

Consultation on Independent Advocacy: Guide for Commissioners: Response from Inclusion Scotland (June 2013)

1 Introduction:

- 1.1 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. We are funded by the Equality Unit of Scottish Government to ensure that disabled people are enabled to participate in the policy making process.
- 1.2 Inclusion Scotland's response is based on the consultation response compiled by the Independent Living in Scotland Project (which is hosted by Inclusion Scotland). We have also worked closely with the Scottish Independent Advocacy Alliance as we are strong supporters of independent advocacy as an aid and support to disabled people in obtaining their right to independent living.
- 1.3 **Independent Living means:** *“disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself, or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life”* (definition developed by disabled people and adopted by the ILIS project)
- 1.4 For many disabled people, this practical assistance and support (such as access to the environment, advocacy, personal assistance, income, and equal opportunities for employment), underpinned by the principles of independent living, **freedom, choice, dignity and control** is essential for them to exercise their rights and duties of citizenship, via their full and equal participation in the civic and economic life of Scotland.
- 1.5 Without it, many disabled people cannot; enjoy the human rights they are entitled to on an equal basis to others – as set out in the Human Rights Act and the European Convention of Human Rights, live free from discrimination and harassment as the Equality Act 2010 promotes, nor

contribute to a wealthier and fairer, healthier, safer and stronger, smarter and greener Scotland.

- 1.6 Independent living thus promotes a modern understanding of disability and disability equality that can support policy and practise to protect the human rights of disabled people. It achieves this by recognising the essential role of “material support” in ensuring disabled people can “participate in society and lead an ordinary life”.
- 1.7 The role independent living plays in protecting the human rights of disabled people is recognised and underpinned by international human rights and equalities obligations to which the UK and Scotland are party to; including the recognition that all of the rights outlined in the ECHR and Human Rights legislation belong to disabled people, and that these are further strengthened and contextualised by the rights set out in the UNCRPD.

2 Principles

- 2.1 In relation to question 1 on clarity, we support the Scottish Independent Advocacy Alliances (SIAA) guidance on the principles and standards associated with independent advocacy in relation to the Mental Health (Care and Treatment) Act 2003.
- 2.2 In addition we agree with the SIAA’s suggestion that reference be made to the principle of ‘participation’ (as recommended by the Milan report in 2001) in the guidance:
- 2.2.1 **Participation:** Service users should be fully involved, to the extent permitted by their individual capacity, in all aspects of their assessment, care, treatment and support. Account should be taken of their past and present wishes, so far as these can be ascertained. Service users should be provided with all the information necessary to enable them to participate fully. All such information should be provided in a way which renders it most likely to be understood¹.

¹ <http://www.scotland.gov.uk/News/Releases/2001/01/33e2ed76-4cd3-4892-ba63-0c888d0b5cf3>

2.3 We suggest that the principles and practises of coproduction may be useful in this regard. There are lots of **definitions of co-production**. They usually talk about²:

2.3.1 **Working in partnership**: the people responsible for developing or delivering something (for example, a service) work with the people who will eventually use it or be affected by it. They share their knowledge, skills and resources. They share responsibility for making the process and the end result successful.

2.3.2 **Working as equals**: the people working together in co-production (the 'co-production partners') are different. They do not have the same powers to act or limitations to what they can do. They have different knowledge, skills and resources. But they are all recognised to be equally important. In that way they are equal partners.

2.3.3 **Co-producing from the start**: people must work together from the very start. This means before important decisions are taken, when as much as possible can still be influenced and changed.

2.3.4 **Working together to achieve an outcome**: at the start the partners agree what end result (or outcome) they all want to see. Then they work together to achieve it.

2.4 We suggest it might be useful for the guidance to refer to the principles and practise of coproduction – both in terms of supporting individuals to 'participate' in decisions about them and in terms of the ways in which advocacy services are planned and commissioned. We further suggest that this will support the achievement of a key factor underpinning good independent advocacy (as set out in p12 of the consultation document), that; 'advocacy groups should be firmly rooted in, supported by and accountable to a geographical community or a community of interest'.

² ILiS; "All Together Now"; 2012

2.5 **Recommendation:** We believe that the principles and practises of co-production should be used in the development of Strategic Advocacy Plans (outlined in section 9 of the consultation document) and in the commissioning of advocacy services (outlined in section 10 of the consultations) and that the guidance should make specific reference to this. The ILiS guide to coproduction; ‘All Together Now’; which sets out what coproduction is and offers tips on how to make it successful could be a useful tool to refer to in this respect.

2.6 **Recommendation:** We further believe that to ensure the ‘whole life’ benefits desired from advocacy, it is important that the principles of equality, human rights and independent living are embedded in the commissioning process (the definition and basic rights of independent living set out in ILIS’s submission helps to explain this).

3 Resolving conflicts of interest (question 4)

3.1 People’s lives and circumstances differ hugely – so therefore will the circumstances around advocacy, including the potential conflicts of interests in its delivery.

3.2 **Recommendation:** We therefore agree with the SIAA that whilst the table in appendix 2 is helpful as an exercise for commissioners (to encourage their consideration of potential conflicts and how these might be minimised) that it should not seek to pose questions and then provide answers. It should also be highlighted that this is not an exhaustive set of conflicts of interest but merely an example of how an individual conflict might play out.

3.3 Disabled People’s Organisations (DPOs) are an expert source of service provision that offer unique perspectives, and sometimes the specialist provision, needed to deliver services that are truly outcome focussed. This is because DPOs are organisations formed, organised and controlled by disabled people themselves. It is disabled people who determine DPOs function, outputs and deliverables (including independent living services e.g. peer support, housing, payroll and employment services) as well as their ethos and values.

- 3.4 DPOs can do this because they advocate the social model and the understanding of disability detailed at section 1 above, rather than the medical model, whereby the impairment is the disabling factor rather than society and its attitudinal, political, procedural, physical and financial barriers, for example.
- 3.5 DPOs have the trust of disabled people and their allies. For this reason, not only can they deliver services for the public sector in a way that supports the understanding of disability needed in these times of reform, with a focus on prevention and community engagement for outcomes, but they can also work on the basis of peer support which is crucial to building the resilience of many disabled people to some of the challenges they face.
- 3.6 However, funding for DPOs is patchy; rarely, if ever, takes account of the increased costs of funding inclusion and accessibility (including the additional costs associated with specialist and trusted provision) e.g. communication support, Personal Assistants and transcriptions in Easy Read formats; and is often inadequate. This can lead DPOs to rely on contracts with Local Authorities and to engage in some service provision – all of which is a challenge for the ‘independence’ of the organisations.
- 3.7 **Recommendation:** Recognising the importance of DPOs for the emancipation of disabled people, and whilst acknowledging that the guidance on independent advocacy cannot necessarily signpost to particular organisations, it should at least make reference to DPOs essential role in peer support. DPOs also support independent advocacy – by skilling up independent organisations on issues of importance to disabled people as well as offering peer support opportunities to disabled people.

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