to try to ensure that the same thing doesn't happen to someone else.

### Case study

A complaint (case 201104966) was brought to us by an advocate and was about the care of a woman who had Down's Syndrome, a learning difficulty and severe dementia. The woman had no family and no welfare guardian. The advocacy worker had been appointed to ensure that her rights were enforced and protected.

The advocacy worker complained to us after the woman's death about two aspects of her care — decisions taken by staff about artificial feeding and lack of consultation with the advocacy worker about a decision taken in advance not to resuscitate the woman if she had a cardiac arrest. We upheld these complaints and a further complaint about an inaccuracy in the health board's response to her complaint. We were critical of the quality of decision-making, consideration of capacity issues and recording of these issues with respect to a most vulnerable member of society. We made a number of recommendations

to the health board to ensure that the same things will not happen again to someone else.

We publish our decisions on our website to raise awareness of our findings as a tool for learning and improvement. We anonymise the reports, taking out any information that might identify someone. To search the reports, visit [www.spsso.org.uk/our-findings](http://www.spsso.org.uk/our-findings).

### Closer working with advocacy groups

We take complaints directly and from advocates on behalf of someone else. We are keen to maintain and build on our relations with advocacy services. We have set up a sounding board to help us learn more about how people access our service and more about the barriers to complaining. The SIAA are on the board, along with Citizens Advice Scotland, the Tenant Participation Advisory Service, Patient Opinion, Alliance Scotland, Consumer Futures and others.

With input from the sounding board and elsewhere, we will continue to develop ways of raising awareness among hard-to-reach or typically excluded users of our service. We want to ensure that the routes to our service are open to all. One of our projects is to develop an advice section on our website, with tools for advocates and good signposting to where people can find support. If you can help us in this, please be in touch at [egray@spsso.org.uk](mailto:egray@spsso.org.uk) or call 0131 240 2974.

For advice or to find out more, call Freephone 0800 377 7330 or visit [www.spsso.org.uk](http://www.spsso.org.uk)



# Why independent advocacy is so important to Scottish victim-survivors of historical abuse

David Whelan

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*For many years now former residents of Scottish institutional care have been campaigning for justice, redress and remedies for the mistreatment and abuse they suffered in the past within the Scottish care system. Former Boys and*

*Girls Abused in Quarriers (FBGA) have been at the forefront of this campaigning along with others.*

In 2009 the Scottish Government asked the Scottish Human Rights Commission (SHRC) to look into the issues. In 2010 the SHRC proposed a human rights framework for the design and implementation of the proposed Acknowledgement and Accountability Forum and other remedies for historic child abuse in Scotland.

In early 2013, following a consultation involving many stakeholders including victim-survivors, the Scottish Government announced the establishment of The National Confidential Forum (NCF). This Forum will be a confidential acknowledgement model only and will offer former residents the opportunity to recount their experiences to a Panel of Commissioners.

In May 2013, FBGA and other former residents gave evidence to the Scottish Parliament Health and Sports Committee regarding the 1<sup>st</sup> stage legislation process for the NCF. We highlighted the lack of Advocacy, justice, redress and remedies in the proposed legislation.

Former residents affected by historical abuse have a wide range of issues still to be addressed. This is one reason why independent advocacy is so important for this group of vulnerable adults, to help fully realise their rights. Independent advocacy can assist former residents to access resources, funding, information and services.

Advocacy is a process of supporting and enabling people to explore choices and options, express their views and concerns and defend and promote their rights while ensuring transparency in actions and decision making processes. Advocacy can help individuals understand the processes they may engage in. Many former residents are simply not aware of what rights they have. Many are extremely vulnerable and some have severe mental health issues and learning disabilities.

Skilled and experienced independent advocates are required to enable many former residents to have a voice that is heard. This will ensure that their views and opinions are fully considered when processes such as the NCF are being developed, considered and implemented.

Where victim-survivors give their accounts to Inquiries they can find that the purpose, breadth and intention of the Inquiry is not what they had hoped and does not lead to effective closure. This mismatch of what is hoped for by victim-survivors and that which is actually delivered by such Inquiries is often the source of retraumatisation, distress, mistrust, confusion and a general feeling of not wishing to engage in further disclosures and narrations or processes that have proved so fruitless in the past and to-date.



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Former residents have to fully understand all the processes, such as the National Confidential Forum, that they engage in and exactly what such participation will actually entail. They may require help in accessing the NCF and may need access to independent advocacy to help them make fully informed decisions and choices about participating. Some former residents with severe mental health issues have a statutory right to independent advocacy.

Any conflicts of interest for organisations providing advocacy to former residents should be minimized and, preferably, completely avoided. This is of particular importance as many former residents are very mistrustful of the system based on their past experiences in seeking redress and remedies. Rights have been violated. The State and, in some cases, organisations where the abuse took place, have not as yet fulfilled their obligations to victim-survivors. Former residents continue to feel excluded, and there appears to be a general misunderstanding in the community with unfair perceptions of those victim-survivors who suffered harm and abuse in the past within the Scottish care system.

Former residents require various forms of advocacy; some can self-advocate, others require case or short term and long term advocacy.



***"Skilled and experienced independent advocates are required to enable many former residents to have a voice that is heard."***

Advocates will be required to have a wide range of skills and knowledge of where to access other necessary types of support to signpost people on to. Former residents may require help with a wide range of issues such as: literacy, benefit claims, housing issues, access to records, contacting social services, assistance with ongoing legal issues, possible support through the Justice system and help in locating opportunities such as further education. They may also require help and assistance to engage with organisations where the abuse took place aiming to resolve any outstanding issues amicably.

Access to independent advocacy is important as it can support former residents to have their rights upheld and to access what support and assistance they need. Access to independent advocacy can help to achieve justice, redress, equity and focusing on the fundamental human rights of all those who suffered abuse and harm in the past Scottish care system.

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David Whelan, Author *No More Silence* Harper Collins 2010. David is a former resident of Quarriers and the FBGA spokesperson. He is also a member of the NCF reference group and the SHRC Review group 2013. email: [fbga1@aol.com](mailto:fbga1@aol.com), [www.fbga.co.uk](http://www.fbga.co.uk)

# Families at Risk

Anna Chrystal, FaR Co-ordinator, SIAA



*Earlier this year the SIAA was successful in a bid to the Third Sector Early Intervention Fund for funding for a project that aims to support advocacy for families facing child protection issues. We are delighted to welcome Anna Chrystal and Rose*

*McDonald to join our team and work on this project. Anna writes:*

Firstly I'd like to introduce myself; I joined SIAA at the beginning of September but I have previously worked for a number of voluntary agencies with clients with varying ages and needs. I also currently still work part time for a project supporting young parent families in an area of deprivation in Edinburgh. Rose MacDonald, the administrator for the project has a background in work with adults with a disability as well as work in mental health.

Currently in Scotland we have over 16,000 children being looked after by the local authority, of this figure more than two thirds are in the placement of a foster carer. This was information gathered for a recent BBC news story focusing on 'vulnerable children being left in family home too long' as a result of the recent report from the Education and Culture committee. The 10<sup>th</sup> Report on decision making on whether to take children into care clearly stated in its conclusion that 'hearing children and young people's voices is fundamental' and 'we will seek their input'. Both of these reports highlight the specific need of Families at Risk (FaR) to be supported in a variety of ways and that there is

a key role for independent advocacy in finding a solution to some of the problems that have led to their involvement in the child protection system.

As I embark on the new FaR project for the SIAA my first aim is to gain a better sense of the need for advocacy for families at risk as well as the difficulties in meeting this need. After meeting with a number of organisations and receiving responses from a number of other advocacy projects I have begun to compile a draft guidance document.

*"The aim of this will be to better equip independent advocates and organisations to support such families."*

At the same time Rose and I have been putting together a database to be added to our website with the focus on FaR. We hope this will be a searchable tool to be used by independent advocacy organisations to find additional support services for families in their area but also for general projects to locate their nearest independent advocacy service.

To be included in this database or find out more about the project then please get in touch. Rose and I are looking forward to meeting and working with many more people including independent advocates and support and service providers.

For information email [achrystal@siaa.org.uk](mailto:achrystal@siaa.org.uk)

# Scottish Families: Advocacy for families affected by alcohol and substance misuse

Usman Alim Policy Development Officer, SFAAD

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*Since 2003, as Scottish Families Affected by Drugs, our organisation has been one of four commissioned by the Scottish Government to help deliver its drug (and also now alcohol) strategy in addition to helping formulate and develop Scotland's drug and alcohol policies.*

Scottish Families' mission is to support families across Scotland who are affected by the substance misuse of a loved one and raise the awareness of the issues affecting them. We want to see a Scotland which recognises and supports the needs of families affected by alcohol and drugs to help play a part in the recovery process of their loved one. We also want to see a Scotland which recognises that families need to recover too.

To date, Scottish Families Affected by Alcohol and Drugs has numerous achievements to its name which include: providing help and support through our free and confidential helpline (managed by staff within office hours and by volunteers out with); web based support; working with and providing specialised training and capacity building support to over 60 local peer led support groups and local treatment services across Scotland. Scottish Families is also a membership organisation and we aim to expand this over the coming months and years. Scottish Families also aims to expand by having recently developed Family Support Development Officer posts embedded in drug and alcohol services in every local authority across Scotland.

Scottish Families offers vital support to families in need, be it by working with existing family support groups across Scotland, establishing

new groups such as in East Dunbartonshire or working with the Scottish Prison Service and Police Scotland in offering family inclusive practice training to the workforce. We also recognise and appreciate the value of advocacy in addition to the support we offer.

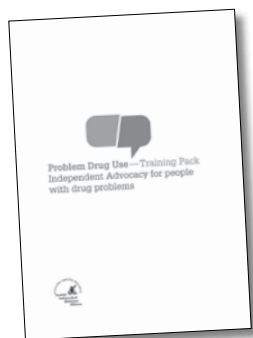
*"The work and role of the Scottish Independent Advocacy Alliance is also vital and commendable and we were interested in learning of the training developed by the SIAA for advocacy organisations who work or aim to work with people with addictions."*

We aim to keep this partnership work going and will continue to do so in order to better support our membership base and further the aims of advocacy in general.

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**Scottish Families Affected by Alcohol and Drugs is here to help.** If you or anyone you know feels we can be of any assistance, please do get in touch by calling our trained volunteers operating our helpline on 08080 10 10 11 or visiting our web based support available at [www.sfad.org.uk](http://www.sfad.org.uk)

For those of you who use social media, please follow us on **Twitter** and like us on **Facebook**.



# Independent Advocacy for people with drug problems

Muriel Mowat, Operations Manager, SIAA

Whilst developing *The Road to Recovery* strategy in 2008 the Scottish Government identified the important role that independent advocacy could play in supporting recovery within Scotland.

The SIAA report, *Available for All?*, provided a picture of best practice in relation to independent advocacy for those affected by problem drug misuse and identified ways to support building the capacity of independent advocacy organisations in relation to this client group.

The report included findings from a survey of Scottish advocacy organisations which identified existing advocacy provision and barriers to accessing advocacy for people with drug problems. Many advocacy organisations identified lack of relevant knowledge as a barrier to providing advocacy in this situation. It was in response to this need that a training pack for advocacy organisations was developed.

Following the development of the pack the SIAA agreed a proposal with the Scottish Government Drug Policy Unit to deliver the training to workers from advocacy organisations across Scotland. The aim was to help increase the confidence of advocates in this work, reduce barriers to access and also increase the confidence of those individuals seeking advocacy support.

A total of 80 people from 26 advocacy organisations attended the training. To make the venues as accessible as possible for all Scottish advocacy organisations the training was delivered in Inverness, Aberdeen, Edinburgh and three times in Glasgow. Also, to support access to

the training for the more remote organisations, funding included travel expenses for participants where required. As a result representatives from Advocacy Western Isles and Advocacy Shetland were able to attend.

Feedback on the training was very positive. All participants particularly valued the input of the co-trainer who spoke of his personal experience of drug problems. They also valued the learning and the opportunity to discuss practice issues with other advocates. When asked what they liked best about the day and why, comments included:

*'Enjoyed all of it'*

*'[The training] was a realistic look at substance misuse and addiction'*

*'Great day, thank you'*

*'Extremely informative'*

Many did not respond to the question about what they liked least and why. Of those who did respond most said they felt it was a great deal of information to pack into a single day of training.

At the end of each session participants were asked to note what actions they planned over the coming months to support the development of wider access to advocacy for those with problem drug use. The majority plan to raise awareness of advocacy through advertising, contact with relevant support agencies and by visiting groups such as those in Recovery Cafes.



## *Available for All? Recommendations*

- Independent advocacy should be made available across Scotland for individuals with problem drug use. This advocacy should be available for support in dealing with a range of problems. Both individual and collective advocacy should be developed.
- There is a need for resources to be made available to ensure access to independent advocacy for individuals with problem drug use. When drawing up a Service Level Agreement commissioners and advocacy organisations should ensure that problem drug use is included as an access or referral criteria.
- Advocacy organisations working with individuals with problem drug use should work within the Principles and Standards for Independent Advocacy.
- Resources should be available for independent advocacy organisations to enable the building of links with relevant statutory and voluntary agencies and for assertive outreach to ensure awareness and uptake of independent advocacy amongst individuals with problem drug use.
- Creating opportunities for the development of specialist knowledge in this area for independent advocacy organisations will help improve access to advocacy for individuals with problem drug use.
- Consideration should be given to developing collective advocacy as well as one-to-one advocacy. Collective advocacy can offer mutual support to individuals with problem drug use who may be facing similar difficulties and issues. A collective voice can be stronger than that of an individual, as groups are more difficult to ignore.
- If considering development of a peer advocacy model, sufficient resources must be put in place to ensure that peer advocates are adequately supported in their role and to ensure the delivery of quality advocacy for service users.
- Individuals who are experiencing or have experienced problem drug use should be consulted and involved in the planning and development of independent advocacy for that group.

Over the next few weeks the SIAA will follow this up by writing to all participants asking about the progress of these plans and about how the training has been disseminated to colleagues.

*Available for All?* included a number of recommendations to support the development of wider access to advocacy for those with problem drug use. The reported increase in knowledge and confidence of trainees and their plans to raise awareness of advocacy with relevant groups and

agencies will go some way towards helping this to happen.

We hope that Commissioners of advocacy will further support this aim by thinking about the needs of this group when reviewing their strategic advocacy plans and considering widening access criteria in advocacy Service Level Agreements or Contracts. We also hope that this would be agreed along with additional funding to support an increase in demand for independent advocacy.

# Working to ensure the quality of independent advocacy across Scotland

Charlotte Lee, Quality Assurance Co-ordinator

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## Background

As you will know the SIAA have been working over some years on developing a process for sound and fair evaluation of advocacy organisations. The Scottish Government recently allocated the

SIAA funding to host a pilot project which will run over 20 months from September 2013. The project will build on the evaluation work to date and be mindful of the arm's length approach required to protect the SIAA's relationship with our members.

The project aims to:

- Establish a pilot quality assurance project to measure the quality of advocacy provided in Scotland
- Ensure clear, transparent and cost effective use of available resources in the delivery of advocacy
- Identify appropriate means of delivering an advocacy quality assurance project in Scotland.

Karen Irvine and Charlotte Lee are delighted to take on the role of co-ordinating this pilot project. They took on this role in August and have started to pull together materials that evaluators will use.

Currently the only option available for commissioners and advocacy organisations

seeking external evaluation is to hire freelance consultants. This can be expensive, is not always consistent and the consultants may not be familiar with advocacy.

The SIAA has the skills and knowledge to ensure the evaluation process is tailored specifically for advocacy and can offer support to organisations to meet any recommendations arising out of evaluations.

There is recognition of the potential conflict of interest in the role of the SIAA. Steps have been taken to minimise this. The pilot project co-ordinators and sessional evaluators are self-employed and not currently working in direct advocacy provision. The SIAA role is focussed on administration, the national context and advice on advocacy practice where necessary.

## Taking the work forward

Karen and Charlotte have started to recruit people who will take on the role of evaluator and will be holding training for them in January. The evaluators will be working in teams of two or three people. Where possible efforts will be made to ensure that each team includes people with a good understanding of independent advocacy, experience of commissioning and delivering independent advocacy and experience of using services or advocacy support.

There is also a Reference Group to support this development work. Its role will be to:

- Inform the work of the Quality Assurance Pilot Project

- Be involved in the external evaluation of the Project — this will be carried out by the Scottish Health Council
- Support the development of relationships with all stakeholders
- Represent the work of the Project at events as agreed with the Project Co-ordinators.
- An evaluation agreement outlining what all stakeholders can expect from the evaluation and what is expected of them
- The evaluation visit, conducted by the sessional evaluators
- Report presented by evaluators with format/s and access as outlined in the evaluation agreement.

The Group includes people with experience of delivering and commissioning advocacy and people with experience of using services.

**The SIAA are keen to ensure that people who use services and/or have accessed advocacy support are involved in all aspects of this project.**

If you or someone you know is interested in taking part in the reference group or as part of an evaluation team please do get in touch for more information.

The pilot is testing the use of the *SIAA Evaluation Framework* (2010) in conjunction with the Guide for Commissioners in evaluating the quality of advocacy delivered. The report from the recent consultation on the Guide for Commissioners, carried out by the Scottish Government, is expected soon.

The evaluation process will involve:

- Advocacy organisations submitting a self-assessment to the commissioners and the project co-ordinators

## Making use of the Learning

The SIAA will hold the information gathered during the pilot, not including confidential information about people who took part in the evaluations. This will inform the final report on the pilot project.

We want to ensure that all advocacy organisations and commissioners have the opportunity to make use of the learning from this project both during the pilot and in the longer term. Updates will be provided through the SIAA E-Bulletin and magazine there will also be input from the Co-ordinators and others involved in the pilot at relevant conferences and events. Karen and Charlotte facilitated a workshop about the Quality Assurance project at SIAA's AGM on the 15<sup>th</sup> November.

If you would like more information or to get involved with the project please do get in touch with us:

**charlotte.lee@siaa.org.uk**, 07918 603792  
**karen.irvine@siaa.org.uk**, 07886 118094



## SIAA's 2013 AGM and Conference

*The 2013 AGM and Conference was a great success. The presentation by the keynote speaker, Jim Martin, Scottish Public Services Ombudsman, was informative and challenging, recognising the role and the importance of independent advocacy.*

The Director, Shaben Begum, in her presentation flagged up things to be aware of over the coming months including the Public Bodies (Joint Working) (Scotland) Bill and the upcoming Mental Health Bill amongst others. The workshops were

well attended and with lively discussion and debate. The content of the discussion will be valuable in moving forward the planned work of the Families at Risk and the Quality Assurance projects.

Several organisations have signed up to a working group which will look at data gathering on a national basis. Feedback from attendees was very positive with all agreeing that it was a useful event and a well spent day.