

Question 1: Are you content with the level of detail given in relation to the statutory responsibilities and that the information is clear?

Yes No

If no, what additional information do you think should be included?

WE BELIEVE THAT REFERENCE TO THE PRINCIPLE OF PARTICIPATION AS IDENTIFIED BY THE MILLAN COMMITTEE SHOULD BE INCLUDED - THE PARTICIPATION STANDARD FOR THE NHS IN SCOTLAND, DEVELOPED BY THE SCOTTISH HEALTH COUNCIL ACKNOWLEDGES THE IMPORTANCE OF ACCESS TO INDEPENDENT ADVOCACY. THE GUIDE FOR COMMISSIONERS NEEDS TO MAKE REFERENCE TO THE PARTICIPATION STANDARD -

4. Section 10 covers commissioning of independent advocacy. This is a much shorter section than in the previous guide as it refers to the Guidance on the procedures for Procurement of Care and Support Services given in the joint Scottish Government and COSLA guidance issued in 2010 and available at:

<http://www.scotland.gov.uk/Resource/Doc/324602/0104497.pdf>.

Question 2: Are you content that the level of detail given in Section 10 on the Commissioning of Independent Advocacy is appropriate?

Yes No

If not, why not?

WE FEEL THERE NEEDS TO BE MORE DETAIL ON THE SPECIAL COMMISSIONING OF INDEPENDENT ADVOCACY AS OPPOSED TO COMMISSIONING OF OTHER SUPPORT OR CARE. IN ADDITION WE BELIEVE THE INFORMATION AROUND PLANNING SHOULD INCLUDE REFERENCE TO THE NEED FOR EXTENSIVE MEANINGFUL INVOLVEMENT OF CURRENT & POTENTIAL ADVOCACY SERVICE USERS AND OTHER STAKEHOLDERS IN THE WHOLE PLANNING & COMMISSIONING PROCESS. THIS WILL SUPPORT THE ACHIEVEMENT OF THE KEY FACTOR UNDERPINNING GOOD INDEPENDENT ADVOCACY (P.12) - "advocacy groups should be firmly rooted in, supported by and accountable to a geographical community or a community of interest".

5. Both commissioners and the advocacy groups have a responsibility to ensure that the advocacy being provided is of good quality and is effective. Section 12 of the guide covers Monitoring and Evaluation and mostly reflects the arrangements currently set out in the 2010 guidance. However we understand that the cost of independent evaluations is high and is not always undertaken. In relation to this we are currently exploring a pilot for evaluation of advocacy projects with the SIAA. This will involve the recruitment of independent sessional evaluators to undertake evaluations based on the Principles and Standards within this guide over an 18 month period. SIAA will facilitate the appointment and training of the evaluators. The report of the evaluation will be prepared by the evaluators and will go to the commissioners and the advocacy group. The SIAA will be in a position to offer support to the advocacy group in the event that improvements are required. An evaluation of the pilot will be conducted prior to any decision on whether to proceed with this model. The evaluations will not be restricted to SIAA member organisations.

Question 3: Would you support a programme of evaluations based on the pilot model of evaluation set out at 5 above?

Yes No

If not, why not?

6. Examples of situations that can potentially cause a conflict of interest which might impact on the person receiving the advocacy support, the advocate, the advocacy organisation or a service provider have been included at Appendix 2.

Question 4. Do you think it is useful to highlight situations (such as those given in Appendix 2) that commissioners should be mindful of in order that consideration is given to how these would be avoided/handled/resolved?

Yes No

Are there any others you would add/remove?

We would welcome your thoughts on what the impact of each of these situations would be and also your views on what action should be taken to minimise conflict. We will consider the responses and add as part of the guidance.

7. The layout of the guide has been changed to provide information and direct links to a list of relevant policy and guidance documents in Appendix 3.

Question 5: Do you find the information on additional reference material/useful links in Appendix 3 helpful?

Yes No

Are there any others you would add?

THE PARTICIPATION STANDARD FOR THE NHS IN SCOTLAND

Are there any you would remove?

General Comments

We would welcome any further general comments you may wish to offer here.

WE STRONGLY BELIEVE THAT ADVOCACY SHOULD ONLY BE DELIVERED BY INDEPENDENT ADVOCACY ORGANIZATIONS THAT ONLY PROVIDE ADVOCACY, AND CONFLICTS OF INTEREST WILL ARISE FOR ANY ORGANISATION PROVIDING SERVICES AND ADVOCACY. THE 4 KEY PRINCIPLES THAT UNDERPIN INDEPENDENT ADVOCACY HAVE BEEN DEVELOPED OVER MANY YEARS BY THE ADVOCACY MOVEMENT AND OTHER RELEVANT STAKEHOLDERS.

CONFLICTS OF INTEREST ARE NOT ALWAYS EASY TO IDENTIFY OR MANAGE OR APPARENT FROM THE OUTSET. THE BEST WAY TO MINIMIZE THE LIKELIHOOD OF CONFLICTS OF INTEREST ARISING IS FOR THE ORGANIZATION TO ONLY PROVIDE ADVOCACY. THE PERCEPTION OF A CONFLICT OF INTERESTS BY SERVICE USERS OR POTENTIAL SERVICE USERS AND OTHERS IS VERY IMPORTANT AND NEEDS TO BE AVOIDED AND APPROPRIATELY MANAGED.

We are grateful for your response. Thank you.