

Consultation Report

Independent Advocacy - Guide for Commissioners

December 2013

Consultation Report

1. Acknowledgements

1.1 The Scottish Government would like to thank everyone who considered and responded to the questions in the recent consultation on the revision of the 'Independent Advocacy - Guide for Commissioners'.

2. Introduction

2.1 Advocacy has an important role in supporting people to express their views and in providing a source of support which gives them the confidence to speak out. Advocacy is vital in nurturing trust and effectively supporting people to ensure their views are taken into account and that they are heard. It also provides an environment in which they can confidently raise any concerns they may have with their advocate in the knowledge that there are no conflicts of interest that might limit what the advocate can and cannot do. It is vital that anyone who might benefit from using an advocate feels confident about making that contact, without any real or perceived worries about conflicts of loyalty on the part of the advocate.

2.2 In the consultation we sought views on a revision of the Guide for Commissioners, originally published by the Scottish Executive Health Department in 2001 it was subsequently revised and reissued by the Scottish Independent Advocacy Alliance (SIAA) in 2010.

2.3 In this revision we sought to include advice on developments since its publication in 2010 and to clarify Commissioners' existing statutory responsibilities for the provision of independent advocacy and the principles and standards they should apply when commissioning advocacy services. Please note that this was not a consultation on amendments to the Mental Health (Care & Treatment) (Scotland) Act 2003 or the supporting Code of Practice rather the revised guidance sought to reflect the requirements and the definitions set out within these.

2.4 Consultation exercises aim to elicit the views and experiences of a wide range of stakeholders. The findings are specific to this consultation exercise and do not necessarily reflect the weight or range of views within the population as a whole. We have presented results in percentage form, where possible, and have included further explanation within this report where we felt respondents would find this helpful and it would provide further clarity. Our response and the approach adopted is set out in Section 6 of this report.

2.5 The closed consultation paper is available at <http://www.scotland.gov.uk/Publications/2013/04/3733>. The full list of consultation questions is given in Annex A.

3. Responses

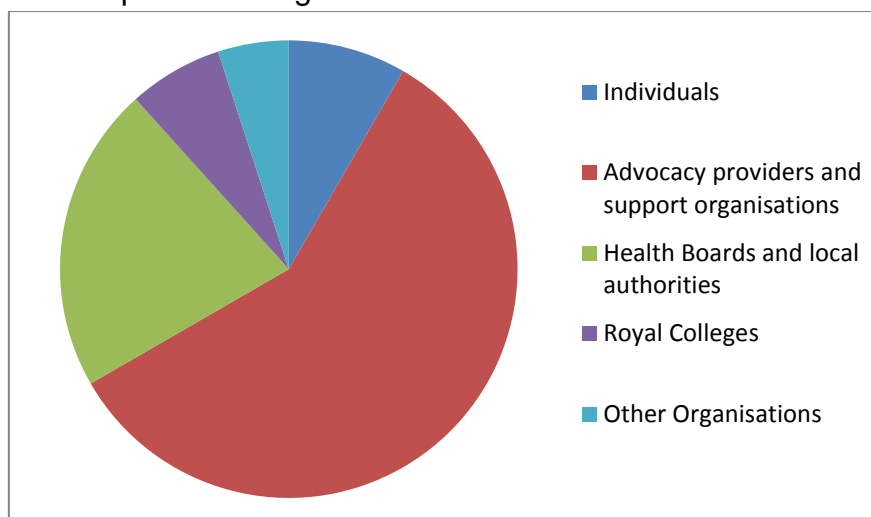
3.1 A total of 60 responses were received by the extended closing date of 31 July 2013. The following table shows the breakdown of the 60 responses by interest group:

Interest Group	Number of Respondents	% of responses
Advocacy providers, support organisations and membership organisations	35	59
NHS and Local Authority	13	21
Individuals	5	8
Royal Colleges	4	7
Other organisations	3	5
Total	60	100

3.2 The published responses, where respondents gave permission and their response was received before the closing date, can be viewed on the Scottish Government website at:

<http://www.scotland.gov.uk/Publications/2013/09/6153/downloads>

3.3 A list of the respondents is given in Annex B.



4. Approach

4.1 Each response was reviewed in full. A qualitative and thematic analysis of the responses was undertaken. Each response was reviewed and the respondents' comments entered onto a spread sheet recording answers to each of the 5 questions together with the general comments offered under the final section of the consultation document.

4.2 Quotes have been identified and have been used within this report to illustrate respondents' views.

5. Findings

5.1 The consultation paper sought views on 5 questions which focused on:

- The clarity and level of detail given in relation to commissioners statutory responsibilities under the Mental Health (Care & Treatment) (Scotland) Act 2003. (Question 1)
- The level of detail given in Section 10 on the Commissioning of Independent Advocacy (Question 2)
- a proposed pilot model of evaluations of advocacy services (Question 3)
- conflict of interest scenarios (set out in Appendix 2 of the draft Guide) that commissioners should be mindful of in order that consideration is given to how these would be avoided/handled/resolved (Question 4)
- whether the information on additional reference material/useful links given in Appendix 3 of the draft Guide was helpful (Question 5).

5.2 The final section of the consultation also invited general comments.

5.3 The consultation questions are set out below with a summary of the main points and issues raised in the responses received shown under each.

5.4 Question 1

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

5.4.1 A total of 57 responses were received to this question. 27 (47%) respondents confirmed they were content, 26 (46%) indicated they were not content, the other 4 (7%) did not give a 'yes' or 'no' answer but some offered comments.

5.4.2 Some of those who considered further clarity was needed suggested referencing additional pieces of legislation, policy and strategy documents which included provisions or advice in relation to advocacy services. A few suggested reference should be made to the Millan Committee recommendations and also the Scottish Health Council 'Participation Standard'.

“Perhaps there should be further reference made to other legislation which highlights the role of independent advocacy even though it is not a statutory

responsibility e.g. Adult Support and Protection (Scotland) Act 2007, Social Care (Self Directed Support) (Scotland) Act 2013, Adults with Incapacity (Scotland) Act 2000 etc.” East Ayrshire Services Ltd

“As practitioners should have regard to the Millan Principles. It must therefore follow that any commissioning takes these into consideration. The principle of participation highlights the need to ensure that independent advocacy is accessible....” Independent Advocacy Perth and Kinross

5.4.3 Several advocacy organisations and also individuals were concerned that the Standards were not in line with the Scottish Independent Advocacy Alliance Principles and Standards suggesting this represented a change in the definition of ‘independent’ and would cause confusion and dilute the concept of independent advocacy.

“..standards 3.1 and 3.2 should be closer to SIAA’s 3.1 and 3.2 because the proposed standards have the potential to compromise the independent nature of advocacy.....” Advocacy Service Aberdeen

" ...its Principles and Standards differ from the Principles and Standards stated in SIAA’s 2010 Guidance for Commissioners. We are concerned that these differences could undermine the ‘independence’ of independent advocacy.” Lothian Independent Advocacy Steering Group

"There are many vulnerable people to whom “real” independent advocacy is vital and I am concerned that the guidance goes between describing “Independent advocacy” and “advocacy” and does not set out its meaning with regard to this. I am concerned that the definition of Principle 3 of the SIAA’s Principles and Standards and the definition in the Mental Health (Care and Treatment) Act 2003 legislation differs... ..” “..if an organisation is to be known as a provider of “Independent Advocacy” it can only be truly independent and free from conflict if it does not attempt to provide any other services.” Individual

5.4.4 There was also a suggestion that

"....perhaps greater emphasis should be placed on the advocacy provider’s ability, policy and procedural capacity to manage and minimise conflict of interest. Organisational structure in itself does not guarantee quality of provision.” Dundee Independent Advocacy Support (DIAS)

5.4.5 Commissioners, some advocacy providers and others welcomed the clarification of the statutory responsibilities.

" we agree with the definition of independent advocacy contained in Principle 3, which is in line with the Mental Health Act. The more restrictive definition in the SIAA Principles & Standards would prevent many clients benefitting from various very positive advocacy projects across the country." Dumfries & Galloway Council & NHS - Joint Strategic Planning, Commissioning & Performance"

"The draft guide provides a clear outline of the statutory responsibilities in relation to the provision of independent advocacy." ".... also welcome the acknowledgment within the guide that "different approaches to independent advocacy are needed: there is no best model." Barnardo's Scotland

"We commend the important statements on the independence of advocacy services and the very clear and important statements about its provision for all individuals with "mental disorder" as defined by the Act, not just those who are subject to compulsory care and treatment." Mental Welfare Commission For Scotland

5.4.6 The following issue was also raised in relation to Standard 3.2 within the revised Guide:

"need for clarity on what tasks 'complement, or do not conflict with, the provision of independent advocacy'. This is a central point in the debate and must be clarified, in our view, to enable any progress." Your Voice

5.5 Question 2

5.5.1 Section 10 in the draft Guide covered commissioning of independent advocacy services. The Section was much shorter than in the previous guide and referred Commissioners to existing guidance and in particular the Guidance on the procedures for Procurement of Care and Support Services given in the joint Scottish Government and COSLA guidance issued in 2010 available at:

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

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

5.5.2 A total of 56 responses were received to this question with 23 (41%) respondents confirming they were content, 32 (57%) said they were not content. 1 respondent did not give a yes/no answer but offered some comments.

"This section reads very well and appears comprehensive. There is strong emphasis on managing and minimising conflict of interest. It may be worth considering adding a clause which establishes the advocacy user's right to choose the individual, service or organisation they use for advocacy, irrespective of the external criteria expected of providers." Dundee Independent Advocacy Support

5.5.3 It was suggested that

"...there needs to be more detail on the specific 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 and potential advocacy service users and other stakeholder sin the whole planning and commissioning process." Mental Health Advocacy Project (West Lothian)

"We would like to see more reference to meaningful service user participation at levels. This must include those individuals who directly access advocacy services in hospitals, residential accommodation, nursing homes and so on. We need to be wary of involving an easily accessible group of 'professional' service users and assuming they represent all service users, past and present." Forth Valley Advocacy

5.5.4 It was also suggested that the Guide should recognise that

"...commissioning can be carried out in several ways, including procurement (purchasing a service) or through grant-funding (by way of a Service Level Agreement)." Fife Council, NHS Fife, Fife Joint Strategic Advocacy Planning Group

5.6 Question 3

5.6.1 The Guide reflected the responsibility of the commissioners and the advocacy groups to ensure that the advocacy being provided is of good quality and is effective. Section 12 of the draft guide covered Monitoring and Evaluation and for the most part reflected the arrangements set out in the 2010 guidance. The consultation paper explained that it was understood that the cost of independent evaluations was high and was not always undertaken.

5.6.2 The consultation paper explained that a pilot model for evaluation of advocacy projects was being explored and asked whether respondents would support the proposed approach.

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

5.6.3 A total of 56 responses were received to this question. 48 (86%) respondents (2 with caveats) confirmed they would support a programme of evaluations based on the pilot model of evaluation, 1 respondent was a possible and 6 (11%) respondents confirmed they would not support this. 1 respondent did not give a yes/no answer but offered some comments.

5.6.4 Respondents considered further information and details on the proposal would be needed and some raised concerns in relation to the extent of the Scottish Independent Advocacy Alliance involvement:

"Further information is required on the recruitment, training and management of the independent sessional evaluators. Input should be sought from other advocacy providers ... The proposed SIAA support should be available only through the request of the advocacy provider." Barnardo's

"We approve of the concept, although we would require more information before we could definitely support the idea. ...Any evaluation by SIAA would need to take cognisance of existing monitoring arrangements to avoid duplication of effort." "... We also feel there should be a stronger distinction between good quality advocacy (advocacy where the person's view is clearly and appropriately expressed), and advocacy that gets the result the person is looking for. In practice, these are not synonymous, which can make it hard to evaluate advocacy services (e.g. when considering complaints received by an organisation). Fife Council, NHS Fife, Fife Joint Strategic Advocacy Planning Group

"By taking the sole lead role in this process SIAA is at risk of creating a conflict of interest with its core role (defending / empowering) and a new "policing" role. Users, Commissioners, NHS and SIAA could jointly facilitate the training and recruitment of independent evaluators." Dundee Independent Advocacy Support (DIAS)

5.7 Question 4

5.7.1 Appendix 2 of the draft Guide included scenarios that could 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 and Question 4 sought views on whether it might be useful to include examples in the final Guide.

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?

5.7.2 A total of 55 responses were received to this question. 44 (80%) respondents confirmed that they thought it would be useful, 10 (18%) respondents did not think it would be useful and 1 did not give a 'yes' or 'no' answer but offered comments.

5.7.3 The consultation also asked whether there were any other situations that should be added or removed and sought views on the potential impact of these situations and what action would be appropriate to minimise conflict of interest. The paper indicated that we would consider the responses and add as part of the guidance.

5.7.4 Although the majority of respondents said they thought the Appendix would be useful the comments received included concerns that the examples were too simplistic and all similar. Comments given included a suggestion that reference be made to the case studies in 'A Voice Through Choice' – a book of stories about independent advocacy and A Voice to Trust on DVD (2008) produced by the Scottish Independent Advocacy Alliance (SIAA) and that commissioners should be ensuring advocacy providers have appropriate conflict of interest policies in place. Comments included:

"It is useful and necessary for the guide to highlight the potential for conflicts of interest, but the examples used are very narrow and for this reason could be misleading." "The guide should encourage commissioners to ensure that advocacy services have a clear conflict of interest policy which includes what action/s will be taken when perceived and/or actual conflicts are identified, and ensure that the views of service users are sought, recorded and taken into account within issues relating to perceived/actual conflicts of interest." Children 1st

"Yes, we agree that it is very useful to highlight situations that commissioners should be mindful of. However, some of our members consider that the situations currently included within Appendix 2 are quite narrow. We suggest a wider range of scenarios should be included...." Coalition of Care and Support Providers Scotland (CCPS)

"The College agrees that organisations should have governance mechanisms and policies in place to address conflict of interest issues when the need

arises. The College feels that there could be other examples of situations which are not included on the list provided, and that the guidance would therefore benefit from a less prescriptive list with fewer examples.” Royal College of Physicians of Edinburgh

“While the situations highlighted in Appendix 2 are useful, they cannot cover every possible potential or actual conflict of interest that may arise. How commissioners and individual organisations deal with any conflict that arises should be covered through tendering/contractual procedures. Organisations should have policies and procedures in place to enable staff to avoid or deal with such situations.” Borders Advocacy, Advice and Support Forum

5.8 Question 5

5.8.1 The layout and format used in the draft Guide differed from the SIAA 2010 version with a separate section (Appendix 3) providing information and direct links to a list of relevant policy and guidance documents. Question 5 sought views on whether people thought this was useful.

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

5.8.2 A total of 54 responses were received to this question. 53 respondents (98%) confirmed that they thought it was useful. 1 respondent thought there was far too much material and that most of it had only an indirect link to advocacy suggesting the list in Appendix 4 was more relevant.

5.8.3 Several respondents identified additional references they would like to see. This included for example:

- Education (Additional Support for Learning) (Scotland) Act 2009 which adds to the Education (Additional Support for Learning) (Scotland) Act 2004
- Guidance on the Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007
- The Participation Standard for the NHS in Scotland.
- The United Nations Convention on the Rights of the Child (UNCRC)
- Children’s Hearings (Scotland) Act 2011
- The learning disability strategy “The Keys to Life”.

5.8.4 The respondent who considered that it was not useful suggested most of the references be removed and that only three references be retained.

5.9 General Comments

5.9.1 The final section of the consultation paper invited any general comments respondents wished to offer. A total of 50 (83%) respondents offered general comments.

5.9.2 Where appropriate and relevant some of the comments given in this section have been included in the previous sections under Questions 1 – 5. Some suggested changes to the text in the guidance were also given in this section and these have been applied where appropriate. Many of those who had raised concerns that the Standards were not in line with the Scottish Independent Advocacy Alliance Principles and Standards took the opportunity to repeat these concerns in this section. Comments offered in this section included:

“It is good for commissioners to have guidance. However we have experienced little evidence of its use in the past.” Central Advocacy Partners

"The Scottish Government appears to be giving more credence to what a few organisations are saying than to the independent advocacy movement in Scotland, especially about advocacy for children and young people and about independence." Anonymous

"The College welcomes this document, which helps to raise awareness of the advocacy services available and agrees that the guidance for Commissioners should be practical and short. The College would also welcome evaluation of the use and uptake of advocacy services and awareness among the general public of their availability." Royal College of Physicians of Edinburgh

"The independent advocacy movement has strived for many years to promote and develop their quality of practice, and in order to do so have agreed a definition of Independence which facilitates the least conflict of interest. This level of independence cannot be achieved by an organisation offering advocacy along with other care and support services, and importantly, may not offer reassurance to people using the service that there is independence from the other services provided by that organisation." Independent Advocacy Perth and Kinross

“The Code of Practice Volume 1 for Mental Health (Care & Treatment) (Scotland) Act 2003 provides a clear definition of an independence in the context of advocacy provision. It would be confusing to re define independence for forms of advocacy not necessarily covered by the Mental Health Act. It would also then appear that forms of advocacy not covered by the Mental Health Act have a lesser standard to comply with. We recognise,

as commissioners, that this can be very difficult, but feel that effective advocacy must be independent and where it is not all efforts must be made to support organisations to divide appropriately.” NHS Highland, Highland Council & Argyll & Bute Council

“We strongly believe that advocacy should only be delivered by independent advocacy organisations that only provide advocacy, 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.”
Scottish Independent Advocacy Alliance

6. Scottish Government response and actions taken

6.1 As set out in the Consultation paper and in the introduction to this report the revision of the Guide to Commissioners sought to include advice on developments since its earlier publication and to clarify the principles and standards that Commissioners should apply to meet their statutory responsibilities for the provision of independent advocacy as defined in the Mental Health (Care and Treatment)(Scotland) Act 2003.

6.2 It is important to note that this was not a consultation on the Mental Health (Care and Treatment) Act 2003 or its supporting Code of Practice nor was it suggesting or proposing any amendments to the definition of independence given in them.

6.3 The consultation sought views on whether the revised draft Guide offered sufficient clarification and guidance on:

- Commissioners statutory responsibilities under the existing provisions using the definitions set out in the Mental Health (Care and Treatment) (Scotland) Act 2003 and its supporting Code of Practice
- developments in various policy areas since the earlier publication of the Guide.

6.4 The analysis and findings in Section 5 set out the views received.

6.4.1 Question 1 sought views on whether the level of detail on the statutory responsibilities was sufficient and whether it was clear. The analysis shows that:

- several respondents raised concerns that Standards 3.1 and 3.2 within the Guide differed from the Scottish Independent Advocacy Alliance (SIAA) Principles and Standards rather than offering comments on whether they adequately reflected the statutory responsibilities (see 6.4.2 below)
- others welcomed the clarification
- some respondents suggested that the Millan Principles, the Scottish Health Council Participation Standard and additional references should be reflected in the Guide (see 6.4.3 and 6.4.4 below)
- in relation to Standard 3.2 used in the Guide clarification was requested on what tasks 'complement, or do not conflict with the provision of independent advocacy'.

6.4.2 The four Principles within the SIAA Principles and Standards have been widely accepted as the core beliefs for independent advocacy and are supported as relevant and appropriate in the provision of quality independent advocacy services.

This has been reflected in the Guide and Commissioners have been encouraged to use these Principles in the commissioning of any advocacy services and not just those for people who have a right under the Mental Health (Care & Treatment) (Scotland) Act.

6.4.3 However, the SIAA Standards 3.1 and 3.2 do not reflect Commissioners' statutory responsibilities under the Mental Health (Care & Treatment) (Scotland) Act 2003. The SIAA Standards 3.1 and 3.2 are more restrictive and whilst it is open to Commissioners to use them in the commissioning of advocacy services if they wish, it is not a requirement. The legal requirements are as set out in the 2003 Act and supporting Code of Practice.

6.4.4 The Millan Committee - was appointed on 22 February 1999 by the then Scottish Office Health Minister, Sam Galbraith and made a number of recommendations for a new Mental Health Act. Not all of the recommendations were adopted but those that were accepted are included within the Mental Health (Care and Treatment) (Scotland) Act 2003. It is therefore appropriate to refer to the relevant section within the Act rather than to the Millan recommendations and principles.

6.4.5 The concept of Patient Focus and Public Involvement or "Participation", has gradually been developing in Scotland since 1997. NHS Boards have had a legal duty to involve people in designing, developing and delivering the healthcare services they provide for them since 2004, when the NHS Reform (Scotland) Act 2004 placed duties of public involvement and equal opportunities on all NHS Boards. The Public Involvement aspect is about involving patients, carers or members of the public from a range of group's perspectives in the planning and design of health care services and policies.

6.4.6 The Participation Standard is a way of measuring how well NHS Boards do this. This includes measuring how well NHS Boards focus on the patient and ensure that people are involved in discussions about their own treatment and care; that information about treatments and local health services are available and easily accessible; that people are treated with dignity and respect; carers are supported; and people are encouraged and helped to give feedback or make complaints about services. The Participation Standard is therefore a mechanism to assess how well NHS Boards focus on the patient and this includes assessing advocacy provision for people in their respective areas and a reference to this has been added to the Guide.

6.4.7 Neither the Mental Health (Care and Treatment) Act 2003 or the Code of Practice provide a list of tasks that 'complement, or do not conflict with the provision of independent advocacy' and to attempt to do so might result in suggesting that perfectly legitimate tasks might be excluded if they were not listed and it would be

difficult to ensure that every qualifying task was listed. The test is rather that the tasks do not conflict with the provision of independent advocacy. It is for Commissioners to satisfy themselves that the advocacy providers meet the criteria.

6.4.8 Question 2 sought views on whether the level of detail on the commissioning of advocacy services given in Section 10 of the draft Guide was appropriate. The analysis shows that respondents considered that this section should:

- Provide more detail on the specific commissioning of independent advocacy
- include reference to the need for extensive meaningful involvement of current and potential advocacy service users and other stakeholders in the whole planning and commissioning process
- recognise that commissioning can be carried out in several ways, including procurement (purchasing a service) or through grant-funding (by way of a Service Level Agreement)

6.4.9 The draft Guide sought to remind Commissioners of the need to ensure that their procedures for procurement complied with the appropriate public procurement rules. It also directed Commissioners to the guiding principles contained within the joint Scottish Government and COSLA Guidance on the procurement of care and support services, issued in 2010, and available at <http://www.scotland.gov.uk/Resource/Doc/324602/0104497.pdf>.

6.4.10 Chapter 2 of the procurement guidance reflects the need to involve service users and carers as active partners in defining their needs and the outcomes they require and Section 6 outlines 'Key Considerations' and the 'Personalisation of health and social care services'.

6.4.11 Section 7 of the procurement guidance contains advice on Option Appraisal and advises that information gathered during the 'analysis' stage should inform public bodies' appraisal of the options for service delivery, which might include in-house provision; shared services; grant funding; and procurement. Paragraph 7.15 explains that the decision on whether a service is delivered under contract or grant funded will depend on the nature of the service to be provided and the relationship the public body wishes to have with the service provider. It provides examples of when grant funding might or might not be appropriate and suggests that public bodies should seek legal advice on the distinction between a contract and grant funding where they consider that grant funding may be an option.

6.4.12 Section 10 of the Guide for Commissioners has been expanded to highlight these particular areas but it is for Commissioners to ensure they comply with all of the necessary requirements and we have not attempted to replicate all of these within the Guide.

6.4.13 Question 3 focused on Section 12 of the draft Guide for Commissioners which covered Monitoring and Evaluation and reflected the responsibility of the commissioners and the advocacy groups to ensure that the advocacy being provided is of good quality and is effective. The consultation sought views on a proposed pilot model for evaluation of advocacy projects. Concerns raised by respondents have been noted and shared with the Scottish Independent Advocacy Alliance. Steps have been taken to reduce the potential conflict of interest and the project is being taken forward by independent project co-ordinators. Independent sessional evaluators will also be used. An invitation was also issued by the project co-ordinators to anyone interested in taking part in the reference group being formed to support the development of the work. Regular updates will be available on the progress of the pilot and the Scottish Health Council will monitor, evaluate and report on the project.

6.4.14 Appendix 2 of the draft Guide for Commissioners included scenarios that could 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. Question 4 sought views on whether it might be useful to include scenarios in the final Guide.

6.4.15 Although the majority of respondents said they thought the Appendix would be useful the comments received included concerns that the examples were too simplistic and all similar. Comments given included a suggestion that reference be made to the case studies in 'A Voice Through Choice' – a book of stories about independent advocacy and A Voice to Trust on DVD (2008) produced by the Scottish Independent Advocacy Alliance (SIAA) and that commissioners should be ensuring advocacy providers have appropriate conflict of interest policies in place.

6.3.16 The draft Guide for Commissioners already included a reference to 'A Voice through Choice'. Poems by Jo McFarlane, which reflect her experience of advocacy, have also now been added.

6.3.17 Chapter 6 of The Code of Practice Volume 1, (Para 109) states that "Any independent advocacy organisation should have policies in place to identify and manage/minimise the risk of any conflict of interest". It was therefore thought that it might be more helpful to include advice on what should be considered for inclusion in such policies. Appendix 2 was therefore amended to provide advice on the content of a 'Policy to identify and manage/minimise the risk of any conflict of interest'. Commissioners should satisfy themselves that their advocacy providers have appropriate policies in place.

6.3.18 Question 5 sought views on whether Appendix 3 of the Guide for Commissioners, which included information and direct links to a list of relevant policy and guidance documents, was useful and whether there were any respondents who would add or remove. The majority of respondents thought the Appendix was useful and the additional references and links suggested have been added.

6.3.19 The final section of the consultation paper invited general comments and where appropriate suggestions for changes to the text in the Guide have been applied.

6.3.20 Some respondents took the opportunity to reiterate their concerns that the Standards were not in line with the SIAA standards. Paragraphs 6.1, 6.2, 6.4.2 and 6.4.3 cover our response to these comments.

6.3.21 We are grateful to everyone who commented. The final version of the Guide for Commissioners is now available at:

<http://www.scotland.gov.uk/Publications/Recent>

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?

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?

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

Yes No

If not, why not?

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.

Question 5: Do you find the information on additional reference material/useful links in Appendix 3 helpful? Are there any others you would add?

Are there any you would remove?

General Comments

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

Appendix B

List of Respondents by Interest Group

NHS and Local Authorities	
NHS Ayrshire and Arran	Dumfries and Galloway Council and NHS – Joint Strategic Planning, Commissioning and Performance
NHS Tayside	NHS National Services Scotland
NHS Highland, Highland Council and Argyll and Bute Council	Dundee City Council
Aberdeenshire Council – Commissioning Unit	Argyll and Bute Council
Aberdeen City Council	Fife Council, NHS Fife Joint Strategic Advocacy Planning Group
Stirling and Clackmannanshire Council - Shared Social Services	Lothian Independent Advocacy Steering Group
Lanarkshire Advocacy Planning Group	
Advocacy Providers and Support Organisations	
Advocacy Orkney	Advocacy North East Ltd (Aberdeenshire and Moray)
Forth Valley Advocacy	Barnardo's Scotland
The Advocacy Project	Capability Scotland
Dundee Independent Advocacy Support	Your Voice
Mental Health Advocacy Project	EARS Advocacy Service
Scottish Consortium for Learning Disability	Advocacy Highland
Health and Social Care Alliance Scotland	Angus Independent Advocacy
Who Cares? Scotland	ENABLE Scotland
Children in Scotland	Aberlour Childcare Trust
Borders Advocacy, Advice and Support Forum	Voice of Experience VOX Scotland
Scottish Drugs Forum	Independent Advocacy Perth and Kinross
Scottish Independent Advocacy Alliance	East Ayrshire Services Ltd
Carers Scotland	Advocacy Service Aberdeen
People First (Scotland)	Central Advocacy Partners
Inclusion Scotland	CI@n Childlaw
The Consultation and Advocacy Promotion Service	Scottish Council of Independent Schools
Children First	Law Society Scotland
Coalition of Care and Support Providers	
Royal Colleges	
Royal College of General Practitioners	Royal College of Surgeons of Edinburgh
Royal College of Physicians of Edinburgh	Academy of Medical Royal Colleges and Faculties in Scotland

Other Organisations	
Care Inspectorate	Mental Welfare Commission
Police Investigations and Review Commissioner	
Individuals	
Chrys Muirhead	1 x Anonymous
Laura Susan Simmons	2 x confidential



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