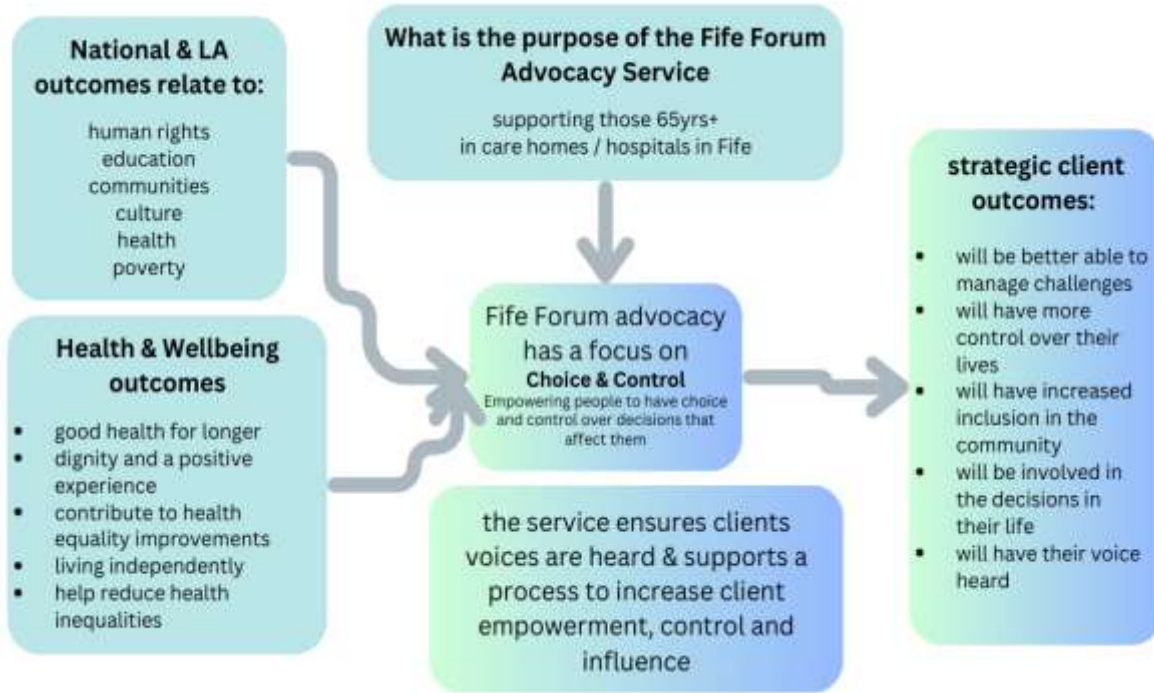


FIFE FORUM ADVOCACY

ANNUAL REPORT 2024



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The above diagram maps out the links to the strategic outcomes at a National and Local Authority level, including the Health & Wellbeing outcomes. The focus for advocacy provided by Fife Forum, in line with our Service Level Agreement (Fife Health & Social Care Partnership), aims to emphasise 'choice and control' with the primary objective of helping clients achieve longer term outcomes. This report aims to demonstrate how Fife Forum Advocacy achieves this through outputs and outcomes to help meet the objectives set.

Executive Summary

During 2024, the Advocacy Service delivered impactful and dedicated support to elderly clients in hospital and care settings. Key achievements included assisting individuals through complex medical discharges; ensuring home safety adaptations were made to support a safe and sustained discharge; and, advocating for essential financial and healthcare support. Despite challenges, such as limited resources and low referral rates, the project achieved notable outcomes which included enabling clients to maintain independence alongside enhancing their overall sense of well-being. Moving forward the project aims to expand its reach and deepen its collaboration with healthcare and community partners with a view to raising awareness of advocacy, its key role in supporting people in hospital and care settings and the value this brings to the individual and the outcome of supporting choice and control.

Project Reach/Promotional Outputs

During the course of the reporting year to help raise awareness of advocacy a series of activities and promotional events were undertaken. This included extending the reach to other potential referral sources which engage or are associated with those whom might be impacted by care or hospital stays whereupon advocacy might be needed. Activity included:

- **Direct engagement with the Wells** (Fife Health & Social Care Partnership Information Points) within hospital settings (Queen Margaret Hospital Dunfermline and Victoria

Hospital Kirkcaldy) – The benefits of this included direct access to potential clients within primary care settings and the advantage of facilitating a visible presence for both the public and professionals within these environs.

- **Direct distribution of promotional literature** – Whilst visiting clients within care and hospital settings the opportunity to promote the service to staff whilst in situ presented and was utilised.
- **Actively sought and engaged in meetings with key stakeholders** – This approach is systematic with care and health professionals, however, was extended to include those working with people whom might be impacted by care and hospital stays (this included the Dementia Link Officer and Huntington's support workers).
- **Direct awareness-raising group activity** – Awareness raising with a potential stakeholder, Parkinson's Fife group.
- **Awareness-raising with future health care providers** – This supports future-proofing and raising awareness of the role of advocacy with those training to deliver health services via direct meetings with student mental health nurses.
- **Awareness-raising with the hospital chaplaincy hospital service** – This again might facilitate an additional referral source within primary health settings.
- **Participation and engagement with the Fife Advocacy Forum** – This not only offered a peer network and opportunity for information sharing, it also allowed access to promotional events (for example: the facilitation of a pop-up stall during Advocacy Awareness Week).
- **Awareness-raising with a local housing provider stakeholder event** – This presents a preventative element by allowing the project to raise awareness of advocacy tenants of a major local social housing provider (Kingdom Housing Association), many of whom are older adults with experience and/or potential experience of hospital stays.
- **Networking with the Victoria Hospital Kirkcaldy SAMH team** – This, again, presents an opportunity to extend the referral source base.
- **Representing Fife Forum at the Dunfermline Core Locality Planning Meeting** – This assisted by affording the Advocacy Worker an opportunity to raise awareness of advocacy provision in a key locality where a hospital is based.

Supporting Outcomes

The Advocacy Worker regularly attends monthly meetings of the Fife Advocacy Forum, which helps to ensure ongoing adherence to expected quality service standards. These meetings also provide opportunities to consult with organisations such as the Scottish Mental Health Commission on specific clinical questions. This supports ensuring best practice and quality assurance as the service is delivered.

Service Impact

The project seeks to measure the impact of service provision and to support this in a qualitative manner undertakes a case study for reporting purposes. Feedback questionnaires and

interviews are conducted upon case closures. Responses may come directly from clients or from referrers where there is either capacity issues or the person requests this (this might include both professionals or family members). A Case Study is presented in this report.

Service Data in Brief

- Number of Formal Referrals: 15 (63:27 Ratio Male/Female)
- Number of individuals supported by the service: 21 (6 individuals received advocacy guidance as the enquiries were outside of Fife Forum's advocacy remit)
- Geographical spread of referrals in all 7 localities with South West Fife accounting for 26.7% of the total
- 100% of individuals reported a positive outcome in relation to 'Having their Voice Heard'
- 80% of individuals reported a positive outcome in relation to being 'Involved in the Decisions in their Life'
- 100% of individuals reported a positive outcome in relation to being more in 'control' of their journey
- 13.3% of formal referrals directly supported to access age-linked disability-linked benefit (Attendance Allowance)

Quantitative & Qualitative Evidence

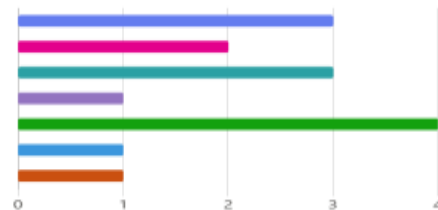
Evidence was extrapolated from the following and is presented within the report:

- Data Set
- Case Study (see Case Study)
- Questionnaires Issued (see Appendix)
- Feedback and evidence gathered via observations, one-to-one discussion, SMS and emails (see Appendix)

Data Set

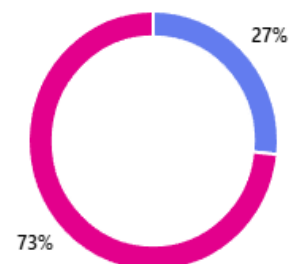
Localities – Geographical Source of Referrals

● Glenrothes	3
● NE Fife	2
● Kirkcaldy	3
● Dunfermline	1
● SW Fife	4
● Cowdenbeath	1
● Levenmouth	1



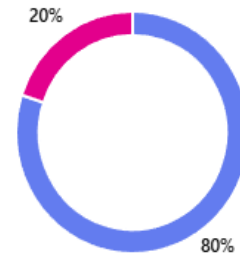
Gender

● Woman	4
● Man	11



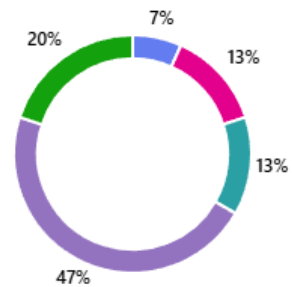
Marital Status

● Single	12
● Married / living with Partner	3



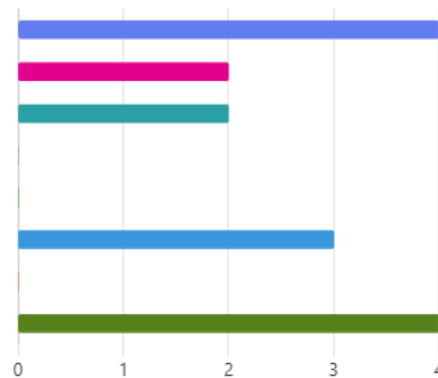
Referring Agent

● Social work	1
● Fife Forum	2
● Hospital	2
● Friend/Family	7
● Care Home	3



Length of Support Provided

● 1 month	4
● 2 months	2
● 3 months	2
● 4 months	0
● 5 months	0
● 6 months	3
● 7 months	0
● 8 months plus	4



Note: Fife Forum offers a single-issue advocacy service; however, whilst clients are often referred for support with one issue some request additional support for other concerns/needs as their progression evolves. The clients who have been supported for 8 months plus have over the period presented with additional needs and have required the support of the service intermittently with a view to supporting each individual to access provisions appropriate to their longer-term positive outcomes which enhances their health and well-being (for example: befriending service upon returning to their community).

Transitional Support Required

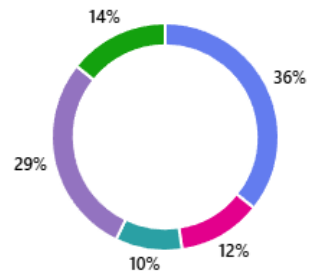
● Yes	7
● No	8



Note: Some clients transition between hospital, care home or their own home and support is provided during these critical phases to help them resettle into their new or previous environment. This support ensures they are comfortable and well-adjusted, whether moving to a care home or returning to their own home. In some cases, preparation for an individual's transition are undertaken in a non-holistic manner as different layers of service provision do not always seamlessly link and this does not always account for or assist the individual's circumstances. Advocacy plays a crucial role in addressing/bridging this gap, particularly for those that are living alone and without a good support network in the locality whom risk becoming 'lost' upon the end of care and/or health involvement.

Type of Advocacy Support: Number reporting positive outcomes that meet the National Outcomes

● having voice heard	15
● better able to manage challenges	5
● inclusion in the community	4
● involved in the decisions in their life	12
● more control over their lives	6



Case Study

Male - Queen Margaret Hospital Dunfermline

Referrer - The Well, Queen Margaret Hospital Dunfermline

Background & Issue

The client was referred April 2024 after undergoing a below-the-knee leg amputation in February 2024. The client was admitted to a ward in Queen Margaret Hospital and was struggling to understand the information provided about his condition and the discharge process. During the support period the client was discharged and, unfortunately, fell within the first hour of being home fracturing his hip. He was admitted to the Victoria Hospital Kirkcaldy and transferred back to Queen Margaret Hospital Dunfermline. He was discharged home two months later.

Initial Outputs

- The Advocacy Worker clarified the context of the client's hospital discharge and explained the process in simplified terms. He was to receive a care package,

physiotherapy and a mid-to-long-term housing needs assessment by community teams.

- The client's spouse (whom had her own health issues - anxiety, heart problems, and glaucoma) struggled to retain the information presented to her by professionals, thus the Advocacy Worker was able to practically support by means of reassurance and the reiteration of known information to aid their understanding and reduce anxiety. Subsequently, the medical team raised concerns about the client's mental capacity, initiating brain scans to investigate early signs of dementia.

Practical Outputs of the Advocacy Worker

- Reviewed and explained the discharge and multidisciplinary team meeting notes to the couple.
- Engaged with the medical team before the second discharge, advocating for the use of equipment at the hospital that would later be used at home.
- Organised for the community supports after the second discharge (Community Alarm).
- Facilitated home inspections by the trip/falls team and a fire safety visit, leading to adjustments such as removing conservatory doors to enable ground-floor living.
- Follow up with the community supports in relation to house modifications, resulting in plans for a wheelchair ramp and toilet extension.
- Supported a referral for a narrower wheelchair after noting accessibility issues.
- Supported the application for Attendance Allowance to support community living, which the client was awarded.
- Researched and recommended solutions for protecting the mattress and bedding due to the client's incontinence.

Outcomes

- The client was successfully discharged after the second hospitalisation and was supported to transition from a medical to daily home living environment with safeguards put in place or in the process of being sourced with a preventative element in mind. Follow-up advocacy support continued for a period to support the transition.
- The couple grew in confidence becoming more able in managing their own arrangements by securing practical measures such as large-label medications and addressing pharmacy issues.
- Seven months after being referred to Advocacy they couple reported to have adapted to their situation and crucially has so far avoided a care home placement which had been considered.

Gaps in Provision

- A delay with adaptations and equipment (ramps and a suitable wheelchair), which would have cemented a positive return to community living, were not immediately provided.
- Unable to fully access local community-based resources the client experienced a subsequent dental emergency and was unable to self-identify a provider which would assist him at home; had the client not had prior and transitional contact with the

Advocacy Worker there was a high risk this would have gone untreated; however, the Advocacy Worker was able to facilitate treatment for this. Whilst this gap in provision was avoided, it offers evidence of potential for gaps particularly for those whom are unable to source information for themselves.

Feedback from the Client's Spouse:

- **“Until we found you, we were out in the wilderness.”** This helps to support the notion knowledge is power and is certainly key to helping people in general; moreover, for those with a need for advocacy this can prove to be crucial for individuals to feel they have 'choice & control' (this can include carers).

Impact in Relation to National Outcomes

- The client maintained reasonable mental health despite his amputation and related challenges – *Mental Health & Wellbeing – good health for longer*
- The couple's domestic circumstances were improved, with better heating and safety adjustments. Support to maximise income in the form of Attendance Allowance allowed for around the clock domestic heating – *Better able to manage challenges/More control over their lives*
- The client's spouse could resume short outings, having more confidence in their domestic arrangements – *Better able to manage challenges*
- The client avoided a care home placement and post-involvement felt settled and happy at home – *Have their voice heard/More control over their lives*

Key Challenges

The service is supported by a part-time post over 3 days per working week. During 2024, the Advocacy Worker was impacted by an unexpected health condition resulting in 27 working days being lost. Whilst the return to work was supported by an essential phased return, the Advocacy Worker believed this impacted her ability to promote the service as fully and as consistently as was hoped. This said, by the nature of this, the matter was unavoidable.

In addition to this, the following are areas which provided challenges:

- Low referral rates from care homes and hospitals
- Limited understanding of the service's role in crisis prevention
- Perceived low awareness of advocacy services among the general public and within NHS and care home settings

Training & Learning

During the reporting year the Advocacy Worker engaged in the following training:

- Benefits Support - CARF & Cosy Kingdoms
- Deaf Blind Awareness – Deaf Blind Scotland
- Dementia – Alzheimer Scotland

In addition to this, learning is facilitated via membership of the Advocacy Network with whom peer support and knowledge sharing is crucial to ongoing learning.

The Future

The continued promotion of the service and raising the profile of advocacy remains essential. This is particularly vital within care and health settings where there is often a turnover in staff.

In the coming year, the service will aim to:

- Continue engagement in advocacy networks, local forums and multi-partner meetings
- Strengthen connections with community groups through events like Alzheimer Carer's Lunch and third-sector events
- Increase visibility within NHS Fife and care homes and strengthen relationships with these stakeholders
- Develop training/learning bites which aid raising awareness of the role of advocacy to hospital and care home staff
- Enhance on-site presence which can be supported by maintaining a regular presence at the Well in Queen Margaret and Victoria Hospitals
- Develop reporting requirements and tools to build and develop the system for collecting the relevant data and evidence which support reporting and the service impact

By focussing and emphasising the benefits of advocacy for individuals and services alike the project aims to expand its reach and, with this, its impact during 2025.

Summary

Advocacy, and with this the service provided by Fife Forum, is driven by a person-centred approach which offers marginalised individuals, in often busy service environments, a clear and effective voice. The provision of this helps others to effectively listen which in turn can significantly improve well-being and outcomes. This crucial support for older people in care and health settings supports both individual outcomes alongside the wider goals of NHS Fife and the Fife Health & Social Care Partnership. Whilst the resource provided by Fife Forum is small in nature, its impact can be greater than the sum and it is apparent that those with whom the service has contact the provision of advocacy clearly assists individual 'choice and control'.

Surveys/Questionnaires/Feedback for 2024

A client who was in hospital and unable to understand the discharge process or the adjustments required once home.

Observations: The client was able to maintain reasonable mental health, through a period of 2 hospital experiences, adjusted well to sleeping in the conservatory and being unable to leave the house without help.

1:1 interview – “We were out in the wilderness until we met you”.

Informal feedback – I was regularly told by the client and his wife how helpful I had been to them as they proceeded through a significant change to their lives.

Observations: The client was more confident in saying what he wished – he was able to decline the offer of being discharged into a care home and was discharged home, where he is still residing at the time of writing this report.

1:1 interview – The client received Attendance Allowance. This was being used to have the heating on 24 hours a day as the client is sleeping in the conservatory which was not built to be a bedroom. The client also invested in blankets, heaters etc to ensure he did not feel the cold over winter. Being wheelchair bound made him more susceptible to feeling the cold.

How the observations, interview and feedback relate to indicators for national outcomes:

We live longer, healthier lives":

- *Maintaining Independence:* By advocating for and enabling the client to remain in his home, the observation directly supports the outcome of promoting healthier lives. Remaining at home can improve physical and mental wellbeing compared to institutional care, which is often associated with a loss of autonomy and potential deterioration of health.
- *Enhanced Confidence:* The client's growing confidence in expressing his preferences shows improved mental health and empowerment, both of which contribute to a healthier and more fulfilling life.

"We respect, protect, and fulfil human rights and live free from discrimination":

- *Empowered Decision-Making:* The client was able to exercise his right to choose his living arrangements, showcasing respect for his autonomy and personal preferences. This aligns with the principle of person-centred care, which is a core component of human rights-based approaches in health and social care.
- *Avoiding Institutionalisation:* Advocacy enabled the client to avoid discharge to a care home, which was not his preferred option, ensuring that his rights to live independently were respected.

Additional Feedback:

- How did you find out about the Fife Forum Advocacy Service? - **A friend**
- Do you think the support provided was able to meet your particular needs? – **Yes**
- What was most helpful? Did you feel your views were heard, did it provide support to get something completed? - **I didn't realise that this service was available, it was super helpful and informative.**

- What did you like most about the support that you received? - ***The support provided by X was great, she explained everything and anything that she didn't know she found out for us.***
- How did you find the length of the support provided? - ***It was the perfect length***
- How satisfied were you with the support you were given - ***Extremely satisfied***
- Overall, how satisfied were you with the final outcome - ***Very satisfied***
- Will you recommend this future event to your friends/family? – ***Yes***
- Share with us aspects of the event that you did not like or found difficult. This could be about the advocacy support given or the experience and processes of the care setting etc, the organisations e.g. NHS, the care home, social work etc. - ***It would have been helpful to know about this service a while ago, we didn't realise it existed.***
- Any other comments or suggestions - ***Promote the services better within hospitals, care settings etc***

A Client in a Care home – deaf & partial sighted. This client was struggling to do his banking, organise his financial matters and had difficulty with IT/tech.

Questionnaire Completed by Care Home Manager:

Q: At the point of the referral, how would you describe the circumstances of the individual you referred for advocacy support

A: Very anxious and worried

Q: Upon involvement of advocacy, do you feel this benefited the person concerned and if so how?

A: Yes, anxiety resolved and stress reduced

Q: Did involving advocacy in this instance assist you to achieve your own outcomes? If so, how?

A: Allowed us to see Client more relaxed

How This Indicator Meets National Outcomes:

"We live longer, healthier lives":

- ***Reduction of Anxiety and Stress:*** Resolving the client's anxiety and reducing stress contributes directly to improved mental health, which is a key component of living a healthier life.
- ***Preventative Impact:*** Effective mental health support through advocacy may prevent further deterioration of the client's wellbeing, reducing the need for clinical interventions or hospitalisation.

"We tackle poverty by sharing opportunities, wealth, and power more equally":

- ***Empowerment Through Advocacy:*** Advocacy can help individuals access resources, make informed decisions, and have their voices heard, reducing the power imbalance that can exacerbate stress and anxiety, particularly for vulnerable individuals.
- ***Support in Accessing Services:*** Advocacy helped the client navigate systems (e.g. healthcare, housing, or benefits) and this addresses inequalities in access to opportunities and support systems.

"We respect, protect, and fulfil human rights and live free from discrimination":

- *Restoring Dignity and Autonomy:* By resolving anxiety and empowering the client to feel more relaxed and in control, advocacy supports their right to dignity and mental wellbeing.
- *Person-Centred Approach:* Advocacy ensured the client's individual needs and preferences were prioritized, reflecting respect for their human rights and freedom from discrimination in accessing services.

Observations: The client was able to ask for an introduction to an estate agent with the view to selling his house. He did not require me to be at the initial meeting. I view this as a sign of increased confidence in the client, that I am not needed.

How This Indicator Meets National Outcomes:

"We live longer, healthier lives":

- *Increased Confidence:* Advocacy involvement helped the client build confidence, which is crucial for mental and emotional health. Confidence in decision-making promotes self-efficacy, contributing to overall wellbeing.
- *Proactive Planning:* By initiating steps to sell his house, the client demonstrated the ability to manage his living situation, which supports stability and reduces stress, enhancing health outcomes.

"We respect, protect, and fulfil human rights and live free from discrimination":

- *Empowered Decision-Making:* The client's ability to act independently reflects respect for his autonomy and rights. Advocacy supported the client in exercising agency over his choices, a fundamental human right.
- *Reduced Dependence:* The reduced need for advocacy presence at the initial meeting indicates that the client felt empowered to navigate this aspect of his life without external support, fostering dignity and self-respect.

A client in Stratheden Hospital Springfield enduring depression – I was initially asked to support the process for the client to organise his Power of Attorney. The client was later transferred to a care home and I supported the client as a settling in service.

Observations: The client was very quiet due to his voice being affected by his medication. His was more talkative during the settling in period of moving to the care home. From a discussion with me, once he moved to the care home, he agreed to organise an update of his will. Up until this point, he had not been willing to do this. He declined my support at the meetings with the solicitor regarding the will (I was present during the meetings to draw up the power of attorney). I interpret this to be evidence of an increased sense of confidence and taking more control in that he felt able to manage this process by himself.

During the settling in transition, the client complained about the food in the care home, being bland and fried. I was able to make a request on the client's behalf to have steamed fish – whilst he does not get this as much as he would like, he is now having steamed fish at least once a week.

The client had incontinence as a side effect of his medication. It appeared that the client did not feel confident going on trips that the home offered, despite wearing pads. I made several requests for alternatives to pads. The client agreed to trial using a sheath. At this time the

trial is still going on, but I see that with the client agreeing to try new things to fix problems, this can be seen as increased confidence, with an improvement in his mental health.

How This Indicator Meets National Outcomes:

"We live longer, healthier lives":

- **Increased Confidence and Mental Health:** The client's decision to take control of his will after initially refusing shows an improvement in confidence, which can positively impact mental health. Feeling empowered to manage personal affairs, even with health challenges (e.g. voice issues from medication), helps to maintain a sense of self-worth and emotional wellbeing.
- **Autonomy in Managing Affairs:** By independently deciding to update his will, the client is engaging in proactive behaviour that supports his sense of control, which is beneficial for mental health and overall life satisfaction.

We respect, protect, and fulfil human rights and live free from discrimination":

- **Autonomy and Decision-Making:** The client's decision to manage the will process on his own, despite the challenges of voice impairment, reflects respect for his autonomy and decision-making rights. He exercised his right to control personal affairs, demonstrating the fulfilment of his human rights.
- **Person-Centred Care:** Advocacy empowered the client to feel supported yet independent, allowing him to make decisions about his life, such as updating his will, without feeling dependent on others.
- **Person-Centred Care:** Making requests on behalf of the client for dietary adjustments and incontinence management respects their preferences and autonomy, key elements of human rights-based care. The advocacy service ensures that the client's voice is heard and respected, especially in areas that affect their dignity and comfort.
- **Support for Dignity and Autonomy:** By supporting the client in exploring alternative solutions for incontinence and food preferences, advocacy upholds the client's rights to be treated with dignity and to have control over their care choices, minimizing the risk of discrimination.

Feedback survey – completed by family member

Q: *Do you think the support provided was able to meet your particular needs?*

A: Yes

Q: *What was most helpful? - Did you feel your views were heard, did it provide support to get something completed?*

A: I am completing this survey on behalf of my Dad who has used the service based on what he told me. X helped Dad organise getting the Power of Attorney drawn up and then his will finding X to be very helpful and supportive.

Q: *What did you like most about the support that you received?*

A: That X listened carefully to what Dad was saying and wanted to achieve e.g. some tweaks to the food in the care home to suit his taste.

Q: *How did you find the length of the support provided?*

A: It was too short

Q: *How satisfied were you with the support you were given?*

A: Extremely satisfied

Q: Overall, how satisfied were you with the final outcome?

A: Extremely satisfied

Q: Share with us aspects of the event that you did not like or found difficult. - This could be about the advocacy support given or the experience and processes of the care setting etc, the organisations e.g. NHS, the care home, social work etc.

A: I found that the staff in Stratheden paid more attention to what X said on Dad's behalf than they did to anything I said or asked about. Dad felt that the staff in Stratheden didn't listen to what he said. I don't even think that Dad should have ever been in Stratheden, it wasn't an appropriate environment for him. My brother and I both felt that his mental and physical health went downhill during the 8 months that he spent there.

Q: Any other comments or suggestions

A: I don't know if X will be able to continue visiting Dad now that he is more or less settled in the care home. It would be good if she could keep seeing him, as he really likes X and enjoys her visits.

A client in Queen Margaret, with dementia. I was asked to assess the client's wishes in a family dispute about the location of the care home that the client would move to. [The client caught COVID in the ward, recovered and was transferred to a care home. He died 3 days later].

Observations: I attended an initial discharge meeting with the named social work assistant and the wife of the client to discuss which care home the client would be moved to. From hearing from the family members and social work assistant I was able to determine that the client would have more connections if he stayed in Fife. I met with one of the daughters and outlined my view and we discussed factual information, which was that the daughter was not able to challenge the POA. I offered to support the client with settling in support to the care home.

Informal Feedback:

Quote email

"Thank you so much for today, X. I don't envy you your job! But I found it really helpful and I'm delighted that if Dad does end up in a care home in Fife, my sister and I (and Dad!) will have you as an extra resource to make sure he's getting the care he deserves".

How This Indicator Meets National Outcomes:

"We live longer, healthier lives":

- **Person-Centred Care:** By considering the client's connections and potential social network in Fife, the decision-making process is focused on maintaining the client's social ties, which is crucial for mental and emotional wellbeing. A supportive social network can improve the quality of life and contribute to better health outcomes, especially for individuals transitioning to a care home.
- **Smooth Transition to Care:** Offering to support the client with settling into the care home shows proactive steps to ensure a smooth transition. Reducing the stress of the

move and providing continuity of care support can improve the client's overall health and wellbeing.

"We respect, protect, and fulfil human rights and live free from discrimination":

- **Autonomy and Empowerment:** The discussion about the power of attorney (POA) and the explanation that the daughter cannot challenge it respects the client's legal rights and ensures that the process is clear. By providing this information, you are supporting the client's right to make decisions about their care and upholding their autonomy.
- **Clear Communication and Support:** Offering support in understanding legal issues and care home placement shows respect for the family's needs while maintaining the client's best interests and dignity throughout the process. This is particularly important in ensuring that the family understands the decision-making framework, and their concerns are addressed.

"We tackle poverty by sharing opportunities, wealth, and power more equally":

- **Access to Support and Resources:** By working with the family and social work assistant to ensure the client stays in a location where they have connections, the advocacy is helping to ensure that the client has better access to social support networks, which could have broader benefits to the client's financial and emotional wellbeing.
- **Equitable Access to Care:** In advocating for the best care environment for the client, the decision-making process incorporates multiple perspectives, ensuring that the client's needs are met in a way that is equitable and fair. Offering support with the settling-in process helps to equalise access to the care and resources the client needs to thrive.

A client at Queen Margaret Hospital, with dementia – form completed by his daughter. The family were struggling with hospital processes and questioning the care and a medical detention. I reviewed the client's wishes.

Survey Feedback:

Q: Was this your first time to use an advocacy service?

A: Yes

Q: How did you find out about the Fife Forum Advocacy Service?

A: A friend

Q: Do you think the support provided was able to meet your particular needs?

A: Yes

Q: Did you feel your views were heard, did it provide support to get something completed?

A: *It was good to be reassured and explanation provided for my father's care.*

Q: What did you like most about the support that you received?

A: *The process was explained to the family which was helpful.*

Appendix: Fife Forum 'Advocacy Project' Annual Report 2024 (Data Extrapolation Sources)

Q: How did you find the length of the support provided?

A: *Perfect*

Q: How satisfied were you with the support you were given?

A: *Very satisfied*

Q: Overall, how satisfied were you with the final outcome?

A: *Somewhat satisfied*

Q: Will you recommend this future event to your friends/family?

A: *Yes*

Q: Share with us aspects of the event that you did not like or found difficult. This could be about the advocacy support given or the experience and processes of the care setting etc, the organisations e.g. NHS, the care home, social work etc

A: *Lack of information from NHS process.*