About Advocacy

The Scottish Independent Advocacy Alliance Magazine *Autumn 2015*

Contents

Editorial

In this edition read about Scotland's first National Action Plan for Human Rights which has a vision of a Scotland where everyone can live with human dignity. One contribution to this is by supporting political engagement. Disabled people are significantly underrepresented in elected office; Inclusion Scotland is campaigning to increase access for disabled people in politics. Continuing on the theme of rights are two articles; one from the Mental Health Network (Greater Glasgow) on Advance Statements and the second from the Scottish Recovery Network on Rights for Life in Scotland.

Check out the report on research into the impact of collective advocacy to be published in the coming weeks and read the report on the well-attended and successful, *Independent Advocacy: Supporting the SDS Journey* conference.

Finally, on the back page read about Tax Help For Older People.

Muriel Mowat

Next issue:
Please contact Kiren.Zubairi@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: **Scottish Recovery Network**

Editors:
Muriel Mowat
Muriel.Mowat@siaa.org.uk
0131 556 6443

SIAA
London House
20–22 East London Street
Edinburgh, EH7 4BQ

Scottish
Independent
Advocacy
Alliance

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

Scottish
Independent
Advocacy
Alliance

SIAA News

Mental Health Bill

Wednesday 24th June saw the Stage 3 Debate on the Mental Health (Scotland) Bill in Holyrood. During the progression of the Bill through Parliament we worked with a number of organisations to encourage the inclusion of an amendment to strengthen Section 259 of the Mental Health (Care & Treatment) (Scotland) Act 2003 by ensuring effective levels of planning and provision of independent advocacy in all areas of Scotland.

There was support for this from MSPs across most parties and shortly prior to the debate Jamie Hepburn, Minister for Mental Health, put forward an amendment to the Bill which will result in the Mental Welfare Commission having responsibility for gathering information about independent advocacy provision from NHS Boards and Local Authorities. We are delighted with this result which we believe will improve levels of provision and increase clarity on planning and commissioning.

Research

By the time this edition of About Advocacy goes to press the two research reports on impact of advocacy for carers and on advocacy for people with drug or alcohol issues will be completed and close to publication. We will also have said farewell to Stefanie and to Edna, the interns who have been working hard on these reports.

We have been very fortunate in the past few years to have recruited several interns with the support of Third Sector Internships Scotland (TSIS). As a result of their work we now have a solid body of evidence on advocacy provision and impact as well as *Towards the Future* which details the history of independent advocacy in Scotland.

We have been very sorry to hear that TSIS is on the point of closing. This will be a great loss to us and, we are sure, many other organisations that have benefited from this service.

Families at Risk Project

Phase 2 of the Families at Risk project is now well underway. With the help of many member organisations we have a number of case studies on vulnerable parents' experiences of Child Protection processes and proceedings and the support of independent advocates. These will be used in developing a script for a short film showing how independent advocacy can support parents. The film should be ready for launch early next year.

SDS Project

The final event for the SDS project took place on 28th May and was a great success. You can read more about it on page 8.

Shaben Begum
Director, SIAA

A Scotland where we all live with human dignity,

Scotland's National Action Plan for Human Rights

Shelley Gray, Health and Social Care Alliance Scotland

> *"Where after all do universal human rights begin? In small places close to home – so close and so small they cannot be seen on any maps of the world. Yet they are the world of the individual person… Unless these rights have meaning there, they have little meaning anywhere."*

Eleanor Roosevelt, "In Our Hands", speech delivered in 1958 on tenth anniversary of the Universal Declaration on Human Rights

Recent years have seen growing calls for change in Scotland. Much of this has focused on the fundamental issues of poverty, inequality and severe marginalisation faced by many of our citizens.

It also reflects people's desire to have their voices heard and to have influence over their own lives, communities and the decisions that affect them. The drive for change has grown stronger as we have seen the impact of austerity, budget restraints and welfare reform fall disproportionately on those already facing disadvantage and exclusion. Within my own organisation we frequently hear disabled people and people with long term conditions describe experiences of their human rights being undermined in their daily lives.

People's right to health and to participate as citizens in society are eroded if they do not have access to the right information, support and services. For many people independent advocacy is crucial to enabling them to have their voice heard and access their rights.

Scotland's first National Action Plan for Human Rights (SNAP), launched by Nicola Sturgeon in December 2013, strongly reflects this appetite for change and for greater fairness.

It has a simple but powerful vision **of a Scotland in which everyone is able to live with human dignity**.

SNAP sets out three areas of action to help achieve this:

- Better culture – people understand human rights and organisations are enabled and accountable.
- Better lives – Scotland improves lives by effectively tackling injustice and exclusion.
- Better world – Scotland gives effect to its international obligations at home and internationally.

Across each of these areas SNAP is seeking to build on three foundations: empowerment; ability; and accountability.

People need opportunities to learn about their human rights and the power to participate in decisions and processes that affect their lives (empowerment); those making decisions or delivering public services must have the ability to put human rights into practice; and there must be accountability at all levels for ensuring people's rights are respected.

To make progress in each of these areas, SNAP is driven by a broad range of people and organisations, including rights holders and those with responsibility for ensuring rights are respected, protected and fulfilled. A series of Action Groups are now taking forward work to deliver on the commitments in SNAP. Some examples of the work include:

- Developing a public awareness raising campaign to increase people's understanding of human rights and developing education on human rights.
- Bringing together people and public bodies in Perth and Kinross to develop an action plan to improve human rights culture at local level and produce a model that can be used in other areas.
- Following up priorities for action identified at 'Tackling Poverty Through Human Rights', an Innovation Forum held in December 2014 which brought together people with experience of living in poverty and people working in government and public bodies, charities and community groups along with people with experience of using human rights to tackle poverty in other countries.
- Exploring use of Human Rights Based Budgeting.
- Developing case studies demonstrating the power of a human rights based approach in practice - (**www.healthandsocialcare-snap.com/case-studies**) - these include a case study from the Advocacy Project, based in Glasgow, North Lanarkshire, South Lanarkshire and East Renfrewshire.

Since the launch of SNAP we have increasingly seen human rights embedded within Scottish policy.

Recent legislation to integrate health and social care is explicit in requiring a human rights based approach and is underpinned by human rights principles.

Aspects of the social security system, including many disability benefits, will be devolved to Scotland in the next few years and again human rights and dignity are likely to be at the heart of our approach.

This is all welcome progress, however the research carried out by SHRC to help inform SNAP was very clear about the gap between policy and people's daily lived experience.

The real test of SNAP's success will be how well it helps us to work together to bridge this gap so that human rights really do become a reality in the 'small places' in which each of us lives our life.

For more information on SNAP please visit **www.scottishhumanrights.com/actionplan/**

Disability and political participation

Donna McSwiggan, Inclusion Scotland

Inclusion Scotland is a network of disabled peoples' organisations and individual disabled people. Our main aim is to draw attention to the physical, social, economic, cultural and attitudinal barriers that affect disabled people's everyday lives and to encourage a wider understanding of those issues throughout Scotland.

The aftermath of a Westminster election campaign seems an appropriate time to talk about barriers to participation in politics. Steeped in history and tradition, the path to earning yourself a seat on the green benches at Westminster has had a predictable look and feel for decades, if not centuries. Candidates must shake lots of hands, smile at everyone, knock on many doors and speak clearly and confidently at hustings events while answering a large range of questions on many subjects with little or no notice. Of course, first they have to be selected as candidates by their party (unless they have enough of a local profile and support base to stand as independents). This generally involves making lots of friends and/or allies, building up a reputation, securing support and making it through what can be a challenging selection process.

All that is a lot to ask of anybody, but it is hardly surprising that it can particularly exclude disabled people who are more likely to be living in poverty, incur extra costs in volunteering and of course face physical, mental or communication barriers. Discriminatory attitudes, inaccessible environments, transport and communication methods are just some of the barriers that can prevent disabled people from exercising equal citizenship and involvement in elected politics is one of the highest profile examples.

> ***"Disabled people do not just experience disadvantage in accessing the labour market - even when they have qualifications. They are also significantly under-represented in elected office, where their life experience and knowledge of access barriers could inform public policy and promote greater inclusion. Like the rest of the population, some will also have the interests and skills needed to represent a constituency and to become adept politicians. It is unacceptable that they should be disadvantaged in accessing opportunities to develop that potential, and Scottish democracy is the weaker for it."***
>
> **Dr Sally Witcher OBE, Inclusion Scotland Chief Executive**

Disabled people make up one in five of the population, which would suggest that a representative House of Commons would have approximately 130 disabled MPs.

Information suggests that there were fewer than 10 openly self-defining disabled MPs in the previous parliament (2010 to 2015), this figure has been further reduced after this election. In the Scottish Parliament the story is similar, out of 129 MSPs there are only three who are known to define themselves as disabled, when twenty six would be more representative.

Last year, the Scottish Government funded Inclusion Scotland to run a pilot programme which placed disabled graduates in paid internships within parliamentary offices in the Scottish Parliament. The aim was to give the disabled people the opportunity to learn about the political process and the inner workings of Parliament, gain excellent work experience which would assist them in seeking a career in politics or policy work, and in the process raise the awareness of MSPs and staff about disability issues, reasonable adjustments and inclusivity.

The pilot has just concluded and the report though not yet published, concludes that it was very successful and has demonstrated the potential benefits of a larger scale programme.

Building on that success the Scottish Government has now funded a project to investigate barriers to participation in party politics and seeking elected office within Scotland. The project will involve investigating the journey from member of the public to member of a party, becoming an activist and eventually seeking selection as a candidate and the process of actually standing as a candidate. We will identify potential barriers to disabled people, highlight where further work is needed and begin building the resources and advice needed to assist parties in making changes which will lead to greater inclusion of disabled people.

> ***On 31 March a grass-roots campaign was launched called "One in Five", which asked political parties to sign up to a general set of aspirational statements around increasing access for disabled people in politics***

All the parties represented in the Scottish Parliament and some others besides have signed up to the campaign. Now that the Westminster election campaign is over it is time to turn those words into action, and by working on co-production with disabled people through our project and beyond, parties will have the opportunity to learn how.

If you or your organisation would be interested in finding out more about the work of Inclusion Scotland, or to become members visit our website:
www.inclusionscotland.org

The actors at the afternoon session of the event

Robbie and his Advocate Keith who delivered a presentation at the event

Independent Advocacy – Supporting the SDS Journey

Muriel Mowat, SIAA

The event marking the end of the SIAA Self-directed Support project, Independent Advocacy – Supporting the SDS Journey, was held on Thursday 28th May 2015.

The aims of the day were to:

- share learning amongst advocacy organisations
- highlight good practice;
- explore the direction of travel with regard to SDS and advocacy since the 2014 research that resulted in the publication of Directing Your Own Support?;
- explore what difference has SDS made to the lives of advocacy partners;

  and
- what impact access to advocacy has made for them.

Representatives from 25 advocacy organisations across Scotland attended.

We were also pleased to welcome representatives from Self Directed Support Scotland and the Health & Social Care Alliance who provided information stalls.

Gordon Thomson, the Chair of the SIAA Board gave the opening remarks and set the scene for the day ahead. Charlotte Lee, Joint SDS Co-ordinator, provided an update on the work of SIAA's Advocacy and SDS Project. Ruth Rooney from the Edinburgh Carers' Council spoke about the experience of carers in relation to SDS. There has been a very low uptake of carers' assessments, especially in relation to Mental Health. A key factor in this appears to be the lack of awareness amongst professionals that carers should be offered an assessment. There is potential for this to improve with the Carers Bill which proposes that these assessments should become support plans.

Robbie Fisken, supported by his advocate Kevin from Advocacy Service Aberdeen, described his experience of independent advocacy support in his SDS journey in his presentation 'I did it my way'.

Robbie wanted to make significant changes in his life; he wanted more of a challenge and a move towards living independently. With Kevin's help Robbie was successful in increasing the budget available to him. Kevin also used his local knowledge to help Robbie identify a respite provider and a social enterprise that would give him the new challenge he was looking for by tapping into his interests in art, drama and music.

We also had contributions from Ian Hood, Co-ordinator, Learning Disability Alliance Scotland, Tressa Burke, Chief Executive, Glasgow Disability Alliance (GDA) and Dee Fraser, Programme Manager (Providers and Personalisation), Coalition of Care Providers Scotland.

There were a number of common themes from these presentations including:

- The complexity of the current system
- The relatively small number of people who have been offered the 4 SDS options
- The reduction in budgets experienced (or anticipated) by people at the point of review or reassessment.
- People being urged by social workers to appeal the decisions made about budgets or support plans
- Low numbers of people with mental health problems receiving individualised budgets
- The need for more work on accessible information about SDS and support planning to enable people to be as involved as they would like to be in the decision making process

The afternoon session started with a short drama telling the story of a woman with MS and her husband who was her primary carer. After the performance participants were invited to discuss the story and identify if advocacy involvement could have improved their situation and how.

The second discussion session focussed on how advocacy and SDS was working at the moment, what's going well, the issues and challenges faced and what needs to change. There was recognition that bringing about the level of cultural and practical change needed for practice to routinely fit with the spirit and letter of the legislation was going to be a long term process. A number of actions required at both national and local levels were identified. Participants were asked to provide feedback both on the day (using the message board) and after the event through an online survey. The conference was well received by participants who felt that it provided a valuable opportunity to update knowledge and share experiences.

The roll out of SDS across Scotland is still at a relatively early stage and whilst Scottish Government funding for the Advocacy and SDS Project enabled the SIAA to carry out work to support its implementation it seems clear that more is needed. Participants were keen to see SIAA continue to play a key role in training and awareness around SDS along with developing good practice materials and undertaking research into the experience of people accessing SDS and the impact of independent advocacy.

For the full report contact **enquiry@siaa.org.uk**

Advance Statements – A Preventative Approach?

Gordon McInnes, Mental Health Network (Greater Glasgow)

Let me begin by asking you a question:
"You are about to receive treatment for a serious medical condition, would you like to have a strong voice in decisions relating to your treatment?"

Can I presume that most of us would answer 'Yes'? Some of you may possibly add the caveat 'Where possible...'?

Now what if I followed that up by saying:
"And what about if you had a legal framework to ensure that your concerns and wishes were at least acknowledged, and included and protected where possible. Would that be a good thing?"

Well it certainly can't hurt surely? In fact it might even afford you a degree of reassurance.
Now, let's say that your health condition is a serious mental illness requiring psychiatric treatment under mental health legislation.

How does that change things?

Because such a framework does exist for a person's treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003, however it is underused.

Yes it is under-used, with very few people making an Advance Statement despite the restrictions they face when most unwell and the prospect of receiving compulsory treatment.

Why is this?

For six years now we have been developing a 'peer-promotion' approach to supporting people to write Advance Statements. We facilitate peer led sessions to promote the uptake of Advance Statements. In these sessions volunteers who are all people with lived experience of mental illness talk about their experience of receiving treatment and the difference their Advance Statement made. We then facilitate a discussion about what a participants' Advance Statement might include.

This approach allows participants to have an open discussion about illness, crisis and support. It challenges the preconceived notions that some people have about the usefulness of having an Advance Statement. We have found that once people hear from a peer who has a shared experience of mental illness and how they benefitted from having an Advance Statement, they are often motivated to make their own.

The aim of our project is to ensure that people use their previous experiences and the insight they have developed about themselves, their diagnosis and treatment to create a well written, practically useful Advance Statement that will help the person have control, improve crisis response and treatment, inform the decision making process and protect the person's rights and dignity.

The aim of our work is preventative, we work with people who are currently well but recognise that they may become unwell in the future.

The main strength of our project comes from our volunteers who all have lived experience of mental illness and have benefitted from having an Advance Statement which has helped them influence and thus improve their care and treatment. Our peer volunteers have developed their own statements as a result of being detained and compulsorily treated.

Our discussions with people focus on treatment and prevention and we encourage them to talk about their own experiences. This makes engagement much easier as people have often formed opinions about the care and treatment they have received, what they liked/disliked, what worked well and what didn't suit their needs. When we discuss Advance Statements in this context we find that people are often motivated to start working on their own statement. Interestingly, we also find that participants place a great deal of importance on their Personal Statement. For some this includes things that they consider to be more important than their treatment, such as physical health, seeing family and children, finances, housing, religion and independent advocacy.

We also discuss who participants need to give a copy of their Advance Statement to; after all there is little point in having one if it stays in a drawer at home. For example, NHS GGC has 2 IT systems so it is imperative that participant's think carefully about who has a copy of their Advance Statement to ensure that it is easily accessible when it is needed.

Why credibility is absolutely vital here.

The completed Advance Statement will in all likelihood be seen by people who either do not know the person or have never seen them well (at a tribunal or in a crisis treatment situation) and they will bejudging the credibility of the wishes in the statement. It is therefore vital that the Advance Statement can withstand this scrutiny in order to be effective. This is where the peer approach pays dividends. The benefits of this project are potentially huge for participants and we know that the peer volunteers also benefit from sharing their own stories, increasing their confidence and improving their self esteem.

If you have any queries regarding this approach, we are more than happy to discuss our work, just contact us on **0141 550 8417**, or e-mail **gordon@mhngg.org.uk**

We will also be developing a web-site to host resources that can help more people 'make a statement!' check out:
www.advancestatementscotland.org

“Amongst many voices… It is immensely empowering”

Karolina Johannesson, SIAA Intern

Collective advocacy enables a group of people with a shared identity to come together to strategically address issues that they face.

Collective advocacy is distinct from individual advocacy in that it seeks to effect change on behalf of and in the interests of a number of people who share common experiences, rather than for an individual.

In January 2015, I joined the SIAA as a research intern. My aim was to investigate the impact of collective advocacy in Scotland on individuals, communities and statutory professionals. To my surprise, I found that there was close to no research on collective advocacy.

Therefore, the newly published report, titled “Amongst many voices… It is immensely empowering”, is a much needed addition to the SIAA’s growing library of research on the impacts of independent advocacy.

It presents the key findings from four group interviews with collective advocacy groups, seven individual interviews with statutory professionals and a small survey, all of which were conducted during the Spring.

Impact on individuals and their communities

The data collected showed that collective advocacy can have life-changing impacts on the individuals engaged in it, as well as their communities. In all four group interviews, it became clear that gaining a “voice” that was valued and heard was vital in rebuilding self esteem that had been eroded by a life-time of discrimination:

> *“I’m sick to death of nobody hearing me, or looking at me like I’m bonkers. Discovering that what I’ve got to say is valid, that it actually has value… that means I also have value.”* **(Shona, person with lived experience of mental health problems)**

Being involved in collective advocacy also had more practical benefits: not only did the group members share information about, for example, procedures and rights, but they also gained skills, such as speaking, writing and social skills. This helped the participants to further gain confidence and self-esteem, and it also changed the way they viewed themselves and others in the community.

> *“They see me as a very busy person, as out and about, they ask me about meetings, and say ‘my God, your mind is incredible’. I’ve grown up a lot; I’m feeling happy about myself.”*

The powerful impact of collective advocacy on individuals also spills over into the community. Collective advocacy creates opportunities, activities and strong networks of support and trust, building resilient communities where it is needed the most.

Impact on statutory services and professionals

All professionals interviewed for the report agreed that involving collective advocacy groups in consultation is “extremely important” in making services responsive, cost-efficient and user oriented.

“Involving collective advocacy groups in consultation is “extremely important” in making services responsive, cost-efficient and user oriented. ”

If we don’t work with collective advocacy views we will build hospitals, design services [and] provide care which isn’t meeting people’s needs.”

The professionals interviewed also felt that collective advocacy improved their understanding of the interest groups, which in turn decreased stigma and discrimination within services.

“There have been a lot of lightbulb moments going on in the meetings that we’ve had… and it has changed people’s perceptions. However many reports I take to the committee it’s not gonna get the flavour across of people’s lived experiences.”

Impact on equality and human rights

A further important finding was that collective advocacy plays a key role in the bigger picture. Collective advocacy allows marginalised groups to have a say in the policy and decisions that affect their lives. It therefore contributes to a democracy where more people are able to participate, and more voices can be heard. Powerless groups are able to use collective advocacy as a means to hold officials to account.

“You [suddenly] realise that someone will give you a voice to say ‘I don’t think I was treated right, I was bullied, I was stigmatised in that area’.”

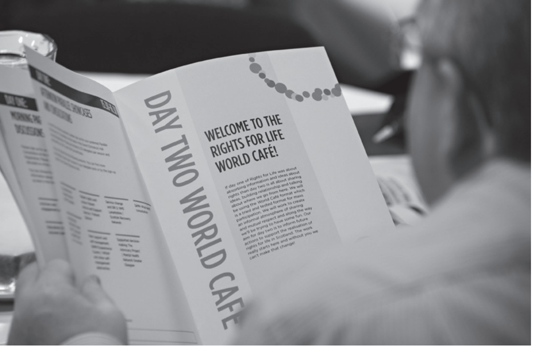
In light of my research, it is fair to conclude that collective advocacy has had a powerful and positive impact across all levels in society, ranging from the individual, to communities, to whole institutions.

However, some issues remain. More needs to be done to increase the understanding of the role of collective advocacy groups. Most available evaluation frameworks fail to capture the full impact of collective advocacy, causing difficulties in ensuring adequate funding. There is also a need for better accountability mechanisms, and a way to monitor the quality of collective advocacy groups without compromising their independence.

Being a research intern for the SIAA has been an incredible experience. I am grateful for the opportunity to speak to the collective advocacy groups, and take part in their incredible work.

Moreover, I am thankful for the professionals who took their time to answer my questions. I hope that the report will be useful and insightful to everyone who is interested in collective advocacy, and that the report will shed light on what an invaluable resource it is.

For more information regarding this report or any previous research reports please visit the SIAA website:
www.siaa.org.uk
Or contact
Enquiry@siaa.org.uk



Photos of various activities from the Rights for Life Conference

Taking action to achieve Rights for Life in Scotland

Lucy Mulvagh, Scottish Recovery Network

From 2-3 June 2015, the Scottish Recovery Network, See Me and Voices Of eXperience joined forces to deliver a landmark national event on human rights and mental health recovery simultaneously online and in Glasgow.

Rights for Life: Supporting Recovery and Ending Discrimination helped people come together around rights, mental health recovery and non-discrimination. It was a free event, designed to be solutions-focused, engaging and positive.

On the first day, hundreds of delegates and over 65 guest speakers gathered to address many important issues in a series of panel discussions and showcases. Videos and podcasts from many of these are available at **www.rightsforlife.org**:

- Advance Statements
- Capacity and participation
- Co-production
- Doing things differently
- Education, rights and recovery
- Employment and employability
- Engagement and activism
- Fair representation in the arts
- Independent advocacy
- Patients' rights and voices
- Peer support
- Self-management
- Service change and SRI 2
- Stigma and discrimination
- Supported decision-making
- The right to an adequate standard of living

Keynote speakers, Dr. Heather Stuart and Graham Morgan MBE, touched on a range of issues such as stigma, self-stigma and lived experience. The Mental Welfare Commission, SAMH, and the Health and Social Care Action Group of the Scottish National Action Plan for

Human Rights also used the event as an opportunity to consult on their future plans.

The second day of Rights for Life featured a highly participatory 'World Café', during which delegates were asked to discuss three questions:

what are our strengths?;

what do we need to do better?;

and

what actions can we take to help realise rights and recovery in Scotland?

With a new mental health strategy pending and Scottish Parliament elections in 2016, the opportunities to start our work of influencing and promoting change are clear. The wealth of information generated by conference debates are currently being collated and analysed.

Our task now is to keep the momentum going by firstly transferring this knowledge and learning into real and tangible action. We want to achieve action that has the potential to genuinely improve people's lives, challenge stigma and discrimination and enhance recovery: action that shows that we speak with one voice when we say Rights for Life are not a luxury but a necessity.

The Rights for Life conference was only one step on the journey of change in Scotland. We have many more steps to take and, based on everyone's enthusiasm at the event, we know many people will be keen to take part.

We are now starting a process of dialogue and engagement to progress the work and to keep building on the event. To that end, the Rights for Life steering group has agreed an initial process for the next 5-6 months with the aim of producing a statement of rights or an agenda for change with an action plan for agreement and use by end of the year.

In August 2015 we will generate an early draft of the statement, taken from conference outputs.

In September we will circulate this to those who said they were interested in staying involved in the process and make it available on the Rights for Life website for wider consideration and comment.

From September to Christmas 2015 we will also consult with people in a variety of ways on the draft statement and other potential actions to ensure our agenda for change is supported and acted on by as many people as possible.

We encourage everyone to join in and contribute your ideas to how we can develop a future vision for realising rights and recovery in Scotland.

- Visit the Rights for Life website – the one-stop-shop for all information related to the two-day conference and future action for change: **www.rightsforlife.org**
- If you are interested in being actively involved as we progress please email us at **hello@rightsforlife.org**
- Help us keep the conversation going on Twitter at **#rightsforlife**.

For more details see the Scottish Recovery Network website:
www.rightsforlife.org

Tax Help for Older People

Alex Stewart, Tax Help for Older People

The 'Tax Help for Older People' service is run by the charity 'Tax Volunteers' to provide free, impartial, professional tax help, and advice to older people.

Our constitution requires us to help those whose income makes it difficult or unrealistic to pay for tax advice and we therefore set guidelines of around £20,000 gross income as an upper limit to be eligible. We will, however, be flexible where other circumstances e.g. disability or advanced age suggest an easing of this limit.

By older people, we mean roughly 60+ but we will still help those in their fifties who have suffered bereavement, redundancy, ill-health retirement etc. It is often these events which trigger the tax problems which *Tax Help* encounters amongst our clients rather than the birth date.

We deal with a huge range of personal tax problems. The more frequent issues our team encounter include PAYE coding issues, completing self-assessments and other forms, how to deal with an underpayment and guidance through retirement or bereavement.

We also provide tax awareness training to pensioner groups and other generalist advice services.

Our team of well-trained staff provide telephone advice from our Dorset base, but about one in five of those who approach us need to talk to someone face-to-face. It is here that our network of volunteer tax advisers comes into play. Where possible these face-to-face advice sessions take place during a tax "surgery" in a local CAB branch, Age UK (NI) or Age Scotland. But if a client is disabled, mobility impaired or has transport difficulties then we arrange for the interview to take place in their own home.

We draw our volunteers from within the accounting and tax professions and from retired tax inspectors. All give for free the amount of time they choose.

Tax Help can be contacted on **0845 601 3321** or **01308 488066**, **taxvol@taxvol.org.uk**, **www.taxvol.org.uk**

TAX HELP