

About Advocacy

The Scottish Independent Advocacy Alliance Magazine

Winter 2014



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Editorial

Welcome to the winter edition of the About Advocacy Magazine. This edition includes articles from a range of external organisations such as the General Medical Council on their new online resource *Better Care for Older People* and the Scottish Legal Complaints Commission on the role of advocacy workers in legal complaints.

In addition to contributions from external agencies we have articles from CEARTAS Advocacy and the Tayside Advocacy Forum.

Also read the recently published findings of research by two SIAA interns on the impact of independent advocacy on older people and also people with learning disabilities. The research shows the positive impacts of advocacy but also highlights access issues. For more information on current access to advocacy check out the article on the latest edition of the Advocacy Map detailing Scottish advocacy provision in the 2013/2014 year.

Muriel Mowat and Kiren S. Zubairi

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: Devonyu

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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Scottish Charitable Incorporated Organisation
Scottish Charity No. SC033576

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



SIAA News

Advocacy Map 2013/2014

Many of our regular readers will already have seen articles and tweets about the launch of the 2013/2014 Advocacy Map. Data from our analytics tool shows that the Map had around 5,000 unique views in its first week alone. The Map was tweeted by over 50 different individuals and organisations who stated that it was a “crucial tool” and was “essential reading”.

The Advocacy Map 2013/2014 was distributed to all MSPs and was shared with a range of Cross Party Groups and Parliamentary Committees and received a very positive response.

Third Force News published an article on the map, ‘Scottish Advocacy Organisations Struggling to Meet Demand’ and our Development Officer wrote a blog on the EVOC website detailing the key findings and their implications in the map. The Advocacy Map has already featured in the General Medical Council, Inclusion Scotland and News Direct Newsletters and is set to be published in the December edition of the Mental Health Tribunal for Scotland newsletter. For more information on the findings of the Map see pages 14 and 15.

Conference and AGM

Thursday 6th November saw our 12th annual Conference and AGM. This year it was held at the Scottish Youth Theatre in Glasgow and was well attended. The keynote speaker was Colin McKay, the Chief Executive of the Mental Welfare Commission.

We had a number of workshops in the afternoon including two from the MWC, one on Data Protection from the Information Commissioner’s Office and one from the Supporting Offenders with learning Disabilities (SOLD) Network. All the feedback received has been very positive.

The AGM provides an opportunity to welcome new members to the SIAA Board and we are delighted to welcome Dr Jill Stavert who has agreed to join us. Dr Stavert is the Director of the Edinburgh Napier University Centre for Mental Health and Incapacity Law, Rights and Policy.

Forthcoming Research

Over the past year we have been joined by a number of interns, recruited through Third Sector Internships Scotland. You can read about the result of the work undertaken by three of these interns in this edition of About Advocacy. The research into the impact of independent advocacy on the lives of individuals has given real insight into the difference that access to advocacy can make for individuals.

As a result we are currently recruiting another research intern to conduct research into the impact of collective advocacy for individuals and also for their communities. The project is due to start early in the new year.

Season’s Greetings

From all of us at the Scottish Independent Advocacy Alliance we wish you a happy holiday season and a lovely new year!

Shaben Begum, Director



Better care for older people



Angela Spicer, Media Relations Officer, General Medical Council

Age should not be a barrier to good care and it is important that all patients leave their doctor feeling content with the treatment and care they have received.

This is why the GMC has worked with partner organisations including the British Geriatrics Society and Alzheimer Scotland's National Dementia Carers Action Network (NDCAN), to create 'Better care for older people'. It is a new online resource to support doctors caring for older patients.

The resource is available online at **www.gmc-uk.org**

The resource gives doctors practical advice showing how existing GMC guidance can be used to support them in their care of older patients. It covers areas such as end of life care, consent and confidentiality.

It also includes interactive case studies, articles and tips to prepare doctors for caring for the growing numbers of older people.

There are also a number of video interviews with older people about their views and experiences of health care. Patients talk about the need to be treated as individuals and wanting to be listened to by their doctor.

Over the next 10 years the proportion of over 75s in Scotland's population, who tend to be the highest users of healthcare services, will increase by over 25 per cent.

It is important that all doctors feel supported in delivering high quality care. Young doctors need to understand from the outset that it is likely a good portion of their patients will be older people. Therefore, medical education must adapt to the needs of the changing demographic.

Niall Dickson, Chief Executive of the General Medical Council, said:

“We know that care of older people in this country is too often not good enough; doctors have a key role in devising and providing treatment, co-ordinating care and in overseeing the whole process, we hope these learning materials will stimulate discussion and help to support doctors working with older people.”

“Patients talk about the need to be treated as individuals and wanting to be listened to by their doctor.”

The online resource also includes information for doctors to pass on to patients and carers, for example a *guide on older people's human rights* from the British Institute of Human Rights and a *factsheet on healthy eating* from Age UK. We would be interested to know your thoughts on these and you can send us these via the contact us section on our website **www.gmc-uk.org/index.asp**

Patients should also be clear about what they can expect from their doctor and the GMC has a useful guide on our website which can help, *What to expect from your doctor; a guide for patients*. While much of this is common sense it can provide clarity and help patients to feel reassured. The guide explains the benefits of patients working in partnership with their doctor and making the most of the time they have with them. It also underlines the need for dignity and mutual respect.

This resource will be updated with new materials on a regular basis. If you wish to receive updates on this, please sign up here **www.gmc-uk.org/CareForOlderPeopleSignup/**

'Advocacy is for the People'

Research into the Impact of Advocacy on the Lives of Older People

Andreea Boccioaga, Intern, SIAA

I joined the SIAA in June as a research intern. Over the following 10 weeks I would be looking into the impact of advocacy on the lives of older people.

I started by contacting local advocacy organisations, working with older people, that would help me access those people who were using advocacy. As I got deeper into the process, the challenges of doing such a project began to appear. First of all, there is the question of who exactly counts as an older person? Is there a difference between someone who is 60 and someone who is 90? The all-encompassing term of "older person" is problematic as it creates and promotes ageist attitudes. As I got on with the interviews it became obvious that these people had very different experiences and life circumstances that influenced how they felt and thought about themselves. To classify them all as "older" does not take account of their unique experiences and of the varied stages at which they find themselves in their lives.

This wide range of experiences meant that it was hard to generalise the impacts of advocacy across a whole group. However, after listening to people's stories it became obvious that a lot of the participants were facing similar issues, either as a result of ageist attitudes or due to radical changes in their lives, circumstances and/or environment. In the end, thanks to the help of seven different organisations, I interviewed 13 people who were very happy to share their stories with me. For that I am really grateful, meeting them was an amazing experience. All the 13 participants gave incredibly positive accounts of their experience of advocacy. The findings of the report are as follows:

For some, various changes in their lives affected their ability to deal with official matters. Many of the research participants suffer from physical and cognitive impairments which reduced their self-confidence and their capacity to deal effectively with communication, meetings and the services around them. Advocacy had a significant role in enabling them to have control over their own lives and circumstances, it gave them the confidence to stand up for themselves and make their views heard. Advocacy also had a crucial role in ensuring that participants were able to access the information they needed to make informed decisions. Some participants reported that they had felt they were at the mercy of the services around them. For our interviewees advocacy was of real benefit in helping them maintain their independence and regain control over their lives.

Along with the hard outcomes achieved with advocacy support, all the participants reported other changes advocacy had on their lives and an improved sense of well-being; changes that were not easily measurable. All the participants reported feeling supported and that advocacy support relieved a lot of the pressure when dealing with different problems. Some participants also believed that advocacy meant they felt valued and listened to. A lot of those interviewed had lost trust in the services around them but they felt that they could trust advocacy which made them feel safe and less vulnerable.

It was clear that, following best practice as detailed in the SIAA's *Principles & Standards for Independent Advocacy* and the associated *Code of Practice*, advocates were indeed putting the advocacy partner first.

“A lot of those interviewed had lost trust in the services around them but they felt that they could trust advocacy which made them feel safe and less vulnerable.”

All those interviewed had different experiences of advocacy, shaped by their needs. Advocacy partners felt included and in control of the advocacy process and in some case advocates acted as safeguards against abuse.

We also found that when necessary, advocates made sure there were no conflicts of interests with those involved. All the participants described their advocates in very positive terms, as both professional and open, a necessary combination for this role.

Considering all these findings, it is clear that there are no other services out there that can help people in the ways that advocacy does because it is about empowering individuals to make their own decisions and stand up for themselves. Advocacy is unique in both its approach and its aims. For older people in vulnerable situations, advocacy is instrumental in making sure their rights and dignity are respected.

However it was also apparent from the findings that many older people do not know about advocacy which suggests those who need it most might not have access to it. Advocacy organisations increasingly are experiencing reduced or static levels of funding and increased demand making it difficult to expend time and resources on raising awareness of advocacy. With no statutory right of access to independent advocacy; provision for older people is patchy across Scotland.

It is clear that independent advocacy can provide vital support to help people to make informed decisions and have control over their lives and circumstances. It would therefore be hugely beneficial to the wellbeing of the increasingly larger older population of Scotland to have access to independent advocacy in all areas.

Read the full report on the SIAA website on www.siaa.org.uk.



Pictures from De-Café

De Café

Gemma Bradley, Marketing Assistant, CEARTAS

When we receive comments like; "What I like about De Café is you can come here and talk to people who know what you're talking about", "Talking here is better, it's talking to real people" it justifies our reasons for wanting to start a De Café in East Dunbartonshire in the first place.

De Café was set up in 2005 when Sharon Bairden, our Services Manager, became aware of the Alzheimer Café Model. The Alzheimer Café provided a meeting place for people with dementia, families, carers and professionals providing both support and education in a user led environment.

We felt this approach would be well suited for a community based group in East Dunbartonshire. The De Café aims were identified as being;

- To provide a relaxed and informal environment where people with dementia and their carers can talk to each other about some of the issues they face living with a diagnosis of dementia
- To provide information about dementia and on local services for people living with dementia and their carers
- To prevent isolation for people with dementia and their carers
- To encourage access to advocacy and other support services at an early stage

De Café is promoted in East Dunbartonshire as being for anyone living with or concerned about dementia or memory loss and their carers.

For many people a dementia diagnosis can be overwhelming for both themselves and their carers. As dementia is typically diagnosed in older people, who may not be used to using services such as social work and organisations like Ceartas, this can be a daunting experience.

At Ceartas we have worked with people with dementia for over 10 years; this brings with it knowledge, expertise and empathy.

We provide practical information such as information on Power of Attorney; however we are also there to listen and provide support.

One couple have been coming to De Café for over 5 years now and attend almost every month. They spotted the notice for the café in the Woodlands Centre in Kirkintilloch.

“We were a bit unsure of what was involved and had no idea what to expect but the warm welcome we received soon put us at ease and we quickly realised, and appreciated that it wasn’t just a cuppa and a chat but also very informative. De Café has given us great support and information over the years and we don’t know what we’d have done without it! We would like De Café to reach more people with dementia and their carers as there are still many more who don’t know about it”

There are currently 4 De Cafés running in East Dunbartonshire, the original being in Kirkintilloch, De Café Bishopbriggs began last year in Woodhill Evangelical Church. This year we saw 2 more De Cafes, in Milngavie and Bearsden.

Kirkintilloch De Café is a stand-alone project run by Ceartas, however Bishopbriggs, Milngavie and Bearsden are all run in partnership with East Dunbartonshire Dementia Network.

Support and information can be given in many ways. De Café enables people to meet others in similar situations.

We invite speakers to give informative talks to the members of De café which stimulates conversation and allows people to socialise. Ceartas staff are always on hand to provide information and support to those with dementia and ensure people are aware of advocacy.

We organise various activities including; health walks, Christmas songs from a local Primary School, special Burns themed Cafes, talks on creating memory books, entertainment from a local singing group, talks on future planning from Solicitors, the Curator from the Auld Kirk museum showing archive photographs of the local area which prompted much discussion, representatives from East Dunbartonshire Leisure Centres and a Summer Musical Afternoon to which all of our service user groups are invited to.

We make sure the Cafes are informal giving people the chance to catch up with friends over a cuppa, however we are always there to provide information and support. We recognise that people’s needs change as their dementia progresses, therefore we make sure they have access to information when they need it. People may not want information on things like day centres and respite now but we will be on hand with any information they need when they need it.

User involvement is another key element of the Café, members are regularly consulted on what they would like to see at the group and if there are any topics they would like us to get a speaker on and some members even consult on how to improve services in the local area.

De Café continues to grow from strength to strength attracting attention from all over Scotland with visits from individuals keen to replicate it elsewhere in the country. Plainly put, its secret is its simplicity. People meet, talk and feel the benefit of peer support.

You can visit the CEARTAS website for more information <http://www.ceartas.org.uk/>

‘Without Advocacy I’d Probably be Dead’

Research into the Impact of Advocacy on People with Learning Disabilities.

Karin Vajta Engström, Intern, SIAA

The summer of 2014 as an intern at the SIAA turned out to be quite the journey for me. I travelled to towns across Scotland that I had never been to before in order to collect data for my research project on the impact of independent advocacy on the lives of people with learning disabilities. I had the privilege to visit five different member organisations who kindly helped me organise a total of twelve interviews.

This is where the real journey for me began; the journey of learning about the stories shared with me by the advocacy partners¹. All had their own, unique story to tell me and their reasons for receiving advocacy support differed. Nonetheless, it is apparent that they share a very positive understanding of advocacy as demonstrated by the following key findings.

Firstly, it is clear that independent advocacy is a unique and irreplaceable support. The research participants told me that, before receiving advocacy support, they knew nothing or very little about their rights. With the support of advocacy this changed, advocacy partners were supported to gather information to help them make fully informed decisions and real choices. Their advocates supported the advocacy partners to consider options and potential consequences of decisions; they also provided what was felt to be vital support at meetings. Participants reported that this helped them develop a sense of empowerment, independence and many went on to make plans for the future.

Another finding concerns the ‘soft’ outcomes which are delivered by independent advocacy.

‘Hard’ outcomes, such as winning a court case, being referred for new accommodation or finding a job, are more tangible than the ‘side effects’ that are soft outcomes.

It is clear that the support of advocacy offered benefits that are more difficult to pin down but have nonetheless had a huge impact on the lives of the research participants contributing to an improved sense of well-being. Participants described how they felt more and more confident, they felt listened to and valued, they felt able to try new things and, importantly to stand up for what they want. Additionally, independent advocacy contributed to a reduction in a sense of social isolation which many participants had experienced. Participants told us that they now felt more able to go out and about to meet new people or to see friends in an advocacy group.

The third and final key finding relates to the relationship between the advocate and the advocacy partner.

The advocacy partners felt that the advocates were on their side and that they stood up for them, advocacy partners described advocates in very positive terms. Advocacy partners also find security in the fact that they believe they can always come back and get help from advocacy if they needed to; even after their case closed.

¹ The term ‘advocacy partners’ refers to individuals with learning disabilities accessing independent advocacy

This in turn improved emotional wellbeing and empowered individuals to self advocate. Overall, the unique advocacy relationship contributes to building the foundation of a support network for the advocacy partner.

What struck me the most when conducting the interviews and writing up the report is the impact of the advocacy process which participants seem to feel is at least as important as any hard outcomes achieved.

Support and encouragement to make choices, to make fully informed decisions and to have a say in all decisions made about their lives and circumstances and to gain the confidence to stand up for those choices and decisions has a huge impact on the participants' wellbeing and self esteem. It seems as though receiving advocacy support is the greatest journey of them all!

The one negative report which came from most of the participants was about the limited or complete lack of awareness of independent advocacy and what it can do before they were referred by a third party. Despite the statutory right of access to advocacy for people with learning disabilities, it is obvious that access is still an issue. One participant told us that he wished that he had known about advocacy earlier. He believed that he would have benefitted from such support at an earlier stage. Two other participants explained that now they know about their rights they are telling other people about advocacy in order to ensure that as many people as possible get what they are entitled to. Another participant told us that she is taking part in this research project as she is keen on helping others to learn more about advocacy.

One participant told us that he wished that he had known about advocacy earlier.

Read the full report on the SIAA website on
www.siaa.org.uk

The Role of Advocacy Workers in Legal Complaints

David Buchanan-Cook, Head of Oversight, The Scottish Legal Complaints Commission

Going to see a lawyer is often viewed as a distress purchase. It will usually coincide with a critical and emotional part of our life; sale of a much loved family home, breakup of a relationship, dealing with the estate of a recently lost loved one. As these are some of the most stressful experiences in modern life, it is perhaps hardly surprising that when our expectations of what we want from our legal representative fall short, this can be doubly difficult to deal with. In such situations it can be difficult for anyone to express and articulate concerns. This is particularly so for those who have disabilities, especially those with mental health issues.

The Scottish Legal Complaints Commission (SLCC) was set up in 2008 as the gateway for all complaints about solicitors and legal advocates in Scotland. The service we provide is free, independent and impartial; when we receive complaints we will look at the facts in each case and weigh up both sides of the story.

It is important that people making complaints are able to express concerns in a comprehensive way, including how any inadequacy in the service provided by a solicitor or legal advocate has impacted upon them. We know from our research that approximately 20% of our complainers consider that they have some form of disability. It is therefore important to us that we make our process as accessible as possible.

Each year we deal with around 1,100 formal complaints, although we receive many more enquiries about potential complaints.

The process for dealing with complaints is laid down in our legislation; the Legal Profession and Legal Aid (Scotland) Act 2007. The process is quite complex and the Act details a number of steps which we are required to take.



Author David Buchanan-Cook

We fully appreciate that it can be difficult for practitioners, let alone clients, to understand this process and it is an ongoing challenge for us to make this as easy to follow as possible.

The first point of contact which most people will have with the SLCC is our enquiries team. Enquiries staff play a crucial part in the complaints process; they are specifically trained to assist complainers in putting their complaint together, although they cannot draft it. The SLCC will, however, discuss the points at issue, offer suggestions as to how this might best be expressed, and talk the complainer through the process. We have also created a new set of guides to help consumers at this stage.

Our experience shows that often the involvement of an advocacy worker can particularly assist complainers who have mental health issues; which, otherwise, can be invisible to us. The following is a good example of how this involvement and support can work to the complainer's benefit:

Mr B, who suffers from Bipolar Disorder, engaged a firm of solicitors to arrange contact with his young children who lived some distance away with his former partner. However, the firm didn't keep Mr B up to date with how his case was progressing and he felt that his questions were either ignored or that he was not given full explanations. This, and the fact that the firm was also some distance from him, added to what was already a stressful situation for him.

Mr B sought the help of an advocacy worker who was able to interact with the firm on his behalf. When that failed to resolve his concerns, the advocacy worker was able to help Mr B raise his complaint with the SLCC.

This included assistance in completing the complaint form in detail and then liaising with us as the complaint progressed.

We offered Mr B free mediation to try and resolve his complaint. Again, with the assistance of the advocacy worker, Mr B took up that offer. The advocacy worker came with Mr B to the mediation, made sure that he fully understood what was being discussed and that his views and concerns were taken into account. As a result, the firm gained a better appreciation of how their delays and partial responses had personally impacted on Mr B. They apologised for their inadequacies in communicating with Mr B and, through the advocacy worker, agreed an acceptable approach to future communications.

In Mr B's case, the complaint was resolved at mediation. This is not always achieved or indeed possible and where a complaint about inadequate service requires to be fully investigated, our Case Investigators will liaise directly with complainers to seek further

information and evidence to support the complaint. Again, our experience demonstrates that the involvement of an advocacy worker can add enormous value to this process, either through working with the SLCC direct on behalf of the complainer or assisting the complainer in pulling together the relevant information.

We greatly appreciate the way in which advocacy workers ease the facilitation of our complaints service. By building links with representative organisations, such as the SIAA, we continue to explore opportunities to meet the challenges faced by vulnerable consumer groups in raising legal complaints

Last year we produced guidance to assist consumers buying or selling a house for the first time. This will shortly be followed by a similar guide for Family Law matters.

A major landmark reached in January 2015 is the launch of the SLCC's legal Consumer Panel which sits within the wider arena of the Scottish Government's Access to Justice initiative. We look forward to working with the SIAA, and the other consumer representative bodies on the Panel, to ensure that the dissatisfied voices of the more vulnerable and disadvantaged consumers of legal services in Scotland are better heard.

Copies of all the guidance referred to in this article can be found at
www.scottishlegalcomplaints.org.uk

A Map of Advocacy Across Scotland 2013/14

Muriel Mowat, Operations Manager, SIAA

The Advocacy Map 2013/14 has revealed some worrying statistics regarding advocacy provision in Scotland.

Independent advocacy ensures people have their voices heard, that they have choice and control over their own lives and situations and that the most vulnerable people's rights are safeguarded. The Mental Health (Care & Treatment) (Scotland) Act 2003 gives anyone with a mental disorder a right of access to independent advocacy.

The SIAA Map of Advocacy across Scotland, 2013/2014 edition is the 4th SIAA Map of Advocacy and the 6th map that has been undertaken since 2002.

Work began on the 2013/2014 edition of the Advocacy Map in June and the completed document was launched on 13th October 2014. For this Map we were fortunate to have an intern Eloise Johnston recruited through Third Sector Internships; to gather the data on funding, delivery and demand of advocacy.

Information was requested from all advocacy organisations using an online questionnaire on Survey Monkey. The response rate from advocacy organisations was the highest level yet at 95% although the response rate from NHS and Local Authority commissioners, previously at 100%, was lower for this edition.

The Map shows that the available resources for advocacy are shrinking while demand is increasing. Access to independent advocacy even for those with a statutory right is becoming ever more difficult; fewer people are being made aware of independent advocacy and of their right of access, waiting lists are being introduced and people have to wait for far longer before being able to have advocacy support.

The findings show that the spending pattern across all NHS Boards was similar to that of the 2011/12 year. The total spent on advocacy by NHS Boards, Local Authorities and the Scottish Government in the 2013-2014 year was **£11,266,058**. That equates to an average total statutory spend per head per annum of **£2.07**.

65% of the respondent's funding had **remained static** or **decreased**.

As a result of **limited resources** and **increased demand**, many advocacy organisations report that they have introduced **waiting lists** and that people now have to wait for considerable periods before they can access advocacy.

Almost **50%** of advocacy organisations have a Service Level Agreement or Contract that requires them to **prioritise people facing compulsory measures**.

More than **20%** of Advocacy organisations no longer have the resources to undertake awareness raising activities.

Spend from all non-statutory sources in the 2013/14 year was **£610,329**.

In **10** Local Authority areas of Scotland children and young people with a Learning Disability or Mental Health issue do not have access to independent advocacy despite their statutory right of access.

Gaps remain in relation to access to independent advocacy for those with a physical disability. **7** Local Authority areas still do not have any provision for people with a physical disability.

27% of advocacy organisations detailed specific funding for Adult Support & Protection. **41%** of advocacy organisations are involved in the Adult Protection Committees or subgroups. Advocacy organisations had received over 800 referrals in relation to Adult Protection.

According to research at any one time in Scotland around 1.2 million people (21% of the total population) have a right of access to independent advocacy under the Mental Health (Care & Treatment) (Scotland) Act 2003. In the 2013-2014 year **27,000** accessed advocacy.

The static or reduced funding, prioritisation of those facing compulsory measures, introduction of waiting lists and reduced levels of awareness raising have resulted in limited or no access to independent advocacy for many people with a

statutory right of access. People with mental health problems, learning disabilities or dementia who, while not subject to compulsory measures under the Mental Health Act, nevertheless have urgent need of independent advocacy support, face lengthy waits or, in some cases, are unable to access such support. This despite the clear statement in the Act

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(1) *Every person with a mental disorder shall have a right of access to independent advocacy*

The trends show that demand for advocacy is set to further increase with the real impacts of welfare reform becoming apparent, already 87% of advocacy organisations have reported receiving significant increases in referrals relating to aspects of welfare reform.

This will put further strain on the already limited resources of advocacy organisations potentially leaving some of the most vulnerable people in our society without this vital support.

¹ Mental Health (Care and Treatment) (Scotland) Act 2003

Read the full report on the SIAA website on www.siaa.org.uk



Pictures from the Volunteer Conference 2014

Tayside Advocacy Forum: Volunteer Conference 2014

Susan Price, Independent Advocacy Perth & Kinross

The Tayside Advocacy Forum consists of Independent Advocacy Perth and Kinross, Angus Independent Advocacy, Dundee Independent Advocacy Support and Advocating Together. In September 2014 Dundee, Perth and Kinross and Angus held their first Independent Advocacy Volunteers Conference.

In late 2013, the volunteer co-ordinators attached to each service decided to meet on a regular basis. The purpose of meeting was to discuss best practice in relation to the recruitment, selection, and training of volunteers and to pool resources in order to hold joint events.

This is where the idea of the Volunteer Conference was born; not only to provide training but also to celebrate the successes of volunteers and to thank them for the thousands of hours of work which they had donated. It would also provide an opportunity for volunteers to meet and share experiences with volunteers from other services.

It took eight months of planning to decide on the chosen venue, to contact potential workshop leaders and develop the workshops as well as a programme for the day. The training workshops offered an insight into areas such as Power of Attorney and Guardianship, Non Instructed Advocacy, Endings and Lone Working. Once we had finalised the agenda for the day and set the training we were able to contact every independent advocacy volunteer in Tayside to consult them on their choice of training.

The Independent Advocacy Volunteers Conference took place on the 3rd of September at the RSS Discovery in Dundee and the event was attended by over 50 delegates. We were able to secure Shaben Begum, Director of the Scottish Independent Advocacy Alliance as the keynote speaker to start the conference off. She provided an interesting insight into the roots of Advocacy in Tayside and she also highlighted the journey that advocacy had taken in Scotland from the 1970's up to the present day. The Scottish Independent Advocacy Alliance were preparing for the launch of their *2013/14 Advocacy Map* and Shaben was able to use some of the statistics to emphasise the importance of volunteers within advocacy movement. It was revealed that in 2013/14 volunteers made up around 49% of the staff in advocacy organisations working in a variety of different roles to provide independent advocacy to over 27,000 people in Scotland.

The feedback from the conference was overwhelmingly positive with many people involved wanting to hold something similar on a regular basis. There were things to learn for next time too especially around recognising and providing training around the different types of advocacy that each service provided.

For further information please visit the Independent Advocacy Perth and Kinross website
<http://iapk.org.uk/>