

Draft Advocacy Guide for Commissioners

Consultation questions

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?

Carers Scotland welcomes the production of this Guide for Commissioners. It is clear throughout and our response highlights only a few areas where we suggest additional information or minor amendments would strengthen this Guide. We do, however, believe that clear and consistent links to the Carers Advocacy Guidance presently under production throughout the text would provide more clarity in working to provide advocacy services for carers.

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?

11.9 Training, Expertise and Resources

11.9.1 Carers Scotland recommends that this section is developed to include a wider range of issues including lone working, systems of referral and signposting routes, protection of vulnerable adults, good advocacy practice; and supervision of advocacy; particularly relevant where the advocacy service is part of a wider organisation delivering a range of supports to carers or service users.

11.9.4 We welcome the intention to provide training to senior planners and directors but believe that it would be beneficial to develop this to ensure that it also aims to promote and encourage them to engage positively with advocacy services.

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?

3.8 Non-Independent Advocacy

We welcome that the guide recognises that advocacy for carers can and is currently provided by specialist workers within carer organisations and that it is reasonable to commission such advocacy for carers.

However, we feel that this section requires further information to provide clarity about this issue to commissioners. We suggest that it reflects that:

- Advocacy provision for carers is patchy throughout Scotland.
- Some areas have independent advocacy providing advocacy only for carers, they have a dedicated carers' advocacy worker or they have protocols to ensure that any advocacy for carers is separate from that provided for the person for whom they are caring.
- In other areas the local carers' centre has a separate advocacy project with advocacy workers or volunteers there to provide advocacy and no other services.
- Local organisations should be encouraged to monitor unmet need, for example, where a carer advocacy service is unable to take on advocacy for more carers because of lack of resources and capacity.

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?

Carers Scotland would like to see clear and consistent links to the Carers Advocacy Guidance presently under production.

Are there any you would remove?

General Comments

Carers Scotland have suggested some minor textual amendments together with some general comments.

Textual Amendments

1.1.5. We suggest that the aspects of life that people may need help with should include "health and wellbeing".

1.1.7 We suggest that the list of people included should specifically mention those who have drug or alcohol addiction or who experience mental health problems.

1.1.8 We suggest that the last sentence is changed to read “Capable and positive family and friends may not be suitable or able to ensure that the individual’s views are taken into account.” We believe that there should also be specific mention of carers within this section.

2. Different Models of Advocacy

Whilst we welcome the recognition of the benefits of enabling individuals to self advocate where possible, Carers Scotland believes that this section should a more detailed description of what this means and how it can be achieved, whilst ensuring that sufficient individual advocacy is available for all who need it.

For example, in the case of carers:

“Carers can be empowered to self-advocate. This involves helping carers to equip themselves with the tools and techniques to feel confident enough to get their voices heard. This would include giving them options on ways of communicating, negotiating, and approaching stressful situations and in recording information and negotiating the system.”

Textual Amendments

7.1.1 We suggest adding within “Better outcomes for people” that advocacy leads to more understanding between individuals and systems and can lead to greater self-help and independence for individuals in getting their views heard and respected.

7.7 We suggest adding the following acknowledgement of the role of carers would be beneficial:

“Enable carers to be respected as equal partners

Advocacy organisations can support carers to be heard as equal partners with other professionals in the delivery of care and, collectively, in the development of services and support that affect them or the person they care for. Whilst the views of the service user are central, this means that, in line with legislation, the views of carers should be *heard* and their experience *respected* by professionals involved. They are a key part of providing support and the term equal partner recognises not only their critical role in sustaining and supporting individuals to remain in their own homes and communities but also their unique knowledge and experience. By supporting carers to be heard and to manage and understand the often complex systems surrounding health and social care, advocacy can help sustain the caring role (as outlined in 7.1.1) reduce crisis and deliver better outcomes.”

We are grateful for your response. Thank you.